I would be grateful if you could urgently pass on the below to the Prime Minister and confirm receipt.

Can you please also confirm when the Prime Minister has read this today? Eddie is happy to speak with the Prime Minister today if helpful.

Kind Regards,

NR on behalf of Eddie

Dear Prime Minister,

I had hoped to complete my responsibilities as Chair of the Antivirals Taskforce without ever having to involve you. Sadly, this has not been possible and given your personal instigation and support of this effort, I am now requesting your urgent intervention to bring clarity to an important question for public health and to avoid an embarrassing international comparison for the UK.

You initiated the effort with the clear objective of achieving the availability of two oral medicines for the Autumn/Winter 2021/22 to be widely available for people diagnosed with Covid-19 infection. Prior to my arrival, this translated into an expected market of inexpensive, high volume medicines that would facilitate clinical intervention and insurance against a variant of the virus that escaped vaccine effectiveness. This was the scenario the Taskforce was charged to address with associated assumptions regarding the required budget. The companies' development of the products has however taken a different approach. They have chosen to tackle the more difficult clinical challenge of reducing hospitalisations, and given this is a high value outcome for a health service, have set high prices consistent with achieving that goal.

The Taskforce's first proposal, which was to procure all the product that the two priority companies could make available to the UK for this year and next, exposed these two different approaches. It highlighted that attempting to cover a 'broad market' population with a 'narrow market' price inevitably led to a sizeable bill of £11.5 billion despite significant volume price discounts being negotiated. This, quite rightly in my view, was seen as an unacceptable way forward and allowed further consideration of clinical needs in light of vaccine performance and greater insight into variant strains.

The Taskforce's current proposal, which followed further review of clinical and public health priorities, focuses on treatment and prophylaxis of only the most vulnerable in our population. This equates to a need for 2.75 million courses of antivirals at a cost of I&S As always with products in development, there are things we do not know. Rest assured that the clinical position adopted recognises and accounts for these unknowns, and initial deployment via the proposed NIHR trial which will help answer the most important of these questions.

The new Secretary of State for Health and Social Care, to his credit, quickly grasped the essential issues and the appropriateness of focusing upon the most vulnerable. He has communicated clearly within and outside the Department his support for the Taskforce proposal as the correct response for public health and consistent with policy announcements regarding learning to live with Covid-19.

It is important to recognise that we are in competition with other countries for a limited supply of these medicines. In our view, the only way to secure what the UK needs is to order antivirals now to cover this Autumn and Winter and in 22/23. All the numbers quoted above reference purchases to cover both winters. The issue of limited supply is contentious. Some people simply do not believe it, and think more will be available this time next year. This view has no visible means of support. All I can offer is that throughout this negotiation all three companies with products in advanced development have consistently raised the issue of supply restrictions over the first 48 months, have done so regardless of whether we are discussing large or small volumes, and have set deadlines for our discussions because of orders they are receiving from other countries.

A decision on purchasing volumes needs to be taken immediately. Despite the public health picture being clear, the "war of attrition" over making necessary funds available is putting the UK position in jeopardy. We are now in danger of procuring zero antivirals, or such a small sum that would make no meaningful difference, at our disposal. From a position of having been at the head of the negotiation queue globally, this would be a considerable embarrassment for the UK if it is clear, as I am sure it would become clear, that we simply allowed ourselves to 'drift' to such a position with no appropriate decision. I fully recognise affordability is an important issue and taken seriously, but if it is to outweigh the public health case then it should be openly and clearly acknowledged as a decision made with that understanding. Not, as is the case appears now, an inevitable consequence of interdepartmental disagreement and procedures.

I am seeking your personal intervention – in what I recognise is a busy and difficult week for you personally – to arrive at a decision immediately. We are confirming the details of a small order with one company, but the deadline with the second company passed on Monday evening, and they offer the bulk of our intended volumes. So let me be clear on the options.

Preferred option: order immediately from Arrow 2.5 million courses.
This achieves public health goals regarding most vulnerable, and is consistent with product profile and price. This cannot be met from the current budget for all the reasons outlined above and requires additional funds this financial year and on top of the DHSC's SR settlement for next year.

Intermediate options: order some number lower than 2.5 million courses from Arrow.
Any of these options inevitably compromises some element of the public health goals as outlined and publicly stated. Compromises will either be some section of the identified patient population not receiving treatment, or taking additional risk on supply. Whilst there will undoubtedly be proponents of these options, I have to say that assessment of risks being taken on these options is not well-informed on the basis of conversations I have been directly involved in and this is a source of concern.

Not affordable option: order no further courses or only those courses affordable under the current budget or only sufficient courses to support the NIHR trial.
In short, there would be considerable risk to the most vulnerable in community. I think the most significant danger here will be emergence of a virus strain that does not fully escape the vaccine but does reduce further vaccine effectiveness. At this point, an alternative for the most vulnerable population cohorts would be an important option. However, it would be clear – and would need to be documented for the record – that all this was understood and a decision taken in that light, including not to allow true end year flexibility to enable the current ATF budget to the rolled into next year without impacting the DHSC SR settlement. It is possible the two leading providers of antiviral products may decide not to supply the UK in small numbers in light of opportunities to sell greater numbers to other markets. The UK was in a position to set volumes and delivery schedules. Other countries are very close to finalising contracts and the UK now may be looked upon as 'just another customer' rather than a 'leading customer'. It should be noted we understand some of these other countries include big European markets.

There remain important other questions regarding antivirals to answer for future winters, and as part of future pandemic preparedness. There are exciting new approaches in research and real opportunities for the UK to be a leader in shaping their development and utilisation for patients. I am keen to contribute to such a potentially positive picture, but we should not misunderstand or underestimate that the current actions of the UK not only undermine credibility immediately yet also leave questions regarding our reliability as partners in the future.

Kind Regards

Eddie Gray