

Foreign Affairs Committee

Oral evidence: Global health security, HC 897

Tuesday 20 April 2021

Ordered by the House of Commons to be published on 20 April 2021.

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Members present: Tom Tugendhat (Chair); Stewart Malcolm McDonald; Bob Seely; Royston Smith; Claudia Webbe, Chris Bryant.

Questions 43-95

Witnesses

I: Mark Eccleston-Turner, Lecturer in Law, Keele University, Kiran Mazumdar-Shaw, Executive Chairperson, Biocon Limited and Dr Nkengasong, Director, African Centres for Disease Control and Prevention.

II: Mark Galeotti, Senior Associate Fellow, Royal United Services Institute (RUSI) and Yanzhong Huang, Senior Fellow for Global Health, Council on Foreign Relations.

Examination of witnesses

Witnesses: Mark Eccleston-Turner, Kiran Mazumdar-Shaw and Dr Nkengasong.

Q43 **Chair:** Welcome to this afternoon's session of the Foreign Affairs Committee. We will be looking at vaccine diplomacy and the way in which global healthcare and global vaccines interact with foreign policy, particularly over the past year but also in the years going forward. We are very lucky to have a very impressive panel from around the world; it is truly an international Committee today. I ask them to introduce themselves. Dr Nkengasong, could you please start?

Dr Nkengasong: I am John Nkengasong. I currently serve as the director of the Africa Centres for Disease Control and Prevention in Addis Ababa, Ethiopia, which is part of the African Union.

Kiran Mazumdar-Shaw: I am Kiran Mazumdar-Shaw. I am a biotech entrepreneur and chairperson of Biocon. I also serve on the R&D and manufacturing committee of COVAX.

Mark Eccleston-Turner: I am Mark Eccleston-Turner. I am a lecturer in law at the University of Keele and I specialise in equitable access to medicines.

Q44 **Chair:** Dr Nkengasong, what would an equitable global distribution of covid-19 vaccines look like, and is the UK doing enough with its partners to promote that?

Dr Nkengasong: Thank you once more for this opportunity and for inviting me to be part of this. What will global equity look like? Global equity for vaccines against covid-19 will look like us vaccinating the right populations across the world almost at the same time, because of the common threat that we face with this virus. That is extremely important. We do not want to start vaccinating a large section of some parts of the world while other parts, such as Africa, completely lag behind. If we do that, we create a divide that is not at all helpful for our collective security. That is my vision of what timely access and equity will look like.

Q45 **Chair:** Thank you very much. Perhaps I can go straight to you, Mrs Shaw. India's role in helping the distribution has been extremely important, as Indian manufactures have supplied huge amounts of vaccine around the world. Could you please help me understand how India was already in the position of making 60% of the world's vaccines before the pandemic?

Kiran Mazumdar-Shaw: As you know, the second wave has dealt a devastating blow to us. It was unexpected. Until now, we were getting into vaccine diplomacy and doing our bit of distributing vaccines to many parts of the world. Today, I think we need basically to put out the fire in our own country, so vaccine supplies to other parts of the world are going to be delayed. I am afraid that we will only get back to supplying vaccines



once we calm things down. At this point in time, it is not looking very good.

- Q46 **Chair:** May I ask how India's dominance of the vaccine industry was achieved? Was that state sponsorship or private investment? How did it come about?

Kiran Mazumdar-Shaw: It was a huge private enterprise that invested in creating a very large global vaccine industry. Most of it came about because it was largely catering to the developing world, the low and middle-income countries. In order to do that, we had to get economies of scale to provide affordable access to the vaccines that were being manufactured out of India. To do that, we had to create large, global-scale production. Before we knew it, we were the world's largest producer of vaccines—for quite a while actually. It was really about catering to LMICs and economies of scale, because the volume of vaccines required for the markets that we were catering for required the kind of global scale that we had invested in.

- Q47 **Chair:** Dr Eccleston-Turner, what steps can Governments take to ensure that trade barriers and supply chain issues do not limit their access to vaccines? The Indian Government have done a huge amount to supply vaccines around the world. What can we do to help, or what can other countries do to help?

Mark Eccleston-Turner: One of the primary roles of Governments, particularly those such as the UK's, would be to continue to support the COVAX initiative, which is something that the UK has done very well with its financial contributions to COVAX. The problem is that at the same time the UK has been dominating the very small supply of vaccines, the finite number of vaccines that are available. The finite number of doses that are available have been dominated by a very small number of high-income countries. That is what has led to our problems of a lack of equity in distribution.

Moving forward, Governments such as the UK's would need to engage with and support things like the World Trade Organisation—the TRIPS waiver has been proposed through the World Trade Organisation—and to encourage the transfer of technology from manufacturers based in high-income countries to manufacturers based in low-income countries, so that we can increase the number of vaccine suppliers around the world.

- Q48 **Chair:** A large element of this is to do with how we partner together. Given India's dominance of supply, Mrs Shaw, what can the UK do to partner better with India to ensure that the distribution of vaccines around the world that Dr Nkengasong spoke about is better able to achieve some form of equity?

Kiran Mazumdar-Shaw: As I mentioned, India has the scale and, by partnering with UK companies, it would be great to see if they could combine innovative technologies with manufacturing scale. That could provide affordable access for many parts of the world. That would be a great partnership between the UK and India. I think it should be promoted



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in a big way. Adding to that and to a comment earlier, I would imagine that, apart from the TRIPS waiver, we also need to look at the pandemic patent pool and for it to be considered by someone like COVAX or a Gates Foundation, which could licence technologies and selectively make them available to vaccine manufacturers in LMICs.

Q49 **Chair:** Dr Nkengasong, forgive me if I ask you to pick up on that. Clearly, one of the issues that we have seen is that African manufacturing is lower than many people would like. I am sure you would agree with that. Are there ways in which we can improve the ability of lower-income states to supply themselves?

Dr Nkengasong: There are two ways that Africa can be supported in this effort. First, there is this effort to get our population vaccinated adequately. We have set ourselves a target of immunising at least 60% of our population by 2022. As we speak, we are far from getting there. About 34 million doses of vaccines have arrived on the continent, of which just about 30 million individuals have received a single dose. This is a continent of 1.2 billion, so I am giving you an aggregate number. We are very far off from getting to 60% in two years.

There are two ways in which the United Kingdom can support Africa in this work. One is to look into your own pool of vaccines and say what you have that you might not need in the immediate future, and make that available either to COVAX or to AVATT. We set up the African Vaccine Acquisition Task Team as a continental mechanism to increase our percentage from about 30% that COVAX is promising the continent to the 60%, an initiative set up by President Cyril Ramaphosa, as chair of the African Union last year.

We do not know where to go to get vaccines. As Kiran just mentioned, we are relying on the Serum Institute in India, and the situation in India is as she described. We do not know where to turn to get vaccines. My fear has truly come that we might be moving to endemicity of this virus on the continent of Africa, because of the extremely sluggish nature of the way vaccination is being rolled out. The United Kingdom working with others in the developed world to redistribute excess vaccines in a timely manner would be very helpful.

Secondly, countries in Africa that already have the capacity to manufacture need support to scale that up. We know that Aspen is doing that in South Africa. The question becomes: if partnerships like the UK and others were to work with the African Union, would it be possible to have an additional Aspen somewhere in Senegal or Egypt, to produce additional doses of vaccines?

I think those are the things where we all have to put our heads together and recognise that, if we do this collectively, it will be the only answer to ensuring our own vaccine security and our global health security. Those are the two things that you can put on the table and look at carefully in the UK, in the spirit of solidarity and co-operation, to resolve a common problem.



Q50 Chair: Thank you. We will come back to some of those questions shortly. May I just go to Mrs Shaw one last time? I am conscious of your time. I want to look at how vaccines are being used. As Dr Nkengasong pointed out, the lack of an endemic capability in Africa is a huge issue. There are many other parts of the world where that is so. That gives India, and other countries, an authority and leverage over other countries that it may not always have had. How is India using its vaccines to promote its interests abroad, even in the most benign fashion?

Kiran Mazumdar-Shaw: Right now, we are basically supplying vaccines all over the world, but I do believe, as John Nkengasong said, that there is a case to be made for the need to create regional hubs, where you could create strong anchors, countries that could support those regional networks. India is one classic example, supporting that particular region. John mentioned Aspen in Africa. There are many others.

There is a kind of mix and match opportunity of bulk vaccines and finished vaccine dosage. Identifying those networks and supply chains is going to be extremely important. It is about vaccine security long term. We need to map out these possible manufacturing supply chain networks around the world, and be in a state of pandemic preparedness. That is what you really need to get at. How rapidly can you pivot and get bulk vaccines to a vaccine-finishing plant, in any part of the world, that could start producing doses to vaccinate the people? On the other hand, you need to find which facilities could produce the bulk vaccines, so I think you need that kind of mapping to be done. I am sure it is possible.

Again, you need many, many technologies to be made available to all these various vaccine manufacturers, so we need to look at technology transfer. It is all not very easy, because it takes time. The other thing is how we have rapid regulatory pathways, as we have seen this time, to make sure that time to market—the journey from the lab to the market—is compressed to be as fast as possible, to ensure that we address these kinds of devastating pandemics.

Q51 Chair: Do you think that there are different ways in which, for example, India's important place in the Commonwealth can be used to promote some of this co-operation?

Kiran Mazumdar-Shaw: Absolutely. The UK and India have a very big opportunity to basically take this partnership across the Commonwealth. Africa could obviously benefit from that effort as well, so I think the Commonwealth has a very important role to play there, and this partnership between India and the UK could forge that particular effort. I just want to say that if you look at what has actually happened during this pandemic, there has been a very important partnership between Oxford University, AstraZeneca and the Serum Institute. That is one good example of how quickly these vaccines were developed in partnership and made available at breakneck speed and at scale. That has at least been helpful in deploying vaccines in many parts of the world, which would never have happened if this partnership was not there.



- Q52 **Chair:** Thank you very much. I realise you are going to have to go in five or 10 minutes, so I am conscious that I am drawing upon your skills and expertise, but I should add quickly that if there are things that you think you should make clear that I have not asked you about, please do jump in.

The last point I was going to ask you directly—I am sure others will want to come in, so if others do, please let me know on WhatsApp, as usual—is how you are seeing vaccine diplomacy working in your immediate region. The co-operation between India, Pakistan, Bangladesh and Sri Lanka, and indeed further afield—places such as Burma, Afghanistan and Iran—has always been difficult. Is vaccine diplomacy helping? Is it providing an opportunity for different, or track 3, diplomatic activity?

Kiran Mazumdar-Shaw: It certainly has an enormous influence and an enormous potential to build a very strong diplomatic partnership in the region, and I think India is beginning to do that as much as it can. It can only be good for the region, so vaccine diplomacy is something I think is extremely important around the world. As an example right now, I think the US also must engage in vaccine diplomacy. It is sitting on a stockpile of AstraZeneca vaccines that have not yet been approved, but making that stockpile available to countries that need it—even Canada next door—could create a very positive vaccine diplomacy. I think every country that is producing vaccines needs basically to allocate a small number of vaccines for vaccine diplomacy, and use the rest for its own needs.

- Q53 **Chair:** How are stockpiles of vaccines around the world seen by countries in desperate need? Perhaps, Dr Nkengasong, you could touch on that.

Dr Nkengasong: Let me perhaps touch on what Kiran just said about vaccine diplomacy. If you are sitting where I am sitting, and you interpret the word “vaccine diplomacy” in a most inadequate manner, it can become extremely difficult for people like us to accept it. We are dealing with a pandemic, with an issue of survival, and if we apply the word “diplomacy”—which essentially is many-year relationships—we think, from where we sit, that we should be extremely careful that we do not promote that. When you go with 100,000 doses of vaccines to country X, provide it, and then you drop another 50,000 there, you create even more inequalities, tension, and frustration.

True vaccine diplomacy, in our view, should be any approach where a partner or a country is supporting a region or a country to achieve its vaccination target. Say, for example, the continent of Africa wants to vaccinate at least 60% of its population. If the UK is interested in vaccine diplomacy, it should help us to get to 60% of our population. But vaccine diplomacy where you would rather go in and choose some segments of the population and drop in 100,000 or 200,000 doses creates confusion. It begins to minimise the severity of what we are dealing with: a pandemic in which about 3 million have died. We should be firm on the fact that we want to eliminate this disease from our planet, and work in solidarity.

Let diplomacy be used, through COVAX, so that many more countries get the doses they need. That diplomacy should be channelled through the



African Union and through AVATT, so we can distribute to countries quickly and support them to roll that out as much as possible. If people act in that manner, they will truly be my heroes in the strict sense of vaccine diplomacy.

Chair: Thank you. Claudia Webbe, would you like to come in?

Q54 **Claudia Webbe:** Thank you, Dr Nkengasong, for your explanation of vaccine diplomacy and the difficulties that could arise. However, how successful do you believe COVAX has been to ensure vaccine supply to low and middle-income countries?

Dr Nkengasong: COVAX is the mechanism for global co-operation and solidarity. But COVAX has been paralysed because richer countries pre-ordered so many vaccines and are sitting on stocks. It became an interesting scenario where money was given to COVAX, but COVAX does not know where to use it to get vaccines. It is a very unfortunate situation. COVAX may seem like it did not succeed, and people may argue that some countries donated millions of dollars. If you give me a lot of money but I don't know where to buy food or water, the money does not help me. COVAX must be helped by those who have already acquired a lot of vaccines—they must release them into COVAX so that it can distribute it to countries in need.

To give an example, a few weeks ago we were very excited that COVAX distributed the first rounds of the AstraZeneca vaccines. Now, we do not know where to turn. Many countries have used up their doses and they are all turning to us and saying, "Tell us when the next doses will come." We don't know. India has put a hold on the export of vaccines. Even though COVAX has the money, it does not know where to get the vaccines. It becomes an issue. We should try to unblock that, to make COVAX relevant so it can do what it was supposed to do. It was set up in the spirit of global solidarity and co-operation, but it has not been enabled. It has been paralysed by those who have acquired more vaccines.

Mark Eccleston-Turner: Could I come in on that point? It is worth bearing in mind that the UK has distributed more vaccines in the UK than COVAX has across the entire participating COVAX network. Based on the most recent estimate, COVAX has deployed 38 million doses; the UK has deployed over 40 million, based on our very small population.

Dr Nkengasong is absolutely right that despite countries such as the UK pledging a lot of financial backing for COVAX, there is a limited supply available for countries to purchase around the world, and that supply was dominated very early on by a very small number of countries. It is easy to give money; we gave a lot of financial backing to COVAX while simultaneously purchasing very large numbers of vaccines. Other high-income countries did the same thing. That ostensibly appeared to support COVAX with financial backing while undermining COVAX with the other hand, because we were purchasing the vast majority of the very finite number of doses available at that time.



Kiran Mazumdar-Shaw: May I just add one thing—

Claudia Webbe: Thank you, Kiran—yes.

Kiran Mazumdar-Shaw: One thing that is interesting is that COVAX was actually supposed to get vaccines from many other sources; the Serum Institute was not even one of them. I felt that one of the mistakes also made was not involving some of the large Indian manufacturers in the COVAX network, and relying so much on the multinational network that never then made the vaccines available to them. That is some learning that has to be corrected going forward.

Dr Nkengasong: I agree.

Q55 **Claudia Webbe:** Dr Nkengasong, did you want to come in?

Dr Nkengasong: I was just agreeing with what Kiran said. With hindsight, it was—I am not a businessperson, only a public health person, but I know a little bit about risk: always spread your risk. I don't think that risk was modelled enough.

In the future, we should learn to model our risk in two dimensions: one, to do exactly what Kiran said, but also to make sure that we regionalise efforts for the manufacturing of the vaccines, so that a whole continent—like my continent—does not rely on the Serum Institute for its supplies of the AstraZeneca vaccine.

What has happened now is that we are at a standstill. The challenge ahead of us is to get rid of the virus across the world, not just in some parts of the world.

Kiran Mazumdar-Shaw: It is really unfortunate that most of the multinational big pharma companies got easy access to a lot of funding, but then they did not do their bit when it came to actually supplying vaccines.

Mark Eccleston-Turner: On that point, COVAX was a large funder of research and development for these multinationals that Kiran is referring to. But that funding came with little to no conditions attached to it, seemingly. There was no requirement that if you received capital from COVAX you should then go on and supply a certain number of doses to COVAX, or engage in technology transfer so that manufacturers across low and middle-income countries could manufacture their own vaccines.

There was no commitment for intellectual property sharing placed on this manufacturing. This was free money, essentially, and we ended up in a situation where we socialised risk and privatised profit. We paid for the research and development of these vaccines, but didn't get any of the benefits off the back end of that. That is an unfortunate position to be in. We should really consider how we ended up in that situation.

Q56 **Claudia Webbe:** Could I come back to you on that particular point about intellectual property waivers and so on? As I understand it, South Africa



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and India pushed, along with the WHO, for intellectual property waivers, technology transfers and property rights waivers.

To date, the UK has opposed this. I really want to ask what we feel about that. How do we think this could be effective, even? On the one hand, there is the notion of pushing for intellectual property waivers, technology transfers and property rights waivers to help low and middle-income countries increase vaccine production capacity, the effectiveness of that; and on the other hand, countries like the UK are opposing it.

Mark Eccleston-Turner: The way I would frame it is that there are two predominant barriers that prevent manufacturers in low and middle-income countries from beginning to manufacture vaccines against covid-19.

The first is intellectual property. There is a multitude of patents around covid-19 vaccine technology, on the manufacturing platforms used to manufacture these vaccines. There is a multitude of patents around mRNA vaccine technology, but also around the viral vector technology, which the AstraZeneca vaccine is used to.

What manufacturers in low and middle-income countries need is legal certainty; they need to be sure that they can navigate through this patent thicket and actually have the freedom and the space to manufacture vaccines without any legal repercussions from patent holders. That is what the intellectual property waiver could do: it could give legal certainty to manufacturers in low and middle-income countries that they are free to manufacture these vaccines.

But IP isn't the only barrier here; it is one of the barriers. The others are non-patent barriers, or trade secrets and manufacturing know-how. For vaccine manufacturing, the technology is quite difficult to operate. It is quite sensitive, particularly compared with manufacturing drugs, so there is know-how that is not placed within the public domain and is not subject to intellectual property rights, but that nevertheless presents a barrier to manufacturing.

What we need in combination is a waiver through the WTO—the TRIPS waiver that we have been discussing—and also engagement of technology transfer from the technology holders, who are the manufacturers we are talking about, to manufacturers in low and middle-income countries, so that they can readily and easily use the technology and manufacture vaccines.

On your second question about what we think of the UK Government preventing this from happening—blocking the TRIPS waiver—I think it is appalling. The UK does not stand to benefit from doing this in any way. All it does is prevent other countries from manufacturing their own vaccines.

The UK is in an incredibly powerful position at the moment. We have more than enough vaccine to meet our needs, and we have got into that position by buying up a large amount of the very finite number of doses available. We stand to gain very little from blocking this waiver, but the



repercussions, in terms of future diplomatic relationships and undermining the multilateral system, could have repercussions for the UK's future relationship with Governments around the world. But at a more fundamental level, it stops people getting the vaccines that they need.

There are manufacturers around the world right now who could make these vaccines if they were given the tools and the technology to be able to do so. We should be empowering them to do that in their local communities. There are manufacturers in Africa who could begin making these. We need to empower them to do that.

Q57 Claudia Webbe: Thank you. Can I turn to Dr Nkengasong? We have lost Kiran now, but what is your response to that?

Dr Nkengasong: My response is that the African Union have actually issued a position that is fully in support of what has just been said about the TRIPS, supporting the position of South Africa. The Executive Council of Foreign Ministers issued that in February. There is not much that I can add to the way that it was brilliantly stated by Mark. We fully endorse that position.

Q58 Claudia Webbe: In a sense, it has been said that Africa will not receive its vaccine until 2023 at the current rate of progress. I understand that the UK has three times more vaccine than needed. What do you think about that sort of global health insecurity and inequality when it comes to vaccines and the position of Africa, compared with that of countries like the UK, in relation to the vaccine?

Dr Nkengasong: A country like the UK, which has always been a strong ally and strong partner of Africa, knows what to do and knows that they can do the right thing. The right thing is to take a look at the stocks of vaccines that they have and say, "We don't need this amount of vaccine. We don't need to stock all of that. Let's make it available to Africa through the African Union—the African CDC—for it to distribute quickly to countries."

I think you would be doing the right thing, and history would remember that act profoundly—that you met us at the point of need, not when you were totally satisfied with your need and then pushed the can down the road. In other words, my heroes and true partners are those who meet us now, because we can do something with this pandemic now on the continent.

If you bring us vaccines in December or January next year—well, we are beginning to lose the war against this pandemic, clearly. It would mean that the virus was seeding more into remote areas. As we speak, in Ethiopia, where I am speaking from—a country of 100 million people—in the capital city of about 5 million to 6 million people, 70% of infections are here, so we can do something. We can break the backbone of this pandemic before it goes into remote areas and becomes endemic.

History would vividly remember that gesture—that the UK did the right thing at the right moment by meeting a continent in dire need at their



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point of need, not when the UK had finished addressing its own needs. That is the only thing I will say for now.

Q59 Claudia Webbe: Could I push you a bit further on that? What do you see as the biggest challenges to accessing covid-19 vaccines across Africa? How should the UK support the continent to build its manufacturing capacity?

Dr Nkengasong: We have a short-term need and a medium to long-term need. The short-term need is twofold. First, we just do not have the vaccines, period. We are relying on the AstraZeneca vaccine, but India has put a pause on that, so we do not have vaccines on the continent. The vaccines that we are getting on the continent are through bilateral deals, with China coming in and giving about 100,000 doses, and maybe the Russians coming in and giving some. That will not enable us to win against this pandemic.

I just painted a picture of the situation in Ethiopia for you, with 70% of our infections occurring here in Addis Ababa. If you give me the vaccines, I will be able to roll them out quickly through vaccination centres, breaking the backbone of the virus right here and preventing it from spreading to 90 million people across Africa.

The second point is vaccination. If you have the vaccines, you must vaccinate. Here at the Africa CDC, we use a simple formula: vaccines + vaccination = lives saved and economies saved. If we acquire the vaccines but we do not have the right support and partnership for vaccination, we may not cross on that side of the equation. We know how to vaccinate. In the middle of this pandemic, Ethiopia was able to vaccinate 12 million children for measles. If vaccines are available, we will mobilise and be able to use the vaccines in a timely fashion. If we do that across multiple African countries, we will be on our way towards eliminating the virus, and then we can start preparing for subsequent pandemics.

We have all said that we live in an era of pandemics. We should start preparing regional manufacturing for vaccines. Just last week, exactly one week ago, we had a vaccine summit, looking on how we can start establishing vaccine capacity for the continent. Amazingly, 40,000 people attended that consultation in two days, including nearly everybody that you can think of—all the stakeholders. That shows that the topic is very important and needs to be addressed.

We should begin to diversify and decentralise the health security apparatus around the world. We are at war with this virus. When you are fighting a war, you do not concentrate your troops in one region; you decentralise your security apparatus. That is what we should be doing, in a collective spirit, strengthening our health security apparatus across the world by having regional hubs that can actually manufacture vaccines and conduct research into vaccines.

Claudia Webbe: Thank you.

Q60 Royston Smith: I have listened to much of what you have all said,



particularly Dr Nkengasong. How important have donations been to African countries so far? Are you concerned that the donors would use them as a way to gain influence?

Dr Nkengasong: That is what I said earlier. We should be very careful to be sure that we do not have an erroneous definition of vaccine diplomacy. If vaccine diplomacy is promoted as, "I have 50,000 vaccines here. I will go to country X, exploit their weaknesses and start throwing those 50,000 vaccines at them", then we will collectively fail. If vaccine diplomacy is where we say, "Great, these countries have developed a strategy to achieve X percentage of their population being immunised. We will support them to get there," then we will succeed.

This is not a joke: three million people across the world have died in one year, and the situation continues to be extremely problematic. Our definition of vaccine diplomacy is really a partnership that enables us to get 60% of our population immunised.

Mark Eccleston-Turner: Just to come in on that point, we have experience from 2009 H1N1, which we got quite lucky with. During that pandemic there were donations from high-income countries to low-income countries as well, but it was very clear that those donations were made available only once it was clear that high-income countries were satisfied that they had had their own needs met. That is not a system of equality at all. Relying on high-income countries to give their excess dosage as donations once they are satisfied that they have met their own needs does not help low and middle-income countries.

We have talked a bit about the numbers and the disparity between vaccination coverage, and how many doses we have rolled out in the UK compared with how many doses COVAX has rolled out across low and middle-income countries.

The inequality is not just about the number of doses made available; it is about when those doses are made available as well. If we are talking about a situation where we begin to commit donations to Africa—through the African CDC, for example—only once we have immunised the majority of our population, there is a clear inequality there, not just in the number of doses available, but in when those doses become available. It is important to consider that.

Q61 **Royston Smith:** Would you like to address the inequality between the numbers of deaths in the UK compared with other countries around the world? Let us forget that it's the UK; let us say it is any rich nation with high death and infection rates that is looking to make sure that it does not get any worse. If we are talking about inequalities, we might want to talk about the inequalities in the numbers of infections and deaths. Maybe that is why the higher-income countries keep on using their vaccines in the way that you referred to as appalling.

Mark Eccleston-Turner: The roll-out of vaccine needs to be on the basis of need, not only the basis of the ability to pay. At the moment, vaccine inequality and vaccine roll-out is on the basis of the ability to pay. Your



point appears to be suggesting that the UK does have a great need for these vaccines, which is why we are rolling out the way we are. Be that as it may, we did not get into the position where we are able to dominate the vaccine due to need; we got into the position to be able to dominate the vaccine market in the way that we have because of our ability to pay. We would have ended up with the same number of vaccines, whether or not we had the infection or the death rate that we have.

- Q62 **Royston Smith:** I am not disputing how we got into that position; what I am suggesting to you is that one of the reasons why countries such as the UK might want to roll out the vaccine as quickly as they are is that they have a disproportionately high death rate. If you are talking about inequalities of vaccine roll-out or inequalities of death rate, surely you would accept that they would want to take that into account?

Mark Eccleston-Turner: I accept that roll-out on the basis of need is a relevant consideration, and it may be that there is an alignment between need and ability to pay, but the point that I am making is that in the current system, the vaccine is being rolled out on the basis of the ability to pay, not on the basis of need. That might align in the circumstances of the country such as the UK, which had quite a high rate of infection at certain times, but that is not how we got into the position that we are in.

It is also worth considering the fact that it is likely that, because of a lack of infrastructural capacity across low and middle-income countries, their infection rate, and possibly their death rate, is under-reported, because they do not have the testing capacity that the UK has.

- Q63 **Royston Smith:** I will come back to you, Dr Nkengasong, if I may. Is there a problem in Africa with misinformation about vaccines? What is being done to tackle that, and should the UK be making efforts to support it?

Dr Nkengasong: There are huge issues across the continent—and not just in Africa, but across the world—with respect to misinformation. Social media has played a huge role in promoting negative attitudes towards vaccine uptake. We did a survey across 15 member states of over 15,000 people, and we saw that, very early on, acceptancy ranged from about 60% to about 95%. With all the misinformation, that number is decreasing with time. But we are extremely encouraged that the first wave of vaccines that came were actually picked up quickly—in Ghana, Nigeria, Rwanda and Kenya, people have all used them. We remain positive that as people get immunised and as people see the benefit of these vaccines, there will be more people taking them up.

- Q64 **Bob Seely:** I just want to follow up on what Dr Mark was saying. I hear what he is saying, but can we have a reality check? The Government is voted in by UK citizens to look after the interests of the UK. We all get the broader agenda that we have to deal with this as a global problem, because clearly it is, but the UK Government is not a world Government and arguably it is doing more than any other major western state; if not, please let us know. Just saying that it is not good enough—I am not sure



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that it gets us very far.

Mark Eccleston-Turner: Was there a question there?

Bob Seely: Well, do you want to react to what I have just said?

Mark Eccleston-Turner: Sure. I think that I was very clear that the UK has been very good at funding COVAX, which it has, but I am also very conscious of the fact that we have undermined COVAX by engaging in vaccine nationalism to the extent that we have.

Your point is that the UK Government serves the people of the UK. Fair enough, but there is a benefit to being engaged in equitable access to vaccines. That is of direct benefit to the UK, not just to the citizens of the wider world. The sooner we end this pandemic globally, the better for the citizens of the UK, as well as for the citizens of the rest of the world.

Q65 **Bob Seely:** But I don't understand why you say that we are undermining COVAX. We are actually supporting COVAX.

Mark Eccleston-Turner: We are financially supporting it.

Q66 **Bob Seely:** But as a parallel project, we are obviously trying to vaccinate as many people in this country as possible as quickly as possible in order to save lives here, because we do not really have the funds to buy vaccine and organise vaccine distribution for the entire world. We are supporting COVAX while at the same time we are looking after our own folks. I think a lot of people in this country would be pretty irritated if we did not.

Mark Eccleston-Turner: Granted, but I do not see those as separate issues; they are linked. There is a finite pot of vaccines that are available globally, and we have dominated the supply of that. Your point is that buying vaccines and administering them within the UK is good for the UK population because this is a UK Government. Okay, I can accept the logic of that argument, but it does not justify why the UK has blocked the TRIPS waiver through the World Trade Organisation, which would enable people in low and middle-income countries to manufacture vaccines to look after their own population in the way that the UK Government is looking after its own population. That is undermining the global roll-out of the vaccine.

Q67 **Bob Seely:** Sorry, could you just extrapolate a bit more from that last sentence? In what way is that damaging other people? Sorry, but just so I understand.

Mark Eccleston-Turner: Because the UK and other high-income countries blocking the TRIPS waiver through the World Trade Organisation prevents manufacturers in low and middle-income countries from being able to make covid vaccines for their own population.

Q68 **Bob Seely:** I am just playing devil's advocate here, because that is a fair point, but is there a longer-term issue that if you undermine them, the companies that come up with this life-saving stuff will not invest in it if they cannot seem to turn a profit on it? That is not the case for the



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AstraZeneca drug, but it is for Pfizer, BioNTech, Moderna and these other outlets. If you turn around and say to them, “We are going to take your intellectual property away from you,” what is the point of their developing it so quickly in the future? It is not a particularly pleasant argument, but it is a reality argument. Can you respond to it?

Mark Eccleston-Turner: The research and development that went into the Pfizer and Moderna vaccines was heavily subsidised by public money anyway, so the economic theory of intellectual property, which is what you have just alluded to there, does not hold weight when it comes to these vaccines. They were funded by public money—first of all from the UK Government and the EU, but also from COVAX. The United States Government also invested heavily in these vaccines, so it is not as if these manufacturers are the ones who invested all the money in the vaccine in the first place. The traditional economic theory of IP, which you have alluded to, doesn’t really work when it comes to these vaccines, which have been so heavily subsidised by public money. We are essentially paying twice for these vaccines: we are paying for the research and development, and we are paying to purchase the vaccines.

Q69 **Bob Seely:** That is a fair point. I don’t think it is the case with the AstraZeneca one, but you could say it is with others—I am not quite sure who has paid for the development of the others. But do you at least accept the point that these Governments—okay, there is obviously economic clout, which is important here—have a moral duty to look after their own people, because that is what they are elected to do, and therefore they are doing what they are elected to do? It is not perfect, but we don’t live in a perfect world, and we don’t have world government. But in lieu of that, they are doing what they can.

Mark Eccleston-Turner: But the point that I am making is that in engaging in equitable access to vaccines, we would be looking after our own population, because that brings the pandemic to a close quicker. Also, there are easy fixes that would not detrimentally impact UK citizens, which is what you are concerned with, but would enable access in low and middle-income countries, through things like supporting a TRIPS waiver and supporting the transfer of technology to manufacturers in low and middle-income countries to enable them to make those vaccines. The UK Government supporting that sort of initiative does not undermine the position of UK citizens in any way.

Q70 **Bob Seely:** And what would that look like? Is it simply a question of getting on with it? Is there a time lag? Is it just a question of emailing somebody the intellectual property, the ingredients? In practical terms, what does that look like?

Mark Eccleston-Turner: In practical terms, that looks like supporting the TRIPS waiver that was proposed by South Africa and India through the World Trade Organisation, and encouraging manufacturers based in the UK to engage in the transfer of technology to manufacturers based in low and middle-income countries.

Bob Seely: Thank you.



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Chair: Thank you very much. Claudia Webbe, you wanted to come back in for a last—oh, I see Royston Smith wants to come in; I'll come to you straight afterwards if that's all right. Claudia, you first.

Claudia Webbe: This is really a question from us, the Committee, to you, Chair. On the last point, the intellectual property waiver, the TRIPS waiver that has been spoken of, is something that we know the UK Government opposed. I wonder whether we can simply ask why we are opposing this and try to get some kind of response from our Government as to why we are opposing something that universally is seen as something that would be of benefit. I wonder whether we can add to our inquiry in that way, because I think we have heard very well from our witnesses about this issue, and they make a good response, but we still have a gap in information.

Chair: I am very happy to do that—not quite in the oral evidence session, but I get your point. Royston Smith, you wanted to come in.

Q71 **Royston Smith:** I just want to come back to the question that Bob raised about countries such as the UK putting their own folks first. My question is quite simple. Do you think it is any sort of coincidence that democracies are prioritising their own people first, and autocracies not so much?

Mark Eccleston-Turner: I am not sure whether there is a direct correlation between those two issues. And there are many democracies around the world that do not have access to vaccines anyway. Nor do I think the fact that an individual lives in an autocracy is a good enough reason to say why they should not or do not have access to a vaccine. The accident of being born in a democracy does not give someone a stronger claim to a vaccine than if they had happened to have been born in an autocracy.

Q72 **Royston Smith:** I am more asking you whether the people who live in a democracy are being represented by Governments that they elect and people who live in autocracies have no say in whether vaccines are donated before they are administered to their own population.

Mark Eccleston-Turner: Yes, but I don't think that changes the extent to which there is a moral claim to a vaccine. I think that individuals, regardless of where they live, have an equal moral claim to vaccines.

Q73 **Chair:** I don't think the point that Mr Smith was making was that anybody had more or less of a moral claim to the vaccine; it was merely that a Government that is democratically elected is more likely to be responsive to the will of its people than one that claims power by the use of force and is therefore an autocracy.

Mark Eccleston-Turner: Quite possibly, but I am not sure of the relevance of that to the issue at hand.

Chair: Okay. Bob, you want to make a very last point.

Q74 **Bob Seely:** You can argue about whether it is relevant or not, but it is



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certainly an additional and interesting point, and I think you are side-stepping the answer. If you look at Russia and China, they both developed vaccines. The Chinese one is arguably not particularly good—it only has a 50% success rate—which is why Chile, having bought a lot of the vaccine, is now having a third wave, or a second wave, because the vaccine doesn't seem to be effective.

However, the point that Royston may be making—I don't want to put words in his mouth—is that there have been quite low take-up rates of vaccines in Russia and China, and those states, which just happen to be authoritarian states, which may or may not be relevant, are using these vaccines for export, and are actually using them for diplomatic gain. So that is the point that he was trying to make.

Mark Eccleston-Turner: I am sorry—I misunderstood the initial point. Yes, I recognise that point.

Q75 **Bob Seely:** Okay. Dr Mark, I have just one final question. I am not sure how well or how eloquently I will phrase it. I get what you say about the intellectual property and I think that is an absolutely valuable point, and I don't know what the Government's answer is, because I don't represent the Government; I support it, but I don't speak on its behalf.

I do have a slight issue with what you say, because you are making an assumption that suddenly getting 70 million people in the UK vaccinated, as opposed to getting 70 million people in west Africa vaccinated, is going to have the same impact on the UK, and it won't. I get the point that you are making about this being a global issue, but at the same time if we get everyone vaccinated in this country, which is what this Government are doing because they are elected by the people in these islands, then at least we can somewhat get life back to normal here. I get the fact that there is a wider issue, but getting 100 million people vaccinated in South Africa, as morally valuable as that is and as practically valuable as it is for the long term, is not going to help us to lift a lockdown in May this year.

So that is why we are looking after people here first. It is not pretty, but there is a logic to it. And I am just slightly thrown by your assumption, or what I am reading into what you are saying, which may or may not be accurate—that you are saying that vaccinating somebody here is as worthwhile as vaccinating somebody in Africa or Asia, when in practical terms to this country now, it isn't.

Mark Eccleston-Turner: I recognise that. The point I am making is about the long-term issue here, which is the long-term issue of bringing about an end to this pandemic. No matter if we lift lockdown here in the UK, until the global picture returns somewhat to normal, which can only happen with equitable access to vaccines, the ability of the UK to engage in international trade will be impacted by this and our ability to move around the globe will be impacted by this. So even if you don't recognise that moral argument, which we touched upon, there is a benefit to the UK of ending this pandemic globally, not just ending the lockdown within the UK.

Q76 **Bob Seely:** In the long term, I completely agree. The point I am making is that in the short or medium term, there is a logic—it is not morally



perfect, but that's what national Governments are—to actually looking after our own people first. That is just the point that I wanted to get your opinion on.

Mark Eccleston-Turner: I recognise that that is a logic, and that is a logic that one may subscribe to. The point I am making, and the argument that I am here to represent, is that we need to take a global perspective on this and we need to take a long-term perspective on this. And that points to equitable access and bringing an end to the pandemic globally.

Bob Seely: Okay. Thank you.

Chair: Thank you very much indeed. May I say thank you very much to all our witnesses there? We will close this panel and go straight on to the next one, without interrupting. Dr Eccleston-Turner, thank you very much indeed. Dr Nkengasong, thank you very much indeed. Although she isn't with us right now, we also thank Mrs Mazumdar-Shaw very much indeed. We will go straight on to the next panel, with huge thanks to those three witnesses.

Examination of witnesses

Witnesses: Mark Galeotti and Yanzhong Huang.

Q77 **Chair:** Dr Huang, will you be kind enough to introduce yourselves? Then we will hear from Dr Galeotti.

Yanzhong Huang: Thank you, Sir. My name is Yanzhong Huang. I am a senior fellow for global health at the Council on Foreign Relations, and I am also a professor at Seton Hall University's School of Diplomacy and International Relations. I specialise in global health and China.

Chair: Thank you very much. Dr Galeotti?

Mark Galeotti: Hello. I am Mark Galeotti and my specialism—I think I will be a bit of an outlier here. I am not a health person; I am a Russia and security person.

Chair: Thank you very much. You are not an outlier; you are an essential element of what we are seeking to learn. I am delighted you are with us. Royston, you wanted to start.

Q78 **Royston Smith:** Thank you, Chairman. This question is relevant to you as well, Dr Galeotti. How far are Russia and China using vaccines and other medical goods to promote their interests abroad, and what has the impact been in Europe?

Mark Galeotti: Dr Huang, would you like to start?

Yanzhong Huang: Absolutely. So far, China has shipped about 115 million doses of vaccines overseas. That includes both commercial supplies and donations, although the donations represent a very small percentage



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of the total amount shipped overseas. If you look at the patterns of the countries that the vaccines are sent to, China prioritises those countries that it has traditionally has good relations with. It also values those regions that have strategic importance to China, such as those in south-east Asia. In the meantime, it also reflects China's vision of making the vaccine a global public good. It also prioritises—just looking at the patterns—those countries that seem to have very high mortality rates. That being said, there are certain exceptions. Both Venezuela and Paraguay have a relatively high mortality rate, but comparably less vaccine supply from China, in part because of the relationship with Taiwan.

As far as Europe is concerned, we have found that China has so far—according to my tally—shipped about 10 million doses to Europe, again both in commercial supplies and donations. To my knowledge, China has donated 30,000 doses to Montenegro, and North Macedonia has purchased 200,000, and Ukraine 1.8 million. China has donated 100,000 to Belarus, and Hungary has purchased 5 million doses from China, and Serbia 2 million. Poland and the Czech Republic are considering buying the Chinese vaccines.

Mark Galeotti: Likewise, Russia, in characteristic form, is trying to have its cake and eat it. On the one hand, it is absolutely touting the fact that the Sputnik vaccine is available—and one has to recognise that it does appear to be highly effective—and all you need to do is to come and buy it. That is the key thing. Essentially, we are talking about the Russians trying to accrue soft power and hard cash. They are not offering deals in many cases. There are some donations, and at the end of March they applied to join the COVAX scheme, but essentially this is about sales.

What the Russians are doing, more than anything else, is precisely trying to take advantage of what we might think of as the gaps in the market. Much like the Oxford-AstraZeneca vaccine, this is something that does not need to be stored at ludicrously low temperatures or similar, so it is obviously more geared for less developed countries that perhaps do not have the same kind of cold chain capabilities.

Also, the Russians are willing to move fast because, as we heard in the earlier session, there is depressingly little take-up at home. For a variety of reasons, from a traditional mistrust of technological fixes to health to specific concerns about this vaccine—unfortunately, Russians have got quite used to, frankly, their state lying to them—there is very little take-up. With a population of 146 million, so far they have only given out 16.2 million doses. Pretty much, if anyone wants them, they are there. That means that, in some ways, at the moment the Russians have the capacity to present the vaccine.

When we look at Europe in particular, what is striking—although the Russian vaccine still does not have any approval from the European Medicines Agency, but is under rolling review at the moment—is, none the less, the number of countries that have either already bought the vaccine or are looking at it. It is an interesting overlap with the countries we have



heard are also looking at the Chinese vaccines. We have Hungary and we have Slovakia, where the Russian vaccine caused considerable controversy. The Czech Republic was looking at it, but I suspect that after this weekend's news we can pretty much take that one off the table. Austria has bought it and, again, a variety of countries in the Balkans region have it.

What Sputnik is trying to do is basically fill gaps in existing supplies. At the same time, Moscow is essentially trying to present itself as technologically advanced: "We were the first people who could roll it out." One can question, of course, how they rolled it out rather more quickly than western medical certification would require. None the less, they are using it to pitch that Russia is still a technological great power. They are using to basically say, "We are picking up the gap where the West has failed to provide these." At the same, obviously they are trying to make a buck in the process.

Q79 Royston Smith: I know that you are a specialist in Russia particularly, but Germany, France and others are now talking to the Russians about using their vaccine. This is going slightly off-piste, but what are the chances of my getting to ask you again in any short time? What does that tell us about our relationship with those countries—that they would look at the AstraZeneca vaccine and be suspicious, but then turn to the east and ask about Sputnik?

Mark Galeotti: It is a rather disappointing state of affairs. In part, it is precisely because the Russians have been a lot better at, shall we say, managing the information around their vaccine. There have been suggestions that, within Russia, there have been deaths associated with it, but of course the Gamaleya Research Institute, which produces it, and the Russian state have very heavily stepped on any notions and said, "No, there has not been a single death associated with it."

In this respect, as always, democracies—transparent systems—are in some ways more vulnerable. With Oxford/AstraZeneca, all the data is out there. It can be discussed, and people can get scared, if they are minded to, by what is a relatively small risk. The Russians have largely been able to manage the understanding of that. Precisely because Sputnik has so far not had much of a roll-out in western countries, we do not have a huge basis of independent data to prove it. Again, if I can see that as a non-medical specialist, one would have hoped that more people in Paris or Berlin, let alone Budapest, would have also been aware of that.

One of the interesting things that the Russians have often done is allowed discussions with individual regions within countries that are essentially happy to pick a fight with the national Government. In Germany, we saw the Bavarian Länder saying, "We want to buy Sputnik even if Berlin doesn't want to, because we are desperate and there is a lack of vaccines." In Spain, it was the Madrid region that came forth with that. In France, it is Provence-Alpes-Côte d'Azur. All of these are different actors, and the Russians have been—if we are going to be charitable—



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mischievous in allowing these sub-national bodies to come and talk to them and encouraging them with the idea that they could cut deals.

In some ways, what that has often done is it has nudged national Governments that way. No one wants to basically have hung around their neck the albatross that is: "People in my region died because you stopped us getting in a vaccine." In this respect, the Russians have been quite effective, but we really need to be aware of the extent to which, actually, what the Russians have done is very neatly capitalise on the failures of the vaccine procurement programme on the European continent. As ever, they cannot create opportunities for themselves, but by heavens, they are often very quick and very cunning at how they take advantage of those opportunities.

Q80 Royston Smith: You can call it diplomacy or whatever it is, but that is what we are talking about. Should the UK be concerned about China and Russia? Should we be concerned about what is being looked at, considered or accepted as vaccine diplomacy, which it might not be? How should we respond to that?

Mark Galeotti: If I can follow on and then pass on to Dr Huang, my view is that this is something that, on a political level, we should be relatively relaxed about, because this is not something that brings with it any kind of long-term influence. Yes, there is a momentary gain in soft power because, "Oh, the Russians have got this new vaccine", but we have seen from experience that soft power actually waxes and wanes quite quickly. It is not as if anyone is saying, "Sputnik V sounds like it is a good vaccine. Maybe we ought to have a system of Government more like the Russian one."

Ironically enough, it is precisely because we very quickly regarded this as some kind of political threat that it was actually made that much more divisive. If we had simply said, "It's just another vaccine. It has to go through all the formal procedures to be licensed, at which point we will get a sense of exactly how good it really is, exactly what the risks are and so forth. If it is fine, okay, we'll add it to our spread", it would have been thoroughly uncontroversial.

Actually—again, this is a tragedy—we ourselves have made a rod for our own back. When I say we, I mean the West in general; the UK is fortunately out of this particular struggle. But we made a rod for our own back precisely by regarding it as some kind of touchstone of loyalty—that if you are willing to contemplate using Sputnik V, that suggests somehow that you are tainted with the dread touch of the Kremlin. The point is, this is not something that then hooks you. You can immunise people with Sputnik V today and then you can give them boosters with something else in the future—as near as we can tell. If you buy a million doses, you can vaccinate half a million people, and then you can give the rest of your population AstraZeneca or Pfizer or whatever. This is not something that brings with it long-term implications. Actually, this is something that understandably cropped up as much as anything else because of



commercial rivalries and national pride, and again the Russians have taken fullest advantage of it.

- Q81 **Royston Smith:** This will all be over in a few months and everyone will forget about it, but is it morally acceptable for democracies to be looking to Russia, with all the things that we know about Crimea, Ukraine, shooting civilian airliners out of the sky and poisoning people in Salisbury? Is there not a moral issue about that?

Mark Galeotti: There is a massive wider question, and you probably need as much as anything else a panel of ethicists for that, but my view is that if we are still willing to buy mobile phones that have been made in China and we are still willing to use oil that has come from Saudi Arabia, we need to accept the fact that, yes, there is inevitably a compromise being made when buying a Russian vaccine. The other point is this: how many people does it save?

The Sputnik issue as regards Europe is really one that will soon go away. It only really applies to the next two to five months. That is the period in which there is currently, for various reasons, a shortfall in vaccines. Five months from now, there will be an ample sufficiency of a whole variety of others, and no one will even have to think about buying Sputnik. The question is, unfortunately, yes, on the one hand we are providing money to a state-ventured project from a state that does all these horrible things—it is involved in undeclared wars and, as we have seen, for years it has been involved in lethal covert operations against the West—and it will gain from that, but on the other hand, we will also save lives. That, I am glad to say, is not a moral question that I have to answer.

- Q82 **Royston Smith:** Dr Huang, would you like to add anything?

Yanzhong Huang: I think the UK should be concerned for two reasons. First is the issue of soft power. Even though we have to recognise that countries like the UK and the United States have been really badly hit by the pandemic—this is different from previous epidemics—and there is a reason why they have had to prioritise their domestic populations for vaccination, it is presented as western countries practising so-called vaccine nationalism while countries like Russia and China are shipping their vaccines overseas to support those countries that badly need vaccines. So on the issue of soft power, western countries will be badly undermined.

The second problem is the political and economic influence of countries like Russia and China that have practised vaccine diplomacy. When they send vaccines to Europe, that is certainly not solely for altruistic reasons; it also helps to expand their international influence, and in a way it drives a wedge between those countries that receive the Chinese or Russian vaccines and those using the western vaccines. For example, Hungary was the first European country to approve the use of the Chinese vaccine, and the Chinese are also building factories—as I believe Russia is too—in Serbia to manufacture their vaccines, so there is an issue with political



influence that could potentially undermine the interests of western countries.

That said, in the not so long term, when western countries, through these mass vaccination efforts, achieve herd immunity, they will soon be able to use their surplus vaccines to help those lower and middle-income countries to achieve their herd immunity. Russia and China will then face formidable competition from western vaccine makers and western countries in this vaccine diplomacy race, and given their relatively high efficiency and transparency, they are actually going to dilute the gains of the diplomacy of Russia and China. That is very likely to happen after July, so it is not going to be so long term. Even in Serbia, where they produce the Russian and Chinese vaccines, citizens there have access to vaccines from Pfizer, AstraZeneca and Sputnik V. The President was vaccinated using the Chinese vaccine, but the Prime Minister chose the vaccine from Pfizer-BioNTech. Even there, people have a choice.

I think the UK should continue to support the COVAX pillar and continue to provide the funding for these important mechanisms. In the meantime, it should accelerate the domestic vaccination process and become ready to conduct its own vaccine diplomacy in the near future. In the meantime, it should adopt a more flexible attitude over the IP sharing issues and work closely with its allies, including the United States, in sending vaccines to other countries and supporting those countries, especially the poor ones, to achieve herd immunity.

Mark Galeotti: Can I just pick up one point that was made? The Serbia example is excellent, and it works really well precisely because Serbia is one of these countries that has long historical and cultural ties with Russia; Russia clearly regards it as a potential staging post and regional lynchpin for its policies within the Balkans. Absolutely, the Serbians have been very happy to take whatever they can from Russia. That is not only Sputnik; it is hand-me-down fighter jets—you name it. In the early days of the pandemic, it was the site of one of these “from Russia with love” shipments of PPE and similar equipment.

However, a very interesting report has just come out from the Slovak-based think-tank GLOBSEC on the countries of the region. It notes that, although a lot of these countries may regard Russia as a country to look towards, as a strategic partner or whatever, when they are asked about the specifics of where they see their country’s future, it is absolutely clear that it is obviously with Europe—with the West. A key point that we ought to remember is that countries like Russia, and indeed China, think that, to an extent, they can buy loyalty with these kind of programmes. At best, they can rent it for a short period of time. The West ultimately has a much better record and capacity to basically step into those particular unclaimed places in other countries’ hearts.

Royston Smith: Thank you for your answers.

Q83 **Stewart Malcolm McDonald:** Thanks to both our witnesses for giving their time today. Dr Galeotti, the former US Under Secretary of State,



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Tom Shannon, is quoted as saying that covid was a godsend for the Kremlin. Is that how you would characterise it?

Mark Galeotti: I certainly wouldn't characterise it like that. Obviously it has had an economic impact, and the Russian economy was already showing its strains. I suppose one could say that in the sense that it was perhaps even less of a godsend to everyone else. It distracted the rest of the world from everything else that mattered for over a year, and obviously still is. It created, as we have heard, all kinds of tensions, above all within the European Union over the issue of vaccination.

Remember, when you are Russia and you are a relatively weak power compared with, as it were, where you want to position yourself on the global stage, you are trying to play the part of a great power, and to an extent this is about bluff and manoeuvre. It is not that the Russians have no capacity, as they clearly do—just ask the Ukrainians. None the less, they have nothing like the real weight that they are trying to claim. In that case, there is a degree to which everything that weakens the other people is for the best.

Their approach towards the West is essentially to divide us, distract us and demoralise us, and covid, by heavens, has certainly done all three. In that respect, it is a godsend, but we also need to recognise that we are much more aware of our own problems as a result than of Russia's. It varied from region to region, but, broadly speaking, Russia opted more to protect its economy than to protect its population. It has therefore suffered mortality rates that are at least the same level as the UK's—probably more. It is very difficult to pick out the reality from the fake when it comes to Russian statistics. Obviously, the Kremlin is perfectly happy to protect its economy to the last provincial.

Also, it has created further legitimacy problems. Would you excuse me if I take a little detour into disinformation?

Stewart Malcolm McDonald: Please do.

Mark Galeotti: If one looks at the way that the Russian disinformation and misinformation campaigns are run, in a way they operate on three levels. There are those that are clearly state initiatives from the beginning. They tend to be multi-platform, multiform, so a certain line of disinformation is spread by the state media, through the troll farms, through affiliated media in the West and the rest of the world. They are probably also being pushed by the Foreign Ministry. It is a co-ordinated platform.

A lot of disinformation comes almost on an autonomous basis from a lot of different actors who know or believe that this is what the Kremlin wants, or is what the Kremlin will want tomorrow. So a lot of it is essentially generated from below by a whole variety of different actors and institutions. Then you have the cases of what you might say are narratives from below, and the state decides, "We like the look of that" and throws its weight behind it. If one looks at, for example, how the Russians



managed their disinformation campaign around covid in relation to the West, at first they decided, "This is our chance to accrue some soft power to show that in fact we should all be friendly, and you should not pay attention to what we are doing in Ukraine" and so forth. You therefore have this rather surreal attempt at saying, "Let bygones be bygones."

The trouble is that that was coming from the Kremlin, but all the autonomous actors were still simply saying, "What toxic bile can we vomit across European social media?" Apologies for the imagery. That thoroughly undermined the Russian official message, so then they moved instead into trying to pooh-pooh other vaccines, and now they have moved into a state of simply trying to capitalise on the whole variety of different problematic and divisive debates within the West about vaccination and covid and what to do. The point is that they did not factor in that we all live in the same information space these days, and, therefore, so much of the nonsense and toxic messages that were being spread in the West, and elsewhere, by Russian sources actually looped back and influenced this strong reluctance to any vaccine, but particularly Sputnik V. In this respect, in aggregate terms, covid has helped the Russians, but we should also accept that there are a whole variety of costs for them as well.

Q84 Stewart Malcolm McDonald: One thing you mentioned was that covid distracts the world, and Russia likes it when the world and the West are distracted. We are now seeing this military build-up on the borders with Ukraine. Why have they waited a year to do that? Why did they not take advantage of the distraction in the early days when we were much more panicked, but wait until now when we are starting to open up and see the light at the end of the tunnel?

Mark Galeotti: I think for that very reason, that, in some ways, if you are going to start making big militaristic gestures, you want people to notice. The last thing you want is to be building up your forces and realise that no one is reporting on it. A lot of this is about fear, the impact. Every spring opens up the campaign season. The snow melts, the mud eventually dries and usually by late April we see an upsurge in violence. Obviously, this time we are seeing a very heavy accumulation of Russian forces, but they are making no bones about it. There is no attempt to be covert—quite the opposite. They want us to be paying attention. You have to have people willing to pay attention for that, so that probably explains it, and also the ebb and flow of discussion within the Kremlin about what they want to do with Ukraine. Clearly, they want to push back against what they see as a new, anti-Moscow attitude within the Zelensky Government and are seeing if they can restart the negotiations process in a direction that favours them. These are all the reasons that have come together for why it is now.

Q85 Stewart Malcolm McDonald: The Prime Minister of Lithuania described Sputnik as a hybrid weapon. Is that fair?

Mark Galeotti: No. Actually, I have a problem with the term "hybrid", but that is a whole other debate—we will not go there. This is what I was saying before. If we had simply said that Sputnik appears, on the surface, to be an eminently usable vaccine—though we will have to see the



workings properly, go through all the various licensing procedures, and that, in so far as we can, we would rather not buy from the Russians, because we do not want to provide any more money for their coffers, the same way we should be thinking about gas or any other commodity, but, nonetheless, we are in a health crisis—then it would not have had this hybrid impact on us by illuminating the divisions that are very present within Europe—obviously, there are some countries, or rather leaderships, that regard Russia as Mordor, a land of unruly darkness, full of evil and nothing else. There are others, maybe on the more southern part of the continent, who do not see what the fuss is about because Russia is safely a long way away. Unfortunately, it is the debate that has caused the problem, not the vaccine. It is the debate which is something that the Russians are very happy to encourage. They love it when we row. They love it when we are particularly toxic. This is a case where Europe created a hybrid weapon against itself.

Q86 Stewart Malcolm McDonald: That is an interesting perspective. Where Russia has tried to use vaccine diplomacy to its advantage, which part of the world do you think will come out of the crisis better than it was at the start, when covid starts to get behind us? Would that be the case in Latin America or mostly in Africa? Where will its footprint be felt for longest?

Mark Galeotti: I think it's going to be most significant where the covid effect is building on and reinforcing existing stuff. Let's be honest: actually, the Russian footprint in Africa is pretty light. There is an element of way back, Cold war days, but even then, half the time they just send Cubans to do their work. There is not much in the way of resources being thrown in. They are not willing to make much in the way of donations. Africa does not really matter as much to them.

Really, we are talking about south-eastern Europe and Latin America. Again, these are areas where the Russians have historical, but also more recent, ties. The fact that, in Argentina, it has not been that successful with the protection of political leadership is a whole other matter. When they are able to basically slot covid, or rather Sputnik V, into existing narratives, that is where it is going to last more than a month, two months or four months. That is where it will become part of that.

One can look at Russian foreign-language media outlets, which, again, is one of the best ways of trying to determine where they regard their best options are. It has been very clear in their Spanish-language outlets, for example, that they are pushing the notion of Sputnik as Russia's gift to the world, compared with—again, they do not really look at the minor detail that AstraZeneca is not making money from its vaccine—the rapacious capitalists. It is very old-school, Cold war-ish rhetoric. I think that is the whole point: it is trying to bring back a lot of that. Latin America, and obviously in the traditional competition zone of south-eastern Europe—that is where it is going to be more effective. If we were talking about this a year hence, that is when we might be talking about it.

Q87 Stewart Malcolm McDonald: Could I ask just one final question? I want to get a bit specific for a moment on vaccine roll-out and what is going



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on. If we take eastern Ukraine and similar regions—there are all kinds of ways that you can describe what they are—are you able to shed any light on how vaccine deployment is going there? How is it being managed in the Donbass region, and even in Crimea? We never really hear about that very much.

Mark Galeotti: Crimea, in some ways, is in the same situation as the rest of provincial Russia. There are stocks around. It tends to be quite patchy, but generally speaking, most of the time there are more stocks than demand. There have been some periods when it was the other way round, but none the less it is there. But again, we have not really got much take-up.

In the so-called people's republics in the Donbass, there are multiple issues. First of all, the extent to which Moscow really cares about the people of these regions is severely limited, I think it is fair to say. Therefore, if it has stocks, it would rather sell them and make some money on them, rather than provide them for the Donbass—I will use Donbass to mean the occupied territories.

Secondly, you have the fact that although the leaderships of these frankly criminalised pseudo-states have been happy to take the vaccines themselves, there are some suggestions that even the small stocks that have been provided have been sold on. Instead of going to the people who need them—health workers and such like—they have gone to whoever can pay for them. In some cases, they have actually been sold out of the country. I have heard cases of Sputnik turning up in the United Arab Emirates, and it almost certainly came from the limited stocks that were sent to the Donbass.

The bottom line is that these pseudo-states cannot afford a lockdown. Therefore, they have simply decided to power through it. Again, we do not have proper data, but clearly there has been a disproportionately high death rate. On the other hand, it also means that they have a disproportionately high level of antibodies. Again, we know that that is not going to last, so the irony is that at the moment they are not doing too badly, but in however many months, when we start seeing the antibodies beginning to dissipate, they are probably going to have yet another wave.

Q88 **Stewart Malcolm McDonald:** Would it be a similar picture in occupied parts of Georgia?

Mark Galeotti: I honestly do not know about the situation in Abkhazia. Abkhazia tends to be more efficiently run; it is actually like a little state. As regards South Ossetia, the only virtue there is that, as it were, the crime goes both ways—we have certainly had some cases of vaccines that were procured in Georgia and smuggled into South Ossetia. But I think that it is probably pretty much the same situation; it is just that it is not quite so viciously, obviously run by essentially a criminalised cadre of people.

Q89 **Bob Seely:** May I follow up on what Stewart was saying? I am just looking at the propagandist angle. I get the fact that they make great play



of sending vaccines. Have they been using this as part of a propaganda war against Ukraine or against the Baltic republics, or as part of an information campaign in Belarus?

Mark Galeotti: The honest answer is, "Not as far as I can tell." In some ways, I think they decided that the situation in Belarus was just too complicated to try to insert a new moving part. In the Baltic states, we have had a certain amount of the usual sort of thing happening within Russian-language circles. Basically, they are saying, "See how much your Governments don't care about you? You could all be vaccinated with Sputnik if only they weren't so bloody-minded." But that is such an obvious propaganda angle that it is hard to tell how far that is generated by the Russia-looking circles within the region and how far it is on instruction from Moscow.

Ukraine is an interesting one, because the Ukrainian Government have very explicitly said, "We will not use it, because it is a vaccine that comes from a hostile aggressive power." Again, that was something that clearly led to a state-level shift. Up to that point, I think that it was used slightly to portray the notion of "You see? You should be coming back into the fold. Let bygones be bygones—yes, we've had a few trivial upsets, but none the less you are ultimately part of a Slavic community and we have what you need." As soon as the Government had decided to rule out Sputnik, it was literally within 24 hours that they had shifted narratives to "Your corrupt European-dominated or American-dominated Government is willing to let you die just to make a point."

Q90 **Bob Seely:** When the UK has tens of millions of spare jobs—speaking very roughly—because we have over-ordered, clearly we have moral responsibilities to others. The Irish Republic could potentially send Irish people here, and there are other states in the European Union, the CANZUK nations, Africa and so on. Is there, however, a case that as part of the unfortunate geopolitics that vaccine production and covid have led to, we should be looking—when appropriate and when the Government decides—to make vaccines available to places like the Baltic republics and like Ukraine, to show that they are included and to counter Russia's rather unpleasant propaganda narrative? Do you think that there is a case to be made in Britain for the British state to be either taking that on board or reacting to it in some practical way?

Mark Galeotti: Well, yes—there is always the issue of pure morality versus moral realpolitik. I would suggest that the Baltic states do not really need it because they are part of the European Union, and the European Union is getting its act together. Estonia, for example, went through a period where there was a spike in cases, and in characteristically Estonian terms it quickly got on top of it—so I do not think that that should be a priority.

On Ukraine, though, I have long been of the view that we should be thinking much more creatively and asymmetrically about how we respond to the Russians. Simply sanctioning the odd billionaire is really not going to alter the arithmetic of the Kremlin.



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On the other hand, something like this does several things at once. First of all—let us be brutally honest—it accrues soft power for us with a country that is absolutely clearly committed to joining the western fraternity of nations, whether or not that means structures like the European Union and NATO.

Secondly, it addresses a very real humanitarian concern. Ukraine is currently very badly hit. Thirdly, it takes away one of the, frankly quite effective, propaganda narratives at Putin's disposal. Finally, it will inevitably get up the nose of the Kremlin. Although I do not really think that spite should be the primary driver of geopolitics, when you have a highly personalised regime like the Russian regime, if you are going to have any impact you have to find ways of getting Putin's attention. This absolutely would get his attention.

Bob Seely: Do you agree with the point that Ukraine, when it comes to vaccinations, is rather stuck in a no man's land? It is part of the global scheme but at the same time effectively it is not part of the European scheme and it does not, for very obvious reasons, want to have access to the Russian vaccine, because that comes at a political price and political risk, so it is slightly out on a limb.

If that is the case, Tom, just to follow up on the conversation that Claudia started, when we are talking to the Foreign Secretary about vaccines, we may look at saying something about Ukraine as well. I understand that we want to go on to China and talk to Dr Huang, so I will not ask any further questions.

Q91 **Chair:** Thank you very much. May I follow up on those? You have heard, Dr Huang, many of the questions relating to Russia that Dr Galeotti has been covering. I was wondering whether you can help us to think through the impacts from China's perspective and on China. We have heard, for example, accounts of China's supposedly huge success in dealing with the implications of the pandemic. We have also heard through various different media reports that it is possible that the death rate is being massively undercounted, and that it is in fact all fraudulent reporting in order to support the narrative of the Communist party. What is your perspective on that?

Yanzhong Huang: In a way, China is able to practise vaccine diplomacy. It was actually the first to practise vaccine diplomacy because it was able to contain the spread of the covid virus in a relatively short period of time. Essentially, by early April China had seen a dramatic drop in the number of cases and mortality. Ever since then, the outbreaks have been very sporadic. In fact, until very recently, in January, the daily incidence—the case count—never exceeded 100. That is a remarkable achievement. It has been pointed out that China is like a new haven. It is sort of like an oasis among all the countries suffering from the pandemic.

Certainly, there are concerns about potential under-reporting, especially during the Wuhan outbreak. Of course, there are various reasons—the health system preparedness and the lack of surge capacity. Also, did local



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government intentionally cover up the initial handling of the outbreak? That contributed to the issue of under-reporting. They later readjusted the figures of mortality and the case numbers, but that still has not dispelled concerns about the issue of under-reporting.

Anyway, there is no denying that China is now one of the safest places on earth, in terms of its ability to break the domestic transmission chain. That is a good thing for China. It also encouraged the country to export and, in a way, over-export vaccines overseas. By February, in fact, China was exporting more vaccines overseas than the vaccines being administered domestically. In a way, that was also because the people felt like they were already very safe.

In a way, that was also because the people felt like they were already very safe. This dynamic is largely similar to Russia's, right? The people feel like, "We are already very safe. Why bother to get vaccinated?"

But now the Government are trying to prioritise domestic vaccination. They are trying to vaccinate 40% of the population by the end of June, so domestic vaccination has become a priority. That actually caused a dilemma for the Chinese decision makers. On the one hand, you have this international demand. Even though they have shipped 115 million doses overseas, they still owe 676 million doses, which is part of their commitment overseas.

Domestically, vaccinating 40% of the population means that they have to vaccinate more than 10 million people every day, if we count using the two-dose regimen. They haven't achieved that goal; it is less than one third of that objective.

Even if you count using one dose, that means you still need to vaccinate more than 5.6 million people every day, but the daily capacity now, if you use the Sinopharm and Sinovac daily manufacturing capacity, is only 5 million. Their daily manufacturing capacity cannot even meet the demands of domestic vaccination. There is the problem: how are you then going to meet international demand for vaccine diplomacy? That will be a dilemma for the country in the coming two or three months.

After that, they will be able to mitigate that problem of the vaccine supply because they are ramping up the production. The expectation is that by the end of the year the country will be able to have a manufacturing capacity of 2.6 billion, so they will be able to meet the demands of domestic vaccination and vaccine diplomacy, but by July many of the western countries may have already achieved vaccine saturation, in terms of domestic vaccination. They will have surplus vaccines to send to other countries.

Those vaccine makers will look for new markets. China will face formidable competition from the western vaccine makers. That will further denude the gains of Chinese vaccine diplomacy. That is why I think that this golden era of Chinese vaccine diplomacy is going to be over very soon.



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Q92 **Chair:** Thank you very much indeed. You have addressed many of the questions I was going to come to in one answer, so I am very grateful.

What do you think members of the WHO can do to hold China to account more effectively? Clearly, Australia's attempts to ask for an inquiry have not only resulted in sanctions but sadly, more immediately, failed to see any action at all by the Chinese state.

Yanzhong Huang: When we talk about accountability, especially at an international level, we don't have a world Government. This is the anarchic situation essentially in the international system. You cannot apply the same accountability and mechanisms, such as elections in democracies, at an international level. Even though we say we want to hold a particular country accountable, the reality is that you can't.

The WHO doesn't have enforcement powers; it is a member-state organisation. The international health regulations require countries to follow the rules and norms in handling pandemics, but it doesn't have regulatory teeth, right? All it has is naming and shaming powers.

It also depends on whether the WHO leadership is willing to use that authority. It all depends. The WHO is certainly right and can play an important role in making China more co-operative, by investigating the origins of the pandemic and sharing diseased-related information. In the meantime, given the pandemic has been so criticised, the room for manoeuvre have been significantly narrowed.

In the case of the investigation into the origin of the pandemic, initially the WHO sent mixed messages. In February at the press conference in China, it said, "We are not going to consider the lab escape theory" as a hypothesis for the origin of the pandemic. Then, the joint report came out last month by the WHO Secretary-General Dr Tedros Adhanom, which said, "The scenario is here on the table and we will not rule out any such possibility." That has caused coherence problems because of the conflicting messages to the world.

Q93 **Chair:** The various ways that we have attempted, as you quite rightly said, have led to the membership organisation largely failing to achieve the intended or hoped-for aims. Is there anything that the international community can do to push China towards a more responsible handling of future outbreaks?

The reality is that, if SARS is anything to go by, we will probably have outbreaks every few years. One would hope that they will not be even a tenth as damaging as coronavirus but, nevertheless, it is possible that another virus will escape and somehow cause a global impact. Are there any other ways in which we can seek to get Chinese co-operation?

Yanzhong Huang: You would expect that the pandemic might be a rallying point for countries to work together to address a common enemy. If there was a window of opportunity, it was in January and February 2020. That window, unfortunately, has closed. Instead, we have seen how, on the issue of the origin of the pandemic, the WHO's relationship with China has been so criticised.



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Ideology has, for the first time, entered the fight against the pandemic; it's like a competition between liberal democracy and authoritarianism. China is using its comparative success in containing the spread of the virus as an example of the superiority of the Chinese approach. We have seen countries frame the pandemic as a national security problem or an existential threat that alleviated even wealthy countries hit particularly hard by the pandemic of their moral obligations to help others.

There are a lot of new developments that make international co-operation difficult. That being said, there are still areas where the West, including the UK, can seek co-operation with China: on international reopening, for example. Now especially, we are in mass vaccine roll-out campaigns. Western countries will achieve their herd immunity.

The Chinese are also rolling out their mass vaccination campaigns. They also want to open their borders. They are releasing the so-called vaccine passport. So one of the areas that the West and China could collaborate on with each other is to co-ordinate on the issue of international reopening, including the vaccine passport. Mutual recognition of each other's vaccines is a very important step towards reopening the international borders to get life back to normal.

Q94 Chair: You speak about co-operation—that is very welcome. May I ask about disinformation campaigns? Dr Galeotti spoke very powerfully about the different ways in which the Russian Government has sought to misinform and the impact that has had on the Russian people. Have we seen similar from the Chinese state and the Communist party in seeking to undermine the effectiveness of western vaccines?

Yanzhong Huang: Yes. Listening to Dr Galeotti talk about the misinformation efforts in Russia, I could not help but think about the parallel between China and Russia in terms of misinformation.

There is a difference between Russia and China. To an extent, in Russia, the misinformation seems to be Government-sponsored. In China, the misinformation is more driven by social media, although sometimes Government officials support rumours and conspiracy theories.

Essentially, we have this misinformation campaign focused on two areas. The first is the issue of the origin of the pandemic. While we want this to be a scientific issue—let the scientists decide where the virus originated—the issue has now been so politicised. The WHO investigation in China has only made the issue even more complicated.

I think most people in China were probably buying the Government narrative that the pandemic started with multiple outbreaks before December. There were even rumours by conspiracy theorists that the virus leaked from a military lab in the United States. That contradicts the WHO finding that lab escape is an extremely unlikely scenario. If you believe that, why do you believe that this could have originated from a military lab in the United States?



The second misinformation effort occurred around the issue of vaccines. In the beginning, we saw efforts to promote Chinese vaccines in terms of their safety and efficacy. In November, even after the interim results of Pfizer's vaccines became available, leading public health experts were saying, "Our vaccines are as effective as the Pfizer vaccine." On social media, there were all these conspiracy theories about western vaccines. There were also efforts to discredit western vaccines by promoting the Chinese vaccines, which certainly did not help to improve China's image in the western world.

Now we have seen some new developments, as you may know. One week ago, the Chinese CDC director indicated that Chinese vaccines, in terms of efficacy, are not as high as western ones. But they immediately backtracked on what they had said, so the official narrative that promotes the efficacy and safety of Chinese vaccines remains. In a way, it is also now substantiated by the new study in Chile, which found that the Sinovac vaccines are 67% effective at dealing with symptomatic infections.

Q95 **Chair:** Thank you very much. Given the implications of what we have heard about Russian vaccines and the way in which they are undermining various elements of European solidarity—and perhaps even NATO solidarity in parts of eastern Europe—do you think that there is an appropriate way in which we should be responding to Chinese vaccine diplomacy that is attempting to do the same thing, or should we adopt Dr Galeotti's strategy of merely pointing out that it is one of the options and disarming, if you like, the weapon by treating it as inert?

Yanzhong Huang: I don't think you could rely on one country to handle those misinformation efforts. I think it is important that countries work together—through, for example, the World Health Organisation—to come up with agreed upon international rules and norms by which to dispel the myths, rumours and conspiracy theories that cling so hard in this polluted digital environment. I think that, where you have seen what is apparently rumour or conspiracy theory and that is spreading, you need to have authoritative agency to come out and say, "This is wrong; it is not true," instead of allowing it to spread and further undermine the international co-operation and collaboration.

Chair: Thank you very much indeed. This has been an extremely rich session, and you have been extremely generous with your time—we have gone about 15 minutes over—so I am hugely grateful.

May I say a huge personal thank you to both of you? Dr Galeotti, your work has been inspirational to many of us and has been hugely powerful, so on a simple personal note, I am extremely grateful. Dr Huang, we have been reading your publications through the CFR, and in other organs of the press, with great interest of late—not just for the Committee's inquiry on this area, but for many other areas of Chinese policy and outreach. So I am incredibly grateful to both of you.

We have heard today extremely powerful testimony on the nature of the use of vaccine diplomacy and the way in which it influences our world and,



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indeed, the way in which many others have sought to influence the British people and many people around the world. On that note—unless there are any final points from Committee members, which there do not seem to be—I am going to say thank you very much, Dr Galeotti, and thank you very much, Dr Huang.