

Witness Name: Simon John Manley CMG

Statement N°: 1

Exhibits: SJM1/001-030

Dated: 11 February 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF SIMON JOHN MANLEY CMG

I, **SIMON JOHN MANLEY CMG**, WILL SAY as follows:

Introduction

1. I make this statement in response to the request by letter dated 18 October 2024 for evidence under Rule 9 of the Inquiry Rules 2006 made on behalf of Baroness Hallett, the Chair of the UK Covid-19 Inquiry (“**the Inquiry**”).
2. I have been asked to provide evidence due to my former role as Director General (“**DG**”), Covid-19 at the Foreign and Commonwealth Office (“**FCO**”).¹ I held this role from March 2020 to September 2020. I joined the Diplomatic Service in 1990 and was British Ambassador to Spain and non-resident Ambassador to Andorra from October 2013 to August 2019. When I returned to the UK in August 2019, I worked on a project basis, as assigned by the Permanent Under-Secretary (“**PUS**”). That was until March 2020, when I became DG Covid-19 as set out above. Since April 2021, I have been the United Kingdom’s Permanent Representative to the World Trade Organization, the United Nations and other international organisations, based in Geneva.
3. I have been asked to provide evidence for the purposes of Module 5 of the Inquiry, the focus of which I understand to be the procurement and distribution to end-users across the four nations of the United Kingdom of key healthcare-related equipment and supplies, including PPE, ventilators and oxygen. I have also considered the provisional outline of scope for Module 5.

¹ On 2 September 2020, the FCO merged with the Department for International Development to become the Foreign, Commonwealth and Development Office (FCDO).

4. In making this statement I have been conscious of the impact of the passage of time upon my recall of relevant events, timelines and details. The period of my involvement, from March to September 2020, was a time of extremely intense activity amid a climate of extraordinary pressure and uncertainty, and I have led a very full working life in the period since then. I do not keep a detailed diary, but I have reviewed some contemporary documents, and I have read the FCDO's Module 5 Corporate Witness Statement, to which I refer as appropriate below. Those have refreshed my memory to a limited extent.

My experience of procurement prior to the pandemic

5. I had no significant experience of the procurement, design or manufacture of goods prior to the pandemic. I had overseen delivery involving or requiring the sourcing of goods, including as Head of Counter-Terrorism within the FCO between 2006 and 2008 and Director of Defence Strategic Threats between 2008 and 2011, but I had not been directly or closely involved with the procurement processes.

Principal issues with procurement as the UK entered the pandemic

6. Neither the FCO nor the Department for International Development (“DFID”) was responsible for, or expert in, the procurement of key healthcare equipment and supplies. During the pandemic the FCO fulfilled a supporting role to other departments in this activity, notably the Department of Health and Social Care (“DHSC”) and the Department for International Trade (“DIT”). I adopt the passages in the FCDO's Corporate Witness Statement for Module 5, particularly sections 4 to 9, which describe the relevant knowledge, experience, role(s), and expertise of FCO and DFID, and my observations in this statement need to be read in that light.
7. It was clear at the time of my involvement that the UK and its domestic industry did not have the stockpiles or production capacity to provide the supplies that it would require. The UK had to look to the international market, and there was no domestic or international strategy or guidance relating to what would or might happen to the global supply chain in case of a pandemic. That gave rise to multiple challenges, including the imposition of export restrictions by some producing countries. The UK's overseas network was also competing with other states, non-state actors and other businesses, all of which were also trying to procure healthcare equipment and supplies in an already very competitive market.

8. A further, major challenge was understanding, within a short timeframe given the urgency of the need and the intensity of global competition, precisely what was needed and how it could be obtained. In the early stages of the pandemic, there was for example insufficient information to predict for how long and in what quantities the UK would need relevant equipment and supplies.
9. In its facilitating role, the FCO sought information and guidance regarding what had been required by the Cabinet Office and Number 10 Downing Street (“**No 10**”). In the case of ventilators, for example, the initial instructions received from No 10 did not provide precise equipment specifications, so we made inquiries of DHSC to get a better understanding of what was required. The process for procuring equipment and supplies internationally evolved continually, with new data coming in regularly.
10. Resilience of both domestic and global supply chains was tested. Different entities were competing nationally for limited supplies of healthcare equipment, which put domestic supply chains under pressure. At a global level, export restrictions blocked or curtailed supply, competition for available goods was intense, and transport was heavily disrupted.
11. A further challenge was the restriction on movement of personnel. Due to Covid-related travel restrictions in affected countries it was not always feasible to put into position additional people with the specific skills, expertise and experience to assist with procurement. We could not, for example, send additional UK-based staff to China because it was in lockdown and had closed its borders. The personnel present in China, whilst not specialists in the procurement of healthcare supplies and equipment, had expertise in and knowledge of Chinese markets and companies, including in the healthcare sector. The UK diplomatic network in China also included personnel with expertise in trade, working with the resident HM Trade Commissioner (“**HMTC**”). The expertise of the network in China was crucial to the overall procurement operation. The Head of Mission (“**HoM**”), supported from the UK, re-focussed everyone in the China network on meeting Covid-19 requirements, drawing on this expertise.
12. In its supporting role in the procurement of healthcare equipment and supplies, the FCO made its own personnel and their expertise available to the DHSC as I have described. I did not engage any private contractors during the relevant period, although I note that the FCDO’s Corporate Witness Statement for Module 5 mentions that in

April 2020 the China Procurement Team established a contract with a private provider of due diligence reports to inform DHSC purchasing decisions. I was not aware of the use of external consultants in China at the time and would not have expected to have been made aware of this detail given the breadth of my DG role.

13. I am also aware, and was at the time, that when the Global Strategic Sourcing and Engagement Project (“**GSSEP**”) took over from the Joint Assistance Coordination Team (“**JACT**”), they used consultants to do market analysis. The market analysis was focused on where different goods could be best sourced from.

Key ministerial groups and interaction with procurement and distribution

14. I or my fellow DG, Menna Rawlings, usually accompanied the Foreign Secretary or a junior minister to attend meetings of the International Ministerial Implementation Group (“**IMIG**”). IMIG directed the UK’s role in the delivery and coordination of the international health and economic response to Covid-19 from March to May 2020. Covid-19 Operations Committee (“**Covid-O**”) and Covid-19 Strategy Committee (“**Covid-S**”) meetings replaced Ministerial Implementation Groups in June 2020. Menna Rawlings moved into a different role by June 2020 and her involvement then ceased.

15. IMIG gave a clear sense of ministerial engagement and expectation which drove delivery across the system, including within the FCO, which strove to create a structure and culture that facilitated delivery. In the early days of the pandemic there was a real concern about whether we would be able to secure equipment in the quantities that the NHS required. The leadership in IMIG and the impetus it provided motivated the FCO and helped foster the environment within which we were able to secure the supplies that were required.

16. I do not believe I was at any time involved with ministerial groups working to:

- a. oversee the overall value of the contracts awarded;
- b. apply appropriate spending controls;
- c. eliminate the risk and presence of fraud;
- d. limit the risks of conflicts of interest;
- e. ensure compliance with public law procurement principles and regulations; or
- f. ensure that there was an effective regulatory regime.

The departmental and collaborative response to Covid-19

The Coronavirus Taskforce

17. The original FCO-DFID Coronavirus International Taskforce (“**Coronavirus Taskforce**”) had three separate workstreams (see Figure 1 below):

- "Policy, Information and Briefing" — responsible for providing Covid-19 briefings, information and data;
- "International, Engagement, Strategy and Planning" — responsible for defining the strategy for the Coronavirus Taskforce in regard to international engagement; and
- "Operations" — responsible for staffing and the corporate operations of the FCO.

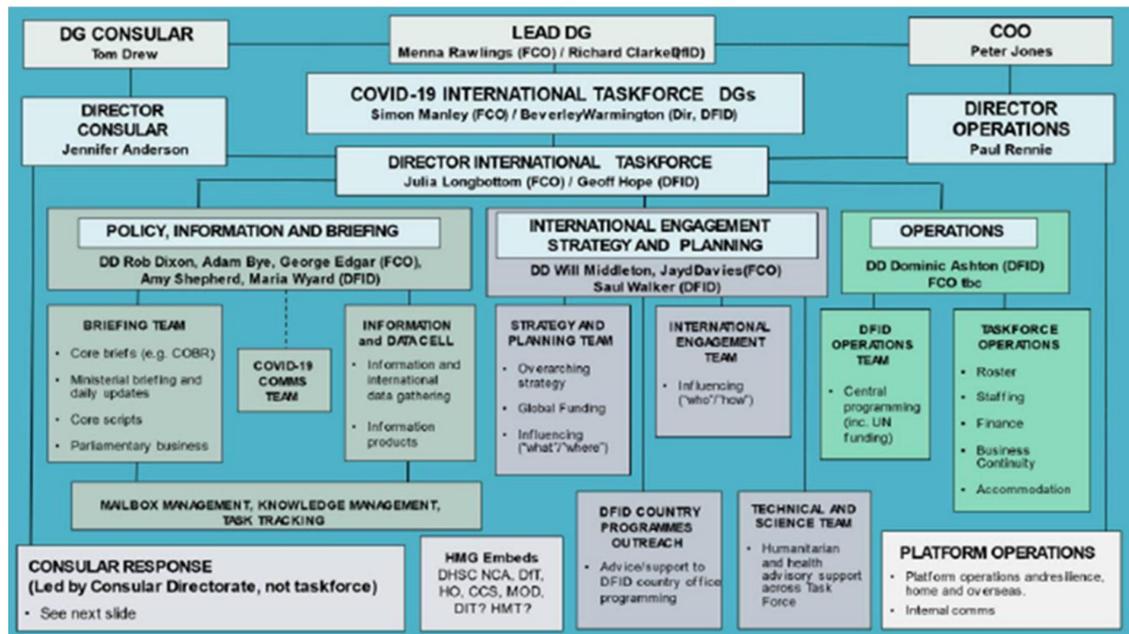


Figure 1: Organogram of the FCO-DFID Coronavirus Taskforce, 13 March 2020

18. The Coronavirus Taskforce later became an FCO body and continued to evolve. I spoke to the PUS to agree amendments to the structure, as I was of the view we needed a more classic crisis management structure with clearer command, control and communications, given the scale of the pandemic. I did not believe that having a DG below another DG was the best model for the taskforce, but rather that the two DGs should lead the operation on a shift pattern. The range of demands and timeline, as well as the need to communicate with our global network, meant that we needed

resilience through a proper command, control and communications structure, with shifts split between the two DGs.

19. That different structure was adopted with effect from 20 March 2020, such that the operation was jointly led by me and Menna Rawlings, supported by a director-led secretariat [SJM1/001] [INQ000051619] [SJM1/002] [INQ000051620]. Beneath that secretariat sat four director-led teams: the Consular team, Operations team, Communications team, and International Engagement team.
20. As one of the two Coronavirus Taskforce DGs, Menna or I attended daily 'huddle meetings' with the Foreign Secretary, at which we and others presented specific issues to him and he took decisions upon them [SJM1/003] [INQ000561672]. A written record of those decisions was made and disseminated by the Coronavirus Taskforce Secretariat for action by the relevant Taskforce workstream. In mid-March, the Coronavirus Taskforce began its work on procurement in response to a No 10 request to facilitate the purchase and shipment of ventilators and identify future manufacturing capability. [SJM1/004] [INQ000501746]

ACT and JACT

21. In March 2020, the Coronavirus Taskforce began to play a role in coordinating communication with overseas posts regarding domestic demand for healthcare-related equipment. [SJM1/005] [INQ000501749] By 23 March, the FCO had set up the Assistance Coordination Team ("ACT") within the Coronavirus Taskforce. [SJM1/006] [INQ000501750] [SJM1/007] [INQ000064719] On 26 March, ACT shared a briefing on FCO procurement efforts with No 10, setting out the top six markets it had identified for ventilators and PPE, and making recommendations to improve procurement outcomes. [SJM1/008] [INQ000561675] [SJM1/009] [INQ000501753]
22. ACT became JACT from 27 March 2020, incorporating staff from DHSC, DIT, and the FCO to facilitate the purchase of healthcare supplies by DHSC with the support of overseas posts. JACT worked in coordination with the Coronavirus Taskforce. It incorporated a DIT-led unit working with commercial partners and from the outset worked to meet the Prime Minister's target of 8,000 ventilators by 13 April 2020. [SJM1/010] [INQ000493794]

23. In the UK, the FCO worked with DHSC and DIT to establish JACT in order to coordinate HMG requests relating to the procurement of healthcare equipment and supplies and communicate them to the overseas network. JACT effectively connected DHSC and the Cabinet Office with businesses overseas who could provide the goods that the UK government needed to procure. It sought out the businesses which could provide the relevant goods and services and assisted with contact and negotiation.
24. When difficulties arose, I was made aware and provided the assistance I could in resolving them. JACT also produced regular detailed updates on the procurement of healthcare supplies, and my role included explaining to ministers what the teams were doing and ensuring that we were delivering on ministers' expectations.
25. In May 2020, DIT, with its expertise in trade and investment, took on leadership of the work of JACT through the establishment of GSSEP. As with JACT, GSSEP coordinated the efforts of DIT and FCO staff in a given country in line with DHSC's needs, with the aim of achieving a faster, more agile and more effective process for procuring key healthcare equipment and supplies. [SJM1/011] [INQ000501827]. GSSEP continued in operation until 3 August 2020, when responsibility for coordinating bilateral and multilateral engagement with partners on healthcare supplies transferred to the FCO Covid-19 Directorate. [SJM1/012] [INQ000089462]
26. FCO central involvement in the procurement of healthcare-related equipment and supplies decreased from around the time GSSEP concluded in line with the regularisation of UK PPE supply chains, although overseas posts continued to play a role in response to commissions and requests from DIT or DHSC.
27. GSSEP was a DIT-led operation directed by DG Andrew Mitchell and DIT Permanent Secretary Antonia Romeo. My role and that of the FCO did not materially change, as what had been JACT was now a component of GSSEP.

Project Defend

28. The pandemic had exposed concerns that the UK had insufficient supply chain resilience in the context of medical and other critical supplies. Project Defend was set up in April 2020 to build the resilience of supply chains both domestically and globally in response to ministerial concerns that existing supply chains would be unable to meet demand. On a number of occasions, including when attempting to procure healthcare

equipment and supplies, we had done what was required for the procurement and were expecting the goods, but were then made aware of an emergency export restriction that put an obstacle in the way of obtaining the goods, which we would then work to resolve.

29. Project Defend was coordinated by DIT until May 2021, reporting to the First Secretary of State the Rt Hon Dominic Raab MP, who was also serving as the Foreign Secretary. It involved the Cabinet Office, DHSC, the Home Office, the Department for Environment, Food and Rural Affairs, the Department for Digital, Culture, Media and Sport, DIT, DFID, the Ministry of Housing, Communities and Local Government, the Council for Science and Technology, the Department for Business, Energy and Industrial Strategy (“**BEIS**”) and the Ministry of Defence (“**MOD**”).

30. As the FCO did not lead Project Defend, my role in relation to it was limited and informal. I was aware of what was happening and had access to the papers. I provided advice from time to time to the Foreign Secretary. **[SJM1/013] [INQ000528142] [SJM1/014] [INQ000528143] [SJM1/015] [INQ000561677]**

31. Regarding FCO contributions to Project Defend, the China Network provided an update to Project Defend on key suppliers and risks in China, including risks to the supply chain, on 10 July 2020. **[SJM1/016] [INQ000501859]** The FCO Covid-19 Directorate which I led also provided analysis to Project Defend on supply chain risks, as reported through its overseas posts. The FCO presented these papers to the Project Defend Steering Committee on 23 July 2020. **[SJM1/017] [INQ000501864] [SJM1/018] [INQ000501865] [SJM1/019] [INQ000501866]**

Project Protect

32. I do not recall being involved with Project Protect.

Overseas posts

33. In my role as a DG for the Covid-19 Directorate I led coordination of the work of our overseas posts on Covid-19 response. I spoke regularly with them in order to keep

abreast of the current situation and future plans. Once we established clearly with No 10 what volumes and specifications of healthcare equipment were required, it became apparent that China was the principal viable source for that equipment. I helped the network in China and elsewhere in the world understand the specific equipment needs as they developed.

34. I was not involved in individual procurement decisions or their management or oversight but was in regular contact with HoMs, including frequent contact with the HoM in China, providing information, advice and assistance as required. I gave some assistance with identifying companies from which equipment might be purchased, but subsequent decisions and actions were taken by DHSC.

35. The majority of the procurement operation occurred between March 2020 and August 2020. I have been asked for my critical reflections on the effectiveness of the entities and projects above at ensuring that the UK had access to key healthcare equipment and supplies. In my view, if the wider expertise within government, including trade and investment expertise within DIT, had been available to the FCO at an earlier stage, effective procurement processes might have been established sooner.

Key meetings and decisions

36. Exhibited to this statement is a chronology of key meetings and decisions in which I was involved and which are at least partly related to the procurement and/or distribution of key healthcare equipment and supplies. [SJM1/020] INQ000565787

Global supplies and supply chains

37. To the best of my recollection, I was not involved in efforts to secure the raw materials for the domestic manufacture of key healthcare equipment and supplies. The FCO was involved in assisting in the procurement of end products, such as ventilators, and not component materials or parts.

UK government departments

38. The FCO worked with DHSC throughout as the latter was, from the outset, the lead department on the purchase of healthcare-related equipment and supplies. Where I

refer to DHSC in this statement, this may at times include a wider group of actors who were supporting the DHSC procurement effort, including officials from Cabinet Office, NHS bodies or other government departments. I recall the Cabinet Office at times playing a convening role and supporting departments to solve problems.

39. DHSC gave final approval on decisions to purchase equipment and made payments to suppliers. [SJM1/021] [INQ000551638] [SJM1/022] [INQ000492403]
40. The FCO also worked closely with DIT to ensure that our trade and investment network could act in support of procurement objectives. DIT became increasingly involved with overseas procurement of healthcare supplies over time and was central to the establishment and leadership of GSSEP.
41. Under the auspices of the ACT, JACT and GSSEP, meetings were convened by individual departments and attended by the relevant DGs. DIT-led meetings, once GSSEP was in place, were typically led by DIT Permanent Secretary Antonia Romeo and DG Andrew Mitchell. I attended such meetings on behalf of the FCO and offered and provided the advice and support which the FCO was able to give.
42. The FCO did not work closely with BEIS on the procurement of key healthcare equipment and supplies. We did work very closely with them on vaccines, as set out in the FCDO's Module 4 Corporate Witness Statement.

Effectiveness

43. In my opinion, the UK's overseas network worked effectively in all the circumstances to assist in the procurement of medical and healthcare supplies. The UK could not send additional procurement specialists abroad, and the FCO's existing network was able to provide valuable intelligence and support towards identifying potential suppliers and securing contracts [SJM1/023] [INQ000561673] [SJM1/024] [INQ000561674].
44. I directly recall the UK engaging with businesses in Turkey, Malaysia, Taiwan, Thailand, India and Canada to procure healthcare equipment and supplies. [SJM1/025] [INQ000561671] [SJM1/026] [INQ000561676] However, the UK principally relied upon China, as China was able to supply the relevant products at a much larger scale in comparison with the other countries with which the UK was engaging. Some HMG staff

posted to China, whilst not procurement experts, were trade and investment experts, and were able to deploy their knowledge of the Chinese commercial world to identify potential suppliers and facilitate negotiations. [SJM1/027] [INQ000528163]

China and wider overseas networks

45. I have been asked to comment on my experience and reflections on the following aspects of how the China and wider overseas network worked on the following during the pandemic:
- a. Liaising with foreign governments on donations of equipment: FCO overseas posts provided assistance with the facilitation of some donations to the UK, including through diplomatic engagement. JACT and then GSSEP had staff working on donations and acted as points of contact for UK government departments on donations. Donations to the UK of medical supplies were also made directly to the NHS/DHSC. With regard to donations by the UK to other countries, DHSC was the lead department, with assistance provided occasionally by the FCO as required.
 - b. Lobbying host governments to secure exports: The FCO's engagement with host governments to secure exports was focused on dialogue aimed at lifting or preventing blocks on planned exports of relevant supplies. These are described in more detail in the FCDO Module 5 Corporate Witness Statement.
 - c. Assessing local markets: Staff at the FCO's posts in the overseas network familiarised themselves with local markets, investigated and identified potential sources of supply, and advised and supported DHSC and others procuring relevant goods.
 - d. Reporting on availability of equipment and supplies in-country: China and the wider overseas network provided reporting for HMG, coordinated through JACT and GSSEP, as described in the FCDO's Module 5 Corporate Witness Statement.
 - e. Identifying suppliers: The network was able to provide details of potential suppliers to JACT and GSSEP, as stated above. It was agreed that the China Team would provide these directly into DHSC given the volumes involved and the effective working practices that those teams had already established.
 - f. Conducting basic supplier checks on behalf of DHSC and verifying stock: I had no sight of the checks carried out by the network nor of action to verify stock. These areas are covered in the FCDO's Module 5 Corporate Witness Statement.

- g. Negotiating contracts: I was not involved in the negotiation of contracts. The China Network played a role in facilitating contracts although the decision making was for DHSC.
 - h. Signing contracts on behalf of DHSC: I was not involved in the signature of contracts on behalf of DHSC. I am aware that FCO staff in China briefly signed contracts on behalf of DHSC as a temporary measure to see that they were not lost due to delay. This came to an end in May 2020. I recall discussing the issue with the HoM for China including on trying to get everything onto a more established footing.
 - i. Supporting export logistics: I was not involved in the support of export logistics.
46. I have read and agree with the description in the FCDO's Module 5 Corporate Witness Statement of the challenges the China and wider overseas network faced during the pandemic with regard to procurement and do not wish to add anything further.

International Ministerial Implementation Group ("IMIG")

47. IMIG was a cross-government committee that directed the UK's role in the delivery and coordination of the international health and economic response to Covid-19. There were two IMIG formations: IMIG(M) at ministerial level, and IMIG(O) at official level.
48. IMIG(M) usually met three times a week. The Foreign Secretary chaired IMIG(M). Either I or Menna Rawlings attended the meetings on behalf of FCO. A representative of DFID would also attend. The Foreign Secretary was very 'hands-on', taking a close interest in all items of business, mastering the detail, providing support and direction, and holding us to account.
49. IMIG(O) meetings usually took place twice a week and were chaired by the Deputy National Security Adviser. Their objective was to prepare IMIG(M). Again, either I or Menna Rawlings attended on behalf of FCO, and DFID was separately represented.
50. I was also involved with the Covid-S and Covid-O and the related Officials committees, which replaced IMIG(M) and IMIG(O) in late May 2020 [SJM1/028] [INQ000561679]. Menna Rawlings moved into a different role by June 2020 and her involvement then ceased.

51. The procurement of healthcare equipment and supplies was not one of the Coronavirus Taskforce's primary functions when it was set up. Initially, the Coronavirus Taskforce was focused on assisting in getting British nationals back to the UK and the broader international response to the pandemic. It evolved a number of times, reflecting both the changing global situation and HMG and requirements such as the procurement of goods (e.g. ventilators), as well as experience of what worked well and what needed to be further refined. DHSC and No 10 liaised with the Coronavirus Taskforce to seek assistance from overseas posts in identifying potential suppliers.

My experience of key structures

52. As set out above, the procurement of healthcare equipment and supplies was not one of the Coronavirus Taskforce's primary functions when it was set up. Initially, the Taskforce was focused on assisting in getting British nationals back to the UK and coordinating the broader international response to the pandemic. It evolved a number of times, reflecting both the changing global situation and HMG requirements such as the procurement of goods (e.g. ventilators), as well as experience of what worked well and what needed to be further refined. DHSC and No 10 liaised with the Coronavirus Taskforce to seek assistance from overseas posts in identifying potential suppliers.

53. The overseas procurement of healthcare equipment and supplies for the UK in a pandemic was a new experience for government, and therefore inevitably a learning experience. The FCO was learning like others, drawing on previous experience of extensive procurement of goods and services overseas for its own operations. Overall, the Coronavirus Taskforce in my opinion had the skills, expertise and experience to advise on and assist DHSC effectively with scoping, negotiating and securing the procurement of supplies in the overseas context.

54. The Foreign Secretary was focussed upon ensuring that the FCO did what it could to assist the NHS in its need for healthcare equipment and supplies. He attended the daily, later weekly, "huddle meetings", obtaining updates from the team on efforts in the procurement operation alongside action towards the return of British nationals to the UK [SJM1/003] [INQ000561672] and oversaw Project Defend (see above) from its commencement in April 2020.

55. In its supporting role the Taskforce worked off information and instructions/requests supplied by other government departments, including with regard to the specification of equipment and supplies needed. The quality of that information was lacking at the outset, as I have said above, but improved markedly as the procurement effort took shape. Using that information, the Taskforce obtained and provided information from its overseas network about potential sources and opportunities for procurement of equipment and supplies. The Taskforce did not process or analyse that information with a view to making decisions upon it, as it was not itself involved in key decisions about global procurement of healthcare equipment.

ACT, JACT, GSSEP

56. Throughout the pandemic, the three entities (ACT, JACT and GSSEP) continued to evolve as we learnt more about what we required in terms of procurement. There was no set model for the entities to follow. The entities were able to adapt to the situation at hand depending on the data we received in relation the scale of requirement, transport restrictions and export restrictions,

My experience re: Heads of Mission and HM Trade Commissioners

57. Part of my role was to coordinate the Covid-19 effort of the FCO overseas network, which in turn meant that I was in regular contact with HoMs as described above – some much more than others with regard to procurement of healthcare supplies.

58. Soon after I had started my role as DG Covid-19, global aviation largely came to a standstill as one of the early effects of the pandemic. Officials throughout the network were confined, or at least restricted, in their freedom to move, in the context of a global public health crisis whose nature, development and likely duration were uncertain. The FCO had to maintain the functioning of the network and keep up the morale of its staff who were facing difficult circumstances and were under great personal stress. That burden fell locally upon HoMs, who did an excellent job across the board. Staff in London worked hard to prioritise the welfare of those working within the overseas network, and the HR Directorate offered and provided support to all involved, at home and abroad.

59. While I do not recall interacting directly with HMTCs other than occasionally with the HMTC in Beijing (see paragraph 65), I sent out regular email communications jointly

to HoMs and HMTCs on behalf of the JACT, which I found to be a simple and efficient way of keeping both informed of the latest requirements and other updates.

60. At the time, the UK's relationship with the government in China was stable, but there were challenging issues that arose during the pandemic, in part at least due to criticism within the UK of how China had handled the pandemic in the early days. Those issues did not prevent us from securing healthcare equipment and supplies; the UK was able to secure around £1bn worth of such goods from China.

61. I have been asked about potential improvement in future of the UK's relationship with the government in China and Chinese manufacturers and suppliers to prepare better for a future pandemic, but I do not think my knowledge or experience qualify me to do so.

My experience of 'One HMG'

62. The concept of 'One HMG' encompassed the development and celebration of a culture within our networks overseas, whereby individual departments worked together in close cooperation.

63. I consider the One HMG approach to have been effective. The work done on procurement of healthcare supplies in China is a good example. Travel restrictions meant that it was not possible to send additional staff to China, but the team adapted and staff from different departments worked effectively together to support the procurement of supplies and their transport to the UK.

64. I have been asked about improvements that might be made with regard to a possible future pandemic. I believe that, from the FCDO's perspective, the most important and useful steps have been identified and implemented, as set out in the final sections of the FCDO's Module 5 Corporate Witness Statement.

My experience of the China Procurement Team

65. My engagement with the China Procurement Team chiefly took the form of close liaison with the HoM Dame Barbara Woodward so that I could keep the Foreign Secretary up to date and support with troubleshooting as needed. On the (relatively rare) occasions

that she was not available, my contact was with the Deputy HoM Christina Scott and the HMTC John Edwards. My experience of the HoM and her team was that they worked highly effectively under difficult conditions, both in managing the staff and business of the post and, as a major component of that work, supporting and facilitating the procurement effort as led by other departments and officials. My role took the form of close liaison with the HoM, such that I was able to help troubleshoot as needed.

'Calls to Arms'

66. I do not recall the term "Calls to Arms" being used during my time leading the FCO Covid-19 response.

Ventilator Challenge

67. I was not involved in the UK-wide Ventilator Challenge. The FCO did assist DHSC by transmitting the UK government requirement for ventilators to its global network and providing support to DHSC towards meeting that target, at least in part, by way of procurement overseas.

Operation Moonshot

68. I do not recall any involvement in Operation Moonshot.

High Priority Lane

69. I had no involvement in the creation or oversight of the High Priority Lane ("HPL").

Devolved administrations

70. I did not work with the Devolved Administrations ("DAs") on the global procurement of healthcare equipment and supplies. There may have been meetings which I attended which were also attended by representatives of the DAs but I am unable now to recall details. [SJM1/029] [INQ000100863]

71. I did become aware of a concern that arose that the DAs might be trying to procure equipment directly themselves. Individual hospital trusts certainly made such attempts, as did the *Daily Mail* newspaper. The concern, which was addressed by DHSC, was that the UK would end up competing against itself for the same goods.

Joint Assistance Coordination Unit and Procurement Hubs

72. I have been asked about the Joint Assistance Coordination Unit but do not recall any such entity. If this question refers to the JACT please see paragraphs 22 to 25 above. I was not involved in discussions in respect to overseas procurement hubs.

Department for International Development

73. As set out above, DFID representatives were part of the Coronavirus Taskforce from early February until mid-March 2020 and brought useful experience and knowledge to it. As the FCDO's Module 5 Corporate Witness Statement sets out (at paragraph 60), DFID's pre-pandemic activities included working with international organisations, international financial institutions, national governments and NGOs to increase the preparedness and resilience of the world's poorest countries for international health emergencies. Between 2010 and 2019 the UK spent ODA of between £780 million and £1,431 million per year bilaterally on health, the majority of which was spent by DFID. DFID had thus been involved in the indirect procurement of healthcare supplies for global health programmes and emergency health support, generally working with multilateral organisations or contracting out to companies such as Palladium or Crown Agents. That experience of procurement had not been of the same nature, scale, pace and intensity as that of the pandemic so, whilst helpful, DFID's relevant experience for procurement of healthcare equipment and supplies for the UK was limited. The DFID and FCO Corporate Witness Statements for Module 1 set out in more detail the departments' roles in UK resilience and preparedness.

Important countries

74. The UK found itself reliant almost exclusively upon China for the supply of healthcare equipment at the scale required. Supplies were secured from other countries but none could match the volumes produced by China. The UK's vulnerability in that regard was

plainly a disadvantage, and the efforts that have since been taken to avoid a repeat of that situation can be seen from the Department of Business and Trade (“**DBT**”) work on critical imports and UK supply chain resilience, building on the work conducted through Project Defend, including the DBT supply chains resilience framework published on 16 November 2022 and the UK Critical Imports and Supply Chains Strategy published in January 2024.

Procurement and national security

75. I have been asked about working with the Civil Contingencies Secretariat (“**CCS**”), the National Security Council (“**NSC**”) and the Joint Intelligence Organisation (“**JIO**”).

76. HMG’s Covid-19 response was overseen by the committees described above – the MIGs and subsequently Covid-S and Covid-O. I do not now recall specific meetings with the CCS and/or NSC, but I suspect that that is due to the impact of the passage of time upon my memory of events. I do recall working with the National Security Adviser (“**NSA**”) and the Deputy NSA.

77. I was involved in the FCO’s work with the JIO on matters which included the gathering and presentation of the best possible data to ministers on the state of the pandemic and global responses to it.

Supply chain resilience

78. My focus was on coordinating efforts by the overseas network to identify new suppliers of finished products overseas, so that the UK could procure sufficient healthcare equipment and supplies. I did not play a significant role in broader work to build the resilience of healthcare supply chains.

79. I have been asked about my experience of building supply chain resilience for procurement of key healthcare equipment and supplies by working with various other organisations and entities. In that regard, and during my time as DG Covid-19:

- a. I was aware of GSSEP’s work to build supply chain resilience, which worked with International Partners Initiative in that regard. In or around August 2020,

FCO took over the responsibilities of managing the International Partners Initiative. [SJM1/030] [INQ000561678]

- b. I was aware that work on supply chain resilience was being done through 5 Eyes but I was not involved with that work.
- c. I was not aware of or involved with work in partnership with the EU, the G7, or the G20 on such matters.
- d. I was not involved in discussions with the WHO/WTO regarding supply chain resilience, although I am aware that these took place at a later stage in the pandemic.

80. I have also been asked about whether I had a role in the creation or activities of either an HMG Global Supply Chain Centre of Excellence or a cross-Whitehall control and coordination centre for global supply chain resilience, and confirm that I did not.

Country engagement

81. I did not personally engage with foreign governments with regard to healthcare supplies and equipment. I was involved at a supervisory level in relation to the lobbying of foreign governments who were blocking, or were threatening to block, relevant exports to the UK.

82. I do not recall the UK having been lobbied by any foreign countries in relation to key healthcare equipment and supplies. I do recall there being dialogue between the UK and other governments with a view to mutually gaining a better understanding of the pandemic.

Industry engagement

83. I did not engage with domestic and international industry in relation to the design, manufacture and distribution of key healthcare equipment and supplies.

FCDO involvement in contracts

84. With the exception of a short period in China when FCO staff were involved in the signature of contracts, and the signature of two urgent ventilator contracts in Nicosia and Taiwan at DHSC's request, the FCO did not sign contracts on behalf of DHSC.

The FCO did not make award decisions. Further detail is provided in the FCDO's Corporate Witness Statement for Module 5.

Award of contracts

85. No contracts for key healthcare equipment and supplies were awarded of which I was a direct or indirect beneficiary.

86. I had no role in relation to the approval of contracts for PPE or any other key healthcare equipment and supplies.

87. As I was not involved in the awarding of contracts, I cannot speak to the processes and procedures by which contracts for the procurement of key healthcare equipment and supplies were awarded, or comment on the effectiveness of those systems during the pandemic.

Spending controls

88. I was not involved in the processes and procedures relating to spending controls for the contracts for key healthcare equipment and supplies during the pandemic, nor did I work with DHSC and HM Treasury in relation to the funding envelopes for the procurement of key healthcare equipment and supplies.

Steps taken to eliminate fraud and the prevalence of fraud

89. I was not involved in the consideration or implementation of anti-fraud measures in relation to the procurement of key healthcare equipment and supplies during the pandemic.

Contractual provisions and performance by suppliers and manufacturers

90. I was not involved in the monitoring of performance of the contractual terms by suppliers and manufacturers of key healthcare equipment and supplies during the pandemic.

Compliance with public law procurement principles and regulations

91. Not having been involved in the award of contracts, I was also not involved in ensuring compliance with public law procurement principles and regulations in relation to key healthcare equipment and supplies during the pandemic.

Operation and effectiveness of regulatory regimes

92. I have been asked whether I made changes to regulatory regimes relating to PPE during the pandemic and confirm that I did not.

Decisions as to what to buy at what cost

93. I was not involved in introducing, adapting or overseeing processes and procedures with respect to the decisions about what healthcare equipment and supplies to purchase or at what cost. I was aware of but do not recall being personally involved in JACT's work on processes, including coordinating information sharing and requests, issuing instructions on procurement processes to overseas posts, developing triaging processes and clarifying sourcing strategies.

Conflicts of interest

94. I did not have any involvement in the introduction, modification or oversight of procedures relating to managing conflicts of interest in relation to the procurement of key healthcare equipment and supplies during the pandemic, and I am not aware of any person or company having received preferential treatment as a result of donor status, political connection or otherwise in relation to either access to the system for procurement or the award of contracts.

Observations and lessons learned

95. The pandemic exposed vulnerabilities in the UK's supply chains, including with regard to healthcare products, which were felt severely because of the balance struck at the time between maintaining domestic stocks and sourcing from overseas. The pandemic

posed significant challenges to our supply arrangements because of a combination of the sheer scale of goods required, the intense competition faced, and the collapse of normal logistical arrangements.

96. I have commented so far as I feel able, given my role as DG Covid-19, about the efforts made to procure key healthcare equipment and supplies and to increase supply and protect supply chains during the period of my involvement.

97. With regard to lessons learned, I agree with and adopt the contents of section 11 of the FCDO's Module 5 Corporate Witness Statement.

98. As regards steps that might be taken in future, the degree to which the UK should adapt is a matter of continuing debate which does not fall within my responsibility or expertise, although I am familiar with the considerations around it in the context of international trade. In my current role as representative to the WTO I am actively involved in debate about how the UK and other states can ensure their economic security through the multilateral trading system and the rules that underpin it.

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.

Personal Data

Signed:

Name: SIMON J. MANLEY CMG

Dated: 11 February 2025