

Science, Innovation and Technology Committee

Oral evidence: Science diplomacy, HC 838

Tuesday 9 September 2025

Ordered by the House of Commons to be published on 9 September 2025.

[Watch the meeting](#)

Members present: Dame Chi Onwurah (Chair); Emily Darlington; Kit Malthouse; Steve Race; Dr Lauren Sullivan; Adam Thompson; Martin Wrigley.

Questions 55 - 121

Witnesses

[I](#): Lord O'Neill of Gatley, Lord, House of Lords; and Professor Dame Jenny Harries, Former Chief Executive, UK Health Security Agency.

[II](#): Victoria Fowler, Head of UK Advocacy, Malaria No More UK; Mike Podmore, CEO, Stop AIDS; and Dr Philippa Matthews, Clinical Group Leader, Francis Crick Institute.

- [Malaria no more UK](#)

Examination of witnesses

Witnesses: Lord O'Neill of Gatley and Professor Dame Jenny Harries.

Q55 Chair: Good morning and welcome to the Science, Innovation and Technology's second session of our inquiry into science diplomacy. We are looking particularly to understand the UK's international science standing in health capability, why and how it matters, if and whether it is being undermined, and what we can do to strengthen it.

I am really pleased to welcome our panel of fantastic witnesses, who have impressive experience and understanding of the issues. I ask each of you to introduce yourselves as I put a general opening question to you, which is to name two or three of what you think are the biggest risks to the UK's international standing or position in healthcare capability. I will start with you, Lord O'Neill.

Lord O'Neill of Gatley: Goodness. Are you sure? Thank you, Chair. It is a pleasure to be here. I am Jim O'Neill. I guess I am here primarily because of having chaired an independent review into antimicrobial resistance close to a decade ago, in which we made a lot of noise. It certainly helped grow the awareness of it as a global issue.

In the way you introduced the session, Chair, I guess there also is my broader experience as an international economist and perhaps, specifically, chairing Northern Gritstone, which specifically looks at backing start-ups coming out of northern universities, not just in science areas but greatly dominated by them. Obviously, all of that influences me.

My most candid answer, as always—

Chair: Let's be candid.

Lord O'Neill of Gatley: —which is what you want, is that I don't think you can divorce it from broader issues. I am sure we will get into this specifically on AMR, but I think the closure of the Fleming Fund was what resulted in the idea of me being here.

I would broadly say that from what I know—Jenny is most definitely way more experienced than I am on the science side—and from everything I understood when I was asked to do this, and since, it is without doubt one of the most important global health issues of our generation. The UK literally became a global leader on the topic, partly because of the work of Jenny and her colleagues; Sally Davies especially deserves a notable mention. Importantly, in the way I am answering you, it was because the leadership took it upon itself to try to be a global leader on it. My experience is that the UK literally took the AMR issue to be a prominent feature of the G20 communiqué for three consecutive years, and subsequently the G7, and of course a high-level agreement at the UN.



What is very disappointing, in my opinion, is that despite pretty strong efforts, from my understanding, in a number of different areas of the civil service machine, as evidenced in the way that the Fleming Fund closures came about, the leadership, or the political system, seems to be completely unaware of its role in our recent history and its importance as a global issue, and the UK's position in it. It is almost symptomatic of many other issues of our time over the past decade, but given its importance to the future of everybody's health, whether they are black or white or communist or not, it is pretty disappointing.

- Q56 **Chair:** Before I come to Professor Dame Jenny Harries, just to try to synthesise what you were saying, Lord O'Neill, is it that the biggest risk to the UK's international position is political, that is to say ministerial leadership?

Lord O'Neill of Gatley: Yes.

- Q57 **Chair:** Thank you. Professor Dame Jenny Harries, can we have your views?

Professor Dame Jenny Harries: Thank you, Chair. It is probably important for me to explain what my role is currently. I am here in my own right as a recently retired civil servant as chief executive of UK Health Security and previously as deputy CMO. I have a medical pharmacology degree, but most of my time has previously been spent in communities. I am straddling right from biotech growth, if you like, through to how we use products and innovation in communities, and the opportunities for community development from investment in sciences.

I will try to raise the question up a little bit, to something less specific. You asked about the risk to UK standing. My experience, having come into central Government and then having run a global programme, is that many of the Government ODA-funded programmes—the Department for Health-funded programmes—are products and programmes run by the UK Health Security Agency. I came back from a visit overseas where, undoubtedly, one of the favourite sayings was, "I don't understand why the UKHSA work is better understood internationally than it is at home." We might come back to this because, as I go forward into a post-retirement portfolio career, I am intentionally trying to understand the flow of investment, innovation, development, utilisation and opportunities for economic growth.

In my own experience, the reputation overseas is extraordinarily positive. I will not go into it, but I could list numerous parts of committees on technical topics or supporting the WHO. I was the first elected chair for the new national disease network across Europe. Those are just examples. Many of my colleagues are doing exactly the same thing. The opportunities for soft diplomacy, the recognition of that and its importance in international and global crises is significant. We have mentioned the Fleming Fund. We were delivering many of the programmes as far afield as the Caribbean, for example.



Those programmes are elements in international security, but they are also often unrecognised opportunities for economic growth and export. Perhaps somewhere in this conversation we need to come to why that does not translate through and the recognition is not there. The risks are exactly as Lord O'Neill said. If we don't rise up to take a purposeful step forward into that space to maintain where we were, and to pick up the opportunities of a changing world, somebody else is going to step into that. You can see it, for example, with the US withdrawal from a number of places. We have people in there, but actually unless we recognise the importance of maintaining the flow of scientists, through the recognition of the work and its true value, in all its perceptions and lenses, we will almost self-destruct on that basis, whereas we are still in a great place to be leading the world.

Q58 Chair: Thanks very much to both of you. Lord O'Neill has emphasised the importance of political and ministerial leadership. Professor Dame Jenny has emphasised the importance of public recognition and scientific achievement.

If I could come back to you, Lord O'Neill—we will follow up with you later, Dame Jenny—could you take us through the impact of the closure of the Fleming Fund on the ground, in terms of lives and opportunities lost? As you do so, could you also set out why political leadership is so important and how that relates to the UK's extraordinary, in some ways, scientific standing, which is an important part of our science standing globally as well?

Lord O'Neill of Gatley: I'll try. Please feel free to call me Jim. I feel so odd, despite it now being a decade, being referred to as Lord O'Neill.

Chair: I know how you feel. I can't get used to "Dame" either.

Lord O'Neill of Gatley: I want to emphasise, in trying to give a flavour of an answer, that, as I touched on, one of the things that has been impressive from my perspective is the awareness of the importance of many interrelated issues about AMR among a number of different civil servants in Departments, including those who work at the Fleming Fund and its close sister or brother, GAMRIF. With the work that has been done in the eight years since they were set up—the Fleming Fund specifically—there is a flavour of what Jenny herself has experienced: a pretty large pool of good will that exists in what these days is often called the emerging world. I often talk to people who come and go in ministerial positions, and advisers. Here is the more problematical area of it. It is the symbolism of it.

I hope it is not just my own bias, but nine years ago we were probably the most front-footed developed country—certainly G7 country—trying to tackle AMR as a global issue. Whatever we do ourselves domestically on it, we cannot solve it if other people are not trying to solve it. That is among the reasons why it is such a genuine global issue. The very fact that our voice stopped on the topic sometime during the Theresa May



Government, and has become increasingly dormant at the political level since—

Q59 **Chair:** Why did it stop during the Theresa May Government?

Lord O'Neill of Gatley: Part of our weird political modern way of life. I cannot resist adding something at this moment. It is a bit crazy in a way to go down this path. If one thought that the choice to leave the EU could result in us focusing as an independent nation on big global issues for ourselves, here is one that you would have thought would be right up there. Some might say that, as in other areas, we have actually gone backwards. On the political leadership front we definitely have. Therefore, what is particularly challenging is that if some new Secretary of State or Prime Minister came along and said, "I want to make AMR a top global issue," I'm not sure the UK would get such a great hearing around the world because they would say, "Is it just another gimmick? Where have you been?" All of those kinds of things are the more subtle elements. I was pretty involved in talking to lots of countries about this stuff back then. Some of them were a little bit surprised as to why we were so on the topic, but they started to believe it was important enough and went along with us.

The flip side of that, touching on something Jenny said, is that actually there are no major countries, with the honourable exception of the Scandinavian ones, that want to take this up as a global issue, from what I can tell. If there really was bipartisan support—let's call it that—and we went back to it, maybe there would still be a window. As Jenny touched on, and as I am sure we will expand further, it could relate pretty well to so many ongoing research efforts in a number of different areas, whether it is agriculture or humans, for our science and technology businesses in the UK. That was as short a way to answer you as I could give.

Chair: Before we go to Dame Jenny, I will briefly bring in Lauren and Kit.

Q60 **Dr Sullivan:** Around the time that you were looking into this, I had just left Dundee and their drug discovery unit. I was working alongside people who saw that the pharmaceutical industry was stepping back from microbial antibiotics and things like that. Of course, the shelf life of resistance is about five years, or it was then. Universities took up the charge. I think you are absolutely right that 10 or 12 years ago we were the world leader in saying, "We need to investigate this."

It seems counterproductive that we have now taken a huge step back from that space. Even in the UK, when I speak to mums and their little ones who have to go back to the doctor again and again to get another set of antibiotics, it is making real-world impacts today. The question is, agreeing with everything that you said, how can we get that back?

Lord O'Neill of Gatley: First of all, I don't know. Secondly, however, I don't think the financial cost—unlike a number of other things—is that big. Maybe your Committee can play a role. We need to be more serious about truly global things, where there shouldn't be any real political party



debate. Again, I am probably speaking far too candidly, but at the core of it are the shenanigans going on within political parties themselves: “Oh, that was their thing, so this is my thing.” AMR, frankly, has lost out a bit from some of that, but that part of it is not that hard.

Chair: Thank you very much, Lauren. It is great to have your experience on this Committee. Kit also has extensive experience.

Q61 Kit Malthouse: I am sorry that I was late. I was on a bit of legislation next door that I am afraid I could not avoid, to do with data protection.

I completely agree with you. One of the great tragedies of the period is the decline in attention given to dementia. David Cameron decided that dementia was going to be the big thing that the UK had to lead on. If you remember, we had the dementia challenge. We had a dementia envoy. I think there was a G7 dementia summit. Everybody was on the agenda.

My question is whether you think these very large global challenges, on which I think you are completely right, and which at the moment seem to basically be championed by tech bros, whether Bill Gates or whoever decides to blow a bit of money on them—malaria and the like—need prime ministerial leadership. A Prime Minister has to decide that AMR is the thing, and that is what we are going to lead on, and then be consistent throughout their premiership. The risk is that, as with David Cameron, once they go it starts to drift. At least out of that we got the Dementia Research Institute at Queen’s Square. There is a push, and in fact the commercial investment that was seeded then has continued, not least because they can see it.

The second thing I want to ask is about AMR specifically. Obviously, there is a massive bonus to humanity in us finding the next set of antibiotics, but there is also an over-prescription problem. We throw a lot of this stuff around. It gets into the water supply and all the kind of stuff that we talk about. Is there an agenda for solving that problem as well as then finding the next one? The next one, as you say, is that if we spray it everywhere, it starts to lose its efficacy much more quickly. I wondered whether there is a more complex message that you thought might be sellable globally specifically on AMR.

Lord O’Neill of Gatley: I will take the second one first because it is an obsession of mine, and I can answer more quickly. As an economist and a finance person, the biggest thing that we said through the AMR review is that we need to permanently change the demand curve. In my understanding, even if we find new antibiotics, resistance will grow and it is not really a permanent solution. We need to stop treating them like sweets. That is what I would always say.

One of the things that has been quite frustrating, even more so than in other areas, is the complete absence of any development on diagnostics. Coincidentally, I am getting a bit more involved again. I am chairing a very complex initiative to try to create a diagnostic for neonatal sepsis in the emerging world. It is exceptionally complicated, not least because it



suffers from the same sort of market failures. One thing that we are trying to move towards is what is known as an advanced market commitment. That would be something much more worthy of consideration in a broader sense for Government policy, as a way of incentivising the role of diagnostics in a number of health areas for existing or even new diagnostic providers to bring in some of the tech guys. We wander around with these stupid devices all day long, but why can't we incentivise some of those guys to devote them to this?

- Q62 **Kit Malthouse:** There is a machine you can get already. If you are sat in a GP's waiting room, it will tell you immediately whether it is paracetamol or antibiotics. At the moment, there are doctors saying, "Your kid is very hot. Bung them something," without actually knowing whether it is an infection or not.

Lord O'Neill of Gatley: I am very aware of all of this.

- Q63 **Kit Malthouse:** Fine. That would be an easy and simple start.

Lord O'Neill of Gatley: But I think it should be done in a more cost-effective way instead of the never-ending issue of picking sector and industry winners. Something like an advanced market commitment, which is an open incentive to everyone, is probably a more cost-effective way to do it, not least because if nobody comes up with the thing, there is no money anyhow.

On your first and much more complex question, I think the thing that made it such a success was David Cameron's personal commitment as Prime Minister. For completely different reasons, coincidentally I became a Minister in the Treasury at the time. It wasn't for that, but I knew that I would get dragged into some meetings when he was there with other leaders, and it would be cited as one of the top five priorities of the UK, whether it was with Prime Minister Modi or whoever.

We tried to do this in our review. I discussed it with the then leadership of the Opposition: "In the event of you coming into power, would this be something?", but it wasn't until another 14 years and they were different people. I do not know how you do it, but there should be some way. Maybe it is a task for the head of the civil service. What are the 10 issues that are of such global importance and that Britain can influence on? You try to make sure that you get buy-in from those influencing the actual and prospective leaders that those are issues that the country has to somehow carry on with through the chaotic madness of our political cycles.

- Q64 **Chair:** It is a good challenge to all of us politicians to identify or to find a means of identifying the top 10 challenges that the UK can address. Antimicrobial resistance matters hugely. A UK Government study found that increased rates of AMR could cause millions more deaths worldwide and cost the global economy \$1.7 trillion by 2050, which is an amazing number. The GDP cost for the UK could reach \$60 billion.



Finally on this, we have a new Secretary of State for Science, Innovation and Technology—Liz Kendall. What would be your key message to her on this? Would it be that she needs to get the Prime Minister's involvement? Would it be that she needs to focus on it herself? Would it be that she needs a civil service group? What is your key message to Liz?

Lord O'Neill of Gatley: All of it. If you want to be serious on a truly global topic, all the key people have to treat it as a serious priority. It is pretty straightforward, in my view.

Chair: Government is about choosing priorities. It is a challenge. That is why your point about identifying our key global priorities is probably one that needs to come first.

Q65 **Emily Darlington:** I will start with a question to Professor Dame Jenny Harries in the same kind of vein. Could you tell the Committee what the key biosecurity-related questions are for the UK and the world, and how that links to some of the global challenges that we see, so that we have a better understanding of the depth and the breadth of some of those?

Professor Dame Jenny Harries: That is a very wide question. Bear in mind that I am not in my previous role at the moment. It will be quite high level because my sense is that we have concentrated, for very obvious reasons, on the Fleming Fund and AMR. Actually, there are what I would call some wider principle risks to do with diplomacy and then there are some topic risks.

If we talk about the Fleming Fund and withdrawal, my biggest concern, having had multiple teams in Nigeria, Indonesia and Pakistan, is that the trust that has been built up with a very specific UK model of collaborative working and empowerment gets dissolved. It is exactly the point Lord O'Neill made but on a wider basis. That is a fundamental building block for how we then address other key topic priorities.

Oropouche is a new virus that we do not know much about. I can tell you what we are doing on it. Actually, you need to know what our opportunities are for working with other Governments, which people are going to the World Health Assembly, how we are advising Ministers and so on. All of that is really important. Sitting beneath it is whether we have the right flow of scientists coming through and whether we are working effectively with industry in a continuum to look at what the opportunities are for tackling the risk. My frustration in role was: what were those opportunities for the UK? Every time I look at a priority topic, there is a risk that we need to manage, and an opportunity for UK science, growth and often export.

To take some of those, for pathogens obviously we have urbanisation. You can feel it in the media around things like avian influenza or Nipah virus, where we have overflow between animal and human populations. Those are critical areas. UKHSA produced a priority pathogen framework. In that, we looked at where we already had diagnostics, where we



HOUSE OF COMMONS

already had vaccines and where we already had treatments. Obviously, the gaps are the priority areas. That now drives a lot of the work in the UK. Every gap is an opportunity for us to address risk, but it is also an opportunity for our scientists, our pharma companies and diagnostics companies to influence global health as well.

With infectious diseases, it is about AMR, exactly as has been said. It is not just about focusing on the antibiotic or the product. It is around new areas, such as phage treatments and how phages might interact with antibiotics or not. UKHSA has an open innovation model to support AMR research. That includes a whole screening cascade for novel antimicrobials and for fungi as well; we don't usually talk about fungi viruses and bacteria. It also has a dataset which comes together, and is of huge importance for pharma and for the country. There is a report each year called the ESPAUR report. I always say it is the best antimicrobial resistance data source in the world. It is for the UK. It has the best data.

I am a bit more positive than Jim, because we were doing a huge amount of work on this. The difficulty for me is the interconnection between somebody looking through what the global risk is, what the risk is to the UK, what we are all doing, where the investments are going and what the impact will be. If we take AMR, part of the issue is that, if that really took off, our health service would implode because you would not be able to have routine operations. The cost of drugs would continue to increase and would become increasingly complex.

In my experience, when an investment is made, whether it be in this country or internationally, there isn't the right input to advice, to think about where we are starting with the science, the biotech; where we are putting growth into development and manufacturing, for example; and what the impact of that will be both at home and abroad. It is that whole chain that I think is disrupted, partly because people tend to have segregated understanding of one component or another, and partly I would add—I can do this now as an ex-senior civil servant—because I don't think the civil service helps, if I am being entirely honest. I will do it in a constructive way.

Like Jim, in recent months I have been operating in a world where there have been opportunities, particularly post covid. I launched a 10-year science strategy in the UKHSA for science and prosperity, recognising the science and the opportunity, but I found it really difficult to link even our own scientific innovations. The micro-physiological systems for testing different drugs in an early phase before a pharma company launches them, for example, are going on right now in a Government Department by brilliant scientists in UKHSA, but it was sitting at the bottom of the Department of Health. No way could I effectively get to link it with other parts of the system, both on the economics and DSIT.



It fits entirely; what we were trying to do was entirely consistent with the political narrative. I am apolitical and was at the time. The interesting thing was why it didn't happen. Just in the three months since I have left—I said to Jim that I don't think it is associated—I can see that significant changes have been made. I am optimistic that it has been recognised. There have been movements in individuals at the Office for Life Sciences. There has been an incoming executive chair from industry. There is a fear in the civil service of working with industry. We absolutely rightly have to protect the public purse and do governance entirely correctly, but we are losing economic and health opportunities by keeping too distant, with barriers between us.

Q66 Emily Darlington: It is a great reflection. You and I sat together round a dinner table and talked about it. I agree with you that there are some exciting announcements to come up for the Office for Life Sciences that will hopefully address some of your and my frustrations.

I want to come back to the global biosecurity question. Obviously, covid is a good example of how we use those networks and UK science to have a rapid response to a pandemic. It is quite clear that pandemics are part of our future. Do you think the impact on our global collaborations through the ODA cuts will impact our ability to respond effectively and to rapidly develop new vaccines to the next pandemic, whatever it may be?

Professor Dame Jenny Harries: I will take that in two steps. Again, I am not in the detail of the ODA funding distribution to the UK Health Security Agency any more. I am commenting broadly as, if it should happen, this is what there should be.

If I take the example of the international health regulations strengthening programme, which was funded through DHSC ODA funding to many countries—I mentioned that Pakistan was one of them—that funding has trained more than 30,000 healthcare workers on the ground. It has helped to develop an outbreak control system and a surveillance programme that are clearly beneficial to the country, and the country can now take that forward itself.

It is also beneficial to us and the rest of the world. Importantly, it has created huge, trusted relationships between scientists and health policy teams in different parts of the world. That is a really important early warning system, in both directions. In that case, it has been so successful and so well developed that Pakistan will be able to take it forward, and it is perfectly able to do its own system now. Hopefully, the relationships will be maintained. But there are risks, and each time one of those relationships gets damaged or impeded, that trusted relationship starts to diminish.

The other area is that we currently have a very strong scientific presence on many panels and committees. We contribute to the international pathogen surveillance network. We have influenced genomic capabilities through the NVAC programme, through covid. As I said, many of us have



sat on, or continue to sit and are still working on, global, WHO and regional committees. Just before I left post we managed to sign off the first third-party data science agreement with the EU. Having had a bit of a gap, that is now starting to pick up very successfully. There is a lot of positive work. I think, if that is maintained, we remain in a very good position.

On your particular question on vaccines, we have brilliant vaccine scientists and opportunities in academia and through our own organisation here. I see it as an opportunity. I was at the World Vaccine Congress in the US in March, and I would say that the picture has deteriorated since then. This, to me, is the time when the UK should be showing exactly how important vaccines are. We will have a different commitment—or we should—on this side of the pond. Actually, that is an opportunity to attract those producers and manufacturers, and pharma, to the UK, with them knowing confidently that this country is absolutely committed to vaccination. You do not see differences, really, across the scientific community, on the value of that, or the importance.

Q67 **Chair:** Not the whole community.

Professor Dame Jenny Harries: But the majority.

Q68 **Emily Darlington:** I think you will find unanimous agreement to that on this Committee. I have a final question for you and Lord O'Neill. The UK has led the way on not just the science but the innovative financing of global health, through Gavi and the global health initiative. Do you think we are going to lose that leadership as we make a lesser contribution? Gavi and the Global Fund were UK ideas, that we signed the rest of the world up to. Do you think we will lose that leadership as we cut our funding to those programmes and right across ODA? What areas could we, and should we, focus on in terms of innovative solutions, where we are building in-country capacities?

Lord O'Neill of Gatley: I will just add something about the vaccine thing. I was co-chairing the financing of Patrick Vallance's G7 taskforce, with Minouche Shafik. We talked a lot about maintaining the vaccine industry spirit post pandemic. From what I heard you say, Jenny, it sounds as if you think it is still bubbling away, which would not be my uninformed guess, so that is a relief. It is connected to my theme, but I will also go into aspects of the broader question. I want to raise one thing from animal health. Those of us involved in the review still believe in promoting more vaccine research here, so that hardly any antibiotics will be needed in the farming space for what is, at the end of the day, growth promotion dressed up. It is a bit of a no-brainer, it seems to me.

That is linked to what you both touched on—what is going on in the US. It is a huge opportunity—let's put it in a positive context, as Jenny did—to positively accelerate the UK's standing in these areas, rather than letting it slip to some other nation, or whoever. I was listening to you both and thinking that, in a way, it is kind of good that, from what I



HOUSE OF COMMONS

know, there is no other country that seems to be on it. There is a chance for us to accelerate it further.

On the financing initiatives, first, I agree with you that we have generally been a great leader, but whether on AMR, or other things where I am quite involved, there are still considerable failures to get the system going, including in incentivising big pharma. Our own Netflix model, as it is called, is probably a pioneer, but unless we have a bigger voice at the political leadership level, it is probably not going to be embraced by the rest of the world. In that regard I also raise, for a number of initiatives—I have mentioned diagnostics but it is probably also true for other areas—the idea of an advanced market commitment type of thing. That could be applicable in other areas of industry, beyond science. It is a great path to consider going down.

Q69 Emily Darlington: I just want to plug the fact that my constituency has the leading UK private sector generator of animal vaccines.

Lord O'Neill of Gatley: Very good to hear.

Q70 Emily Darlington: If you ever want to come to visit, you are more than welcome.

Lord O'Neill of Gatley: Excuse my ignorance; where is that?

Emily Darlington: Milton Keynes.

Chair: Thank you, Emily, for that plug for Milton Keynes. Kit has a very quick follow-up.

Q71 Kit Malthouse: You were talking about the commercial incentive. Do you think one of the things we could promote is either a selectively or generally extended intellectual property life, in life sciences? As you know, at the moment it is 20 years, of which six, eight or 12 years might be eaten up with the development phase. It is 20 years from filing, not from first deployment into a human being. Actually, given that if I write a pop song I get 75 years—

Lord O'Neill of Gatley: Is that something you are planning to do?

Kit Malthouse: I wish. I once heard an interview with Guy Chambers on the radio—sorry, this is an aside—where he was asked, “Do you get bored with hearing that song, ‘Angels’, which plays all the time?” He said, “No, because I know that one song means that neither I, my children nor my children’s children will ever have to work again.” But if I invent a cancer drug I am kind of done in 20 years. Even if we said, on AMR, that this is so urgent for the world that we want the world to agree to double the intellectual property life, if there is a discovery, or if we said that we had to do something for life sciences generally, do you think that would change the commercial dynamic to the extent that companies would be more willing to take the risk of development?



Lord O'Neill of Gatley: I apologise because I have no idea whether these detailed things have been discussed here before—I know they have in other Committees. The pharmaceutical industry—the really big guys—were trying to promote something called a transferable voucher, which would effectively give them extended patent rights on drugs in other areas that would then be an incentive for them to start to pursue pharmaceutical research more actively. To my surprise, one of the EU entities sort of agreed that they were supposedly going to introduce it across the EU, until one saw the fine print, saying that it would be up to the individual member countries to pay said amount. That would require all the individual countries to think it was a good use of public money.

From what I understand of the way pharmaceutical companies think about the price and the total revenue—because, to add to the complexity of the antibiotic thing, you don't want many of them to be used—you probably require something a bit more imaginative than just an extension for finding a particular new antibiotic. That is why what we call the market entry reward, which is a very large lump-sum prize, or a GDP-weighted version of the UK Netflix model, would probably be enough.

Q72 **Chair:** Thank you. Your answer is specific, I think, to AMR.

Lord O'Neill of Gatley: It would be true more broadly, frankly.

Q73 **Chair:** Can we hear from Professor Harries?

Professor Dame Jenny Harries: Clearly this is a very sensitive topic of discussion at the moment, and critical, but it is not one I have been deeply personally involved in. I have been involved, in previous roles, with respect to things like specialised commissioning for things like orphan drugs. I absolutely understand the importance of that. Also, on the balance points between industry and the UK, we have been very successful, if you look at it from a public sector perspective, at managing the costs of the health service. Whatever we say about it, it has still been, comparatively, relatively efficient.

There is a balance point. The UK population is far too small to be a big win for pharma as a market. I don't think that is why they are interested. For me, the important thing is that we have brilliant science, which is where we started. We have connected systems in a national system, and we are able to take pre-clinical trials and support right through to delivery, and demonstrate effectiveness in populations. In fact, a 20-year IP restriction, if an average new antibiotic is going off the agenda in a few months, is not going to make much difference. Science is possibly moving too fast for that. I suspect that many cancer therapies are going to change to a different model as we go forward.

Emily Darlington: As a quick follow-up, how much do you think our regulatory standards contribute to that environment?

Chair: We are moving on to regulatory standards with Adam.



Emily Darlington: Apologies.

Q74 **Adam Thompson:** Thanks, Chair. Morning, both. Thank you for joining us. As the Chair said, I have a couple of questions on global standards. We talked fairly extensively about the global picture and Britain's role within it. In your respective experiences, does the UK remain a leader in global standards development, and do we still have a strong influence in that space?

Lord O'Neill of Gatley: I don't feel qualified to answer that.

Professor Dame Jenny Harries: My most significant experience is working with colleagues in MHRA, and particularly, obviously, through some of the work through the pandemic. It may not have been me doing it, but it was looking at where opportunities arose to do things more quickly, but just as safely and robustly. My sense from my perspective is that we can continue to exhaust all sorts of opportunities to align the systems better, not necessarily changing significant tranches of regulation, but to get the systems that are there, which are very good, to work more efficiently together. This goes back to what I have seen internally: I might have an idea, an IP and a product, but I cannot get it through. That is one reason why I have come out of the civil service; it feels like it needs a nudge from somewhere else to get the systems better aligned.

In the same way as I have been positive about changes I have seen in the last two or three months, I know that there is a huge amount of work, and a lot of ministerial and Executive focus, on building on the changes, which have been obvious, in MHRA. They were started by June Raine and were very successful in the pandemic, and almost catapulted forward into 21st-century utilisation. We should be very cautious about changing the basis of our regulation, in the sense of reassurance to the public. We see in the media all the time that the minute there is doubt about the safety or efficacy of a product it potentially has a public health backlash. Caution is important but there is still huge opportunity to move it.

When we look at things like mRNA technology and, if I use common parlance, the sort of plug and play, there is a need for different regulatory processes to enable us to benefit from the opportunity for rapid response; but, again, the MHRA is on to that, so I am more positive. On alignment, in the DHSC, Lucy Chappell, the chief scientific adviser, is doing a lot of work, to which UKHSA contributed as well, on putting in the R&D and the regulatory steps right at the start when we have a pandemic response and there is global risk, so that we are ready as we go down the line of response.

Q75 **Adam Thompson:** And you are still confident, Jenny, that the UK's position on the global stage is strong?

Professor Dame Jenny Harries: This is the strange thing. For example, I intentionally proactively liaised with, and signed memoranda of



understanding with, South Korea and Singapore, because they have very similar systems and approaches. They are building better systems for working proactively with industry and developing not just vaccines and therapies but, we need to remember, diagnostics. The opportunity for point-of-care testing, to stop people spreading infection, is huge. Then we won't have all the resistance issues. We sit here and think those countries have good systems, but when I go and talk in those countries, what do I see that is different? It is not the quality; they all look to us. The difference is the speed with which they move things around and align their systems, and get the politics, execution and industry relationship aligned.

Q76 Adam Thompson: Thank you. Related to that speed issue, but also to NHS spending limits, do you think we should be concerned about pharmaceutical companies potentially moving investments abroad? Is that something you are worried about? Should we be keeping an eye on it?

Professor Dame Jenny Harries: I should probably put my hand up. Currently, I am chair of Community Pharmacy England, which is not relevant to that, but I am likely to be doing some consultancy work for pharma in the future, once it has gone through all the business appointment processes. I have had conversations—broadly, not with just one company or another—during my career. Many of the big pharma companies are global anyway, and they recognise the opportunities in the UK and would wish to expand them in many cases. Often, things seem to get frustrated—in my view, because often the right understanding of the opportunity of the product is not in the room towards the end of the discussion, or even at the strategic start of the discussion.

Hence my comment about the OLS. It used to act almost as a bridge. It had to go up through the Department, across and back to DSIT. Actually, there is a need for that scientific voice. Policy and Treasury are needed, but the scientific voice is needed to set the reality of the strategic direction of investment, and what the long-term opportunities might be. So, mRNA vaccines—fine; but currently in this country we have it split as opportunities for mRNA vaccines for infectious disease, and opportunities for mRNA vaccines for cancer. If you are producing mRNA products, the economic possibility is for the totality of that, and what it is going to do for our UK population and health service. Once we have demonstrated that, companies can use it to demonstrate to the world.

Q77 Adam Thompson: Pulling back to the UK picture within the global space, during your career you have looked at that quite a lot. How do you go about measuring the UK's influence in the global sphere? What challenges have you had in your career?

Professor Dame Jenny Harries: It is hugely difficult. Can I just go back on that last point? The bit I did not mention was my sense—I am not in the business and banking world—that often those operating for international pharma companies in this country need to make the case for



UK investment to their global leaders, and that is extremely difficult if they do not have certainty about where they are going. That certainty is likely to straddle far more than one Administration. That is critical. They need trained personnel. Often, we lose UK Government science developed personnel and academics to private industry because of differentials in the salaries; but that is harmful to both sectors because eventually you drain one sector and neither can operate effectively.

On your second question—

Q78 Adam Thompson: I was saying, throughout your career, how do you go about measuring the UK's international influence, and are there any challenges about doing that?

Professor Dame Jenny Harries: That is a much shorter answer: with great difficulty. In my homework, I looked at something that might be helpful to the Committee, which is the latest UKHSA global strategy report to the board. It is publicly available. There is a global strategy. It has always been challenging for an organisation like UKHSA, which I am most familiar with. Looking at the DHSC reporting on what they are doing overseas, UKHSA is delivering a lot of it; so it is counted in another Department and not recognised on its own.

Equally, there is a sort of soft diplomacy. For example, if I am at the World Health Assembly and I support a ministerial discussion with another country, with some tangible examples, that can change a whole conversation to a positive mode, or a negative one if I do it badly. I have no idea how you measure that. Clearly, if we can invest in industry in the UK, and can change lives in the UK and externally, there are more measurement opportunities.

Q79 Adam Thompson: My final question is to you both. We have an ongoing inquiry on UK science diplomacy. Are there any areas that you think we should focus on through the remainder of that inquiry?

Lord O'Neill of Gatley: What I am going to say links a bit to the spirit of the previous discussion, but it might be broadly relevant. There is an area that intrigues me—as an economist who spends a lot of time talking to Treasury, and on related areas—in the role of the OBR. Despite all the never-ending debate about it, my assessment of the real net value added from the existence of the OBR is its long-term GDP trend forecasting capabilities, and with that, specifically, the annual long-term debt sustainability report.

I campaign on this, which is why I am saying it here, for you all to hear. Of all the things that UKHSA was tasked for, what are the investments that, if they were made, would result in our having more people in the workforce? That is obviously one of our biggest problems of the last decade, when we lost a million. The OBR volunteered, about two years ago, to do something like that. There are a number of specific areas where it could be done.



Going back to something you said earlier, there are different places doing their own little things, which don't connect up. Because it is not a new railway, it doesn't go to the infrastructure commission, which is kind of bonkers because it would have a huge impact on the trend growth of the labour force and therefore the OBR's long-term growth forecast. With it, if that was taken seriously, I think it would be a pretty big, long-term signal to global companies that the UK has a clear path of where it is trying to head in the next 20 years, as opposed to all this, "We don't know what we are going to be doing in the next five minutes."

Q80 **Chair:** How has the OBR responded to your campaign?

Lord O'Neill of Gatley: They think it kind of makes sense, although they quickly add that they don't have the skillset to analyse these things; but two years ago they did it—what would actually happen if 900,000 people were not ill. Guess what: the answer was that our long-term debt would be way lower than it is heading towards.

Q81 **Kit Malthouse:** You are forecasting a black swan industry, right? Suddenly things appear that revolutionise. Weight loss jabs weren't around three years ago, or they were in development; now, suddenly, they are here and taking over. It is quite hard to forecast or predict scientific discovery.

Lord O'Neill of Gatley: Of course that is true, but that is partly why the advanced market commitment-type things are quite interesting ways of trying to finance them—because they only get paid for in delivery.

Kit Malthouse: I certainly agree with you; the OBR could make an assumption about our general brilliance, and something will show up.

Lord O'Neill of Gatley: I would not put it quite like that.

Kit Malthouse: I am not being facetious.

Lord O'Neill of Gatley: If you delve into it, there are certain areas: if we invest more in x for the near, foreseeable future, and hopefully beyond in my opinion, and we have a second part of the fiscal rule that allows for investments and so on, why isn't this kind of stuff part of that?

Chair: That is a question that we may return to, in terms of the value of science by the OBR. Have I interrupted, Adam?

Adam Thompson: No, thank you both very much. Thank you, Chair.

Q82 **Chair:** I have just one follow-up question, on an area that I don't think we have covered, on the extent of the geopolitical environment. We have talked a lot about scientific collaboration as part of science diplomacy. Should we be collaborating with everyone?

Professor Dame Jenny Harries: One of the things I did not mention in my earlier answer to Ms Darlington was the risks from malign players, and the importance of maintaining science and scientific development,



because many of the opportunities in science, both for health in the UK and scientific diplomacy, are the same tools—genomic work, for example, and developments on different products. Particularly on things like biological engineering and high-consequence pathogens, we need to stay abreast of them, to do good and to counter those who might wish to do evil. For me, we have to keep going that way, and if we step back from that it is a security risk, as well as a lost biological scientific opportunity.

I read Charlotte Watts, obviously, who I have worked closely with, and I used to work closely with FCDO. When UKHSA is operating in the scientific sphere internationally, we always work through FCDO, so it is a one UK and one health approach. We are very much guided by the security agenda in the country.

Sometimes you can have two levels of co-operation. Political co-operation may be difficult. With scientific co-operation, because there is a focus for scientists, who want to know the answer, automatically, they will work together and you can move the conversation forward, to a certain level. That is very important even now, with some of the US changes—understanding, for example, what is happening with H5N1—where publications are potentially starting to be changed, or are not going through such open channels of communication. Understanding that scientific component and being able to ring a friend in a different country, because of the historic associations, is really important.

Another thing, just on the US basis—I think the Committee may have touched on it—is that many countries have seen the opportunity to bring in, to support their own scientific development, those with many years of brilliant experience, who are now being displaced. The UK has probably been a bit slow on that.

Q83 **Chair:** Thank you very much.

Lord O'Neill of Gatley: My answer is yes. The US is 25% of global GDP. We are between 3% and 4%. There is another 70% of global GDP out there, some of which might be where the political structures are not as we would choose; but the reality of the foreseeable future, going by the past 30 years, is that some of those places are getting a lot bigger and more important in all those spaces. Presuming that our security agencies are up to scratch, why would we not want to work truly globally? It strikes me as bonkers not to.

Q84 **Chair:** Thank you very much, Lord O'Neill and Professor Dame Jenny Harries, for your testimony this morning. It has been very illuminating.

Examination of witnesses

Witnesses: Victoria Fowler, Mike Podmore and Dr Matthews.

Chair: Welcome to the second panel in the Committee's second session on science diplomacy. We have a fantastic panel here this morning. I am



going to hand over directly to Dr Lauren Sullivan to start our questioning.

- Q85 **Dr Sullivan:** Lovely. I welcome the panel giving evidence today. This is obviously a topic very close to my heart, having worked on malaria and neglected tropical diseases. I welcome you all. When you answer the question, just describe where you are from and what you are doing. How would you describe the UK's current standing in the efforts to address global health challenges? Why do you think it is important that we have that stake?

Victoria Fowler: My name is Victoria Fowler. I am head of UK advocacy at Malaria No More UK. We are a UK charity campaigning to end malaria in our lifetimes, and we work with Governments, science and business leaders, NGOs and communities affected by malaria. Our ambition is to work with the plethora of preventive and curative treatments to achieve malaria elimination across the globe.

The UK has had an incredibly proud and strong commitment to ODA over many years and, in particular, leadership in institutions like the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as organisations like Gavi, the Vaccine Alliance. Through those kinds of contributions, both bilaterally and with multilateral organisations, the UK has been able to work with countries around the world, including those affected disproportionately by malaria, to reduce the number of cases and the number of deaths caused by these horrendous diseases. Those partnerships are held between Governments, science partners and international collaborations right down to community health workers. It is so important that the UK continues to do all it can in this space and to make a strong pledge at the upcoming Global Fund replenishment to demonstrate its continued leadership in this space.

- Q86 **Dr Sullivan:** Thank you. We work together on the APPG on malaria and neglected tropical diseases as well. Over to you, Mike.

Mike Podmore: Hi. Good morning, everyone. I am Mike Podmore, CEO of Stop AIDS, which is an HIV, health and human rights advocacy network that works not only in the UK but mainly globally. In terms of the UK's standing in global health, as Victoria rightly said, we can be really proud that over the last 20 years the UK has had such a leading role in establishing many of the key global health institutions. During Tony Blair's prime ministership, it led the G8 to make commitments to universal access to HIV treatment, care and support in 2005, and to the establishment of the Global Fund, Unitaaid and others.

That standing was maintained but, unfortunately, just around the time of the covid pandemic the standing of the UK started to falter. Obviously, there was great pride, and rightly so, about the production of the AstraZeneca vaccine, but the sharing of that vaccine globally through covid was not so good. At around that time, we also had the merger of DFID and the Foreign and Commonwealth Office, which created chaos for the UK's standing internationally at a time of global crisis. At the same



time, in 2021 the cuts to ODA had a dramatic impact across all our development spending, including on health. We saw reduction of the funding for the Global Fund from £1.4 billion in 2019 to £1 billion, a 30% cut.

With the Labour Government coming in, it was refreshing to see that health remained a stated priority for the Government, but of course that has been unfortunately undermined by a cut to ODA once again—a further 40% cut. Now we wait to see what that will mean in terms of the impact on how much the UK can contribute to those critical global health institutions and how it will affect its standing. Obviously, it is not only about money. The UK's political leadership on the global stage in terms of global health and the promotion of UK science is important.

Q87 **Dr Sullivan:** Dr Matthews.

Dr Matthews: Thank you. Good morning, everyone. I am Professor Philippa Matthews. I am a professor of infectious diseases and microbiology. I am a clinically active clinician in London working at University College London in central north-west London and in partnership with inclusion health teams. We look after a lot of vulnerable and deprived populations here. I spend 80% of my time now as a research leader at the Francis Crick Institute. I lead a team working mainly in hepatitis B, and we work very closely with global partners. I have permanent members of my research team in South Africa and have had, and continue to have, very close working relationships with Kenya and Uganda. I have also worked in partnership with UKHSA, WHO and European guidelines development. Our research intends to be very translational. While we have an active laboratory programme, the intention of that is always that we deliver change in clinical practice and then in public health. That is by way of background.

To answer the question, I worry about our standing in three ways. To echo what my colleagues here have said, the UK has been very privileged to hold a high position and high status on the global stage, but there are three problems now, and I would summarise them as ethics, excellence and economics. Those three Es summarise what is going wrong at the moment.

In terms of ethics, we are withdrawing commitment to active running programmes delivering health and science that make a real-world impact on a daily basis both here in the UK and internationally. Making big funding cuts and withdrawing funding from programmes that are already active or nearly active creates an atmosphere of distrust and uncertainty.

Trust was mentioned in the earlier discussions, and it is hugely important. It is one of those soft attributes that we do not have a metric for, but its loss is very damaging to our international standing. That is trust of collaborators and partners on a global stage. It is also trust of individual research participants, patients, partners and collaborators internationally.



In terms of excellence, which goes with another E—education—I really worry about our ability to retain and recruit international talent. I see that as a research leader at the Crick. We are in a phenomenally privileged position globally, and we ought to be attracting the best talent, but actually our international standing is such that that is now very difficult, and the appeal to people coming globally is very difficult. I have a PhD student who is registered at UCL and who lives and works now in Durban. She is an African national, and she cannot get a visa to come for the part of her PhD that was intended to be based in London because the UK Home Office puts up a barrier. That is an $n=1$ anecdote. How do we continue to attract talent and enterprise and develop training if that is our standing internationally?

Economics is the third E, which I am sure we will come back to in lots of ways. Investment from pharma and industry in training has appreciably slipped and will continue to be damaged unless we redress it. Partnering those two Es of excellence and economics, another real example is that I was planning to apply for an NIHR global research professorship this year. UCL, my university, has asked for calls for this application, but when you go to the website everything there has the details for the 2024 scheme. There is nothing for me to apply for in 2025, nor are there any details. This internationally renowned scheme that provides world-class training leadership for people in established career positions—I already hold a professorship; this would allow me to go to the next level—has just disappeared. There is a vacuum. That gives a couple of examples of real-world and lived concerns about our situation.

Q88 Dr Sullivan: Thank you. Obviously, the political situation is pretty volatile at the moment around the world. What does British science offer? What are the opportunities that British science can offer to the world in helping to address that volatility in the world of infectious diseases? Is there a benefit to the world? Obviously, there is.

Dr Matthews: To follow on from the answer to the previous question, we have a unique status, with an ecosystem that is phenomenally well developed, of partnerships internationally, with stakes in all the international organisations that we have referenced, ranging from the WHO through to Gavi, NGOs, civil society partnerships and partnerships with many of the big guidelines development organisations. We have the ability to influence things strategically through lots of those channels. With industry partnerships as well, we have the economic position to do that. We have a lot of the foundations already in place, but it is about maintaining that stability and maintaining those relationships, and not eroding the trust and partnerships, either through the active withdrawal of funding or through the landscape of real uncertainty. We are at a pivotal moment in getting that right.

Q89 Dr Sullivan: Which is why this inquiry is happening.

Dr Matthews: Yes. Maybe I am re-asking your question instead of answering it.



HOUSE OF COMMONS

Q90 Dr Sullivan: We have addressed the ODA cuts, and you guys have all mentioned the impact of those. Do you think the instability over the last five or 10 years, in terms of reduction in science on the global stage, has contributed to global instability, with all the different infections? How can we see the diplomatic and scientific benefits of working together in the UK and across the world?

Victoria Fowler: If we take malaria as an example, as you might expect I would, malaria is both a preventable and treatable disease. That means we have the tools both to stop people getting malaria in the first place and to treat them in time if they do catch it, yet still a child dies every minute. Having said all that, thanks to the investment that the British Government have made in UK science institutions and through multilaterals like Gavi and the Global Fund, between 2002 and 2024 the Global Fund, along with donor and endemic countries, were able to work together to reduce malaria, TB and HIV/AIDS by 61%. That investment has driven a lot of research in science and innovation and has helped save 65 million lives. As we saw with things like the covid pandemic, which really stretched healthcare resources, we are facing the perfect storm, which jeopardises the progress made on key disease areas. That includes the resistance to tools used to prevent and treat diseases as a result of climate change and conflict and so forth.

Q91 Dr Sullivan: On the point about climate change, and malaria specifically, we are finding populations that have not been exposed to malaria before. Do you feel that some infectious diseases contribute to the migration of people across the globe? Is part of the issue that infections and climate change are having an impact and therefore are making the world unstable?

Victoria Fowler: They are definitely likely to do so. If you are put at risk in that way, or your community is under threat from climate change, it is a natural instinct to want to relocate and so forth, and with that comes the risk of disease spread. We also need to be mindful that mosquitoes are becoming resistant in many different ways. Some of the existing tools are therefore, in some instances, redundant because they are less effective.

The need to continue to invest in the science, research and development pipeline is essential if we want to make sure that we continue the fight against resistance. That is so important for communities all around the world, not just those most affected today by diseases like malaria. With moving populations, and with resistance and climate change affecting where people are and where mosquitoes are, it brings greater risks to our ability to detect new diseases and new outbreaks of emerging diseases. That is obviously a real concern to countries around the globe, as we saw with the covid-19 pandemic.

Dr Sullivan: Those mosquitoes are in Kent, so not brilliant news for climate change and the impacts of other diseases here at home and across the world. Thank you. I will leave it there.



HOUSE OF COMMONS

Q92 **Chair:** Thank you very much, Lauren. It is fascinating that Victoria Fowler and you, Lauren, raised the issue of migration and the link to science, research and climate change. We have talked about the level of cuts to ODA. It is true that the UK Government cut ODA drastically to invest more in defence and security, but nevertheless that led to the resignation of a Cabinet Minister. It is also true that there is a link between migration and ODA already, inasmuch as under the Conservatives the spending of ODA in-country for things like asylum accommodation rose to £4 billion, which would be almost 40% of the new ODA budget. If the Government get a grip on asylum accommodation spending, as they have promised, would that mean that there would be more money for spending in-country on the sort of projects that you are talking about? Are you aware of that link?

Mike Podmore: The hope is that there would be that link, but it is by no means certain. It is not absolutely clear that savings made in the Home Office will then be channelled back to the FCDO. Of course the hope of all of us in the sector is to reinvest crucial ODA in programmes that really impact on people's lives.

Q93 **Chair:** Maybe that is something we can clarify. I have another follow-up question, Dr Philippa Matthews. To give a specific example, you said that you are funding research in Kenya and South Africa. Is the funding for that research coming from the ODA budget? Is it coming from the Crick's budget, which comes from UKRI, presumably? Where is that money coming from?

Dr Matthews: The answer to that is that it is a complex tapestry of whatever I can get out of any funder. The Crick is a unique model that works phenomenally well. We have tripartite funding from Wellcome, Cancer Research UK and, as you rightly say, the UK Government—UKRI or MRC. Those partners make an approximately equal contribution to a very large core funding budget for the Crick. Having said that, it is not enough for the enterprise that we want to deliver from the Crick. As group leaders and principal investigators, and for our postdoctoral scientists and our scientific technology platform leads, we are always applying for independent external funding. At the moment, I have a bid in with Wellcome.

Q94 **Chair:** Have the ODA cuts impacted your ability to do research internationally. Yes or no?

Dr Matthews: Yes, they have. Maybe that is an indirect consequence of the reduction in the overall pool that is available to all of us. It is quite hard to measure. At the moment in this climate, we are losing people and projects constantly. There are more people applying for fewer budgets and fewer resources. One hundred per cent yes, although actually quantifying that is very difficult. The funding that you do not get is much harder to count than what you do get.

Q95 **Chair:** Right. Do you want to come in, Victoria?



Victoria Fowler: Yes, just to add to that, earlier this year we surveyed a range of our UK-based science partners. That was, to put it in context, right at the initial stages of both the US announcement of cuts and the FCDO cuts. There was a degree of uncertainty at that point. Over half of those respondents said that their work was likely to experience direct consequences as a result of the cuts to the FCDO budget and USAID. When we then pushed a little bit further and asked them to score the impact, the combined US and UK cut impact, respondents gave an average of 8.6 out of zero to 10, with 10 being the most severe end. Our partners certainly think there is going to be a significant impact.

Mike Podmore: I don't know if there will be further questions on the cuts, but obviously the US cuts—

Chair: Yes, we will come to that. I want to bring in Emily briefly, and then Adam.

Q96 **Emily Darlington:** I want to ask quite a blunt question. Why should the UK public care about the research into hep B, malaria and HIV/AIDS?

Mike Podmore: For HIV, this is something that we are grappling with as a sector right now. We are in the midst of a global crisis, and with the US cuts and now the announcement of the UK cuts, and indeed cuts across other bilateral donors, there is a bit of an existential crisis for the sector in practical terms, in the funding available and jobs and services for the populations.

In the UK, the sector very much realises that it has not been able to make the case. The very fact that the UK Government were able to make such a massive cut in ODA means that there is a really strong case to be made to the public and indeed to the Government about why funding for international development—overseas development aid—is so important. When you look at focus groups for the UK public across the political spectrum, it is interesting that even those who don't believe in ODA at all, and think nearly all of it, if not all of it, should be cut, say, "But we should make sure that there's still funding to prevent infectious diseases."

Q97 **Emily Darlington:** Mike, I asked you a blunt question, and you have given me a great analysis about why I asked you the question, which is fantastic. What is the answer? Why should the UK public care about Government funding and research into HIV/AIDS?

Mike Podmore: The answer that I was getting to is that what we have to ground is in people's lived experience. It is important to connect people's experience and concerns at home.

Q98 **Emily Darlington:** Mike, I am going to make it easier for you. What is the impact of growing HIV and AIDS numbers across the world on the UK population?

Mike Podmore: Infectious diseases do not respect borders.



Q99 **Emily Darlington:** Specifically on HIV/AIDS, what is the impact? I know you have this answer, so I am trying to give you an opportunity to tell us about what it would do to the UK population.

Mike Podmore: It is a complicated answer. We are getting a real grip on the number of infections in the UK, and we have the possibility of ending HIV transmissions by 2030. Keir Starmer is committed to that. The challenge is that there are people coming into the country who are living with HIV and there are many people who are being infected in the UK. There is a connection, just as there is for many other infectious diseases. That is why it is critical that the UK Government work both at home and overseas, investing in key global health institutions.

Q100 **Emily Darlington:** We are going to work on this afterwards. Victoria and Philippa, why should we care about hep B and malaria, and why should the UK population care about it?

Victoria Fowler: There are three obvious answers to me. There is the importance of pandemic preparedness and the importance behind the scenes of scientists who have the opportunity to develop the tools that might save us from the next pandemic. A perfect example of that is the AstraZeneca-Oxford covid vaccine that was born of research done into malaria. For example—

Chair: You are going to have to be brief.

Victoria Fowler: While the adenovirus that was investigated was not able to be used in the malaria vaccine, it was usable and deployable when covid came along. That is a perfect example of how it impacts the UK public.

The second obvious benefit is that research and development brings jobs to the UK, investment in the UK economy and opportunities for trade. We have done some significant research over the last couple of years into all of this for understanding the trade opportunities with Africa and the growth in the R&D sector in the UK, which is a leading driver of economic growth in the UK.

Thirdly, it is important that we come back to why it is morally right to do this. It is important to save lives and it is important to give everyone the opportunity from birth to live a healthy and fulfilling life. The British public understand and believe in that.

Chair: Thank you very much. It was a great question, Emily.

Emily Darlington: We didn't hear about hep B.

Q101 **Chair:** I am somewhat surprised that we have not mentioned either the increasing potential for exposure to malaria within Europe and the UK or, as we talked about earlier, migration, which is a key issue in the UK now, and how insecurity in countries can drive migration to the UK. Would you agree that those are also reasons?



HOUSE OF COMMONS

Victoria Fowler: The greatest risk for European-based citizens in terms of exposure to malaria is that they might travel and contract malaria and bring it to Europe. What we are fortunately not in the position of being concerned about this moment is malaria being—

Q102 **Chair:** Not in this moment, but in the future.

Victoria Fowler: Who is to say?

Q103 **Chair:** I think scientists are to say.

Victoria Fowler: Possibly with climate change and migration, it could be, but at the moment it is not a risk that we are immediately worried about.

Q104 **Chair:** Thank you. Dr Matthews.

Dr Matthews: The answers have been said. Again, it is ethics, excellence and economics. I can give you my—

Chair: That is too long an answer for the British people.

Q105 **Emily Darlington:** Why should the UK public care about research being done on hep B?

Dr Matthews: There are two answers. There is a hepatitis B-specific answer, which is the—

Emily Darlington: Yes, that is the one I want.

Dr Matthews: Okay. The hepatitis B-specific answer is that this is a virus that causes 1.1 million deaths a year. The death rate is increasing. Because of the globalisation of our planet, none of us is exempt from these threats. It is a cause of rising liver cancer. It is a vaccine-preventable disease for which we have safe, effective and affordable treatments. Unless we deploy those, we have huge costs to our own economic circumstances and internationally. That is the hepatitis B answer.

The better answer is that I don't want to persuade someone on the street that they need to invest in hepatitis B somewhere else in the world; I need to persuade them that we need a flourishing scientific infrastructure that invests across infectious diseases and that that goes more widely.

Investing in infection is also a way that we can prevent and protect against cancers. There are economic data that for every £1 we invest, we make a 25p return each and every year. There is a more strategic approach. If you want just the hepatitis B figures, they are very stark. We have a liver cancer problem in the UK.

Q106 **Chair:** The Committee is looking not just at hepatitis but for recognition of the importance of the work that you are doing for the British public. One of the things that our previous witness, Dame Jenny Harries, said was that there is lack of recognition of the importance of the UK's involvement in global science, and to get that public recognition, which is



what drives political will, we need, bluntly, a stronger and clearer narrative. We are agreed on that. We need to move on now.

Mike Podmore: From an HIV perspective, just before Christmas, before all the cuts happened, I was talking to UK parliamentarians and to the public about the very real possibility of ending AIDS as a global health threat by 2030. In a time of massive global crisis and insecurity, the possibility of achieving something like that as a globe and as a UK population, with the UK population perhaps being at the forefront of that, and the UK being the first country in the world to end HIV transmissions, is something that really mobilised the public.

Emily Darlington: You are getting there.

Chair: You are getting there. Thank you. We have to move on.

Q107 **Adam Thompson:** Thank you, Chair. Good morning, all. Thank you for coming in. I want to come back to the ODA cuts and the reductions generally, specifically in the context of the global picture. Obviously, we have seen massive rises in research power in China and a number of other countries. Most specifically, I want to look at China. Do you think that the reductions in the funding that we have had here create an opportunity for China to swoop in?

Victoria Fowler: It is hard to quantify, because the UK has had such a strong presence on the world stage in the global health space. By the nature of any Government that held that space stepping back, we cannot second-guess in a clearcut way which partners other countries might look to.

A couple of months back, we took a delegation of UK Members of Parliament over to Ghana to see some of the work of the Global Fund, alongside some of the work of the Liverpool-based Innovative Vector Control Consortium, which leads on developing next-generation bed nets and spatial emanators and other vector control initiatives. What they saw was a community of politicians and Health Ministers, leading academics at the Noguchi Memorial Institute for Medical Research, youth corps, community health workers, the community members themselves and many others along the way. They were really pleased to welcome British Members of Parliament for all the work that they have done supporting the Government in giving resources to the Global Fund and Gavi and through bilateral aid. That demonstrates the impact that the UK can have in countries and the warm ties that it builds.

It is hard to quantify what that network and the strength of soft power and diplomacy can lead to. By its nature, if you step back, Governments and Health Ministers might look to other countries to fill the gap. There is a possibility for new partnerships to be created, perhaps with countries that do not share our ambitions.

Q108 **Adam Thompson:** That is all very positive, but I would like to ask the same question again, which is: what do you think China's implication is



HOUSE OF COMMONS

for us? Do you think it represents an opportunity for them to take global precedence in this?

Mike Podmore: When the US made all its cuts and withdrew funding from the WHO and sent no one to the World Health Assembly, China responded by having one of its biggest delegations ever, and it firmly recommitted to the WHO. In spaces where it feels comfortable, it probably will start to stretch. In some ways, some of the messaging coming out of China is about the importance of multilateralism, and that is welcome.

Definitely, globally things have shifted, so there is a question. It is a question for the UK and it is a question for other bilateral donors: how do you approach that? Do you step forward and say multilateralism is important and ensure that key global health institutions get the funding that they need? It is important to note that, while China is supporting the WHO, it is making minimal or no contributions to the Global Fund, Gavi and UNAIDS. Therefore, the role of the UK and other bilateral donors, and non-traditional donors increasingly, is becoming all the more important. In this global crisis, there is an amazing opportunity for a recalibration, forming different partnerships and different “minilateral” relationships. We need to open our minds to the fact that we are no longer, particularly in a global health multilateral sense, in a space where the US dominates, so we need to look to new relationships.

Q109 **Adam Thompson:** Thanks, Mike. That is really clear. The one thing that I didn’t get out of it is how you think it might affect our ability as the UK to recruit world-leading researchers to UK institutions and universities.

Mike Podmore: In terms of the cuts?

Adam Thompson: Yes.

Dr Matthews: What we are seeing in the UK is that there is already an impact, and it is not as simple as being related to ODA cuts. It is related to a whole ecosystem of changes. For sure, we are struggling to recruit the quantity calibre of applicants that we were a decade ago. I have no doubts about that. That is another issue about where that supply of talent, skills, training, capacity and funding goes, and where it ends up. At the moment, we cannot necessarily see that clearly. What we can see is what is happening in the US, which is that there is a big marketing drive for people who want to leave the US to go and set up their labs and science in other places. There is definitely data on that already.

Q110 **Adam Thompson:** On that very specific point, do you think that we as the UK are capitalising on that fact right now?

Dr Matthews: I don’t have the figures to know the extent to which, or if, that is known, but there is a big opportunity, not just that we should be looking to attract people from the US who may not want to be based there any more, but also globally. We need to look at the whole ecosystem and say, “Is this an attractive place for talented young career



researchers to come?", but it is not only that. Is it a place for them to stay and build their career? It is one thing saying, "I'm going to London to do a PhD," but it is another thing to say, "Can I actually see my career being supported there? Is there longevity of funding and the opportunities and networks for me to build a meaningful career?"

Adam Thompson: Thank you, all three. Thank you, Chair.

Chair: Thank you very much, Adam. Emily, I think you have another simple and short question.

Q111 **Emily Darlington:** Yes, a simple and short question. At the Gavi replenishment, the Americans sent a message via Robert Kennedy, their Health Secretary, who is as we know vaccine sceptical, if we were to be nice. He said that the industry was ignoring the science. What kind of global impact, and impact on the UK in terms of funding and research, do those kinds of statements have? How can the UK be a leading counter-voice, which is one of the things we heard from our previous presenters?

Chair: Who is the question to?

Emily Darlington: That is particularly to Victoria and Philippa, but also to Mike. It is a more specific example of Adam's questions.

Victoria Fowler: It is worth stating, and I am sure this Committee would agree, that vaccines are highly effective. Gavi's investment opportunity for the round that was replenished this year includes plans to vaccinate 50 million children against malaria, which is estimated to avert 170,000 deaths. Since its creation in 2000, Gavi has vaccinated over 1.1 billion children and averted 18.8 million future deaths from different diseases. It is important that the UK Government and others reiterate the importance of vaccines and the effectiveness of preventing the disease in the first place so that people are not put at risk.

Q112 **Chair:** We can accept that there is agreement across the political spectrum, with the possible exception of Reform, on the effectiveness of vaccines.

Victoria Fowler: The impact that this might have on the life sciences sector is to some extent unknown at this point because we are so early into the US Government's route. I hope that what the UK life sciences sector hopes to achieve is to continue to research, investigate and develop the vaccines of the future. The amazing thing about science research is that, through all the work they do, you never really know which candidate might solve a future pandemic. That goes back to my point earlier about the importance of exploratory research across a number of disease areas and hoping that those candidates might also prove useful in an outbreak of an emerging disease area.

Q113 **Chair:** Dr Philippa Matthews



Dr Matthews: I obviously echo all of that. We have a problem with measles in London now. That is not a disease that most of our clinicians have seen.

Chair: Very good point.

Dr Matthews: Now we are getting a weekly circulation from UCL saying, "This is what measles looks like, because you're going to see it." It is a real problem. Anti-vaccine statements are fuelling what is already a profound and complicated ecosystem of vaccine hesitancy, which has all sorts of dimensions. That is another topic of its own.

In terms of our status and standing, there has to be a clear multilateral approach to how we tackle this messaging, to understanding hesitancy, to tackling the communities where it has its most profound effects and to investing in the science.

To add to what Victoria said about how vaccines can strategically be used across different infections, it is broader because it goes into cancers as well. We now see mRNA vaccines against cancers, and immunotherapies for other conditions. It is about having that scientific dialogue with the public and saying that this is a phenomenal opportunity, and we are at the brink of seeing vaccines for all sorts of conditions that were never considered candidates for vaccines.

Q114 **Emily Darlington:** What is our global role?

Dr Matthews: It is the same answer: recognising the complex ecosystem; investing in partnerships with other Governments so that there is a strategic approach and we are not having mixed messaging from different sources; being very clear on what the scientific messages are; being very clear on how we are tackling different aspects of the problem of hesitancy; and being very clear in the headline messaging that these are killer diseases and our populations have not seen them before, so people are not prepared for what they are at risk of.

Q115 **Chair:** I will ask Mike to answer briefly.

Mike Podmore: I echo all that. It is also about diplomatic and political leadership by the UK Government at the global level and at home. This speaks to the broader pride and leadership that we need from Keir Starmer and senior politicians with the UK public on some of these key issues, and the great investment that was made into Gavi and why that is so important.

The second thing is the critical importance of investing in communities around the world. Those at the leading edge of doing awareness and education work in communities were, as we saw, crucial during the covid pandemic in trying to fight misunderstandings and fear about the covid pandemic and the covid vaccine. As we see that with other diseases, we need to carry on that work.



Chair: Thank you. We are running out of time, although I don't think there is a hard stop.

Q116 **Martin Wrigley:** I have a very quick question. I think it is 45 years ago that we eradicated smallpox. Have we lost the capability to do it again for something else?

Victoria Fowler: No. The ambitions in the sustainable development goals to end certain diseases by 2030 could be achieved if we have the political willpower and determination to put us back on track to do so. There was understandably disruption caused to a lot of those goals as a result of covid destabilising and stretching a lot of healthcare services around the world, but we absolutely can get back on track and end diseases like malaria and HIV/AIDS in our lifetime if we have the political will to do so.

It starts with ensuring that we have a vibrant life sciences sector in the UK to continue to create a box of tools. Diseases like malaria are not tackled with the silver bullet of one tool; they need a whole range of tools to do so, from vector control to medicines to vaccines. We must continue to invest in multilateral organisations like the Global Fund and Gavi to ensure that those tools, those medicines and treatments, are not left in the labs but reach the people who need them in the countries most at need. We are optimistic as a sector that the Government will recognise that with their commitment to global health investment and will help us achieve elimination of diseases like malaria.

Mike Podmore: It is a combination of investing in British science at the same time as using ODA and our overseas ability to connect and fund, as Victoria mentioned, the Global Fund, Gavi and key institutions like Unitaid. Unitaid has developed and introduced over 100 innovative health products reaching over 300 million people, making the critical connection between UK science and innovation to scaling up and developing those innovations to actually make an impact on people's lives around the world.

The UK has been an important contributor to Unitaid. It made a 20-year commitment to Unitaid that comes to an end next year. Because of the cuts, again we see that it is not going to be able to fulfil that 20-year commitment. It was supposed to be giving about £67 million a year, but actually is only giving £14 million this year. That under-investment is worrying because it means that we are not making the connection to translate the great innovation happening in the UK to impact on the lives of the poorest around the world.

Dr Matthews: I paused at the question because I was trying to refine it for myself. When you say, "Do we have the capacity?", the question is: do we have the scientific and technological capacity? Do we have the tools? Yes. Do we have the investment, political advocacy, awareness, public buy-in and engagement? Those are the gaps. You have to have all of them for that kind of success.



To go back to Emily's earlier question about why we should invest in this, and to answer it better, we actually are within reach of elimination targets, as for HIV; the UK has reached some hepatitis C elimination targets already in terms of reducing the number of people living with hepatitis C, increasing our treatment, and so on. The UK has an amazing infrastructure and ecosystem of investment in successful programmes running across clinical, public health and scientific domains. We are actually achieving those; we are putting ticks in boxes now.

For that capacity to continue and to be lived out, we have to keep going with that kind of investment, advocacy, public engagement and buy-in across the board. For HIV, we are in sight of what is functionally an HIV vaccine because we have long-acting drugs that prevent HIV infection. We have the capacity globally, but the cat is out of the bag now, and we have another 10 million infections predicted in the next five years as a result of the loss of funding globally.

Q117 Chair: Thank you very much. We are getting to the answer that you are looking for. I am going to ask one final round of questions for each of you. Our inquiry is on science diplomacy. You have each made very articulate pitches for greater investment and greater research in your areas, in malaria, HIV and hepatitis. How can we measure the success or otherwise of British science diplomacy? What should this Committee look at specifically? Is there anything that you would recommend that the Committee look at specifically? I will go from left to right, starting with you, Mike Podmore. How can we look at measuring the UK's science diplomacy success in five or 10 years?

Mike Podmore: The impact of science should be measured by the impact it has on people's lives. From our perspective, in terms of our focus on global infectious disease, it should be about the impact and the connection and the contribution that it makes to eradicating and ending infectious disease, whether it be HIV, malaria or TB. That should be the No. 1 focus. In that sense, it doesn't matter where that comes from.

Q118 Chair: That is great. What should the Committee look at? Is there anything that the Committee should look at?

Mike Podmore: It has come up before and we covered it a little bit in terms of the soft power. The Government care about promoting the importance of UK science and innovation. It is understanding what the Government's conception is of soft power, in the sense of the role that it plays and how you connect British science and UK political leadership to making change overseas.

Q119 Chair: Thank you. Victoria Fowler.

Victoria Fowler: There are proxy measures for understanding the diplomatic and international reputation that the UK gains from its investment in science R&D and its investment in multilaterals that can get the science to the people. That is the number of lives saved by those multilateral organisations and the number of lives at risk. You can also



look at the case numbers. In the example of malaria, where people contract malaria and you can treat malaria, are those people being cured?

Secondly, you can look in economic terms at the growth of GDP in malaria-endemic countries. You can explore quite directly the impact that malaria has on people being able to go to school and to work, and, from a UK perspective, the trade implications as a result of those growing economies. Thirdly, it is around pandemic preparedness and the ability to reduce disease burdens and respond to new and emerging diseases at speed.

Q120 **Chair:** Thank you. What should the Committee look at specifically?

Victoria Fowler: Lives saved, economic and GDP growth, trade and PPR.

Q121 **Chair:** Great, thank you very much. Dr Philippa Matthews, finally.

Dr Matthews: Thank you. It is a difficult question because putting metrics on the success of science is a risky business. Science often delivers in ways that we do not expect and over timescales that we do not expect. Having said that, what things can we measure? We can measure international partnerships and our investments and stakes in different organisations, bodies and guidelines. We can measure our fiscal contribution to bodies that we have talked about, like Gavi, and ODA commitment. We can look at training, which is important. That is something that we can measure. We can measure the number of fellowship investments, professorship investments and programme investments that are made from the UK or supported by the UK or with UK collaborations.

To some extent, we can probably put metrics on industry spin-outs and pharmaceutical investment. We can do mathematical modelling and health economics to look at the projected impact over time of different discoveries, innovations and investments. There are of course target boxes that we can tick. For HIV and viral hepatitis, we have clear, globally mandated and agreed sets of targets that we are aiming for. That is an important lever because if we say we have ticked elimination boxes, that is a massive headline, and it puts the UK back at the forefront of success.

Chair: Thank you very much. Many thanks for your contribution this morning. It has really helped the Committee to get a better understanding of the work that you are doing and the implications globally and for the UK public. Thank you very much for joining us.