Expert Report for the UK Covid-19 Public Inquiry

Module 2: Oxford COVID-19 Government Response Tracker Evidence for UK COVID-19 Inquiry

Author: Thomas Hale

About the author

Thomas Hale is Professor of Global Public Policy at the Blavatnik School of Government, University of Oxford. His research explores how political institutions evolve – or not – to face the challenges raised by globalisation and interdependence, with a particular emphasis on environmental, economic and health issues. He holds a PhD in Politics from Princeton University, a master's degree in Global Politics from the London School of Economics, and an AB in public policy from Princeton's School of Public and International Affairs. A US national, Professor Hale has studied and worked in Argentina, China and Europe. His books include *Beyond Gridlock* (Polity 2017), *Between Interests and Law: The Politics of Transnational Commercial Disputes* (Cambridge 2015), *Transnational Climate Change Governance* (Cambridge 2014), and *Gridlock: Why Global Cooperation Is Failing when We Need It Most* (Polity 2013). Professor Hale leads the Oxford COVID-19 Government Response Tracker and co-leads the Net Zero Tracker.

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61. **Figure 9 headline:** For the first half of the pandemic, until July 2021, the responses of all four devolved nations were of a relatively similar degree of stringency. Despite this, England consistently recorded more daily deaths per capita during each wave of the pandemic.

62. A comparison of Northern Ireland and the Republic of Ireland is given in the appendix (A5), echoing the comparisons in **Figures 3a and 3b** above. Overall, we do not observe major differences between the two jurisdictions during the initial months of the pandemic, except for the fact that Northern Ireland was particularly slower to impose restrictions on public transportation, while the Republic of Ireland took longer to impose restrictions on workplaces (**Figures A7a and A7b**). As observed for all the UK nations, the Republic of Ireland was particularly slow to adopt international travel restrictions in comparison to other countries. Although the Republic of Ireland and Northern Ireland did not differ substantially in the speed of adoption when one looks at each indicator individually, they differed in the time it took to reach certain thresholds of the Stringency Index. Notably, the Republic of Ireland took significantly longer to reach stringency greater than both 60 and 70, and Northern Ireland was quicker to reach stringency greater than 80 compared to Ireland.

5. Lessons for the UK looking forward

63. Looking at government responses to COVID-19 in the UK in a comparative perspective provides a vital reference point for efforts to learn lessons that can improve readiness and response to infectious diseases or other threats in the future.

- Overall, the UK can point to some important areas of success. Highlights include:
- The speed and scope of genetic sequencing, which allowed the UK to monitor the emergence of new variants.
- The speed and consistency of testing a sample of the overall population through the ONS COVID-19 Infection Survey, which provided a clear, up-to-date measure of the pandemic's spread.
- The speed of vaccine deployment.

64. However, the UK's use of non-pharmaceutical interventions, particularly restrictions and contact tracing, shows significant scope for improvement. As described in the previous section (figure 7), in aggregate, the UK has experienced a trifecta of 1) high numbers of excess deaths and other health impacts, 2) long periods of closure and containment policies, 3) a significant economic toll. In 2020 and 2021, especially, the country followed a "rollercoaster" pattern. As a new wave arose, restrictive measures were often introduced only when it became apparent that the health system as a whole would be at risk, not earlier, when there might still have been potential to prevent a wave from rising in the first place. Moreover, because restrictions only came in once COVID-19 was highly prevalent, it became necessary to keep them in place for a longer period of time to bring community transmission back down. In turn, perhaps because of the difficulty of enduring long periods of restrictions,

measures were often relaxed after a wave had peaked, but while COVID-19 remained prevalent, creating the conditions for a new wave to arise.

65. In this way, government responses to COVID-19 ramped up and down following the spread of the virus in a reactive fashion, consistent with the strategies of other countries that pursued a "mitigation" approach. Looking ahead, it is important to see restrictive measures not as "solutions" to a pandemic, but rather as strategies to buy time as other protections are put in place, for example by developing stronger testing and contact tracing systems, increasing vaccination, etc.

66. On this point it is relevant to note that the UK was less successful than many other countries in using testing, contact tracing, and isolation and support measures to prevent small scale spread of the virus from growing into significant waves. While it is difficult to find comparable information across countries on, for example, the time required to trace a close contact, or the percentage of close contacts traced, at now point was the UK able to achieve a level of testing, contact tracing, and isolation and support at which it could be confident that these light intervention measures would have a chance of preventing new waves from arising.

67. This strategy contrasts with that of governments like South Korea, Japan, Australia, New Zealand, Singapore, Taiwan, Vietnam, and a number of Caribbean nations that instead adopted an "elimination" approach. While there are differences across these jurisdictions, they broadly followed a pattern of 1) crushing any initial wave of infection with restrictive policies; 2) developing testing and contact tracing systems to minimize community transmission; 3) enjoying relative openness, with fast, short, stringent, localized restrictions immediately coming into place to prevent small outbreaks from becoming big outbreaks; 4) stringent international travel controls to prevent seeding from other jurisdictions. These countries then enjoyed the envious position of experiencing widespread COVID-19 transmission only *after* a high-level of vaccination had been achieved (though some, notably Hong Kong, failed to achieve sufficient vaccination rates to benefit in this way). Overall, jurisdictions that adopted this strategy saw the best health and economic outcomes, and endured the fewest restrictions.

68. In our view there is not any *a priori* reason why any country with reasonable testing and contact tracing capacity and control over international borders would not have been able to follow the model described above. Indeed, it is significant that a wide diversity of jurisdictions with different political systems and various cultural and socio-economic characteristics – a number of them very similar to the UK – did so. However, many other countries, including the UK, either made the deliberate choice not to pursue this strategy, or, having begun down a different path, found it too difficult to later fundamentally change their approach. Our analysis of these countries does not extend to modeling counterfactuals – for example, we cannot quantify what would have happened if the UK followed an "elimination" approach. But it is reasonable to assume that the UK would have enjoyed similar benefits to the countries that did pursue such an approach.