Enabling the sharing of original, timely and creative macro-and micro-level response concepts, systems, and ideas

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In the opinion of one who has witnessed, and participated in, responses to numerous public health emergencies (PHEs) and epidemic outbreaks throughout the world for many years — from Cholera in Zimbabwe; to Ebola in Sierra Leone; to multi-drug resistant tuberculosis in Iraq; to all of the longer-term issues associated with HIV/AIDS in sub-Saharan Africa, or malaria in the South Pacific — the government's response thus far to Ireland's health security concerns deserves to be complemented, if not yet lauded. (One wonders how a less-developed regime would have dealt with these challenges and the associated need for swift, decisive, and potentially unpopular policies; such situations tend

to demand experienced leadership to navigate the national and international bureaucratic pathways that appropriate choices require.)

Perhaps timing has been in Ireland's favour – and not merely in the context of the end of winter; perhaps the country has been lucky, as well, to be led by a medically-trained Taoiseach. Yet, though only time will tell whether national strategies have been appropriate, timely, and suitable — and while this is also a time for civil obedience, trust in leadership, and respect for policy — there nonetheless exist immediate opportunities to consider both the strengths and limitations of the national response thus far that may better inform both policy, and individual behaviour, over the coming days, weeks, or months.

While Ireland's public health information campaign has to date been both well-funded and admirable, it would not, for example, have taken a great deal of foresight for the government to have anticipated the domino effects of its announcements, messaging, and media-intensive saturation strategy. The risk of hoarding and panic buying remains high; even the most nascent epidemiologist will tell you that ensuring resources are fairly distributed — which both amoral stockpiling-for-profit, opportunist retail pricing, and excessive hoarding at the individual level necessarily detract from — is just as important as individual health safety, if not more so.

Second, more frequent updating of public health messaging — as well as it's promulgation in different languages (as Gaeilge? Polish? Italian? Portuguese?), and on different platforms — is also essential to public health. An over-reliance on the Internet, for example, can lead to contamination of objective messages with fake news and conspiracy theories — not just causing further panic and distress, but also further alienating those small but highly susceptible elements of the population who are not always online. The focus and medium of the messaging must, and no doubt will, also evolve.

Third, the malign effects of panic on individual health and immunity should not be underestimated. Without doubt, Ireland — compared to many of its neighbors — is a liberal, some might even say relaxed, society. While government responses have to allow for the "it'll be grand" mentality, and associated messaging and strategy has necessarily to be tailored to counterbalance the country's unique cultural context, there are also potential negative downstream consequences to this approach.

In that regard, it is unclear whether our authorities have weighed up related national stress and fear quotients, and related health effects. Without question — individually, behaviorally and socially — these losses are infinitely, immeasurably preferable to a laissez-faire response. There is, thus, virtue in the high-intensity, occasionally Hollywood, occasionally doomsday, messaging that

the government has employed — and that the media has both benignly advanced, and malignly pounced upon. Nonetheless, the sense of panic that this may also create weakens national and individual resilience; it remains to be seen how many will suffer the health consequences of excessive paranoia. A balance needs to be struck here, as well.

Fourth, the role — or lack thereof — of the defense forces, to date, is also moot. While their deployment would no doubt risk increasing individual and collective anxiety even further, In Ireland — as in many other countries — this valuable resource currently stands idle, at a time when essential services could therein be provided. The historical stigma associated with such mobilizations is combined, in Ireland as elsewhere, with a passé deficit in military PHE training. And yet — on the occasions when, in the United States, and elsewhere, armed forces have been involved in humanitarian efforts — a documented spin-off has been the strong sense of accomplishment amongst (and goodwill towards) soldier-caregivers; valuable downstream benefits.

Should this be an essential part of future Irish military training — if it is not already; is there a plan in place to convert barracks into bedsteads; battalions and brigades in to benevolent enforcers and providers of public health decrees and directives? Likewise — in parallel future scenarios, or indeed in the present day — all individuals, industries, professions and services may benefit from consideration, either voluntary or enforced, of their alternate potential roles in PHE situations. These ethically, morally and even spiritually-vital contingency plans not only raise social awareness, but stand to provide essential support to a strained public sector.

A fifth set of considerations relate to our new-found national consciousness towards health security — both in terms of budget allocated to public health; determination of resource distribution within the sector; and to the conversion of day-to-day resources in to health security assets (and back again, post-PHE). Both allocative and technical efficiency should be closely reviewed, in Ireland and elsewhere, in due course: with all possible respect to the urgent considerations of climate change, housing, and other concerns, it appears that health (and, more specifically, health security) considerations ultimately trump any of these issues in the public consciousness. Perhaps, rightly so; without human health, no other initiative matters — or can hope to succeed.

Sixth, as with Brexit, Ireland is once again a country in limbo. Also as with Brexit, Ireland is once again subject to the decisions and response strategies of its powerful neighbour. If these differ significantly from our approaches, given the current state of geo-political limbo on the island, the country's efforts may have been in vain. United Kingdom policy may yet diverge significantly from that of the republic; without their adoption of equally progressive, precautionary and

sensible approaches, Ireland's response will be severely curtailed. From a public health perspective, therefore, it is essential that further efforts to both cooperate and resolve territorial integrity be made.

Yet, much remains within Irish society's power — and there remain, in a seventh set of considerations, many avenues left for policymakers to explore. There is an uneasy sense that current policy is a step behind the epidemic; would a related acceleration — even at this late stage — to higher levels of escalation help to contain exponential growth, while also curtailing duration? Would a call for decreased productivity — combined with associated social support, and an associated focus on the provision of essential services only — ensure that changes in the production-consumption cycle leaves none disadvantaged; that social and individual energy is preserved, without penalty? Would that, in turn, enable the shelter-in-place (or lock down) policies that have been identified in China and elsewhere as one of the most important and successful macro-level strategies available? (As a point of reference, the initial rate of epidemic expansion in Wuhan was 3.86 — in the first week of lock-down this fell to 1.32; by the second, to 0.32.)

There are many other questions. Would disclosure of further geographic or demographic details of the epidemic help to establish cordon sanitaires – or merely induce panic travel or mass evacuation, while also compromising individual health information privacy? The government's decision to reveal that there are twenty-three clusters of infections throughout Ireland feels relatively unhelpful, in itself; the disclosure of county-by-county infection levels is likewise of limited use, and potentially dangerous, unless appropriate population denominators are provided and applied. Publicly identifying those sub-county geographical areas most affected may, conversely, help the general public to avoid those areas — while also both focusing resources and heightening awareness at the local level. There is no stigma in that.

Similarly, while the recently-released demographic information is more informative (one wonders why this is only occurring now), why not also reveal which professions, or other stratifications, are most at-risk – in order that appropriate contingency and safety plans can be made? Likewise, should the country's (to date) low death rate of 0.7% be examined more carefully; what are the reasons for the qualified potential success it represents? On more abstract levels, there is the question of whether society nationally and internationally – is paying the price for a too-rapid embrace of globalization; should (after repatriation deadlines) airports be closed – borders sealed? And, less dramatically, should Internet use, to enable telecommuting and economic functionality, be limited to essential functions?

Success in PHEs and infection control relies not just on these big-picture considerations, however. It will have as much, if not more, been thanks to the people of Ireland as to the government — Ireland's modern, cosmopolitan and educated society; one that has (to date) rejected xenophobia and the more malign elements of isolationism — that triumph in a time of adversity will have been achieved. For each individual, finding a way to contribute to the national and international response is both rewarding and essential. The further development of platforms for innovative approaches and shared challenges at the community level — perhaps via the Irish Global Health Network — would, and still could, thus be of great value in this regard: this would also facilitate capacity to draw on available yet unrecognized or overlooked local resources; transcend turf battles; empower; enable the sharing of original, timely and creative macro-and micro-level response concepts, systems, and ideas; inform; and – above all — facilitate consensus and cooperation.

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