

Witness Name: Michelle O'Neill MLA

Statement No: Module 4, statement 1

Exhibits: MON4/1 to MON4/5

Dated: 09 October 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MICHELLE O'NEILL

I, Michelle O'Neill, MLA, will say as follows:

Introduction

1. I am currently a member of the Northern Ireland Assembly, having been first elected for the Mid-Ulster constituency in 2007. I am the First Minister in the Executive. Deputy First Minister is Emma Little-Pengelly. We were both elected by the Assembly to those joint roles on 3 February 2024.
2. During the period relevant to this Module I was Deputy First Minister. I served as Deputy First Minister (dFM) from 11 January 2020 until 4 February 2022. As joint head of government in this jurisdiction I was jointly responsible for leading the Executive's response to Covid-19. This included making decisions around Non-Pharmaceutical Interventions (NPIs) and taking decisions on and implementing legislation relating to Covid, after taking the requisite advice into consideration. I was also involved in ministerial meetings with: UK Government Ministers; Ministers in the devolved administrations; and with Irish Government Ministers.
3. I have already provided statements to the Inquiry in Modules 1, 2 and 2c and, where appropriate, will make reference to them in this statement relating to vaccines. I have had the assistance of staff and my legal representatives in drafting this statement and have considered the draft scope document for the Module.

Key Decisions, Actions and Documents

4. My primary source of information on the development, manufacture and approval of vaccines came from reports from the Department of Health to the Executive Committee. This is the forum in which I, and other Ministers, were most regularly updated on the progress of the vaccine. The vaccine programme was a pharmaceutical intervention to be led and delivered by health professionals. The roll-out of the vaccine in this jurisdiction was led by the Department of Health. I have attempted to set out below the most significant updates to, and decisions by, the Executive Committee which are relevant in this module. I can comment further on any particular document if requested to do so by the Inquiry.
5. When the Executive Committee was first briefed by the CMO on the pandemic on 2 March 2020 we were advised that no vaccine was in existence and any new vaccine was unlikely to be ready for distribution that year [INQ000065694].
6. At the meeting of the Executive Committee on 21 May 2020 Ministers discussed relaxing some of the restrictions that had applied to working conditions [INQ000065778]. The future role of the vaccine was noted. The Minister for Economy raised the view that some would not wish to return to work until a vaccine was available. This was an early recognition of the importance of the vaccine but also that it would not be uncontroversial.
7. At the meeting of the Executive Committee on 24 September 2020 the Minister for Health presented a paper entitled “Non-Pharmaceutical Options to Reduce the Transmission of Covid19 [INQ000065631]. It explained that as the strategy was to retain control of the pandemic until a vaccine is available maintaining a low prevalence was essential.
8. On 5 November 2020 the CMO informed Ministers that timeframe for the roll out on the vaccine was being worked on. A paper on planning for roll-out would be provided to the Executive [INQ000065757].

9. At the meeting of the Executive Committee on 9 November 2020 the CMO provided an important update to Ministers. While we were informed that the data was not complete, there was now a real possibility of having an effective vaccine before Christmas of that year. This was very welcome news in an otherwise difficult meeting. The Minister for Health advised that his Department were working hard and considering a “four nations approach / Barnett approach”. There would need to be a mass vaccination programme and that might involve GPs hiring halls and/or underground car parks [INQ000116294].
10. At the next meeting of the Executive Committee on 19 November 2020 more detail on vaccinations was provided by the Department of Health [INQ000065739]. The Minister of Health provided a briefing paper from the Head of the Department’s Vaccine Response [INQ000137370]. It was entitled “Modelling the Course of the Pandemic and the Impact of different interventions and recommendations”. At paragraph 26 it stated that:

“There is no doubt that a successful vaccination programme represents the best exit route from the current epidemic. Early results from vaccine trials (Pfizer and Moderna) are very encouraging, and we remain optimistic that some vaccine doses will be available for the Pfizer vaccine in December. However, it is important to recognise that this vaccine requires the administration of two doses at least four weeks apart, and that immunity (when achieved) will not be apparent for 4-5 weeks after the administration of the first dose. Therefore, there is no possibility that vaccination will obviate the need for additional measures / intervention before Christmas.”

11. The paper identified both Pfizer and AstraZeneca vaccines as being at advanced stages of testing and submission to the MHRA. A planned roll out of the vaccine was also set out. Five phases were identified. The first groups to benefit from access to the vaccine were care home residents and staff, health and social care staff and those aged over 80 years. Prioritisation of the vaccine was to be based on the advices and recommendations of the Joint Committee on Vaccination and Immunisation (“JCVI”).
12. On the 26 November 2020 the Executive Committee received further update from the Department of Health [INQ000213650]. This included a briefing from [NR] [NR] who was Head of NI Covid Vaccine Programme in the Department of Health [INQ000279203] and was the civil servant within the Department of Health who

provided the Executive with updates in relation to the vaccination programme. The update included overall planning assumptions. [Name Redacted] made a number of presentations to the Executive Committee over the currency of the pandemic, both prior to the commencement of the vaccination programme and as the vaccination programme was rolled out. The handwritten notes of the meeting record my thanks for what was an enlightening update. The Executive discussed establishing a Covid-19 taskforce which would assist in the roll-out of mass testing capability, vaccination roll out, strategic compliance and public communications [INQ000048500].

13. On 2 December 2020 the Medicines and Healthcare Products Regulatory Agency (MPRA) gave approval for the use of the first Covid-19 vaccines - the Pfizer-BioNTech vaccine. I understand that a shipment of the vaccine was delivered to this jurisdiction. The availability of a vaccine was an important development in the course of the pandemic, but it would naturally be some time before vaccines could be made widely available.
14. At the meeting of the Executive Committee on 3 December 2020 the Minister of Health was able to confirm that the Pfizer vaccine had received the necessary accreditation [INQ000065721]. The CSA and CMO also provided updates and explanations on safety and possible side-effects. It was also said that its impact would not be felt for a few months.
15. [I&S] was the first patient to receive the vaccine. She was treated in University Hospital, Coventry on 8 December 2020. At the next meeting of the Executive Committee on 10 December 2020 Ministers were informed that roll-out had begun with Pfizer vaccine [INQ000065728]. Vaccinations had commenced in care homes and the JCVI recommendations were being adopted. The CMO repeated the confidence that should come with MHRA approval. The notes also record that Ministers also raised concerns about the risk of disinformation relating to the vaccine.
16. An update on the roll out of the vaccine was provided at the meeting of 17 December 2020 [INQ000116295]. The early focus of vaccination was on care home residents and staff, health and social care staff and the elderly. At the meeting on 22 December 2020 a

further update on the arrival of the Oxford/AstraZeneca vaccine was provided. It was expected that it would be available soon [INQ000065697].

17. In January 2021 the roll-out of the vaccine continued. Ministers of the Executive Committee continued to be provided with updates from the CMO and CSA [INQ000065709; INQ000065708]. Priority was allocated on the basis of JCVI guidelines. At the meeting on 8 January 2021 Ministers were informed that the Moderna vaccine was likely to be approved soon, vaccination was going well with health care staff and that the UK was pre-buying vaccines even before approval [INQ000065707]. The handwritten notes record my question regarding whether or not there was anything more the Executive could do to assist with the roll-out.
18. At the meeting of 12 January 2021 the Minister for Health provided an update on vaccine numbers and the next phase of the roll-out. The vaccines were described as being effective against any strains identified [INQ000065703]. This came alongside other concerning news about increasing infection numbers. The issue of Covid Ambassadors would be taken forward by the Executive Covid Taskforce (“ECT”) as part of its strategic approach [INQ000048508]. They would assist with promoting the retail sector in a manner consistent with the restrictions in place. Their role was not related to vaccination. A briefing prior to a meeting with the retail sector on 15 January 2021 included an explanation of the role of Covid Ambassadors with input from the Department for Communities (DfC) [INQ000304788]. Covid Ambassadors were local council staff trained in customer service and their role was to support and assist members of the public on the high street. They had been deployed in the run-up to Christmas 2020 by local councils. They did not have an enforcement role and were not involved in the campaign for vaccination.
19. On 14 January 2021 [MON4/1 - INQ000507524] **Name Redacted** was able to provide another update. It was reported that 97% of care home residents had received a first dose of vaccine. The next target would be priority groups. The recommended gaps between doses had also changed on UK wide basis and this allowed for more first doses to be provided to the population. No concerns were raised about supply.

20. Further updates on the effective roll out and administration of the vaccines were provided in late January 2021. The ECT was now up and running. Its objective was to provide structure for co-ordinating the programme of activities across Departments which were each aimed at managing the response to and the recovery from the pandemic. The ECT was directed by the Ministers of the Executive Committee rather than The Executive Office (TEO). It was hoped that this would provide more joined up thinking. Its structure, terms of reference, interaction with the Junior Ministers outreach programme and work streams were set out in briefing document [INQ000279367]. The strategic oversight board was chaired by the Head of the Civil Service (HOCS). The board also included Permanent Secretaries in the Departments of Health, Economy, Communities and Justice together with TEO Director of Covid Response and the Executive Information Service (EIS). The taskforce was to report each month to the Executive Committee. I understand that attendance at meetings varied and there were occasions when others were invited to attend. It may have reported more often.
21. Typically, the Executive Committee would receive an update from the Department of Health which included an account of the vaccination programme. This could have come from the Minister or the CMO. There was also updates from the ECT. My views of the operation and benefits of the ECT are set out in paragraphs 188-195 of my first statement to module 2c [INQ000436641].
22. The Executive Committee was the body to take strategic decisions. This was greatly assisted by the ECT. Vaccination roll-out was principally delivered by the Department of Health with updates provided to the Executive Committee. I have been asked how mass testing capability, strategic compliance and public communications were assisted before the establishment of the Taskforce. These matters were addressed within Departments, and in particular within the Department of Health, and came to the Executive Committee when appropriate. This was one of the reasons why the ECT was set up.
23. CMO provided information on variants of the virus and advised that the vaccine would continue to be effective. On 21 January 2021 the Minister for Health explained the need for restrictions to continue alongside the roll-out of the vaccine [INQ000065743].

24. At the meeting of 28 January 2021 the CMO repeated that the approach in this jurisdiction was to vaccinate as many people as possible and continue to adhere to the JCVI recommendations [INQ000213651]. I was aware that JCVI did not have a statutory remit for this jurisdiction and I understood that the Executive Committee had a discretion to make different decisions on prioritisation. However, the health and scientific advice from the Minister of Health to the Executive was to the effect that the recommendations were important and should be followed unless there was some good reason, specific to circumstances here, which would justify departure. The Minister of Health was being guided by the advice available to him and JCVI advice was presented as the best available scientific advice. He was very reluctant to move away from JCVI recommendations but I do not believe he had an absolutist position. It was my view that Ministers agreed with the advice to follow the JCVI approach. It appeared to be the best source of advice on vaccinations at the time. I believe that the Executive Committee would have used its discretion and moved away from JCVI advice if there had been health or scientific advice presented to us that some element of the JCVI approach was incorrect, unsafe or not appropriate for this jurisdiction. On 14 September 2021 the Minister of Health made a statement to the Assembly that vaccination would be made available to children aged between 12-15 years that were not already covered by JCVI advice [INQ000276684]. Such a move had been recommended by the CMOs for each of the 4 jurisdictions. This was followed by letters, dated 7 October 2021 [INQ000357304] and then 4 November 2021 [INQ000357305], to Executive colleagues explaining the expansion. I did not regard this as being contrary to JCVI advice. Some concern was raised that surveys were showing young men from economically deprived backgrounds as expressing greater scepticism about vaccination.
25. At the meeting of the Executive Committee on 28 January 2021 the Minister of Education raised the issue of special schools and whether greater prioritisation within the vaccination programme could be provided. He was of the view that special schools provided important support to children and teachers in that sector were expected to do more. He was concerned about the possibility of a walk-out [INQ000213651, pg13-15]. The Minister of Health was, at this meeting, very strongly opposed to any divergence from JCVI advice. He stated that vaccinations were about saving lives and not creating confidence or political pressure. He stated that system of vaccination should not be

influenced by those who shout loudest. He informed Ministers that he would vote against such a move if it was brought to a vote.

26. I raised my concern that division in the Executive should be avoided. In my view division between Ministers of the Executive Committee had the potential to impact negatively on public confidence. It could undermine adherence to health advice and the wider response to the pandemic. My strong preference was to reach agreement if possible. The CMO advised that he would provide an update on behavioural aspects of responses to vaccine programme [INQ000048512].
27. The meeting of 28 January 2021 came after the announcement by the European Commission of possible reliance on article 16 of the Protocol to limit export of vaccines to states outside the EU. The Minister of Health confirmed there was no impact due to the measure being rescinded but it was a concern. The meeting also considered priority to special schools [INQ000213651]. A review of the handwritten notes shows that there were differences in opinion between the Minister for Health and the Minister of Education. The former was opposed to any move away from JCVI recommendations. My own contribution to that discussion was to recognise that special schools would need support but that it was important the Executive was not divided. Further work on the issue was needed and we would return to it.
28. The roll-out of the vaccination continued. Availability and uptake were encouraging, and Ministers began to consider the extent to which this situation could impact on restrictions in the Covid regulations. At the meeting of 25 February 2021, the CMO was able to provide welcome news that hospital pressures were easing, there was a reduction in care home outbreaks and a fall in deaths was showing due to both the public's behaviour and the vaccine. Ministers questioned how best to measure progress made by the vaccine and the reduction of pressure on the health service [INQ000065752].
29. The Pathway Out of Restrictions [INQ000100976] was discussed by Ministers at meetings of the Executive Committee on 2 March 2021 [INQ000065712]. This document stressed the importance and continuing progress of the vaccination programme. The manner in which the programme of vaccination was being delivered as well as priorities based on JCVI recommendations were explained in the document.

30. On 11 March 2021 the Executive Committee was again provided with an update on vaccination numbers. The Minister for Agriculture asked when numbers of vaccinated persons would become more of a factor than the R rate. The CMO explained that restrictions still had an important role to play in limiting infections particularly amongst those not yet vaccinated [INQ000065704].
31. Ministers continued to receive updates on the roll-out of the vaccine from the Minister of Health, the CMO and CSA throughout March and April 2021. For example, at the meeting of 1 April 2021 it was explained that restrictions would still make a contribution to emerging from the pandemic alongside vaccination [INQ000065710]. On 8 April 2021 the Executive was informed of increased supplies of the Moderna vaccine [INQ000065758]. On 15 April 2021 the CSA provided an update which included explanations on variants and modelling [INQ000065749].
32. On 6 May 2021 the Minister of Health explained the JCVI advice regarding AstraZeneca treatment for those aged under 30. It was also set out that it was necessary to repeat the message that a second dose was necessary for effective protection [INQ000213641].
33. By the meeting of the Executive Committee on 27 May 2021 there was a significantly improved situation. The Minister of Health was able to report zero deaths for nine days in a row and the vaccination programme was on track. 1.6 million vaccines had been delivered. Previous set of relaxations had not, it appeared, led to any negative impact on transmission. The CSA described the situation as stable - [MON4/2 - INQ000507525].
34. Throughout the Summer of 2021 the Executive Committee continued to receive updates from the Department of Health from the Minister, the CMO or the CSA. Uptake of the vaccine was progressing well and the possibility of a booster in the autumn was raised. At the meeting of 1 July 2021, the Minister for Health provided an update on the vaccination programme and plans to increase uptake among younger age groups. He explained that JCVI were considering whether a booster vaccine should be provided in the autumn and whether those aged under 18 should be offered vaccinations. I asked colleagues if there was anything more that we could be doing to encourage vaccine uptake [INQ000065759].

35. On 8 July 2021 the Executive Committee was asked to consider a paper from the Department of Health [INQ000065681] relating to the relaxation of travel restrictions on fully vaccinated passengers. The issue of co-operation with the Irish Government was raised as data on international travellers would be relevant to both jurisdictions [INQ000065767].
36. On 12 August 2021 the Executive Committee discussed the vaccine certification App and the extent to which this work should be led by the Department of Health or the Executive Office [INQ000065733].
37. On 9 September 2021 the CMO provided an update on the vaccination programme and booster doses. The JCVI was, at that time, still to decide the process for administering the booster [INQ000065727].
38. At the next meeting on 23 September 2021 the Minister for Health raised concerns about the effect of mandatory vaccination on health care staff [INQ000065768]. This was the first in-person meeting of Ministers in almost a year. The Minister for Health also introduced a paper considering testing for fully vaccinated travellers. Following discussion the Executive agreed to align with UK Government and remove the requirement for pre-departure testing for fully vaccinated arrivals from non-red list countries and to maintain a holding line in relation to testing arrivals. This would allow for consideration of the UK Government paper on the design of the Lateral Flow Testing (LFT) regime [INQ000207224].
39. At the meeting of the Executive Committee on the 21 October 2021 Ministers were presented with an update from **Name Redacted** who explained to the Executive Committee the plan for delivery of the vaccine. This included some consideration of vaccine hesitancy within some sections of the population [INQ000065779]. It was explained that regulations to give effect to a statutory scheme for certification of Covid status could not be delivered for weeks after the policy was confirmed. She advised that 2.6 million doses had been provided in the jurisdiction to date with 84% of the population fully vaccinated. She outlined a range of reasons for vaccine hesitancy including impact on health concerns, misinformation, social deprivation and ethnicity. Steps were being

taken to counteract these factors. Plans for a booster programme were also set out together with advice from JCVI on vaccinating those in younger age groups [INQ000048545].

40. At the meeting of the Executive Committee on 4 November 2021 Ministers discussed vaccine requirements including in schools [INQ000065780]. On 17 November 2021 Ministers received an update on the work of the Executive Covid Taskforce (ECT) from the Head of the Civil Service (HOCS) on aspects of the Covid pass certification [INQ000065763].
41. At the meeting of the Executive Committee on 17 November 2021 Ministers were provided with an update on the work of the ECT including on engagement with the hospitality and events sector concerning Covid status certification [INQ000207226]. The Minister for Health provided an update on the booster vaccine and that JCVI guidance continued to advise a six month gap between a second vaccination and booster jab. Support for the Minister for Health's paper E (21) 231 (C) – Introduction of Covid status certification in domestic settings was approved by a majority vote of Ministers. The Executive agreed in principle that such status would be mandatory in certain settings. The Health Protection (Coronavirus, Restrictions) (No.2) Regulations (Northern Ireland) (2021) were also approved.
42. The Executive continued to receive updates on the implementation of the vaccine programme over the months until January 2022. On 22 November 2021 the First Minister and I, together with the Minister for Health, agreed to hold a joint press conference to explain the Executive's decisions and to reinforce messaging around Covid measures [INQ000236760]. Although the roll-out of the vaccine had progressed well it was still important that people adhered to the rules.
43. On 2 December 2021 the Executive discussed progress on vaccination again [INQ000207228]. The minutes record that the Secretary to the Executive provided an update on the work of the ECT noting engagement with key stakeholders in hospitality, events and retail, and adherence/enforcement. We were informed that there was ongoing engagement with the devolved administrations and UK Government concerning the Omicron variant. She noted plans to engage with the Commissioner for Older People to

discuss issues in relation to mandatory COVID certification, including difficulties in obtaining paper certification. A communications campaign across the four jurisdictions was planned for the run-up to Christmas which was intended to focus on face coverings, ventilation (fresh air), and asymptomatic testing. Junior Minister Kearney suggested a meeting of the five administrations be convened at official level to ensure there was a shared understanding of the current approach to the pandemic.

44. On 16 December 2021 Ministers received a further update from **Name Redacted** [INQ000048551]. She explained the accelerated model for delivery of the booster jab. The CSA also provided some outline modelling and advised that additional measures may be necessary. The handwritten minutes of the same meeting record my question regarding whether any such additional interventions should come before or after Christmas. The CSA referred that SAGE recommendation was for earlier intervention [INQ000065754].
45. On 20 January 2022 the Executive discussed further relaxations to pandemic restrictions including in the hospitality sector [INQ000048555].

Development, procurement, manufacture and approval of vaccines

46. I have been asked about the development, manufacture and approval of vaccines and specifically about co-operation between the Northern Ireland Executive and the UK Government and other devolved administrations in relation to this issue.
47. The vaccine roll-out and related issues were led by the Department of Health and I personally did not have any direct role in relation to development, procurement, manufacture and approval of vaccines. We were kept fully informed as these issues developed by the Department of Health.
48. I have also been asked about any involvement on my part in UK-wide discussions on operational readiness for vaccine development and deployment, approval from the MHRA or branding of the vaccine. While the Department of Health was the lead Department in terms of vaccine roll-out, I did attend meetings with the Chancellor of the

Duchy of Lancaster (CDL) where the devolved administrations and the UK Government discussed issues around the roll out of the vaccine.

49. I have been asked to comment on the possibility of Union flag branding for the vaccine. I do not recall this issue ever being discussed by the Executive Committee. I have some recall of a story appearing in the media about this in late 2020 but I do not believe there was ever a formal proposal about the labelling of the vaccines. What was important to me, and my colleagues was that we roll out a vaccine which was effective in saving lives and allowing for the lifting of the pandemic restrictions which had affected everyone throughout 2020. How the vaccine was packaged and presented was not a priority.
50. I have been asked about the impact on the vaccine approval process of the North remaining subject to EU legislation given the departure of the UK from the European Union on 1 January 2021 and the potential invocation by the European Commission of Article 16 of the Protocol.
51. The decision of the UK to end its membership of the European Union was given effect by activation of the process provided for in article 50 of the Treaty on European Union (TEU). The advisory referendum was held on the 23 June 2016. A majority of votes were cast in favour of leave although the majority of votes in this jurisdiction were cast in favour of remain. The (then) British Prime Minister, **Theresa May**, invoked the process on the 29 March 2017 in accordance with the European Union (Notification of Withdrawal) Act (2017). The UK and the EU reached agreement on the terms of exit on 19 October 2019. An important feature of that agreement was the recognition that special arrangements would be needed for this jurisdiction. The character of future relationship between the UK and EU that was favoured by the British government could not have been implemented on the island of Ireland. The parties agreed that special arrangements would be needed to prevent a hard border, protect the Common Travel Area (CTA) and ensure rights protections based on EU law were upheld. This was achieved through the Protocol on Ireland/Northern Ireland. Its chief objective was to ensure that the Good Friday Agreement was protected in all its parts.
52. The Protocol was an essential mitigation against some of the worst effects of Brexit on the island of Ireland. It was clear that without its inclusion there would have been no

Withdrawal Agreement. The only alternative in autumn 2019 was the chaos of a no-deal exit followed by the inevitable return to negotiations which would focus on the same issues.

53. The prevention of a hard border required that the North continue to benefit from the advantages of the internal market in goods. This meant the continuation of EU law on customs duties, free movement of goods, state aid and internal taxation. This was the agreed position between the UK government and the EU. My understanding is that medicine and medical devices come within scope of the internal market rules on goods.
54. The transition period provided for by the Withdrawal Agreement ended on 31 December 2020 and the Protocol, together with other substantive provisions, took effect the following day.
55. Article 16 of the Protocol allowed for the suspension of free movement of goods in limited circumstances where to do so was necessary. Either the EU or the UK could take safeguard measures if the application of the Protocol leads to serious economic, societal or environmental difficulties that are liable to persist, or to diversion of trade.
56. On 29 January 2021 the European Commission released draft new rules on export licences for Covid-19 vaccines out of the European Union. It would have required export authorisations.
57. Almost as soon as the proposal was announced it was criticised by the Irish and British Governments. The political parties in both jurisdictions on this island were also strongly opposed. There was no basis for such a measure. The Sinn Fein President, Mary Lou McDonald, described it as “a grave error”. The proposal was, I believe, abandoned the same day by the Commission. President Von der Leyen, who later issued an apology.
58. The announcement, in my view, did not make any practical difference to vaccine supply in this jurisdiction. However, the political reaction was of more significance. The proposed invoking of Article 16 by the European Commission, without any consultation with the national Governments, seemed to me to be totally unjustified.

59. The Executive Committee discussed the announcement by the European Commission on 2 February 2021. The Minister for Health provided an update on matters relating to the pandemic. There was at the time a shipment of Pfizer vaccine in transit. The Minister thanked Andrew McCormick and officials for their work on ensuring delivery [INQ000065762].
60. I am not aware of any subsequent occasion when the operation of the Protocol hindered vaccine delivery in this jurisdiction.

Eligibility and prioritisation

61. The vaccine roll-out and related issues were led by the Department of Health, as the Department with the specialist expertise on vaccines and vaccine roll-out. The Department also led in relation to co-operation with other devolved administrations and the UK Government around vaccine roll-out with the full support of the Executive, as Deputy First Minister I was kept informed of developments and the Department of Health updated the Executive regularly.
62. I have been asked about the Executive's decision to use the JCVI recommended prioritisation structure notwithstanding the absence of a statutory basis for JCVI to provide advice to the North.
63. The JCVI recommended prioritisation structure was the approach being adopted by the UK Government and it is my understanding that there was a significant degree of alignment between the North and UK Government in relation to prioritisation. The advice received by the Executive Committee from the Department of Health was that they considered that the JCVI approach represented the best approach to prioritisation and that this approach would be appropriate for this jurisdiction notwithstanding the absence of any statutory basis. We accepted that advice. I understand that this was a recommendation from the CMO informed by the "4 nations CMO" approach.
64. In paragraphs 112 and 113 of my statement to the Inquiry in module 2 [INQ000273783] I referred to occasions when further information was sought from the UK Government. The examples provided related to social distancing in June 2020, SAGE modelling on

educational impacts in October 2020 and JCVI recommendations for younger age cohorts. With respect to the last issue this was raised by Junior Minister Declan Kearney in calls with CDL. At the meeting of the 8 September 2021 Junior Minister Kearney sought more information regarding vaccines [INQ000226024]. The notes of the meeting record that he said our infection levels remain high and this was putting a lot of pressure on health workers. Further the impact of the school returns would not be known for two weeks. He advocated that authorities should move forward with a degree of caution. There appeared to be divergent messaging across the regions and the Executive Committee had raised with the Minister for Health the issue of vaccinations for those aged 12-16 years. He asked was there any update from the CMO meeting and more detailed JCVI recommendations. At the next meeting with CDL on 14 September 2021 there was discussion on the use of vaccine passports and the UK Government announcement on vaccination for teenagers [INQ000226025]. Junior Minister Kearney agreed with comments from Welsh First Minister Mark Drakeford and First Minister Arlene Foster that the ability of the devolved administrations to work together had been impacted by the UK Government announcement on vaccinations for 12-15 year olds the previous day. Junior Minister Kearney stressed the need for transparency and collective working. CDL apologised for the shortcomings in relation to communications As the problem had been acknowledged by the UK Government, and the announcement had been made by the UK Secretary of State for Health, there was no further follow up seeking further information.

65. At paragraph 136 of my statement to Module 2 of the Inquiry I referred to late or incomplete information on JCVI advice on the booster campaign in Autumn 2021. At the meeting of the Executive Committee on 1 July 2021 the Minister for Health advised that JCVI were still considering whether the booster would be needed and whether under those under 18 would be required to have the vaccine [INQ000048536]. This was subsequently addressed by the Minister for Health and the CMO in their updates to the Executive Committee in September and October 2021.

Roll-Out

66. The roll-out strategy for Covid-19 vaccines in this jurisdiction was led by the Department of Health. The Department had the expertise on pharmaceutical matters including the

vaccine roll-out. **Name Redacted** was the official who took the lead in relation to the vaccine roll-out and provided regular updates to the Executive. As outlined above, **Name Redacted** gave a presentation in advance of the vaccine being available as to how it was planned to roll-out the vaccine and to ensure there was take-up on the part of the public. Thereafter she gave regular presentations to the Executive advising as to the Department's strategy and how the roll-out of the vaccine was progressing. I have reviewed copies of the presentations that were provided to the Executive Committee by **NR**. On the 26 November 2020 it was explained that the vaccination programme would have an oversight board and implementation board which would be responsible for separate workstreams. Planning assumptions were set out. Ministers were advised that the need for restrictions, such as social distancing and use of PPE, would continue. Vaccines would become available from December 2020. Planning would be on a 4 nation basis with advice being provided by the JCVI. Planning was to be undertaken for phasing and implementation. It would be dependent on vaccine availability, vaccine characteristics and priority groups identified [INQ000279203]. A further update was provided to the Executive Committee by **NR** in January 2021. The efforts of her and her team were acknowledged and request was made to be kept informed of progress [INQ000048509/INQ000065507]. The update to the Executive Committee in July 2021 explained the delivery model which involved work by the Health and Social Care Trusts and the Public Health Agency. Roll out of the vaccine included Trust vaccination centres, GPs, pharmacies and Trust mobile teams. A communications plan was also set out [INQ000375513/INQ000279202]. The presentation of 21 October 2021 set out the delivery model, the level of uptake (including hesitancy and behavioural insight), use of a booster for certain groups and the continuing use of JCVI recommendations for prioritisation [INQ000375514]. I have reviewed the minutes of the meeting of the Executive Committee on 16 December 2021 and can see that update on vaccination and the use of the booster was provided by **NR** to Ministers [INQ000048551]. It addressed the continuing uptake in vaccinations and the accelerated model for the delivery of the booster [INQ000375515].

67. I was impressed at **NR** command of the issues and the extent to which she, on behalf of the Department, was taking steps to ensure maximal take-up of the vaccine throughout the population.

68. The First Minister and I were not directly involved in operational matters but offered as much political support and leadership as we could. For example, we both received our vaccinations in public with the aim of boosting public understanding and confidence in vaccination. We supported the Department of Health approach, both at Executive meetings and to the public. The vaccination roll-out was, in my view, one of the success stories of the pandemic.
69. Liaison and joint decision making with the devolved administrations on vaccine roll-out was a matter for the Department of Health. I believe this occurred primarily at official level. The First Minister and I, and later in 2021 the Junior Ministers, did attend meetings with devolved administrations and CDL where progress on vaccinations were discussed. However, those forums were primarily information sharing rather than decision making forums. It is my understanding that the jurisdictions were broadly aligned in terms of vaccine roll-out.
70. I believe there was sufficient flexibility for the relevant Northern Ireland authorities to tailor roll-out procedures to the needs of the population here. However, the approach of the Department of Health was to align with best practices identified in Britain. There were discussions on workforce pressures. I believe, for example, that there could have been changes to those who could administer vaccines but do not recall that possibility being pursued. I also recall there may have been some issues regarding vaccinator pay rates and bands being different. This was primarily a matter for the Department of Health.
71. I remember roll out and changes to plans being ‘informed’ by restriction hesitation and a willingness to at least give one dose to more people to help with the lifting of restrictions where necessary.
72. I understand that Military Aid to the Civilian Authority (MACA) was deployed in Belfast City Hospital and Antrim Area Hospital during the pandemic. There was comparable to the assistance to transfer patients early on in the pandemic. Ministers would have, and did, avail of any assistance that was necessary. For example, on 14 January 2021 the First Minister and I received an update from the Minister of Health regarding MACA due to pressures in the health and social care system INQ000276400

Public messaging

73. My involvement with public messaging on vaccine roll-out was to support the approach being adopted by the Department of Health. Communications were led by the Executive Information Service (EIS) but there was also direct UK Government messaging on vaccination in this jurisdiction. As set out above Ministers of the Executive Committee, including myself and the First Minister, promoted the vaccine and explained that it was the most important route out of the pandemic.
74. Chris McNabb attended meetings of the Civil Contingencies Group (CCG) early in the pandemic and explained media coverage of the Executive's policies. He also attended meetings of the Executive Committee. With respect to the vaccine roll-out, the EIS together with the Department of Health and Public Health Agency (PHA) responded to vaccine disinformation. This included disinformation targeted at groups such as pregnant women and minority ethnic groups. The initiatives deployed by the PHA included, appointment free pop-up clinics in July 2021, the "Big Jab Weekend" in August 2021, the "Emerge" event (free concert in the Limelight venue in Belfast in September 2021. These events were promoted in the BBC news. I have attached some of the reporting of these events to this statement. They are marked as exhibits MON4/3 - INQ000507526 and MON4/4 – INQ000507527.
75. I have been asked to consider whether any concerns I had on conflicts between public health messaging from UK Government and the devolved administrations applied to any aspect of messaging on Covid-19 vaccines. It is my recollection at this remove that the concerns identified related mainly to messaging in relation to non-pharmaceutical interventions and I cannot recall there having been any issue with communications as they related to vaccines, save for the incident referred to above when the UK Government made an announcement about vaccination of 12-15 year olds, referred to above.
76. Public messaging on advice to specific groups such as pregnant women, children and specific age groups were led by the Department of Health. The Royal College of Maternity and some other organisations did, I believe, raise some issues. Other witnesses may be better placed to provide further detail on the extent to which they influenced such messaging.

77. I have been asked to comment on any steps taken to ensure public messaging was inclusive and the success of any steps taken to ensure inclusivity. This was largely addressed by the Department of Health and the Executive Information Service.
78. In my view an important factor in securing greater uptake of the vaccine was the requirement for COVID certificates to gain access to hospitality. This represented an tangible benefit for individuals, designed to encourage participation by the maximum number of people in the vaccination programme. Vaccine hesitancy amongst the population in the North was discussed at a number of meetings between the devolved administrations and CDL.
79. At the meeting held on 27 January 2021 the First Minister raised her concern about data which suggested this jurisdiction had the highest level of vaccine resistance [INQ000199039]. At the meeting of 3 March 2021 the First Minister noted that there was a comparatively small Black Asian and Ethnic Minority community in Northern Ireland and that engagement with the community about vaccination had been positive. She also noted that there were concerns in terms of vaccine uptake within the conservative Christian community and that faith leaders in the North had been supporting uptake in these communities to tackle any misconceptions or misinformation. We both registered our satisfaction with how the roll-out was progressing overall though [INQ000199063].
80. At meetings of the Executive Committee through December 2020 Ministers discussed the issue of vaccine hesitancy and the need for public messaging to counter it. For example, at the meeting of 26 January 2021 the CMO stated that there was significant disinformation circulating about the vaccine. There was a need to work with the EIS to get across a clear message that the vaccine reduces risk and there was still a need to stick to the guidelines [MON4/5 – INQ000507528]. At a subsequent meeting on 8 April the Minister of Health provided an update on the pandemic including issues relating to vaccine concerns. It was repeated that clear messaging would be developed to assist with public understanding to boost uptake [INQ000207214].
81. The Executive made use of Mental Health Champion to work across government departments from April 2020 onwards.

82. In my view vaccine uptake rates was a useful measure of what was or was not working. In terms of qualitative feedback, I am not aware as to how this was actually done but I think there was some polling or focus group work on it from Departments. The Department of Health provided a vaccinations dashboard which provided information on uptake. Further, the Minister for Health, CMO and CSA provided regular updates to the Executive Committee throughout 2021.
83. I believe public messaging on Covid-19 vaccines boosted uptake. It is also the case that there was enthusiasm for access to vaccination in order to achieve the reduction of restrictions. People were exhausted with the virus and restrictions and wanted a return to safe socialising. To very many people the vaccine represented an effective way out of the pandemic. I believe the threat of not getting access to some premises probably helped drive uptake.
84. I have been asked about my involvement in discussions regarding the promotion of the vaccine for the UK Government and how any political sensitivities relevant to the North were addressed in that context. There were, to my recollection, no such discussions. The vaccine roll-out was regarded as a success. I don't believe that it was perceived as a political issue as such but was acknowledged by all as effective public health and emergency response.

Therapeutics

85. I do not believe that I, as deputy First Minister, was involved in any specific co-operation measures with devolved nations or the United Kingdom central Government in respect of the development of new therapeutics and/or repurposing therapeutics to treat Covid-19. This would have been regarded as a matter for the Department of Health to take a lead on and any issues would have been brought to Executive. I am unaware at this remove of any particular issues arising.
86. I cannot comment authoritatively regarding the effect on the approval process for new/repurposed therapeutics of the end of the transition period provided for in the Withdrawal Agreement. The Protocol protected the North from some of the worst effects of Brexit including the possible emergence of a hard border for goods. As I understand

it medicines come under the EU rules on the free movement of goods and therefore benefit from the relevant provisions of the Protocol. There was a change in legal regimes between here and Britain on 1 January 2021 but I do not believe, and was not advised at any stage, that the vaccines that were being procured by the UK Government may not be available to the population here or would have to go through a different approval process.

Inequalities

87. Together with colleagues in the Executive Committee, I was aware that existing inequalities in our society could impact on access to and uptake of vaccines. As outlined above the Executive Committee received presentations from Name Redacted from November 2020 onwards prior to the availability of the vaccine and throughout the roll-out of the vaccine to the population and over the course of these presentations issues around ensuring vaccines were taken up across the population, including by groups who evidenced reluctance was a matter addressed. She addressed issues around the impact of health concerns, misinformation, social deprivation and ethnicity, and the steps being taken by the Department of Health to counteract these factors. The Executive Committee supported the approach advocated by the Department of Health including steps to target existing inequalities.

Conclusion

88. In conclusion, I would like to emphasise that the vaccination rollout was the turning point in the fight against the COVID pandemic. The unprecedented nature of this global crisis and its impact was unimaginable until it happened and presented enormous challenges across society and for every Government and administration in the world. The lock down of society and social distancing were new concepts which had to be adopted in the effort to reduce the impact of the virus and save lives. On the front line of this battle was our health service and our health workers. Developing effective vaccines at such speed was, in itself, an enormous success which was matched by the scale, efficiency and ultimately, the success of the vaccine rollout across our society. Despite the enormous pressures, already bearing down on our health workers, the vaccine roll out was a collective effort which allowed society to return to a near pre-COVID normality.

89. The rollout of the vaccine programme across society was based entirely, and correctly, on the expertise and experience of health professionals. This was a programme that the Executive was united on and which our community not only supported but welcomed with enormous relief as it provided a planned way out of the enormous challenges and societal trauma of the pandemic.
90. I would like to take this opportunity to commend the health workers who delivered the vaccine programme on an individual, one-to-one level and the logistics and management teams that supplied them in such an enormous operation. I also want to commend the leadership of the health trusts and the health department, the permanent secretary in the Department of Health, the CMO, the CSA and the Minister of Health, Robin Swann. I would like to specifically thank Name Redacted for the professionalism and personal commitment she brought to her challenging and difficult role at this time. I also want to recognise, commend and thank my Ministerial colleagues, advisers and senior officials for the unity of purpose, commitment and application which played an important part in the implementation of the vaccine rollout.
91. One of the positives which emerged from the terrible experience of the pandemic was the success of the vaccine rollout.

Statement of Truth

92. I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated: 09 October 2024

UK COVID-19 INQUIRY

SCHEDULE 1 - LIST OF EXHIBITS

TO MODULE 4 DRAFT WITNESS STATEMENT OF MICHELLE O'NEILL

Paragraph Number	Exhibit Reference	Inquiry Reference	Description
19	MON4/1	INQ000507524	Handwritten Minutes of Executive Meeting of 14 January 2021
33	MON4/2	INQ000507525	Handwritten Minutes of Executive Meeting of 27 May 2021
74	MON4/3	INQ000507526	BBC News Article dated 21 August 2021 and titled 'Covid-19: Thousands queue across NI for Big Jab Weekend'.
74	MON4/4	INQ000507527	BBC News Article dated 11 September 2021 and titled 'Covid-19: Limelight in Belfast vaccine venue for young people'
80	MON4/5	INQ000507528	Handwritten Minutes of Executive Meeting of 26 January 2021