Independent COVID-19 Evaluation

Progress Update

4th June 2026

This paper serves as a progress update on the work of the independent COVID-19 Evaluation since its inception. It does not provide any insights on potential policy, system or practical lessons or guiding recommendations that may feature in the final report but rather gives a sense of activity to date. Since its establishment in early 2025, the Independent COVID-19 Evaluation has engaged in a considerable programme of work focused on gathering data, information and records, understanding wide-ranging personal experiences via consultation, and gaining extensive perspectives including though engagement with stakeholder organisations and national and international experts.

The COVID-19 Evaluation's programme of work has been approached in a phased manner, aligned with its Terms of Reference[1]. This work will culminate in the delivery of a final comprehensive report, by the end of 2026, with an emphasis on lessons learned.

The final report will harness requested formal documentation and inputs; relevant national and international research and reports; and wide-ranging consultations and lived experiences; to assess the pandemic response and related impacts and outcomes, and how Ireland can learn for a future crisis of this magnitude.

The COVID-19 Evaluation Panel[2] led by Chairperson Professor Anne Scott, includes Professor David Heymann, Dr Nat O'Connor, Dr Nora Strecker, and Professor Bert Gordijn. In the Autumn of 2025, Professor Sara Burke joined as an Expert to the COVID-19 Evaluation Panel.

This Progress Report is being provided by way of an interim update and largely reflects information available via the Evaluation's dedicated website, as part of the Evaluations commitment to transparency. It outlines key components of the Evaluations work to date, in order to give a clear sense of the stage and direction of work.

Official Department submissions, and subsequently requested inputs provided a starting point for this work, which has been built upon by the Evaluation to ensure a rigorous exploration of what worked, what didn't, related limitations, gaps or constraints, and policy tensions and trade-offs in the State's response. This will Inform a consideration of what lessons should be

[1] Independent Pandemic Evaluation Panel Terms of Reference

[2] Members of the COVID-19 Evaluation Panel

learned and what guiding recommendations should be made to strengthen decision-making for future emergency situations of similar scope and duration.

The Evaluation seeks to triangulate official accounts contained in submissions and raw official information and data, with other important sources, such as submissions from stakeholders and experts, and evidence in the public domain including published reports and research. This is being further enhanced by reflecting on information through the prism of lived experience, as provided via the Evaluation's public consultations.

Aligned to its Terms of Reference, the final report will provide an overarching account of the pandemic response, including planning and management strategy and approach; and lessons learned relating to interventions, mitigations and trade-offs. This will include impacts and outcomes across society, with particular focus on children and young people, the economy, the response in residential care settings for older people and a focus on the performance of the health and care system. It will also include a consideration of overarching guiding principles and processes for decision making for future crisis events of scale. It will prioritise key areas of importance, including where there were significant challenges or where there is greatest scope to learn for the future.

Public Consultations

To date, the evaluation has conducted three public consultations:

- A wide-ranging general public consultation (incorporating surveys, individual and stakeholder submissions).
- A consultation for children and young people.
- A consultation on the response to the pandemic in long term residential care facilities for older persons (LTRC).

General public consultation

The general public consultation involved:

- A wide-ranging public survey and a mirror user-friendly survey.
- Individual/personal submissions, where the submitter could share their personal experiences in their own words.
- Submissions from stakeholder organisations.
- Academics/researchers also shared relevant published research with the Evaluation.

The public consultation to capture wide-spread accounts of personal lived experiences received approximately 7,000 responses.

The consultation survey included themed multiple-choice questions and an open question for people to share their pandemic experience. It covered different quality-of-life aspects to better understand how the pandemic impacted different areas of people's lives. These dimensions drew from Ireland's Well-being Framework and the related OECD How's Life multidimensional framework, adjusted to capture key pandemic experiences and impacts as evidenced across existing related research in Ireland. These dimensions were:

- Relationships, social connections and community *(including life events)*
- Mental health and wellbeing
- Physical health *(including experiences of health and care services)*
- Housing and local environment *(including digital engagement)*
- Education and development
- Work and time use
- Financial situation
- Civil liberties, human rights and trust *(including people's thoughts on restrictions, misinformation and their risk appetite)*

High level survey findings include[3]:

- High levels of negative impacts were particularly evident in the following areas: education and development; civil liberties, human rights and trust; and mental health. Those who reported difficulty in making ends meet reported considerably wider negative impacts across many dimensions.
- Mental health issues were a major concern for respondents with issues such as COVID-19 exposure and loneliness or isolation being major factors. Other key concerns related to relationships, social connections and community, and physical health.
- Education, particularly social development, was also a significant issue for parents/guardians.

See appendix 1 and 2 for further detailed papers.

Consultation for children and young people

The COVID-19 Evaluation ran a subsequent dedicated consultation for children and young people as a complement to the general public consultation.

To inform the survey, the Evaluation worked with Spunout.ie to design and run a focus group with children and young people. The survey was also tested with members of the National Executive Committee of the Youth Comhairle as a final test of the survey and these sessions provided useful further feedback.

These insights informed the survey, which resulted in a strong focus on:

- Education
- Development
- Milestone events

Over 500 responses were received.

[3] Overview of Findings from the COVID-19 Evaluation's general public consultation

High Level survey findings[4] showed areas most **negatively impacted** for respondents (who were aged 11 – 20 years during the COVID-19 pandemic) were:

- Mental health and wellbeing (71%)
- Education and development (65%)
- Physical health (50%)
- Relationships and connections with others (50%)

- As well as being the area identified as having the most negative effects, Mental health and Wellbeing were identified as an overall major concern for respondents. Children with disabilities and mental health issues faced a sudden withdrawal or change in supports and services; and non-essential healthcare suspension saw reported delays in diagnoses and treatment.
- School closures impacted children, young people and their families – their academic learning, mental health, social connections, access to sport and extracurricular activities as well as their development.
- Key formative moments were profoundly altered – children and young people missed out on sitting State exams, attending their graduation or Debs, or celebrating big birthdays. This sense of lost time or missed opportunities profoundly impacted children and young people's mental health.

Some key qualitative findings include:

Social development impacts, with remote learning effecting respondents' social lives, social skills and confidence. They missed social opportunities that were key to their development, such as going to junior discos or parties. Missing key life events were a strong theme, some respondents still longed to be a teenager again, while others felt that "mentally time froze".

School closures particularly impacted transitions into secondary school and college. Many described how online learning negatively impacted their education – people struggled to stay on top of their schoolwork, and some felt that Calculated Grades were "unfair".

Respondents' mental health suffered, particularly for college students who felt that the best years of their life were reduced to completing coursework from their bedroom in the family

[4] Overview of findings from consultation for children and young people.

home. Upon returning to school, some found it difficult to make friends due to social distancing and hard to get back into a routine.

There were mixed responses on restrictions. Respondents struggled more as lockdowns continued. Some felt there should have been a more targeted approach given evidence that young people were less at risk. Some questioned Ireland's democracy at the time or that their trust in the Government was impacted. People who were 'high risk' largely welcomed restrictions, and other respondents described the pressures and impacts of living with high-risk family members. Some described how they had lost faith in society due to people's selfishness during the pandemic, as some people refused to wear masks, get vaccinated or follow restrictions

See appendix 3 for further detailed paper.

Consultation on the response to the pandemic in long term residential care facilities for older persons (LTRC).

As part of the **general public consultation survey and personal submissions**, over 400 responses related to long-term residential care for older persons, providing initial insights into this specific sector. Key issues raised included those relating to guidance and infection control, visiting restrictions, level of care, staffing, transfers (between hospitals and nursing homes), residents with dementia, and dying and deaths.

These concerns included:

- A failure to adequately prepare despite "warning signs" from other countries was highlighted, including that it was clear that older people in nursing homes were amongst the most vulnerable to COVID-19. Some respondents maintained that their loved ones received a good level of care, and some suggested that issues in nursing homes should not be attributed to staff but rather the "slow" Government response. Other respondents described incidents where they believed their relatives failed to receive an adequate level of care. Relatives described how their loved one's nursing homes did not get sufficient PPE. There was a general feeling that nursing homes were left behind and hospitals were the priority, including for testing, and that transferring patients from hospitals demonstrated this, along with understaffing. Many respondents wrote about a lack of staff in nursing homes.

- Respondents expressed frustration with the level of discretion nursing homes were given to implement COVID-19 restrictions. Some believed that restrictions were interpreted "to best suit the home, not the resident" which had wide, varying impacts on residents and families. Some respondents believed that the concept of a home and rights did not hold up and more effort should have been made to allow in-person contact

with residents. Many respondents described how visiting policies only "focused on limiting the spread of infection" but in doing this "shut the door on compassion and human connection". Respondents described their heartbreak over these "too strict" and "cruel" restrictions, where they could not visit their loved ones, many of whom did not understand COVID-19 restrictions and why their family were not visiting them. Older relatives, particularly those with dementia, cognitive decline or with hearing difficulties struggled to use mobile devices, and many residents did not have access to external windows. Some believed that nursing homes failed to make attempts at outdoor visits, even when other areas of society began to reopen. Other respondents described how they stayed outside their loved one's windows holding up signs or saying prayers. Some respondents felt relief from talking to their loved ones through video calls. Other people described phone calls where their parents begged them to come home. Many respondents felt "traumatised" by their experiences, and the toll of not being able to comfort or hold their loved one.

- Respondents described how their loved one died alone as they were denied access, how they were not informed of their loved one's deterioration or how they could only visit their loved one at the very late stage of dying. Some respondents detailed how they had to have "heated arguments" with nursing home staff to get access to say their goodbyes, while others expressed their frustration that they were only given access when their loved one was unresponsive or when their loved one had died. Some struggled, and others continue to struggle, to find answers or explanations as to how or why their loved one passed away. Many relatives shared their sustained heartbreak and trauma. Some respondents believed that the level of deaths in nursing homes highlighted how "profoundly broken" the nursing home system is in Ireland. Some relatives described how their parents died alone or were "dead for some time" before they were discovered as nursing homes were "so understaffed and stretched".

Bespoke Surveys:

The Evaluation also ran a specific consultation on the pandemic response in long term residential care facilities for older people, including surveys, submissions and private listening sessions with bereaved relatives. Multiple surveys have provided the Evaluation with input to further understand perspectives and experiences from those impacted, with over 600 responses received.

There were **four distinct surveys** for different groups who experienced nursing homes services during the COVID-19 pandemic:

1. Close family members or significant others, including a section for bereaved relatives
2. Members of staff
3. Persons in charge, registered providers or Directors of Nursing
4. Other people who worked closely with nursing homes (e.g. GPs, Geriatricians, Contact Tracers and so forth)

The surveys placed a particular focus on pandemic preparedness and real-time response:

For Preparedness, including staff levels and institutional factors at the start of the pandemic, **key findings include:**

Staffing

- High inconsistency between the number of core staff e.g. Registered Nurses (RNs) and Health Care Assistants (HCAs) and bed numbers, for larger nursing homes
- Inconsistency in staffing levels for day and night shifts

Residents and their families

- 80% of respondents' loved ones lived in private, voluntary or not-for-profit nursing homes, 18% lived in public nursing homes
- Over 70% stated that they were unaware of the complaint procedure in nursing homes

For Response aspects, such as communications, visiting restrictions, infection prevention and control (IPC) measures, medical services, experiences of end-of-life care and bereavement, and overall perceptions of service providers, **key findings include:**

- Communication with relatives was a key area of concern for respondents. Half of the families who responded had to reduce the frequency of visiting their relatives. Many had to resort to outdoor/window visits; the vast majority (74%) wore PPE during their visits.

For residents' family members the main findings and feedback received included that:

- More than half of the family members were **not satisfied** with the information provided regarding the care of a loved one (62%), communication (59%) and visiting arrangements (54%)
- 70% of families felt that the nursing home **did not** abandon their loved ones
- A strong majority of families (72%) agreed that Nursing Home staff made efforts to provide medical care for their loved ones
- 56% of families were satisfied with the overall support provided to their loved one.
- Only 54% of families reported being involved in major clinical or final-stage care decisions
- 43% of families were contacted for end-of-life care plans
- 35% did not have in-person contact with their loved one in their last 48 hours
- Only 33% of family members agreed that they had a meaningful opportunity to say goodbye to their loved one
- More than half of family members (58%) agreed that staff communicated clearly and compassionately during their loved one's final days or weeks
- Views on support for cultural, spiritual, or religious needs were divided, with 47% of family members agreeing that reasonable efforts were made and 52.6% disagreeing
- Overall, 62% of family members **did not feel at ease** with the end-of-life care their loved one received
- 47% noted that bereavement support was not signposted by the nursing home and 78% did not access bereavement support.

- Overall, the survey of family members / significant others revealed significant pain and frustration among respondents affected by communication barriers and strict isolation measures, while recognising staff were doing their best in the circumstances.
    - **Family members appreciation for effort:** Most families recognised that staff tried their best to provide care and did not intentionally abandon residents.
    - **Poor communication**: A majority of respondents felt left in the dark, expressing high dissatisfaction with how nursing homes shared information.
    - **Impact of isolation**: Strict visiting rules caused immense frustration, and families witnessed their loved ones' health decline due to limited contact.

- **Painful endings**: Many family members/respondents felt they were denied a meaningful opportunity to say a proper final goodbye to dying relatives.

For respondents to the Staff Survey key findings include that:

During the **first three months** of the pandemic:

- 84% of the staff received PPE training.
- 74% of staff reported having PPE during the first three months of the pandemic. **For 26% of respondents, this was not the case**.
- **50%** stated they **faced difficulties accessing testing** or that there was no testing available.

Overall, during the pandemic period:

- Most staff found the changing infection-control guidance and large amount of COVID-19 information difficult to manage (80%–82% agreed)
- Many staff said working in nursing homes during the pandemic was frightening and stressful (81% agreed)
- Most staff felt supported by colleagues and co-workers during the pandemic (77% agreed)
- Many staff felt isolated from the wider healthcare system (68% agreed)
- Concerns about contracting COVID-19 infection were common among staff, both for colleagues (86%) and themselves (71%).

Key overall messages: The survey of nursing home staff (registered nurses, health care assistants, agency staff)) revealed significant work pressure and frustration among staff due to staff shortages and resource gaps.

- **Work pressure and staff Shortages:** Frontline teams faced intense pressure and a significant lack of staff for day and night shifts.
- **Resource Gaps:** Although the staff had training, many staff faced early difficulties accessing PPE and COVID-19 testing.
- **High stress**: Staff found the working environment frightening, exacerbated by constant safety issues for them and the residents and families.

Directors of Nursing (DoN), Persons-in-Charge (PiC), Service Providers:

Overall, the survey of DoNs/PiCs/registered providers revealed significant system pressure due to staffing issues, resource challenges and information overload.

- **Lack of system support**: Having fewer support networks, along with wider system pressures, reduced the effectiveness of the response.
- **Information overload**: Constant changes in guidelines and information overload took valuable time away from resident care planning and response. **High stress**: Intense pressure due to staff illness and fear, uncertainty, and workforce shortages. This was exacerbated by constant safety issues for both staff and residents.

A detailed overview of findings from this bespoke consultation on the pandemic response in long term residential care facilities for older people will be available in due course on the Evaluation's website.

Grouped in-person private listening sessions:

The Chair of the COVID-19 Evaluation also held a small number grouped, in-person private listening sessions, for those who lost loved ones in long term residential care facilities during the pandemic and wished to share their experience in this way.

These group listening sessions were facilitated by professional moderators in a trauma informed way. Each participant was given the opportunity to share their stories and experiences with the group and in so doing express their views and concerns directly with the Chair of the Evaluation. The sessions were an open forum for participants allowing those in attendance to express themselves in an impactful and emotional way. These sessions took place in May 2026 and provided harrowing personal stories and reflections.

The experiences shared will help inform the Evaluations final report in relating to the response to the pandemic in Long Term Residential Care facilities. An aggregate themed report, drawing from the experiences and contributions shared, will be published and form an input into the Evaluations final report, along with wider consultation submissions and engagement, inputs from research, reports, and Department and Government inputs.

Insights Expert Workshop: [5]

At the outset of its work on this specific module, a subset of the Evaluation Panel held an initial insights workshop with experts in the field to gather information.

The purpose of the insights workshop was to gain an initial sense of the research landscape and related work to date, including work carried out for the 2020 COVID-19 Nursing Homes Expert Panel Report[6] and subsequent implementation reports.

The workshop context was a desire to build upon existing reports, outputs and research. It focused on gaining a sense of the research landscape and progress, in particular, regarding work carried out for the 2020 Nursing Homes Expert Panel Report and related implementation reports. The achievements arising from this work was outlined, along with related recommendations, such as work on a framework for Safe Nurse Staffing and Skills mix in Long-term Residential Settings for Older People. The latter included a proposed system based on distinct care needs of residents. Results of a staff survey were also discussed, with staffing terms and conditions flagged as a major issue.

Roundtable Forums

As part of its work to gain extensive perspectives, the COVID-19 Evaluation has engaged bilaterally and through workshops and roundtables with stakeholder organisations and experts. Key public facing roundtables focused on: varied societal impacts, sectoral impacts and economic insights, and the public health response and wider health system.

Societal roundtable

This roundtable in June 2025, looked at the areas of education and development; mental health; disadvantaged/ marginalised groups; community outreach and life stages; and carers and workers. It focussed on the key impacts on specific groups and policy areas, the effectiveness of targeted mitigating supports and outreach, and potential lessons for the future.

[5] Overview of insight workshop with experts in the field of long-term residential care.

[6] Kelleher C et al. (2020). COVID-19 Nursing Homes Expert Panel Examination of Measures to 2021: Report to the Minister for Health. Dublin, Department of Health. https://assets.gov.ie/static/documents/covid-19-nursing-homes-expert-panel-final-report.pdf.

This societal-focused roundtable discussion highlighted[7]:

- How the pandemic exposed pre-existing inequalities. Life trajectories were disrupted and people's circumstances governed how deeply they were impacted. This is the context in which balancing differing risks needs to be managed.
- The need for sustained investment, against a backdrop of pre-existing gaps and overburdened systems.
- The State's reliance on the community and voluntary sector, the resilience of workers, and the value of the forgotten frontline who provide family care.
- The value of sustained collaboration and co-designing solutions. There was a particular focus on the need to have capacity, infrastructure, networks and datasets in place, which can be quickly scaled and leveraged in times of crisis. This was considered crucial to future proofing lessons learned.

A full recording[8] of the roundtable in available on the Evaluations website.

Sectoral and Economic Roundtable

On the 10th of November 2025, the COVID-19 Evaluation panel held a roundtable forum on the economic impacts of the COVID-19 pandemic, chaired by Professor Martina Lawless, Director of the ESRI.

There were two intertwined sessions. [9]

Stakeholder roundtable

This roundtable event brought together some of Ireland's main business and worker representative bodies and stakeholders. Each organisation shared how the pandemic, and the measures taken to manage it, impacted their members, employees and industries. Topics spanned the enterprise and labour market impacts of pandemic restrictions and mitigating supports. The stakeholders represented a cross section of sectors, including those most impacted by the pandemic response and related restrictions, outlined their sectors experiences and perspectives, including the impacts of prolonged closures for certain sectors, engaging with policy makers and the significance of financial supports and wider initiatives.

[7] Information note on societal roundtable
[8] Recording of societal roundtable.
[9] Recording of Economic Roundtables

Economic Expert Roundtable

This roundtable brought together top economic experts and researchers to discuss the wider economic approach taken by Government in light of the actual and/or anticipated impacts of the pandemic[10]. There was a general consensus that the macro approach taken was broadly appropriate given the crisis situation and level of uncertainty, though related consequences, including regarding expectations and inflation were also highlighted. Other issues noted included the necessity for micro data for more bespoke analysis of impacts, for example on firms. The uneven sectoral impacts were also highlighted, with pharmaceuticals and IT experiencing increased demand, in sharp contrast to severely impacted, largely domestic sectors.

Health Focused Roundtable

This event took place on 31 March 2026 and was livestreamed[11] on the COVID-19 Evaluation website as well as the RTE News Channel.[12]

The roundtable brought together leading Irish and international experts to examine the health dimensions of the response to the COVID-19 pandemic and the lessons that can be learned for future public health emergencies.

The specialist forum explored how a public health led approach shaped Ireland's management of the COVID-19 pandemic, including the use of non-pharmaceutical interventions, and the interaction between public health led decision-making and wider health system considerations.

The roundtable featured national and international experts including panellists from Sweden, Scotland and a former senior leader from the WHO. The discussion focused on key aspects of international and national approaches and responses, and the interplay with wider societal factors, including health systems and capacity.

Early uncertainty and confusion were noted and related messaging and communications; the approach to school closures was highlighted, as was the level of trust given to communities and individuals to determine risks. Other issues related to speed of contact tracing rollout and capacity issues especially at the beginning of the pandemic with limited laboratory capacity available.

The roundtable also reflected on the structures used to manage the pandemic, including the NPHET, and improved structures for future emergencies. Hospital capacity was raised by

[10] Information note on sectoral and economic roundtable.
[11] Recording of Health Focused Roundtable
[12] Press release regarding health focused roundtable

numerous speakers, including pre-pandemic hospital bed capacity and links to previous austerity measures; and post pandemic pent-up demand with accumulated strains for waiting lists. There was productive reflection on preparation for crisis and an awareness that the shape and nature of future events would differ, indicating the need for dynamic responses.

Engagement with Government Departments and Agencies

The Evaluation has sought and received a large volume of materials from Government Departments and agencies. Detailed requested formal written submissions have been provided by 18 Departments and the HSE (incorporating relevant bodies/agencies). In aggregate, this amounts to over five hundred documents running to approximately 4,850 pages of detailed content. Following assessment of this information, numerous requests for further specific information has been sought and received, including Government Memorandums.

The submissions offer an account, from an official perspective, of the State's response to the COVID-19 pandemic. They paint a picture of a comprehensive, multifaceted response that necessitated the rapid introduction of legislative, regulatory, advisory, financial and operational measures to mitigate the impact of the pandemic on health, society and the economy.

These submissions, along with raw inputs, via Government memorandums, reveal much about how the State responded to the pandemic: how issues were identified, how decisions were taken, and what factors informed and influenced those decisions. They show how the response evolved and changed over time, from the initial emergency response with short-term measures, through to the more medium and longer-term response as the pandemic progressed and the challenges evolved.

The evaluation process is gaining deeper insights through more detailed analysis of this material and triangulation with other sources of evidence, including through private sessions with officials and decision-makers.

Roundtable with senior officials across a number of Departments

At the end of May[13] the Evaluation held a private roundtable with a range of key officials to gain insights and understanding into core decisions and approaches. It focused on key topics and probing questions, with an emphasis on factors influencing decisions and tangible lessons learned.

This half-day private roundtable included a cross-section of senior officials, from pertinent Departments spanning: Department of the Taoiseach; Department of Health; Department of

[13] Information note on roundtable with senior officials across a number of Departments

Education and Youth; Department of Children, Disability and Equality; Department of Defence; Department of Finance; Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation and Department of Social Protection.

Key topics for exploration were considered under a number of areas spanning: structures, governance and overarching decision-making; health and social care; education and welfare; inclusion and inequality; and economic and financial considerations.

The roundtable was in a questions and answers format with wide-ranging discussions across particular aspects of the management of the pandemic, including response and mitigation supports, from a number of Departments perspectives. The discussion gave insights into: the level and complexity of considerations, extensive collaboration and engagement, comprehensive communication and feedback loops.

Prioritised topics and related invited Departments for this session were arrived at by the Panel, reflecting on the Evaluation's wide-ranging programme of work, and sought to balance breadth and a focus on pertinent areas, in the context of the vast scale of pandemic work across all Departments and agencies and associated levels of information already provided to the Evaluation.

Complementary bilateral meetings with further relevant officials and key decision-makers will take place over the coming weeks.

Wider Engagement & Research

The Evaluation panel continues to engage in a series of exploratory discussions with experts and stakeholder organisations, covering areas such as public policy, behavioural analysis, health and care, psychology, education, legislation and communication. It has also engaged in wider information sessions, in areas such as emergency planning, governance, and data.

Panel members have also been engaging with stakeholders representing marginalised groups, in order to address information gaps from public consultation inputs[14]. These engagements have provided opportunities for in depth discussion and insights which will inform the final report.

[14] *For overview of formal stakeholder submissions received as part of the public consultation see* List of Stakeholder Submissions.

International Perspectives & Comparisons:

To ensure the examination of the response to the pandemic is both inward and outward looking, the Evaluation Panel has engaged with international experts and bodies and commissioned a literature review to better understand Ireland's approach within an international context. Key elements of these international reflections are outlined below, namely a workshop with the COVID-19 Evaluation panel and the OECD; and the commissioning of an independent comparative research review.

OECD

The Covid-19 Evaluation engaged with the OECD to explore Ireland's approach and policies within a comparative context —particularly in relation to the government's preparedness, agility and leadership, as well as the extent to which pandemic management included cross-government coordination, multidisciplinary decision-making, stakeholder engagement, and upheld the protection of democratic processes and civil rights.

Specifically, in January 2026, the COVID-19 Evaluation Panel held a workshop with the OECD. It was designed to provide the Evaluation Panel with insights into international practices and was anchored in the OECD's *Framework for Evaluating COVID-19 Responses* and its cross-country evidence on COVID-19 evaluations and crisis management.

Part of the discussion focused on evaluations that the OECD carried out for the Governments of Belgium and Luxembourg. Key insights from these evaluations included early action and activation initiatives, the value of building on pandemic response plans and decision-making support processes.

Comparative Literature Review

Comparative research was commissioned by the Evaluation and conducted independently by researchers at Maynooth University's Department of Sociology. It compared pandemic responses in a number of European countries to that of Ireland, namely Denmark, Finland, Sweden, Scotland, and the Netherlands. The analysis covered pre-pandemic institutional foundations, governance architecture and adaptability, public health measures, school closures, health outcomes, social inclusion, vaccination strategies, and the evolutions of responses.

While each country displayed strengths and experienced failures, a clear analytical pattern was observed in this research. Countries that reacted early and coherently were facilitated by the governance arrangements in place – they had legal authority, operational coordination and visible political ownership. Furthermore, countries that experienced difficulty in protecting vulnerable populations had long-standing institutional weaknesses, such as in older person care, healthcare capacity, labour market regulation, housing or social policy.

The research highlights that Ireland benefitted from its centralised action and early decisiveness. However, it saw challenges related to political pressures, pre-existing weaknesses in care settings and inequalities among marginalised groups. Unlike the other countries reviewed, who adapted their approach over time, it found that Ireland largely continued to rely on broad, stringent and nationally uniform measures. It emphasises the fragility of a model that depended heavily on broad suppression followed by broad release, which allows pressure for reopening to accumulate more intensely and can generate the conditions for destabilising departures. The research also indicated a response that was primarily shaped by a health lens, without fully integrating the wider consequences of prolonged blanket restrictions[15].

An overview of findings from the OECD Workshop and the Comparative Literature Review, and related independent research reports, will be available in due course on the Evaluation's website.

[15] *Note, this high-level comparative literature review forms a ringfenced independent input into the COVID-19 Evaluations process. No work, deliberations or materials from the Evaluation's extensive programme work are included in this independent literature review.*

Appendix

1: Overview presentation of the public consultation

2: Detailed analysis paper of public consultation findings.

3: Presentation on findings from consultation for children and young people.