

IN THE MATTER OF THE INQUIRIES ACT 2005 AND IN THE MATTER OF THE INQUIRY
RULES 2006

THE UK COVID-19 INQUIRY

OPENING STATEMENT ON BEHALF OF THE CABINET OFFICE FOR MODULE 4
(VACCINES AND THERAPEUTICS)

Introduction

1. The Cabinet Office including No.10 (abbreviated to 'the Cabinet Office' throughout) continues to be committed to assisting the Inquiry's investigations across its modules, with a view to ensuring lessons are learned for future emergencies, informed by what went well in the response to the COVID-19 pandemic and by areas where improvements can be made.
2. In this short written opening statement for Module 4, the Cabinet Office will not attempt to comment on each of the important issues the Inquiry will explore. The Cabinet Office has provided extensive material and a written corporate statement intended to assist the Inquiry's investigation in this module, and will be supporting those Cabinet Office witnesses the Inquiry wishes to question at oral hearings. This statement simply seeks to summarise important elements of the Cabinet Office's role concerning vaccines and therapeutics to aid the Inquiry's understanding.
3. By way of context, on 8 December 2020, the UK became the first country globally to deliver a COVID-19 vaccine. All those identified in the four most vulnerable cohorts were offered a first dose of the vaccine by 15 February 2021. The UK Health Security Agency (UKHSA) estimated that by September 2021, nine months after the roll-out began, the COVID-19 vaccine had already prevented more than 23 million infections and 123,000 deaths in the UK. By the end of the relevant period of this module of the UK Covid-19 Inquiry, in late June 2022, 87.6% of the UK adult population had been vaccinated with two doses, well above the planning assumption of 75%. Across Europe, the World Health Organisation estimates that the COVID-19 vaccine helped to reduce deaths by at least 57%.
4. The UK vaccine rollout was the result of collaboration and innovation across all four UK nations by a large multidisciplinary cohort of individuals and teams from across the NHS, civil service, regulatory bodies, academia, local government and the private sector, not to mention all the pharmacists, GPs and volunteers who supported delivery on the front-line.

Role of the Cabinet Office

5. The Cabinet Office's involvement in any policy area evolves to reflect the priorities of and demands facing the Government of the day and its ministers at any given time. As a major programme, it was considered important for the Cabinet Office to remain close to the work on vaccines and therapeutics throughout the pandemic so that the strategic

response to COVID-19 generally could be shaped and adapted in line with progress on developing medical countermeasures. The Cabinet Office worked in this task with, among others, the Department for Health and Social Care (DHSC) and its relevant agencies, the Vaccines Taskforce (VTF) which led on vaccine supply and procurement, and NHS England and NHS Improvement which oversaw programme delivery and roll out, as well as the devolved administrations.

6. In the early months of the pandemic, the Cabinet Office supported other departments to take forward the then Prime Minister's approach of seeking to invest every effort into sourcing an effective treatment and/or vaccine to combat the novel coronavirus, on behalf of the whole UK. As work in this area increased in scale and complexity, the Cabinet Office turned its attention to seeking to ensure effective structures were in place to deliver this goal. This included appointing an external expert Chair to lead the VTF. The Cabinet Office sought to establish the necessary governance structures to facilitate discussion and collective decision-making by ministers as that work progressed. The COVID Strategy and Operations committees (COVID-S and COVID-O) were established in May 2020.
7. Once these structures had been set up, the Cabinet Office continued in its efforts to ensure that the overall strategy reflected progress in the development of vaccines and therapeutics and to provide oversight for the then Prime Minister of the vaccination programme as it was rolled out in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI). Given the importance of vaccines to the strategic response to COVID-19, the Cabinet Office worked to ensure that all parties involved in the vaccine programme were challenged to maximise vaccine uptake and to address any barriers to vaccination, informed by the most up-to-date data.
8. The Cabinet Office then monitored the progress of the vaccine programme to determine the timing of the lifting of lockdown measures, as outlined in the 2021 Spring Roadmap strategy.
9. As the Inquiry explored in earlier modules, risk management responsibilities in the UK Government are based on the Lead Government Department (LGD) model, whereby responsibility for risk preparedness and management sits with individual departments. In line with the LGD principles, DHSC had and continues to have overall responsibility for putting in place arrangements to mitigate the potential impacts of pandemics and emerging infectious diseases, including vaccines and therapeutics.

Relevant Cabinet Office and No.10 Structures

10. The Inquiry heard in Module 2 about the Cabinet Office's role in establishing governance structures to facilitate collective decision-making – from COBR, to Ministerial Implementation Groups (MIGs), to Covid Strategy (COVID-S) and COVID Operations (COVID-O) committees. A detailed account of this evolution was provided by the Cabinet Office in a corporate witness statement by Simon Case, as Cabinet Secretary.

11. The way in which vaccines and therapeutics were considered in the aforementioned governance structures evolved over the pandemic as follows.
 - a. *The first stage (up to 15 March 2020)*: During this stage, the first collective ministerial decisions about the response, as distinct from those decisions within the responsibility of a single department, were taken at ministerial COBR meetings. In line with the LGD model, almost all work on vaccines and therapeutics in the early stage was led within the relevant government departments. The Cabinet Office considered the availability of vaccines in the broader context of the UK's readiness to respond to the evolving threat of the novel coronavirus.
 - b. *The second stage (Mid-March - 27 May 2020)*: During the period when the MIGs were in place, vaccines and therapeutics were predominantly considered in the International MIG (IMIG) due to the global nature of the search for a medical treatment for COVID-19, as well as in the Health MIG (HMIG). Examples of work discussed by the IMIG include but are not limited to: facilitating cross-government discussions to support international engagement in relation to vaccines and therapeutics; and, considering the appointment of a UK Vaccines Envoy. The IMIG also discussed, among other issues: UK global leadership to support equitable access to vaccines and medical treatments; UK funding contributions to accelerate international vaccine development; and opportunities for domestic manufacturing. At this time, the Cabinet Office was also involved in considering the cross-government governance and working structures needed to take forward the development of vaccines and therapeutics in the longer term. The MIGs reported into the former Prime Minister's daily morning meeting which brought together key ministers, officials and advisers to discuss the day's priorities and receive an update on progress.
 - c. *The third stage (from 28 May 2020)*: Once the MIGs were replaced by COVID-S and COVID-O, discussion and collective decisions in relation to vaccines and therapeutics took place primarily in COVID-O. Examples of issues discussed at COVID-O include, but are not limited to: the UK's operational readiness for vaccine deployment; supply chain challenges; options for increasing vaccine uptake among low-uptake groups; and options relating to mandatory workforce vaccination. Updates on the vaccine programme were also, on occasion, presented for review and discussion at COVID-S to ensure the wider government strategy was aligned with the speed and progress of the vaccine rollout.
12. In May 2020, the then Prime Minister appointed Kate Bingham as the Chair of a new Vaccines Taskforce within the Department for Business, Energy and Industrial Strategy (BEIS). The Cabinet Office worked to agree the remit and objectives for the VTF with Kate Bingham in May 2020. As part of these discussions, consideration was given as to whether the VTF should also assume responsibility for work on therapeutics. Given the progress of work underway at the time by DHSC's Therapeutics Taskforce, it was assessed that the two taskforces could remain separate but work in close collaboration where required.

13. Under the leadership of the Chair, the VTF had the then Prime Minister's full authority to deliver the vaccine programme in line with agreed objectives. Ministerial accountability to Parliament and the associated funding for the VTF remained with BEIS. Considerable freedoms and independence were afforded to the VTF to expedite the delivery of a vaccine, and all government departments were instructed by the Cabinet Secretary to provide any necessary support that the VTF requested. Given the importance of the vaccine programme, the Cabinet Office monitored the work of the VTF throughout the pandemic and plans were scrutinised at the highest level.
14. As the Inquiry will already be aware from previous modules, in May 2020, the COVID-19 Taskforce was established within the Cabinet Office as the unit to bring together strategy, analysis and coordination and work with departments across Whitehall. The COVID-19 Taskforce included a small, dedicated Vaccines and Therapeutics team which worked closely with other parts of government, including the VTF, to ensure that ministers were equipped with advice in relation to vaccines and therapeutics.
15. The Cabinet Office also supported work to help ensure that investment decisions could be made quickly while at the same time exercising appropriate commercial controls. In July 2020, the Ministerial Investment Panel was set up to provide commercial and financial approvals for high-value vaccine procurement contracts. The then Cabinet Office Minister of State, Lord Agnew, sat on this panel alongside ministers from BEIS, HMT and DHSC.

Vaccines

Eligibility and prioritisation

16. Throughout the pandemic, the former Government sought and followed advice from the independent expert advisory committee, the JCVI, as to who should be eligible for receiving a COVID-19 vaccine and which cohorts should be vaccinated as a priority.
17. The role of the Cabinet Office was to consider, within the context of that overall strategy, the implications of expert advice on vaccine prioritisation and eligibility, and seek further JCVI advice where new evidence or circumstances arose.
18. The Cabinet Office facilitated ministerial discussion and collective agreement in relation to JCVI advice through COVID-O and the Prime Minister's Vaccine Deployment meetings. Although the Cabinet Office followed the JCVI's medical advice, ministerial sign-off was nevertheless required. This reflects the distinction between the advisory role of scientific experts, and the decision-making role of ministers.

Vaccine safety

19. For all issues relating to vaccine safety, the former Government relied on expert advice from the Medicines and Healthcare products Regulatory Association (MHRA).
20. It was important for the Cabinet Office to keep abreast of MHRA advice in order to provide timely advice to ministers on any implications or necessary adjustments to rollout plans or the overall strategy. As an example, the strategic approach was adapted in line

with MHRA and JCVI advice in relation to potential health risks raised about the AstraZeneca vaccine in Spring 2021.

Variants of concern and the booster

21. The emergence of new variants of COVID-19 had the potential to change the course of the pandemic. The Cabinet Office worked closely with DHSC to understand and respond to the potential impacts of new variants on strategic planning. In December 2021, in the context of rising cases of the Omicron variant, the Cabinet Office worked with the VTF and DHSC to explore what more could be done to accelerate the deployment of vaccines, and the offer of a booster vaccine.

Vaccination as a condition of deployment

22. In March 2021, experts from the Scientific Advisory Group for Emergencies (SAGE) recommended that 80% of staff and 90% of care home residents needed to be vaccinated to provide a minimum level of protection against outbreaks of COVID-19. In Spring 2021, rates of vaccination among care home sector workforces were lower than SAGE's recommended levels to prevent the virus spreading. The then Prime Minister asked the Health Secretary to explore legislative options for mandating vaccination for those working in older age residential care settings.
23. DHSC led consultations in relation to mandatory vaccination, initially for staff working in older age care settings and later in 2021 for those in wider adult social care and health care sectors. The Cabinet Office facilitated ministerial decision-making on mandatory vaccination through COVID-O.

Therapeutics

24. Alongside the UK's endeavour to develop vaccines for COVID-19, DHSC led work to seek to develop, or repurpose an existing, antiviral or therapeutic treatment to control the virus. This work was led by the Therapeutics and Antivirals Taskforces in DHSC.
25. As with vaccines, the Cabinet Office monitored the progress of work on therapeutics and antivirals in order to shape the overall strategic response to the pandemic, to enable decisions to be taken to collective agreement as appropriate, and to ensure that the appropriate resources and structures to deliver this work within government were in place.
26. The Ministerial Investment Panel, originally set up for vaccine approvals, provided commercial and procurement approvals for high-value therapeutics and antivirals contracts. Other lower-value spending was approved by HM Treasury (HMT). The Cabinet Office was generally only involved in purchasing decisions if the DHSC did not agree with HMT's assessment of a spending request. In this event, the Cabinet Office considered both the health and financial implications of a decision, seeking further advice where necessary from scientific advisers, in order to provide strategic advice to the Prime Minister.

Equalities and Public Messaging

27. Maximising the number of people who received a vaccine or who could be protected from serious illness using therapeutics was an important part of the previous Government's overarching strategy to reduce transmission and protect lives.
28. In the Cabinet Office, the COVID-19 Taskforce and the Equality Hub (now the Office for Equality and Opportunity) supported work led by DHSC and the VTF to address inequalities in relation to the vaccination programme and to help ensure that everyone who was eligible to receive a vaccine could do so. The then Minister for Equalities, Kemi Badenoch MP, who has given and will be giving further evidence to the Inquiry during oral hearings, helped to ensure that inequalities were considered as part of ministerial decision-making in this regard.
29. Work to overcome and minimise anticipated barriers to vaccine uptake began prior to the start of the vaccine rollout, based on understanding from other comparable UK vaccination programmes that vaccine uptake may be unequal across the population. The Cabinet Office worked to ensure that inequalities issues were considered as plans for the vaccine rollout were developed. The then Minister for Equalities also participated in a clinical trial for the Novavax vaccine to encourage people from ethnic minorities to volunteer during the vaccine development phase and build confidence in the vaccine programme.
30. Once the rollout began, the Cabinet Office sought assurance that granular data on uptake was being collected and monitored so that areas where further work was needed to maximise vaccine uptake could be identified. The Cabinet Office also worked directly with disability organisations and charities to understand issues and barriers regarding accessibility of vaccination venues and to develop and distribute accessible communications material relating to the vaccine programme.
31. Based on experience of comparable vaccination programmes, it was recognised that, for a variety of reasons, some people would be hesitant to receive the COVID-19 vaccine. Public communications were considered to be a key tool through which the Cabinet Office Communications Hub - working closely with DHSC, behavioural scientists and the Equality Hub, among others - could try to tackle disparities in and overcome barriers to vaccine uptake.
32. Public messaging was informed by research from Public Health England and others on the barriers to vaccine take-up, as well as YouGov polling and insight from direct engagement with diverse communities on previous vaccination and public health campaigns. This enabled the Communications Hub to design national and local campaigns tailored to the needs and concerns of different groups. Communications were disseminated across different online and offline media platforms, as well as in different languages and formats to try and reach the widest possible audience.
33. The Office for National Statistics reported that over 9 in 10 people aged 12 years and over in the UK had received one dose of a COVID-19 vaccine, and nearly 9 in 10 had received two doses by August 2022. While the uptake rate of the COVID-19 vaccine far outweighed comparable vaccine programmes, uptake was not equal across society and lessons can be learned about how we can continue to overcome disparities for future health emergencies. Lessons were identified in four reports on progress to address

COVID-19 health inequalities, produced by the Equality Hub on behalf of the then Minister for Equalities.

Conclusions

34. The Cabinet Office invites the Inquiry to consider work that has been undertaken since the COVID-19 pandemic when formulating recommendations in relation to this module.
35. For example, the Government is taking forward commitments made in the 2023 Biological Security Strategy (BSS) to develop capabilities to scale up the discovery and development of safe and effective therapeutics and vaccines within the first 100 days of a pandemic. The commitments, underpinned by targeted research and development programmes across the range of biological threats, include the development of solutions that could be rapidly repurposed towards a future Disease X. This work is being led by DHSC and UKHSA, in collaboration with industry and academia. The Cabinet Office is working to help ensure that the commitments outlined in the BSS are implemented by relevant government departments.
36. The COVID-19 pandemic, in general, and in particular the work to develop and rollout a vaccine or effective drug-based treatment, highlighted the importance of scientific expertise to inform government policy and strategy-making.
37. The UK's vaccine programme altered the course of the pandemic, saving tens of thousands of lives. Identifying the strengths and successes of the vaccine and therapeutics programmes, as well as areas for improvement, is an important part of learning lessons about how we can do better in the future. The Cabinet Office looks forward to receiving the Inquiry's recommendations in this regard.