Witness Name: David Cameron
Statement No: 1
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF DAVID CAMERON

I, David Cameron, will say as follows: -

1. I was Leader of the Opposition from 2005-2010 and Prime Minister of the United Kingdom between 2010-2016. I make this statement in relation to Module 1 of the UK Covid-19 Inquiry which is looking at the resilience and preparedness of the United Kingdom.

2. I very much welcome this important Inquiry and am pleased to be able to contribute to it. I make this statement based on my personal knowledge and the documents which have been made available to me. It is not possible to review every document which may be relevant. However, I hope that through this statement I have given a substantial account on the core issues of interest to the Inquiry.

UK pandemic planning, preparedness, and resilience

3. When I became Prime Minister in 2010, the existing architecture to deal with large-scale emergencies such as pandemics derived in large part from the Civil Contingencies Act 2004. Since 2008, that had included the National Risk Assessment (NRA), as well as the National Risk Register (NRR), which was a version of the NRA that was published and detailed the "most significant risks". The NRR set out how the Government identified, assessed, prepared for and dealt with such eventualities.

4. My sense in opposition was that while the NRR was a welcome innovation, the overall architecture for dealing with civil contingencies (such as pandemics), and the national security machinery more widely, would benefit from being:

    i. More holistic, employing a **whole-government approach** to ensure all departments were engaged.
    ii. More prominent, with **proper Ministerial oversight** to ensure the issues remained a high priority.
    iii. More strategic, so that government could take a **longer-term view** of the threats on the horizon.
    iv. More international, so it looked at **threats from across the globe** rather than just domestically.

5. In opposition the Conservative Party held a policy review on national security, chaired by Pauline Neville-Jones. One of the review's recommendations was to set up a National Security Council (NSC), backed by a National Security Secretariat (NSS) and, importantly, a National Security Adviser (NSA).

6. We implemented these recommendations when we came to office in 2010. Indeed, it was one of my first acts as Prime Minister; the NSC was established on my first day in office.

7. The NSC's permanent members were the Prime Minister, Deputy Prime Minister, the Chancellor of the Exchequer, the Secretary of State for Foreign and Commonwealth Affairs, the Home Secretary, the Secretary of State for Defence, the Secretary of State for International Development and the Security Minister. Our intelligence services, MI5, SIS and GCHQ, and the Armed Forces, as represented by the Chief of the Defence Staff, were also in attendance. Other Ministers would attend as required, for example Jeremy Hunt, the Secretary of State for Health, was present during the meetings concerning the Ebola outbreak. This meant that the issues discussed were approached in the whole-government way that I believed was so necessary.

8. The NSC would, by and large, be chaired by me as Prime Minister, giving the issues the prominence they warranted.

9. I appointed Peter Ricketts, who was the Permanent Secretary at the Foreign Office, as the first National Security Adviser (NSA). For the first time this separated out the national security element of the Cabinet Secretary's role, leaving the Cabinet Secretary free to run the rest of government. The NSA would focus solely on national security, reporting directly to the Prime Minister, overseeing that part of the Cabinet Office, agreeing the agenda with the Prime Minister for what the NSC was going to discuss and delivering on that agenda, and dealing with other security services, governments and other national security advisers around the world.

10. The Coalition Government published its first National Security Strategy (NSS) in October 2010. As part of this, the first ever National Security Risk Assessment (NRSA) was carried out. This was distinct from the NRA/NRR in that it took a longer view and considered both domestic and international risks. It would ensure that *"strategic all-source assessment, horizon scanning and early warning feed directly into policy making through biennial reviews of the NRSA."*[1]

11. As one of its first acts, the NSC,[2] as part of the NSRA, prioritised key security risks the UK was likely to face in the future into tiers, based on a combination of the likelihood of the risk arising and its potential impact. The NSC also took account of the UK's state of preparedness for each risk.

12. The risk of a future pandemic was prioritised as a Tier 1 risk and remained as such throughout my time in office. Indeed, the strategy stated: "*The risk of human pandemic disease remains one of the highest we face… As a result of rapid spread from person to person, pandemics have global human health consequences. A pandemic is also likely to cause significant and wider social and economic damage and disruption.*"[3]

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[1] [DC/1 – INQ000002884, paras 3.6; 4.10 & A.1]
[2] [DC/1 – INQ000002884, para 0.17]
[3] [DC/1 – INQ000002884, para 3.38]

13. We also introduced several NSC sub committees, which gave Ministers the ability to monitor issues in greater detail and report back to the NSC and to me, as Prime Minister.

14. To keep on top of this specific work, the Threats, Hazards, Resilience and Contingency Committee (known as the NSC (THRC)) dealt with the civil contingencies side of national security. I put Oliver Letwin in charge of running the committee, and he would chair it in my absence.

15. Oliver was a senior, highly competent, capable and trusted Cabinet Office Minister, who I knew would really push the system to scan the horizon and draw out the biggest threats, including pandemics. He was, in many ways, the 'Resilience Minister'. Physically based in the Cabinet Office building connected to No10, Oliver could attend all the key meetings. He wrote to me (and met with me) regularly with a 'Forward Look', which set out an overview of the potential civil domestic disruptive challenges the UK might face over the next six months (distinct from the NRR's five-year timeframe and the NSRA's 20-year timeline). This brought to my attention everything from strikes at oil refineries to mass internet outages to space weather and "Bluetongue" disease, as well as being alert to potential health risks to the UK from overseas. The Forward Look from 13 July 2015[4], for example, updates me on the potential of *"an outbreak of a novel strain of infectious disease causing serious illness"*, and mentions the ongoing cases of MERS in Asia.

16. Following the Ebola crisis of 2014, Oliver Letwin and I agreed to establish a specialist unit in the Cabinet Office to survey the world continuously for viruses heading our way. This unit would feed into the work of the NSC (THRC).

17. Oliver Letwin wrote to me in March 2016 confirming the establishment of the new unit[5]. He is clear that "*diseases like Ebola and Zika can constitute major risks to our national security"*.

[4] [DC/2 - INQ000017451]
[5] [DC/3 - INQ000146550]

18. In his letter, Oliver Letwin highlights that the new system – which was agreed with departments and endorsed by the Chief Medical Officer – will enable Ministers to: *"spot major emerging diseases across the world; understand the direct risks to the UK, British Nationals and broader UK interests in affected countries; and receive expert advice on clear and flexible UK responses and mitigation arrangements"*.[6]

19. A monthly report – issued to the Health Secretary, International Development Secretary and Oliver Letwin – would outline: *"key international health risks, departmental assessments of the impacts, and actions to mitigate the risks"*.[7] Oliver Letwin would ask the Chief Medical Officer to approve each monthly report before it was presented.

20. The letter also makes clear that Oliver Letwin wanted to *"avoid this becoming just 'business as usual'"*[8]. He would write to the NSC (THRC) whenever officials had flagged a health risk of particular concern.

21. In terms of oversight of our resilience planning, I found that civil servants were very good at enumerating risks, setting them out and getting them in the right order. However, to get follow on action, I tended to use very strong Ministers in the Cabinet Office. In addition to Oliver Letwin, I also had Francis Maude, both very senior and experienced Ministers, driving change and action on those fronts.

22. Some have argued that an independent assessor might carry out this function instead. A position along these lines could, of course, dedicate all their time to this work, however they might not have the ear of the Prime Minister in the same way as the NSA, CMO and Minister in charge of the NSC (THRC). I am firmly of the belief that having a strong Cabinet Minister take a lead was the right approach.

23. One challenge of leadership is ensuring adequate time to look ahead to the long term and plan strategically, rather than constantly being embroiled in more immediate day-to-day issues. I was always mindful of this as Prime Minister, conscious of the importance of taking a longer-term, strategic view. The structural

[6] [DC/3 - INQ000146550]
[7] [DC/3 - INQ000146550]
[8] [DC/3 - INQ000146550]

reforms we made helped me do that.

24. As I said in my evidence to the Joint Committee on the National Security Strategy on 1 March 2021, the existence of a NSC meant we had proper discussions about the biggest long-term risks facing the country, taking into account the risk assessment and register. The NSC (THRC) allowed us to be strategic and forward-looking about potential threats, including the potential of a pandemic – and, crucially, to continuously monitor such threats, reassess their likely probability and risk, ensure whole-government preparedness against those assessed risks and report to the NSC and Prime Minister.

25. I cannot comment on the subsequent decisions made in relation to the NSC (THRC) after I left office – particularly the retirement and disbanding of the Committee – as I was not privy to the information later Prime Ministers had prior to making their decisions. Based on the information I received when I was Prime Minister – and the experience I had receiving information and reports from the Committee, and in the knowledge of their ongoing work – it is not a decision I would have made pre-2016.

26. Similarly, as I have said publicly, I would not have merged the roles of Cabinet Secretary and NSA, as happened after I left office. I have always been strongly of the view that the work of the NSA is of sufficient volume and importance to warrant its own exclusive role – a single, highly capable official, able to completely dedicate themselves to national security in the broadest sense. Indeed, assessing future threats and risks, mitigating their impact, building resilience, and reporting direct to the Prime Minister is, I believe, a vital role in itself.

27. During my tenure as Prime Minister, we also considered and implemented significant health reforms to put greater focus on the health of the nation, in addition to the running of the NHS. The Health Protection Agency (HPA) and thereafter Public Health England (PHE) – which had a crucial role in horizon scanning and surveillance – supported those aims. PHE was key in enabling the UK to prepare for and respond specifically to public health threats.

28. The 2013 NRR made clear that *"The remit of Public Health England (PHE), Public Health Wales and Health Scotland includes infectious disease surveillance, detection and diagnosis, and the provision of specialist services. PHE has plans in place for dealing with an outbreak of a new or emerging infection, whether arising abroad or in the UK, and would co-ordinate the investigation and management of any such an outbreak, advising government and the NHS Commissioning Board on the public health risks and the necessary preventative and control measures. PHE collaborates with other international surveillance bodies and undertakes horizon scanning to enable us to respond rapidly to any international health alerts."*[9]

29. Whether those operating within those structures made the right decisions is a separate issue, but in my view the structures were in place and the machinery was fit for purpose.

30. When considering the impact funding of public services had, it is important to make the point that we were increasing and strengthening the national security architecture rather than cutting it. It was subsequent governments which removed, for example, the NSC (THRC). Of specific relevance to public health is the fact that we ringfenced the health budget in 2010; indeed, the National Health Service had benefited from increased resources year on year. The Tier system was a good way of directing and assessing the impact of funding: I note that the document entitled Government Spending on Management of National Security Risks, cites that 58% of resources are spent on Tier 1 risks (compared to 39% on Tier 2 and 3% on Tier 3).[10]

31. Looking at the bigger picture, our plan to reduce the deficit in the wake of the financial crash of 2008 and protect our public finances was to enhance the financial resilience and long-term fiscal strength of the UK.

32. When we took office in 2010, we inherited what had become one of the largest budget deficits in the world. It was forecast to be over 11 per cent of our GDP. In

[9] [DC/4 - INQ000036812, para 3.17]
[10] [DC/5 - INQ000146551]

my book, *For the Record* (published before the start of the Covid-19 pandemic, in September 2019), I explained why it was so imperative for us to correct this: *"…in my view the most vital reason – if your debt-to-GDP ratio gets too high, you may not be able to borrow through a crisis the next time trouble comes"*. I added: *"you don't know whether the next crisis is twenty or five years away. The alternative [to fiscal stability] is collapse and state failure".*[11]

33. The slogan that was used at the time was *"fix the roof while the sun is shining"*. We cut the deficit by two-thirds. It was eliminated under my successor, Theresa May.

34. This was hugely important – as I wrote in the foreword to the later paperback edition of my book, *For the Record* (published in 2020), a once in a generation crisis like the Covid-19 pandemic was *exactly* why we needed to restore public finances; the then Chancellor of the Exchequer Rishi Sunak was only able to implement schemes such as furlough because Britain was financially on a more stable footing.

35. I believe that our changes to the national security architecture were some of the most important structural reforms made during the Coalition Government of 2010-2015. They put the Government in a much stronger position to plan and prepare for future civil emergencies compared to pre-2010. Indeed, I came to realise it was not the *domestic* architecture that was lacking, but the *global* architecture (which I will come onto later in my statement).

Ebola

36. One cannot explore the reforms we made in terms of assessing threats, risks and building resilience without also examining the Ebola outbreak in 2013/14. Indeed, it was this significant health crisis that showed me that it was not the domestic architecture that was lacking but the international architecture.

[11] [DC/6 - INQ000146554]

37. The World Health Organisation (WHO) was too slow to respond to the outbreak. It did not call a public health emergency until August 2014, five months after the disease had spread from Guinea to neighbouring Liberia. West African countries, unlike those in equatorial Africa, were completely unprepared for such an outbreak. That was in part because the WHO's politics and bureaucracy prevented it from being able to act swiftly.

38. As a result, world leaders overrode the WHO and took matters into their own hands. I recall a discussion that took place between myself and President Obama during the 2014 NATO summit; we agreed that America would focus on helping Liberia, Britain would concentrate on Sierra Leone, and France would assist Guinea.

39. It was these countries' *domestic* national security architecture that allowed us to liaise and act quickly. From the UK's perspective, the crisis management was dealt with through COBR, and the assistance to Sierra Leone was coordinated via the NSC, which brought together the health department, the military, aid and foreign policy to help deal with the outbreak. This was illustrative of the whole-government approach in action.

40. We learnt several lessons from the Ebola outbreak:

    i. Pandemics were a very real threat, and we were right to be constantly assessing their risk via the machinery we had put in place.
    ii. One never knows what is coming; which is why it is so crucial to constantly scan the horizon. That is why I later established a specialist unit in the Cabinet Office (feeding into the NSC (THRC)) to survey the world continuously for viruses heading our way.
    iii. The global architecture was found to be wanting. We learnt that it was important for individual governments to take the lead and not wait for the WHO.
    iv. Action, in this case by France, the US and the UK, could be very effective if countries used all their assets together in a coordinated way. Since reform of the WHO did not seem workable, we tried to find "work arounds".
    v. Our own national security architecture was shown to be important and it appeared to work. The use of COBR for the immediate crisis and NSC and

Risk Register meant everything was considered centrally, under one roof. The Prime Minister, as COBR chair, could hold officials' feet to the fire. As I wrote on a box return on 12 March 2015, responding to the suggestions that checks and flight restrictions should be relaxed after the initial tightening following the Ebola outbreak: *"No standing down checks. No direct flights. No complacency."*[12]

41. Given my frustrations and exasperation over the international handling of Ebola, I did explore whether reform of the WHO would be necessary and worthwhile. When I suggested this, I was strongly advised by officials that such reform would take years and likely come to nothing. So, instead – and in addition to bolstering the UK machinery – I also pushed strongly for global action. After all, pandemics are an international not a domestic issue and can only be truly tackled at a global level.

42. In short, while *domestically* we could – and did – introduce the architecture and improve oversight in terms of assessing the risk of future pandemics; *globally* we were reliant on our international partners. I recognised how crucial the need for international focus and collaboration was, especially in light of what we learned from Ebola, and I saw it as my role to ensure it was on the agenda at international meetings and high up on the priorities of my counterparts around the world.

43. For example, in 2015 ahead of the G7 hosted by Germany, I called on the global community to *"wake up to the threat from disease outbreak"*.[13]

44. I said:

"The recent Ebola outbreak was a shocking reminder of the threat we all face from a disease outbreak.

Despite the high number of deaths and devastation to the region, we got on the right side of it this time thanks to the tireless efforts of local and international health workers.

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[12] [DC/7 - INQ000146552]
[13] [DC/8 - INQ000146555]

But the reality is that we will face an outbreak like Ebola again and that virus could be more aggressive and more difficult to contain. It is time to wake up to that threat and I will be raising this issue at the G7.

As a world we must be far better prepared with better research, more drug development, and a faster and more comprehensive approach to how we fight these things when they hit.

"The UK will lead the way but we need a truly global response if we are to face down this threat."

45. I was keen to lead from the front by announcing that the UK would *"step up its efforts to combat the outbreak and spread of deadly viruses with a new plan that will include more research and development and an improvement in how international health agencies respond on the ground."*

46. This plan included:

   i. A UK Vaccines Research and Development Network which would bring together the best expertise across the country, with £20 million invested from the outset to focus on the most threatening diseases.
   ii. Any UK-funded research, data or operation would be made openly available and the UK would look to develop an international agreement – via the G7 – that would see the publication of results of all clinical trials of vaccines for relevant diseases (including the UK's Chief Medical Officer working with the World Health Organisation to develop a new, more advanced system to share data on a disease with health agencies and doctors and nurses on the frontline).
   iii. The UK would establish a new 'rapid reaction unit' of expert staff – mainly epidemiologists, infection control specialists and infection control doctors – who would be on permanent standby, ready to deploy to help countries respond to disease outbreaks.

47. This latter unit, properly called the UK Public Health Rapid Support Team (UK-PHRST), was successfully set up as a partnership between the London School of Hygiene and Tropical Medicine and Public Health England, funded from the UK development assistance budget. It has been deployed many times since its establishment and is just one way in which the UK led on this agenda globally.

48. Further, I was encouraged to see that at the meeting of G20 Health Ministers held in Germany in 2017, a tabletop health crisis management exercise considering a global health emergency was simulated, with the WHO and World Bank taking part.

49. My "wake up" call had been heard.

50. I think it is also fair to say that some of this work helped pave the way for the creation of The Coalition for Epidemic Preparedness Innovations (CEPI), and these priorities have also informed the UK's work as a key donor to the WHO.

51. Another example where the UK took a lead relates to a potential public health emergency coming down the track, which I believed had not been given the domestic or global attention it required. In 2014 the Chief Medical Officer, Professor Dame Sally Davies, came to my office to set out the problem of anti-microbial resistance (AMR): diseases evolving and becoming resistant to antibiotics. In short, we could return to a time when 40 per cent of deaths were caused by infections we had been able to prevent for the best part of a century.

52. I therefore launched the AMR Review, led by the respected economist Jim O'Neill, and also raised the issue at global forums.

53. Although AMR relates to the risks of bacterial rather than viral disease, it demonstrates that the UK Government was alive to future threats. We were using the structures we had in place – in this case a working relationship between a Prime Minister and his CMO – to get ahead of future risks and put them at the forefront of the global agenda.

Covid-19

54. Turning to Covid-19 specifically, some of the commentary made in the wake of the Covid-19 pandemic was that government, alert to the risk of pandemics, was however too narrowly focused on the potential risk of an influenza pandemic specifically.

55. The documents I have seen back this up, frequently referring to influenza pandemics. The 2012 NRR[14] states that: *"the consensus view among experts is that there is a high probability of another influenza* (my underlining) *pandemic occurring."* The 2013[15] and 2015[16] NRRs reaffirm this.

56. The UK influenza pandemic preparedness strategy was periodically updated, and I was kept abreast of this, from the early days of the Coalition Government. [DC/11 - DCA_CAB003060506] is a letter from the then Health Secretary Andrew Lansley to me from 19 September 2011, updating me on the latest consultation on the Government's UK Influenza Pandemic Preparedness Strategy.[17] The strategy was published in November 2011. It updated and replaced the 2007 National Framework for responding to an influenza pandemic.

57. The NRRs outlined government planning to deal with an influenza pandemic. For example, the 2013 NRR set out some detail of the contingencies in place: *"The Government plans to maintain a stockpile of antivirals sufficient to treat 50% of the population. In line with current scientific advice, both oseltamivir and zanamivir have been stockpiled to ensure that the response can be as flexible and resilient as possible. The level of stocks will be kept under review in light of the scientific evidence."*[18]

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[14] [DC/9 - INQ000013406, para 3.4]
[15] [DC/4 - INQ000036812]
[16] [DC/10 - INQ000020365]
[17] [DC/12 - INQ000146547]
[18] [DC/4 - INQ000036812, para 3.13]

58. Further, *"Advance Purchase Agreements (APA) for the supply of pandemic-specific vaccine are in place… the APAs mean that vaccine will be available as soon as it is developed."*[19]

59. There were also regular exercises run by the Department of Health – and across government – to rehearse for a pandemic, specifically a flu pandemic, for example Exercises Cygnet and Cygnus, which took place either side of my leaving office in 2016.

60. There was good reason for this focus on influenza. My recollection is that the scientific advice at the time was indeed to concentrate on flu-type viruses in so much as that is where the greatest risk lay – and indeed still lies. I suspect this is because flu is more virulent – it has been in existence for longer, it mutates faster. We deal with seasonal flu every year (and it sadly kills many), so it was always seen as a greater risk (in terms of probability and impact) to have a pandemic flu outbreak. Others will have to opine on why pandemic influenza specifically was given such prominence, but the important point is that the domestic architecture in government was in place to monitor these risks, take official and scientific advice, and prepare accordingly.

61. Despite this focus, it is worthwhile emphasising that the system was also alert to other 'new and emerging infectious diseases' (NRR 2012[20] and 2013[21]), such as respiratory pandemic.

62. The 2013 NRR warned that: *"Recent experience internationally with the small number of new coronavirus respiratory infections clearly demonstrates the need for maintaining vigilance and the Government continues to commit resources to this activity. It also assisted preparedness by ensuring the robustness of the national arrangements to detect, investigate and respond to infectious diseases."*[22]

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[19] [DC/4 - INQ000036812, para 3.14]
[20] DC/9 - INQ000013406]
[21] [DC/4 - INQ000036812]
[22] [DC/4 - INQ000036812, para 3.11]

63. The NRR noted that the Department of Health had plans in place for dealing with new and emerging infections, including its SARS contingency plan: *"The Department of Health has contingency plans in place for dealing with new and emerging infections and its SARS and pandemic influenza contingency plans would provide the basis for dealing with any future outbreaks should the disease re-emerge."*[23]

64. Further, there were exercises conducted on infectious diseases, like those dedicated to pandemic influenza. Exercise Alice, for example, which took place in February 2016, modelled a MERS style pandemic.[24] I even tasked the Department of Health with running an exercise into an Ebola-style pandemic during one of the COBR meetings in the wake of the Ebola outbreak. Jeremy Hunt updated me on this on 15 October 2014.[25]

65. However, the NRR does acknowledge the challenges in monitoring infectious diseases: *"Most of these newly recognised infections are zoonotic, that is they are naturally transmissible, directly or indirectly, between vertebrate animals and humans. By their very nature, zoonotic infections can be more challenging to monitor… Given the ease and speed with which people can travel around the world, a new infection could spread rapidly before it is detected, and be transmitted to the UK. New diseases therefore pose a potential threat to the health of the UK population, and may present social and economic challenges."*[26]

66. It is important to note that pandemic preparedness was – and remains, I am sure – a dynamic process, constantly evolving and being improved based on continuous assessment; scientific advice and new information; new systems and scientific advances; and the outcome of exercises and simulations. The very objective of simulations and government-wide exercises is to help identify areas that could be strengthened and bring those to the attention of officials and Ministers.

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[23] [DC/4 - INQ000036812, para 3.17]
[24] [DC/13 - INQ000146549]
[25] [DC/14 - INQ000146548]
[26] [DC/9 - INQ000013406, paras 3.6 & 3.7]

Global Virus Surveillance Organisation

67. In June 2020 I wrote an article in *The Times* proposing the setting up of a new global surveillance organisation.[27] My experience was that the WHO had some fundamental problems. As I set out in the article: *"The current system… fails in two ways. The WHO relies on countries telling it about emerging viruses. And then the world relies on the WHO telling everyone else. But countries are often reluctant to share for reasons of politics, pride and capacity. And the WHO seems slow to react, mostly because of politics, pride and capacity. Hence, while it undertakes much good work and did make important interventions on COVID, overall it was still too slow and too worried about upsetting important countries, particularly China."*

68. I have already explained how I was advised against reform of the WHO (which would take too long and ultimately be futile). So, instead, my view was that a new organisation (to work alongside and compliment the work of the WHO) was required. Crucially, it would have to be open, global, science-led, independent, non-political and totally focused on the job in hand: working out where and when and how the next dangerous virus could hit us.

69. It would have to be funded internationally, though I deliberately avoided getting into the detail of funding mechanisms and precise organisational structures – that would be for experts to develop over time, and I was open about that.

70. The purpose of the article (and the meetings I had at the time with organisations such as the Global Virome Project, and experts, such as former CMO, Professor Dame Sally Davis) was to put forward a new approach to help address the problems with the WHO, that I witnessed myself as Prime Minister and I could see repeating again with Covid-19.

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[27] [DC/15 - INQ000146553]

71. Why was this not set up while I was Prime Minister? There had been many developments and breakthroughs by 2020 which would help the work of a new organisation. Information sharing such as is now available, was not available in the same way when I was in office only five years earlier. Further, scientific advances mean that the availability of low-cost genome sequencing is now a reality to many countries – countries who could share their resources more widely. This really changed the game after 2015. Genomic sequencing, now affordable (the cost of sequencing a genome has fallen from $100m to just $600 in little more than a decade), enables us to understand more quickly and comprehensively what a disease is in a crisis. It would allow information about viruses and mutations to be made available much more quickly and in a way that simply was not possible – or as practical – during my own time in office.

72. Since my op-ed, other ideas have come to the fore, such as the German Hub for Pandemic and Epidemic Intelligence. I welcome any solution to help address the issues I identified in my article.

73. My 2020 op-ed highlighted my experience as Prime Minister – and continued interest in genomics – to argue for a better, more agile and independent model for future virus surveillance ahead of that year's G20 conference, where I pushed for it to be included on the agenda. I still believe there is further work to be done on this front globally.

Conclusion

74. I am proud of the domestic reforms we introduced to ensure a stronger and more robust architecture in government to monitor incoming threats and risks, appropriately assess them, and put in place contingencies: the NRA/NRR and Civil Contingencies legislation that we inherited, bolstered by the NSC, NSA, NSS and, particularly, the NSC (THRC) and new horizon scanning unit that we introduced.

75. Notification of threats across government and through to No10 and the Prime Minister were certainly strengthened following Ebola and work was intensified in this area as a result.

76. These reforms were strengthened by our work to shift the Department of Health's focus towards public health, as well as the decision to ring-fence the NHS budget and its resources year on year.

77. This work was only possible because the Government made it a priority to stabilise Britain's public finances. Indeed, economic resilience enabled us to deliver resilience towards future threats and hazards – we 'fixed the roof while the sun was shining'.

78. Subsequent decisions were made which others will have to explain, but I strongly believe the architecture across government was more ready to address serious domestic and international health crises when I left office than that which I inherited in 2010.

79. Further to this, I am proud to have raised the importance of this incoming threat at a global level, using my position as a leader on the G7 and G20. International action followed as a direct result. Of course, there is always more that we can do in terms of international collaboration and my op-ed in 2020 highlighted some of my continued frustrations. I am, however, pleased that the UK took such a decisive leadership role in 2015 and really highlighted this agenda on the global stage.

80. Looking back at my 2015 intervention, I am encouraged that significant progress was made and the initiatives I announced have grown into permanent bodies undertaking important work in terms of pandemic preparedness.

81. These include what is now the UK Vaccine Network, which supports the development of new vaccines and vaccine technologies for emergent diseases so that outbreaks can be prevented or controlled. The Network now has groups concentrating on identifying and prioritising human and zoonotic diseases; understanding how a vaccine will impact on an epidemic disease outbreak;

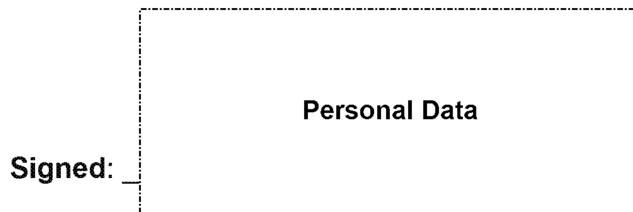
producing a process map for vaccine development, from discovery to deployment; and looking at the manufacture of vaccines.

82. The UK-PHRST – now in partnership with the UK Health Security Agency and funded by UK aid from the Department of Health and Social Care – continues to support low- and middle-income countries in investigating and responding to disease outbreaks and conducts research to improve our response to future epidemics. The team can also rapidly deploy specialist experts to outbreaks of infectious diseases overseas to prevent them from becoming global threats.

83. I strongly believe that the governments I led took the future risks of pandemics incredibly seriously. We improved the Government architecture domestically and ensured that the UK led from the front internationally. Many of the reforms have stood the test of time and continue to adapt to the ever-present risks of future pandemics.

Statement of Truth

84. 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: 

Dated: 21 APRIL 2023