

Witness Name: Devi Sridhar

Statement No.:

Exhibits:

Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF Devi Sridhar

I, Devi Sridhar, will say as follows: -

1. My name is Devi Sridhar and I'm a Professor of Global Public Health at the Usher Institute for Population Health and Informatics at the University of Edinburgh Medical School. Before being at Edinburgh I was an Associate Professor at the University of Oxford, a Postdoctoral Researcher at All Souls College, Oxford and received my DPhil and MPhil degrees from Oxford. I am founding director of the Global Health Governance Programme which looks at how global institutions, rules and finance can better serve the needs of people around the world. I have served as an advisor to several governments on pandemic preparedness issues including Germany, the United States and Britain (UK and Scottish governments) as well as the World Health Organization, UNICEF, UNDP and the World Bank.
2. As noted in the questionnaire, I have written a book 'Preventable: How a Pandemic Changed the World & How to Stop the Next One' (exhibit DS/1) which was published in 2022 and a book 'Governing Global Health: Who Runs the World and Why' (exhibit: DS/2). DS/1 (Preventable) takes an in-depth look at how various countries responded to the pandemic including Britain. I have also written regular columns for the Guardian outlining my views on the UK's preparedness and response. My answers to the specific questions asked will be brief and refer to those books, and I can expand further as necessary.
 - a. While the UK was seen as a leader in the knowledge around pandemic planning and response, this knowledge was not translated into practice for the COVID-19 pandemic. There were major gaps in having adequate and quality PPE for health and social care workers which left them exposed to

infection and sickness particularly in the first wave, in the UK's ability to quickly build testing up to a sufficient level including mass PCR testing and lateral flow testing and in surveillance in the community on the extent of spread.

- b. In terms of what was done adequately, the UK was linked into the information coming from the World Health Organization and COVID-19 was discussed at several COBRA meetings. Unfortunately these meetings were missed by the Prime Minister at the time and didn't translate into practical steps to ready for COVID-19 cases.
- c. In terms of what could have been done better, the UK could have had proper PPE stocks available to health and social care workers. It could have linked quickly with biotech companies to discuss increasing PCR and lateral flow testing to the volume needed. And it could have started early community surveillance, for example at airports, to understand the extent of spread.
- d. The messaging to the public about the risk of COVID-19 was also mixed: early on the public were told not to worry about even that the Prime Minister at the time was shaking hands with COVID-19 patients. Later on they were told to stay at home in a strict lockdown. The move towards a 'freedom day' when all restrictions were lifted also didn't adequately convey the message that the virus was still circulating and causing illness and death, but that the UK government at the time didn't feel it was a proportional response to keep restrictions in place.
- e. The UK government, in hindsight, could have taken the thread of COVID-19 more seriously and prepared its airports to try to catch imported cases (like Kerala, India), prepared test/trace/isolate to slow spread including a large diagnostic capacity, teams of traces and isolation support (like South Korea) and prepared its health system for a major influx of cases including adequate PPE (like New Zealand). Instead little was done in the weeks before COVID-19 began spreading rapidly in terms of planning to contain COVID-19 until a vaccine. I discuss each of these countries in turn in DS/1- Preventable which has been shared with the Inquiry team.
- f. The biggest lesson is that science can deliver solutions whether a vaccine, antivirals/therapeutics, better clinical management, or even knowledge on how to slow or stop transmission. These all require time with a new disease, which is why both finding a way to contain/delay spread without harsh lockdowns is vital (using similar measures that East Asian and Oceania countries did), as well as preparing platforms that can be rapidly

deployed for a specific pathogen. The 100 day challenge is moving this forward and progress is being made with CEPI.

3. I have no other issues to raise at this point. Thank you.

Statement of Truth

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.

Personal Data

Signed: _____

Dated: 29/5/2023