

MEMORANDUM OF UNDERSTANDING

COVID-19 RESPONSE – PUBLIC HEALTH COOPERATION

ON AN ALL-IRELAND BASIS

BETWEEN:

THE DEPARTMENT OF HEALTH, IRELAND (AND ITS AGENCIES);

AND

THE DEPARTMENT OF HEALTH, NORTHERN IRELAND (AND ITS AGENCIES).

1. CONTEXT

- 1.1 This Memorandum of Understanding (“MoU”) is between the Department of Health, Ireland and its Agencies and the Department of Health, Northern Ireland and its Agencies (herein referred to as “the Participants”) who have expressed their mutual willingness to promote cooperation and collaboration in response to the COVID-19 pandemic.
- 1.2 In response to COVID-19 Ministers from the Irish Government and Northern Ireland Executive met on 14 March 2020 to discuss North-South cooperation in dealing with the pandemic. The COVID-19 pandemic does not respect borders, therefore there is a compelling case for strong cooperation including information-sharing and, where appropriate, a common approach to action in both jurisdictions.
- 1.3 At that meeting Ministers affirmed that:

“Everything possible will be done in co-ordination and cooperation between the Irish Government and the Northern Ireland Executive and with the active involvement of the health administrations in both jurisdictions to tackle the outbreak. Protection of the lives and welfare of everyone on the island is paramount, and no effort will be spared in that regard”.

2. COOPERATION

- 2.1 Cooperation on the public health-driven response to COVID-19 will build on existing and long-established cooperation on the island of Ireland between the Participants and the health services including across cancer, ambulance and congenital heart services, and the strong pre-existing cooperation between the respective offices of the Chief Medical Officers in both jurisdictions.

3. PRINCIPLES

- 3.1 The principles upon which our cooperation is based are:
- Agility - in order to ensure timely and responsive communications and decisions in a fast moving emergent environment;
 - Openness - to ensure transparency of approach;
 - Consistency - to ensure where possible, both governments adopt similar approaches as guided by the scientific evidence; and
 - Trust-that information shared is reliable and is shared and managed within agreed protocols.

4. COMMITMENTS

This Memorandum of Understanding records the commitments of the Participants; it does not create legally binding obligations.

The cooperation envisaged by this Memorandum of Understanding may need additional authority, including legislative, for expenditure, data sharing and for any new action not already within the power of the Ministers.

The Memorandum of Understanding will focus primarily on a number of key areas.

4.1 *Modelling*

- 4.1.1 The Participants are committed to working in partnership to predict the likely impact of COVID-19 and to enable evidence-based decisions on how best to respond across the island of Ireland. This may involve using published evidence and data from outbreaks elsewhere and international work in modelling infectious disease. This will be adapted to and informed by the

relevant demographics, healthcare structures and health policies of both jurisdictions.

4.2 *Public health and non-pharmaceutical measures*

- 4.2.1 The Participants will work to develop evidence based public health measures central to the response to COVID-19 in both jurisdictions, including measures such as, but not limited to case detection, testing regimens and contact tracing recognising that the introduction of such measures may differ as a consequence of variation in COVID-19 transmission, local outbreaks and health consequences at different stages of the public health response. Such decisions will be informed by the advice of the offices of the Chief Medical Officers in both jurisdictions
- 4.2.2 The Participants will share information and discuss appropriate social distancing measures being considered, including public health-mandated travel restrictions.
- 4.2.3 Consideration will be given to the potential impact of measures adopted in one jurisdiction on the other recognising that the introduction of such measures may differ reflecting differences in COVID-19 transmission at different stages of the public health response.

4.3 *Common public messages*

- 4.3.1 Where appropriate the Participants will adopt consistent public messaging to build and reinforce core communications around handwashing, respiratory hygiene, no handshaking and other social distancing measures.
- 4.3.2 Communications may be targeted to support particular vulnerable groups, including older people.

4.4 *Behavioural change*

- 4.4.1 The Participants will work together on relevant programmes of behavioural change. As part of the Participants' commitment to social outreach and engagement, civil society organisations, many of whom already work in both

jurisdictions, will be encouraged and assisted in their important work that supports public health priorities.

4.5 Research

- 4.5.1 The Institute of Public Health, established by the Participants, will consider what practical research it could conduct in the context of strengthening the COVID-19 response. In addition, the Participants and their agencies will explore opportunities for cooperation and collaboration in any identified priority research areas, such as research calls, clinical trials and sharing of samples and data.

4.6 Ethics

- 4.6.1 The Participants will collaborate on frameworks which can be drawn on to help inform an ethical approach to respective decision-making, and research.

4.7 Supporting Cooperation

- 4.7.1 The Participants will work together in appropriate areas that may arise, such as procurement, to support the response to COVID-19, where it is of mutual benefit to do so.

5. ENGAGEMENT

While regular agile arrangements for communication will be the modus operandi between the Participants, a weekly teleconference will be held between the respective Offices of the Chief Medical Officers to ensure mutual ongoing understanding.

6. REPORTING

Given that the response to COVID-19 requires a whole government approach, the Participants will provide an agreed regular update report to our respective administrations.

7. VARIABILITY

While the Participants will seek to ensure consistency where possible, for justifiable reasons the public health approach and measures adopted in the

respective jurisdictions may not always mirror each other in identical fashion. However, strong collaborative arrangements, including good information-sharing, should help to mitigate possible negative consequences.

8. NON-BINDING

This MoU represents the common understanding of the Participants upon the matters referred to therein. It is not of itself intended to create legally binding rights or obligations on any Participant. Further it does not constitute an international agreement and does not create rights and obligations governed by international law.

It has been agreed that this Memorandum of Understanding shall come into effect by the exchange of emails between the Participants confirming agreement to its terms and that the date of the last of the said emails shall be the date on which the Memorandum of Understanding comes into operation.

Signatories:

Dr Tony Holohan

Chief Medical Officer

Department of Health (Ireland)

On behalf of the Minister for Health

Simon Harris TD

Dr Michael McBride

Chief Medical Officer

Department of Health (Northern Ireland)

On behalf of the Minister for Health

Robin Swann MLA

Dated: