

Witness Name:
Statement No.:
Exhibits:
Dated: 26
FEBRUARY 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF JEREMY FARRAR

I Jeremy Farrar will say as follows: -

1. I have been the Chief Scientist at the WHO since May 2023. In that role I work to ensure WHO is committed to science and evidence and that innovation and high-quality health products, policies and services are available equitably to everyone, everywhere. I am a clinician scientist who before joining the WHO was between 2013-2023 Director of the Wellcome Trust. Between 1996-2013 I was Director of the Clinical Research Unit Hospital for Tropical Diseases in Ho Chi Minh City Viet Nam. I trained in neurology and infectious diseases in London, Edinburgh, Oxford and in Melbourne. I have a PhD in Immunology from the University of Oxford in partnership with the University of California in San Francisco and have over 600 publications. I am a Fellow of the Academy of Medical Sciences UK, the National Academies USA, the European Molecular Biology Organization and a Fellow of The Royal Society. I was named 12th in the Fortune list of 50 World's Greatest Leaders in 2015, included in the Politico's Class of 2022 most influential people in Europe. I was awarded the Memorial Medal and Ho Chi Minh City Medal in Viet Nam and in 2018 the President Jimmy and Rosalynn Carter Humanitarian of the Year. I was knighted in the Queen's 2018 New Year Honours for services to Global Health and was awarded the Order of the Rising Sun and Gold Ray Neck Ribbon in 2020 from the Japanese Government in the name of the Emperor of Japan for contributions to Global Health. In 2024 I was named in the Time100 list of 100 most influential leaders in health

2. I was involved in setting up the initial serological assays developed by PHE (Porton Down) in Q1 2020 that were used to estimate the level of seroconversion to SARS-CoV2 in the community. Initially this was done using samples from blood donors as a surrogate for the true transmission in the community and later as part of the Office of National Statistics (ONS) Infection Survey which I helped set up with Professor Sir Ian Diamond with whom I chaired the first meeting that set up the ONS Infection Study. The information from those initial community serological studies and more importantly the ONS Infection Survey were crucial in determining the extent of transmission in the UK from early 2020 and over the next couple of years.
3. There was simply not enough testing capacity (Serology and Molecular (PCR) diagnostics) in Q1-Q2-Q3 2020 in the UK to support a functioning TTI Strategy.
4. There was excellent scientific expertise available in the UK to develop TTI systems in the UK. This was not always used to its best by those responsible for setting up TTI systems or for their implementation and evaluation. There was also not enough done to learn from other countries who implemented superb TTI systems (notably Korea, Singapore and others).
5. Testing in clinical care for diagnosis, infection control, isolation and treatment and in communities to understand transmission is a critical component of responding to epidemics and pandemics. The UK was too slow to get started in testing, initially the result of not enough laboratory capacity in Public Health England and in clinical facilities. The UK then failed to use the relatively quiet months of May-August 2020 to establish robust TTI systems for the inevitable waves of the pandemic in Q4 2020.
6. However, two areas of work stand out as truly world leading.
The ONS Infection Survey
The Genomics work on variation and evolution of the virus in clinical care and in the community.

7. These two areas of work were (along with the Recovery Trial and the Vaccine Development and testing) outstanding successes that allowed the UK to have the world's best data on the pandemic from Q3 2020 onwards. Data that was not always used in the development and implementation of policy. Perhaps it should be asked why these four areas of work were so outstanding and other areas of work TTI for instance fell short of what was needed.

8. I was part of the following
With Professor Sir Ian Diamond chaired the first meeting that led to the setting up of the ONS Infection Survey
The Taskforce on Therapeutics for COVID19

7. I was not asked to be involved in TTI. I believe Baroness Harding joined part of one SAGE meeting and did not engage with SAGE after that one appearance.

8. I did not contribute to documents as part of SAGE in respect of TTI

9. I gave evidence to the Health and Social Care Committee on the Management of the Coronavirus Outbreak, on 21 July 2020. As part of that evidence, I made clear that you cannot just turn public health and the response to it on and off. You invest in it over many years. Often you do not see obvious benefits; it is not like clinical medicine, where there is an immediate response to what a nurse or a doctor does. You invest in it over the long term. Since SARS 1, public health around the world, including in the UK, has been neglected. We have underestimated the warning calls from Nipah, SARS-1, H1N1, H5N1, through Ebola, Zika the pandemic of 2009 and more. Maybe the world became a little bit cynical and thought that emerging infections were not going to cause the devastation that some people had said they would. We let down our guard and did not realise the power of infectious diseases. Critically, we need to look at the period prior to December 2019. Coming into January and February, which I regard as the critical months, it was very clear from that time that this was a novel pathogen for which there was little or no population immunity, affected all ages, spread via the respiratory route, there was a wide range of illness from asymptomatic transmission through to very severe illness and death. For which we did not have vaccines or proven therapeutics.

10. I wrote a book with Anjana Ahuja Spike - The virus vs the People. The inside story of the Pandemic Published by Profile Books Jeremy Farrar and Anjana Ahuja 2021
11. Quotes from From 20 July 2020 - "They've (restrictions) done no{nothing to change the fundamentals of the virus - it remains as infectious as at the end of December, it has the same clinical syndrome, it kills the same number of people and as soon as the lockdown is eased, if we don't have mechanisms to change the fundamentals - diagnostics, treatments and vaccine - this will come back. June, July and August are absolutely critical and if we don't have things in place by the beginning of September when schools re-start, we will face a very, very difficult winter."
12. These blunt warnings were not taken seriously enough, despite being clearly articulated by SAGE; capacity and resilience among staff and the systems (all sectors) was not strengthened, Test and Trace was not fully functional, primary care-hospital-care home links not enhanced, infection control within hospitals and clinical facilities not adequate, provision of PPE and infection control in clinical facilities, improved ventilation, provision in schools and for vulnerable individuals and communities, support for health care workers. It was very difficult for SAGE to influence the levers and ensure these fundamentals were implemented.
13. 13 September 2020 "June-August was not used well enough to put in place what was needed, too much optimism that the worst was over and it could not be so bad again, continued focus on short term tactics, defending the indefensible, confirmation bias, and the lack of any central leadership or strategy... Time has been wasted with distractions of 'moonshots', blaming the young or travellers/borders, the public enquiry, getting rid of PHE damaging morale of the very people who will be needed over the last [next?] 6 months, not preparing the NHS, TTI is very close to collapse at the moment If it can be prevented what needs to happen? (What should have happened June-August) Get the 'boring' basics right and ready for autumn/winter, implementing what we know works and just do it well. Value competence above rhetoric. Be honest and transparent about the situation and what is needed. Narrow the gap between the advice, what we know needs to happen and the capacity to implement it. Strengthen the Cabinet

Office, No 10, or a new grouping to oversee this, not driven by political announcements but by making a real difference. Does this need a cross party, national emergency crisis approach? Admit not everything is working, conduct an immediate review, within a week reset a real, joined up strategy. Stop trying to pretend 'it's all world beating' - it is not and everyone knows it, repeating that only loses more trust ... "

14. I refer to my evidence to the enquiry - Pages 15-27 are relevant to these questions on TTI

15. In particular these paragraphs remain pertinent

“As with so much in pandemic planning, preparedness and resilience, what you have before a crisis largely determines your capacity to prevent and respond when a crisis hits. You cannot invent, or stand-up capacity immediately in a fast moving, dynamic pandemic or other crisis, you will always be too slow. And the most important capacity are always trained people. You can build buildings, manufacture equipment, but its well-trained, committed, well looked after people that make the difference.” “The UK was very poorly prepared with manufacturing capacity for essential products; PPE, Vaccines, Diagnostics including molecular tools and many others. The efficiency of next day delivery from complex international supply chains and logistics broke very quickly when every country was chasing the same products. The continued uncertainty over the future of the Vaccine Manufacturing and Innovation Centre is a major concern.” “Pre-pandemic the UK had one of the highest levels of trust and uptake from the community in public health and in vaccines in particular (data from the Wellcome Global Monitor <https://wellcome.org/reports/wellcome-global-monitor/2018>). This trust in science, public health and vaccines was tested to the limits during the pandemic but you do not build trust in a crisis, it is what you have before a crisis that is so important and in the UK that was strong.”

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings 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 of its truth.

Signed:

PD

Dated: 4 June 2025