

IN THE MATTER OF:

THE UNITED KINGDOM
COVID-19 INQUIRY

STATEMENT OF NICHOLAS DYER ON BEHALF OF THE
SECRETARY OF STATE FOR FOREIGN, COMMONWEALTH AND
DEVELOPMENT AFFAIRS

I, **NICHOLAS (NICK) DYER**, Director General (“**DG**”) for Humanitarian and Development at the Foreign, Commonwealth and Development Office (“**FCDO**”), King Charles Street, London SW1A 2AH, **WILL SAY** as follows:

Section 1: Introduction

1. I make this statement on behalf of the Secretary of State for Foreign, Commonwealth and Development Affairs (“**Secretary of State**”) for the United Kingdom (“**UK**”) Covid-19 Inquiry (“**Inquiry**”).
2. This statement pertains to Module One of the Inquiry, which examines the preparedness and resilience of the UK for the Covid-19 pandemic covering the period from 11 June 2009 to 21 January 2020 (“**Module One Period**”).
3. I am duly authorised by the Secretary of State to make this statement on his behalf.
4. The contents of this statement are true to the best of my knowledge and belief. Many of the matters referred to are not within my personal knowledge, so I have

drawn on the recollections of those officials who were working on the matters relevant to this statement.

5. There is now produced and shown to me a paginated bundle of true copy documents marked ("ND1 [xxx]"), with '[xxx]' referring to the page number of the exhibit. All references to documents in this statement are to Exhibit ([ND1 [xxx]]) unless otherwise stated.
6. This statement has been prepared with the assistance of officials in the FCDO, including the FCDO's Covid-19 Inquiry Unit.
7. My statement is structured as follows:

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Section 2: Preliminary points

8. At the outset of my statement, I wish to note, on behalf of the Secretary of State, the following preliminary points.

- 8.1 First, the Secretary of State welcomes the opportunity to provide evidence to the Inquiry. The Secretary of State supports the Inquiry in fulfilling its terms of reference.
- 8.2 Second, reflecting the Secretary of State's goal of supporting the Inquiry in its work, the FCDO has gone to considerable effort to locate information and documents which respond to the Inquiry's requests. Notwithstanding the extensive information provided with this statement (and provided to date preceding this statement), the Secretary of State remains ready to assist the Inquiry further through the provision of additional information and documents.
- 8.3 Third, on 2 September 2020 the Department for International Development ("DFID") and the Foreign and Commonwealth Office ("FCO") merged to form a new department, the FCDO. As the Module One Period predates the date when the FCO and DFID merged to become the FCDO, separate statements have been prepared covering each department. This statement covers the resilience and preparedness of DFID; whether the risk of a Covid-19¹ pandemic was properly identified and planned for by DFID; and whether DFID was ready for such an eventuality. A separate statement has been prepared covering the FCO's role in this regard.
- 8.4 Fourth, unless otherwise specified, where I have provided a description of DFID's activities or structures, the information reflects the position as at 21 January 2020. Where matters materially evolved or changed before this date during the Module One Period, they are set out.

¹ On 11 February 2020, the World Health Organization officially announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" or "Covid-19" as the name of what until then had been referred to generically as "coronavirus". For ease of reference and except where otherwise appropriate, I refer to coronavirus as "Covid-19" throughout this statement.

Section 3: Explanation of terminology

9. The FCO and DFID are now sometimes referred to, particularly in FCDO internal documents, as "legacy departments" and, in internal and external documents, as "ex-FCO" and "ex-DFID". These terms all describe the departments that merged to become the FCDO.
10. To be consistent with the names used by these departments before 2 September 2020, this statement will use the term "FCO" to refer to activities undertaken by and material originating from the former Foreign and Commonwealth Office and the term "DFID" to refer to activities undertaken by and material originating from the former Department for International Development. The term "FCDO" will be used to refer to activities undertaken by and material originating from the Foreign, Commonwealth and Development Office since its establishment on 2 September 2020.
11. This statement will, where appropriate, use the term "the UK key preparedness and resilience functions" to refer to the following:
 - 11.1 UK domestic general risk management;
 - 11.2 UK domestic whole-system risk management;
 - 11.3 planning for, preparing for and managing the risk of:
 - 11.3.1 UK general civil emergencies; and
 - 11.3.2 UK whole-system civil emergencies; and
 - 11.4 planning for, preparing for and managing the risk of:
 - 11.4.1 high consequence infectious diseases within the UK;
 - 11.4.2 epidemics within the UK; and
 - 11.4.3 pandemics within the UK.

Section 4: My background

12. I was the Acting Permanent Secretary of DFID from 9 March 2020 until 2 September 2020. Before taking on that role, I was the DG for Economic Development and International in DFID.
13. I have been the DG for Humanitarian and Development at the FCDO since February 2022. I am a Senior Civil Servant (Civil Service grade Senior Civil Service Grade 3). As DG, I am responsible for delivering His Majesty's Government ("**HM Government**") International Development Strategy. Prior to this, I was the UK's first Special Envoy for Famine Prevention and Humanitarian Affairs from September 2020.
14. I joined the then Overseas Development Administration (later replaced by DFID) in April 1990. I have worked in a number of roles in DFID, both in the UK and overseas, including as DG for Policy and Global Programmes and Head of DFID Malawi.
15. As Acting Permanent Secretary of DFID, I was responsible for the day-to-day management of DFID and served as its Accounting Officer.

Section 5: DFID's role and responsibilities with regard to the UK key preparedness and resilience functions

16. In this section of my statement, I explain DFID's role and responsibilities as at January 2020. I provide this context to illustrate how DFID's roles and responsibilities relate to the UK key preparedness and resilience functions, and to explain the extent of DFID's remit with regard to the scope of Module One of the Inquiry. Where matters materially evolved or changed during the Module One Period, I have indicated that in this statement.
17. At the outset, I would note that Module One of the Inquiry relates to the UK key preparedness and resilience functions, whereas DFID had an exclusively overseas remit and had no responsibility in HM Government for humanitarian or health emergencies in the UK. Furthermore, DFID did not have responsibility,

either singularly or jointly, for any of the UK key preparedness and resilience functions of HM Government. Where DFID's work in respect of international health emergencies overseas had an impact on, or related to, the UK key preparedness and resilience functions, this has been covered in this statement.

DFID's role and objectives

18. On 1 January 2020 DFID's primary mission was to lead HM Government's international development work to end extreme poverty. The Secretary of State for International Development ("**DFID Secretary of State**") had Cabinet-level responsibility and overall oversight for the 'Global Goals' (also known as the 'Sustainable Development Goals' or 'SDGs'), and the department was responsible for tackling global challenges, in line with HM Government's UK Aid Strategy.
19. In the DFID 2019/2020 Annual Report ("**19/20 DFID Annual Report**") [ND1/11-13], DFID set out its key strategic objectives as follows:
 - 19.1 "Strengthening global peace, security and governance" – by addressing underlying causes of conflict and insecurity, maintaining a sharp focus on prevention, tackling crime and corruption and supporting transparency, capability and trust in global institutions;
 - 19.2 "Strengthening resilience and crisis responses" – by helping countries and their populations be better able to anticipate and manage risks and shocks caused by climate change;
 - 19.3 "Promoting global prosperity" – working to increase investment, trade, productivity and to build better tax systems to raise incomes, improve jobs and spread general benefits across society;
 - 19.4 "Tackling extreme poverty and providing help to the world's most vulnerable" – working to strengthen national systems where reform delivers better and more inclusive services, including healthcare and education and building a more effective humanitarian system to improve preparedness,

resilience and protection;

19.5 “Supporting a strong and resilient international system” – working with multilateral agencies and institutions to build a stronger and more resilient international system. Building local partnerships and engaging with new global development partners with a view to strengthening the global financial system; and

19.6 “Improving the value for money and transparency of UK Aid” – described as an overarching corporate objective, this objective envisaged driving excellence and value for money in the design, delivery and monitoring of aid through staff engagement in DFID funded programmes and expertise across DFID’s country networks.

20. In January 2020, DFID’s primary departmental responsibilities were as follows **[ND1/203 – 209]**:

20.1 Honouring the UK’s international commitments and taking action to achieve the United Nations Global Goals;

20.2 Making British overseas aid more effective by improving transparency, openness and value for money;

20.3 Targeting British international development policy on economic growth;

20.4 Improving the performance of international development in fragile and conflict-affected countries;

20.5 Support for women and girls in the developing world through education and family planning, alongside work on the prevention of violence; and

20.6 Work to prevent climate change and encourage low-carbon growth.

21. DFID’s bilateral programmes were predominantly in countries in Africa, Asia and the Middle East. DFID implemented regional programmes in Africa, Asia and the Caribbean and provided support to three aid-dependent UK Overseas Territories (St Helena, Montserrat and Pitcairn) **[ND1/14]**. DFID also delivered HM

Government's international development objectives through multilateral institutions such as United Nations ("UN") agencies, and the World Bank.

22. DFID's bilateral and multilateral programmes were funded by UK Official Development Assistance ("ODA")². In the calendar year 2019, UK ODA spend was £15.197 billion, of which DFID spent £11.107 billion. The UK was the third largest Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee ("DAC") donor behind the United States and Germany. In 2019 the UK's share of total DAC ODA was 12.7% [ND1/210 - 271].

Section 6: DFID's structures, governance, risk management and business continuity

23. In this section of my statement, I explain DFID's structures and governance and its approach to risk management and business continuity. As is relevant for this Module, I note the Inquiry's request for a description of DFID's development between 2009 and 2020. While there were changes to those holding Ministerial and senior leadership roles during this period, there were no material changes to DFID's internal structures or governance relevant to Module One of the Inquiry. I therefore provide a snapshot of DFID's structures and governance in January 2020. For completeness, though not relevant to the UK's preparedness and resilience functions, I also outline the 'Machinery of Government' ("MoG") changes which DFID underwent during this period.
24. In January 2020, the DFID Secretary of State was the Rt Hon Alok Sharma MP. Mr Sharma held his post from 24 July 2019 to 13 February 2020. As DFID Secretary of State, Mr Sharma had overall responsibility for the work of the department. The DFID Secretary of State was supported by a team of Ministers.
25. DFID's Ministerial team was supported by DFID officials. The most senior civil

² ODA is defined as resource flows to developing countries and multilateral organisations, which are provided by official agencies (e.g. the UK Government) or their executive agencies, where each transaction meets specific criteria. ODA is provided according to the standardised definitions and methodologies of the Organisation for Economic Cooperation and Development's Development Assistance Committee.

servant in the department on 21 January 2020 was Matthew Rycroft³ who joined DFID as Permanent Secretary on 22 January 2018. The Permanent Secretary was responsible for the day-to-day management of DFID and served as its Accounting Officer. Additionally, as Permanent Secretary, he chaired various boards (described in further detail below).

26. In January 2020, the Permanent Secretary was supported in his leadership role by four DGs (Civil Service grade Senior Civil Service 3)⁴.
27. The DFID Secretary of State, as the most senior Minister in DFID, was ultimately responsible for the decisions made by the Department.
28. The DFID Secretary of State was supported by his Ministerial team who had allocated portfolios.
29. The DFID Secretary of State was supported by a private office consisting of civil servants whose primary responsibility was to ensure that his decisions were communicated to, and implemented within, DFID and that information and advice from officials reached him efficiently.
30. The DFID Secretary of State was also supported by a number of special advisers or "**SPADs**". SPADs are temporary political advisers employed as civil servants to provide political advice and support that would generally be outside the remit of the civil service.
31. In January 2020, DFID employed approximately 3500 staff. Approximately 2200 UK civil servants worked in its UK offices in London and East Kilbride. Approximately 1300 staff appointed in country and UK civil servants worked in DFID's Country Offices ("**Country Offices**") in 28 countries. DFID was a decentralised organisation with most decision-making taking place at the level of the Country Office. Country-led bilateral programming was designed to respond to analyses of priority issues in each country, within the overall strategic direction set by the department.

³ Now Sir Matthew Rycroft KCMG CBE

⁴ I have not listed all those who held Ministerial or Senior Civil service leadership roles in DFID between 2009 and 2020 but have named individual office-holders where relevant throughout this statement.

32. DFID had a cadre of health advisers, with over 60 accredited health advisers working across DFID with oversight from a Head of Health Profession (a public health professional with expertise in epidemics and other health crises). All health advisers are public health professionals, with demonstrated expertise across recognised technical criteria, including epidemiology and public health. A number of health advisers had experience of responding to epidemics in a range of contexts. DFID also had a Senior Research Fellow who was a global expert on epidemics.

DFID structural changes

33. DFID was subject to the following MoG changes between 11 June 2009 and 21 January 2020.

33.1 On 30 April 2018 the Government Equalities Office (“GEO”) and its arm’s length body the Equalities and Human Rights Commission (“EHRC”) transferred from the Home Office to become part of DFID [ND1/362].

33.2 On 1 April 2019 the GEO and EHRC transferred from DFID to become part of the Cabinet Office (“CO”) [ND1/27].

34. The above MoG changes did not affect DFID’s remit with regard to the matters covered in Module One of the Inquiry.

Governance within DFID

35. As noted above, the Permanent Secretary, and his team of senior civil servants, was responsible for advising DFID Ministers and ensuring that their policy decisions were enacted. Additionally, the Permanent Secretary and the senior Civil Service leadership of DFID held a number of responsibilities relating to the corporate functions of DFID. In January 2020, these were essentially discharged through the following boards and committees [ND1/83-92]:

35.1 Department Board – chaired by the DFID Secretary of State, the Department Board met quarterly to provide collective strategic leadership and challenge on strategy and policy priorities, major corporate issues and risks. Alongside the Secretary of State, members of the Department Board also included DFID Ministers, Non-Executive Directors, the Permanent

Secretary, DGs, Director of Finance and Delivery, Director of Strategy, and Chief People Officer.

- 35.2 Management Board – chaired by the Permanent Secretary and comprising four DGs, Director of Finance and Delivery, the Director of Strategy and the Chief People Officer. The Board met monthly to make decisions on operational and policy issues that required a collective, cross-departmental view, and benefited from external challenge from Non-Executive Board Members.
- 35.3 Executive Committee – the Executive Committee (“**ExCo**”) was chaired by the Permanent Secretary with DGs, Director of Finance and Delivery, Director of Strategy, Chief People Officer as members. ExCo met twice per month to make decisions on sensitive, time critical, internal policy implementation and operational issues.
- 35.4 Audit and Risk Assurance Committee – the Audit and Risk Assurance Committee (“**ARAC**”) comprised one or more Non-Executive Directors and three or more Non-Executive members. It met at least five times per year. The ARAC reviewed and advised the Departmental Board and the Accounting Officer on the effectiveness of internal controls, processes and actions in relation to risk management across DFID.

DFID’s approach to risk management

36. As described in the 2019/2020 Annual Report, DFID had a “three lines of defence” risk management framework [ND1/98]:
- 36.1 DFID’s delivery teams (‘first line’) owned and managed risk on a day-to-day basis, identifying, assessing, responding and controlling risks.
- 36.2 Central departments (‘second line’) were responsible for overseeing risk management, designing and implementing policies, providing corporate oversight and were responsible for ensuring the first line was properly designed and operating as intended.
- 36.3 The ‘third line’ was independent, objective assurance and review of risk

management systems and processes by DFID's Internal Audit Department, Parliamentary bodies (such as the Public Accounts Committee ("PAC") and the House of Commons International Development Committee ("IDC")), the National Audit Office and the Independent Commission for Aid Impact.

37. This framework was introduced in 2016 [ND1/468 - 471]. Prior to that, from 2012, DFID managed risk over three tiers: strategic risk, operational risk and project risk [ND1/611/629].

DFID's Readiness and preparedness for business continuity in the event of emergencies

38. At the outset of this subsection, I should explain that the FCO provided a platform for the whole of HM Government's operations (often referred to as 'One HMG') via its overseas posts ("Posts"), that is to say British Embassies, High Commissions and other diplomatic offices overseas. FCO held responsibility for the business continuity of DFID's Country Offices as they were part of the 'One HMG' overseas platform.
39. Business continuity for the One HMG platform is described in the statement – adduced in connection with this Module – made by my colleague, Thomas Drew CMG, on the FCO's planning and preparedness for the pandemic. The information provided below, therefore, only relates to DFID's business continuity plans for its approximately 2200 staff at its offices in the UK.
40. In January 2020, DFID's business continuity policy for its UK offices was supported by three separate plans/procedures:
- 40.1 Business Continuity Plan [ND1/725 - 760];
 - 40.2 Building Recovery Plan [ND1/761 - 786]; and
 - 40.3 Business Continuity Management [ND1/787 - 788].
41. The business continuity policy stipulated that all plans should be reviewed and updated at least every six months and should be tested annually. All staff could work remotely in the event of a business continuity incident affecting access to

one or more of DFID's UK offices [ND1/787 - 788].

Planning and preparedness for business continuity in the event of a pandemic

42. DFID did not have a separate plan for business continuity specific to the eventuality of a pandemic in January 2020, or at any point during the Module One Period.

Section 7: DFID's preparedness and resilience for international health emergencies overseas

43. In this section of my statement, I explain DFID's role in planning, readiness and preparedness for international health emergencies to the extent that these are relevant to the UK key preparedness and resilience functions.
44. During the Module One Period, DFID provided financial and technical assistance to strengthen international global health systems and support medical and technical research into global health threats to protect the poorest and most vulnerable people in the world. For example, between 2010 and 2019 the UK spent ODA of between £780 million and £1,431 million per year bilaterally on health [ND1/789 – 863], the majority of which was spent by DFID. This included:
- 44.1 As part of the 2015 UK Aid Strategy [ND1/864 - 891] supporting the establishment of the 'Ross Fund' [ND1/892 - 896], a £1 billion commitment by HM Government to global public health to enable the development and testing of vital vaccines, drugs, diagnostics, treatments and other technologies to help combat the world's most serious diseases in developing countries, and support work to fight disease of epidemic potential, such as Ebola, neglected tropical diseases, and drug resistant infections;
- 44.2 Contributing £1.2 billion to the Global Fund to fight AIDS, TB and Malaria between 2016 and 2019 [ND1/897 - 921] and a further commitment of £1.4 billion over 2020-2022 [ND1/922 - 982];

44.3 Providing £300 million in new funding to the Global Polio Eradication Initiative between 2013 and 2018 [ND1/983 - 1011];

44.4 The 2017-2022 Tackling Deadly Diseases in Africa Programme ("TDDAP") which provided, over five years, £40 million plus up to £135 million through a contingency mechanism to reduce the impact of disease outbreaks and epidemics on African populations [ND1/1012 - 1039]; and

44.5 Bilateral programmes to improve health systems and health outcomes, for example the Nepal Health Sector Support programme [ND1/1040 - 1041] and the Sustaining and Accelerating Primary Healthcare in Ethiopia Programme [ND1/1042 - 1043].

45. DFID also worked with international organisations, international financial institutions, national governments and non-governmental organisations ("NGOs") to increase the preparedness and resilience of the world's poorest countries for international health emergencies. For example, DFID worked with the World Health Organisation ("WHO") and the Global Alliance for Vaccines and Immunisation ("GAVI") as set out below.

DFID's work with the World Health Organisation

46. During the Module One Period, the Department for Health ("DH") and then from 2018 the Department for Health and Social Care ("DHSC"), was the lead government department on the institutional relationship with the WHO for HM Government, working closely with DFID to ensure a joint HM Government approach to engagement with the WHO. DFID and FCO staff at the UK's Mission to the UN in Geneva ("UKMIS Geneva") represented the UK at working level WHO meetings, under the leadership of the UK's Ambassador and Permanent Representative there.

47. DHSC, as lead government department, paid the UK's assessed contribution to the WHO. DFID provided additional voluntary funding; the largest single component of which was the UK's core voluntary contribution ("CVC") totalling £83 million between 2016 and 2020 [ND1/1044 - 1074]. Alongside this CVC,

DFID also had several smaller, more targeted programmes managed by DFID Country Offices in partnership with WHO Country Offices, for example the Zambia Health Systems Strengthening Programme [ND1/1075 - 1098].

DFID work on WHO reform

48. The 2013-2016 Western African Ebola epidemic highlighted the need to strengthen global health architecture, specifically the WHO, because of the WHO's leadership of global efforts to expand universal health coverage and coordination of the world's response to health emergencies. An independent expert Advisory Group to the WHO DG recommended emergency reforms to the WHO, which were discussed by the 138th meeting of the WHO Executive Board in January 2016, at which time the UK was an Executive Board member⁶. The UK supported the need for the WHO to reform [ND1/ 1099 - 1108], in particular prioritising and institutionalising outbreak and emergency response within its core mandate and applying the humanitarian principals of neutrality, impartiality and independence in the way the WHO worked with its member states during outbreaks and emergencies. Echoing the findings of the independent expert Advisory Group, DFID's 2016 Multilateral Development Review [ND1/1109 - 1156] identified an urgent need for WHO reforms to more effectively direct and coordinate international action on health emergencies.
49. DFID, working closely with DH, provided financial and technical assistance to support WHO reforms including:
- 49.1 Contributing £16.4 million to the WHO's health emergency responses between 2016 and 2017, including the Contingencies Fund for Emergencies (CFE), to improve the WHO's leadership in epidemic response [ND1/1157 - 1178];
- 49.2 Providing £6 million in funding to the WHO between December 2016 and March 2021 to support the establishment of the WHO Blueprint, a global strategy that allowed the rapid prioritisation of research and development

⁶ The WHO Executive Board comprises 34 members representing WHO member countries, with membership on a rotating basis and members serving three-year terms.

investments in health technologies to respond to new disease threats;
[ND1/1179 - 1187] and

49.3 Through the TDDAP, described in paragraph 44.4, supported reform of the WHO Africa Office [ND1/1012 - 1039].

50. The UK's Chief Medical Officer and DFID's Senior Representative at UKMIS Geneva jointly led HM Government's engagement with the WHO to improve its effectiveness. This included annual UK-WHO high-level strategic dialogues, in which progress on the WHO's programme of reforms, including the WHO Health Emergencies Programme, established in 2016 to build WHO response capacity to health emergencies at national, regional and global levels, were discussed. [ND1/1188 – 1217].

51. In 2016, to encourage reform, performance-based financing was introduced into DFID's CVC to the WHO. DFID's overall Performance Agreement for the CVC [ND1/1218 - 1226] included targets to incentivise progress in four priority areas of reform: excellence in risk and financial management; transparent, value for money budgets focused on key priorities; collaborative and effective leadership with strong partnerships; and a reliable, effective response to health emergencies. DFID reviewed the WHO's performance annually against the key deliverables [ND1/1044 - 1074].

52. The above work to reform the WHO, which DFID supported through technical and financial assistance and performance-based financing, led to some improvement in the WHO's response to health emergencies and administrative reforms, with improved articulation of priorities and results, financial management and value for money. The programme noted further reform was required for WHO to be the effective organisation the UK desired [ND1/1044 - 1074].

DFID's work with GAVI

53. GAVI was created in 2000 and the UK has been GAVI's largest donor since then. The UK provided £1 billion between 2016 and 2020 and has pledged £1.65

billion between 2021 and 2025. GAVI is the leading global actor in childhood immunisation. Since 2020, GAVI has immunised more than 981 million children, averting over 16 million deaths. Its experience and proven ability to purchase and deliver vaccines at scale across the world is well established [ND1/1227 - 1248]. As well as the UK's financial contribution, the UK supported the effective governance of GAVI through membership of its Executive Board and DFID's participation in GAVI's Governance Committee, Audit and Finance Committee and Policy and Programme Committee [ND1/1249 - 1250]. Furthermore, between 2016 and 2020, DFID provided technical assistance to GAVI [ND1/1251 - 1256] including contributing to:

- 53.1 The design of the Partner's Engagement Framework ("PEF"), implemented in 2016, which increased the accountability of GAVI's implementing partners through which GAVI supported countries' immunisation programmes;
- 53.2 The design of the WHO and GAVI's 2016 global yellow fever strategy;
- 53.3 Increased accountability and transparency of vaccine stockpiles; and
- 53.4 management for Yellow Fever, Meningitis and Cholera outbreaks to prevent shortfalls.

DFID's role in responding to international health emergencies

54. As the lead government department for HM Government's international development work, DFID led HM Government's response to international health emergencies which had a potential impact on developing countries. During the Module One Period this included:

- 54.1 the 2013-2016 Western African Ebola epidemic;
- 54.2 cholera outbreaks in Yemen in 2016-2017 and Zimbabwe in 2018-2019;
- 54.3 the 2015-2016 Zika virus epidemic; and

54.4 the 2018 Ebola outbreak in Democratic Republic of the Congo ("DRC").

Section 8: DFID's systems, structures and processes for responding to humanitarian emergencies overseas

55. In this section of my statement, I outline the role of DFID in responding to humanitarian emergencies overseas to the extent that these are relevant to the UK key preparedness and resilience functions. Specifically, I have set out the role of DFID's Conflict, Humanitarian and Security Department ("**CHASE**"), including its Humanitarian Response Group ("**HRG**") in this regard.
56. DFID led HM Government's work to provide humanitarian assistance to people affected by disasters overseas, working closely with other HM Government departments, including the CO, the FCO and Ministry of Defence.
57. Within DFID, CHASE led on policy and monitoring of rapid onset disasters. Depending on the nature of the humanitarian disaster, either CHASE, primarily through the HRG, or the Country Office (if there was one), would lead DFID's response. For many sudden onset rapid disaster responses, CHASE would take the initial lead and Country Offices would generally lead on more predictable or protracted crises [ND1/1257 - 1297].
58. When responding to disasters overseas, CHASE collaborated closely with DFID Country Offices and regional directorates, the FCO's overseas Posts and other HM Government departments. DFID maintained a 24-hour Duty Officer, response and deployable capability through its Operations Team. During a major disaster, CHASE's operations room could be staffed 24 hours a day and CHASE was able to draw on a wide range of humanitarian expertise.
59. DFID Guidance on Preparing for and Responding to Rapid Onset Disasters was known as the "**Yellow Book**" [ND1/1257 - 1297]. The Yellow Book provided DFID staff in the UK and in Country Offices with comprehensive guidance on responding to rapid onset disasters, including how DFID should work with other parts of HM Government. The Yellow Book provided guidance applicable to a range of disasters, including international health emergencies. The Yellow Book

was first published in 2003 and was updated regularly to reflect changes and clarifications regarding operational contacts, HM Government policy and approach, media handling and the wider international response system.

60. CHASE would take the following steps in response to rapid onset disasters:

60.1 Global monitoring and initial alert: disasters were monitored through global early-warning systems, the internet, media, contact with UN, Red Cross, and NGO humanitarian agencies, and through Posts;

60.2 Information gathering: once aware of an impending disaster, or a disaster happened, further information was sought from the same institutions and organisations;

60.3 Strategy: following analysis of information, a decision was taken as to whether, and if so how, to respond. This was based on a number of factors set out in Intervention Criteria **[ND1/1298]**. These criteria included: the magnitude of the disaster compared to the coping capacity of the affected country; the affected country's eligibility for ODA; whether an official request for international assistance had been made by the Red Cross, UN Office for Coordination of Humanitarian Affairs or the affected government; and the scale of response provided by others.

60.4 Response: CHASE's primary approach was to support the local or international humanitarian system, with the UN, Red Cross, and experienced NGOs, through a rapid response facility. A direct UK operational response was less common and only made if there were significant gaps in operational resources locally or regionally. Possible responses could include:

60.4.1 Financial support to UN agencies, the British Red Cross or NGOs. This was the most common form of DFID response. The criteria used for assessment of NGO proposals are included in the 'Humanitarian Funding Guidelines for NGOs' **[ND1/1299- 1326]**;

60.4.2 Technical experts and secondments (usually into UN agencies) for needs assessment, technical input and coordination. CHASE could source and deploy experts with a broad range of thematic and sector skills;

60.4.3 In-kind or operational support. The HRG maintained stockpile non-food relief items for rapid deployment. It also had the capacity to rapidly procure and transport other relief items; or

60.4.4 Diplomacy, advocacy, and influencing, aimed at promoting accountable humanitarian response in line with humanitarian principles.

61. DFID regularly engaged in training and exercising for humanitarian responses, for HRG staff and wider humanitarian staff in DFID.

62. DFID was committed to continuous improvement in responding to humanitarian emergencies: CHASE routinely identified and shared lessons to strengthen its emergency planning and resilience. For example, from May to September 2015, CHASE completed a review of lessons learned from the UK response to an earthquake in Nepal⁶.

63. DFID, through CHASE, played a key role in alerting other parts of HM Government to emerging risks through dissemination of humanitarian early warning notes. These were developed in 2015 following reviews into DFID's response to the 2013-2016 Western African Ebola virus epidemic. These notes drew on a wide range of sources of data, including the Government Office for Science's ("GO-Science") weekly and monthly natural hazard updates, to which DHSC and Public Health England ("PHE") contributed. I provide an example of a humanitarian early warning note produced by DFID [ND1/1327].

⁶ Disclosed to the Inquiry separately.

Section 9: DFID's use of forecasting and expert advice and dissemination of information within HM Government with regard to international health emergencies

64. In this section of my statement, I describe DFID's systems to provide early warnings of, and use of forecasting and expert advice with regard to, emerging health issues overseas within HM Government to support and inform preparedness and resilience in the exercise of its various functions.

Role of DFID's EpiThreats Group in HM Government's forecasting and horizon scanning on international health emergencies

65. The importance of swift, early action in response to new disease outbreaks in developing countries was the rationale for the establishment in 2016 of DFID's 'EpiThreats' Group ("EpiThreats Group") [ND1/1203 - 1217]. The EpiThreats Group provided a horizon-scanning, monitoring and risk assessment function in relation to emerging epidemic threats, and to ensure evidence-based, timely, proportionate responses from across HM Government when required [ND1/1328 - 1330].

66. The EpiThreats Group was a key mechanism through which staff from DFID Country Offices were able to flag potential new infectious disease threats and any concerns they might have about the adequacy of the response on the ground. The EpiThreats Group considered whether established national and international mechanisms were ready to respond to a health emergency with a clear, strategic approach, and whether enhanced action might be needed, including, for example, whether there was a need for a stronger response from key international and regional agencies (such as WHO or GAVI), or platforms (such as TDDAP, described in paragraph 44.4). It also served as a focal point for discussion of DFID's overall policy, approach to, and learning from epidemics, drawing on external expertise and evidence, through participation by specialists from across HM Government, including DHSC and PHE. In situations where there was a concern about wider disease spread, the EpiThreats group supported countries to agree triggers for increased action (for example, for the 2018-19 DRC Ebola Outbreak).

67. The EpiThreats Group updated DFID senior management on any cross-departmental response to epidemics requiring resource allocation from DFID and coordinated with other HM Government departments, should an issue require a cross-HM Government response [ND1/1328 - 1330].
68. The EpiThreats Group met monthly, with additional meetings being organised to discuss any arising epidemic threats. DFID's Chief Scientific Adviser ("CSA"), a Professor in Social and Mathematical Epidemiology, and CHASE Director co-chaired the Group. Regular DFID attendees included health and humanitarian advisers, the most relevant Country Office officials from the affected country, officials working with relevant international partners, such as the WHO and GAVI and officials overseeing regions, including connections with country programmes. Where an issue required cross-HM Government coordination and/or an assessment of the risk to the UK, wider HM Government attendees included specialists from PHE, the CO's Civil Contingencies Secretariat ("CCS") and Go-Science.
69. Records of EpiThreats Group meetings were shared with DFID and other HM Government attendees and senior officials within DFID. I provide an example of a record of an EpiThreats Group meeting [ND1/1331 - 1335].

The Role of the EpiThreats Group and DFID's Chief Scientific Adviser in HM Government's response to Covid-19

70. On 21 January 2020, the EpiThreats Group met to share information on the emergence of a novel Coronavirus in China [ND1/1336 - 1337] and continued for the next weeks before other coordination mechanisms were established. DFID'S CSA and Head of Health Profession submitted a briefing [ND1/1338 - 1341] to the DFID Secretary of State and DFID Ministers on 23 January 2020, based on WHO and Scientific Advisory group for Emergencies ("SAGE") modelling. The work of the EpiThreats Group in this regard was focused on the impact of Covid-19 in developing countries. It was complementary but parallel to work elsewhere in HM Government that was considering the UK domestic implications of the emergence and spread of Covid-19.

71. DFID's CSA attended and contributed to SAGE meetings, and health advisers contributed to, and drew upon, the analyses from SAGE, and the modelling and clinical groups SPI-M and the New and Emerging Respiratory Virus Threats Advisory, to help inform DFID's support for the international response to Covid-19 in developing countries. In addition, a DFID Senior Health Adviser, based in China, engaged with respective state agencies in China. DFID Country Offices were provided with the latest information and guidance, so that they could ensure that there was sufficient health awareness and disease surveillance through WHO and foreign state Ministries of Health.

DFID's use and dissemination of external expert advice on health emergencies

72. In addition to advice from its CSA, health advisers and other specialists, DFID drew on internal and external forecasting to inform its response to health and civil emergencies. For example, in its response to the Ebola epidemic in Sierra Leone in 2015-2016, DFID funded epidemiological analysis and modelling from the London School of Hygiene and Tropical Medicine and Imperial College, London. During this period, DFID produced weekly epidemiology and modelling reports, drawing on global evidence, to inform DFID Ministers and the wider HM Government response. Similarly, in response to cholera outbreaks in Yemen in 2016-2017 and Zimbabwe in 2018-2019, DFID drew upon modelling projections to inform its actions.

73. DFID shared this expert advice, including forecasting and modelling, within HM Government. For example, during the 2013-2016 Western African Ebola epidemic DFID shared weekly epidemiology and modelling reports on the epidemic in Sierra Leone with other HM Government departments working on HM Government's response. I provide an example of a weekly report provided by DFID [ND1/1342 - 1345]. More generally, DFID reporting contributed to the CO monthly International Natural Hazard Scan, designed to inform CO and DFID Ministers and the FCO of possible events that could trigger an international emergency or disaster.

DFID's role in cross-HM Government coordination on international health emergencies

74. Beyond the EpiThreats Group, which I describe in paragraphs 65 to 70, DFID engaged in cross HM Government coordination in preparedness for international health emergencies. From 2016 DFID participated in a monthly International Risk Health meeting convened by CCS. This was a cross-HMG group, chaired by CCS, responsible for routinely scanning for major international health risks (human and animal) and providing a cross-government view of potential UK response and mitigation options to enhance HM Government's preparedness and response to international health risks. From 2017 it became the HM Government International Health Risks Network ("IHRN") and reported to the Threats, Hazards, Resilience and Contingencies sub-committee of the National Security Council.
75. DFID contributed its scientific and crisis response expertise to the IHRN. For example, in June 2017 the IHRN discussed the outbreak of Cholera in Yemen, and the outbreak of Ebola in the DRC. DFID provided updates to the group on Ebola based on tracking of the response by staff its Country Offices. In September 2017, the group considered an outbreak of pneumonic plague in Madagascar. Following a visit to Madagascar DFID assessed the situation as deteriorating and reported on the WHO's response. DFID, along with other Departments, was tasked with continued monitoring of the situation and liaison with relevant international partners to ensure an effective response to the outbreak and minimise the risk to the UK. DFID and PHE worked together to develop an assessment of the worst case scenario for the outbreak and associated response capacity at the national and international level.
76. DFID also led jointly with DH the HM Government Global Health Oversight Group, which was convened in 2016 [ND1/1346 - 1348]. It included officials from DFID, DH and other relevant HM Government departments and oversaw global health policy and programming of mutual interest between government departments, including the cross-government response to global health threats. Formal accountability for global health security programming lay with individual departments.

77. DFID Ministers and officials participated in cross-HM Government meetings convened in response to international health emergencies: For example, DFID Ministers participated in regular Cabinet Office Briefing Room (“COBR”) meetings and DFID officials attended the twice-weekly “huddle” meetings convened by the FCO to coordinate HM Government’s response to the 2013-2016 Western African Ebola epidemic. Furthermore, DFID participated in CCS chaired cross HM Government meetings to coordinate HM Government’s response to the 2015-2016 Zika virus epidemic, updating the group on the WHO’s response.

Section 10: Lessons learned by DFID from past simulation exercises, near pandemic events and other relevant disasters overseas

78. In this section of my statement, I describe the lesson learning by DFID from HM Government simulation exercises and DFID’s responses to international health emergencies overseas, to the extent that they are relevant to the UK’s planning, preparedness and resilience for high-consequence infectious diseases, epidemics and pandemics. I also outline briefly the steps that the FCDO has taken to improve its preparedness for future pandemics.

Learning from past HM Government simulation exercises

79. Following an extensive search of DFID’s electronic records and examination of the official lists of participants for each exercise, to the best of the FCDO’s knowledge, it appears that DFID did not participate in any of the following domestically-focused HM Government simulation exercises:

79.1 Exercise Winter Willow (for Pandemic Influenza) (2007);

79.2 Surge Capacity Exercise (for Ebola) (March 2015);

79.3 Preparedness and Review Workshop (for Ebola) (May 2015);

79.4 Exercise Valverde (for novel Coronavirus) (2015);

79.5 Exercise Alice (for MERS) (February 2016);

79.6 Exercise Northern Light (for Ebola) (May 2016);

- 79.7 Exercise Cygnet (for Pandemic Influenza) (August 2016);
- 79.8 Exercise Cygnus (for Pandemic Influenza) (October 2016);
- 79.9 Exercise Typhon (for Lassa) (February 2017);
- 79.10 PHE and APHA Workshop (for Avian and Pandemic Influenza)(October 2017);
- 79.11 Exercise Broad St (for Lassa and H7N9 Influenza) (January 2018);
- 79.12 Exercise Cerberus (for Avian Influenza) (February 2018);
- 79.13 Exercise Pica (for Pandemic Influenza) (September 2018).

Lesson learning from epidemics, pandemics and other health emergencies

80. I outline below details of reviews conducted into DFID's responses to international health emergencies and lessons relevant to the UK key preparedness and resilience functions.

2013-2016 Western African Ebola virus epidemic

"Real-time" DFID external review

- 81. Demonstrating its commitment to continuous learning, in April 2015, during the Western African Ebola epidemic DFID commissioned a Real Time review⁷ to support the next phase of its Ebola response and to identify implications for DFID's future operations.
- 82. The review highlighted the challenges DFID had faced in taking decisions based on partial or uncertain data and found that within DFID there was a prolonged period of watchful waiting prior to the decision to scale up the UK response. The review recommended that DFID's risk register become better at capturing and communicating uncertainty as well as evidence, and the escalation process for the register be accelerated. The introduction in December 2016 of a new

⁷ This document will be disclosed to the Inquiry separately.

corporate 'Risk Management Policy and Risk Appetite Statement', which I set out in paragraph 36, addressed this recommendation [ND1/468 - 471].

83. The internal review also highlighted scope for HM Government departments to establish the systems and practices necessary for effective joint working more quickly.

HEART Review

84. At the request of the Public Affairs Committee, DFID also commissioned an external review in 2017, into HM Government's response to the Western African Ebola epidemic ("**HEART Review**")⁸. The HEART Review was undertaken over the period August 2016 to January 2017 by a team mobilised through the Professional evidence and applied Knowledge services (Health, Nutrition and Education) (PEAKS HNE) framework contract with Oxford Policy Management. The key lessons identified from this review related to the need for more investment in countries with weaker disease control systems and, as noted in other reviews, the need for ongoing reform of the WHO. The review found that CO planning for international health crises had brought a stronger focus to the international health threat and regular COBR meetings provided clear UK Government coordination. The review echoed the IDC's 2016 review in recommending that HM Government increase preparedness and maintain flexibility to operate a spectrum response to disease outbreaks and sudden onset disasters.

International Development Committee reviews

85. The House of Commons IDC reviewed DFID's response to the Ebola epidemic in December 2014 [ND1/1349 - 1356] and January 2016 [ND1/1357 - 1370]. The IDC concluded that the UK had demonstrated strong and swift political leadership once the Public Health Emergency of International Concern ("**PHEIC**") was announced. However, the IDC identified that DFID could have launched its response earlier. The IDC considered that DFID was over-reliant on the WHO to sound the alarm, despite warnings from other actors. The IDC

⁸ This document will be disclosed to the Inquiry separately.

recommended DFID should increase its ability to react to warnings from a wider range of sources and improve its own ability to assess international public health risks independently.

86. As well as strengthening its risk management systems as described above, DFID enhanced its early warning mechanism for public health and conflict-related emergencies in 2015 through the development of the widely disseminated monthly 'Humanitarian Early Warning Notes' (also described above) [ND1/1327].
87. Following the Ebola epidemic, DFID and DH moved quickly to diagnose the challenges and failings in global health threats preparedness, responding with a shared strategic framework, 'Stronger, Smarter, Swifter'. The strategy underpinned a portfolio of programmes and interventions. The framework focused on stronger health systems, smarter development of new vaccines, diagnostic tools and detection of drug resistance, and swifter response to outbreaks and epidemics.
88. The IDC recognised that work to improve the UK's readiness and capacity for future outbreaks and humanitarian emergencies should continue. The establishment of DFID's EpiThreats Group was a key means through which this learning for HM Government's preparedness for future international health emergencies was embedded into ongoing DFID practice.
89. I have outlined DFID's role in supporting WHO reforms in paragraphs 48 to 52.

2016 Zika virus epidemic

90. Although searches have not identified any specific DFID lessons learned exercises in relation to the Zika virus epidemic, DFID provided feedback to contribute to a Cabinet Office lessons learned report on HM Government's response. The report concluded that HM Government's engagement with the WHO, which had been led by DFID, had been good, and had improved since the Western African Ebola epidemic. While collaboration between HM Government departments had been cited as good, the report recommended even closer collaboration and coordination between DFID and DH on engaging with the

WHO in future emerging international health emergencies.

91. Applying lessons from the Ebola outbreak on the importance of open data and transparency in the face of PHEICs, DFID signed a 'Joint Declaration on the sharing of data related to the Zika Virus epidemic in South and Central America' on 10 February 2016 [ND1/1357 - 1370].

Planning for future pandemics

92. In this subsection of my statement, I outline the steps that the FCDO is taking to plan and prepare for future pandemics. As I explained above, DFID and the FCO merged on 2 September 2020 to become the FCDO. This section therefore refers to the FCDO's work on pandemic planning and preparedness since its establishment.
93. On 24 September 2020, the cross-HM Government Pandemic Working Group ("CGPWG") held a Business Continuity Surgery with the FCDO to discuss pandemic planning. The FCDO welcomed the feedback provided by the CGPWG on its business continuity plans for a pandemic. The FCDO developed a revised business continuity pandemic plan in 2020. This is currently being refreshed.
94. Recognising the unprecedented and crosscutting nature of the pandemic, the FCDO Global Health and C19 Directorate is currently leading the development of an FCDO "health epidemic and pandemic readiness framework" and will present this to the FCDO's ExCo in spring 2023. The framework will capture existing good practices and lesson learning from previous health emergencies, and address, where needed, gaps in the FCDO's approach. The new framework will provide a single, coordinated approach covering the full range of the FCDO's responsibilities including health responses and support to British Nationals overseas. The framework will sit alongside the FCDO's existing Crisis Doctrine, which defines how the FCDO should respond to crises involving British Nationals overseas [ND1/1371 - 1404].

Section 11: Critical reflections on DFID preparedness and resilience for Covid-19 pandemic

95. To conclude my statement, I provide in this section reflections on DFID's planning, preparedness and readiness for the Covid-19 pandemic.
96. At the outset, I should note the unprecedented scale and nature of Covid-19, which had direct personal impact on DFID staff and their families, as it did for others involved in the Covid-19 response, and indeed, for very many people across the world.
97. As the Independent Commission for Aid Impact ("ICAI") noted in its review of the UK aid response to Covid-19, while HM Government did not have a strategy or blueprint for an aid response to a global pandemic, its response benefited from a range of prior investments in preparing for global health threats [ND1/1405 - 1450]. The IDC considered that cross-government structures established before the pandemic, including the EpiThreats group, helped to coordinate the international response to Covid-19. It also commented on the 'Stronger, Smarter, Swifter' strategy that DFID had developed between 2015 and 2018 to guide preparations for future health emergencies, which it said had provided "a relevant and well-balanced framework for action, supported by a strong strategic rationale".
98. Learning from DFID's responses to the Western African Ebola epidemic and the 2015-2016 Zika virus epidemic were evident in DFID's international engagement on the Covid-19 pandemic. The agility and expertise of DFID's staff in the UK, Geneva (where the WHO is headquartered) and Country Offices in quickly assessing the potential consequences of the unfolding crisis for developing countries and identifying short and long-term options for HM Government's response supported the UK in playing a leading role internationally.
99. The review of DFID's response to the Ebola epidemic, described in paragraphs 81 - 83 above, noted that its people rather than systems made the difference to the rapid and comprehensive response. The expertise and agility of DFID's people and the improved systems and programmes developed after Ebola, enabled a more rapid and comprehensive response to Covid-19 than previous

health emergencies. When the WHO declared Covid-19 a PHEIC, DFID swiftly redirected existing support and programmes to respond to the emerging international health emergency and worked with UN agencies, global leaders, academic, commercial partners and civil society to ensure a strong and coordinated international response.

100. While there is broad international agreement that the WHO reforms implemented following the Ebola pandemic in 2014 placed the WHO in a better position to respond to health emergencies, there is likewise broad international agreement that the reform of the WHO's emergencies work remains a work in progress. Much work is underway to implement the lessons of Covid-19, for example the UK £160 million support for the Coalition for Epidemic Preparedness and Innovation, leading global vaccine research and development in support of the mission to ensure that for future outbreaks, an effective and deployable vaccine or other health technology will be available in 100 days, and through drafting and negotiating with other WHO Member States of a new legally binding pandemic instrument to help the world better prepare, prevent and respond to future pandemics.
101. While recognising that the pandemic identified scope for improvements in crisis planning, preparedness and resilience, DFID staff showed outstanding adaptability, determination and resilience in serving during the most exceptional of circumstances. I thank them for their work.

Statement of Truth

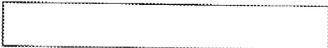
I believe that the facts stated in this statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Date

Personal Data

27 February 2023

NICHOLAS DYER



IN THE MATTER OF:

**THE UNITED
KINGDOM
COVID-19 INQUIRY**

**STATEMENT OF NICHOLAS DYER
ON BEHALF OF THE SECRETARY
OF STATE FOR FOREIGN,
COMMONWEALTH AND
DEVELOPMENT AFFAIRS**

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