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Global Health, Global Britain

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Report, together with formal minutes relating to the report

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The Foreign Affairs Committee

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Summary

The covid-19 pandemic has demonstrated that, in an interconnected world, health security cannot be separated from foreign policy. The pandemic has been a time of highs and lows in international cooperation. While countries around the world collaborated to produce vaccines at speeds never seen before, access to these vaccines remains deeply unequal. Beijing has repeatedly undermined efforts to investigate the origins of the pandemic, and it has become clear that the World Health Organization (WHO) lacks the funds, power and independence it needs in such a crisis.

The new Foreign Secretary should make it a priority to address these shortcomings. Tackling the gaping global inequality in access to vaccines is not just morally right, but is clearly in the UK's interest. It is necessary in order to build prosperous and healthy societies, preserve the safe travel that underpins the global economy, fend off the threat of new variants, and counter autocracies that are using vaccines to gain influence.

The Government should support reforms to give the WHO more financial stability, to insulate its leadership from political pressure, and to make its operations more transparent. It should work with others to give the WHO greater powers to independently gather information on outbreaks, mirroring the work of the International Atomic Energy Agency. Without a full and transparent investigation into the origins of covid-19, we are at greater risk of a disastrous new outbreak.

The newly merged Foreign, Commonwealth and Development Office has the opportunity to make gains in global health security. We are concerned that the Government is squandering this opportunity by making ill-considered cuts to some global health programmes. These risk being a dangerous false economy that could endanger Global Britain's reputation as a science superpower and force for good.

Introduction

1. No country can fight a pandemic alone. Covid-19 has shown that health policy is inextricable from foreign policy and that the health of populations overseas directly affects the security of the British people. It has also highlighted major shortcomings in global cooperation and solidarity. During the pandemic the international community has often failed to coordinate policies; trade barriers have sprung up; the limitations of multilateral health structures have been exposed; and high-income countries have used their wealth to buy a large proportion of the available vaccines. There have also been great successes. Global cooperation to create vaccines and treatments for covid-19 has shown us what is possible when countries work together.

2. It is only a matter of time before the next pandemic. The UK could take a leadership role in building better international cooperation on global health before then, drawing on its strengths as a donor, a convening power, and in scientific research and development, but it will only be able to do so if it takes a proactive decision to prioritise this work. At a time when many countries seem to be withdrawing from or questioning established international organisations, the UK should constantly underline the importance of global cooperation and seek to strengthen, not undermine, multilateral bodies. This report makes recommendations for steps the Foreign, Commonwealth and Development Office (FCDO) should take to improve global health security, focusing on reform of the multilateral health system, access to covid-19 vaccines, and overseas aid.

3. We launched this inquiry in October 2020, following the Prime Minister's promise of a "new global approach to health security". It builds on the work of our inquiries and reports, "Viral immunity: The FCO's role in building a coalition against COVID-19" and "In the room: The UK's role in multilateral diplomacy". In the course of this inquiry, we took oral evidence from 12 witnesses across four different continents and published 31 pieces of written evidence. We heard from experts in public health, biotech, and foreign policy; as well as campaign groups, medical organisations, international non-governmental organisations, a former Foreign Secretary, FCDO officials, and Parliamentary Under Secretary of State Wendy Morton MP, the Minister responsible for global health security. We are grateful to all those who contributed to this inquiry.

1 Multilateral health system

The role of the WHO

4. The pandemic has exposed the limitations of the multilateral health system. The World Health Organization (WHO) has done crucial work in difficult circumstances but has at times fallen short in failing to challenge the Chinese government for concealing information on the outbreak, instead praising its “transparency”;¹ and being slow to declare a “public health emergency of international concern”² amid lobbying from Beijing.³ When the WHO finally made the declaration, on 30 January 2020, it was largely ignored by many states. We heard evidence that these issues are due to the WHO’s lack of powers to demand information from or access to member states; its precarious funding situation; shortcomings in the pandemic alert system; and to failures of leadership, transparency and accountability. As a member-led body, the WHO is constrained by what governments will allow.⁴

5. **Information-gathering:** The WHO can dispatch teams into a country only with the permission of its government, which often requires lengthy negotiations after an outbreak has been reported.⁵ The former Foreign Secretary, Rt Hon Jeremy Hunt MP, told us that it was “ridiculous” that the WHO had to get China’s permission before sending teams in during a global emergency, and that there should be an independent arm of the WHO with power to travel freely and gather information on outbreaks, with parallels to the inspection of nuclear facilities.⁶ The Independent Panel for Pandemic Preparedness and Response (IPPPR), which was commissioned by the WHO to review the response to the pandemic, also recommended that member states should give the WHO greater powers

1 On 14 January 2020, the WHO repeated China’s claim that there was “no clear evidence of human-to-human transmission”. On 28 January, it praised China’s “openness to sharing information with WHO and other countries”.

[WHO Twitter account](#), 14 January 2020; [WHO, China leaders discuss next steps in battle against coronavirus outbreak](#), WHO, 28 January 2020 Helen Ramscar (Associate Fellow at Royal United Services Institute (RUSI)) (GHS0024) para 1.1

2 The Independent Panel for Pandemic Preparedness and Response (IPPPR) stated: “the outbreak in Wuhan is likely to have met the criteria to be declared a PHEIC by the time of the first meeting of the Emergency Committee on 22 January 2020.” The Independent Panel for Pandemic Preparedness and Response (IPPPR), [COVID-19: Make it the Last Pandemic](#), May 2021, p 25

3 [In Hunt for Virus Source, W.H.O. Let China Take Charge](#), New York Times, 2 November 2020

4 Foreign Affairs Committee, First Report of Session 2021–22, [In the room: the UK’s role in multilateral diplomacy](#), Annex 3: The World Health Organisation (WHO)

5 The Independent Panel for Pandemic Preparedness and Response (IPPPR), [COVID-19: Make it the Last Pandemic](#), May 2021, p 52

6 [Qq100–104](#) [Jeremy Hunt MP]; [The World Should Treat Pandemics Like It Treats Chemical Weapons](#), Foreign Policy, 14 April 2021

to independently investigate outbreaks.⁷ The EU has made a similar recommendation.⁸ When we asked Minister Wendy Morton for her views on these proposals, she did not give a substantive answer.⁹

6. **Funding:** Eighty percent of the WHO's funding comes from voluntary donations, which are usually earmarked for specific projects, and only 20 percent from fixed member state fees.¹⁰ This makes its funds unpredictable, difficult to manage, and reliant on the good will of member states, and makes the organisation less agile and flexible in response to crises such as covid-19.¹¹ The IPPPR found this has "serious impacts" on the organisation's performance, and recommended that member state fees be increased to two-thirds of the WHO base programme budget, with no earmarking.¹² The UK—already the second-biggest state donor to the WHO—has pledged £340 million in new non-earmarked contributions over four years, intended to help strengthen and reform the organisation.¹³

7. **Political independence:** The WHO operates in a highly political realm, and the Director-General, who is directly elected by member states, inevitably comes under political pressure.¹⁴ The IPPPR noted that global health is "a politically charged domain and it is vital that WHO as an institution is strong enough to be able to perform with maximum independence". It recommended that the Director-General and regional directors should be limited to a single term, extended from five to seven years. This would strengthen their authority and independence, as they would not need to stand for re-election.¹⁵ Health experts have also called for reform to ensure that deliberations on declaring a public health emergency of international concern (PHEIC) are public, to make the process more transparent.¹⁶

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- 7 IPPPR said that the WHO should have "short-notice access to relevant sites, provision of samples and standing multientry visas for international epidemic experts to outbreak locations".
The Independent Panel for Pandemic Preparedness and Response (IPPPR), [COVID-19: Make it the Last Pandemic](#), May 2021, p 53
- 8 The European Council proposed "the possibility of an independent epidemiological assessment on-site in high risk zones in close collaboration with the state party". The US has reportedly privately endorsed giving the WHO the authority to demand access to countries, similar to nuclear inspectors. Making this change would likely require reform of the International Health Regulations (IHR), an international treaty on preventing the spread of infectious diseases across borders.
[In Hunt for Virus Source, W.H.O. Let China Take Charge](#), New York Times, 2 November 2020; [Strengthening the World Health Organization: the EU is ready to take the leading role](#), Council of the EU, 6 November 2020
- 9 [Qq171–179](#) [Wendy Morton MP, Minister for European Neighbourhood and the Americas]
- 10 The WHO gets its funding from two main sources: less than 20 percent from countries' fixed membership fees, known as "assessed contributions"; and the rest in donations from member states and others, known as "voluntary contributions". Those that are not earmarked for specific purposes, known as "core voluntary contributions", make up 3.9 percent of all donations.
World Health Organization, "[How WHO is funded](#)", accessed 9 September 2021
- 11 As noted in our recent report: Foreign Affairs Committee, First Report of Session 2021–22, [In the room: the UK's role in multilateral diplomacy](#), Annex 3: The World Health Organisation (WHO)
See also: [Oral evidence: The UK's role in strengthening multilateral organisations](#), HC 513, 17 November 2020, Qq238–239 [Harpinder Collacott]
- 12 The Independent Panel for Pandemic Preparedness and Response (IPPPR), [COVID-19: Make it the Last Pandemic](#), May 2021, p 48–49
- 13 Foreign, Commonwealth and Development Office ([GHS0006](#)) para 33; [United Kingdom of Great Britain and Northern Ireland: Partner in global health](#), WHO, updated on 28 April 2021
- 14 See below section: China and the WHO
Foreign Affairs Committee, First Report of Session 2021–22, [In the room: the UK's role in multilateral diplomacy](#), para 54; Select Committee on International Relations and Defence, [Oral evidence: The World Health Organisation](#), 17 July 2020, Q1, Q7 [Dr Brian McCloskey, Professor Sophie Harman]
- 15 The Independent Panel for Pandemic Preparedness and Response (IPPPR), [COVID-19: Make it the Last Pandemic](#), May 2021, p 48–49
- 16 [Solidarity in the wake of COVID-19: reimagining the International Health Regulations](#), The Lancet, Allyn L Taylor, Roojin Habibi, Gian Luca Burci, Stephanie Dagrón, Mark Eccleston-Turner, Lawrence O Gostin, et al., 11 July 2020

8. **Warning systems:** Many countries failed to take action when the WHO declared a PHEIC—its highest level of alert—doing little until it used the term “pandemic”, which has no formal standing.¹⁷ To address this, the UK Government has called for strengthened early warning systems for pandemics,¹⁸ while the WHO Director-General has backed proposals for the creation of an intermediate alert below PHEIC.¹⁹ However, we heard evidence that these steps would make little difference. The challenge is not in gathering information about diseases, but getting governments to take action, and a lower tier of alert would likely also be ignored.²⁰ To encourage governments to follow the WHO’s recommendations, the organisation instead needs to build trust with member states.²¹

9. **Another pandemic could wreak just as much havoc on the global economy and have just as devastating an effect on global health outcomes as war, famine or environmental disaster. The temptation for world leaders will be to ignore the risks of a future pandemic until it is too late. We recommend that the Government takes steps to ensure that every G7 and G20 meeting includes an agenda item on mitigating pandemic risks.**

China and the WHO

10. This Committee has repeatedly warned of the Chinese government’s creeping capture of multilateral organisations and the reticence of some to stand up to the challenge to the agreed international norms of conduct.²² Beijing aims to gain influence and control over these bodies and in some cases to undermine the fundamental principles on which they are founded. Meanwhile, China’s large and growing global sway means that multilateral bodies have little choice but to find a way to work with it. The risks of this influence are shown by the WHO’s shortcomings in responding to the pandemic. The organisation’s efforts to build a closer relationship with Beijing, declaring an “intensified strategic partnership”²³ in 2017, may have led to “blind spots” that hindered its response to covid-19.²⁴

11. Beijing has repeatedly undermined efforts to investigate the origins of the pandemic. It has delayed efforts to investigate, limited access to data and key sites, and retaliated

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- 17 Dr Clare Wenham (Assistant Professor of Global Health Policy at London School of Economics and Political Science (LSE)) ([GHS0011](#)); Foreign Affairs Committee, [Oral evidence: Multilateral Organisations—the World Health Organisation](#), HC 513, 15 September 2020, Q102 [Professor Ilona Kickbusch]; The Independent Panel for Pandemic Preparedness and Response (IPPPR), [COVID-19: Make it the Last Pandemic](#), May 2021, p 28
- 18 Foreign, Commonwealth and Development Office ([GHS0006](#)) para 40; [Prime Minister: World must unite to defeat COVID and prevent future pandemics](#), FCDO, Prime Minister’s Office, 10 Downing Street, and The Rt Hon Boris Johnson MP, 25 September 2020
- 19 [WHO officials rethink epidemic messaging amid pandemic debate](#), Reuters, 13 March 2020
- 20 [Qq31–32](#) [Dr Clare Wenham, Professor Colin McInnes]
- 21 [Q3](#) [Dr Clare Wenham]; [Qq19–20](#) [Professor Colin McInnes]
- 22 See, for example, Foreign Affairs Committee, First Report of Session 2021–22, [In the room: the UK’s role in multilateral diplomacy](#), “Chapter 2: State based threats facing multilateral organisations”
- 23 [China can help WHO improve global health](#), Dr Tedros Adhanom Ghebreyesus, WHO Director-General, 17 August 2017
- 24 Helen Ramscar (Associate Fellow at Royal United Services Institute (RUSI)) ([GHS0024](#)) para 5.2 As the New York Times put it, “a disempowered World Health Organization, eager to win access and cooperation from China, has struggled to achieve either”. By contrast, Gro Harlem Brundtland, who led the WHO during the 2002–04 SARS outbreak, took a tough approach to China and publicly criticised its attempted cover-up. [In Hunt for Virus Source, W.H.O. Let China Take Charge](#), New York Times, 2 November 2020 [China, the WHO and the power grab that fuelled a pandemic](#), The Times, 14 August 2021

against Australia after the prime minister called for a robust investigation.²⁵ In July 2021, Beijing triggered stronger criticism from the WHO when it rejected a proposed second stage of the international inquiry into the origins of covid-19.²⁶ The Director-General criticised the “premature push” to rule out the theory that the virus came from a lab, and the failure to share data from the start of the pandemic.²⁷ When we asked then-Foreign Secretary Dominic Raab why the Government had not done more to press for a full investigation, he said that the UK was building a coalition to put pressure on Beijing—a task made more difficult by how much China was doing to “support many countries”. He warned that if the investigation appears to be politicised against China, it could lose international support.²⁸

12. The risks of Chinese influence at the WHO are illustrated by the case of Taiwan. The island is excluded from the World Health Assembly—the WHO’s decision-making forum—by China, which claims Taiwan as its territory.²⁹ Taiwan has criticised this decision, accusing the WHO of “capitulat[ing] to the political interests of a certain member”.³⁰ Taiwan has claimed that the WHO failed to act after Taiwanese officials reported concerns about human-to-human transmission on 31 December 2019.³¹ More than two weeks later, the WHO was still repeating China’s position that there was no clear evidence of human-to-human transmission.³² The issue has drawn more attention because of Taiwan’s successful response to covid-19. It has largely avoided harsh lockdowns while keeping cases low, thanks to a data-driven policy of testing, tracing and isolation.³³ The UK is lobbying the WHO to allow Taiwan to return,³⁴ and joined with other G7 countries this year to express its support.³⁵ The Minister responsible for global health security was not aware of the UK’s position on this issue when she appeared before us.³⁶ However, she confirmed in later correspondence that the UK supported Taiwan’s participation in international organisations such as the World Health Assembly.³⁷

13. The pandemic has exposed shortcomings in the multilateral health system. The WHO lacks adequate funds, power and independence. It has done hugely important work in a difficult situation, facing intense pressure from many sides. However, it

25 [WHO-convened COVID-19 origins study: joint statement](#), FCDO, 30 March 2021; [China bristles at Australia’s call for investigation into coronavirus origin](#), The Guardian, 29 April 2020

26 [Covid: China rejects WHO plan for second phase of virus origin probe](#), BBC News, 23 July 2021

27 [WHO press conference on coronavirus disease \(COVID-19\)](#), WHO, 15 July 2021; [WHO Director-General’s opening remarks at the Member State Information Session on Origins](#), WHO, 16 July 2021

28 [Foreign Affairs Committee, Oral evidence: Work of the Foreign, Commonwealth and Development Office, HC 518](#), 6 July 2021, Q541–542 (Foreign Secretary Dominic Raab)

29 [Taiwan: Country profile & international relations](#), House of Commons Library, 23 June 2021, p 16

30 [Foreign Minister Jauhsieh Joseph Wu and Health and Welfare Minister Chen Shih-chung express deep displeasure at Taiwan’s exclusion from the virtual 74th World Health Assembly](#), Ministry of Foreign Affairs, Republic of China (Taiwan), 24 May 2021

31 [Taiwan says WHO failed to act on coronavirus transmission warning](#), Financial Times, 20 March 2020; [The facts regarding Taiwan’s email to alert WHO to possible danger of COVID-19](#), Taiwan Centers for Disease Control, 11 April 2020

32 [WHO Twitter account](#), 14 January 2020

33 [Q145](#) [Niall Ferguson]

The UK was among those slow to draw lessons from Taiwan’s approach: Jeremy Hunt told us that the UK and other countries in Europe and North America had a “blind spot” about learning from east Asia that had held back their responses to the pandemic.

[Q98](#) [Rt Hon Jeremy Hunt MP]

34 [World Health Assembly: Taiwan](#), Question for Department of Health and Social Care, UIN 238323, 28 March 2019

35 [G7 Foreign and Development Ministers’ Meeting: Communiqué, London, 5 May 2021](#), FCDO

36 [Qq168–170](#) [Wendy Morton MP, Minister for European Neighbourhood and the Americas]

37 [Minister Wendy Morton, Letter to Committee Chair](#), 28 July 2021

performed less effectively than under the leadership of Gro Harlem Brundtland and fell short on demanding transparency from Beijing, particularly in the early months, leading to costly delays in the international response. Far from being a reason to abandon the WHO, the pandemic should be a wake-up call that prompts reform to give the WHO the powers it needs to respond more effectively to future outbreaks. No country should be able to impede it effectively performing its role of protecting global health. As the second-largest donor to the WHO, the UK is in a strong position to influence this process, build a coalition of member states, and press for the necessary reforms. These should include greater transparency and accountability across its work. *We recommend that the Government endorses the recommendations of the Independent Panel (IPPPR), including for greater powers to independently investigate outbreaks, an increase in member state fees, and greater independence for the WHO's leadership. For each, the Government should assess the chances of success, and explain the efforts the UK is making to promote it, if any.*

14. To be more effective and independent, the WHO needs more reliable sources of funding, based on predictable fees from member states, rather than earmarked voluntary donations. We welcome the UK's commitment to increase its core funding to the organisation. *This should be accompanied by greater efforts to bring together other countries in support of increasing non-earmarked core contributions. We recommend that the Government campaigns for an increase in member state fees ahead of next year's World Health Assembly.*

15. The WHO needs support to withstand political pressure from certain member states. There should be no space for doubt about the independence of the WHO's leadership, particularly given the organisation's important work during the pandemic. Working in a highly political environment and facing targeted attempts at influence by Beijing and other governments, the Director-General should be insulated from the need to campaign for re-election. Making key deliberations public would help to remove any scope for undue influence. *We recommend that the FCDO should support proposals to give the Director-General and other senior officials a single, non-renewable term, and to publish deliberations on declaring a public health emergency.*

16. Without a full and transparent investigation into the origins of covid-19, we are at greater risk of a disastrous new outbreak. By impeding efforts to trace the origins of the virus, Beijing is endangering its own population along with the rest of the world. Even with a full investigation, the limited access to data and to key sites in China in the early days of the pandemic makes any investigation more difficult—this must be addressed for any future outbreaks. *The Government should work with other countries to increase the WHO's powers to independently access countries where an outbreak has been reported, mirroring the work of the International Atomic Energy Agency (IAEA)—including through reform of the International Health Regulations, if necessary. The Government should build a partnership of nations to investigate the virus' origins and should make clear what measures it will take to support countries that are facing intimidation from Beijing over their backing for an independent investigation.*

17. Taiwan's impressive response to covid-19 illustrates that its exclusion from WHO forums risks harming global health security, making it harder to exchange information with Taiwan and learn from its experiences. In a deeply interconnected world, where the next pandemic could emerge from any region, we cannot afford to

arbitrarily remove key partners from global health forums. We were disappointed that the Minister responsible for global health security was not aware of the UK's position on this topic, which suggests that the issue may not be getting the attention it deserves within the FCDO. *We recommend that the Government builds on the momentum of the joint G7 statement supporting Taiwan's participation in the WHO with a renewed push for its attendance at the 2022 World Health Assembly.*

European health networks

18. European health networks are one of the UK's key forums for international cooperation on health security. At the end of the Brexit transition period, the UK left the European Centre for Disease Prevention and Control (ECDC)—the EU agency responsible for monitoring infectious diseases—and its Early Warning Response System, which alerts members to outbreaks. The UK can request access to the system on a case-by-case basis, and this was granted in the context of covid-19.³⁸ Jeremy Hunt argued that the UK should be part of the ECDC, warning that decreased coordination in these areas would “increase the risk of a pandemic taking hold, or of a less effective response when a pandemic does take hold.”³⁹ We were told that the Early Warning Response System is important for sharing data on outbreaks that would not meet the criteria for notification to the WHO.⁴⁰ When we asked Minister Morton for her view, she did not appear to be aware of the issue.⁴¹

19. **We are concerned that the UK's reduced access to European health networks could undermine the UK and European response to future disease outbreaks. We recommend that the Government builds structured permanent cooperation with the European Centre for Disease Prevention and Control (ECDC). In its response to this report, the FCDO should set out its assessment of how its new ad hoc access to the Early Warning Response System affects global health security; whether and on what terms it sought to retain membership of the ECDC during EU exit negotiations; and when the current access in the context of the pandemic will lapse.**

38 House of Lords, Select Committee on the European Union, Environment Sub-Committee, [Oral evidence: Future UK-EU relations: energy, environment and health](#), 27 January 2021, Q31 [Edward Argar MP, Minister of State, Department of Health and Social Care]

39 [Qq131–132](#) [Rt Hon Jeremy Hunt MP]

Similarly, the British Medical Association told us that “reduced information sharing between the UK's reporting systems, currently led by PHE, and our closest neighbours would lead to delays in information sharing, limiting disease tracking and could render analysis on rapidly changing outbreaks out-of-date.”

BMA (British Medical Association) ([GHS0014](#)) para 2.2

40 BMA (British Medical Association) ([GHS0014](#)) para 2.8

41 [Qq228–230](#) [Wendy Morton MP, Minister for European Neighbourhood and the Americas]

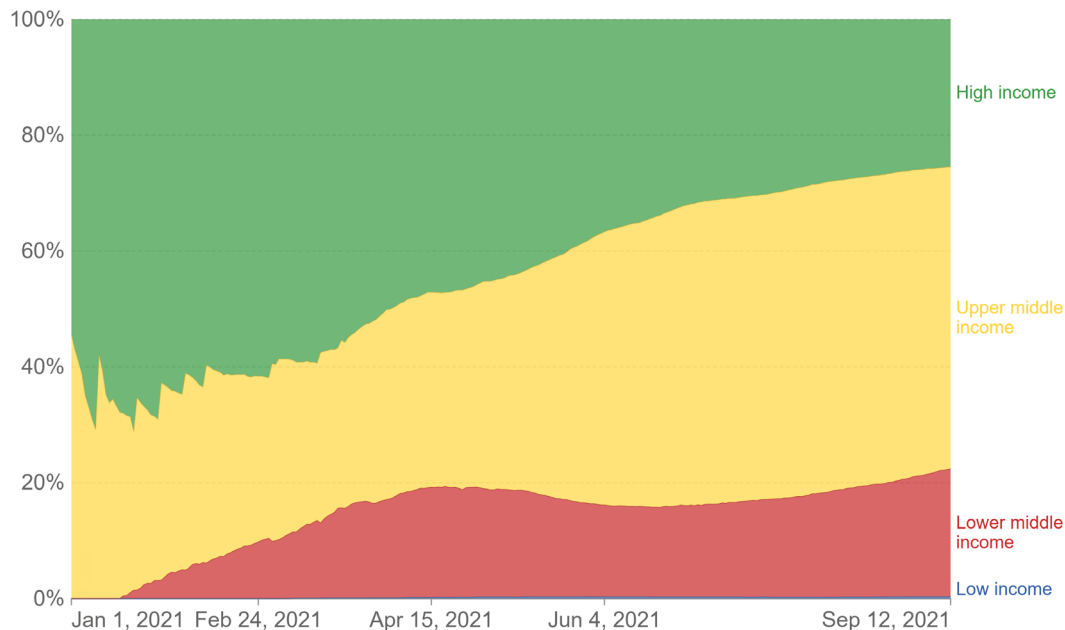
2 Covid-19 vaccines

Global access to vaccines

20. Global access to covid-19 vaccines is deeply unequal. As of September 2021, more than 78 percent of vaccines administered have gone to high and upper-middle income countries, which make up about 48 percent of the total global population. Some 22 percent have gone to low and lower-middle income countries, which make up the other 52 percent of global population. Low-income countries, which make up approximately 9 percent of global population, have received just 0.32 percent of all vaccines (see graph).⁴² This risks undermining global health security and exacerbating broader inequalities—and the full impact is not yet known.⁴³ There are particularly worrying shortfalls in delivering vaccines to vulnerable populations such as refugees, displaced people, and those in conflict zones or areas under the control of non-state armed groups.⁴⁴ A strategy that solely focuses on vaccinating UK nationals and ignores the need to vaccinate people around the world will be self-defeating. No nation is a hermetically sealed unit, least of all the UK, which rightly prides itself on its connections with every nation in the world. That is why the best defence against this and any future pandemic will have to be waged on a global basis.

COVID-19 vaccine doses administered by country income group

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.



Source: Official data collated by Our World in Data, World Bank

OurWorldInData.org/covid-vaccinations • CC BY

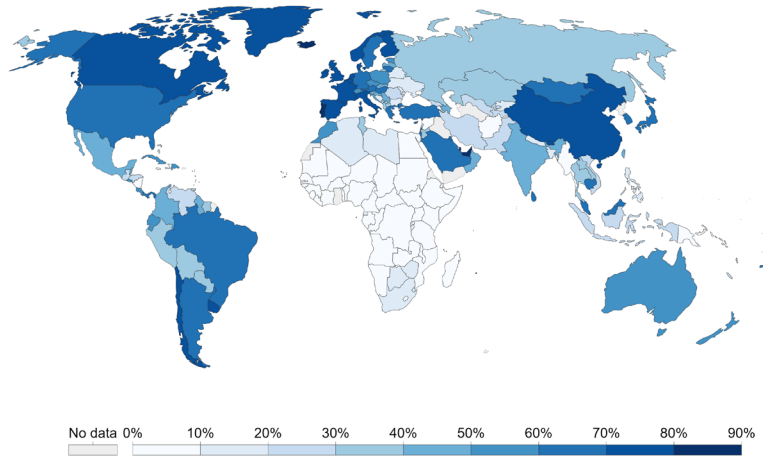
42 [Coronavirus \(COVID-19\) Vaccinations](#), Our World in Data, accessed 9 September 2021; [World Bank data](#), accessed 9 September 2021

43 For example, the International Monetary Fund has said that the main fault line in the global economy in the coming years would be between countries with high and low vaccination rates.

[IMF predicts UK economic bounce-back this year to match resurgent US](#), Sky News, 27 July 2021

44 International Committee of the Red Cross ([GHS0023](#)) para 10–11; STOPAIDS, on behalf of the Missing Medicines Coalition, Global Justice Now, Just Treatment, Students For Global Health UK, Doctor Mohga Kamal-Yanni ([GHS0021](#)) para 9.2.14.

Share of people who received at least one dose of COVID-19 vaccine
Total number of people who received at least one vaccine dose, divided by the total population of the country.



Source: Official data collated by Our World in Data – Last updated 13 September 2021, 09:20 (London time)
OurWorldInData.org/coronavirus • CC BY

21. In December 2020, the FCDO told us that “vaccine nationalism” could undermine efforts to bring the pandemic under control:

Countries only focusing on domestic vaccines needs and increasing population coverage as quickly as possible (before others can vaccinate highest risk groups) may limit the potential to have greater impact on the pandemic. [...] an equitable distribution of a first 2 billion vaccine doses to high-risk populations globally could avert 62% of COVID-19 deaths, compared to only 33% of deaths averted if focused on only high-income countries.⁴⁵

22. However, the UK only donated its first vaccines overseas in July 2021, when 86 percent of its adult population had already received a first dose.⁴⁶ Many other high-income countries have taken a similar approach, vaccinating large majorities of their own population before sending vaccines abroad.⁴⁷ This was criticised by many of our witnesses,⁴⁸ and we heard evidence that delay in ensuring equitable access to vaccines could damage UK interests by harming its diplomatic relationships, undermining international security and the multilateral system.⁴⁹ However, Jeremy Hunt argued that it would have been difficult for the UK to share doses before its own population was vaccinated:

it is unrealistic in a pandemic to ask an elected Government to give vaccines abroad when you still need them at home. [...] Whether it is right or wrong is a different question, but that is the reality in an emergency like a pandemic in a democracy.⁵⁰

45 Foreign, Commonwealth and Development Office ([GHS0006](#)) para 23 iv

46 [UK begins donating millions of COVID-19 vaccines overseas](#), FCDO, Department of Health and Social Care, The Rt Hon Sajid Javid MP, and The Rt Hon Dominic Raab MP, 28 July 2021
[Vaccinations in United Kingdom](#), Coronavirus (COVID-19) in the UK, accessed 29 July 2021

47 [Rich nations dip into COVAX supply while poor wait for shots](#), Associated Press, 14 August 2021

48 Including: [Q58](#) [Dr John Nkengasong]; [Q60](#) [Mark Eccleston-Turner]; Médecins Sans Frontières (MSF) ([GHS0004](#)); STOPAIDS, on behalf of the Missing Medicines Coalition, Global Justice Now, Just Treatment, Students For Global Health UK, Doctor Mohga Kamal-Yanni ([GHS0021](#)) para 9

49 [Q44](#) [Dr John Nkengasong]; [Q56](#) [Mark Eccleston-Turner]

50 [Q118](#) [Rt Hon Jeremy Hunt MP]

When we put this to Minister Morton, she said she did not “see it as an either/or”.⁵¹

23. The UK has been a major donor to COVAX, a multilateral scheme meant to ensure equitable global access to covid-19 vaccines. The UK pledged the world’s fourth-largest donation, £548 million, to the part of the scheme that funds vaccines for lower-income countries.⁵² COVAX aims to offer doses to cover 20 percent of the population of participating countries in its initial phase.⁵³ However, it has been held back by shortfalls in vaccine availability, due in part to high-income countries such as the UK buying up supplies.⁵⁴ As of April 2021, the UK had distributed roughly the same number of vaccines domestically as COVAX had across the entire world.⁵⁵ The UK and other wealthy countries have also purchased doses through COVAX, drawing on its limited supply.⁵⁶

24. The pandemic was a blow to global trade, as governments scrambled for medical goods and vaccines, imposing tariffs and export bans. As the chief executive of India’s Serum Institute has put it: “almost every country now wants to set up local manufacturing so that it never has to scramble for vaccine again.”⁵⁷ We heard evidence calling for greater efforts to improve vaccine manufacturing capacity around the world through measures such as technology transfer and a vaccine patent pool.⁵⁸ The WHO head has praised the UK-backed Oxford-AstraZeneca partnership for its efforts to increase vaccine production around the world through agreements with producers in India and elsewhere.⁵⁹ The US, France and others have backed the idea of a patent waiver for covid-19 vaccines, along with the head of the WHO.⁶⁰ The FCDO told us that it was not clear that this step would increase access to vaccines, and that the measure risked undermining the intellectual property framework’s ability to respond to future crises.⁶¹

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- 51 The Minister told us “no one is safe until everybody is safe, so yes, it is important that we vaccinate our citizens here at home, but the Prime Minister has been very clear about equitable access”.
[Q212, Q217](#) [Wendy Morton MP, Minister for European Neighbourhood and the Americas]
- 52 [UK to donate 100 million coronavirus vaccine doses](#), Prime Minister’s Office, 10 Downing Street and The Rt Hon Boris Johnson MP, 11 June 2021
- 53 [Access and allocation: how will there be fair and equitable allocation of limited supplies?](#), WHO, 12 January 2021
- 54 [Q47](#) [Mark Eccleston-Turner]; [Q54](#) [Dr John Nkengasong]; STOPAIDS, on behalf of the Missing Medicines Coalition, Global Justice Now, Just Treatment, Students For Global Health UK, Doctor Mohga Kamal-Yanni ([GHS0021](#)) para 4.2
- 55 [Q54](#) [Mark Eccleston-Turner]
As of 8 April 2021, the UK had administered some 38 million doses domestically, while COVAX had shipped 38 million globally. The scheme has since overtaken the UK—in early September 2021, COVAX had shipped some 243 million doses globally, while the UK had distributed 92 million doses at home.
[COVAX reaches over 100 economies, 42 days after first international delivery](#), WHO, 8 April 2021; [Vaccinations in United Kingdom](#), Coronavirus (COVID-19) in the UK, accessed 9 September 2021; [COVAX vaccine roll-out](#), GAVI, accessed 9 September 2021
- 56 [Rich nations dip into COVAX supply while poor wait for shots](#), Associated Press, 14 August 2021
- 57 [‘We took a huge risk’: the Indian firm making more Covid jabs than anyone](#), The Guardian, 14 February 2021
However, historian Niall Ferguson told us that: “The notion that we can all be self-sufficient and make our own mRNA vaccines is a complete fantasy”, due to the difficulties of manufacturing in many parts of the world.
[Q149](#) [Niall Ferguson]
- 58 [Q48](#) [Kiran Mazumdar-Shaw]; [Q56](#) [Mark Eccleston-Turner]; University College London ([GHS0005](#))
- 59 [WHO press conference on coronavirus disease \(COVID-19\) - 15 July 2021](#), WHO, 15 July 2021
The FCDO told us: “AstraZeneca has at least a dozen manufacturing partnerships globally, including voluntary licensing agreements like the one with SII [The Serum Institute] in India. [...] There is certainly a model there that can be expanded and rolled out.”
[Qq219–220](#) [Darren Welch, Director of Global Health, FCDO]
- 60 [Waive Covid vaccine patents to put world on war footing](#), Dr Tedros Adhanom Ghebreyesus, WHO, 7 March 2021; [Macron backs waiving COVID-19 vaccine patents ahead of G7 summit](#), Politico, 10 June 2021
- 61 [Letter from Nigel Adams MP, FCDO Minister of State for Asia, to Committee Chair](#), 6 May 2021; [Qq218–220](#) [Wendy Morton MP, Minister for European Neighbourhood and the Americas; Darren Welch, Director of Global Health, FCDO]

25. However, some witnesses told us that the traditional approach to intellectual property did not apply to the covid-19 vaccines, as they had received heavy public subsidies: “We are essentially paying twice for these vaccines: we are paying for the research and development, and we are paying to purchase the vaccines.”⁶² We received evidence arguing that the UK and other governments had done too little to ensure that research they funded would be accessible and affordable.⁶³ The Independent Panel recommended that technology transfer and commitment to voluntary licensing should be included in all agreements where public funding is invested in research and development.⁶⁴

Vaccine diplomacy

26. While the UK and many other Western countries have been slow to send vaccines overseas, others have used “vaccine diplomacy” to gain global influence. Among those that sent significant quantities of vaccines abroad through bilateral sales or donations in the first half of 2021 are Russia, China, India and Israel.⁶⁵ China has pledged to provide 2 billion doses abroad,⁶⁶ contrasting itself with “some countries that have said they have to wait for their own people to finish the vaccination before they could supply the vaccines to foreign countries.”⁶⁷ China has focused on countries of strategic importance, and is reportedly using vaccine supplies to pressure countries that have strong relations with Taiwan.⁶⁸ Of the 72 countries to which China has pledged donations, all but two are reportedly participants in its Belt and Road infrastructure initiative.⁶⁹ Russia has also offered vaccines in large quantities—it claimed to have the capacity to provide 700 million doses overseas in 2021, though it is falling short on delivery.⁷⁰ Recipients include countries in Africa and Latin America, as well as some in Europe. Moscow is using vaccines to pitch itself as a technological great power, filling the gap where the West has fallen short,

62 [Q68](#) [Mark Eccleston-Turner]

As MSF put it: “With millions of pounds of public money going into R&D for future COVID-19 medical technologies, it is critical that the final products are sold ‘at cost’. Pharmaceutical companies must not be allowed to profiteer from public funding when governments are forced to buy back the products whose development they initially funded.”

Médecins Sans Frontières (MSF) ([GHS0004](#))

63 According to MSF: “UK public funding agencies currently have no clear policies in place directing their grantees to ensure effective technology transfer, open-sharing or licensing of COVID-19 medical technologies.”

Médecins Sans Frontières (MSF) ([GHS0004](#))

See also: [Q55](#) [Kiran Mazumdar-Shaw, Mark Eccleston-Turner]; Results UK ([GHS0017](#)) part 2; STOPAIDS, on behalf of the Missing Medicines Coalition, Global Justice Now, Just Treatment, Students For Global Health UK, Doctor Mohga Kamal-Yanni ([GHS0021](#)) para 7.6

64 The Independent Panel for Pandemic Preparedness and Response (IPPPR), [COVID-19: Make it the Last Pandemic](#), May 2021, p 55

65 According to one analysis: “China, India, Israel, and Russia, the four countries that have taken a global approach to vaccine diplomacy—i.e., providing vaccines to at least ten countries on three continents or more—have largely done so in alignment with their national and strategic interests.”

[The Politics of Vaccine Donation and Diplomacy](#), ThinkGlobalHealth, 4 June 2021

66 According to the NYT, it is not known whether these are donations or sales.

[China says it will provide 2 billion vaccine doses to the world](#), New York Times, 6 August 2021

67 [China says providing vaccines to almost 40 African nations](#), Associated Press, 20 May 2021

68 As one witness put it: “Venezuela and Paraguay have a relatively high mortality rate, but comparably less vaccine supply from China, in part because of the relationship with Taiwan.”

[Q78](#) [Yanzong Huang]

See also: [Taiwan accuses China of ‘vaccine diplomacy’ in Paraguay](#), BBC News, 7 April 2021

69 [The Politics of Vaccine Donation and Diplomacy](#), ThinkGlobalHealth, 4 June 2021

70 [With Sputnik V, Russia Shot Itself in the Foot](#), Foreign Policy, 24 June 2021; [Covid: Stalled Russian vaccines cause global anger](#), BBC Monitoring, 29 July 2021; [Russia’s Vaccine Diplomacy Is Mostly Smoke and Mirrors](#), Carnegie Endowment for International Peace, 3 August 2021

and to exploit divisions in Europe, according to analyst Mark Galeotti.⁷¹ This trend risks undermining UK soft power, according to analyst Yanzong Huang, by creating a perception of Western countries practicing “vaccine nationalism” while Russia and China support those in need.⁷² However, shortcomings in efficacy of some Chinese vaccines, and delivery of Russian vaccines, means that these advantages are likely to be short-lived.⁷³

27. When asked his view on the Russian and Chinese use of vaccines to gain influence, the then-Foreign Secretary said: “we don’t support vaccine diplomacy, let alone blackmail.”⁷⁴ Minister Wendy Morton told us that: “We want countries such as China and Russia to join the multilateral effort” on covid-19 vaccines.⁷⁵ Nonetheless, of the 100 million doses the UK has pledged to donate overseas by June 2022, 20 percent will be distributed “on a strategic basis”, with the other 80 percent going via COVAX.⁷⁶ In July, the Government announced the recipients of its first bilateral donations, including 600,000 to Indonesia, 300,000 to Jamaica and 817,000 to Kenya.⁷⁷ We heard powerful testimony on this point from Dr Nkengasong, Director of the Africa Centres for Disease Control and Prevention:

When you go with 100,000 doses of vaccines to country X, provide it, and then you drop another 50,000 there, you create even more inequalities, tension, and frustration. True vaccine diplomacy, in our view, should be any approach where a partner or a country is supporting a region or a country to achieve its vaccination target. [...] Let diplomacy be used, through COVAX, so that many more countries get the doses they need.⁷⁸

28. When we launched this inquiry, in October 2020, it was not known whether there would ever be effective vaccines against covid-19. Today, less than a year later, all UK adults have been offered full immunisation, and 41 percent of the global population has received at least one dose. This is a huge achievement for global scientific cooperation. The UK has made an important contribution, and the UK-backed AstraZeneca vaccine is responsible for the majority of COVAX vaccinations in lower-income countries. However, these achievements are undermined by the failure to ensure anything close to global equity in access. While democratic governments have responded to the needs of their electorates, it is now time to turn our attention overseas. Promoting rapid vaccine access globally is not just morally right, but is clearly in the UK’s interest. It is necessary in order to build prosperous and healthy societies, preserve the safe travel that underpins the global economy, fend off the threat of new variants, and counter autocracies that are using vaccines to gain influence.

29. The glaring inequality in global access to vaccines has created the opportunity for autocracies such as Russia and China to seek to undermine the West and expand their influence by donating and selling vaccines. Even if these campaigns have fallen short on delivery, there is still a worrying potential to undermine UK influence overseas and

71 [Q78](#), [Q83](#) [Mark Galeotti]

72 [Q82](#) [Yanzhong Huang]

73 As analyst Mark Galeotti put it: “countries like Russia, and indeed China, think that, to an extent, they can buy loyalty with these kind of programmes. At best, they can rent it for a short period of time.”

[Q82](#) [Yanzhong Huang, Mark Galeotti], [Q107](#) [Rt Hon Jeremy Hunt MP]

74 [UK’s Raab: Some countries are using vaccines as a geopolitical tool](#), Reuters, 11 June 2021

75 [Q204](#) [Wendy Morton MP, Minister for European Neighbourhood and the Americas]

76 Covid-19 Vaccines: Global Distribution, HC Deb, 20 July 2021, [col 801](#) [Commons Chamber]

77 [UK begins donating millions of COVID-19 vaccines overseas](#), FCDO, Department of Health and Social Care, The Rt Hon Sajid Javid MP, and The Rt Hon Dominic Raab MP, 28 July 2021

78 [Q53](#) [Dr John Nkengasong]

harm its reputation as a force for good. We welcome the UK's commitment to donate 100 million vaccines in the year to June 2022. However, this target falls far short of what is needed to meet the health challenge and protect British nationals from further outbreaks and variants, let alone meet our moral duty. *We urge the Government to make every effort to achieve a significant increase in the speed and number of vaccines it donates through COVAX. Delays in vaccinating the world could mean irreparable damage to global health security, widening inequalities, undermining lower-income country health systems, and increasing the disease burden in the parts of the world that can least afford it. The UK should ensure that any bilateral donations are planned and timed to give real, sustainable and predictable support to other countries' vaccination campaigns, rather than transferring small quantities that do more for the image of the donor than for the recipient. While a strategic approach may be appropriate for some foreign aid, lower-income countries in particular need predictable, needs-based vaccine supplies—this matters to us all. Ensuring there is low infection is key to ensuring there are few variants. In response to this report, the FCDO should set out a list of the countries that have and will receive bilateral donations from the UK, with dates, quantities, and the factors that went into each decision. The response should set out the FCDO's role in selecting these countries, how this is coordinated with other Departments, and how it links to the objectives set out in the Integrated Review. We recommend that the Government sets out its strategy for delivering the vaccine to particularly vulnerable groups, including displaced people.*

30. To defeat covid-19, and tackle future pandemics, a wider range of countries need the ability to produce vaccines. The production of AstraZeneca by India's Serum Institute offers a good model for technology transfer to build this capacity. Many national leaders have backed the call for a temporary waiver on intellectual property for covid-19 vaccines. *We recommend that the Government pursues a wide range of means to bring about greater manufacturing capacity in lower-income countries, including through expanded technology transfer schemes. In its response to this report, the Government should set out the steps it is taking to transfer vaccine technology to low- and middle-income countries, and its goals in terms of increasing global vaccine production.*

Misinformation

31. UN agencies have jointly warned that the spread of falsehoods around covid-19 constitutes an “infodemic”.⁷⁹ Those promoting false information include hostile state actors.⁸⁰ China has spread disinformation on covid-19 since the early days of the outbreak, in an attempt to deflect blame for its role as the starting place of the virus.⁸¹ More recently, both Russia and China have sought to undermine trust in vaccines produced in the West

79 [Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation](#), Joint statement by WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC, 23 September 2020

80 Foreign, Commonwealth and Development Office (GHS0006) para 23.v; [Foreign Secretary: Russia must face cost for malign activity](#), FCDO and The Rt Hon Dominic Raab MP, 24 March 2021

81 [Viral immunity: The FCO's role in building a coalition against COVID-19](#), First Report of Session 2019–21, [HC 239](#), 6 April 2020, para 4–5; [Q94](#) [Yanzhong Huang]

and promote their own products.⁸² Minister Morton told us that the UK had raised the issue of vaccine misinformation in talks with Russia, but that it had not done so with China.⁸³

32. Access to accurate, trusted and locally relevant information is crucial to fighting health misinformation around the world. This depends on robust and independent media outlets.⁸⁴ The previous Foreign Affairs Committee called on the Government to do more to defend global media freedom. One of its recommendations was to extend funding of the BBC World Service.⁸⁵ While the Government announced an additional £8 million in May to tackle disinformation and improve digital engagement, the longer-term funding of the service remains unclear, pending the 2021 Spending Review.⁸⁶

33. Deliberate misinformation about the safety of vaccines is not only irresponsible—it costs lives. Tackling state-backed falsehoods on covid-19 should be an integral part of the Government’s global health security strategy. To promote global access to covid-19 vaccines and bring the pandemic under control, communities around the world need access to reliable information about immunisation, delivered in a format that is accessible and inspires trust. This requires strong local media outlets. *The FCDO should lead on efforts to counter health misinformation internationally. In particular, it should target support to independent local media outlets in regions at risk of high levels of vaccine hesitancy. The Government should give the BBC World Service long-term funding to tackle fake news, with a focus on strategic locations such as Russia and China.*

82 We heard evidence that these disinformation campaigns vary between those that are state initiatives from the beginning, and those that are started by autonomous actors and later endorsed by the state. [Q83](#) [Mark Galeotti], [Q94](#) [Yanzhong Huang]; [In race for coronavirus vaccine, Russia turns to disinformation](#), Politico, 19 November 2020; [China Wanted to Show Off Its Vaccines](#). It’s Backfiring., New York Times, 25 January 2021

83 [Minister Wendy Morton, Letter to Committee Chair](#), 28 July 2021

84 [Internews Europe \(GHS0007\)](#)

85 [“Media freedom is under attack”: The FCO’s defence of an endangered liberty](#), Twenty-First Report of Session 2017–19, 4 September 2019 para 35

86 According to the Government: “The FCDO has guaranteed World2020 funding until September 2021. Funding beyond that is currently being discussed in the context of the 2021–2022 Spending Review”.

[Update on FCDO work on global media freedom](#), FCDO, 12 February 2021

See also: [Foreign Secretary, letter to Committee Chair](#), 13 July 2021

3 Aid and global health

Global health security

34. The UK is the second largest state donor on health,⁸⁷ and has been at the forefront of recognising health as a security issue. “Health Is Global: A UK Government Strategy 2008–13” was a “game-changer”, explicitly recognising disease outbreaks abroad as a security risk at home.⁸⁸ The country is a leader in the global health field. Jeremy Hunt told us that:

“Britain is one of a small group of countries that could play a defining leadership role because of international respect for the NHS and our global connections. Despite the things that went wrong last year, we are respected as a country that tends to take things such as the threat of pandemics seriously.”⁸⁹

35. However, the Government has not published an updated comprehensive cross-government global health strategy since “Health is Global”, despite calls from the Independent Commission for Aid Impact.⁹⁰ The lack of a public, up-to-date strategy risks damaging scrutiny and undermining coordination with UK partners, and leaves the role of health within aid spending unclear.⁹¹ A refreshed strategy has been in development since at least 2019,⁹² but the FCDO told us that it would not decide whether to publish the strategy until after the upcoming spending review.⁹³

Aid cuts

36. The pandemic has triggered changes in UK aid and foreign policy. In June 2020, the Prime Minister announced the merger of the FCO with DFID, justifying the decision with reference to the pandemic:

to protect ourselves against another calamity, the UK will need to work alongside our friends to strengthen international bodies such as the World Health Organization, and help vulnerable countries to improve their health systems and achieve greater resilience. It makes no sense to ask whether it amounts to aid or foreign policy: they are one and the same endeavour⁹⁴

87 Foreign, Commonwealth and Development Office ([GHS0006](#)) para 5

88 [The UK was a global leader in preparing for pandemics. What went wrong with coronavirus?](#), Clare Wenham, The Guardian, 1 May 2020

See also: Sightsavers ([GHS0022](#)) para 18

89 [Q97](#) [Rt Hon Jeremy Hunt MP]

90 Action for Global Health ([GHS0016](#)) para 3.4; Independent Commission for Aid Impact ([GHS0008](#))

91 According to the Independent Commission for Aid Impact, the UK government has not “provided comprehensive information on its portfolio of global health threats interventions or how responsibilities for these are divided between different departments externally. Increased communication and openness would have helped partners to better align their spending with the UK government’s priorities and to avoid overlap.” [The UK aid response to global health threats: A learning review](#), Independent Commission for Aid Impact, 31 January 2018

Several organisations submitted evidence to this inquiry calling for an updated strategy:

Independent Commission for Aid Impact ([GHS0008](#)); Sightsavers ([GHS0022](#)) para 31, STOPAIDS, Harm Reduction International ([GHS0018](#)); UNICEF UK ([GHS0031](#)) para 7.3

92 Independent Commission for Aid Impact ([GHS0008](#))

93 [Q194](#) [Darren Welch, Director of Global Health, FCDO]

94 Global Britain, HC Deb, 16 July 2021, [col 666](#) [Commons Chamber]

In November 2020, the Government announced a cut to the overseas aid target, from 0.7 to 0.5 percent of gross national income, again justifying its decision with reference to the pandemic.⁹⁵ There has been a lack of transparency around the cuts, with much of the information in the public domain drawn from statements by NGOs and multilateral bodies, rather than being shared in a proactive, clear and comprehensive form by the FCDO. In the absence of this information, we wrote to each relevant Department to request details of changes in aid programmes they manage.⁹⁶

37. Strengthening health systems in low- and middle-income countries is key to building resilience to future pandemics, according to many pieces of evidence we received.⁹⁷ If a country's health system is weak and over-burdened, it will have a limited ability to respond to new outbreaks. Tackling other infectious diseases can help to develop the capacity and infrastructure to cope with the next pandemic, reduce the strain on health systems, and build trust between health authorities and affected communities.⁹⁸ According to the Global Fund:

The capabilities and infrastructure we need to prevent future threats are largely the same as those we need to defeat existing diseases. Most low and middle-income countries based their COVID-19 responses on the laboratories, disease surveillance, community networks and supply chains that were created to fight HIV, TB and malaria.⁹⁹

38. The FCDO told us that it had adopted this approach, moving towards a focus on strengthening countries' capacity to run quality health systems and expand universal health coverage: "That strengthens global health security, because ultimately, those front-line services that we are helping to build will be where the next pandemic is identified and treated".¹⁰⁰ Despite these words, the Government is planning major cuts to spending on some health programmes for lower-income countries.¹⁰¹ For example, it will reduce funding for neglected tropical diseases by 90 percent,¹⁰² while a programme supporting health research for low- and middle-income countries saw a 50 percent reduction in its budget.¹⁰³ The WHO has said that the funding cut to neglected tropical diseases is likely to cause between 20,000 and 30,000 deaths.¹⁰⁴ UK Research and Innovation, which directs the government's science investments, warned of significant impacts on

95 Spending Review 2020 and OBR Forecast, HC Deb, 25 November 2020, [col 827](#) [Commons Chamber]

96 See, for example, our correspondence with the Department for Health and Social Care:

[Impact of ODA cuts to DHSC programmes](#), Health Secretary, letter to Committee Chair, 14 June 2021

97 Including: Action for Global Health ([GHS0016](#)) para 3.5; Centre for Global Security Challenges (CGSC) and the Centre for Global Development (CGD) at the University of Leeds ([GHS0002](#)) para 18; The Global Fund to Fight AIDS, Tuberculosis and Malaria ([GHS0009](#)); Malaria No More UK ([GHS0028](#)) para 1–3; Medicines for Malaria (MMV) ([GHS0010](#)) para 3; UNICEF UK ([GHS0031](#)) para 2

98 Malaria No More UK ([GHS0028](#)) para 1–3; Professor Sarah Cleaveland (Professor at University of Glasgow) ([GHS0026](#))

99 The Global Fund to Fight AIDS, Tuberculosis and Malaria ([GHS0009](#))

100 [Q211](#) [Darren Welch, Director of Global Health, FCDO]

101 [Reducing the UK's aid spend in 2021](#), House of Commons Library, 20 July 2021, 3.4

102 According to Uniting to Combat Neglected Tropical Diseases, a coalition of health organisations: "The UK Government has unilaterally withdrawn over £150 million to programmes that protect the most vulnerable people from debilitating, disabling, and killing diseases called neglected tropical diseases (NTDs), and to research and development in NTDs."

[Our open letter on the UK cuts: A tragic blow for 'global Britain' and the world's most vulnerable people](#), Uniting to Combat Neglected Tropical Diseases, 29 April 2021; [UK government cuts almost wipe out funding to tackle neglected diseases](#), The Telegraph, 29 April 2021

103 [Impact of ODA cuts to DHSC programmes](#), Health Secretary, letter to Committee Chair, 14 June 2021

104 [Written evidence to the International Development Committee](#), World Health Organization, 15 June 2021

its work, after its aid allocation was cut by almost 50 percent.¹⁰⁵ This has hit research into areas such as malaria prevention—a field that contributed to the development of the AstraZeneca vaccine.¹⁰⁶ This comes at a time when covid-19 has already increased deaths from other illnesses and disrupted other medical treatments, particularly in lower-income countries.¹⁰⁷ When we asked the then-Foreign Secretary about these cuts, he told us that the Government had made the strategic decision to “[focus] our fire” on covid-19, as the “foremost public health challenge”.¹⁰⁸

39. The pandemic has highlighted the global nature of health security, and the need for greater international cooperation in this area. In an interconnected world, health security is inextricable from foreign policy. A cross-Government strategy on global health security is important to UK leadership in this area, and transparency is vital to ensure proper scrutiny. *It is near-certain that there will be another pandemic in the coming years, and the Government should learn the lessons of covid-19 and use them to prepare for the next pandemic. This should not mean focusing on covid-19 to the exclusion of other health issues—strengthening health systems around the world is an important part of building resilience to new outbreaks. Global health security should not be allowed to slide down the agenda once covid-19 is under control in the UK. In its response to this report, the FCDO should update the Committee on the progress of this strategy. It should complete and publish its global health strategy by the end of 2021.*

40. The Government argued that the FCO-DFID merger would be an opportunity to align aid spending with diplomatic policy, with the potential for gains in global health security. We are concerned that the Government is squandering this opportunity by making ill-considered cuts to vital global health programmes. It is short-sighted to cut spending on neglected tropical diseases, or health research for lower-income countries, in order to focus on covid-19. These steps could undermine the response to covid, and put us all at greater risk from the next pandemic. In particular, cutting spending on important medical research and development programmes is a dangerous false economy, and could endanger Global Britain’s reputation as a science superpower. We are disappointed by the lack of transparency over the cuts, and over how the decisions have been made. *In response to this report, we recommend that the FCDO provides us with a full account of the changes faced by aid-funded health programmes, with details on how decisions have been made on which to cut. It should publicly commit to reinstating previous levels of funding to health research programmes as soon as the fiscal situation allows.*

105 [UKRI Official Development Assistance letter 11 March 2021](#)

106 [UK research into malaria set to be halted after government cuts vital funding](#), The Independent, 30 March 2021

107 Action for Global Health ([GHS0016](#)) para 2.2.2; The Global Fund to Fight AIDS, Tuberculosis and Malaria ([GHS0009](#))

108 Foreign Affairs Committee, [Oral evidence: Work of the Foreign, Commonwealth and Development Office, HC 518](#), 6 July 2021, Q497 (Foreign Secretary)

Conclusions and recommendations

Multilateral health system

1. Another pandemic could wreak just as much havoc on the global economy and have just as devastating an effect on global health outcomes as war, famine or environmental disaster. The temptation for world leaders will be to ignore the risks of a future pandemic until it is too late. *We recommend that the Government takes steps to ensure that every G7 and G20 meeting includes an agenda item on mitigating pandemic risks.* (Paragraph 9)
2. The pandemic has exposed shortcomings in the multilateral health system. The WHO lacks adequate funds, power and independence. It has done hugely important work in a difficult situation, facing intense pressure from many sides. However, it performed less effectively than under the leadership of Gro Harlem Brundtland and fell short on demanding transparency from Beijing, particularly in the early months, leading to costly delays in the international response. Far from being a reason to abandon the WHO, the pandemic should be a wake-up call that prompts reform to give the WHO the powers it needs to respond more effectively to future outbreaks. No country should be able to impede it effectively performing its role of protecting global health. As the second-largest donor to the WHO, the UK is in a strong position to influence this process, build a coalition of member states, and press for the necessary reforms. These should include greater transparency and accountability across its work. *We recommend that the Government endorses the recommendations of the Independent Panel (IPPPR), including for greater powers to independently investigate outbreaks, an increase in member state fees, and greater independence for the WHO's leadership. For each, the Government should assess the chances of success, and explain the efforts the UK is making to promote it, if any.* (Paragraph 13)
3. To be more effective and independent, the WHO needs more reliable sources of funding, based on predictable fees from member states, rather than earmarked voluntary donations. We welcome the UK's commitment to increase its core funding to the organisation. *This should be accompanied by greater efforts to bring together other countries in support of increasing non-earmarked core contributions. We recommend that the Government campaigns for an increase in member state fees ahead of next year's World Health Assembly.* (Paragraph 14)
4. The WHO needs support to withstand political pressure from certain member states. There should be no space for doubt about the independence of the WHO's leadership, particularly given the organisation's important work during the pandemic. Working in a highly political environment and facing targeted attempts at influence by Beijing and other governments, the Director-General should be insulated from the need to campaign for re-election. Making key deliberations public would help to remove any scope for undue influence. *We recommend that the FCDO should support proposals to give the Director-General and other senior officials a single, non-renewable term, and to publish deliberations on declaring a public health emergency.* (Paragraph 15)

5. Without a full and transparent investigation into the origins of covid-19, we are at greater risk of a disastrous new outbreak. By impeding efforts to trace the origins of the virus, Beijing is endangering its own population along with the rest of the world. Even with a full investigation, the limited access to data and to key sites in China in the early days of the pandemic makes any investigation more difficult—this must be addressed for any future outbreaks. *The Government should work with other countries to increase the WHO's powers to independently access countries where an outbreak has been reported, mirroring the work of the International Atomic Energy Agency (IAEA)—including through reform of the International Health Regulations, if necessary. The Government should build a partnership of nations to investigate the virus' origins and should make clear what measures it will take to support countries that are facing intimidation from Beijing over their backing for an independent investigation.* (Paragraph 16)
6. Taiwan's impressive response to covid-19 illustrates that its exclusion from WHO forums risks harming global health security, making it harder to exchange information with Taiwan and learn from its experiences. In a deeply interconnected world, where the next pandemic could emerge from any region, we cannot afford to arbitrarily remove key partners from global health forums. We were disappointed that the Minister responsible for global health security was not aware of the UK's position on this topic, which suggests that the issue may not be getting the attention it deserves within the FCDO. *We recommend that the Government builds on the momentum of the joint G7 statement supporting Taiwan's participation in the WHO with a renewed push for its attendance at the 2022 World Health Assembly.* (Paragraph 17)
7. We are concerned that the UK's reduced access to European health networks could undermine the UK and European response to future disease outbreaks. *We recommend that the Government builds structured permanent cooperation with the European Centre for Disease Prevention and Control (ECDC). In its response to this report, the FCDO should set out its assessment of how its new ad hoc access to the Early Warning Response System affects global health security; whether and on what terms it sought to retain membership of the ECDC during EU exit negotiations; and when the current access in the context of the pandemic will lapse.* (Paragraph 19)

Covid-19 vaccines

8. When we launched this inquiry, in October 2020, it was not known whether there would ever be effective vaccines against covid-19. Today, less than a year later, all UK adults have been offered full immunisation, and 41 percent of the global population has received at least one dose. This is a huge achievement for global scientific cooperation. The UK has made an important contribution, and the UK-backed AstraZeneca vaccine is responsible for the majority of COVAX vaccinations in lower-income countries. However, these achievements are undermined by the failure to ensure anything close to global equity in access. While democratic governments have responded to the needs of their electorates, it is now time to turn our attention overseas. Promoting rapid vaccine access globally is not just morally right, but is clearly in the UK's interest. It is necessary in order to build prosperous

and healthy societies, preserve the safe travel that underpins the global economy, fend off the threat of new variants, and counter autocracies that are using vaccines to gain influence. (Paragraph 28)

9. The glaring inequality in global access to vaccines has created the opportunity for autocracies such as Russia and China to seek to undermine the West and expand their influence by donating and selling vaccines. Even if these campaigns have fallen short on delivery, there is still a worrying potential to undermine UK influence overseas and harm its reputation as a force for good. We welcome the UK's commitment to donate 100 million vaccines in the year to June 2022. However, this target falls far short of what is needed to meet the health challenge and protect British nationals from further outbreaks and variants, let alone meet our moral duty. *We urge the Government to make every effort to achieve a significant increase in the speed and number of vaccines it donates through COVAX. Delays in vaccinating the world could mean irreparable damage to global health security, widening inequalities, undermining lower-income country health systems, and increasing the disease burden in the parts of the world that can least afford it. The UK should ensure that any bilateral donations are planned and timed to give real, sustainable and predictable support to other countries' vaccination campaigns, rather than transferring small quantities that do more for the image of the donor than for the recipient. While a strategic approach may be appropriate for some foreign aid, lower-income countries in particular need predictable, needs-based vaccine supplies—this matters to us all. Ensuring there is low infection is key to ensuring there are few variants. In response to this report, the FCDO should set out a list of the countries that have and will receive bilateral donations from the UK, with dates, quantities, and the factors that went into each decision. The response should set out the FCDO's role in selecting these countries, how this is coordinated with other Departments, and how it links to the objectives set out in the Integrated Review. We recommend that the Government sets out its strategy for delivering the vaccine to particularly vulnerable groups, including displaced people.* (Paragraph 29)
10. To defeat covid-19, and tackle future pandemics, a wider range of countries need the ability to produce vaccines. The production of AstraZeneca by India's Serum Institute offers a good model for technology transfer to build this capacity. Many national leaders have backed the call for a temporary waiver on intellectual property for covid-19 vaccines. *We recommend that the Government pursues a wide range of means to bring about greater manufacturing capacity in lower-income countries, including through expanded technology transfer schemes. In its response to this report, the Government should set out the steps it is taking to transfer vaccine technology to low- and middle-income countries, and its goals in terms of increasing global vaccine production.* (Paragraph 30)
11. Deliberate misinformation about the safety of vaccines is not only irresponsible—it costs lives. Tackling state-backed falsehoods on covid-19 should be an integral part of the Government's global health security strategy. To promote global access to covid-19 vaccines and bring the pandemic under control, communities around the world need access to reliable information about immunisation, delivered in a format that is accessible and inspires trust. This requires strong local media outlets. *The FCDO should lead on efforts to counter health misinformation internationally.*

In particular, it should target support to independent local media outlets in regions at risk of high levels of vaccine hesitancy. The Government should give the BBC World Service long-term funding to tackle fake news, with a focus on strategic locations such as Russia and China. (Paragraph 33)

Aid and global health

12. The pandemic has highlighted the global nature of health security, and the need for greater international cooperation in this area. In an interconnected world, health security is inextricable from foreign policy. A cross-Government strategy on global health security is important to UK leadership in this area, and transparency is vital to ensure proper scrutiny. *It is near-certain that there will be another pandemic in the coming years, and the Government should learn the lessons of covid-19 and use them to prepare for the next pandemic. This should not mean focusing on covid-19 to the exclusion of other health issues—strengthening health systems around the world is an important part of building resilience to new outbreaks. Global health security should not be allowed to slide down the agenda once covid-19 is under control in the UK. In its response to this report, the FCDO should update the Committee on the progress of this strategy. It should complete and publish its global health strategy by the end of 2021. (Paragraph 39)*

13. The Government argued that the FCO-DFID merger would be an opportunity to align aid spending with diplomatic policy, with the potential for gains in global health security. We are concerned that the Government is squandering this opportunity by making ill-considered cuts to vital global health programmes. It is short-sighted to cut spending on neglected tropical diseases, or health research for lower-income countries, in order to focus on covid-19. These steps could undermine the response to covid, and put us all at greater risk from the next pandemic. In particular, cutting spending on important medical research and development programmes is a dangerous false economy, and could endanger Global Britain's reputation as a science superpower. We are disappointed by the lack of transparency over the cuts, and over how the decisions have been made. *In response to this report, we recommend that the FCDO provides us with a full account of the changes faced by aid-funded health programmes, with details on how decisions have been made on which to cut. It should publicly commit to reinstating previous levels of funding to health research programmes as soon as the fiscal situation allows. (Paragraph 40)*

Formal minutes

Tuesday 21 September 2021

Members present

Tom Tugendhat, in the Chair

Chris Bryant

Alicia Kearns

Stewart Malcolm McDonald

Henry Smith

Graham Stringer

Claudia Webbe

Global Health, Global Britain

Draft Report (*Global Health, Global Britain*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 40 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Fifth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

[Adjourned till Tuesday 19 October at 2.00pm]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Tuesday 9 March 2021

Dr Clare Wenham, Assistant Professor of Global Health Policy, London School of Economics; **Professor Colin McInnes**, Pro Vice-Chancellor, Aberystwyth University [Q1–42](#)

Tuesday 20 April 2021

Dr John N. Nkengasong, Director, African Centres for Disease Control and Prevention; **Kiran Mazumdar-Shaw**, Executive Chairperson, Biocon Limited; **Dr Mark Eccleston-Turner**, Lecturer in Law, Keele University [Q43–76](#)

Dr Yanzhong Huang, Senior Fellow for Global Health, Council on Foreign Relations; **Mark Galeotti**, Senior Associate Fellow, Royal United Services Institute (RUSI) [Q77–95](#)

Tuesday 22 June 2021

Rt Hon Jeremy Hunt MP, former Foreign Secretary and former Health Secretary [Q96–133](#)

Niall Ferguson, Historian and Commentator [Q134–152](#)

Tuesday 13 July 2021

Wendy Morton MP, Minister for European Neighbourhood and the Americas, Foreign, Commonwealth and Development Office; **Robert Tinline**, Director for Covid-19, Foreign, Commonwealth and Development Office; **Darren Welch**, Director of Global Health, Foreign, Commonwealth and Development Office [Q153–231](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

GHS numbers are generated by the evidence processing system and so may not be complete.

- 1 ABPI ([GHS0025](#))
- 2 Action for Global Health ([GHS0016](#))
- 3 BMA (British Medical Association) ([GHS0014](#))
- 4 Centre for Global Security Challenges (CGSC) and the Centre for Global Development (CGD) at the University of Leeds ([GHS0002](#))
- 5 Cleaveland, Professor Sarah ([GHS0026](#))
- 6 FIND ([GHS0030](#))
- 7 Foreign, Commonwealth and Development Office ([GHS0006](#))
- 8 Foreign, Commonwealth and Development Office ([GHS0001](#))
- 9 G20 Health and Development Partnership ([GHS0029](#))
- 10 GSK ([GHS0027](#))
- 11 Independent Commission for Aid Impact ([GHS0008](#))
- 12 International Committee of the Red Cross ([GHS0023](#))
- 13 Internews Europe ([GHS0007](#))
- 14 Lang, Professor Trudie ([GHS0003](#))
- 15 Malaria No More UK ([GHS0028](#))
- 16 Medicines for Malaria (MMV) ([GHS0010](#))
- 17 Médecins Sans Frontières (MSF) ([GHS0004](#))
- 18 Pool Reinsurance ([GHS0012](#))
- 19 Public Health England ([GHS0032](#))
- 20 Ramscar, Helen ([GHS0024](#))
- 21 Results UK ([GHS0017](#))
- 22 STOPAIDS ([GHS0021](#))
- 23 STOPAIDS; and Harm Reduction International ([GHS0018](#))
- 24 Seqirus ([GHS0020](#))
- 25 Sightsavers ([GHS0022](#))
- 26 TB Alliance ([GHS0019](#))
- 27 The Global Fund to Fight AIDS, Tuberculosis and Malaria ([GHS0009](#))
- 28 UNICEF UK ([GHS0031](#))
- 29 Unitaid ([GHS0015](#))
- 30 University College London ([GHS0005](#))
- 31 Wenham, Dr Clare ([GHS0011](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2021–22

Number	Title	Reference
1st	In the room: the UK's role in multilateral diplomacy	HC 199
2nd	Never Again: The UK's Responsibility to Act on Atrocities in Xinjiang and Beyond	HC 198
3rd	Sovereignty for sale: the FCDO's role in protecting strategic British assets	HC 197
4th	The UK Government's Response to the Myanmar Crisis	HC 203
1st Special Report	A climate for ambition: Diplomatic preparations for COP26: Government Response to the Committee's Seventh Report of Session 2019–21	HC 440
2nd Special Report	Government response to the Committee's First Report of Session 2021–22: In the room: the UK's role in multilateral diplomacy	HC 618
3rd Special Report	Government Response to the Committee's Fourth Report: The UK Government's Response to the Myanmar Crisis	HC 718

Session 2019–21

Number	Title	Reference
1st	Viral Immunity—The FCO's role in building a coalition against COVID-19	HC 239
2nd	Merging success: Bringing together the FCO and DFID	HC 525
3rd	Flying Home: The FCO's consular response to the COVID-19 pandemic	HC 643
4th	A brave new Britain? The future of the UK's international policy	HC 380
5th	No prosperity without justice: the UK's relationship with Iran	HC 415
6th	Striking the balance: Protecting national security through foreign investment legislation	HC 296
7th	A climate for ambition: Diplomatic preparations for COP26	HC 202
1st Special Report	A cautious embrace: defending democracy in an age of autocracies: Government Response to the Committee's Second Report of Session 2019	HC 116
2nd Special Report	"Media freedom is under attack": FCO's defence of an endangered liberty: Government Response to the Committee's Twenty First Report of Session 2017–19	HC 269

Number	Title	Reference
3rd Special Report	Viral Immunity—The FCO’s role in building a coalition against COVID-19: Government Response to the Committee’s First Report	HC 449
4th Special Report	Global Britain and South America: Government Response to Committee’s Twentieth Report of Session 2017–19	HC 669
5th Special Report	Responding to irregular migration: A diplomatic route: Government Response to Committee’s First Report of Session 2019	HC 670
6th Special Report	Merging success: Bringing together the FCO and DFID: Government Response to Committee’s Second Report	HC 809
7th Special Report	Flying Home: The FCO’s consular response to the COVID-19 pandemic: Government Response to the Committee’s Third Report	HC 859
8th Special Report	A brave new Britain? The future of the UK’s international policy: Government Response to the Committee’s Fourth Report	HC 1088
9th Special Report	No prosperity without justice: the UK’s relationship with Iran: Government Response to Committee’s Fifth Report	HC 1253
10th Special Report	Striking the balance: Protecting national security through foreign investment legislation: Government Response to the Committee’s Sixth Report	HC 1263