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**CLOSING STATEMENT ON BEHALF OF  
THE UK HEALTH SECURITY AGENCY**

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**INTRODUCTION**

1. The UK Health Security Agency (UKHSA) is an executive agency of the Department of Health and Social Care (DHSC). It became fully operational in October 2021 with a mission to protect the public from threats to their health both at home and from overseas. UKHSA acts to prevent, prepare for, and respond to outbreaks of infectious diseases and to mitigate the impacts of environmental hazards to health. These actions protect our communities, our public services, our economy, and above all save lives.
2. UKHSA remains fully committed to supporting the work of the UK Covid-19 Inquiry. I anticipate that the Inquiry's findings will help UKHSA to better prepare for and respond to future health threats. I welcome the detailed scrutiny that the Inquiry has given to all aspects of pandemic preparedness in Module 1 and anticipate with interest receiving the Chair's recommendations.
3. However, UKHSA is not waiting for the Inquiry to conclude before taking steps to improve our preparedness for a future pandemic. UKHSA is a young organisation and builds on the experience, learning and capabilities of its predecessors, NHS Test and Trace (NHS T&T), the Joint Biosecurity Centre (JBC), Public Health England (PHE) and the Vaccine Task Force (VTF). We are already working to embed learning from the UK's, and other countries', response to the pandemic into everyday practice. For instance, we have established the Centre for Pandemic Preparedness as the coordinating focal point for multi-disciplinary capability convergence, both internally and with critical external partnerships.
4. UKHSA's new Strategic Plan and Science Strategy (both appended) reflect this learning and set out how we will continue to develop the nation's health security capability over the coming years. The Strategic Plan describes UKHSA's mission to act as a catalyst to drive health protection innovations that will enhance our collective abilities to provide health security – in particular taking preventative early action, through the technical application of science and data to manage infectious disease outbreaks and avert subsequent pandemic growth.

## KEY POINTS

5. There are a number of points that I would like to raise following the conclusion of the Module 1 hearings:
  - i. **System robustness:** The health protection infrastructure at the start of the pandemic was competent to deal with technical understanding and significant risk but at relatively small population size. It was not built or funded to surge sufficiently strongly or rapidly to the unprecedented whole population level encountered during COVID-19. Long-term investment for health security robustness is required. Whilst the ability to flex and scale up at pace is a core part of UKHSA's developing response model, many critical capabilities (such as scientists, technical experts or secure laboratories) take years to develop and require clear succession planning. They cannot be grown at the point they are needed. Career pathways to retain and develop UK scientific skills need to be permanent and recognised as an essential component of national security preparedness.
  - ii. **The reality of prevention:** Historically there has been more focus on preparing to respond and less on preparing to prevent a pandemic, but technological development makes prevention more realistic. Scientific and digital capability has advanced significantly in recent years and continues to develop at pace, creating new, realisable opportunities for averting catastrophic risks may otherwise be overlooked. The lack of high throughput capacity to test at whole population level and the introduction for the first time of population lateral flow testing are critical examples where new techniques, which have not previously been deployed or considered, could be incorporated in planning for the future, along with concurrent focus on treatments and vaccine development. All require long-term systematic and aligned investment and planning to be ready at a time of need.
  - iii. **Routes of transmission:** There was consistent evidence presented to the Inquiry of planning and exercising for a number of respiratory viruses, whether influenza, SARS, MERS etc. Wider consideration of the potential impacts of varying characteristics of any of these respiratory viruses should be considered in planning in the future. However, of equal importance is the consideration of other routes of epidemic and/or pandemic transmission – for example touch, orofaecal etc. Similarly, the PPE required for different diseases is not pathogen specific (coronavirus and flu PPE are broadly the same) but the detailed variation (what PPE you use – gloves, face masks etc) and utilisation (how you use it – e.g., wearing one or two pairs of gloves) will be dependent on both the route of transmission and the specific characteristics of the pathogen.
  - iv. **Health protection as an economic asset:** UKHSA strongly endorses the recognition of the innovation, skills and new infrastructure developed during this

pandemic response noted not to have been present at the outset. However, the description of continuing investment in health protection is often described during the Inquiry as an insurance policy with an implied cost to the country. This 'insurance cost' approach results globally in evidenced cyclical inverse investment in health protection - the further away from the health protection incident or event, the more the investment diminishes. However, in practice those same areas of scientific capacity and capability, if maintained routinely, can generate wider benefits and create economic growth through development of the life sciences sector in areas such as diagnostics and genomics. They are then ready to be turned rapidly towards prevention or management of a pandemic. The outcomes of potential increased trade, greater workforce productivity through prevention of endemic infections and greater efficiency in the use of routine and emergency health services should be considered in the language and contextualisation of national health protection preparedness and response.

- v. **System complexity:** The Inquiry has noted the complexity of the health protection system, but it is important to recognise that many response elements were preconnected and robust. There are significant risks in the introduction of new approaches, of necessity involving many organisations and multiple interfaces, which take years to stabilise and become effective. In addition, many parts of the health, care and local government system have undergone multiple recent changes. UKHSA therefore would not recommend further significant restructuring but rather would welcome clarification of the interfaces and organisational responsibilities and has itself instigated a programme of work with LGA and DsPH which is currently in progress.
- vi. **Public Health Legislation:** UKHSA would welcome a review of public health powers and consideration of whether new legislation should be developed that can be rapidly deployed in the event of a large-scale incident.
- vii. **A toolkit of capabilities is more important than plans.** Plans (e.g. the UK Pandemic Influenza Plan, or response to Exercise Cygnus) are important but are only as good as the core capabilities on which they are based. This is the case in all aspects: science and research and development; the regulatory system; stockpiles (including vaccines and PPE); on-shore manufacturing capabilities; and a legislative framework. Areas where the UK had relative strengths and weaknesses in these areas were reflected in the pandemic response.
- viii. **The underlying resilience of the system matters,** and higher resilience means the NHS, adult social care and public health will be more likely to be able to cope effectively with shocks of any kind, including pandemics. Levels of core capacity include specialist and scalable laboratories, NHS general and critical/intensive care beds and sustainable bed occupancy levels, sustainable adult social care services, security of medical supplies, and a resilient workforce. The structure and health of

the population itself, e.g. age profile or levels of smoking and obesity, is also clearly a factor in resilience and outcomes.

- ix. **The ability to scale up in the first few months is essential.** Preparedness should identify areas that have to be prepared in advance (e.g. stockpiles to buy time while we learn more about the virus and/or we can develop specific countermeasures) and areas that can be responded to at the time (e.g. money for buying vaccines). On the whole, the immediate specialist PHE and NHS response was strong, but the first three-month period was when the system was most under pressure because capabilities took a while to build up.
6. In my role as Chief Executive of UKHSA as well as my former role as Deputy Chief Medical Officer, I co-authored the “Technical report on the Covid-19 pandemic in the UK”, published by DHSC, which summarises high level technical and professional learning for future UK Chief Medical Officers, Government Chief Scientific Advisers, National Medical Directors and public health leaders in any future pandemic. I want to emphasise the importance of this report and its conclusions in relation to pandemic preparedness, particularly around the role of science and data.

#### **RECOGNISING OUR STAFF**

7. I want to recognise the significant efforts of the staff in UKHSA and its predecessor organisations, NHS T&T, JBC, PHE and VTF in responding to the Covid-19 pandemic. It should not be forgotten that they all carried out their duties well beyond their normal remit. They lived through the same extraordinary social context as the general population, with many of those workers also concurrently suffering their own personal losses yet continuing to work on for the wider public good.

#### **CONCLUSION**

8. In conclusion, UKHSA will continue to provide the Inquiry with all further assistance and support asked of it as the future modules progress. I want to reiterate the Agency’s absolute commitment to honesty, openness and transparency, to assist the Covid-19 Inquiry ultimately to reach robust and timely conclusions that will help keep our Nation safe.

Dame Jenny Harries  
Chief Executive  
UK Health Security Agency