

Policy Formulation, Implementation & Evaluation - Final Paper

**A Study of UK's Policy Response to the COVID-19 Pandemic**

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## Abstract

COVID-19 has taken the world by storm .This paper highlights the UK's (specifically Britain's ) policy response to the Pandemic and presents a critical analysis of key policy implementations such as the different lockdowns across different time periods between 2020 and 2021, the vaccination rollout and explores the relationship between key government figures as well as the scientific community.Using a time period format Between March 2020 and June 2021 ; the paper also analyses the the failure of the first lockdown and the lack of an efficient test, trace and isolate system leading to the UK reporting the second largest number of deaths after the US from amongst Developed nations. The last half of the paper expounds the lessons learnt from these failures and the implementation of empirically proven policy response during the third lockdown in 2021.

I thank Natalie Grover, science correspondent working with 'The Guardian' in the UK for being the source of primary research inputs for this paper. Secondary research sources include media articles, government reports and statistical studies.

I have linked the UK's policy response to the public policy theories of institutional, incremental and rational choice theory.

In conclusion, the UK has set a prime example of learning from mistakes and setting a precedent in vaccination rollout and implementation for the world to emulate.

## Introduction

### Demographic

Country of Study	<ul style="list-style-type: none"> <li>● United Kingdom - Specifically focused on England</li> </ul>
Population	<ul style="list-style-type: none"> <li>● Estimated 66.8 Million (21st most populous country in the World)</li> <li>● Average Annual Growth Rate of 0.5%</li> </ul>
Literacy Rate	<ul style="list-style-type: none"> <li>● Extremely high at 99% for ages 15+</li> </ul>
Population Density	<ul style="list-style-type: none"> <li>● Estimated 259 per square kilometre</li> </ul>
Signs of an Ageing Population	<ul style="list-style-type: none"> <li>● Estimated that by 2050, ¼ people will be over the age of 65 in the UK</li> </ul>
Development Status	<ul style="list-style-type: none"> <li>● The UK is a highly developed nation that exerts considerable social, economic, political and scientific influence. It is also a member of the P5 in the UN Security Council.</li> </ul>

*Note: All demographic/economic information is based on data provided by the **Office for National Statistics, Government of UK** as of January, 2021.*

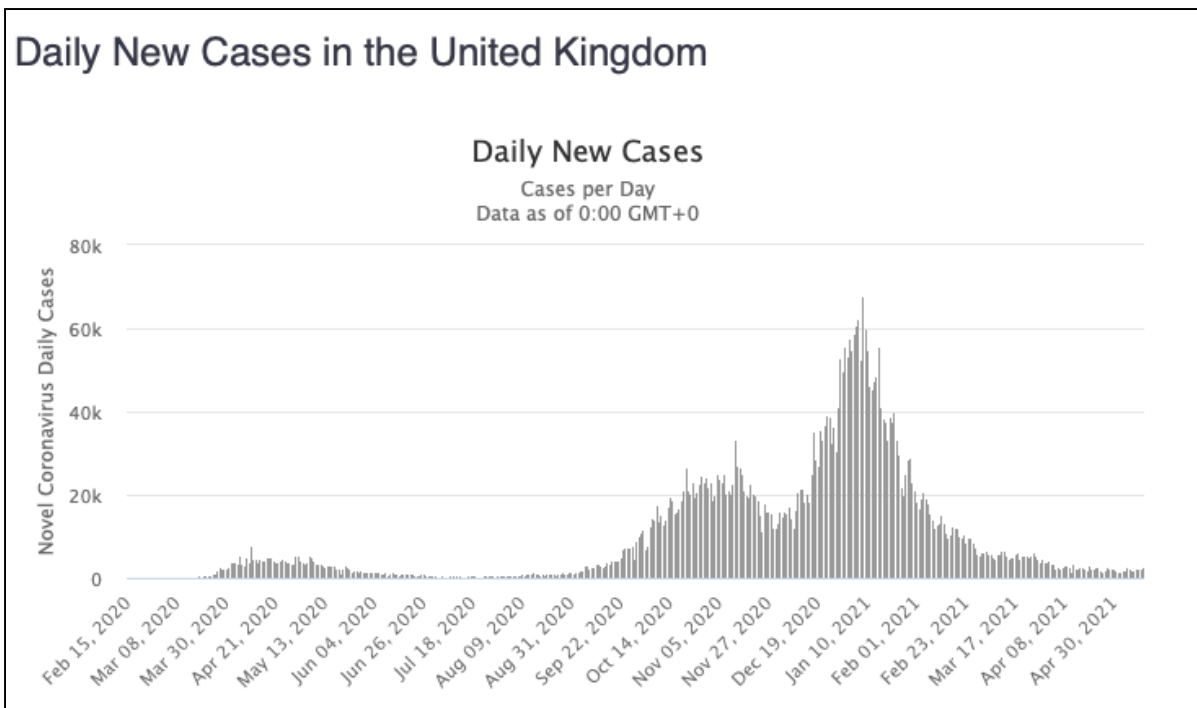
### Economic Details

<b>GDP of the UK</b>	1.96tr GBP	<b>Unemployment Rate</b>	5%
<b>GDP per Capita</b>	31,446 GBP	<b>Inflation Rate</b>	0.9%
<b>No. of People Employed</b>	31.08m	<b>No. of People Unemployed</b>	1.7m
<b>No. of People on Furlough (temporary short/long term LOA)</b>	4.65m	<b>Average Annual Salary</b>	31,461 GBP

### COVID-19 Background

**First Confirmed Case** - Reported on 31st January, 2020

**Daily Case Distribution** until 14th May, 2021:



Covid Estimates as on 14th May, 2021:

<b>Total Recorded Cases</b>	<b>4,444,631</b>
<b>Total Recorded Deaths</b>	<b>127,651</b>
<b>Currently Infected</b>	<b>Estimated 58,000</b>
<b>Largest Economic Depression:</b>	<b>Estimated to be -19.5% fall in GDP on a quarter-to-quarter basis in Q2 of 2020</b>
<b>Overall Economic Contraction</b>	<b>-9.8% in 2020</b>

The following policy response timeline forms the basis for the rest of this paper. The same is revisited in depth in the ‘Results’ aspect later ahead.

<b>Timeline</b>	<b>Policy Significance</b>	<b>Policy Upliftment</b>
<b>Period 1:</b> March 2020 - August 2020	First major lockdown announced: inclusive of travel restrictions, social distancing measures, closures of entertainment, hospitality, non-essential shops and indoor premises, and increased testing.	Reopening took place in three steps starting on May 13 and continuing through July, with educational facilities reopening in September.
<b>Period 2:</b> August 2020 - December 2020	Second Major Lockdown announced: Relapse of infections led initially to localized restrictions based on a 3-tier system of intensity, but eventually a second country-wide lockdown was put in place on November 5. Academic institutions, construction and manufacturing work continued.	Reopened early December citing holidays (Christmas season) and to make sure citizens don't get rebellious of rules and regulations.
<b>Period 3:</b> January 2021 - June 2021	Third Major Lockdown announced: On Jan 4, 2021, during the ruse of a new rapid virus strain, the PM announced a third lockdown across England, effectively shutting down academic institutions, restaurants, bars and non essential businesses.	The full emergency lockdown is being lifted in phases, starting with the reopening of schools and recreation in outdoor public spaces on March 8. Non-essential retail shops, gyms, and outdoor hospitality reopened on April 12 in England. On May 17, outdoors most social contact rules would be lifted and indoor hospitality and hotels reopen. By June 21 all sectors of the economy are expected to reopen.

<b>Vaccination Period:</b> January 2021 to now (Current)	The first phase of the vaccine rollout targeted the most vulnerable citizens such as the elderly and co-morbid patients. A target was set to give all 15m people in the priority line their first doses by Feb 2021. This target was <u>realised</u> by 14th Feb, 2021.	As of 11 May 2021, <b>35,722,461</b> first doses and <b>18,438,532</b> second doses of a vaccine had been administered across the UK.
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## Analysis

### Role of Media

#### Government Communication:

Through the course of the past year, 1100 experts shared their views on the short-term and long-term impact of government communication on the common man . Their views strongly suggest how the government messaging has been unclear and misleading. For example conflicting communications from the Health Ministry and the Home Affairs office. The public is unclear about which behaviour is deemed legal and what is merely encouraged advice Other short-term problems are to do with consistency and timeliness and language agnostic communication across communities. Lastly, the lack of impact in communication owing to the absence of using a multimedia approach.

From the long term perspective ; explicit concerns about how the government is revisiting policy in light of new strains and new evidence have abounded. Sharing regular updates with the public at large is imminent to ensure good habits and adherence to protocols. This is a failure in communication, especially after the first lockdown in August of 2020 which may have if appropriately handled stemmed the emergence and spread of the new mutant virus

#### Independent Media:

News channels , Newspapers and magazines have been a regular source of information to the public. A lack of clarity and support by the government in sharing accurate data and messaging and at the same time coming down heavily on media misreporting did have a negative impact on the media coverage leading to many a gullible citizen panicking about



the countries readiness to combat the pandemic. More importantly, media outlets too are business organisations with a commercial goal. Thus screening news for dramatic impact and increased viewership has exacerbated the extent of COVID 19 miscommunication . In particular the role of the media in the delay in imposing the second lockdown cannot be undermined .

### **Social Media**

The ability of social media outlets to include granular, personalized, and immersive content streams has changed the way people read, interact and impact the news. The pandemic has shown an unfortunate example of how legitimate news actually spreads faster on social media than it is relayed through traditional media outlets. When the pandemic first hit the UK, tweets such as #StockMarketCrash2020 had trended way before on Twitter.

More importantly, as we have observed how social media has become an effective platform to criticise and remind governments failing to efficiently contain the threat of cCOVID-19, However, in the case of India, you also have the government trying to censor social media platforms. In the UK, after an extremely passive initial reaction to the COVID-19 pandemic in the early days of the outbreak, the public used the hashtag #WhereIsBoris to express their concern on social media. Fortunately, the UK government has actually utilized social media to place key messages efficiently. Although there will always be concerns regarding the containment of fake news, the pandemic shows us the evolving impact of Social media in engaging and influencing policy and response to key country issues.

### **Key Leaders & Institutions:**

To understand this policy process thoroughly, the most important distinction must be made between the Scientific Community and the Government. While both have many sub categories moderating their functioning - the turbulent model of policy planning can be observed through deliberations and important points being brought up by both these key facets.

**The following key stakeholders have been mentioned across different sections of this paper:**

## Government

Leader/Institution	Role
Prime Minister: <b>Boris Johnson</b>	The Prime Minister is the leader of Her Majesty's Government and is ultimately responsible for the policy and decisions of the government.
Chancellor of the Exchequer (Finance): <b>Rishi Sunak</b>	The Chancellor of the Exchequer is the chief financial minister of the Government. He has overall responsibility for the work of the Treasury.
Health Secretary: <b>Matt Hancock</b>	The Secretary of State is responsible for the work of the Department of Health and Social Care and overseeing the NHS.
Home Affairs Secretary: <b>Priti Patel</b>	The Secretary of State has overall responsibility for all Home Office businesses. .
Other Important Ministries including: <b>Education, Aviation, Food, Commerce</b>	Responsible for overseeing their respective departments of the economy.
Chief Scientific Advisor to the Government: <b>Patrick Vallance and SAGE [THE INSIDERS]</b>	The Government Chief Scientific Adviser (GCSA) is responsible for providing scientific advice to the Prime Minister and members of cabinet

## Scientific Community

Name	Role
National Health Service	Government funded health care medical service bodies in the UK.
Experts in the Medical Field such as Immunologists, Virologists etc. [ <b>THE OUTSIDERS</b> ]	They are termed as the <b>Specialist Outsiders</b> discussed in the Policy Implementation Section of this paper.
Academic Institutions & Biolabs + Other Data Analysis Institutions	Data analysis, interpretation and Vaccine production/distribution. For example: Oxford Astrazeneca
Religious Leaders	Ceremonial heads for different religions in the UK such as Muslim, Christian, Jewish, Hindu, Sikh and other communities that have been instrumental in overcoming <b>vaccine hesitancy</b> .

### *The Debate on Lockdown 2.0*

*Key Players:* UK Government Cabinet, Scientific Community

Timeline - October to December 2020

When the coronavirus pandemic was first declared in March By WHO ,the UK , like the rest of the world announced a complete shutdown of the country until July 2020 . Then the lockdown was eased in phases due to a dramatic decrease in the daily caseload. This turned out to be a grave mistake, since by October the cases started to rise again. The government took this indication complacently despite multiple calls from the scientific community to place an immediate 2-week lockdown to reduce the death rate. During this time, not only did the infection rate go up, but the death rate increased significantly too .

The government imposed the second lockdown albeit not as strictly in November. However, in this time period aviation continued to operate with minimal travel restrictions allowing the disease to spread from country to country, eventually leading to the creation of a new mutant virus strain that supposedly originated in the UK. This new variant emerged in early December, a time when the government decided to lift restrictions on account of “Christmas” and holiday time. From a policy point of view, an underlying question consistently came under scrutiny for the government. If we place a complete lockdown during the holiday season, will people actually follow the rules?

Thus, despite multiple debates and pleas from multiple stakeholders - it took a daily caseload of 55000+ cases for the government to finally implement a complete lockdown in January 2021.

### ***The Debate on Herd Immunity***

**Key Players:** Rest of the Scientific Community, Chief Scientific Advisor of SAGE: Advisor to the Government

Time - July-August 2020

In order to reduce the chance of a second peak in the winter season of 2020, the Chief Scientific Advisor to the UK Government, Patrick Vallance said the administration would try to suppress the virus but not get completely rid of it, all while protecting vulnerable groups such as elderly and comorbid patients. Their logic was based on the assumption that since the virus causes a mild effect on young ages, a majority would recover and develop the antibodies to become immune to the virus. This was the government's initial plan to stop a second wave. Thus, while on a telecast on Sky News, Vallance estimated that 60% of UK citizens would need to be infected to reach the right herd immunity level.

This plan officially released by the government came under extreme criticism, and led to a frenzy of confusion about how such a policy came to be formulated. Scientific advisors from the SAGE community questioned the lack of proper analysis, as immunologists, virologists and other virus-related individuals chimed in. Herd immunity is usually accomplished after a thorough vaccination rollout (which at that point of time was non-existent), and even if it could arise through widespread covid rates, a government can simply not take such a risk and put the lives of so many at stake based on an educated guess at best. "You don't rely on the very deadly infectious agent to create an immune population," said Akiko Iwasaki, a Yale graduate virologist.

### ***The Idea of COVID Passports***

**Key Players:** Citizens of the UK, UK Parliament

Time - March - May 2021

Petition Link - <https://petition.parliament.uk/petitions/302546>

A sizable number of citizens (350,000+ and counting) have petitioned to make the government commit to not rolling out such a concept as it takes away the rights of individuals who have decided against obtaining the vaccination, which is an unacceptable notion.

This petition was rejected by the parliament citing additional research and analysis on whether these covid passports would even be used as a process of verification as restrictions are gradually uplifted all the way back on March 3rd. However, in the latter weeks of May 2021, the NHS plans to roll out an app designated as a COVID - passport which will be used to verify vaccinations and virus safety across every outlet in the UK.

### Policy Implementation section

#### **Role of Bureaucracy and the UK Governance System**

The British governance systems comprises a mix of institutions, networks and processes which surround the Prime Minister, the cabinet, cabinet subcommittees and all of their official representatives in the form of ministers and secretaries. There is also an enduring logic of policy communities that operate at a lower level of government as the state itself is too large to manage. Therefore, it is broken into different divisions (for example: health) and subdivisions (for example: healthcare). The ministers for each division delegate responsibility to other civil servants and executives. Moreover, each of these delegates rely on interest groups and experts for information.

Therefore, in the context of the COVID-19 pandemic, the following statement is of utmost importance in order to understand the implementation of policies.

**“The UK Government policy response will be implemented based on the guiding principles of science”.**

Thus, we gauge the cooperation between various scientific consultations by the Government of UK by identifying the distinction between the “Insiders” and the “Outsiders”:

#### **The Core Insiders: Senior Government Scientific Insiders**

These individuals are employed as civil servants and are the first point of scientific contact. The two official titles comprise the Chief Medical Officer and Chief Scientific Advisor, who happen to also chair the SAGE (Scientific Advisory Group for Emergencies).

### **Specialist Insiders**

These are members of SAGE who possess the technical and intellectual resources but are not directly employed by the government. They are also often employed by other external organisations. Their role is to provide a unified stance of scientific advice in the times of emergencies - such as the COVID pandemic.

### **Specialist Outsiders**

These are the specialist scientific professionals who hold no formal or informal influence in the policy making or implementation decision by the government. They comprise the scientific community that pressures the government's missteps and tries to influence change/reform from an outsider perspective.

### **Summary of Key Fiscal & Monetary Responses:**

- Funding for the NHS, public services and Health emergencies - £48.5billion
- Supporting Small Business - inclusive of grants, compensation and property tax reductions - £29billion
- Social safety net strengthened to support high-risk individuals and increasing universal credit benefits - £8 billion
- Three separate loan schemes were launched to support businesses during the lockdown:
  - 1) Coronavirus Business Interruption Loan Scheme
  - 2) Coronavirus Large Business Interruption Loans Scheme
  - 3) Bounce Bank loan scheme for SMEs
- Deferral of VAT payments in 2020 till the end of the financial year
- Government also paid upto 80% of self-employed workers and furloughed workers from March - October 2020 (the percentage gradually reduced to 60%)
- £1bn package to support innovation & entrepreneurship
- A donation of £150 million to the IMF's Catastrophe Containment and Relief Trust
- A £2.2 billion loan to the IMF Poverty Reduction and Growth Trust (PRGT) to help low income countries respond to COVID-19.
- The UK government launched a new program, Job Entry: Targeted Support (JETS), to help the job search of people receiving unemployment benefits for at least 13 weeks.
- During the implementation of the 3rd lockdown in January, Chancellor Sunak announced a £4.6bn fresh financial support package for struggling UK companies.

- On March 3, Chancellor Sunak announced an additional fiscal stimulus of £59bn (nearly 2.6 percent of GDP). This was divided between covid-related support and economic growth stimulus.
- Reduced the bank rate to 0.1%
- Increased the central bank holdings of bonds by £450billion
- New Term Funding Scheme to reinforce the transmission of a rate cut
- Her Majesty's Treasury and Bank of England temporarily extended the use of an overdraft account to fund short term liquidity in use of emergency policy response
- In March/April 2020, local authorities (county governments were provided with approximately £8.2b of emergency federal support
- Total COVID support measures for FY2020-21: £280 billion
- Total estimated COVID support measures for FY2021-22: £55 billion

### **Methodologies:**

To conduct this research study, my foremost research was obtained from my sister, who is currently a pharmaceutical Science Correspondent with 'The Guardian', currently working in the UK. Hence, we could say that a lot of my data collection has been obtained out of primary research inputs ..

I also used multiple research papers, state-owned Media press releases (BBC) as well as independent media publications such as the 'The Guardian', 'ET' & 'The Independent'. Multiple global statistical bodies such as the World Bank, OECD and most importantly, the Office of National Statistics by the Government of the UK were also referred to.

Further, the official government website itself was a huge help in identifying the many ministries and their respective roles and functions. I also found medical journals such as 'Nature Medicine' and 'British Media Journal' to be extremely useful in explaining the scientific angle of the UK's policy response.

Media Articles	10+
Government Reports	4
Research Papers	4
Journals	4
Statistical Bodies	3

## Results

### Policy Evaluation

To understand whether UK's COVID-19 policies achieved their goal, we examine the timeline previously mentioned in the Introduction part of this paper and critically analyse whether each period was a success or a failure.

Timeline Period	Policy Result	Key Observations
Period 1 - First Lockdown	Failure	<p>Among some of the wealthiest nations in the world, the UK had the second most deaths due to the pandemic in the first wave, behind only the US.</p> <p>1) A Government Failure due to the lack of an efficient test, trace and isolate system.</p> <p>2) During the first wave, the virus was relatively new to scientists around the world. The way the restrictions were so abruptly lifted led to many deaths in the short term.</p>
Period 2 - New Virus Strain and Second Lockdown	Failure	<p>When news of a new virus originated from the UK, the government's immediate response should have been to implement a lockdown and to stop international travel. However, during the height of mutant virus spreading across Africa, Europe and Asia, the aviation ministry continued to allow the inflow and outflow of international travel (with</p>



		<p>barely any restrictions).</p> <p>Moreover, while scientists urged the government to hold a lockdown as soon the number of deaths from the new strain started rising, the government felt that if they implement another lockdown during the holiday season - the public would become no longer adhere to rules and regulations. Therefore, even though the virus was discovered early December, the third lockdown was only placed in January 2021.</p>
Period 3 - Third Lockdown	Success	<p>We categorise this third period as a success purely because of the way the UK government has learned from their previous mistakes. As cases slowly go down, the lockdown restrictions are being lifted in a phased manner. However, this time around they are also taking additional precautions between each of the 5 week upliftment deadlines.</p> <p>For example, when we reach Phase 3 on May 17th, the following 4 tests must be validated before those sets of restrictions are uplifted:</p> <p><u>Test 1: Is the vaccine rollout going as expected?)</u></p> <p><u>Test 2: Are hospital death and infection rates decreasing?</u></p> <p><u>Test 3: Status of infection rates outside of Hospitals and impact on the NHS sustainability?</u></p> <p><u>Test 4: Assessment of risk of new variants.</u></p>
Vaccination Rollout	Success	<p>As of writing, about 55% of the UK's population has already been administered with the first dosage and</p>

		<p>approximately 25% have been fully vaccinated. This policy has been a success due to a risk taken by the government to increase the gap between the two dosages so that more people could be vaccinated faster.</p> <p>This policy turned out to be a success as scientists discovered that a longer 12 week period allows more antibodies to be created by the body to fight against the virus.</p>
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## Theories

- 1) The first theory very evident in the UK policy response is that of the **Institutional theory**. As specified in the policy implementation section, we clearly see how the UK's policies were based on the guiding principles of science. Therefore, the most important institutional cooperation was between the government and the scientific community. We will deploy this theory to see the how the cooperation as well as conflict between the two facets occurred during the first two lockdowns:
  - **UK's First Lockdown Policy - March 2020** - This policy implementation was based on the guidance of Core Insiders and SAGE, which provided the main route for scientific evidence and advised the ministers to define the policy problem in accordance with all the uncertainties as well as ambiguities surrounding COVID.
  - **UK's Second Full Lockdown Policy - January 2021** - UK's cabinet ministers and their scientific advisors in the form of SAGE who emphasised a need to find the right balance between government intervention and respecting the wellbeing and individual freedom of the population implemented the second lockdown policy with gradual lifting of restrictions on a rolling basis. Thus, we see institutional theory in play.
- 2) The next theory that is evident is **Incremental theory**. In this approach, incremental changes and small additions are made to existing policies to tackle the situation. Policy-makers analyse a set of policies and implement changes in small steps. Clearly, the way the first lockdown was handled became a learning point for the UK government leading to a revaluation and reforms in the way the third lockdown is currently being lifted in phases as described earlier. Incremental theory is adopted

when there is a time and resource crunch. It is also handy when there is a political dispute in the government. In the UK's case, there have been multiple disputes between the two facets - so the third lockdown has been a result of incremental changes taking in accord the advisory of the scientific community.

- 3) The final theory we deploy is the **Rational Choice Theory**. This theory is evident in both the third lockdown as well as the vaccine rollout policy. Essentially, it was in the benefit of the long term if the UK Government delayed the administration of the second dosage, so that more people could obtain the vaccine sooner. In the short term, the effects of the vaccine may not be fully effective. However, this was definitely a more beneficial strategy in the long run to obtain herd immunity. **We have discussed this in detail in the Policy Evaluation section earlier in the paper.** Further, we see rational choices being taken in the phased manner of uplifting the third lockdown. Instead of abruptly lifting all sanctions like the first lockdown, the government is opening up the economy step by step every 5 weeks - taking every possible measure to ensure that a relapse does not take place. **This has also been detailed in the Policy Evaluation section.**

## Discussion & Conclusion

### Trade-offs

The implementation of an unprecedented complete lockdown led to a tremendous loss of livelihood and stagnated the economy. From simple coffee vendors and busboys to complex high executive business tycoons, everything was put on hold. Post the first lockdown UK businesses, academic institutions and government geared up towards operating remotely and online.

This trade off of restricting transmission and spread of the virus versus the long term effect on social services, economic processes, mental well-being, social awareness and education was possibly not thought through at the time of the first lockdown. A more comprehensive strategy to deal with this Trade-off was visibly implemented in the successive lockdowns marshalling resources from across society and government to address issues of social, emotional and economic concern.

Thus, in the first lockdown, the lack of online infrastructure led to an unhealthy trade-off. However, by the time the third lockdown was implemented, business processes, social, media and political institutions were more equipped with a revolutionary online environment.

### Opportunity Costs

Need to be evaluated from two significant lenses. First, the implications of deploying almost all of the NHS resources to tackle COVID 19. Thereby risking deaths/serious medical emergencies arising on account of unrelated to COVID-19 complications

The second relating to the Vaccine rollout. Here, the question of opportunity cost was to do with optimising the time gap between the first and the second dose whilst retaining the Vaccine's overall effectiveness . With the goal to vaccinate everyone in the shortest time frame possible, the UK government chose to go with a longer time gap of 12 weeks between the two doses. An educated risk which played out well when it was scientifically and empirically proven to be the right decision. Other countries have quickly followed suit.

### **Government Failure**

The following are three noticeable cases/events that indicate UK leadership/government failure.

- 1) Earlier in 2020, PM Boris Johnson announced the Government's decision to only test patients admitted to hospitals rather than run a functional to test, trace and isolate every suspected case.. This decision siglehanedly led to the mutation of the virus in August 2020 until the testing and tracing recommended in the 3rd quarter of 2020.
- 2) Despite a discovery of a new variant , In early December 2020 in the UK and pending scientific research on its origin and impact ; The govt eased the lockdown due to the 'holiday season' and fearing a rebellious attitude from the public. This cost the country many lives until a lockdown was finally imposed a month later in January.
- 3) Given UKs aging population ; a focused strategy and guidance to protect lives in old age homes could have prevented the large number of deaths in these homes.

### **Feedback Mechanisms**

UKs experience and successes in fobbing of the second and third wave of the virus through a strong and collective response by all stakeholders after the mistakes of the first lockdown are an important lesson for other countries to learn from.

The country's successful vaccine rollout strategy and implementation is truly a case study for others to follow. India for one has a lot to learn. My own attempts at getting an appointment online for vaccination have been repeatedly unsuccessful. Reports from all around India display similar deficiencies of vaccine obtainment. And we simply cannot blame our large population for this . We have the respoustes but t=not the will , policy or implementation focus

Based on our understanding of the policy response in the UK, The following are recommended in the immediate future specific to the British community:

- Place lower income brackets and disadvantaged communities at the heart of this fiscal/monetary support.
- Focus on enhancing emergency mental and care support infrastructures due to the impact of isolation for long periods of time. Studies in the UK have constantly emphasised on the loneliness/depression aspect of public lives.
- Consider a revamp and a parallel to the NHS ; given that such pandemics are likely to be the new normal.

(Word Count: 3892)

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