in this topic. The closest mention is in *The UK Pandemic Preparedness Strategy: Analysis of Impact on Equality* (2011) report which concludes that the UK Pandemic Preparedness Strategy *"does not have a role in eliminating discrimination, harassment and victimisation"* (Department of Health, 2011b: p24). Nor were there considerations of other causes of health inequalities in the documents - such as the social determinants of health or austerity (see Topic 1, paragraphs 18-21 and 48-54). Further, the Corporate Witness Statement from COBR states that: *"We cannot pre-empt who will be most affected, but the reasons are multifactorial and cross public health, environmental, societal and economic boundaries. An element of pandemic planning is not to pre-empt who will be most affected"* (Hargreaves, 2023, p70). This is disappointing, as, in our view, pandemic plans are about how to best mitigate the adverse impacts (particularly in terms of hospitalisations, deaths and morbidity) of infectious disease outbreaks across the *whole* population. To do this effectively, they should, in our view, also anticipate and develop ways to address *who* is most likely to be impacted and to address potential inequalities. Future pandemic plans and planning processes would therefore benefit from a wider understanding of the causes of health inequalities – including structural racism. This would be beneficial in terms of thinking through the likely unequal impacts of pandemics, the pathways underpinning them and what strategies could therefore work to mitigate them.

148. This failure to properly address health inequalities as part of pandemic planning is difficult to explain. Certainly, one issue that will have contributed, is that the organisations responsible for pandemic planning did not obtain specialist advice on health inequalities and their implications for pandemic planning, impacts and mitigation strategies. This is noted in the Corporate Witness Statement from the NHS Confederation (Mortimer, 2023, INQ000147815): *"Given the predictability that pandemics may disproportionately impact members of the population who are already subject to health inequalities, recognition of this risk and developing bespoke arrangements for these cohorts could be better prepared"* (Mortimer, 2023, p21). It is also noted in the Corporate Witness Statement from the National Council for Voluntary Organisations (Vibert, 2023, INQ000147709): *"The government should have provided comprehensive, inclusive and accessible communication and guidance. This needed to be accessible for people who don't have English as a first language and disabled people who needed alternative formats. Guidance was needed about the impact on certain groups, such as pregnant women"* (Vibert, 2023, p18).

149. So, overall, we conclude that, with some exceptions, the specialist structures concerned with risk management and civil emergency planning did not properly consider societal, economic and health impacts in light of pre-existing inequalities. The UK Government and the devolved administrations and relevant public health bodies did not *systematically* or *comprehensively* assess pre-existing social and economic inequalities and the vulnerabilities of different groups during a pandemic in their planning or risk assessment processes.