Ireland Report
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Sustainable Governance in the Context of the COVID-19 Crisis
Executive Summary

The Irish government introduced coronavirus-related restrictions relatively early on 12 March 2020, the day after the WHO declared a global pandemic. This entailed the closure of schools, limitations on economic and social activity, and the interdiction of large gatherings. Throughout the pandemic, Ireland has cooperated at the EU level, and has kept in sync with policy advice coming from the likes of the European Center for Disease Prevention and Control (ECDC) and the WHO. This stands in stark contrast with its nearest neighbor, the United Kingdom, where more limited restrictions were introduced only from 23 March 2020.

Throughout 2020, this relatively early intervention was reflected in relatively low rates of COVID-19 infection. However, after restrictions were lifted for Christmas 2020, and following the arrival of new, more-transmissible strains (especially the B.1.1.7 variant), rates of infection exploded, and Ireland began 2021 with one of the highest and fastest-growing infection rates anywhere in the world.

All of this occurred against the backdrop of the formation of a novel coalition government in June 2020, following an inconclusive parliamentary election in February. This coalition brings together the old foes of Fianna Fáil and Fine Gael – who between them have led every Irish government since the foundation of the state in 1921, but never together – along with the Green Party. If it weren’t for the all-consuming nature of the global pandemic (and to a lesser extent, the challenges thrown up by the protracted withdrawal of the UK from the EU), this new, entirely novel coalition arrangement would have featured much more prominently in public discourse.

The state reacted swiftly to provide income support for those whose jobs or incomes had been negatively affected by the pandemic. This self-employed, including artists and musicians who are typically excluded from standard social welfare payments, also received support. Meanwhile, the Irish experience of the crisis has highlighted the shortcomings of the country’s two-tier health system. The government’s decision to take control of the private health system – albeit for a time-limited period – may be one of the most long-lasting legacies of the crisis response, and may be one of the hardest aspects to unpick. The state was also able to introduce a successful COVID-19 tracker
app, which was downloaded more than a million times in its first 24 hours, which was viewed as a public policy success. A hotel quarantine system was rolled out belatedly in early 2021, but drew significant criticism and challenges before the courts.

However, the education sector has prompted some of the greatest concerns. The second protracted lockdown (December 2020 to April 2021) was longer than the first period of school closure (March 2020 to June 2020). The Leaving Certificate exams (marking the end of high school) were canceled in 2020, and concerns have been raised regarding the long-term negative impacts of children being out of school for prolonged periods – especially children with additional educational needs, and children from disadvantaged backgrounds.

In terms of political communications, members of the government’s National Public Health Emergency Team (NPHET) have had a high media profile, and have played a vital role in communicating key public health messages and justifying restrictions. However, it should be said that the government has not always followed NPHET’s advice when trying to strike a balance between public health on the one hand, and economic and social freedoms on the other. The decision to reopen the economy in December 2020 in order to give people a “meaningful Christmas” led to an extraordinary spike in infections in January 2021, when Ireland had some of the highest rates of infection in the world. In retrospect, this is viewed as having been a major policy error by the government, in failing to follow public health advice.

Arguably, the earlier experience of the post-2008 economic and social crisis made the state and its institutions more resilient than they were a decade ago. What’s more, the government’s interventions into essentially all aspects of daily life can be seen as a major rebound of the state in one of Europe’s most liberal economies.

By the end of the reporting period (15 January 2021), Ireland had recorded a total of 166,548 COVID-19 infections since the start of the pandemic (Statista, 2021). At least 2,361 people had died due to the coronavirus, with a further 175 deaths probably associated with the pandemic (CSO, 2021).

Citation:
Key Challenges

As with every country, the government’s COVID-19 response has been costly. In Ireland’s case, it contributed to a budget deficit for 2020 of some €19 billion. The burden of this debt will be carried by citizens and taxpayers for decades.

The pandemic has also highlighted major inequalities in Ireland (and around the world). People in low-paid and often precarious jobs in retail, health and social care, as well as in the gig economy and in the emergency services, have been far more exposed to the health risks associated with the pandemic, as have people living in overcrowded housing. Particularly in Ireland, frontline health workers and people working in meat production plants have been disproportionately affected. Meanwhile, more than half of the coronavirus deaths recorded in 2020 occurred in care homes, and there will likely be an Oireachtas (parliamentary) inquiry to establish why these deaths were not prevented.

Management of the healthcare system (like everywhere) has been politically contentious for decades. The ambitious Sláintecare plan to reform the health system – including primary care – may become even more central to the public discourse following the experience of the pandemic and the inequalities it has highlighted.

Another challenging area of public policy will be higher education. The sector has been chronically underfunded for more than a decade, and the drop-off in international-student numbers given the pandemic, paired with expected increases in domestic student numbers in the years ahead, is likely to exacerbate existing funding issues.

Once the existential threat of the pandemic has passed, the government’s Plan for Living with COVID-19 should be revised to receive more systematic input from social scientists in order to plan for the longer-term mental health, economic, ecological, political and social consequences of the pandemic.

Aside from the coronavirus pandemic, the greatest challenge facing Ireland in the near term relates to the impact of the UK’s withdrawal from the EU, which may yet pose major difficulties for Irish society.

As of April 2021, Ireland ranked 20th out of 31 European Economic Area countries and the United Kingdom in terms of the incidence of COVID-19.
deaths per 100,000 of population (at 97.57) and 25th in terms of the rate of COVID-19 infections per 100,000 of population (with 4,912). This is compared to Czechia’s 262.15 deaths per 100,000 (at the top of the list) and 190.7 in the neighboring UK (Statista, 2021a; Statista, 2021b; ECDC, 2021). It is also worth noting the relatively lower rate (of 102) in Northern Ireland compared to the rest of the UK (UU, 2021).

Notably, Ireland endured a major spike in infections in January 2021 after the government lifted restrictions on the hospitality sector and on home visits. This led to a peak of over 8,000 confirmed cases recorded on 08 January 2021 alone, and more people died with COVID-19 in the first months of 2021 than in all of 2020. However, despite this egregious public policy error, Ireland still compares well to peer countries with similar-sized populations in terms of rates of COVID-19 infection and death, with just fewer than 5,000 COVID-19 deaths recorded by the end of April 2021 within Ireland’s population of 4.9 million. Ireland is part of the EU’s COVID-19 vaccine program, and at the time of writing (April 2021), around a quarter of the population had received at least one dose of vaccine (Gov, 2021).

As the national vaccine strategy continued to gather pace in 2021, it became clear that Irish citizens show the lowest rate of vaccination hesitancy in the EU, with 86.5% of adults indicating their willingness to be vaccinated, based on a survey by Eurofound (Burns, 2021; Eurofound, 2021). That said, the government must monitor and address the risks associated with misinformation and disinformation when it comes to the pandemic.

Citation:
Resilience of Policies

I. Economic Preparedness

Economic Preparedness

Since the 1950s, Ireland’s industrial policy has focused on promoting an export-led growth model based on foreign direct investment (FDI) (Stensund, 2016).

Ireland’s low corporation tax rate is often seen as a key part of the country’s industrial policy. Since 1999, the headline corporation tax rate has stood at 12.5% for trading income. This is much lower than in many other countries, and is far below the EU average of 22% and OECD average of 24.9%. The corporation tax rate for non-trading income is 25%.

In the wake of the Great Recession and the post-2008 financial crisis, GDP growth in Ireland slowed and turned negative. In 2010, the country agreed to an €85 billion financial bailout with the Troika of the EU/ECB/IMF, when the country’s banking system was brought to the brink of collapse and as a massive property bubble burst simultaneously. Since 2010, GDP growth has been positive and steady (Macrotrends, 2021), and despite the challenges presented by the coronavirus, Ireland’s economy was the only one in the EU to show positive growth (of 3.4%) for 2020. The strong performance was attributed to increased exports of 6.25% and especially export growth within the information and communications technology (ICT) and pharmaceutical sectors, driven by worldwide demand for immunological drugs, coronavirus-related products and the shift to home working (Reddan, 2021). The economy is also forecast to continue growing in 2021 (Commission, 2020).

Exports contribute around 60% of Ireland’s GDP, which is relatively high compared to other OECD economies. In 2015, Ireland received $13 billion from its outward investment, or approximately 4% of GDP. The 1.0% rate of return on outward FDI is one of the lowest such figures in the OECD, while
the rate of return to foreign investors is among the highest, at 6.7% (OECD, 2017).

While successive governments since the 1980s have sought to promote indigenous industries, the FDI sector is still disproportionately large. In 2019, about 250,000 people in Ireland were directly employed by multinational corporations (MNCs), or around 10% of the workforce. Reflecting the country’s close ties with the United States, FDI from that country alone represents 63% of 2019’s total FDI investment (IDA, 2019). The Industrial Development Agency (IDA) – a noncommercial autonomous state-sponsored body – plays a crucial role in attracting FDI to the country. However, SMEs are still very important for the labor market in Ireland, accounting for 70.1% of total employment in the “nonfinancial business economy,” exceeding the EU average of 66.6% (Commission, 2019).

Critics have long viewed the overreliance on FDI as a weakness in the Irish economy (Jacobson, 2017). However, the strong performance of the MNC sector during the coronavirus pandemic has limited the impact of the crisis on employment, and the unemployment level has remained below the EU average throughout the crisis (Eurostat, 2020). The announcement by the Biden administration in early 2021 that it intended to significantly reform the U.S. corporate tax regime set off alarm bells in Ireland. Minister for Finance Paschal Donohoe stated that the Biden proposals could have a “very meaningful effect, and significant effect, on how we conduct corporate tax policy in Ireland” (Horgan-Jones and Bray, 20 April 2021).

Ireland lags behind peer jurisdictions with regard to building a sustainable economy. In 2020, it ranked only 11th out of the 15 older (pre-2004) member states of the EU in terms of delivering on the UN’s Sustainable Development Goals (SDGs) within the economy dimension. Worryingly, Ireland came last (15th out of 15) in the environmental dimension of the survey, reflecting the country’s slow adaptation to renewable energy and the need to shift to sustainable resource use. (Social Justice Ireland, 2021).

Citation:
Labor Market Preparedness

Ireland’s welfare state has traditionally been difficult to classify. The bulk of the social safety net is made up of social insurance payments, means-tested payments and universal payments that are administered by the government’s Department of Social Protection. The Irish social protection system and tradition has been described as being “closer to Boston than Berlin” (by a former government minister), given its liberal nature. Notably, following a period of sustained economic expansion beginning in the 1980s, Ireland did not increase social expenditures at a rate commensurate with GDP growth; consequently, it became the only country in the EU to have a social-expenditure share that was lower than that of the United States. If welfare state generosity is to be defined as per capita social spending in purchasing power parity terms, Ireland and the Mediterranean countries are the least generous welfare states in the EU (Börsch-Supan, 2006).

Intreo, the Irish government’s public employment service offering a single point of contact for all employment and income support (see Intreo, 2021), closed its offices to the public during the periods of lockdown, and increased the use of digital tools and online services throughout the pandemic to meet the needs of job seekers (ILO, 2020). The emphasis of labor policy in the initial months of the pandemic was on the provision of income support and the protection of jobs (see “Labor Market Response”) rather than on active labor-market policies. However, by early 2021, the government was working on the establishment of a new National Apprenticeship Office and an action plan designed to establish 10,000 new apprenticeships by 2025, which would ultimately be unveiled in April 2021 (DFHERIS, 2021) (see “Education Policy Vulnerability,” “Education Policies”)

Collective bargaining rights in Ireland are relatively weak following the collapse of the country’s two-decade-old system of tripartite social partnership
in 2009, which had set Ireland apart as a liberal market economy with a system of top-level social dialogue). Where it takes place, collective bargaining today is typically decentralized to the workplace level. The exception is the small public sector, where negotiations take place (including regarding wages) between employee representatives (trade unions) and the employer (which is the state, in this case). Trade union density in Ireland is around 24%, with membership concentrated in the public sector (ETUI, 2018). The systematically important MNC sector has largely resisted unionization.

Notably, however, Ireland’s relatively low population (around five million) and highly centralized social policy system allowed for a rapid and relatively effective response to the onset of the COVID-19 pandemic, as we shall see.

Citation:

Fiscal Preparedness

The outgoing Fine Gael (center-right)-Independent coalition government was in office from 2016 – 2020, including during the first months of the pandemic. Given the inconclusive results of the general election in February 2020 (see Colfer, 2020a), this government made much of its role in “cleaning up the excesses of previous governments” and of having “returned the country to solvency” following the country’s ignominious bailout by the EU/ECB/IMF troika in the 2010 – 2013 period.

Crucially, the Irish Fiscal Advisory Council (IFAC) was established as part of a reform of Ireland’s “budgetary architecture” in the context of the post-2008 economic and social crisis (IFAC, 2021a). The IFAC is an independent statutory body with a mandate to “[a]ssess and endorse … the government’s official macroeconomic forecasts” through the promulgation of independent economic analysis, for which it enjoys privileged access to official government data. The output of the IFAC informs public debate, government policy and the European Commission’s surveillance of the Irish economy.
within the auspices of the EU Semester program. The IFAC has been active regarding the fiscal implications of public expenditure and government policy during the coronavirus crisis (IFAC, 2021b).

As before, the Irish economy remains disproportionately focused on FDI, resulting in a relatively narrow tax base. Previous attempts to broaden the tax base following the post-2008 crisis, including through the introduction of a property tax in 2013 and a failed attempt to introduce charges for water services between 2013 – 2015, provide politically toxic. Largely thanks to the MNC sector, the country enjoyed moderate exchequer returns up to September 2020 (Quinn, 2020). However, the fiscal interventions intended to stave off the worst effects of the pandemic have been substantial, and left a €8.9 billion hole in the public finances by December 2020 (Burke-Kennedy, 2020a), and a budget deficit of €19 billion by the end of the year (Burke-Kennedy, 2020b).

Clearly, these measures were necessary to maintain incomes and purchasing power amid the unprecedented circumstances of the pandemic, but there are massive intergenerational implications that will endure long after the crisis, as the cost of the pandemic will be carried by wage earners and taxpayers for decades (McWilliams, 2020a).

Significantly, with regard to fiscal policy, one of the biggest impacts of the pandemic within Ireland has been “the return of the state,” as the government has intervened in the economy and in people’s lives – through income support, the temporary nationalization of private healthcare services, and by restricting liberties – to an extent that is without precedent in the history of the state (McWilliams, 2020b; Wall, 2021).

In conclusion, while budgetary policy has helped to soften the impact of the pandemic on people’s lives, the longer-term implications of this (in terms of public debt) are potentially highly consequential. Along with the country’s reliance on FDI, the potential impact of the UK’s withdrawal from the EU on Irish trade and commerce might also be grave given the strong social, economic and kinship ties that exist between Ireland and the UK. This will inevitably complicate Ireland’s budgetary position further.

Citation:
Research and Innovation

In 2018, Ireland spent 1% of GDP on R&D, well below the EU average of 2.18%. Ireland is one of the only countries where R&D expenditure has in fact fallen (from 1.4%) since 2008, and today the level of R&D remains below the EU’s 2008 average of 1.87% (Eurostat, 2020; UNESCO, 2020).

Still, Ireland has one of the highest rates of tertiary educational attainment in the EU, at 40.5% (Statista, 2021), and the rate of those leaving school, education or training early (i.e., before 18) stands at 5.1%, which is half the EU average of 10.2%. (Eurostat, 2021)

Ireland’s university sector is well-regarded by international standards, but has endured a downward trajectory in global university rankings since the 2008 financial crisis and the subsequent austerity measures, as the central government slashed university budgets (O’Malley, 2019). The country’s network of fourteen institutes of technology tend to be well-connected to the country’s MNC sector, with established training and internship programs. This includes the Technological University of Dublin (TUD), which was established in 2019 through the amalgamation of three erstwhile technological colleges.

Regarding the attractiveness of vocational education and training (VET), the numbers in this sector have been traditionally small. The lifelong learning rate in Ireland (at 13%) also remains below the EU 2020 target of 15% (CEDEFOP, 2019). The current and previous governments have had a declared ambition to address and increase the standing of VET in Ireland, but such changes take time, as they involve shifts in culture as well as adequate investment and planning. The current government took an important step in addressing this gap by establishing the new government Department of Further and Higher Education, Research, Innovation and Science in July 2020. There
is no evidence that these trends have changed since the onset of the pandemic, notwithstanding the establishment of a new National Apprenticeship Office in April 2021 along with an action plan designed to establish 10,000 new apprenticeships by 2025 (see “Labor Market Policy Vulnerability”).

Enterprise Ireland – a statutory agency – is responsible for helping businesses to “start, grow, innovate and win export sales in global markets and seeks to improve the country’s overall global economic competitiveness” (see EI, 2021). While there is no evidence of substantial changes as a result of the onset of the pandemic, the UK’s withdrawal from the EU triggered significant investment of resources on the part of Enterprise Ireland into helping companies to prepare for Brexit, and to plan for diversifying away from the UK market and finding new markets in the likes of the United States and Asia. This support has included a range of grants, training opportunities and advisory services, and a dedicated “prepare for Brexit” website (Enterprise Ireland, 2021a).

The government’s Innovation 2020 strategy seeks to position Ireland as a global innovation leader (Gov, 2016) and the government introduced a “Knowledge Development Box” tax incentive to encourage enterprises to undertake R&D in Ireland in exchange for a reduced corporate tax rate of 6.25% (IPOI, 2016).

Regarding the effectiveness of innovation policy, while R&D expenditure is below the OECD average, Ireland is home to three of the world’s top 500 universities and hosts a disproportionate amount of high-technology MNCs relative to peer jurisdictions (see “Media Freedom”), whose activities are facilitated by the country’s low corporate tax regime and supportive environment for FDI. However, given complex licensing, permit systems and regulatory procedures, the ease of starting a business in Ireland is below the OECD index average (OECD, 2018). Attention has been drawn to the need to support innovation among Ireland’s domestic firms through well-designed direct support programs, with the public sector taking on an increased role as an innovation partner to complement R&D tax incentives that were designed with MNCs in mind rather than domestic SMEs (OECD, 2015; see “Labor Market Policies”).

Citation:
II. Welfare State Preparedness

Education System Preparedness

The new government established a Department of Further and Higher Education, Research, Innovation and Science in July 2020 (DFHE, 2020a). The new department introduced an action plan for education (DFHE, 2020b) that places renewed emphasis on further education and apprenticeships. Indeed, the pandemic has renewed debate about the nature and utility of the Leaving Cert (final high school) examinations, with some observers criticizing the emphasis that the system places on written exams over practical experience and skills, and on progressing to higher education instead of apprenticeships and further education (McNamara, 2020).

Meanwhile, Ireland has some of the largest class sizes in the OECD. Data on class size are only available for public primary schools, which have 25 students per class on average, compared an average of 21 across OECD countries (OECD, 2019). However, in the OECD’s Program for International Student Assessment (PISA) ranking, Ireland tends to perform relatively well. In 2018, 15-year-olds in Ireland scored an average 518 points compared to an average of 487 points in OECD countries more generally with regard to reading literacy, 500 points compared to an average of 489 points in mathematics, and 496 points compared to an average of 489 points in science (PISA, 2018). Ireland also ranks fifth among OECD countries in terms of higher-education attainment, with 55.4% of 25- to 34-year-olds and 32.2% of 55- to 64-year-olds having completed tertiary education.
quite well on the education dimension of the UN Sustainable Development Goals (SDGs), coming in sixth out of the 15 richer (pre-2004) EU member states. Ireland has the fourth-lowest rate in the EU with regard to early school leaving, and second in the EU with regard to the percentage of people (94%) who have completed at least a upper-secondary level education (Social Justice Ireland, 2021).

Given the historically close relationship between the Catholic Church and the state in Ireland, many public schools remain under religious patronage, and a historical “baptism barrier” that has limited school admission for certain children is gradually being removed (McLoughlin, 2018) with the introduction of the Education (Admission to Schools) Act 2018 (ISB, 2018).

A highly topical matter of public debate when it comes to access to education relates to broadband internet, especially in the country’s rural regions, despite the broadband penetration of 88% across the county as a whole (above the EU average of 86%). A new plan to increase broadband access in the remaining areas and to increase broadband speeds kicked off in January 2020, and will scale up considerably in 2021 (Gleeson, 2021; Statista, 2021).

Citation:
Social Welfare Preparedness

Ireland’s welfare state – measured as the share of GDP devoted to social expenditure – is among Europe’s smallest; indeed, it is the only EU country with a social-expenditure share below that of the United States (see 2.1; Börsch-Supan, 2006). Meanwhile, as a liberal market economy, Ireland has a labor-market regime characterized by weak employment protections. Despite this, the country has a generally strong social safety net (SGI, 2019), ranking ninth in the EU-27 in terms of the strength of these protections (GSN, 2020).

Meanwhile, more than 20% of the EU population was at risk of poverty or social exclusion in 2019 (Eurostat, 2019). While Ireland’s social safety net is relatively robust, a significant portion of the populations remain marginalized or excluded from participating effectively in society.

According to Social Justice Ireland (SJI), 14% of the population, or around 680,000 people in Ireland, were living in poverty prior to the current public health crisis. About 5.1% of those in employment – 110,000 people – were at risk of poverty; 15.9% of children were living in poverty, as were more than 11% of pensioners. On average, the poverty rate is highest in the southeast, the west and along the border with Northern Ireland. Notably, one is more likely to be at risk of poverty in rural Ireland (14.7%) than in urban Ireland (13.6%). Strikingly, those who are out of employment due to illness or disability (47.7%) live below the poverty line (SJI, 2020).

While housing costs in many of Ireland’s towns and cities are high – with Dublin reporting some of the highest rental rates in Europe on an absolute basis, ahead of the likes of Moscow, Oslo or Zurich – the cost of housing is not spread equally. On average, 3.4% of the Irish population spends 40%+ of household income on housing, as opposed to an EU average of 9.6%. (Eurostat, 2020a). Remarkably, house prices in Ireland actually increased in 2020, despite the severe economic disruption caused by the pandemic (The Journal, 2021). Thus, as is the case in many European cities, the likes of Dublin and Cork (Ireland’s second city) have become unaffordable for many people, including those in decent employment. This is forcing many people to move away from their families and communities, and undermines the capacity for people living on the margins to participate in society.

When it comes to housing, Ireland has the lowest rate of apartment dwelling in the EU (at a rate of between 7% and 8%, compared with the European average of 46%), and one of the highest proportions (52.1%) of people living in semi-detached houses (behind only the Netherlands at 58.0% (Eurostat, 2020b)). Ireland also has low rates of overcrowding (at 3.2%), and 70.6% of the
population lives in underoccupied dwellings (Eurostat, 2018). Taken together, these factors help to facilitate social distancing.

Notably, the Irish Traveler and Roma communities began the pandemic with high levels of health inequality. These communities remain at greater risk than the general population of developing coronavirus and suffering from more severe symptoms given the prevalence of poor living environments, overcrowded conditions and higher rates of comorbidities (Villani et al, 2021; HPSC, 2020).

Despite numbering only around 30,000 (some 0.6% of the population), more than 3,500 members of the Traveler community had contracted COVID-19 by the first months of 2021, compared to around 4.5% of the wider population. By the middle of January 2021, this had included some 33 separate outbreaks (McGee, 2021). While prominent NGOs (including Pavee Point and the Capuchin Centre), with the support of the Health Services Executive (HSE), set up a dedicated COVID-19 information phone line to provide assistance and health information to the country’s Traveler and Roma communities, the pandemic has highlighted the persistent marginalization of these groups in society.


Healthcare System Preparedness

Public health and personal social services in Ireland are provided by the Health Services Executive (HSE) under the auspices of the Department of Health. Ireland remains the only western European country without universal coverage for primary healthcare. The country essentially has a two-tier health system. While all residents are nominally entitled to receive care in public hospitals free of charge or at a reduced cost, those relying on the public system endure long waiting times for appointments with consultants and elective surgery. Hospital capacity levels that are low by European standards (especially with regard to the number of beds in the system) exacerbate the problem (OECD (2018)). In reality, many buy private insurance to avoid long waiting times.

Thus, eligibility for public care is ultimately determined by socioeconomic status, age or – in some cases – ill health. In spite of this, at €3,406 per person in 2017, Irish public investment in health is around 20% higher than the EU average; yet this covers only some 73% of all health spending, a lower share than the EU average (79%). The remainder is paid out of pocket by households (12%) or through voluntary (private) health insurance (13%), which plays a much bigger role in Ireland than in most other EU countries (Commission, 2019, p3).

In practice, some 32% of residents in Ireland have an income that is below the qualifying threshold to obtain a Medical Card, which provides access to primary care and hospital treatment free of charge, and to medicines with limited copayments. A further 10% of the population has access to free general-practice (GP) medical visits. The remainder of the population (58%) must cover the cost of GP visits themselves, with some 45% of the population in 2017 having private health insurance. On average, GP consultations cost between €50 and €60 euros. The government subsidizes the uptake of private insurance through tax credits, and private insurance is concentrated in higher socioeconomic groups, which exacerbates inequalities in access to care.

In 2018, Ireland had the highest occupancy rate for curative care beds (CCB) in the EU, with 279 CCBs per 100,000 in the population, well below the EU average of 392 per 100,000. Prior to the coronavirus crisis, Ireland’s absolute number of acute care beds was among the OECD’s lowest, with 5 per 100,000 people, compared to 34 per 100,000 people in Germany, and an average of 12 per 100,000 people in the OECD (Eurostat, 2020).
The 10-year Sláintecare program (GOI, 2020) initiated in 2017 is intended to bring about incremental but fundamental changes to the provision of healthcare in the country, including universal access to primary care.

The health sector also struggles to recruit and retain healthcare professionals; Ireland’s ratio of doctors to the population in 2017 was relatively low, at 3.1 per 1,000, compared to the EU average of 3.6, even though the country has the highest per capita rate of medical graduates in Europe. At the same time, the number of nurses is comparatively high, at 12.2 per 1,000 people compared to the EU average of 8.5 per 1,000.

All that said, the rates of preventable and treatable causes of mortality in Ireland are below the EU average, and life expectancy (82.6 years) is above the EU average (81 years) (Eurostat. 2014). Crucially, vaccination rates in Ireland are around the EU average, but vaccination hesitancy is growing. Ireland also took significant steps subsequent to the 2008 financial crisis to limit the cost of pharmaceuticals by striking deals with manufacturers and by collaborating with other EU countries (Commission, 2019).

In recent years, the HSE has needed to source lab capacity overseas to alleviate long turnaround times for the results of medical tests. This has led to delays of up to 33 weeks for the results of cervical cancer screening (Cullen & O’Halloran, 2019). The state’s cervical cancer screening program has been mired in controversy, as in 2018, it was reported that a retrospective audit of screenings showed that more than 200 smear test readings had missed abnormalities that led to the development of cervical cancer (Kelly, 2018). The enduring limitations in the state’s lab capacity were highlighted in October 2020 when the National Virus Reference Laboratory (NVRL), the state’s central laboratory for COVID-19 testing, needed to suspend testing over two weekends due to staff shortages (Power et al, 2020).

The NVRL is based at the University College Dublin (UCD) campus and provides diagnostic and reference service for clinicians investigating viral infections throughout Ireland. As of March 2021, the NVRL’s COVID-19 testing activities were slated to be consolidated at a new laboratory 20 kilometers away from the main center that was to be exclusively used for COVID-19 testing (NVRL, 2021).

Citation:
Families

The labor-force participation rate in 2016 was 67.8% for men and 53.6% for women – a difference of over 14% (CSO, 2016). Participation rates among women have increased by only around 3% since 2000 (Callaghan et al, 2019 p4).

In 2019, UNICEF ranked Ireland as having among the least family-friendly policies in the club of rich countries, alongside the likes of Cyprus, Greece and the United Kingdom (UNICEF, 2019). Parents in Ireland are entitled to two weeks’ leave during the first year following the birth or adoption of a child, during which time the state provides income support of up to €245 per week. Employers do not have to top-up parents’ leave payments, but some do. Planned changes were announced in November 2020 during the Budget 2021 process, which will see the period of parental leave increasing from two to five weeks for each parent, which can be taken during the first two years of a child’s life/adoptive.

Aside from parental leave, mothers are entitled to maternity leave of up to 26 weeks (with maternity benefit), and adoptive parents can apply for paid adoptive leave for up to 24 weeks (with adoptive payment) (CI, 2020a).

The cost of childcare is highly politically salient in Ireland. Parents in Ireland pay some of the highest prices for childcare, relative to the average national wage, seen in a broad range of European and OECD countries. (Paull et al.,2020). The minister for children has published an Independent Review of the Costs of Providing Quality Early Learning and Childcare in Ireland (CEDIY, 2020).
However, under the Early Childhood Care and Education Scheme (ECCE), children are entitled to free preschool care in the year prior to starting primary schools. For qualifying children, the state pays participating services a set amount per child (CI, 2020b).

Thus, it can be said that family policy in Ireland enables the combination of parenting with participation in the labor market.

Citation:

III. Economic Crisis Response

Economic Response

On 12 March 2020, the Irish government closed schools, universities and other public facilities at the start of what would rapidly become a nationwide lockdown. Widespread limitations on economic and social activity were imposed on March 27. This was less than two weeks after the country’s first coronavirus case was recorded on February 29, and the day after the WHO had declared a global health pandemic. Aside from anything else, this stands in stark contrast with the experience in the UK – including Northern Ireland, the only jurisdiction that shares a border with Ireland – where the government introduced a nationwide stay-at-home order only on 23 March 2020, when the country had already recorded thousands of coronavirus cases (Worldometer, 2021). This period in Ireland is now regarded as the first lockdown of three
introduced in the first 12 months of the pandemic in an attempt to halt the spread of the disease, with the second introduced on 21 October 2020 and the third on 31 December 2020.

Beginning on October 1, the government introduced a “stay and spend” scheme to promote demand in the hospitality sector, whereby residents were able to claim back 20% of the cost of food and accommodation as an income-tax credit. The scheme was intended to end in April 2021, but was cut short by the introduction of the second lockdown. By November, total expenditure through the scheme was €2.2 million, with a total tax credit of €440,000 due back to taxpayers, amounting to only 0.2% of the government’s original projection (McGee, 2020).

The country’s revenues from income and corporation taxes held up in the first three-quarters of the year, allowing for moderate exchequer returns through September (DOF, 2020a), while a deficit was recorded through the end of November 2020 (DOF, 2020b). In total, this produced an overall deficit of €19 billion (DPER, 2020: DPER, 2020) and a budget deficit of €19 billion by year’s end (Burke-Kennedy, 2020). Notably, had the pandemic not intervened, the government had anticipated a budget deficit of €2 billion in its budget for 2020 (DPER, 2019, p20).

Over the first year of the pandemic, the state paid out some €11.5 billion in pandemic-related financial support (see “Labor Market Response”). In July 2020, the new government announced a range of measures as part of a jobs stimulus plan, which included a temporary reduction in the VAT rate from 23% to 21% in effect from 1 September 2020 to 28 February 2021 (EY, 2020).

In the budget for 2021, the government announced plans for general government expenditure of €109.2 billion, representing a €21.9 billion (25%) increase from its pre-pandemic 2019 level. This would be financed by €88.7 billion of government revenue and borrowing, with an anticipated deficit of €20.5 billion for 2021 (Doorley et al 2020). Among other measures, the plan included an increase in children’s allowance payments of €5 per week for children aged 12 and over, and an increase of €2 per week for children up to age 12.

While eye-watering for a country the size of Ireland (with less than five million inhabitants), these figures are still dwarfed by the €85 billion financial rescue by the EU/ECB/IMF Troika between 2010 – 2013.

Citation:
Ireland has a disproportionately large population of livestock, including about 6.9 million cattle, 4.9 million sheep and 1.5 million pigs (CSO, 2013), and employment in the Irish agri-food sector accounted for approximately 173,000 jobs, or 7.7% of all employment in 2018 (compared to about 4.2% of total employment in the EU in 2016). Thus, the Irish agricultural lobby remains powerful, even if agriculture’s economic share has declined, and the percentage of the population employed in agri-food has also declined relative to previous decades.

Ireland is routinely ranked as a laggard with respect to environmental policy and climate action (CCPI, 2021; CAN, 2018). Unsurprisingly, agriculture is a disproportionately large source of greenhouse gas emissions by EU standards (34%, above the EU average of 9%) (SEAI, 2018; OECD, 2020a, p4). Notwithstanding this, and despite the fact that Ireland is currently missing its targets under both EU and global plans, the government’s 2019 Climate Action Plan sets out an ambitious course of action for how the government will live up to its climate-action commitments (GOI, 2020a).

As elsewhere, the coronavirus pandemic has resulted in less traffic, travel and industrial activity. Naturally, this has led to lower emissions of greenhouse gases and air pollutants, and an overall reduced impact on the environment.
(EPA, 2020). However, the country’s climate targets still fall far behind its commitments under the Paris Climate Accords (O’Sullivan, 2020).

Following the inconclusive general election in February 2020, a novel coalition including erstwhile foes Fianna Fáil, Fine Gael and the Green Party took office, with the Greens taking on a newly revamped Environment, Climate, Communications and Transport portfolio. The government program includes ambitious plans to improve the country’s commitment to climate action, with plans to cut emissions, retrofit homes, decarbonize the economy, and promote a “just transition” through a Green New Deal. This includes a plan to increase the carbon tax to €100 per ton by 2030 (GOI, 2020b). With the Greens in government, there has been much talk of prioritizing cycling and developing greenways to promote exercise and sustainable travel at the expense of motorway and road infrastructure projects. While this reprioritization generated fierce disagreement between Fine Gael and the smaller Green Party in the early weeks of the new governing coalition, for example over the future of a long-standing motorway project to connect Cork and Limerick in the southwest of the country, it is clear that there will be a change of direction regarding the planning of transport infrastructure at least over the lifetime of this government (McConnell, 2020).

Despite this, Ireland has a long way to go to meet its sustainability commitments, and the full impact of these measures cannot be recorded at the time of writing. However, the government has promoted a range of incentives to promote sustainability over the course of the pandemic.

During discussions of coronavirus response measures worldwide, it has been acknowledged that governments could introduce measures to improve the energy efficiency of homes and thereby promote employment (OECD, 2020b). Over the course of the pandemic, the Irish government has promoted its existing system of home energy grants that enable homes to be upgraded to become more energy efficient (DECC, 2020).

O’Neill et al (2018) have identified impediments to the uptake of electric vehicles and plug-in hybrid vehicles (EVs) in Ireland, including issues of cost, infrastructure and a lack of clarity over the future of diesel vehicles. As a consequence, there are only 26,000 EVs on Irish roads today, out of more than two million vehicles in total (SEAI, 2020). During the pandemic, the government promoted the availability of Electric Vehicle Grant Scheme grants of up to €5,000 for eligible vehicles purchased and registered in Ireland.

The pandemic coincided with Bord na Móna’s (the government’s semi-state turf development agency) scheduled announcement of the formal end of peat
harvesting on its lands (BNM, 2020). Driven by plans to protect against habitat loss, and influenced by the country’s obligations under the EU’s habitats directive, the measure resulted in the loss of over 200 jobs.

Citation:

Labor Market Response

Starting on March 16, the Irish government introduced several labor-market policy tools designed to cushion the negative impact of the crisis on the national labor market, particularly for those who had lost their jobs or had been laid off as a result of the pandemic. These early support programs lasted for a period of six weeks. Additional income support for the self-employed and for companies affected by the coronavirus pandemic would follow. Specifically, a COVID-19 Pandemic Unemployment Payment (PUP) of between €203-€350 per week (depending on pre-pandemic earnings) was introduced for those made unemployed as a result of the pandemic, as was a COVID-19 Illness Benefit of €350 per week for those who were off work due to COVID-19 (which was also a bid to suppress the spread of the disease) (Ruane, 2020a; 2020b).

As the PUP was introduced rapidly and was composed of a flat payment, anecdotal reports emerged that some people were earning more on the scheme
than they had earned before the crisis. Speaking on national radio, the minister responsible defended the system while acknowledging that it “wasn’t perfect,” saying that any overpayments would contribute to economic activity and were “a very small price to pay for the people that needed an income” (McGrath, 2020). However, the influential ESRI think tank has reported an increase in household savings since the onset of the pandemic, which may provide considerable stimulus effect once restrictions are lifted (McQuinn, 2020).

The Emergency Measures in the Public Interest (COVID-19) Act 2020 was signed into law on 27 March (Lee, 2020). Among other things, this act introduced the Temporary COVID-19 Wage Subsidy Scheme (TWSS) which provided between 70% and 85% of a worker’s take-home pay, up to a maximum weekly tax-free amount of between €350-€410 per employee, depending on the employee’s average pre-pandemic net weekly pay. The TWSS was replaced on 31 August 2020 by the Employment Wage Subsidy Scheme (EWSS), which is intended to support employers that continue to experience financial difficulties due to the pandemic. The EWSS is expected to remain in place until at least 30 June 2021.

In total, over the first year of the pandemic, the state paid out some €11.5 billion in pandemic-related financial support (see “Labor Market Policies”), with some 20 million payments going to 850,000 people. This included Pandemic Unemployment Payment (PUP) support of €6.5 billion and Temporary Wage Subsidy Scheme (TWSS) payments of €2.7 billion, while the Employment Wage Subsidy Scheme (EWSS), which replaced the TWSS in September 2020, cost some €2.3 billion (DSP, 2021). Meanwhile about 142,000 people received approximately €88 million in total through the enhanced illness benefit scheme (Wall, 2021).

In November, in the national budget for 2021, the government announced a COVID-19 Restrictions Support Scheme (CRSS) to help support businesses that had to close or had been substantially undermined due to the government’s restrictions. Under the scheme, qualifying businesses – including companies, self-employed people and partnerships – can obtain up to €5,000 a week. This is notable, as the self-employed had previously been largely excluded from Ireland’s welfare net (CI, 2020).

As was the case throughout Europe, providing support to those in nonstandard employment, including the army of precariously employed workers in the gig economy (i.e., delivery workers, drivers, caterers), proved especially difficult, particularly if these individuals were not registered with the national tax authorities. In what was defended as an oversight by the government – and after the National Women’s Council of Ireland (NWCI) referred the case to the
Irish Human Rights and Equality Commission – the rules governing the TWSS were amended to allow women returning from maternity leave to access the program (OIR, 2020).

Following the onset of the pandemic, the unemployment rate rose from 4.7% in December 2019 to 7.2% in December 2020. The COVID-19 adjusted unemployment rate for December 2020 was 20.4% – that is, including all those covered by the government’s income-support schemes (CSO, 2020). At the beginning of January 2021, following the introduction of new restrictions, some 20% of workers were receiving pandemic-related income support (RTÉ, 2020).

Desk research has identified no new training schemes or active labor-market policies that have been introduced as a direct result of the coronavirus pandemic, aside from the aforementioned new Government Department for Higher and Further Education, following the formation of the new government in June 2020.

Thus, it could be argued that the measures introduced by government were at least partly effective in cushioning the crisis’s negative impact on the labor market.

Citation:
Fiscal Response

As previously discussed, the Irish government’s response to the coronavirus pandemic has resulted in an enormous increase in borrowing and public debt, as has been the case throughout Europe.

Budgetary processes have been transparent (discussed below, see “Legislative Oversight”) but burden-sharing arrangements have been essentially absent. For example, many low-income individuals and those in precarious employment have been most exposed to the economic consequences of the crisis (for example in the hospitality sector, while workers in frontline, typically low-paid sectors (e.g., retail, healthcare, transport and emergency services) have been most exposed to the health risks associated with the pandemic (due to being unable to work from home). This uneven impact of COVID-19 is likely to lead to increases in poverty (discussed below, see “Social Inclusion Policy Response”). For now, the country can benefit from being able to borrow cheaply, and will avail itself of the EU’s Next Generation Recovery Plan (discussed below, see “International Solidarity”). However, the cost of paying for the pandemic response will fall on the shoulders of taxpayers and citizens for years to come, and will likely impact significantly on government spending for the foreseeable future.

Project Ireland 2040 is the government’s long-term overarching strategy for investment in public infrastructure (GOI, 2019). This includes projects in the areas of transportation, housing, water and health, including a new National Children’s Hospital (NCH). This latter effort is one of the biggest infrastructure projects in the history of the state, the costliest hospital ever built in Europe, and involves the largest-ever investment by the European Investment Bank (EIB) for a project in Ireland (EIB, 2017). While the protracted delivery of the NCH has been mired in controversy following cost overruns and delays (Horgan-Jones, 2020), construction has continued on the project throughout the pandemic. That said, there has been considerable disruption to the process, as construction deemed nonessential has been banned during the country’s periods of national lockdown.

The government unveiled its budget for 2021 on 13 October 2020. An allocation of €10.1 billion was made for capital expenditure, out of a total planned government expenditure of €87.8 billion (GOI, 2020).

Capital funding of €2 billion has been allocated for housing, with a target of building or acquiring 10,300 social homes in 2021. A total of €740 million
was allocated to school-building projects, with the goal of increasing capacity by 23,000, and €270 million was earmarked for 20 building projects across the higher-education sector. A sum of €258 million was allocated for capital projects in the field of justice, including Garda (police) information and communications technology (ICT), a forensic science laboratory, prison upgrades and court modernizations, along with €131 million for defense projects, including the replacement of essential military equipment and for building and maintenance works. A National Broadband Plan to improve Ireland’s broadband infrastructure was signed in November 2019, and the 2021 budget included €132 million toward the project, the rollout of which gathered considerable pace in 2020. The budget also includes funding for the development of critical communication infrastructure for the National Digital Research Center and the National Cyber Security Center. The biggest single capital allocation from the 2021 budget is €2.7 billion for transport purposes. While this mainly relates to accelerating existing infrastructure projects, there are also new commitments to invest in cycling and walking. As in previous years (see “Recovery Package Sustainability”), the document included funding for commitments already made in the country’s Climate Action Plan, including funding for retrofitting homes and electric vehicle infrastructure (Costello, 2020).

When it comes to critical infrastructure, the 2021 budget continues plans to address the consequences of demographic and population growth. Thus, the aforementioned projects can be seen as a continuation of ongoing government plans, rather than as new critical infrastructure projects introduced as a result of the pandemic. To a large extent, government economic policy has instead focused on income support and consumption, and on keeping people in employment wherever possible (see “Labor Market Policies”).

Crucially, the government has focused on protecting the immediate needs of the citizenry, and there has been little focus on aspects of intergenerational justice or future economic viability, or indeed on “what happens next.” Given Ireland’s small size, there is essentially no direct role for regional (local) government when it comes to national budgets and critical infrastructure.

Citation:
Research and Innovation Response

We have seen how in 2018 Ireland spent around 1% of GDP on R&D, well below the EU average of 2.18% (see “R&I Policy Vulnerability”). Higher education has suffered from a decade of crippling underfunding, with universities in particular unable to hire new faculty except in exceptional circumstances (see “Education Policies”). Given this fact, as well as the pressing needs in the health, social protection and broader education sectors, it is unsurprising that research and innovation policy has not featured prominently in the Irish government’s COVID-19 response.

However, the government did introduce modest new funding for research into pandemic-related issues. Beginning in April the government made some €5 million available to more than 30 COVID-19 research projects as higher education institutions pivoted toward researching the virus and its variegated impact, and making projections regarding possible future pandemics. Among the projects supported in this sphere, the focus has been on diagnostics, antiviral treatment, contact tracing, mental health and social distancing measures, to cite only a few topics (SFI, 2020).

In December 2020, in collaboration with the authorities in Northern Ireland, a further 39 research and innovation projects received funding totaling more than €12 million for projects relating to transmission in meat-processing plants (the location of many significant outbreaks), nursing homes and workplaces; personal protective equipment (PPE); risk assessment; and the development of remote teaching technologies (Harford, 2020).

Notably, contact-tracing app technology developed in Ireland has been exported, including for use in the United States (DOH, 2020). Ireland does not have a domestic vaccine program, but it does have a successful and world-renowned medical technology sector that was well established in advance of the pandemic, and which employs around 40,000 people. Ireland exports some €12.6 billion in medical technology to over 100 countries, and nine of the world’s 10 leading medical technology companies are present in Ireland. Notably, 60% of the around 450 medical technology companies based in Ireland are indigenous (Medtech, 2020). Remarkably, half of the ventilator machines used in intensive-care hospitals around the world are made in Ireland (EI, 2020).

Citation:
IV. Welfare State Response

Education System Response

The Irish education system, like many others around the world, has struggled to ensure equal and uninterrupted access to an efficient and high-quality educational experience during the crisis. However, the successful reopening of schools in August/September 2020, in the wake of a largely successful adaptation to remote teaching and learning, was viewed as a major achievement, as was the fact that there were few major outbreaks recorded in school settings.

That said, schools were identified as a major potential source of coronavirus spread. The government responded to the first recorded case in the country on 1 March 2020 by closing the school attended by an affected student. That same month (during the first lockdown), and again in January 2021, all schools (primary and secondary) and childcare services were directed to close. Services continued to be provided for vulnerable children and children of essential workers; only one parent needed to be an essential worker for their child to be eligible (CI, 2020).

We have seen how Ireland has some of the largest class sizes in the OECD, with an average of 25 students per class, compared to 21 in the OECD more broadly (OECD, 2019). Another major issue has been digital poverty, with some children struggling to gain access to online learning, especially those from low-income families (Conny, 2020). Much concern has been raised regarding the impact of school closures on students with extra educational needs, and the government announced extra support for the special education sector in its roadmap for the reopening of schools (DOE, 2020). This includes extra funding, staff and exemptions from some rules relating to social distancing.
The cancelation of school exams during the coronavirus pandemic – including final qualifying exams normally needed to access further and higher education – has been another significant challenge. The associated negative consequences (for students, families and universities) were exacerbated by a debacle related to defective code in an algorithm designed to predict student grades based on coursework, and which ended up producing erroneous marks for almost 10% of the candidates – 6,000 out of 61,000 – in the Leaving Certificate process (final high-school exams).

A major debate has ensued regarding the long-term impact of these changes. The potential long-term significance of children being out of school has been well documented in terms of equality and development, especially for children from disadvantaged backgrounds or with extra educational needs (OECD, 2020; SJI, 2020).

The coronavirus pandemic has posed unprecedented challenges for higher education and research. All sources of university income will be affected in some way in the short to medium term. In September 2020, The University Times reported that the income of Ireland’s seven universities for the 2020 – 2021 academic year would collectively fall by €250 million, on top of a drop of €83 million in 2019 – 2020. Some Irish universities have already reported a drop-off in international students of up to 50% as a result of COVID-19 travel restrictions and campus closures (The Journal, 2020). In addition, the costs of transitioning to remote learning, the need to provide additional student support and investments in necessary personal protective equipment (PPE) have left Irish universities in a precarious financial position (O’ Leary and Furey, 2020). However, given the country’s existential needs particularly in the health and social protection sectors, innovation and higher education will likely continue to suffer from chronic underfunding.

As has been the case across Europe, most university teaching has since March 2020 taken place online, with the exception of practical courses and lab instruction. In August 2020, the minister holding responsibility for higher education announced a €15 million fund to provide laptops to assist tertiary students with online and blended learning (DFHERIS, 2021), while €10 million was allocated to provide laptops for school-age children who lacked access to technology (RTÉ, 2020). These schemes have been complemented by charitable ventures at the likes of Trinity College Dublin (Donohoe, 2020).

Tertiary fees (of up to €3,000 for home students) have not been waived by higher-education institutes (HEIs). The 2021 budget included a €50 million fund to provide financial assistance to full-time students, a new reskilling and
retraining package, and an extension of the existing national apprenticeship scheme. This includes a program providing one-time grants of €250 to higher-education students to help them weather the pandemic (CI, 2020b). With international-student fee income falling off sharply, it is likely that the higher-education and research sectors will require increased funding in the medium term to survive (EUA, 2020).

Regarding demographic change, it is predicted that in the next academic year (2021-2022), Ireland will see 5,000 more students participating in further education as compared to 2018. This is increasing pressure on the sector, and may impair its ability to deliver high-quality education to all participating students (O’Halloran & O’Brien, 2020).

In sum, all levels of the education sector have been affected by the pandemic, and much has been done across the sector to prevent the spread of COVID-19. However, despite considerable effort by the state to provide support to students at all levels, few of these programs can be said to have ensured educational equality.

Citation:


Social Welfare Response

The crisis has highlighted and exacerbated many inequalities in Ireland, and its negative consequences have not been experienced equally. Artists and musicians, the chronically ill, single parents, migrants, and people in insecure or precarious employment have been especially affected. Within the cultural sphere, the impact of COVID-19 has been profound, with artists, performers, booking agents and venues deeply impacted. A survey of 1,000 members of the Music and Entertainment Association of Ireland found that more than 75% of respondents had experienced mental health difficulties because of the impact of the pandemic on their livelihoods, with 3% attesting to having considered or attempted self-harm (Cox, 2020).

Notably, the self-employed (including musicians and artists) have been eligible for the government’s income-support schemes (see the TWSS/EWSS schemes discussed in “Labor Market Policies”), and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media received record funding – €130 million – in the October 2020 budget. Nevertheless, the cultural sector has been profoundly impacted by the pandemic. A Music Industry Stimulus Package worth €1.7 million provided emergency help to musicians, including some of Ireland’s best-known artists such as Sinéad O’Connor, Sharon Shannon and Damien Dempsey (McGreevy, 2020).

There have been well-documented negative mental health consequences related to the pandemic, and calls have been issued for a targeted mental health service responding to this challenge (O’Connor et al, 2020). For example, observers have called particular attention to the risks associated with higher rates of gambling disorder – which was already predicted to affect some 1% of the population – due to isolation, increased opportunity to gamble while working from home and high levels of targeted online advertising (CPI, 2020, p4).

Meanwhile, Ireland had one of the world’s highest rates of coronavirus-related deaths in care homes (O’Malley, 2020). By the end of June 2020, NPHET reported that 61% of COVID-19-related deaths had been in care homes. While
this rate fell between July and November (to around 41%), care-home residents still accounted for more than half of the country’s total coronavirus-related deaths by the end of 2020. Some 32.2% of care-home staff were confirmed to have had coronavirus in the first six months of the pandemic (Kennely, 2020). The Oireachtas’ (the joint houses of parliament) COVID-19 committee has called for an inquiry into how the disease was handled in care-home settings (Oir, 2020).

Attention has also been drawn to the unsanitary conditions for asylum-seekers living in so-called direct provision accommodations (Gusciute, 2020). Many of the 7,000 residents in the state’s direct provision centers have had to share rooms and catering, washing and laundry facilities, which contravened public health and social distancing guidelines, and increased the risk of COVID-19 infection and transmission (Hennessy, 2020). As of October 2020, there had been more than 300 cases of COVID-19 reported in direct provision centers, representing around 4% of all direct provision residents, compared to an infection rates of 1.3% for the rest of the population at the time (Baker, 2020). Notably, in February 2021, the government announced its intention to end the direct provision system by 2024 (DCEDIY, 2021).

The state’s prison system has fared comparatively well in terms of coronavirus infections. On 10 June 2020, officials announced that not a single prisoner among the country’s prison population of 3,705 had tested positive for COVID-19 (Conneely, 2020). By January 2021, some 40 prisoners had tested positive for the disease (O’Keefe, 2021).

Beginning in March 2020, a number of protections were put in place to support tenants during the coronavirus pandemic. This included a ban on evictions during any period in which COVID-19 restrictions had restricted movements to five kilometers from a person’s home (i.e., during Level 5 restrictions), with exceptions made for cases of anti-social behavior. The government also introduced emergency legislation to introduce a rent freeze and a 90-day notice period when ending a tenancy to protect renters further during the pandemic (Citizens Information, 2020). However, the crisis has affected opportunities afforded to prospective homeowners, as several banks have refused to offer mortgages to applicants in receipt of pandemic income support (Reddan, 2021).

Thus, while the country’s social policy responses have protected many, the uneven effects of COVID-19 are also likely to lead to increases in poverty, ill health and social exclusion (SJI, 2020).
Healthcare System Response

The economic situation in Ireland before the outbreak of the coronavirus was relatively favorable, with buoyant economic growth and full employment. However, the same cannot be said for the country’s public health service, as the hospital and community care systems had long exhibited severe and recurring capacity constraints (Keegan et al., 2019; Walsh et al., 2019). With long waiting times to see specialist consultants already common before the crisis struck, and with many people reacting to the threat of infection by postponing treatment (especially in the public system), pent-up demand for healthcare is likely to increase as a result of the pandemic (Propper et al., 2020).
In comparative terms, Ireland’s ICU and high-dependency-bed capacities were among Europe’s lowest at the outset of the pandemic, with only 6.5 critical care beds per 100,000 people. This was about on par with the United Kingdom, a good deal lower than the European average of 11.5, but well short of Germany’s 29.2 beds per 100,000 (Rhodes et al 2012). This translated to a total of 225 critical care beds in the Irish public health system at the beginning of the first coronavirus wave in March 2020. In light of these limitations, a deal was struck at the end of March that saw private hospitals acting as part of the public health system for the duration of the COVID-19 emergency (RTÉ, 2020). All coronavirus-related treatment was made free to patients across the new temporary system. The measures enabling public access to private hospital beds were lifted in June as the numbers of infections fell, and were reintroduced in January 2021 as a new wave of infections gathered force (Colfer, 2020, Wall, 2021). By January 2021, as critical care occupancy peaked at 330, the additional critical care bed capacity available across the hospital network peaked at 348 (The Journal, 2021b; HSE, 2021).

Notably, while most European countries have universal (or near-universal) coverage of at least core health care costs, in Ireland, the cost of general practitioner visits are covered by the state for less than 50% of the population (OECD, 2019). What’s more, while the government’s 10-year Sláintecare program initiated in 2017 is intended to move toward universal access to primary care (see “Preparedness of Healthcare System”), in 2019, some 2.27 million, or 46% of the Irish population, still had some form of private health insurance coverage (HIA 2019). Clearly, the relative ease with which this cooperation between the country’s public and private healthcare systems was brought about may have a longer-term impact on public discourse and public policy regarding the state’s role in the provision of healthcare.

All hospitals reacted to the coronavirus outbreak by developing new ways of working designed to reduce the risk of infection. As was the case in most European countries, the initial stock of PPE was inadequate, but solutions were found to meet the gaps (discussed below, see “Executive Preparedness”). The pandemic led to deferment of all but the most urgent surgeries in many hospitals, and many appointments – including for the likes of cataract operations and hip replacements – were canceled and rescheduled, bringing to 840,000 the number of people on waiting lists for some category of procedure (Irish Medical Organisation, 2020). Throughout the pandemic, visits to hospitals have been curtailed (HSE, 2020). Following complaints to the office of the national ombudsman (who examines complaints about the actions of public bodies, including public hospitals) and on the national airwaves, the
Health Services Executive reversed a part of its COVID-19 policy by allowing partners of pregnant women to attend their 20th-week scans (McGee, 2020), although some hospitals continued to impose restrictions in this regard (Burns, 2021). Restrictions were also put in place during labor, with partners permitted to be present for no more than 30 minutes at a time, at the discretion of the hospital.

The phenomenon of vacant posts within Ireland’s healthcare system is an ongoing problem (see “Health System Vulnerability”). In November 2020, public health doctors overwhelmingly backed strike action in a dispute relating to pay and contracts, as part of a sustained campaign for public health to be categorized as a consultant-led service and for public health specialists to be awarded consultant contracts (Wall, 2020). The Irish Medical Organisation (IMO), representing more than 7,000 medical professionals across all specialties, told a parliamentary committee in October 2020 that Ireland’s chronic shortage of doctors, including a deficit of up to 1,600 consultants, would only get worse as a result of the pandemic (Irish Medical Organisation, 2020).

We have seen how Ireland has low intensive-care and acute-bed capacities by European standards (see “Health System Vulnerability”). Notably, while there was much fear throughout the pandemic that the hospital and primary care systems would be overwhelmed, this had not happened by the time of writing. The absence of any major surge in seasonal flu or other virus infections helped significantly in containing the number of hospital admissions. As discussed, the case of care homes (see “Social Inclusion Policies”), where more than 50% of COVID-related deaths have taken place (Comas-Herrera et al, 2020, p10), is a clear outlier in this regard.

By January 2021, the country’s testing capacity had reached 175,000 tests per week, with testing prioritized for people showing symptoms, and with close contacts being asked to restrict their movements (RTE, 2021). The exposure of frontline healthcare staff to the virus meant that hospitals have struggled to mobilize staff at critical moments featuring very high infection rates. In early January 2021, for example, the HSE revealed that more than 7,000 staff members were home from work due to a COVID-19 diagnosis or because they were a close contact of a diagnosed case. The January peak of the crisis was so severe that the HSE even had to call staff members into work who were close contacts of known cases. Regional imbalances in staffing capacity were also striking in this phase of the pandemic; for instance, the severely impacted region of Donegal in the northeast of the country experienced a particularly acute staffing problem (The Journal, 2021a).
That said, for most of the pandemic, Ireland has remained near or below the European and OECD averages in terms of mortality and infection rates, as well as with regard to excess mortality. This can perhaps be partly explained by Ireland’s relatively young population, with people aged up to 29 making up 39% of the population, well above the EU average of 31% (Eurostat, 2019).

By the end of the reporting period (15 January 2021), Ireland had recorded a total of 166,548 coronavirus infections since the start of the pandemic (Statista, 2021). A total of 2,361 had died due to coronavirus infection, with a further 175 deaths probably associated with the virus (CSO, 2021). Notably, Ireland endured a major spike in infections in January 2021, with the peak of over 8,000 confirmed cases recorded on 08 January 2021. This was the result of policymakers opting to reject public health advice by lifting restrictions on the hospitality sector and on home visits in a bid to facilitate “a meaningful Christmas,” which in turn presented an opportunity for the virus to thrive, and resulted in more people dying with coronavirus in the first months of 2021 than in all of 2020.

In January 2021, Ireland moved from having one of the lowest rates of infection in Europe, to one of the highest such rates in the world, with a rate of 130 cases per 100,000 population on Jan 11 (The Economist, 2021). The B.1.1.7 variant of COVID-19, which exhibited a significantly higher level of transmissibility, accounted for much of the January peak, along with hugely increased community transmission as a result of the December easing of restrictions and the mixing of households over the Christmas period.

In sum, the provision of healthcare in Ireland is in relatively poor shape in terms of patient outcomes, with long waiting lists and unequal access to specialist care. But for the most part, the system was able to respond swiftly and appropriately to the crisis.

Citation:
As occurred throughout the world, Ireland saw a massive shift to remote working at the onset of the coronavirus pandemic (ILO, 2020). This raised many challenges pertaining to the need to balance work with childcare for many working parents. Moreover, we have seen how the crisis did not affect everyone equally. For example, a disproportionate number of women work in the sectors most disrupted by the pandemic, including retail, teaching, hospitality and healthcare.

The government did not explicitly update its family support policies to ensure a fair distribution of this burden between partners during the crisis,
notwithstanding the introduction of planned extensions to parental leave entitlements, as previously discussed (see “Family Policy Vulnerability”). Notably, there was a provision to ensure that the children of essential workers (e.g., healthcare workers and emergency service personnel) could stay in school even after the government’s directive to close schools (see “Education Policies”).

Particularly during the periods of lockdown, the coronavirus pandemic featured sharp increases in the number of women and children suffering from domestic violence. By November 2020, it was reported that more than 2,000 women and 400 children per month had fled abusive partners or parents and sought support from domestic violence organizations since March (O’ Brien, 2020). Aoibhneas, a domestic abuse charity, reported a 125% increase in the number of callers seeking help from its organization between March and September 2020 (Aoibhneas, 2020). The government instigated an awareness campaign, and made an extra €160,000 available for domestic violence organizations, while the Garda Síochána (the police) established its Operation Faoisimh to support domestic violence victims (Doyle, 2020).

Under Operation Faoisimh, the police forces received 22,540 reports of domestic violence and related crimes between March and November 2020, an increase of almost 17% compared to same period in 2019 (Lally, 2020). SafeIreland, an NGO supporting victims of domestic abuse, reported that 3,500 women contacted a domestic violence service for the first time in the first six months of the pandemic (SafeIreland, 2020).

Citation:
International Solidarity

The Irish state’s contributions to WHO and the Gavi global vaccine alliance are very small, and the country is not directly involved in any vaccine development programs. However, as previously noted, Ireland is a global leader in the manufacture and export of medical devices, including ventilators and other technology that has been central to coronavirus treatment around the world (see “R&I Policy Response”). Some of the market-leading pharmaceutical companies based in Ireland contributed to the development of both therapeutic drugs and vaccines. Regeneron, for example, based in Limerick, signed a $450 million contract with the U.S. government to produce thousands of doses of its REGN-COV2 antibody cocktail to prevent and treat COVID-19 infections. The Irish Pharmaceutical Healthcare Association (IPHA) stated that the pharma industry in Ireland had responded in three key areas – science, supply and support – with pharma clusters concentrated in the Cork region being especially critical to global supply chains, and moving at the forefront of COVID-19-related innovation within the pharma sector (The Irish Examiner, 2020).

Ireland is a small, export-focused, open and outward looking country. The Irish electorate is consistently among the most enthusiastic regarding EU membership (Europarl, 2020). Ireland has been among the EU member states benefiting most substantially from the single market over recent decades. The country’s euro zone membership has contributed to its ability to borrow cheaply during the pandemic, given the historically low interest rates, and given the European Central Bank’s unprecedented €750 billion Pandemic Emergency Purchase Program (PEPP). Ireland will also benefit from the EU’s historic Next Generation EU (NGEU) COVID-19 recovery fund.

The Irish government closely followed the guidance of both the European Center for Disease Prevention and Control (ECDC) and the WHO when designing its public policy response to the pandemic, and introduced strict measures within a day of the WHO’s declaration of a global pandemic in March 2020 (see “Economic Recovery Package”). Ireland also adopted the EU’s coordinated common approach to travel in October 2020, whereby regions are collectively designated “green,” “orange,” “red” or “gray” (if not enough information is available) based on the epidemiological evidence and the risks associated with coronavirus infection. Beginning on 16 January 2021, all passengers arriving into Ireland were required to furnish a negative / “not detected” result from a predeparture COVID-19 PCR test taken no longer than 72 hours prior to arrival in Ireland (DFA, 2020).
Given Ireland’s status as a small island economy, travel in and out of the country is crucial. Tourism is Ireland’s largest indigenous industry, employing 265,000 people, the vast majority of whom work outside of the capital city. More than nine million overseas visitors came to Ireland in 2018, spending some €5.1 billion (ITIC, 2020). The fact that the Irish government introduced far-reaching restrictions on economic and social activity only days before St Patrick’s Day, in effect banning the traditional St. Patrick’s Day national holiday celebration – which is seen as the traditional start of the tourist season, and is a major weekend for businesses around the country – can be seen as politically courageous in the circumstances.

The Irish diaspora also plays a strong role within Irish life, with hundreds of thousands of Irish-born or first-generation Irish living overseas, and with tens of millions of people globally claiming Irish ancestry – many multiples the size of the domestic Irish population (see Delaney, 2006). In December 2020, only days before Christmas, the government joined European peers by introducing restrictions on travel from the UK, despite the high density of Irish expatriates living there, many of whom had planned to travel to Ireland for Christmas. Despite these restrictions, it is estimated that more than 54,000 people flew into Ireland during the holiday period (The Irish Examiner, 2021).

In one respect, given that Ireland is a small island, the authorities were in a position to control travel in a way that most European countries could not. However, the status of the border across the island of Ireland (which is entirely porous and politically highly sensitive) raised specific challenges. In April 2020, the Irish government and the devolved Northern Ireland executive signed a memorandum of understanding with the goal to “underpin and strengthen north-south cooperation on the public health response to the COVID-19 pandemic” (DOH, 2020). Notably, however, the two jurisdictions often took different approaches, including in areas such as school closures and limitations on economic activity throughout much of 2020.

Given that Ireland shares a border with only one other jurisdiction (Northern Ireland), there has been limited scope to receive patients from beyond its borders. Nonetheless, in December 2020, ambulance crews from Ireland were deployed to Northern Ireland to help alleviate the overwhelming pressure on the hospital system there following a peak in COVID-19 infections (BBC, 2020).

All this has played out against the backdrop of the UK’s withdrawal from the European Union (commonly referred to as “Brexit”). This is widely regarded as one of the most disruptive events in the history of the Irish state, given the
many centuries of kinship, trade, conflict and culture that connect the peoples of these islands, and the real risks to economic prosperity, social cohesion and peace posed by Brexit. Ireland remains an enthusiastic EU member state, and its outward looking, pro-globalization worldview is a central aspect of the state’s core economic policy. Successive governments have put considerable effort into significantly expanding Ireland’s “global footprint,” in particular by building up its diplomatic service to what will ultimately be one of the densest diplomatic networks maintained by any small country (Beesley, 2018). If anything, this “Global Ireland” approach has been enhanced by the existential challenges posed respectively by Brexit and the pandemic experience (Rees and O’ Brennan, 2019).

Citation:
Resilience of Democracy

Media Freedom

Reporters Without Borders (RSF, 2020) ranks Ireland 13th in the world – 10th within the EEA – on the issue of media freedom. By any objective measurement, media outlets in Ireland are independent from government and free in their coverage. This has remained the case during the ongoing coronavirus crisis. There is an especially vibrant radio landscape in the country, with the second-highest rate of radio listenership (by total hours) in Europe, trailing only Slovenia (Statista, 2019). Prime-time radio and television shows maintain a central role in public discourse, and senior government and opposition politicians, medical figures, and commentators from academia, industry and civil society have appeared prominently in the media throughout the pandemic. There is also a strong tradition of political satire, including on the national (public) broadcaster, Raidió Teilifís Éireann (RTÉ).

However, critics have drawn attention to the highly concentrated nature of the Irish media landscape, as Independent News and Media (INM) controls much of the newspaper market (including the regional market), while broadcasting is dominated by RTÉ (Daly, 2019). They also note the extraordinarily high damages that can be awarded in cases of defamation (RSF, 2020). In November 2019, before the onset of the pandemic, the minister for justice pledged to reform the Defamation Act in early 2020 (DOJ, 2019). The constitution was amended in 2018 to remove the constitutional prohibition against the “publication or utterance of blasphemous matter,” a provision that dated back to the constitution’s introduction in 1937.

Notwithstanding vociferous debate and disagreement regarding the details, all major political parties and independent politicians from across the political spectrum have supported the imposition of the coronavirus-related restrictions. Meanwhile, Ireland stands out as almost unique among its European peers with regard to the absence of any right-wing populist or far-right nationalist parties of any consequence within the (somewhat fragmented) political system. However, there have been a small number of campaigns mounted against the government’s crisis-related restrictions; these were covered by the national media, including a number of controversial protests in early 2021 that attracted
far-right activists. Relatedly, a relatively high rate of more than 70% of the population has expressed a willingness to take a COVID-19 vaccine (see Bowers, 2020). But as is the case in many parts of Europe, there is a vocal minority of people who are hesitant regarding vaccination, and a persistent misinformation campaign regarding the topic (see Lynott, 2020). The government has engaged in a comprehensive information campaign to address people’s concerns (see GOI, 2020).

As a side note, Ireland plays host to many of the European headquarters of big tech firms and social media giants, including the likes of Facebook and Twitter (see “Data Protection”). Tik Tok has also recently established a significant (and rapidly expanding) presence in Dublin. Questions regarding the regulation of social media and online content, including what has been dubbed the “COVID-19 social media infodemic” (see Cinelli, 2020), will be highly relevant for Irish public policy.

Citation:
Statista (2019) Share of respondents who listened to the radio every day or almost every day in EU 28 countries in 2019, available at: https://www.statista.com/statistics/422806/europe-daily-radio-usage/

Civil Rights and Political Liberties

Freedom House assigns Ireland a very high score of 39 out a possible 40 for political rights and 58 of a possible 60 for civil liberties (Freedom House, 2020). The unprecedented restrictions on individual and collective movement, household gatherings, and economic and social activities that were implemented in the context of the coronavirus pandemic were introduced in the form of emergency legislation, received parliamentary scrutiny and were temporary in nature, with a timetable setting out how long the emergency measures would apply.
Throughout the pandemic, government ministers have referred to scientific evidence and data – and especially the recommendations of the National Health Emergency Team (NPHET, see “Executive Preparedness”) – when justifying any curtailment of rights and liberties. On several high-profile occasions, the government departed from NPHET’s recommendations in order to relax restrictions. This happened, for example, in the run-up to Christmas 2020, when NPHET recommended that the government either reduce restrictions on household visits or to allow the hospitality sector to open up, but NOT both. The government ultimately chose the path of least public resistance and opted for both, to allow people to plan for a “meaningful Christmas” (DOT, 2020).

Notably, restrictions on movement have been limited to requirements that people either “stay within one’s own county” or stay within a set distance of home (between two to five kilometers) at various points during the pandemic, with certain exceptions for essential activities such as work, doctors’ appointments, shopping or the provision of care for others (CI, 2021). While such measures, introduced in the first wave of the pandemic from March to June 2020, and again in January 2021, were intended to limit contacts in response to escalating case numbers, they were not based on any objective data, given the varying sizes of the country’s 26 counties and the different contexts in which people live.

At various points during the pandemic, the Garda Síochána (national police) have been given the power to enforce measures that have been repeatedly extended. This includes fines for breaching travel limits without good reason, for breaking rules relating to social gatherings, and for refusing to wear a mask in a public place (DOH, 2020; DOH, 2021).

Ireland is one of the only countries in the world where police do not typically carry firearms, and the use of force and fatal shooting by police is rare. However, critics have noted that there is little publicly available data on this issue (GI, 2019, p6). Public trust in the police tends to be high (at 89% according to a 2017 survey (see Amárach, 2017), and police officers have in practice been backed by public support when dealing with infractions of the coronavirus-related restrictions. In early 2021, the Gardaí revealed that nearly 10,000 fines had been issued for infractions, including 7,566 fines (of €100 each) for nonessential travel, and 341 fines for nonessential travel to airports and ports (of €500 each). Other fines were issued to people who had organized house parties or had been caught without a face mask (The Journal, 2021).
In sum, the government has been credible and transparent in developing and implementing coronavirus-related restrictions that have curtailed civil rights and political liberties. This has in some senses been helped by the government’s narrow governing majority (see “Executive Response”), which has ensured a high level of parliamentary scrutiny and oversight. Public support for restrictive measures remained consistently high throughout successive waves of COVID-19 infection.

Judicial Review

Courts are deemed an essential service in Ireland, and have not been required to adhere to COVID-19 restrictions. However, the courts have acted “to comply with the spirit” of the prevailing restrictions where possible “once such an approach is consistent with the courts’ obligations to administer justice, when and where necessary” (Courts, 2020a: Courts, 2020b). Much of the courts’ work has thus continued, including all bail applications, all urgent Hague Convention and childcare matters, and all ex parte judicial review applications. Some activities including asylum applications moved to a remote-working basis, and some activities have been postponed, including all nonurgent witness actions, personal injury cases, and applications and proceedings pertaining to the bankruptcy list.

An action for judicial review brought by two former journalists against the constitutionality of Ireland’s emergency COVID-19 laws was heard by the High Court in May 2020. The appellants had sought to have various coronavirus-related legislative measures declared unconstitutional and flawed. The court refused the application to go to a full hearing of the High Court, and
in June 2020 the applicants were directed to pay the costs of the failed attempt. A subsequent appeal from the applicants was heard by the Court of Appeal in early 2021, and dismissed in its entirety (Carolan, 2020; O’Faolain, 2021).

Citation:

Informal Democratic Rules

Ireland’s party system is unique in the European context given the historical absence of a left-right cleavage in its party politics. Instead, two dominant parties throughout most of the country’s century in existence have represented the opposing sides of a civil war fought in the context of the country’s independence from the United Kingdom in the 1920s. These parties are Fianna Fáil (a liberal center-right party and a member of the Renew Europe grouping in the European Parliament) and Fine Gael (a center-right Christian democratic party, and a member of the European People’s Party grouping in the European Parliament). However, this structure might be changing (Colfer, 2020a). In February 2020, in the narrow gap between the new year and the onset of the global pandemic, Ireland held an inconclusive general election that saw Fianna Fáil, Fine Gael, and an emergent Sinn Féin (left nationalist party) finish almost neck-and-neck, respectively winning 38, 35 and 37 seats in the 160 seat lower house of parliament (Dáil Éireann).

The previous Fine Gael-led government remained in office in a caretaker role until a new government consisting of Fianna Fáil and Fine Gael – along with the Greens – could muster a governing majority in June 2020. Notably, this is the first time that the two traditionally largest parties have coalesced, and the role of prime minister (Taoiseach) will rotate between the two largest parties halfway through the five-year term. The government holds a narrow majority of 84/159, as the speaker of the house – a Fianna Dáil deputy – does not have a vote. It is a remarkable testament to the unprecedented nature of 2020 that this historic realignment of Irish party politics has been eclipsed by the enormity of the coronavirus pandemic, as well as by the UK’s protracted withdrawal from the EU.
The emergence of Sinn Féin as the largest opposition party suggests that a more traditional left/right cleavage may be developing in Ireland for the first time since independence in 1921. Ironically, this divide has emerged in Ireland at precisely the moment at which the mainstream parties representing this left-right divide have been in decline throughout most of Europe.

Much of the work of the Oireachtas (the Irish houses of parliament) takes place at the committee level. In May, a cross-party special committee was established to consider and take evidence on the state’s response to the coronavirus pandemic. The committee was chaired by an independent deputy, and published its final report in October (OIR, 2020). Observers raised concerns regarding public comments made by the chair of the committee, who raised doubts about the efficacy of lockdowns and restrictions, and on another occasion described concern about rising infection rates in Ireland as “hysterical” (Horgan-Jones, 2020).

There is a high density of independent members of parliament (Teachtaí Dála; TDs) in Irish political life, with 19 in this legislature. In the government in power from 2011 to 2016, a group of independent TDs served in cabinet. Ireland’s political culture is clientelistic, and TDs maintain strong links with their constituencies even when in government. Overall, given the narrow majority held by the government and the high-profile cross-party COVID-19 committee, the administration’s work has been closely scrutinized.

While there has been rigorous debate, there is no evidence that party polarization in Ireland undermines the prospects for cross-party cooperation in the course of crisis management. In fact the evidence suggests that a highly consensual public attitude toward government policy has been accompanied by a rational, science-led consensus across the political parties.

Citation:
Resilience of Governance

I. Executive Preparedness

*Crisis Management System*

The coronavirus pandemic arrived in Ireland when memories of the country’s ignominious bailout by the EU/ECB/IMF troika in 2010, and the austerity and structural reforms associated with that period, were still fresh in the memories of many people. Thus, in a very broad sense, the country’s post-2008 actions gave the state apparatus recent and vivid experience in responding to a crisis situation (albeit of a very different kind). Brexit, similarly, has tested both state capacity and resilience over the past four years. As discussed previously, the Fiscal Advisory Council (IFAC), which was established as part of the reform of Ireland’s budgetary architecture after 2008, has actively reviewed the fiscal implications of public expenditure and government policy under the coronavirus pandemic (see “Fiscal Preparedness”). Observers have also drawn attention to public sector capacity limitations due to “years of forcing the public sector to do more with less” in the aftermath of the post-2008 crisis (Johns, 2020).

The government claims that advanced plans were put rapidly in place as part of its “comprehensive preparedness to deal with public health emergencies such as COVID-19 (coronavirus)” following the lessons learned in previous epidemics or scares related to pandemic influenza, SARS and MERS (DOH, 2020). The state had also implemented a National Plan for Pandemic Influenza in 2007, which served as a template for the government’s coronavirus response (HPSC, 2020).

A National Public Health Emergency Team (NEPHET) was established in January, more than a month before the first case of the virus was recorded in Ireland on 29 February 2020 (although individuals had tested positive in Northern Ireland after having traveled through Dublin airport). According to the government, this group “coordinate[s], oversees and provides national
direction, guidance, support and expert advice on the development and implementation of a strategy to contain COVID-19 in Ireland. It advises government on the public health aspects of what is a cross-government response to COVID-19 as informed by Ireland’s National Action Plan in response to COVID-19” (GOI, 2020a). NEPHET’s membership is “multidisciplinary and multisectoral” and comprises representatives “from across the health and social care service including the Department of Health (DOH), the Health Service Executive (HSE), the Health Protection Surveillance Center (HPSC), the Health Information and Quality Authority (HIQA), the Health Products Regulatory Authority (HPRA) and others with relevant expertise in health and/or other related matters” (GOI, 2020a).

NPHET is chaired by Chief Medical Officer Tony Holohan, and meets weekly to assess international data, receive guidance regarding the outbreak and review Ireland’s ongoing preparedness in line with advice from the WHO and the ECDC. An Expert Advisory Group was established in early February 2020, chaired by Cillian De Gascun, director of the National Virus Reference Laboratory, to provide advice to NPHET, the HSE (Health Service Executive) and the government on an ongoing basis (GOI, 2020a). Figures such as Holohan and De Gascun, as well as other prominent scientists, medical doctors and specialists, rapidly acquired high profiles in the media and public discourse, and are frequent contributors to prime-time television and radio coverage of the pandemic.

The government’s initial COVID-19 response was composed of three phases: the containment phase, the delay phase and the mitigation phase. In the containment phase, the focus was on all cases of the disease, no matter how mild. In the delay phase, initiatives were established to slow down the spread of the virus. In the mitigation phase, the focus was on those experiencing the most severe symptoms. The deployment of these strategies is consciously aligned with global strategies, guided by the likes of the WHO and ECDC (Gov, 2020a).

As was the case in most of Europe, the initial stock of personal protective equipment (PPE) was inadequate for the needs of those in healthcare and related settings. Solutions included the use of smart communication channels to improve supply chains, the production of bespoke PPE to meet gaps, and the sterilization or high-level disinfection of equipment until adequate supplies could be secured (Rowan & Laffey, 2020). Rock band U2 contributed €10 million to bring in three Are Lingus flights carrying ventilators, PPE, and surgical gowns and masks sourced from China (RTE, 2020).
In September 2020, when coronavirus infection rates in the country were low by international standards, the government published its Resilience and Recovery 2020-2021: Plan for Living with COVID-19, which claimed the country was “moving from a short-term emergency response approach to a medium-term approach to managing risk and repairing the damage that COVID-19 has inflicted on society” (GOI, 2020b). This plan replaced the government’s previous Roadmap for Reopening Society and Business (GOI, 2020c). For much of the second half of 2020, Ireland reported infection rates that were among Europe’s lowest, and the thrust of the Resilience and Recovery 2020 – 2021 document seemed appropriate. However, in December 2020, restrictions were loosened, allowing increased social mixing and an opening of the hospitality sector. Paired with the rise of the more-transmissible mutated variants, virus rates began to soar, and Ireland’s rate of increase in infections was among the world’s fastest at the beginning of 2021 (OWID, 2021).

Thus, it can be argued that the crisis management system was generally well prepared for the outbreak of the COVID-19 pandemic, and that the government moved swiftly to implement restrictions (as well as provide income support for those affected (see “Labor Market Policies”). However, any plan can be only as good as the efficacy or the systems and resources available to relevant actors. While the state mobilized an impressive amount of expertise to mount and sustain its response to the virus, the pandemic has also cast a light on many of the limitations in the provision of public services, including the inadequacies of the two-tier health system, the vulnerability of marginalized groups like asylum-seekers and the homeless, the limited number of intensive and acute care beds, and the significant challenges in the education sector (for example, in providing online teaching and managing school exams in the pandemic).

Citation:
II. Executive Response

Effective Policy Formulation

The government responded swiftly by introducing restrictions to prevent the spread of coronavirus on 12 March 2020, only a day after the declaration of a global health pandemic by the WHO on March 11. This included the closure of schools (initially until March 29) and a ban on indoor events with more than 100 people and outside events with more than 500 people. The Taoiseach made the announcement while on the annual state trip to Washington D.C. coinciding with St. Patrick’s Day. On March 16, the government published its National Action Plan on COVID-19, which set out the government’s initial measures intended to minimize risk to public health, the society and supply chains (GOI, 2020a).

On March 27, as infection rates and coronavirus-related deaths were rising – including the first death of a health worker from the disease – the Taoiseach announced a national stay-at-home order that extended restrictions on travel and closed most nonessential businesses. On May 1, the government published its Roadmap for Reopening Society and Business (Gov, 2020b) which set out five levels of restrictions that corresponded to the severity of the disease. Under the roadmap, different locations could be subject to different levels of restriction at different times. Taoiseach Leo Varadkar made state-of-the-nation addresses outlining the government’s response to the pandemic on March 17 and May 01, with his successor, Micheál Martin, following suit on October 19 and December 22. Only six such addresses had occurred before 2020.

The initial roadmap remained in place until September 2020, when the government announced its medium-term plan for living with COVID-19 in its Resilience and Recovery 2020 – 2021: Plan for Living with COVID-19 framework (Gov, 202c). Restrictions were increased in October, with the government clashing with scientific advisers who had called for more severe measures (Beesley, 2020). The government then lifted restrictions in the run-up to Christmas 2020, and reimposed lockdown conditions in January 2021 following a spike in cases.
The government also promulgated a “surge plan” that was put in place in January 2021, as Ireland surged to one of the highest infection rates in the world, with hospitalization and ICU capacity levels reaching critical levels (Cullen & Horgan-Jones, 2021; O’Riordan, 2021).

The government’s COVID-19 response has been strongly informed by advice from the National Public Health Emergency Team (NPHET). NPHET was convened on 27 January 2020. Chaired by Chief Medical Officer (CMO) Tony Holohan, NPHET is composed of 32 representatives from across the health and social care services, including the Department of Health, the HSE, the Health Protection Surveillance Center (HPSC), the Health Information and Quality Authority (HIQA), and the Health Products Regulatory Authority (HPRA). Notably there are no social scientists on the group, which may be seen as a shortcoming, given the pandemic’s wide-ranging impact on all aspects of society and on people’s lives.

There have been previous NPHETs established in response to public health threats such as swine flu. NPHET’s Terms of Reference include overseeing and providing direction, directing the collection and analysis of data, directing communications at local, regional and national level, and evaluating the readiness of Ireland’s health service to manage COVID-19, and providing “expert advice, guidance, support and direction for the overall national response.” NPHET takes its lead from the WHO and ECDC. NPHET meets twice a week, and its actions, decisions and recommendations are based on the consensus of all members. Professor Philip Nolan, president of Maynooth University, was appointed chair of the Irish Epidemiological Modeling Advisory Group within NPHET. NPHET has no executive function and sends its recommendations to the minister for health and the CEO of the HSE after each meeting. A number of subgroups work alongside NPHET, including an Expert Advisory Group (EAG) chaired by Dr. Cillian de Gascun, director of the National Virus Reference Laboratory at UCD, which provides updates on lab testing numbers and capacity (HPSC, 2021).

The expert membership of NPHET and its subgroups have changed over time, but many key figures (including Holohan, Nolan and De Gascun) have remained prominent in public discourse throughout the pandemic. Some have even become household names, with a mural dedicated to Holohan appearing on the wall of a pub in Dublin. Notably, Holohan stood back from his duties from July – October for personal reasons.

One of the enduring challenges for the government has been the attempt to balance competing opinions coming from the likes of the experts in the
NPHET and via lobbying from businesses, especially in the hospitality sector. In December 2020, the “reopening lobby” prevailed; as a consequence, the hospitality sector was reopened over Christmas, with grave consequences in terms of the growth in infections.

Citation:
Beesley, A. (2020) Irish government clashes with scientists over national lockdown, Financial Times, 06 October, available at: https://www.ft.com/content/21a86807-d3e4-4351-97be-4af134293129

Policy Feedback and Adaptation

Like elsewhere in Europe, the coronavirus lockdowns came in cycles in Ireland. A key challenge has been to balance the recommendations from the scientific community with the demands of businesses and of society at large.

Given Ireland’s relatively small population, the government has been able to gather data on the nature and trajectory of the infection rates, as well as details relating to clusters and testing rates. Throughout much of 2020, the HSE prepared a daily report that set out all the available data. This was replaced in January 2021 by an infographic presenting the latest COVID-19 figures, produced each working day (HSPC, 2021). Thus, the government claimed to be “following the science” when promulgating its policy responses to the pandemic.

However, the government on a number of occasions moderated or disregarded recommendations from NPHET in response to what it saw as the negative consequences that lockdowns would have for certain sectors of the economy (Beesley, 2020). This reflected the difficult balancing act between the protection of public health and fundamental economic freedoms that governments have been grappling with around the world. In particular, in early October 2020, the government resisted the NPHET’s recommendation to
return to the highest level of restrictions (“Level 5”) to combat an accelerating rate of infection. This led to a sharp row between the Tánaiste (deputy prime minister) and the chief medical officer (CMO) that played out in the media for a number of days. Ultimately, NEPHET was proved right, and Ireland returned to the highest level of restrictions until early December, when the government made the decision to reopen the retail sector and ease restrictions in order to provide people with a “meaningful” Christmas holiday. This move also went against the advice of NEPHET, and had to be reversed on December 22, when a return to the maximum Level 5 restrictions was announced as of December 26. This wasn’t enough to prevent case numbers from skyrocketing, and by the middle of January, Ireland’s infection rates were among the world’s highest

The effectiveness and efficiency of the government’s response was monitored by the Special Parliamentary Committee on COVID-19 and by opposition parties, which publicly highlighted perceived shortcomings. The media also played an important role in providing comparative evidence from other jurisdictions and around the world, and individual scientists and medical experts frequently took to the print and broadcast media in order to highlight shortcomings in the government’s approach.

Thus, the introduction, relaxation and reintroduction of restrictions shows the government’s willingness to adapt measures when circumstances or available expert knowledge changes. While the government did not always heed the advice of experts, and ministers conceded that they explicitly made the wrong decision about the “Christmas reopening,” the executive in general actively assessed the effectiveness and efficiency of its crisis response measures and demonstrated dexterity in adapting policy as circumstances demanded.

Citation:
Beesley, A. (2020) Irish government clashes with scientists over national lockdown, Financial Times, 06 October, available at: https://www.ft.com/content/21a86807-d3e4-4351-97be-4af134293129

Public Consultation

Historically, Ireland has a strong track record of promoting public involvement in policy formulation in various ways. Constitutional amendments are first adopted by the houses of the Oireachtas (parliament), and then must be passed by a referendum (simple majority) before the president can sign them into law. Thirty-eight such referendums have taken place since the adoption of the national constitution in 1937, resulting in 32 amendments. Notable among these have been the referendums on the adoption of revised EU treaties. The constitution also provides for a referendum on an ordinary bill, known as an
“ordinary referendum.” This could happen either through an act of parliament, or if, in the opinion of the president, any measure “is of such national importance that the will of the people ought to be ascertained.” To date, this provision has never been used.

In 2016, the government established a citizens’ assembly process (also called “We the Citizens”). These groups are composed of a representative sample of voting-age citizens who are asked to consider contentious political questions in areas such as abortion rights, the use of referendums, the implications of an aging society and climate change. The Oireachtas is obliged to respond to an assembly’s reports (which were produced after 18 months of deliberation over a topic). The work of one such assembly prompted and was considered crucial to the referendum that removed the constitutional prohibition on abortion in Ireland in 2018. A new citizens assembly on gender equality was established in 2019. The citizens assembly process is often cited internationally as a best practice model of deliberative citizen participation in governance.

Ireland is unusual in combining what is perceived as a highly globalized, liberal market economy with the existence of a robust social partnership model. This was especially true between 1987 and 2009, when tripartite negotiations were held between representatives of employers and trade unions interacting with government to determine labor-market and tax policy. At its zenith, the social partnership process also involved other stakeholders, including NGOs and citizens groups. Social partnership in the private sector was among the first casualties of the country’s post-2008 financial crisis, but continued in a limited form in the public sector.

During the coronavirus pandemic, the government has engaged with unions in the healthcare and education sectors when developing its policy response. Equally, government engaged with stakeholders in the hospitality sector and other industries. This has happened in a somewhat ad hoc fashion, and there is no institutionalized form of social dialogue in the Irish legislation process.

Ireland’s political culture is informal and clientelistic in nature (see “Informal Democratic Rules”), with members of the public expecting politicians to be accessible to them. This model of governance has seen politicians, including senior members of government and senior scientific advisers, appearing frequently on national television and radio programs to explain and defend policy decisions and recommendations associated with the fight against COVID-19.

Various other sectoral interests are formally involved in policy formation, including through the composition of the Seanad (upper house), where 43 out
of 60 members are drawn from vocational panels that represent different sectors (e.g., the administration, agriculture, culture and education, industry and commerce, and labor) as well as from Ireland’s universities (six members). Trade unions (especially in the public sector), employer and industry representatives, sporting groups (most prominently the Gaelic Athletics Association), churches, and other NGOs (including those that represent patients, the parents of children with special needs, and older people) all engaged in informal consultation with government and have featured prominently in public discourse.

Thus, while societal engagement happens in Ireland, it is not typically formalized, and the government is free to ignore the views of particular groups or sections of society. Some stakeholders have called for the resurrection of the social partnership model in the wake of the coronavirus pandemic (SJI, 2020).

Citation:

Crisis Communication

In recent years, government political communications have caused some controversy. The government’s Strategic Communications Unit (SCU) was disbanded in 2018 after a little more than a year in existence, following controversy over newspaper “advertorials” promoting the government’s long-term Project Ireland 2040 strategy (Clarke, 2018). The new coalition government’s approach to communications has also been called into question over the course of the crisis, following revelations in autumn 2020 that Tánaiste (deputy prime minister) Leo Varadkar leaked confidential documents relating to a dispute over doctors’ pay in 2019 when he was Taoiseach (Pogatchnik, 2020), and after details from a landmark government investigation into the state’s “mother and baby homes” were leaked to the press in advance of publication of the report in January 2021 (McGee, 2021). However, these incidents did not pertain directly to COVID-19 communications.

From the outset of the pandemic, politicians and public health officials kept the public up to date with relevant data, information and shifts in public policy. Specifically, the HSE and NPHET produced daily updates on rates of infection and deaths relating to COVID-19 (HSPS, 2021). The government also set up a COVID-19 Data Hub to bring together different vectors of
information and statistics about the virus and how it was affecting the country (GOI, 2020). Successive Taoisigh (the plural of prime ministers) gave a number of state-of-the-nation addresses throughout 2020, a type of address that had previously taken place only six times in the history of the state. Senior politicians – including the taoiseach and the minister for health – also appear frequently on public radio and television to explain and defend their policy decisions. Some Irish members of the European Parliament (MEPs) have been active in commenting on how the crisis has been handled elsewhere, focusing on issues such as the rollout of vaccines in Germany (Vulcan, 2020). Scientists have provided comparative analyses of developments throughout the EU and around the world.

During the routine Department of Health press briefings, the CMO and NPHET members take center stage, although they are often joined by members of government. This could be seen either as an attempt by the government to outsource responsibility and obtain political cover for the tough decisions it has made, or a sincere acknowledgment of the scientific expertise and experience of its scientific advisers. In any event, the approach stands in stark contrast to the regular COVID-19 briefings in Ireland’s nearest neighbors in the UK, where politicians feature much more centrally.

The change in government in July 2020 is perceived to have complicated the capacity of the state to communicate its approach to the pandemic effectively. At times, representatives of the three governing parties have seemed at odds about how particular aspects of the crisis should be managed. At other times, there have been real communications failures, as different messages have been relayed to the public. The difficulties in aligning three different party positions at times offered a stark contrast with the previous government, which, although it had independent members in cabinet, is perceived to have been more effective in delivering messages to the public about its coronavirus strategy. (Collins, 2020).

Thus, while decisions were not always popular, and sometimes took time to make, they were communicated in a fairly transparent, consistent and rigorous way. However, when it came to timing – around the closures of schools and businesses especially – some stakeholders expressed legitimate frustration at policy changes being introduced at relatively short notice (e.g., restaurants that had stock on hand but could not open, and parents needing to organize childcare at short notice when schools were closed).

Citation:
Implementation of Response Measures

The government implemented most of the key measures associated with its COVID-19 response shortly after they were adopted, and implementation was mainly effective. Crucially, the first nationwide restrictions on economic and social activity took place on March 12, only days before the St Patrick’s Day weekend, a national holiday that is traditionally an important weekend for businesses and families. This occurred under the auspices of a caretaker government led by Fine Gael (after inconclusive parliamentary elections in February), and took place more than 10 days before the United Kingdom (including Northern Ireland) took similar measures.

The introduction of a contact-tracing app in July was deemed a significant success, with more than a million downloads in the first 24 hours (Reuters, 2020). The state’s testing capacity reached 140,000 per week by November (Cullen, 2020), and the tracker app facilitated the testing of close contacts. However, the HSE reached full testing capacity by the end of December 2020 and had to prioritize tests for people with symptoms (HSE, 2020). The HSE’s contact-tracing capacity was set at 1,500 cases per day, for full coverage of close contacts. With case numbers accelerating rapidly and testing capacity at its “surge” limit, the decision was made on December 31 to stop testing close contacts of confirmed cases. This lasted through the month of January, until case numbers came down significantly (The Journal, 2021a).

Under the terms of a new law (No. 181/2020), passengers arriving in Ireland beginning in May 2020 were required to fill out a COVID-19 Passenger Locator form to provide details on their planned contacts and locations for the first 14 days in Ireland (if applicable), during which time they were obliged to self-isolate. Exceptions were made for essential supply-chain workers (GOI, 2020). Penalties could be issued for non-compliance, but amid widespread reports that only a minority of inward travelers were contacted within 14 days to check on their compliance (McGee, 2020), public trust in the system was...
low. This laissez faire approach to quarantine stood in marked contrast to other EU jurisdictions, where the self-isolation regime was heavily policed.

On 16 January 2021, driven by international concern about the circulation of new variants of the virus, including the B.1.1.7 variant, these measures were updated to oblige all passengers arriving into Ireland to provide evidence of a negative or “not detected” COVID-19 test (PCR test) taken no more than 72 hours before arrival. The obligation to restrict movements for 14 days remains in place, unless traveling from a “green” or “orange” country in the EU’s traffic light system (CI, 2021). The government also followed the lead of neighboring states by announcing the intention to introduce a mandatory hotel quarantine for new arrivals to the country. When this was introduced in April 2021, it proved highly controversial; the European Commission, for example, questioned whether the measure was proportionate relative to the challenge Ireland faced in managing the coronavirus (DW.com, 16 April 2021). In addition, several court challenges emerged focusing on particular anomalies in the implementing legislation. In response to requests for assistance, the Irish government paid the hotel quarantine costs for Irish students returning from Erasmus placements at EU universities, for example (approximately €2,000 per student) (Irish Independent, 13 April 2021).

In practice, the Garda Síochána (national police) have been responsible for implementing many of the government’s COVID-19 rules across the country. In Ireland, trust in the police is traditionally high (see “Civil Rights and Political Liberties”). While restrictions on movement have been introduced throughout the pandemic, there has been no curfew, and the police have had considerable leeway in determining whether travel (for work, shopping, a doctor’s appointment, or to provide care) is justified (DOJ, 2020). Police-issued fines were initially rare (Reynolds, 2021), but accelerated in the latter part of 2020. In total, the Gardaí report having issued almost 10,000 fines for breaches of COVID-19 regulations (Lally, 2021). These included a total of 7,566 fines of €100 for nonessential travel, and 341 fines of €500 for nonessential journeys to airports and ports. In addition, a total of 277 fines of €500 were issued to people who had organized house parties, and 1,109 fines of €105 were issued to party attendees. The Gardaí also issued 187 fines worth €80 for not wearing a face covering (The Journal 2021b).

Citation:
National Coordination

Ireland is a highly centralized, relatively small country of five million people. The fundamental unit of geography is the county, of which there are 26 in the republic. Counties remain vivid in the national identity in terms of electoral constituencies, sporting affiliation and “home place.” There are 31 local authorities that cover 100% of these counties; these entities are responsible for matters including social housing, road maintenance, planning, public libraries, waste management, fire services, the maintenance of the register of electors, cultural and recreational amenities, and other events devolved to local councils. In total, the local councils comprise 949 councilors (elected every five years to coincide with European elections) and a permanent administration that is led by a chief executive that oversees the management of the local authority. The Údarás na Gaeltachta (Gaeltacht Authority) is a regional state agency responsible for the economic, social and cultural development of the Irish-speaking (Gaeltacht) regions.

The unusually centralized form of government means that local government has played only a limited role in Ireland’s coronavirus response. Local authorities’ work has been most directly affected by the closure of libraries and other public amenities. However, in April 2020 the government launched The Community Call initiative, which was designed to link local and national governments with the community and voluntary sectors; this was overseen and
managed by the local authorities, led by the county chief executives. Taking the form of a forum, The Community Call has published an extensive list of state and voluntary organizations that focus on the elderly and vulnerable groups. Several authorities have established centralized community support programs, with a single phone number and email address, in order to coordinate the work of the various statutory and voluntary agencies working with vulnerable groups (OECD, 2020; GOI, 2020).

Regional lockdowns were put in place in the summer of 2020 to deal with increased coronavirus rates in Laois, Kildare and Offaly. Oversight and management of these localized outbreaks continued to be performed by the national health authorities and the government.

Citation:


International Coordination

The government lacks the institutional capacity to contribute actively to international efforts to address the public health, economic and social consequences of the coronavirus pandemic. Its contributions to WHO and Gavi (the vaccine alliance) are relatively small.

However, when planning its policy response, the state has followed the lead of the European Union, the ECDC, the European Medicines Agency (EMA) and the WHO. Specifically, the introduction of restrictions was coordinated with most other EU countries (with Sweden a notable exception) shortly after the WHO declared the coronavirus to be a pandemic on March 11 (see Malandrino & Demichelis, 2020). The government joined the EU’s coordinated Traffic Light Approach to Travel in October 2020 (DFA, 2020), and also supported the EU’s €750 billion Next Generation EU COVID-19 Recovery Plan (Consilium, 2020). Ireland has been especially affected by the fall in airline traffic, given its island status; by the end of September 2020, the number of passengers arriving at Irish airports had dropped by 87.5% compared to same period in 2019 (CSO, 2020). This presented an existential threat to a number of sectors (including tourism, the largest domestic industry in terms of employment), and the government will be anxious to restore air travel when possible.
Ireland is an export-focused, open economy (see “International Solidarity”). The ESRI (an influential think tank) reported that GDP grew by 3.4% in 2020 and would grow by 4.9% in 2021, despite the government’s closure of large parts of the economy, and in spite of the potential disruption caused by the UK’s withdrawal from the EU (McQuinn et al 2020). This is based largely on a surge in MNC exports in the pharma and medtech sectors, which happened against the backdrop of the enormous damage done to domestic firms and many thousands of job losses as a result of the coronavirus-related restrictions (Beesley, 2020). Thus, the government is committed to maintaining its position as an attractive destination for FDI as part of its post-pandemic recovery. The Irish economy is also an important hub in the global supply chain for medical technologies, and produces half of the ventilator machines used in hospitals around the globe (see “R&I Policy Response”).

Ireland’s relationship with Northern Ireland and the rest of the United Kingdom has seen the two governments interact in a range of formal and informal ways (see “International Solidarity”). The terms of the Good Friday Agreement (1998) include the establishment of a number of cross-border agencies and bodies including the North/South Ministerial Council and the North-South Implementation Bodies, with the goal of fostering cooperation that benefits both Northern Ireland and the Republic of Ireland. A number of east-west institutions have also been created, including the British-Irish Council and the British-Irish Intergovernmental Conference, with the aim of enhancing relations between Ireland and Britain. In the context of COVID-19, authorities in Ireland and Northern Ireland also signed a joint memorandum designed to “underpin and strengthen north-south cooperation on the public health response to the COVID-19 pandemic” (DOH, 2020). While the two jurisdictions diverged in many ways over the course of the pandemic, these bodies may become all the more important in the context of the UK’s withdrawal. The tension surrounding Brexit contributed to tensions between Dublin and London and between the Irish government and the first minister of Northern Ireland. It remains unclear today how the intensity of contact inherent in the interaction between the UK and Ireland associated within the EU Council of Ministers can be replicated within the different bilateral structures outlined above.

The extent to which Ireland can influence the public health, economic and social consequences of the coronavirus pandemic is limited by its size and relative isolation. That said, the country engages fully at the EU level and enjoys significant access to decision-makers in Washington, especially the new Biden administration, and will continue to expand its diplomatic footprint, especially in the context of the UK’s withdrawal from the EU.
Learning and Adaptation

The government evaluates its coronavirus crisis management system in light of the available epidemiological data and recommendations from scientific advisers. As a small country with a centralized COVID-19 strategy, it is possible for the government to amend and moderate its approach to the pandemic, which it has done on several occasions. The clearest examples of this are the periods of lockdown lasting from March to June 2020, from October to November 2020, and beginning in January 2021, which were introduced as a response to increased rates of infection and the rapid spread of the disease. A further example of the government moving decisively to improve its preparedness was offered by the decision to restrict travel from the United Kingdom in December 2020 in reaction to the more-transmissible B.1.1.7 strain of the disease that had emerged there. NPHET plays a central role in such decisions, with the government making the ultimate decision with legislative oversight (see “Legislative Oversight”).

We have seen how the Irish health system lags behind its European peers in terms of access to intensive and acute care beds and the fundamental capacity of the health service (see “Preparedness of Health System”). As has been the case throughout Europe, the primary motivation in the government’s COVID-19 strategy – after the need to protect the public’s health – has been to prevent the health service from being overwhelmed. This has led the government to adapt its approach, with hospitals retaining the responsibility to make decisions regarding visiting rights and other organizational matters. A new approach to storing and keeping an adequate supply of personal protective equipment on hand also emerged.

However, the government’s approach to the pandemic has been fundamentally constrained by an inability to maintain records of people’s movements and
contacts. Relatedly, the vaccine rollout in early 2021 was partly recorded using pen and paper, as there was no integrated digital system yet in place to record data (O’Halloran, 2020). And although there is evidence of some successful adaptation to new circumstances (such as the switch to electronic prescription ordering), the failure to adequately digitalize Ireland’s health service is perceived as a key weakness, limiting Ireland’s capacity to respond effectively to the pandemic.

Citation:

III. Resilience of Executive Accountability

Open Government

Data on the pandemic is publicly available on a dedicated website called Ireland’s COVID-19 Data Hub, and government and scientific advisers make frequent statements on the management of the crisis. Starting in March 2020, the HSE published a daily report that set out all the relevant data available on the Data Hub. This was replaced in January 2021 by an infographic that presents the latest COVID-19 figures, produced each working day (HSPC, 2021).

The available data is essentially clear and transparent, and is scrutinized in the media, by the legislature (see “Legislative Oversight”), and by experts from a range of scientific disciplines. A group of high-profile academics and experts have emerged – including several NPHET key figures – who are widely known for analyzing and translating findings for public consumption when justifying or challenging government decisions. The details and implications of the COVID-19 data are discussed daily on the airwaves within Ireland’s vibrant media landscape (where there are especially high rates of radio listenership (see “Societal Consultation”). At certain points, there have been some delays in publishing data due to lab capacity constraints, and contact tracing became increasingly difficult (and ineffective) in January 2021 following the enormous spike in infections after Christmas 2020. The Data Hub also began to publish regular information on vaccine rollouts beginning in January 2021, including the totals of first and second doses of vaccine administered.
Legislative Oversight

On 20 March 2020, the president signed the Health (Preservation and Protection and Other Emergency Measures in the Public Interest) Act 2020 into law, which gives the minister for health the power to make regulations and introduce measures to slow down the spread of COVID-19. Under the terms of the act, the minister for health can introduce legislation that limits travel and economic activity, closes schools and childcare facilities, and restricts public gatherings. The act has been updated several times (see “Effective Policy Formulation”). Current restrictions are set out mainly in Statutory Instrument 560 of 2020 (SI, 2020a) and Statutory Instrument 653 of 2020 (SI, 2020b). Legal provisions also specify who can form a “support bubble,” lay out the rules for wearing face coverings in public places, and require the completion of a Passenger Locator Form upon arriving in Ireland (see “Implementation”).

The current legal framework allows for detention in cases which someone who is deemed to be a potential source of infection fails to isolate themselves. The legislation also gives the Garda Síochána additional powers to arrest people (without warrant) who have violated these rules, with offenses punishable by a fine of up to €2,500, up to six months imprisonment, or a combination of both. In practice, many of the rules are extremely difficult to enforce (e.g., the number of people meeting together in private homes) and there has been a high degree of compliance. Fines have been issued in some cases for the organization of gatherings or for breaking travel restrictions without good cause.

Each measure is time-limited and must be renewed. The Oireachtas has the power to vote down any extension, but only after such an extension is made. With other emergency legislation, the Oireachtas has typically voted for an extension before it is made rather than after it was made.

An active COVID-19 special committee has overseen legislation in this area (see “Informal Democratic Rules”). In its final report in October 2020, it called for an inquiry into coronavirus-related deaths in care homes (which accounted for more than half of all COVID-19 deaths in 2020) (Oireachtas 2020). There was some unease among public health experts at public comments made by Committee Chairman Michael McNamara (Independent).
on a number of occasions, in which he cast doubt on the efficacy of lockdowns and restrictions and described the reaction to infection rates increasing at particular times in Ireland as “hysterical” (Horgan-Jones, 2020).

After the remarkable February 2020 election, which resulted in a novel three-party government with only a very narrow majority (see “Informal Democratic Rules”), the government is vulnerable to defections and must strive for consensus where possible to ensure the sustainability of any legislation, including COVID-19 emergency rules. For this reason, and due to the strong constitutional and legislative traditions in the country, members of the legislature have been able to monitor the actions of government effectively during the crisis. This has been aided by a vibrant media landscape and the high profile of government scientific advisers and other experts in the public discourse.

Citation:

Independent Supervisory Bodies

The Irish Fiscal Advisory Council (IFAC) was established as part of the reform of Ireland’s budgetary architecture in the context of the 2008 economic and social crisis. The IFAC promulgates independent economic analysis about the government’s official macroeconomic policy and forecasts. The IFAC has also actively monitored the fiscal implications of public expenditure and government policies related to the coronavirus response (IFAC, 2021). The IFAC is entirely independent of the government and has access to all relevant data and information.

The Oireachtas (parliamentary) Budget Office (PBO) also engages in a range of research projects that monitor government spending, for instance regarding the implications of COVID-19 for funding of the university sector, on the environment and on the transport sector (Oir, 2020).

A range of other actors monitor government spending in the context of COVID-19, including the Central Bank of Ireland, which has published a
range of research relating to how the coronavirus pandemic may affect mortgage distress rates, supply chains and liquidity for SMEs (CBI, 2020). Ireland also plays host to a small but active think-tank community that has assessed and monitored financial risks associated with the government’s policy response during the crisis. This includes entities such as the ESRI (2020a, 2020b), TASC (2020) and SJI (2020). The social partners, including the Irish Business and Employers Confederation (IBEC, 2020) and the Irish Congress of Trade Unions (ICTU, 2020) have also contributed to these activities. While not official auditors, they play a key role in contributing to debates over government spending and action.

Citation:

Ireland’s Data Protection Commission (DPC) is the national independent authority responsible for upholding the fundamental right of individuals in the EU to have their personal data protected. The DPC is responsible for supervising the General Data Protection Regulation (GDPR) in Ireland.

The DPC has had the capacities and structural and personnel resources to advocate effectively for data protection and privacy issues vis-à-vis the government during the crisis. The pandemic response has involved the collection of data for the purpose of contact tracing and treatment, as well as for vaccine distribution. In each case, the HSE has set out clear data-protection policies that include a clear description of what data will be required, how it will be handled and how complaints can be made to the DPC (HSE, 2020a, 2020b).

Ireland hosts the European headquarters of numerous big tech firms, including Google, Facebook and Twitter. As these firms experience increased scrutiny and attention from regulators with respect to factors including user data, harmful content and “fake news,” questions of privacy are likely to be raised.
In January 2021, the Court of Justice of the European Union found that data protection authorities in any EU country can pursue privacy complaints against big tech firms including Facebook, whereas previously the social media giant had insisted that complaints needed to go to Ireland’s regulator, given its Dublin headquarters (EU Reporter, 2021).

In 2017, a national newspaper’s Freedom of Information (FOI) request revealed that in 2014, Facebook Chief Operating Officer (COO) Sheryl Sandberg directly lobbied then-Taoiseach Enda Kenny regarding the appointment of the country’s next data-protection role, and regarding taxation and privacy laws at the domestic and EU levels. The information illustrated the extraordinary access that big tech firms have to senior Irish politicians (Carroll, 2017)

The end of this reporting period (January 2021) coincides with the release of a landmark Final Report of the Commission of Investigation into Mother and Baby Homes (DCEDIY, 2021), which considers the treatment of women and babies in the institutions to which unmarried mothers were sent to give birth between 1992 and 1998, largely run by Catholic religious orders. This episode raised major question about data-protection rights and confirmed the influence the DPC has even amid the pandemic. In October 2020, the government said it would seal the personal details relating to these institutions for 30 years, which was opposed by campaigners. The DPC contested this, arguing that any limitations must be done on a case-by-case basis, rather than being dismissed summarily under GDPR rules (Horgan-Hones & O’Halloran, 2020). In response, the government sought legal advice and confirmed that adoptees and survivors of mother and baby homes will be legally entitled to access their personal data.

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