Covid–19 in Northern Ireland: moving out of lockdown

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Covid-19 in Northern Ireland

Moving out of lockdown

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Overview

Pivotal is beginning a series of short, evidence-based briefing papers on Northern Ireland's social and economic recovery from Covid-19 (C-19). These papers will explore evidence from around the world to inform public debate and assist policy-makers in their decision making. This first paper examines key learning from other countries about lockdown easing and uses this evidence to suggest policy considerations for Northern Ireland.

Research and government guidance is being rapidly developed to respond to the health, social and economic challenges presented by C-19. Across the world, governments are seeking to balance the protection of public health with the need to enable a phased return to economic and social activity. This paper aims to invite dialogue and engagement about how Northern Ireland can best meet the challenges of this evolving situation, with a focus on how testing and tracing should be used to minimise the spread of the virus as activity increases.

This paper surveys the different global approaches for relaxing lockdown to consider the Northern Ireland Executive's plan for easing restrictions and preparing its citizens for the 'new normal' of daily life. Key policy considerations are outlined to help inform discussion about how Northern Ireland continues on this challenging road to recovery.

Pivotal's next briefing paper will focus on the economic challenges that have arisen in Northern Ireland from C-19. It will explore the economic impact of lockdown and what is needed to support businesses and individuals to recover.

What factors are used to inform the easing of lockdown restrictions?

Background

Covid-19 (C-19) was first documented in China in December 2019 and the World Health Organisation (WHO) announced a Public Health Emergency of International Concern (PHEIC) on 30.01.20. C-19 was later identified as a global pandemic by the WHO on 11.03.20.

Global Pandemic

The WHO uses the term 'pandemic' cautiously and a PHEIC is in essence their highest alert. Countries' responses to testing, tracing and isolating the virus have significantly differed.

Restrictive measures were introduced in the absence of any evidence-based pharmaceutical vaccine or treatment for C-19. These measures aim to 'flatten the curve' in order to delay the spread of C-19 and reduce pressure on healthcare systems.

The international community has taken different approaches in the response to C-19. Some countries quickly introduced laws enforcing widespread lockdown, whilst other governments emphasised social distancing and testing. Most countries in Europe enforced a strict lockdown including border controls, although some relied on voluntary social distancing (e.g. Sweden). South Korea had minimal lockdown measures, but relied heavily on an extensive technology-based testing and tracing system.

Factors used to inform the easing of lockdown restrictions

Three main factors are used to decide how and when to reduce lockdown restrictions; epidemiological criteria, healthcare capacity, and sufficient infrastructure to test and trace.

Epidemiological criteria
Governments rely on daily figures to establish a profile of virus transmission. Factors include infection rates, hospitalisation and mortality.

Healthcare capacity
The ability to treat those who become ill and the ability to process testing for C-19. The capacity to provide adequate Personal Protective Equipment (PPE).
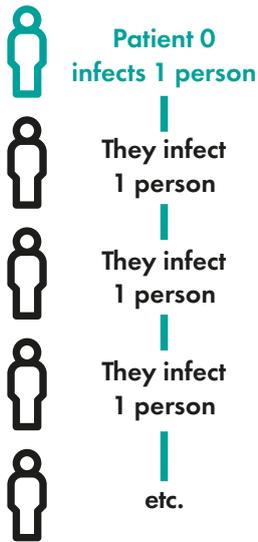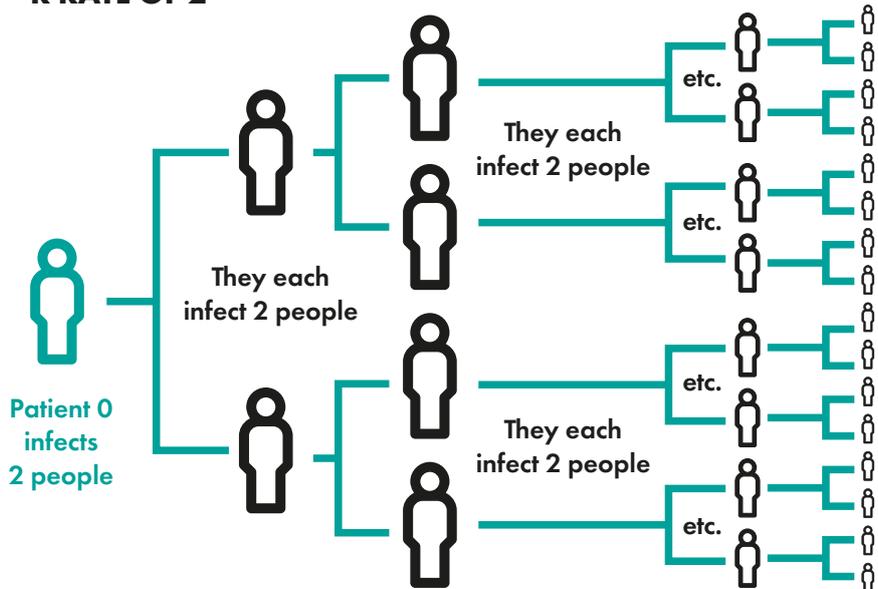
Infrastructure support
Investment in large scale infrastructure is required to resource testing material and support personnel/technology in tracking and tracing those infected by C-19.

R is a measure of how transmissible C-19 is given the current measures in place

R RATE OF 1

Patient 0 infects 1 person

They infect 1 person

They infect 1 person

They infect 1 person

etc.

R RATE OF 2

Patient 0 infects 2 people

They each infect 2 people

They each infect 2 people

etc.

etc.

They each infect 2 people

etc.

They each infect 2 people

etc.

R0 is the basic reproductive number. This is estimated to be 3-4 for C-19. R (also known as Re or Rt) is the effective reproductive number and is a measure of how transmissible the virus is given the current measures in place.

Whilst all countries have employed different approaches to relaxing lockdown, these measures tend to include gradual action that can be monitored and changed. Some governments have outlined their plans with specific dates through a 'calendar approach' (e.g. UK and Ireland) whilst others have focused on a 'risk-based' exit plan dependent on the factors outlined above (e.g. Northern Ireland and Wales).

Social Distancing (SD) measures are integral to all government plans throughout lockdown and during the relaxation of restrictions. Some groups in society with underlying health problems have been informed to 'shield' or cocoon from others for an indefinite period. Those aged 70 and over may also be at higher risk of fatality from virus infection.

This briefing outlines the approaches taken to lockdown easing through nine case studies with an emphasis on exploring key successes and challenges before reflecting on the implications of these examples for policy in Northern Ireland.

International testing figures were retrieved from Worldometers: a source used by the UK Government to compare UK and global death rates. It is extremely difficult to obtain comparable testing figures as approaches to recording varies amongst different countries. For example, some governments record each test completed whilst others record the number of individuals tested. Furthermore, some governments record tests that have been posted or delivered in their overall testing figures.

Testing data for Scotland, Wales and Northern Ireland was obtained from the relevant devolved Public Health Agencies. A test rate was calculated from the number of tests completed on 26.05.20 divided by the most recent population estimates for each country to estimate the rate of testing per million people.

Germany

*The role of mass testing in C-19.*

Lockdown

Germany entered lockdown on 22.03.20. However, it is a federal nation and some states applied the law differently. Germany closed borders with neighbouring countries on 16.03.20 except for essential commercial travel.

Easing lockdown

Lockdown restrictions began to be eased 29 days after the official lockdown declared on 22.03.20. The easing of restrictions was combined with increased testing and co-ordinated European border relaxation aimed for June 2020.

Economic activity
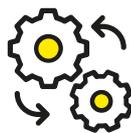
Manufacturing industries began to re-open on 23.04.20 whilst shops of up to 800 square meters in size began to reopen on 04.05.20. Due to federal state law, there is variation across Germany.

Testing and tracking

Germany initially focused on testing individuals with mild symptoms and drew on strong links with biotech, labs and universities. Non-symptomatic staff were tested in some German hospitals in blocks of ten. Follow-up individual tests were only completed if a positive result was found. The government initially used manual transmission tracking (e.g. contact those who had contact with symptomatic people via telephone) before experimenting with a centralised smart-phone app. However, privacy concerns led to Germany pursuing a decentralised tracking system.

Testing statistics *

3,595,059 tests have been completed equating to 42,922 tests per million of the population.

Education

On a phased basis, German schools are currently aiming to re-open for students in their final years of secondary school and primary school-aged children.

*Testing data retrieved from Worldometers on 26.05.20.

Summary

There are a number of factors that are likely to have influenced Germany's relative success in managing C-19; including European co-ordinated border control, decentralised healthcare and links with bio-technology. The decentralised healthcare system in Germany's federal states enabled higher testing numbers due to the availability of various private laboratories, universities and hospitals.

various https://www.bundesregierung.de/breg-en

Spain

Initial delay in responding followed by strict lockdown and increased testing.

Lockdown

Spain entered into one of the strictest lockdown periods in Europe on 14.03.20 including border restrictions on 16.03.20.

Easing lockdown

Children under the age of 14 were not permitted to leave home until the 26.04.20, for one hour per day, 42 days after initial lockdown measures were imposed. A four stage withdrawal plan was presented by the Spanish government on 04.05.20 with plans to implement two-week blocks of restriction easing until 10.06.20. However, this plan was not implemented across the country with some areas continuing lockdown to suppress virus transmission.

Economic activity

Construction work recommenced on 14.04.20, whilst some outdoor hospitality services (e.g. restaurants) began to re-open on 11.05.20. The government aim to gradually re-open wider hospitality services at a 50% capacity rate on 11.06.20.
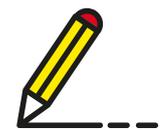
Testing and tracking

Initial testing focused on the symptomatic and ill. However, widespread testing commenced after 06.04.20 with a clearer focus on healthcare/essential workers and those within the food supply chain. The government has developed an emphasis on finding asymptomatic carriers of the virus to disrupt transmission. The Spanish government has indicated that they are likely to use a decentralised smart-phone app but they have not firmly committed to either approach. The government is aiming to develop an antibody testing programme to ascertain infection rates in the population and explore immunity.

Testing statistics

3,556,567 tests have been completed equating to 76,071 tests per million of the population.

Education

On a phased basis, schools will partially re-open from 26.05.20 with an emphasis on children who are taking exams.

Summary

The Spanish government were criticised for their initial low rates of testing and virus tracing approach. The government changed their testing strategy to include mild symptoms and asymptomatic individuals to disrupt the virus transmission. This approach required large-scale investment in testing infrastructure. Spain, like many other European countries, used border control to contain and decrease virus transmission. A co-ordinated response is underway in Europe to re-open borders with countries who have similar C-19 profiles following advice from the European Commission for Disease Control (ECDC). Easing restrictions in some regions may increase economic activity. However, it provides a challenge in managing movement within the country and across borders. This may be particularly relevant as the tourism industry attempts to re-open.

https://www.lamoncloa.gob.es/consejodeministros/resumenes/Documents/2020/PlanTransicionNuevaNormalidad.pdf

New Zealand

Containment, clear government communication and border control.

Lockdown

New Zealand (NZ) declared a state of national emergency on 25.03.20 and entered into a strict lockdown period outlined under 4 Alert systems. NZ closed all external borders and heavily restricted travel within the country during Alert 4, the highest alert stage.

Testing and tracking

The government quickly responded to the outbreak and entered the containment stage after 102 cases were reported. NZ initially had low testing figures but now has one of the highest testing rates per capita in the world.

Easing lockdown

The government commenced lockdown easing through their Alert system and first reintroduced other family members or care providers into households at Alert 3 (termed a 'bubble'). At Alert 2, further relaxation has recently occurred and schools and wider amenities began to be reopened approximately 7 weeks after the country declared a state of emergency.

Testing statistics

261, 315 tests have been completed equating to 54,235 tests per million of the population.

Economic activity
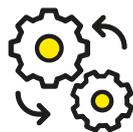
Some retail businesses, construction and manufacturing businesses could re-open under Alert 3 whilst maintaining SD. At present NZ is at Alert 2 which has enabled most business to reopen.

Education

Education provision for children in NZ began to re-open on a phased basis at Alert 2.

Summary

New Zealand consists of several islands and has one of the smallest population densities in the world. The country's geography and density may have enhanced the government's ability to suppress virus transmission. Furthermore, the decision to contain the virus at an early stage of transmission, in combination with a closure of borders, are distinct factors in New Zealand's success in managing the virus. The 7-week lockdown measures are likely to have created significant economic contraction, but this approach has resulted in only 21 deaths and 92 hospitalisations.

https://covid19.govt.nz/

South Korea

*The role of technology in managing C-19.*

Lockdown

The South Korean (SK) government did not enforce a complete lockdown. Nevertheless, the government uniquely claim to have flattened the curve in 20 days. SK imposed strict border checks but did not close their borders. New travellers were required to adhere to a government monitored 14 day self-isolation period.

Education

Whilst SK did not enforce a lockdown, the government closed all education facilities and transitioned to online learning. The return to education has been further delayed due to a recent outbreak in C-19.

Economic activity
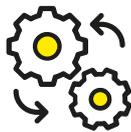
The majority of businesses continued to operate under strict SD measures during the initial outbreak.

Testing and tracking

The government quickly responded to the outbreak in China and began mass production of testing kits to facilitate testing of up to 250,000 people per day. The large-scale testing approach was developed by the Korean Centre for Disease Control and Prevention (KCDCP). The KCDCP facilitated the development of 635 screening centres, in addition to walk-in and drive-through testing centres.

Cellular Broadcasting Service (CBS) technology, originally developed to respond to natural disasters, was used to broadcast various threat alerts to citizens. The messages were used to flag infection hotspots and sent at varying decibel sounds depending on the degree of threat.

The government used CCTV data and credit card information to rigorously trace individuals who had been in contact with the virus. Those exposed to the virus were required to complete mandatory self-isolation and download a health-based app which alerted authorities to location changes. Breaches were punishable with fines of up to £6,500 or 12 months in prison.

Testing statistics

826,437 tests have been completed equating to 16,121 tests per million of the population.

Summary

The combination of mass testing and surveillance within SK was instrumental to flattening the curve of infection. Furthermore, the South Korean experience demonstrates the importance of making testing sites accessible to encourage widespread engagement. Cultural expectations surrounding privacy and data protection are quite different within SK compared to the UK.

http://www.undp.org/content/seoul_policy_center/en/home/presscenter/articles/2019/flattening-the-curve-on-covid-19.html

Ireland

Detailed calendar approach to lockdown easing.

Lockdown

Schools and universities were closed on 13.03.20 before a full government lockdown on 27.03.20.

Testing and tracking

The Irish government initially completed C-19 tests on individuals who presented with one C-19 related symptom. However, the threshold to meet testing criteria was increased from one to two symptoms on 25.03.20. The Health Service Executive (HSE) plan to implement a decentralised tracing app.
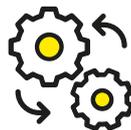
Easing lockdown

The government launched a detailed five-stage plan on 01.05.20 and lockdown easing commenced on 18.05.20.

Testing statistics

295,626 tests have been completed equating to 59,940 tests per million of the population.

Economic activity

The five-stage plan began with the re-opening of construction work and some non-essential businesses on 18.05.20. The government plan leads to a gradual re-opening of industries with potentially more transmission risk and higher consumer anxiety; for example, cafes and restaurants.

Education

On a phased basis, schools and universities may start to reopen in Phase 5 (10.08.20). The government have also proposed childcare provision for 5,000 essential workers to enable parents and carers to go to work. Creches and nurseries will open in Phase 3 (29.06.20) for essential workers before being extended to all workers in Phase 4 (20.07.20).

Summary

The Irish government approach differed from their UK neighbours by restricting large gatherings prior to the lockdown. The government's detailed plan may allow individuals and business to prepare for 'the new normal'. However, business in Ireland will be reliant on existing health and safety laws rather than C-19 specific legislation.

https://www.gov.ie/en/news/58bc8b-taoiseach-announces-roadmap-for-reopening-society-and-business-and-u/

United Kingdom

UK government strategy but with different approaches in Scotland, Wales and Northern Ireland.

Lockdown

The UK entered an official lockdown on 23.03.20 with a clear message to 'Stay at home'.

Easing lockdown

The lockdown was reviewed on 16.04.20 and extended until 13.05.20. The Prime Minister outlined significant changes to government restrictions on 09.05.20 and later published a five step plan, with a revised public health slogan, 'Stay Alert, Control The Virus, Save Lives'. Scotland, Wales and Northern Ireland have implemented different strategies which are outlined later in this document.

Economic activity

The government recommended that those who cannot work from home returned to work on 13.05.20 and provided guidance for employers. This phase of the government plan is targeted at the construction and manufacturing industry as other workplaces remain closed (e.g. much of the hospitality industry). Registered childminders may also return to work from this date. The government aim to re-open personal care services (e.g. hairdressers and other hospitality services such as hotels) at Step three, which will be no earlier than 04.07.20.

Testing and tracking

The government introduced the Covid Alert Level system on 09.05.20 to signify different levels of risk posed by C-19. The government initially focused on testing symptomatic individuals and are in the process of developing their own centralised tracing app (NHSX). The government are also developing large teams of contact tracers. The government was initially criticised for the delay in testing for keyworkers and their failure to meet general testing targets. Significantly increased access to testing was announced on 18.05.20 to provide C-19 tests for any symptomatic individual aged five and over.

Testing statistics

3,532,634 tests have been completed equating to 52,065 tests per million of the population. 3,301,174 tests have been completed in England* equating to 58,430 tests per million of the population.

Education
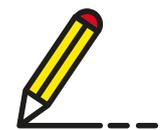
The government aim to commence a phased re-opening of schools at Step two of their rebuilding plan, estimated to occur on 01.06.20.

*Specific figures were not available for England, therefore this figure was obtained by subtracting other regions from the UK total. The figure may not be directly comparable due to the manner in which testing figures are recorded in England, Scotland, Wales and Northern Ireland.

Summary

The UK government have outlined a detailed plan that is underpinned with a focus on re-activating the economy. The government have made a significant in public health message from 'Stay At Home' to 'Stay Alert' whilst returning to work. This message has been criticised by some as confusing and unclear. Unlike other countries in Europe, the UK did not put border restrictions in place in the early stages of the pandemic. On 06.06.20 the UK government intends to impose a 14 day quarantine on new international travellers entering the UK. Whilst the government remain committed to testing, past failures to meet testing targets, combined with controversies in the availability of Personal Protective Equipment (PPE) to protect those in the workplace, may create anxiety for those returning to work.

https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy

Scotland

Risk based approach to easing of lockdown restrictions closely linked to the rate of R.

Lockdown

Scotland entered an official lockdown on 20.03.20.

Easing lockdown

The lockdown was reviewed and extended on 07.05.20. The 'route map' to recovery was launched on 21.05.20 and proposes a four-phase approach to lockdown restrictions, commencing on 28.05.20.

Economic activity

Guidance on business and physical distancing was updated on 21.05.20 which, amongst many things, outlined which essential businesses could remain open during lockdown.

Phase One proposes a return to work for construction workers and non-essential outdoor workplaces using SD and relevant workplace guidance. Remote working remains the default for those who can until the final phase of the strategy.

Testing and tracking

The Scottish government outlined their approach to testing and tracing on 04.05.20. The government believes that their R value is slightly above that of the rest of the UK. Significant emphasis is placed on 'test, trace, isolate and support'. The government will focus on testing symptomatic individuals and tracing individuals with whom the infected individual has had contact with. The government aspire to grow testing capacity.

The Scottish government intends to develop their own tracing App through the Digital Health Institute (DHI). The government notes that digital apps are an aspect of a wider tracing programme involving 2,000 staff.

Testing statistics

101,713 people have been tested equating to 18,616 tests per million of the population.

Education

Teachers may return to the workplace in Phase One but it is unlikely that children will return to school until Phase Three, on a part-time blended teaching model of virtual and classroom learning. This phase may occur in August 2020.

Summary

The Scottish government published their route-map for lockdown easing on 21.05.20. The government intend to slowly release restrictions whilst monitoring R. The emphasis in Scotland remains on testing individuals with symptoms, rather than widespread testing that has been effective in other countries.

https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/

Wales

Low testing rates and border challenges.

Lockdown

Schools were officially closed on 20.03.20. The Welsh government outlined lockdown restrictions on 26.03.20 and later provided clear guidance that "all reasonable measures" be taken for SD within business premises.

Easing lockdown

Lockdown is continuing until 28.05.20 although the government aim to use a traffic light system to ease restrictions. Limited restrictions were eased on 08.05.20; for example, the re-opening of garden centres and plans for libraries to reopen.

Economic activity

The Welsh government legislated for the enforcement of Social Distancing (SD) within the workplace and provided guidance for employees and employers on 07.04.20. The government outlined associated fines for breaching these laws.

Car manufacturing plants have begun to re-open using SD measures.

Testing and tracking

The Welsh government launched a smartphone-app on 11.04.20 (symptom tracker) to help inform their understanding of C-19 symptoms. This innovative app was designed for symptomatic and non-symptomatic individuals. The government have not confirmed if Wales will use the NHSX app and acknowledge the balance of protection of privacy and virus management.

Concerns have been raised about the ability of the Welsh government to complete large-scale testing of C-19. However, the number of tests for C-19 will likely rise after the government joined the enhanced UK-wide testing scheme on 18.05.20 which aims to provide C-19 tests for any symptomatic individual aged five and over.

The Welsh government intend to use tracking and tracing through the development of a 7 day-per-week contact centre system requiring large scale personnel investment.

Testing statistics

71,611 tests have been completed equating to 22,700 tests per million of the population.

Education

The government have not committed to a specific date to re-open education facilities in Wales.

Summary

The Welsh government acted early to legislate for SD within the workplace to enable businesses to prepare for a phased return to work. This early legislation may help to support the return to economic activity within Wales and increase public confidence in returning to work. Previous countries have demonstrated the need for widespread testing and tracking to manage C-19 and engage in lockdown easing. The challenges within the Welsh healthcare system may have parallels with Northern Ireland as a devolved nation with a health service experiencing difficulties prior to C-19.

https://gov.wales/testing-coronavirus

Northern Ireland

Cautious approach to exit based on risks not calendar.

Lockdown

Northern Ireland entered lockdown on the 23.03.20 in line with the UK government's announcement. Schools officially closed on the 23.03.20 although some closed prior to this date. The Executive recently extended the lockdown until 28.05.20.

Easing lockdown

The Executive announced their exit plans on 12.05.20 with the launch of a detailed 5 stage plan: *The Executive Approach to Decision Making.* The plan is 'risk' rather than 'calendar' based and may increase or decrease easing measures depending on the R rate in Northern Ireland. The First Minister reported that she is hopeful that NI could enter into the final phase of the plan by December 2020.

Economic activity

Remote working is the default position. Workers who are unable to work from home will be encouraged to return to the workplace on a phased basis subject to SD and PPE.

Large outdoor-based retail (e.g. garden centres) re-opened (as one of the first elements of Step 1) but hospitality and retail (e.g. cafes, pubs) will not re-open until Step 5.

Testing and tracking

The Executive is focussing on testing in care homes due to the concentration of C-19 in these facilities. The Executive's plan acknowledges the use of a tracing app and manual tracking. The current emphasis is focused on manual transmission tracking (e.g. contact those who had contact with symptomatic people via telephone and email.) The Executive plan to develop their own contact tracing app with the intention that it can interact with any app used in Ireland.

Testing statistics

58,136 tests have been completed equating to 30,696 tests per million of the population.

Education

Limited provision is currently provided for children of key-workers and those deemed vulnerable. Schools may re-open at Step 3 in a phased, part-time blended basis for priority cohorts in September 2020.

The use of childminders and pre-school nurseries is unclear.

Summary

The Executive have outlined a cautious plan to ease lockdown restrictions. Northern Ireland increased eligibility for C-19 testing on 18.05.20 so that a person over the age of five with C-19 symptoms can be tested. However, the current strategy does not include testing for pre-symptomatic and asymptomatic people in the general community.

Executive Approach to Decision Making

Summary of the UK's C-19 response

Although the UK government has produced UK-wide guidance, Scotland, Wales and Northern Ireland have used devolved strategies, resulting in some key differences between the nations. The differences amongst the devolved nations are most apparent in relation to C-19 testing and the return to work for those who cannot work from home.

C-19 testing criteria in Wales and Northern Ireland focused on key-workers, hospital workers and care-home residents. However, testing criteria in England and Scotland included a wider range of individuals including over 65s and those who need to leave home to work.

At present, the recommendation to return to work for those who cannot do their job at home has only been implemented in England.

The different approaches taken by the four nations within the UK provide some similarities of regional differences taken by other countries (e.g. Spain).

Policy considerations

The following section presents the lessons gained from a review of the available evidence and offers some considerations of how these might apply to the approach in Northern Ireland.

1. Testing

Key learning: Large-scale, accessible testing is an essential element of a wider C-19 management plan which includes tracing, self-isolation, social distancing measures and decontamination strategies.

Testing is the cornerstone on which all other essential C-19 management relies. In the absence of a vaccine for C-19, widespread testing is a central component of a successful C-19 management plan to contain the virus, reduce strain on healthcare provision and decrease fatalities.

The emerging evidence on C-19 management indicates that large-scale testing may address the effects of pre-symptomatic and asymptomatic individuals on virus transmission. Countries with high testing rates have ensured testing centres are easy to access and have reached out to those who may be unable or unwilling to travel to regional testing centres.

Large-scale testing enables a government to prepare health and social care provision and, most importantly, reduces transmissions and potential fatalities. Countries (e.g. Germany) with a strong healthcare infrastructure and developed links with the pharmaceutical industry were able to complete high levels of testing at an early stage of virus outbreak. Furthermore, countries with testing strategies that include asymptomatic individuals may have been able to ease lockdown restrictions with greater confidence about the extent of the transmission of the virus.

Recent research indicates that the total contribution to R from pre-symptomatic individuals alone is almost enough "to sustain an epidemic on its own". Evidence indicates that some individuals infected with C-19 are asymptomatic. Whilst there is no consistent agreement that asymptomatic individuals may transmit the virus, large-scale testing prevents the inadvertent transmission of the virus for those who do not present with symptoms.

The UK government increased eligibility for C-19 testing on 18.05.20 so that anyone over the age of five with C-19 symptoms is eligible for testing. It is welcome that this policy has been implemented in Northern Ireland, meaning that anyone with symptoms can now ask to be tested. Sufficient testing capacity needs to be provided to ensure that all individuals are able to access tests when required, given that priority will still (rightly) be placed on testing for health and social care staff, care workers and care home residents.

The easing of lockdown restrictions will possibly lead to increased transmission of the virus as people interact more. As economic and social activity gradually resumes, the Executive needs to put in place further increased testing capacity to identify cases early to minimise the risk of virus transmission.

The Executive has recently announced a proactive strategy of regular testing of care home residents and staff who do not have symptoms. This is essential to reduce the risk to this most vulnerable group. Northern Ireland would benefit from further proactive testing of particular groups to help reduce the transmission of the virus amongst those who are most at risk; for example, the 'shielded' group and those who have contact with them.

Widening testing access further to other pre-symptomatic and asymptomatic cases of C-19 should be considered. An engaging and accessible testing plan may decrease

As economic and social activity gradually resumes, the Executive needs to put in place further testing capacity to identify cases early to minimise the risk of virus transmission.

transmission and increase public confidence as economic and social activity increases. Readily available testing may reduce economic inactivity related to anxiety and sickness absence in the workplaces where social distancing may be difficult to maintain.

Policy considerations: Sufficient testing capacity needs to be in place to meet the new commitment to test anyone aged over five who has symptoms.

The strategy of proactive testing of non-symptomatic care home residents and staff should be extended to other vulnerable groups in the community (and those with whom they have contact). This could start with the 'shielded' group.

The number of tests carried out needs to continue to expand significantly as lockdown is eased. Future investment in testing should look to widen access to include other non-symptomatic individuals, particularly as economic and social activity increases. This could begin with groups identified as being most at risk of being exposed to the virus, and then be extended to other groups.

2. Co-ordinated contact tracing

Key learning: A comprehensive contact tracing system facilitates economic and social recovery.

An overall government response to C-19 management requires complementary testing and tracing procedures. A comprehensive contact tracing system to make best use of testing data is required to reduce C-19 transmission.

Contact tracing strategies are used to inform individuals who have been exposed to C-19 to allow them to self-isolate and/or seek individual testing. This strategy reduces the reproductive ability of the virus and thus the total R number. Contact tracing may involve manual tracking via telephone or email contact and/or technology based 'apps'.

Experience from other countries shows that tracing programmes need to operate on a comprehensive scale in order to be effective. These programmes require high degrees of infrastructure investment in trained personnel and technology. Governments such as Germany and South Korea, who have seen greater success in managing C-19, have developed robust contact tracing strategies to disrupt virus transmission. Contact tracing was particularly effective in helping South Korea control the initial spread of the virus and is being used by many countries to control cases as lockdown is relaxed.

The use of contact tracing apps has created global debate regarding privacy concerns, in particular with the use of data storage in 'centralised' apps. These concerns have led some countries (e.g. Ireland and Germany) to favour a decentralised system where data is held on the smartphone rather than a government-managed server. It is unclear whether data can be shared between decentralised and centralised apps.

Contact tracing apps face considerable challenges in addition to privacy concerns. There can also be problems with compatibility issues between centralised and

It is particularly important that a comprehensive and robust contact tracing system is in place as lockdown measures are eased.

decentralised apps, low usage rates of smartphone apps in those aged 70 and over, and technological limitations of some older generations of smartphones. The big advantage apps offer over manual tracing systems is that they notify contacts who are not known to the individual, for example someone they have been close to on public transport. These 'unknown' contacts will become increasingly significant as lockdown is eased further.

In the early stages of C-19 outbreak in Northern Ireland rigorous work was undertaken to trace the contacts of known cases. However, this strategy was no longer prioritised when Northern Ireland left the containment stage shortly after the UK government discontinued this stage on 12.03.20. This created a period of time when contact tracing was not prioritised. However, the Northern Ireland Department of Health later launched a pilot programme of contact tracing on 27.04.20, which was expanded on 20.05.20, to track all positive cases of C-19. This is a very welcome development to facilitate enhanced case transmission tracking in Northern Ireland. It is particularly important that this is in place as lockdown measures are eased.

The Executive should provide more details about how its contact tracing system will work in practice. The processes used must be sufficiently robust to give confidence that they will identify and notify all necessary contacts, in order to minimise the future transmission of the virus as much as possible. This will require significant investment in training staff and in providing supporting infrastructure. For example, the rise of testing demand associated with increased social and economic activity that is very likely to occur as upcoming lockdown restrictions are eased.

The UK Government is in the process of developing its own centralised tracing app (NHSX) with trials ongoing in the Isle of Wight. The Executive has recently said that it will develop its own app for Northern Ireland, rather than use the UK app. The Executive should provide more information about this app including when it will be launched. Clarity is required on how compatible the app will be with with existing apps in Great Britain, Ireland and wider European countries.

Contact tracing, whether using manual or app-based approaches, requires a co-ordinated response between bordering countries. Given the number of people who cross the border every day, contact tracing will be less effective in Northern Ireland if a joined-up approach between the Executive and Irish government is not considered. Furthermore, the role of contact tracing data-sharing between Great Britain and Northern Ireland remains unclear.

Policy considerations: The Northern Ireland Executive should provide more details about how its contact tracing system will work in practice.

The Northern Ireland Executive should provide information about its contact tracing app, including a launch date.

Consideration must be given to how tracking data is shared between Northern Ireland, Great Britain and Ireland.

The available evidence from other countries indicates that border control has been a significant part of C-19 management.

3. The role of borders and co-ordinated planning

Key learning: Border management is an essential consideration of lockdown restrictions.

The Executive has two separate border management issues to consider. Firstly, the role of quarantine when entering Northern Ireland and secondly the need to co-ordinate contact tracing. The latter point has been covered in the previous section on contact tracing.

The available evidence indicates that border control has been a significant part of C-19 management; for example, many European countries closed their borders to neighbouring countries whilst New Zealand entered a complete ban on internal travel and an external border closure.

There is currently no guidance for international visitors arriving into Northern Ireland. Future guidance may acknowledge the unique role of land and sea borders within the UK and Ireland.

The UK government intends to impose a 14 day quarantine on new travellers entering the UK. This policy would not apply to travellers from Ireland. The Irish government intend to introduce a mandatory 14 day quarantine period on arrival to Ireland from 28.05.20. This quarantine period will not apply to passengers arriving from Northern Ireland. It is unclear how this quarantine would be enforced for onward travel to Northern Ireland.

A lack of clarity on border regulations combined with an absence of a UK-Ireland tracing strategy makes Northern Ireland vulnerable to increased community infections. Travel without the means to trace and isolate is likely to undermine tracing efforts in Ireland, Great Britain and Northern Ireland. This risk will increase as global lockdown restrictions further ease, leading to the increase in movement of people and associated international travel.

Policy consideration: Quarantine guidance is required for international travellers arriving in Northern Ireland which acknowledges travel through Ireland and Great Britain.

4. Clear communication about easing of restrictions

Key learning: Engaging leadership and clear government communication is required to support a transition into the 'new normal'.

Governments that have demonstrated decisive and clear communication about lockdown planning aim to create a culture of collectivism and trust. Planning and communication must be linked to an accessible public health message and an explicit plan of test, trace and isolate.

The Executive's 'risk' based approach to lockdown easing is welcomed and is a good example of government creating a bespoke exit plan tailored for Northern Ireland. The C-19 pandemic has created an extraordinary risk of harm. As Northern Ireland begins to transition to a 'new normal', society requires clear communication and leadership from the Executive.

Clear communication and leadership are needed from the Executive to minimise uncertainty and increase confidence as lockdown is eased.

Effective and accessible communication is needed from government so that people have a clear understanding of the rules, are confident about their safety, and to help businesses, families and individuals plan for the future. A perceived lack of clarity in government communication could lead to uncertainty during the easing of lockdown measures. Clear and consistent guidance and policies may reduce unintentional risk-taking and have the potential to unite communities.

At the time of publication there are three particular groups in Northern Ireland that would benefit from clearer communication;

Guidance and support for the 'shielded' group

Approximately 80,000 people in Northern Ireland have been advised by their GP to self-isolate and/or shield. The Health Minister is reviewing advice for this population as it is unclear when this period will end. It remains unclear what support will be provided to protect this high-risk group of people, for example, access to C-19 testing for themselves and their caring network.

Consideration should also be given to the wider health and wellbeing of the 'shielded' group if they are to face a prolonged period of self-isolation, which may become increasingly challenging as the lockdown is relaxed for other groups.

Parents and carers

Registered childminders in England have returned to work and the UK government intend to re-open schools on 01.06.20. Childcare is a fundamental facilitator to support economic activity that has been significantly disrupted by C-19. The current Executive plan makes limited acknowledgement of the role of childcare, nurseries and education as facilitators to the return to the workplace. Families would benefit from clarity on the role of paid childcare providers, particularly in the context of a culture of historically relying on grandparents who are currently unavailable due to social distancing and shielding measures.

Employees and employers in sectors who cannot work from home

Countries who have successfully eased lockdown restrictions have developed clear workplace health and safety guidance and PPE where social distancing measures cannot be adhered to. The return to work for those unable to work from home is due to commence at Step 1 of the 'Pathway to Recovery' model. However, the Executive's 'risk' based approach to easing lockdown restrictions may create a challenge for businesses to develop localised operational policies and procedures for decontamination, shift working schedules and the provision of PPE for industries that cannot practice SD. Furthermore, businesses may require guidance to support employees who cannot return to the workplace due to childcare difficulties.

Policy consideration: Clear communication within each stage of lockdown easing is essential. At present, enhanced guidance is required for those shielding, those who cannot work from home, and about childcare provision.

Conclusion

This paper explored global evidence from countries at a later or similar stage of lockdown easing to Northern Ireland to help inform public debate and assist policy-makers during the transition from lockdown.

C-19 poses an unprecedented global risk to human life, societal functioning and economic activity. This briefing has identified eight key policy considerations based on factors that have contributed to the successful easing of lockdown restrictions in other countries. It is important that each is carefully considered so Northern Ireland may learn from successes and challenges in other countries.

Policy considerations

Testing

Sufficient testing capacity needs to be in place to meet the new commitment to test anyone aged over five who has symptoms.

The strategy of proactive testing of non-symptomatic care home residents and staff should be extended to other vulnerable groups in the community (and those with whom they have contact). This could start with the 'shielded' group.

The number of tests carried out needs to continue to expand significantly as lockdown is eased. Future investment in testing should look to widen access to include non-symptomatic individuals, particularly as economic and social activity increases. This could begin with groups identified as being most at risk of being exposed to the virus, and then be extended to other groups.

Tracing

The Northern Ireland Executive should provide more details about how its contact tracing system will work in practice.

The Northern Ireland Executive should provide information about its contact tracing app, including a launch date.

Consideration must be given to how tracking data is shared between Northern Ireland, Great Britain and Ireland.

Border

Quarantine guidance is required for international travellers arriving in Northern Ireland which acknowledges travel through Ireland and Great Britain.

Communication

Clear communication within each stage of lockdown easing is essential. At present, enhanced guidance is required for those shielding, those who cannot work from home, and about childcare provision.

The next Pivotal briefing paper will focus on the economic challenges that have arisen in Northern Ireland from C-19. It will explore the economic impact of lockdown and what is needed to support businesses and individuals to recover.

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