

Message

From: [PD] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D21258C9254E4E32942F15C21EE78F6F [PD]
Sent: 04/02/2020 10:37:12
To: [PD] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102811871d4a46b88bc288ae8199e593 [PD]
Subject: FW: US CDC, Swiss, Finns

From: [PD]
Sent: 03 February 2020 17:42
To: [PD] @dhsc.gov.uk>; [PD] @dhsc.gov.uk> [PD] @dhsc.gov.uk>; [PD] @dhsc.gov.uk>; [PD] @dhsc.gov.uk>
Subject: US CDC, Swiss, Finns

Will tidy and reduce to some points for BTOR but for swift sharing...

US CDC

Coronavirus

- CMO: up to speed on the US situation from G7 call. What should we do internationally?
- [PD] surprised [PD] was saying isn't seriously globally right now but is in china. US wants it to be taken seriously. Last week here talked about gap analysis. Esp African continent.
- CMO's 4 scenarios. Less and less confident China will get on top. If seasonal, African nations may miss a bullet. Cant exclude turning into pandemic. Both agree R between 2 and 3, doubling 3-5 days. 1.5-2% mortality in symptomatic people. If cases imported to other countries upswing for up to 6 months. Our aim is contain and delay so UK doesn't hit in the middle of winter season. Modelling suggests that if reduce flow of people from China to Europe by 90% (tall order), would only delay by 15 days – is it worth economic cost?
- [PD] In similar ranges. Also trying to contain by routing flights into 5 airports.
- CMO: Thought we could max pick up a third, prob only about 10%.
- If we did what you are doing, what would happen to US citizens? Lots transit in UK.
- [PD] admits a good question – do have some people flying through third countries and just not getting off.
- CMO: Have been tight on testing so far but putting up capacity. Sweet spot in 4-5 weeks where will have lots of capacity and will have surplus – but if pandemic hits will then be overwhelmed again.
- [PD]: US has high seasonal flu; CMO says we don't, had a peak and waiting to see if there is a second one.

Ebola

- [PD] and [] coming to session tomorrow morning [PD]: Key questions: feel like going in right direction but need to avoid moving to fast towards closing [PD] agrees should be phased down more slowly – some areas just don't know whats happening.
- Transition – move to big UHC programme potentially too fast. Need to think about how can maintain surveillance and response capabilities that have built up esp in E DRC; and then what are sequential steps for wider capacity building – including getting political will.
- CMO: Can't consider DRC as one unit. Big risk that attn switching to coronavirus. DG: should clarify leadership structure at meeting tomorrow Ebola vs CoV

Immunisation

- CMO: Our rates gradually drifting down – share practice. Anti vaxxers take air time, including from US (but also [PD] ..) SoS keen to take action. What can we do to support?
- [PD] Line of communication on things we learn.

- CMO: Keen to US Gavi replenishment both for fundraising but also for messaging on vaccine confidence. **PD** Have significantly increased comms capacity. Good to think about how we can use comms opportunities in donor countries as a trojan horse for broader vaccine confidence. Working with USAID. A little concerned at the end of a series of commitments but trying to flip narrative as a historic ending moment.
- **PD** Keen to continue discussing.
- **PD** Polio – perspective on donor frustrations? Agrees need to address governance concerns. Thinks NOPV plan is very rosy. Have had discussions about ensuring there is enough monovalent OPV; need to work out which countries it's going to.

IHR

- CMO: How do we think IHR is going in the sense of WHO leadership?
- **PD** Needs more teeth – we need to put pressure on countries as MSs too. WHO did e.g. put pressure on Tanzania, but still needs more follow up via national focal points. **PD** comment on PHEIC interesting about needing 'yellow light' – both RM and CMO agree could be helpful.
- **PD** What are CDCs priorities this week? RM: Polio, flu (hoping will clear), alongside CoV and Ebola. Strategic Dialogue postponed three times now. Tentatively mid March. **PD** Should continue conversation on SD.
- CMO: Remain very interested in AMR.

SWITZERLAND

- **PD** Still have access to databases in IP. **PD**: Still better than Switzerland. Good that still included. Have had trouble because following situation and were worried for a while. Suddenly became more serious so asked for access which had always been granted before but this felt harder and had a misunderstanding. Now have access to EWRS but specifically on CoV, meaning that they don't have access to measles etc. which is not helpful. Don't have full access to health security network and not sure why.
- **PD** EWRS still have everything; health sec council just for CoV.
- **PD** had hoped could keep out of political dimension in technical but hadn't worked.
- **PD** Mandate scope still unclear. Swiss warned us that limiting to events is helpful but doesn't give ongoing collaboration.
- CMO: think now more likely than not that will leave China properly. Whether it then burns out after winter, no way of telling. Mortality rate 1.5-2% - c. 1958 pandemic. Pressure on health services could be significant. Looking to slow down to get out of winter period. 2-3 weeks max we can delay; 5 days for UK as a single country if took very extreme border measures – so only worth doing Europe wide and at high cost for short delay. Don't see signs of slowing down in China.
- **PD** Still very cautious about assessments – don't have data. Monitoring closely, in contact with cantons. Diagnosis lab in Geneva hospital – 130 suspected cases, same challenge on flu so very hard to distinguish. Hoping for reduced media attention in next few weeks. Agree that have to take measures all together or not at all e.g. repatriation – 8 people in Wuhan, 4 left, wanted to stay, and then started to pick up in media when French and Germans started to act so had to evacuate another 5. Haven't started screening. CMO: We decided not worth it and US experience corroborates. All being picked up by people coming forward with symptoms – better to share information at airports. **PD** Balance of showing taking measures and making them effective. Also don't want to overegg risk e.g. compared to flu.
- Hosting **Na** summit at end of month – monitoring situation as have ministers from all over. May try to refocus on infection prevention and control.
- Trying to think about how can use WHO/WHO EURO to push health security more.
- **PD** Hope can have Min at **Na** Summit.
- **PD** Don't really have these issues with health and finance Mins. Will try to be useful – focusing quite heavily on **Na** as working on anyhow. Have secondees to the Hub – think really important that Hub shows results. Quite critical, not just because not G20, that shouldn't have duplication from G20 – so very important for Hub to deliver. Doesn't think realistic to bring Dashboard to heads of state. Sceptical about focus on pull. Also still a bit sceptical about high level dialogue – how to manage NY discussions – good to share thoughts.

- **PD** **PD** keen to get conclusion from IACG. Vital that UN agencies all work together, not just WHO **PD** did we think about positioning elsewhere e.g. using Nairobi, or Paris. Too late now and won't block. NY have to go through foreign affairs and brings political A2M discussions – e.g. were worried on UN declaration.
- **Name**: should focus on a few issues. Switzerland v transparent. Forget too much about shortages – could we establish a conversation on this with private sector **Na** last year (?) – thinking about doing again in margins of WHA – will keep discussing. On text, we will see.
- **PD** regular call.

FINLAND

- **PD** Good to have us on board with EB – one year of overlap. Pleased that social security in order for 1 year after Exit
- **PD** Thank you for discussion we've had on that. May well want to continue bilaterally after end of 2020. Great that WA have been ratified – prepared for no deal but could have been problematic. Negotiations on future rel will be fast moving, want to get agreement in this calendar year – positioning on both sides but scope and degree of alignment under discussion – PM has set out our position clearly today. On health continuing collaboration on HS a priority – coronavirus has made a higher priority; health programmes for next 5 year budget programme.
- **PD** interested in digitalisation and technology, related to patient safety where UK has also been activity, also related to AMR. Thank you for taking up that big picture is important, not separate silos. So sorry to use in European commission team because may these where we have been likeminded and UK being a bigger country has been a great support for us – not just health but also social security, hope find a good way to keep collaborating. Also a great loss that have very capable public health institutions and information/statistics. Have to rely more on Germans. Should try to find ways to handle different kind of indicators and data in different countries.
- **PD** How will we work with health security committee? Would really like to see continued collaboration as active and makes sense on cross border issues. Chairing main ECDC board.
- **PD** think we have a lot to offer on a neighbourhood approach. Has agreed with **PD** continued involvement in coronavirus on EWRS (full access), EPIS, Health Security Committee and ECDC management board (CoV only). Strong rels, a lot to offer, expertise- deeply political but may well be something that if we have technical discussions we can get quite a long way on. Have to see if it is in scope for next discussions. If that doesn't work, bilateral relationships we have we will seek to build further.
- **PD** could we have MoU with PHE? Norway does take part in discussions – there is precedent **PD** think this makes more straightforward.
- **Na me** digitalisation quite high, discussion of plan this week. Amazed with level of report, up to date and reflects discussions, also reflects UN high level forum. Dinner with **PD** (?) tomorrow – based here. Commission council strategy, Horizon 2030. Also discussed with Hans Kluge – EU and EURO active.
- In Helsinki, UNTIL – Innovation Lab – 5 around the world – including development work, very focused on investing in Africa, including for health security. Discus in Marrakesh? Could look at how countries with national action plans could take the lead in implementing – but need to get heads of state involved. Need to combine health security with innovation.
- **P** going to HIMSS in Orlando. First day theme is on international experiences – part of panel moderated. If UK going, would like to link up ACTION: link with **PD**
- UNOPS innovation centre in Helsinki since start of this year.
- **PD** – why are we doing differently to rest of Europe **PD** Not sure we are – Wuhan evacuees; if returned from China and symptomatic, ask to self isolate for 1 days. Only housing evacuees. **PD** concerned re lab capacity **PD** al being done in Colindale but sharing protocol so can do elsewhere. **PD** pleased with information sharing. **P** good impact for other discussions on sample sharing.
- On EB have been concentrating on governance processes and transparency – thanks for support. Very energising but long days!

Thanks,

PD



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