



HOUSE OF COMMONS

# Foreign Affairs Committee

## Oral evidence: Global health security, HC 200

Tuesday 13 July 2021

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Members present: Tom Tugendhat (Chair); Chris Bryant; Neil Coyle; Stewart Malcolm McDonald; Royston Smith; Claudia Webbe; Henry Smith.

In the absence of the Chair, Stewart Malcolm McDonald took the Chair.

Questions 153-231

### Witnesses

I: Wendy Morton MP, Minister for European Neighbourhood and the Americas; Darren Welch, Director of Global Health, Foreign, Commonwealth and Development Office; and Robert Tinline, Director for Covid-19, Foreign, Commonwealth and Development Office.



## Examination of witnesses

Witnesses: Wendy Morton MP, Darren Welch and Robert Tinline.

Q153 **Chair:** Welcome to the fourth and final session of the Foreign Affairs Committee's inquiry into global health security. I am pleased to stand in for the Chairman, Tom Tugendhat, who is currently in the Chamber. We are delighted to have with us Wendy Morton, the Minister for European Neighbourhood and the Americas, and her two officials, Rob Tinline and Darren Welch. Minister, may I invite you to introduce yourself and your officials?

**Wendy Morton:** Sure. I am Wendy Morton, Minister for European Neighbourhood and the Americas at the Foreign, Commonwealth and Development Office. I am also the Minister who holds the global health portfolio. I am joined today by Darren Welch from the FCDO, who is in the room with me, and by Rob Tinline, my other official from the FCDO, who is joining us online.

**Chair:** Fantastic. We will kick off with Chris Bryant.

Q154 **Chris Bryant:** Thanks very much, Chair, and thanks very much, Minister. Lord Frost told us that he is the Minister for Europe. Is he right? If so, how does that relate to the European Neighbourhood? These seem to be bizarre concepts.

**Wendy Morton:** I am happy to answer that, although this Committee session is more about global health security. Obviously, Lord Frost is the Minister for Europe focusing on EU relations. I am the Minister for European Neighbourhood and have a much broader remit in my FCDO portfolio, covering a large geographical area that extends beyond Europe and some of the development brief, including global health but also girls' education, gender equality and other elements of development.

Q155 **Chris Bryant:** Okay. Jeremy Hunt told us that, for future pandemics, the UK needed to be much faster at learning from best practice around the world. Do you agree, and what is the Foreign Office doing to improve that?

**Wendy Morton:** When it comes to the global pandemic, we in the UK Foreign Office responded rapidly and at scale to address both the direct and indirect impacts of Covid globally. To give you a couple of examples, we made new public commitments worth up to £1.3 billion of ODA to counter the health, humanitarian and socioeconomic impacts of Covid-19, and to support the global effort to distribute vaccines equitably as well. In addition, last year we adapted our programming to in excess of £700 million in response to the Covid-19 pandemic.

Q156 **Chris Bryant:** I am really struck that Ministers keep talking about how much money they have spent when asked what they have learned from the pandemic, but they very rarely refer to other countries that might have done better than us. The UK has had the worst death rates. We are now roughly on a par on vaccination with most of the rest of the



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European Union. We do not seem to have learned anything from East Asia. That is something that Jeremy Hunt pointed out. Do we have a bit of a blind spot about East Asia?

**Wendy Morton:** When it comes to the pandemic, you make an important point about lessons and learning. The financial response is one part of the Covid-19 response, but quite clearly what we have been facing is an unprecedented situation, so learning and collaboration have been really important. The monitoring and understanding of Covid-19 have absolutely been a priority for the FCDO. This is when we have been able to use our overseas network to provide feedback and information needed to do that. Our embassies are in quite a unique position because we have a global footprint and they are able to feed back written reports, oral briefings and weekly sit-reps that we can then feed into Government. We can follow and learn from what other countries are doing.

It is also important to recognise that we in the FCDO also established the international comparators joint unit—the ICJU—with the Cabinet Office back in April last year as a way of maximising the reporting that was being collected and fed in through our global network. That in turn produces analysis on Covid-19 that forms part of the regular updates.

Q157 **Chris Bryant:** Why have other countries done so much better than us, then?

**Wendy Morton:** I would come back and say that different countries demonstrate different approaches. We all have slightly different approaches because this is a global pandemic. Different countries are facing slightly different challenges. You touched on Asia in one of your questions. We know that countries in Asia, such as South Korea and Singapore, have experience of SARS and MERS, and they had good operational structures in place to co-ordinate early responses. Some of the Asian countries were also early proponents of the benefits of face masks in reducing transmission. Other countries, such as Australia, demonstrated the ability to reduce imported cases by using hotel quarantine. I would say that there is a raft of learning, and those are just some of the specific examples that I can share with you. Darren may be able to share a few more examples of where we have shared and are sharing learning on a broad basis.

Q158 **Chris Bryant:** Before we go to him, I repeat that we have the worst death rate per 100,000, we have the worst effect on our economy, and we have spent more money than anybody else per head of population. That just seems a massive set of failures. When I look at some of the decisions that other countries made much, much faster than we did, I wonder why the Foreign Office was not feeding back really early on about masks, or about closing the border, particularly in relation to India. It just seems like a massive set of failures.

**Wendy Morton:** To be honest, I respectfully do not agree with you that it has been a whole list of failures. You need only look at our vaccination programme, at the investment that we made with Oxford and AstraZeneca so that we were able to develop a vaccine at cost price very quickly. As I



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have set out very clearly, we have absolutely been sharing information and learning from that information. Let me hand over to Darren for a few more examples of where we are collaborating.

**Darren Welch:** If I may, perhaps I could add a couple of points. One is that we set up the international comparators joint unit as early as last April, and throughout the process of managing the pandemic it has been collating, bringing together information from around the network into the central policy processes here. So we have been playing that role of making sure the network is doing its bit in collating best practice and experience from around the world.

Another important point is that we are still in the pandemic. This is an ongoing global crisis in much of the world, so there is a lot of learning still to be done. South Korea has been mentioned, but you will see in the papers today that South Korea, having done very well originally, is now about to bring in some of its most stringent public health measures. We are learning as we go. I gather that gyms are not allowed to play racy music anymore in case people breathe out too much, for example. There is learning that will have to take place across the whole course of the pandemic, and that will take some time.

The final point is that investments in research have been important in this respect. Because we have been supporting the WHO's research blueprint, we were able to get straight into the kind of early, quick, rapid-fire research which would give us evidence and learning to help shape the response to the pandemic here and overseas.

Q159 **Chris Bryant:** One final question from me: did anyone in the Foreign Office ever alert Downing Street, or any other part of Government, that we might have a problem in relation to the delta variant, and we might want to close the borders more effectively with India?

**Wendy Morton:** I can only say that we have mechanisms to feed back, as I have set out. On that specific point about the delta variant, I am not entirely certain who fed that back first, but Rob may perhaps have a bit more detail on that than I do.

**Robert Tinline:** The Joint Biosecurity Centre is the part of the British Government that synthesises all the data we have from around the world on where Covid is worsening, and it works with PHE to look at what variants are emerging. The assessment comes out of the Joint Biosecurity Centre when it comes to what action might be desirable on the borders, which then goes to Ministers to decide. Our posts feed into the Joint Biosecurity Centre with the information that we have from the ground.

**Chair:** Neil Coyle wanted to come in—Neil, by the time you have finished answering your question, I will have given the throne back to the proper Chairman and moved to the side.

Q160 **Neil Coyle:** It is a shame you are leaving, Chair. I have a supplementary question to the first question, about your title, Minister. I believe that you are also Minister for inclusive societies. What message does it send to the



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world about global Britain when people who claim to be England fans racially abuse the national team, and our players suggest that the Home Secretary and Prime Minister are at least partially responsible?

**Wendy Morton:** I am indeed Minister for inclusive societies, which is another part of my brief that I am very proud of. When it comes to racial abuse, we have been very clear, as we have with many other elements of the inclusive societies brief, that there is no place for racial discrimination. We stand by those values.

Q161 **Neil Coyle:** Did you think the booing was okay?

**Wendy Morton:** No. I watched the football match, as did many millions of people. Everybody will make up their own minds as to the behaviour of others, but I believe in a tolerant society and I believe that there is no place for racism. As far as I was concerned, personally, I was cheering England on for what I think was a fantastic performance. It might not have been the result that we wanted, but I would say, hand on heart, that our team did fantastically well and did us proud.

Q162 **Neil Coyle:** They did and they are heroes, so do you agree with the heroes that the Home Secretary is a hypocrite?

*[Tom Tugendhat took the Chair]*

**Chair:** I am going to stop that, Mr Coyle, for the simple reason that that is not a foreign affairs question. Although the Foreign Affairs Committee was entirely behind England—bar one, I think I am right in saying—the reality is that that is not a question for us.

Royston, it is over to you.

**Neil Coyle:** Bring back the other guy!

Q163 **Royston Smith:** Can I move on to the World Health Organization, which is hopefully somewhat less controversial than Mr Coyle's line of questioning? Has the WHO fallen short in dealing with China over the pandemic? If so, why?

**Wendy Morton:** The World Health Organization is a really important organisation. It has a really important role to play when it comes to its response to the pandemic and in terms of the way in which we, the UK, respond and tackle global health security issues, working with other multilateral organisations as well. We strongly support the work of the WHO and the leadership role that it has in the global health system.

The UK contributed £75 million to help the WHO lead global efforts to tackle Covid-19. As I am sure you are aware, last year at UNGA, the Prime Minister announced new core funding for the World Health Organization of £340 million. Importantly, the core funding includes a 30% payment-by-results element, with this year's top ask being that we want to see some pandemic reform as well from the WHO. Overall, our strategic priority for the WHO in 2021 is to strengthen global pandemic preparedness and to reflect on the emerging variants that we are seeing—



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Q164 **Royston Smith:** Sorry, but may I respectfully interrupt you? My question is whether the WHO has fallen short in its dealings with China during the pandemic?

**Wendy Morton:** On China specifically, I imagine you are considering the origins? Is that what you are getting at? Perhaps you can explain to me—

Q165 **Royston Smith:** I am thinking about all of it, really—when we declared a health emergency, when the WHO decided to look to see whether there was a leak, rather than Covid passing from animals to humans and so on. There is a catalogue—

**Wendy Morton:** The origins.

**Royston Smith:** Not just that; it is about the way the WHO has dealt with China in general. It is almost as though China dictates to the WHO, rather than the other way round. I am asking whether you think the WHO has fallen short in its dealings with China.

**Wendy Morton:** Okay. When it comes to the origins of Covid and the role of the WHO, we have been very clear that a transparent, independent and science-led investigation must be an important part of the international community's effort to understand how Covid-19 started and how it spread.

Obviously, the WHO convened phase 1 of the Covid-19 origins study. Let us be quite clear that that is meant to be the beginning of this, not the end. We have called for a timely and transparent phase 2 of that process, which has been recommended by the experts' report. It is really important that we learn lessons from this crisis, as we were discussing in the previous question, so that we make sure we are better prepared for future pandemics.

Q166 **Royston Smith:** Jeremy Hunt told us in a previous evidence session that he felt it was ridiculous that the WHO had to get China's agreement before it could send personnel into the country. Do you agree? If so, what are the Government trying to do to address that?

**Wendy Morton:** As I have said, on the reporting and the process, we are keen to make sure that phase 2 happens. Along with 13 other partners, we made it very clear in a joint statement in March that we had concerns about phase 1 because it was delayed and lacked access to complete original data and samples. We expect the analysis and evaluation to be transparent and independent, and free from interference and undue influence. Our priority is to make sure that the next phase of studies is expert driven, so that we can get the understanding that we are looking for. We have been very clear that we expect all WHO member states to live up to their responsibilities and to co-operate with phase 2.

Q167 **Royston Smith:** Again, in his evidence, Jeremy Hunt called for the establishment of an arm's length—

**Chair:** I am sorry, but I can't hear you, Mr Smith.

**Wendy Morton:** I am really struggling to hear.



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**Royston Smith:** I don't know what I can do about that, Chair.

**Chair:** Are there any papers in front of your computer?

**Royston Smith:** No, I am sat at my computer in the way that I always am.

**Chair:** Sorry, but the line has gone really bad.

**Wendy Morton:** I think the question was about an arm's length body.

**Royston Smith:** Yes.

**Wendy Morton:** Okay. I only caught a little bit of your question. As I have said, in relation to our relationship with the WHO, we are keen to see some reform, and we have made our core contribution contingent on payment by results, as it were. We have been very clear about what we expect to see in phase 2 of the report. It is important that we seek to make sure that that phase does happen and that we get the report that we want to see. Experts studying the origins of Covid-19 will need to work with counterparts in countries where they are carrying out research. The WHO cannot compel member states to co-operate with such studies, but we have been clear about what we expect.

Q168 **Chair:** To follow up on Mr Smith's questions about the WHO, what is your position on whether or not Taiwan should attend meetings?

**Wendy Morton:** I am going to have to defer to—

**Chair:** It is really a political decision I think, isn't it?

**Wendy Morton:** As I have said, we have a clear expectation of responsibilities in terms of the WHO, but—

Q169 **Chair:** Australia believes that Taiwan should attend; the United States has said that Taiwan should attend; I think others have said that Taiwan should attend. What is the British Government's position on whether or not Taiwan should attend?

**Wendy Morton:** I would have to get back to you on that.

Q170 **Chair:** Thank you. If you wouldn't mind writing to us, we would be very grateful, given that I think I am right in saying that they have achieved the lowest death rates and most successful outcomes of Covid. It would seem a great shame if the world were not able to learn from one of the most successful responses to the Covid pandemic because of politics generated in Beijing for the suppression of information and freedom rather than for the benefit of humanity. I am sure that you would agree.

**Wendy Morton:** As I set out before you arrived, Chair, a big part of handling the Covid-19 pandemic is about learning lessons. No one country has all of the answers to the pandemic, and as we see probably on a day-to-day basis, we are all individually, as nations and globally, learning through this.

**Chair:** I am sure that is true, and the 24 who died in Taiwan, compared with the hundreds of thousands around the world, do set a different floor.



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Mr McDonald.

Q171 **Stewart Malcolm McDonald:** Thank you, Chair. It is good to be back in my normal spot. May I go back to Royston Smith's question about China and the WHO? When Jeremy Hunt came before the Committee, he said: "we saw the ridiculous thing in a global emergency whereby the WHO had to get the agreement of China before it could send anyone into China". Do you agree with Jeremy Hunt, the former Foreign Secretary, when he says that situation was "ridiculous"?

**Wendy Morton:** When it comes to the WHO and the investigations, I think I have made our position clear. It is vital that we learn the lessons from this crisis. We saw phase 1 happen but we do not see that as the end. That is the start of this process of learning what was happening. We joined with, I think, 13 other partners in making it clear that we had concerns for phase 1, so it is important that we continue with that process. However, let us be clear that we expect transparency and independence, and a report that is based on complete and original data and samples to enable that to happen.

Q172 **Stewart Malcolm McDonald:** Do you think you got that?

**Wendy Morton:** I have been very clear. We see phase 1 as part of the process. We are not there yet, so let's continue to make sure that we get that original data so that we can get the best report possible. As I said, our priority is to ensure that the next phase of studies is expert driven and that it has a renewed commitment to transparency, timeliness and access to information and data.

Q173 **Stewart Malcolm McDonald:** I am talking about a small but quite revolutionary change for the next pandemic. Should the WHO require the agreement or the permission of one of its members to go in and do the work it has to do when a pandemic kicks off?

**Wendy Morton:** We are always clear that we expect WHO members to live up to their responsibilities, but I think there is another point here.

Q174 **Stewart Malcolm McDonald:** What do you do when they don't live up to their responsibilities?

**Wendy Morton:** You are talking about the next pandemic and that is why it is really important that we start to look ahead in terms of pandemic preparedness, which is one of the things that we have also been focusing on: making sure we are ready for the next pandemic, whatever it may be.

Q175 **Stewart Malcolm McDonald:** So the permission clause should probably go, shouldn't it?

**Wendy Morton:** Don't try to put words into my mouth.

Q176 **Stewart Malcolm McDonald:** Should the permission clause go?

**Wendy Morton:** I have been very clear that we expect—

Q177 **Stewart Malcolm McDonald:** I am afraid you haven't been. Should it go





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or not?

**Wendy Morton:** We expect member states to live up to their responsibilities.

Q178 **Stewart Malcolm McDonald:** What happens when they don't?

**Wendy Morton:** I expect member states to live up to their responsibilities.

Q179 **Stewart Malcolm McDonald:** What happens when they don't, though?

**Wendy Morton:** I am not going to start getting into hypotheticals here. It is important—

Q180 **Stewart Malcolm McDonald:** Do you think that China did live up to its responsibilities?

**Wendy Morton:** It is important that countries live up to their responsibilities and that we continue to push. In the case of the WHO investigation, we see phase 2 as being really important. Phase 1 was not the end of it. Let's do what we can to make sure that phase 2 is expert driven and has the evidence, the data and the information it needs to be able to come to conclusions.

Q181 **Stewart Malcolm McDonald:** Did China live up to its responsibilities?

**Wendy Morton:** Look, I have said very clearly. I think we are going round the houses here.

**Stewart Malcolm McDonald:** It is a yes or no question. Did it live up to its responsibilities?

**Wendy Morton:** Phase 1 has happened, phase 2 has not happened, so I am not going to prejudge this—

Q182 **Stewart Malcolm McDonald:** Did it live up to its responsibilities in phase 1?

**Wendy Morton:** I am not going to prejudge this until we get to the end of phase 2.

Q183 **Stewart Malcolm McDonald:** Why can I not get a straight answer here? Did China live up to its responsibilities at phase 1?

**Wendy Morton:** I have set out very clearly what our views are. We have gone through phase 1. There is phase 2, which needs to happen. I am not going to start and prejudge things. I have been very clear that we expect all member states to live up to their responsibilities and to co-operate with phase 2 of this investigation.

Q184 **Stewart Malcolm McDonald:** Phase 1 has happened, so you cannot prejudge it if it is already in the past. Did it live up to its responsibilities in phase 1? Yes or no?

**Wendy Morton:** To be fair, I did not say that. What I said was that phase 1 has happened and we see that as the beginning of the process, not the



end, so let us get to the end of this process and then we can make a judgment.

**Q185 Stewart Malcolm McDonald:** It strikes me that you are reluctant to criticise China here.

**Wendy Morton:** Not at all. I am setting out the process and what I see as being fair. I expect people to live up to their responsibilities, which is the most important thing of all. We have been clear that in any relationship where we have to call partners out, it is important that we do so. But in terms of this report in particular and where we are in the Covid-19 response, let's make sure that we get to the end of phase 2, but it has to be expert driven and based on a transparent process with access to good strong data and evidence.

**Q186 Stewart Malcolm McDonald:** Okay, we will leave that there. Let's go to international aid cuts and strengthening global systems. How do you think the planned cuts will impact on global health systems?

**Wendy Morton:** In terms of our response, we have had to make some very tough decisions, based on the economic situation that we find ourselves in. We have still made a commitment to the global health fund, spending £1.305 billion—I am looking to my officials to see if I have quoted that right. It may be helpful if I set out some of the things that we are doing.

**Q187 Stewart Malcolm McDonald:** I don't think it would, because we have heard it a lot and I am conscious that others want to come in and we are short of time, because of the vote on international aid. Can I be very specific here, because a lot of what you have just said we have heard before? Funding for research in tropical diseases will be cut by £150 million. What will be the impact of that cut?

**Wendy Morton:** I will come to that in one second. I think it is important, when we are talking about cuts in ODA, to recognise and not to forget that we are still spending £10 billion.

**Stewart Malcolm McDonald:** We know all of that.

**Wendy Morton:** I still think it is very important—and I will come to the point on neglected tropical diseases—that we recognise that we are spending £10 billion on ODA and are still one of the major donors in the G7. On neglected tropical diseases, which I think is where you were coming from, this is an area where we have been a global leader in the fight against NTDs. We have been a big funder after the US of NTDs. We continue to work with our implementing partners on these particular programmes. Between 2017 and 2019, our programmes provided NTD treatment or care to over 160 million people.

**Q188 Stewart Malcolm McDonald:** What happens when you cut it by £150 million?

**Wendy Morton:** As I have said, we are still spending £10 billion on ODA.

**Q189 Stewart Malcolm McDonald:** Okay, I am getting nowhere on this one.



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Polio eradication will be down to £5 million from the £100 million intended for 2020. What do you think will happen there? What is the impact of that cut?

**Wendy Morton:** When it comes to polio, we are still a strong supporter of the global efforts to eradicate polio.

**Stewart Malcolm McDonald:** It doesn't look like it.

**Wendy Morton:** We have provided £1.37 billion to the cause since 1995, but there is another important point here. Funding is important, but we also continue to provide technical advice and guidance to many organisations, and we continue to use our influence to ensure that polio eradication remains a major focus of the world's government. We will continue to support through continued strong UK engagement.

Q190 **Stewart Malcolm McDonald:** Okay, and on AIDS, you are going to cut funding for UNAIDS from £15 million to £2.5 million. What do you think the impact of that will be? This will be the third time I have asked what the impact will be. I would like to know.

**Wendy Morton:** Again, let me be clear that we remain firmly committed to the—

Q191 **Stewart Malcolm McDonald:** This is all word soup, Minister. I have heard all this a million times. What will be the impact on the UNAIDS programme because of the millions of pounds that your Government—your Department—are cutting?

**Wendy Morton:** I take the time to listen to the hon. Gentleman's questions, so can he give me the time to at least respond? When it comes to HIV, we remain firmly committed to the HIV response. We make a substantial investment to the global fund that fights AIDS, TB and malaria, and we continue to support the Robert Carr Fund. Just recently, we made an announcement to the Robert Carr Fund. It is an organisation that advocates for the rights and needs of the most marginalised groups.

We continue to fund UNAIDS as well and we are committed to UNAIDS using the presence and influence we have on the UNAIDS programme co-ordinating board. Funding is one part of this, but there is also the wealth of technical information, knowledge and expertise we have in the Department that we will continue to use.

Q192 **Stewart Malcolm McDonald:** I just think it is incredible. I think I am right in saying that today—if not today, certainly this week—is the anniversary of the famous Live Aid concert that took place all those years ago, and here we have a Government and a Foreign Office Minister defending cuts to fund research on tropical diseases, polio eradication and the UNAIDS programme. What will the impact be? The impact will be that people will die. Is that the answer but you just don't want to give it?

**Wendy Morton:** No. I have set out that we have faced a very difficult economic situation, with the worst economic contraction in over 300 years.



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Q193 **Stewart Malcolm McDonald:** Who else is cutting their AIDS funding? Any other G7 countries?

**Wendy Morton:** Against this backdrop, we have been forced to prioritise our public spending. At the risk of repeating myself, I will say again that we are still spending £10 billion on ODA. Based on the OECD data, we will be the third largest ODA donor in the G7 as a percentage of GNI in 2021.

We have made a £1.3 billion new public health commitment of ODA to the Covid-19 response, which was to counter the health, humanitarian and socioeconomic impacts of the pandemic. We have adapted more than £700 million of our existing programmes in response to the Covid-19 pandemic. We were one of the leading donors to COVAX, providing £548 million to the COVAX AMC, which aims to help 92 low-income countries access vaccines. It is estimated that that will reach at least 1.8 billion doses by 2022.

As part of our G7 presidency, we have been advocating in the global health space. We have agreed a 100-day target for seeking to have safe and effective vaccines, therapeutics and diagnostics in the event of future pandemics. So when we talk about what we are doing to help if we should have another pandemic, that is another example of what the UK is doing. Again, through our G7 presidency, we have championed equitable access to vaccines. We will be donating 100 million doses within the next year.

In our Integrated Review we set out our priorities in terms of global health at home and overseas. We had the Prime Minister's five-point plan. Those are just some of the examples. I know the hon. Gentleman does not always like it when I give him examples, but we are taking a leading role in terms of global health, particularly in terms of the response to the Covid-19 pandemic.

Q194 **Stewart Malcolm McDonald:** It is not that I dislike it when you give examples. It is a hard thing for me to criticise UK aid, because it is one of the best projects or parts—whatever you want to call it—of the UK Government. Indeed, much of it happens just outside my constituency in East Kilbride. It is because of the cuts that I am criticising it. I want it to remain good. I have no idea why the Government have decided to pick this fight. You talk about the G7 presidency. None of the other six countries have suggested cutting their aid budgets.

When I say "word soup", it is because we have heard all this stuff before. I know that there are briefings, that Ministers have to read things out and all the rest of it, but let us be serious here. These cuts will kill people. That is the truth. They are bad for the rest of the world and bad for the UK's soft power and national security posture.

On health security, let me come to my final question. The Government previously committed to publishing a refreshed global health security strategy. What is the status of that work and when can we expect it to be published?



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**Wendy Morton:** My understanding is that that work is ongoing and will be published shortly. I defer to my officials to say whether that is the position.

**Darren Welch:** The Integrated Review, which obviously has already been published, sets out the broad strategy for global health in the UK as part of the resilience strand. We now have a spending review, so we are working out how we deliver that through the spending review. We are working across Government—we are FCDO here, but we are working closely with DHSC, the new UK Health Security Agency and others. Once we have got through the spending review, we will know what resource we have and we will be in a position to advise and decide on whether we publish our strategy.

Q195 **Stewart Malcolm McDonald:** So it is driven by how much the Chancellor decides to give you, rather than what you decide you actually need? Is that correct?

**Wendy Morton:** I will come in at that point. We are working to the financial envelope that we have. We have the Integrated Review and, as Darren set out, the other pieces of work will flow from that.

Q196 **Stewart Malcolm McDonald:** So money first and then—I am trying to understand the mechanics of this.

**Wendy Morton:** The Foreign Secretary set out at the end of last year the seven priorities when it comes to our ODA spend. The Integrated Review sets out our priorities for global health at home and overseas. I know that the hon. Gentleman wants me to look in my crystal ball and predict what we are going to spend and where, but I am not going to be able to do that.

Q197 **Stewart Malcolm McDonald:** No. You will remember, Chair, when we had the mini review under Gavin Williamson, when he was Secretary of State for Defence, and it was to be cost-neutral. I am trying to get an understanding. Is the strategy dictated by the cash or the cash dictated by the strategy? I am not looking for figures; I am trying to understand what comes first. That is what I am trying to get at.

**Wendy Morton:** As I say, we have the Integrated Review, which sets out our global health priorities. We set out last year our seven priorities for our ODA spend.

Q198 **Chair:** Before we go on to Neil Coyle, who is going to ask a few further questions, I want to ask a quick question. We have come on to a few areas that touch on another area of your brief, and I wonder if you would mind covering them. You are the Minister for Central Asia, of course. As part of that, have you had any contact with representatives in this country—ambassadors and so on—about the withdrawal from Afghanistan?

**Wendy Morton:** The only parts of central Asia that I cover are Kazakhstan and Tajikistan. I have a range of meetings with various counterparts and ambassadors.



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Q199 **Chair:** Sure. Tajikistan borders Afghanistan and there is a major Tajik population in Afghanistan. Have they expressed any concerns to you?

**Wendy Morton:** Given that this inquiry is about global health, Chair, with all due respect, I would—

**Chair:** Well, you are here in your ministerial capacity, Minister, and you are not just responsible for global health.

**Wendy Morton:** I am not going to recount every conversation I have had with every ambassador or every—

Q200 **Chair:** It is just a simple yes or no. Well, I will tell you that I have had meetings with the ambassadors of five of the neighbouring countries, and all of them have raised issues with me. I was just wondering whether they had raised them with you.

**Wendy Morton:** But some of the countries that border Afghanistan are probably not in my portfolio.

**Chair:** Okay. Neil, over to you.

Q201 **Neil Coyle:** Thanks, Chair. I want to come back to China. In April 2020, the Foreign Secretary said that Covid meant that it would no longer be business as usual going forward with China. What has changed?

**Wendy Morton:** Indeed, the Foreign Secretary did say that. In March we released our Integrated Review; it quite clearly commits us to doing more to adapt to China's growing impact. That means managing disagreements, defending our values and co-operating where our interests align. That includes pursuing a positive economic relationship and tackling global challenges as well.

Yes, we are investing in China-focusing capabilities, to develop our understanding and improve our ability to respond to the systemic challenge that it poses to our security but also to our prosperity and values. The Integrated Review also reflects that we need to be able to adapt to what is very much a more competitive world.

We are clear that China is vital to solving some of the global issues that we face today, such as climate change, and delivering global health reform, which we have focused on a lot in this session. It is important that we continue to find ways in which we can collaborate, and our approach will remain consistent even if difficulties emerge. As I mentioned earlier, we do not want to have an adversarial relationship with China, but we will take robust action but if we feel that our values or our security are threatened.

Q202 **Neil Coyle:** Sixteen months on from Dominic Raab's statement, where is that robust action on the World Health Organization and China's refusal to admit or give permission to independent inspection?

**Wendy Morton:** At the risk of repeating myself and the previous answer, we have been very clear of what we expect in terms of members of the



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WHO living up to their responsibilities, and of what we expect from phase 2 of the investigation.

**Q203 Neil Coyle:** Where is that robust response when it comes to Taiwan, which has been successful in combatting Covid—certainly more successful than the UK—but is blocked from WHO admission by a country that will not allow inspectors?

**Wendy Morton:** I set out our position and our view on the WHO and the investigation. I have done that at length. There is not much more that I can add to that.

**Q204 Neil Coyle:** You may think you have, but others' views may differ. Let us look at China's response to the vaccine. China claimed that it has provided vaccine aid to 53 countries and exports to 27. Does the UK Government have any concern about China's, or indeed Russia's, use of vaccines to try to secure international influence?

**Wendy Morton:** Could you repeat that question? I didn't quite hear all of it.

**Neil Coyle:** Do you or the wider Government have any concerns about China's and Russia's attempts to use vaccines to increase international influence?

**Wendy Morton:** We are quite clear that we want countries like China and Russia to join the multilateral effort to tackle the problems of the pandemic. We in the UK take an approach where we are a key supporter and leading donor of the COVAX facility as a way of helping other countries, particularly through the COVAX AMC, which helps those 92 low-income countries to access the crucial vaccines that they are looking for. We want countries such as China and Russia to join the multilateral effort, and we will continue to do what we can to drive more global collaboration on vaccines.

**Q205 Neil Coyle:** What is the UK doing about Russian and Chinese misinformation about vaccines?

**Wendy Morton:** On vaccines, we are doing a lot of work on vaccine confidence to try to counter disinformation. It is one of the things that many of my counterparts often raise with me. Working as the FCDO, with the weight of the diplomatic network and the expertise and knowledge of our development colleagues as well, we can work together effectively and make a real difference. People are raising that issue with me, and early on in the pandemic we were concerned here about vaccine confidence and misinformation. I have spoken to several counterparts, and I think I am right in saying that we have held various events aimed at sharing information and sharing learning with other countries, based on our experience.

**Q206 Neil Coyle:** Have the UK Government taken any action, or raised any concerns with China or Russian authorities about the misinformation? Have the UK Government even done that?



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**Wendy Morton:** When it comes to misinformation, where we need to raise issues, we absolutely will do so. The key to tackling—

**Neil Coyle:** Sorry, but “will do” or “have done”, Minister?

**Wendy Morton:** The key to tackling misinformation is to make sure that the right information is going out. We do all that we can here in the UK—

**Neil Coyle:** Minister, I asked if the concern had been raised, not if it will be raised.

**Wendy Morton:** If I can just finish. Here in the UK—*[Interruption.]*

**Chair:** Sorry, forgive me. This is not the “Today” programme, if the Minister could—

Q207 **Neil Coyle:** I am not getting an answer to the question, Chair. I asked if concerns had been raised with those Governments, and I am being told that perhaps the Government might do at some point in the future. I am keen to know for definite whether that concern has been raised or not.

**Wendy Morton:** I was very clear in my answer, Chair, that where we need to raise concerns, we absolutely will do so.

Q208 **Chair:** I respect your answer, Minister. The question was not whether you would or wouldn’t, it was whether you had.

**Wendy Morton:** I can’t comment on all the different countries you alluded to. Let me come back to you.

**Chair:** Indeed.

Q209 **Neil Coyle:** Thank you, Minister. One final question; there have been concerns about Sinopharm and the Chinese company’s vaccination’s efficacy in both the Seychelles and Indonesia. Have the UK Government, or through COVAX perhaps, offered a tool to verify that vaccine’s effectiveness?

**Wendy Morton:** I am not a clinical expert; I don’t know if my official has more detail. When it comes to vaccines more broadly, obviously anything that we use here in the UK would have to go through our own approvals mechanism. It would be for other countries to have their own approvals mechanisms before they chose to use any vaccine.

**Darren Welch:** All I would add is that we could have offered to run a study into the efficacy, but the Sinovac and Sinopharm vaccines do have WHO approval for emergency use listing, so there has been a WHO-run process.

**Neil Coyle:** Thank you, Chair.

**Chair:** Mr Bryant, you wanted to ask a quick question.

Q210 **Chris Bryant:** How do you decide which illnesses, or new illnesses, we are going to take really seriously and try to fast-track solutions to? I ask





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because last year 690,000 people around the world died of AIDS. It has been with us since the 1980s, and some of us feel as if we as a world never devoted the energy to dealing with HIV that we devoted to coronavirus in the last 18 months. If we had, we might have saved many, many millions of lives.

**Wendy Morton:** It is a really interesting question. Our focus has been, and is, on Covid-19. That is not to say that we do not remain focused on AIDs, and TB, malaria, polio and many, many other diseases as well. As I said earlier, we make a substantial investment to the global fund, and we continue to support the Robert Carr fund as well. We always have to make very, very difficult choices, often based on the advice that we are given. Within the FCDO we have our chief scientific officer, Charlotte Watts, and others, who provide advice. There is a raft of different diseases and viruses that we support in different ways, but I hear what you are saying.

Q211 **Chris Bryant:** It feels like there is not really an answer in there. The truth is that it is difficult to avoid the fact that it feels to many of us as if, basically, it was black people, gay men, haemophiliacs and drug users, and we did not really care as much about them. That is what it feels like.

**Wendy Morton:** I would disagree with that. Darren, did you want to come in a bit more on emerging viruses?

**Darren Welch:** I have a couple of points, really. It is a really interesting question and a good point. On HIV-AIDS, we are still making very significant investments through the Global Fund. The job is far from done. We spoke recently at the high-level meeting in New York, where we are putting some political capital behind reaching those key populations that so desperately need access to services and are denied them in some of the countries that we have talked about today. We are still investing heavily in the diseases of poverty work through the Global Fund, but also through Gavi, where our resources are responsible for immunising 75 million children over the coming years.

What we are trying to do is move towards an approach where we focus more on health systems, so rather than trying to run after the latest or each individual disease, we strengthen countries' capacity to run quality health systems and expand universal health coverage—less of a disease-specific approach, except where there are really compelling reasons for that, and more about building countries' own capacities. That strengthens global health security, because ultimately, those front-line services that we are helping to build will be where the next pandemic is identified and treated.

Q212 **Claudia Webbe:** Minister, in whose interest is it to vaccinate low-risk groups of people in the UK before high-risk groups in many other countries?

**Wendy Morton:** Our domestic policy runs through the Department of Health in terms of our vaccination programme. Then, in terms of the work that we do in the FCDO, we have our global health programme and the work that we do internationally on vaccines, including the work that we do

through the COVAX AMC and reaching out to some of the world's most poor and vulnerable countries. I am thinking of the 92 countries that are supported through the COVAX AMC. We all know that no one is safe until everybody is safe, so yes, it is important that we vaccinate our citizens here at home, but the Prime Minister has been very clear about equitable access. That is why we have not just invested in COVAX, but invested very early on in vaccine research and development. We have invested £88 million in R&D for the global vaccine effort. It is through such investments that we have been able to help Oxford and AstraZeneca to bring forward a vaccine that has helped citizens here in the UK, alongside producing a vaccination that is available globally, at cost, to help people around the world.

I think it is also important to recognise that no single country will have the answers and the manufacturing capacity to be able to produce enough vaccine for everybody. It is a global pandemic; it needs a global response. I go back to my point about the G7 in particular, and the UK's presidency of the G7 and the focus on global health. This is about encouraging others to step up to the plate and to come on board with vaccination. Through the G7, on terms of equitable access, we will donate 100 million doses within the next year, and 30 million of those will be by the end of this year, to help others.

**Q213 Claudia Webbe:** The reason I ask is partly because the UK's role in COVAX is not working. COVAX was established to ensure that 2 billion doses would be implemented by the end of 2021. We are nowhere close to that, to being able to deliver that to 120-odd countries. The UK's role has not strengthened COVAX, but weakened it. The UK's slogan, "No one is safe until everyone is safe", does not really mean much if we cannot make COVAX work. Why is the UK not enabling COVAX to work?

**Wendy Morton:** I am not sure whether you are referring to COVAX or COVAX AMC, but broadly speaking, COVAX is working. We made—

**Q214 Claudia Webbe:** Sorry, Minister, you said that COVAX is working. Its aim is to deliver 2 billion doses by the end of 2021; this is July and it has only delivered 72 million thus far. How is it working?

**Wendy Morton:** In terms of COVAX, I am trying to explain. I was asking whether you were referring to COVAX or COVAX AMC, because they are two slightly different things. In terms of COVAX, I believe it is working and will continue to work. COVAX AMC is the mechanism for getting vaccines to the 92 most vulnerable countries. I think the aim is to get 1.8 billion doses through it to 92 countries. The UK played a leading role in setting up COVAX, making a donation of £548 million and encouraging others to donate to COVAX through match funding. COVAX is a mechanism to help get vaccines to countries that, frankly, would otherwise struggle to get hold of them—

**Q215 Claudia Webbe:** When do you think that your 1.8 billion—to use your figures—will be delivered to those countries that need them? By the end of 2021 is when they are meant to be delivered. When do you think they



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will be delivered?

**Wendy Morton:** I will not start speculating about dates. Rob or Darren, are you able to give a little more detail?

**Darren Welch:** I will make a couple of points. It is clear that COVAX hit supply problems—that is evident—and did not reach early targets, largely because of reliance on supply out of India, which did not materialise, but it is now looking at significant increases and a real ramping up of supply over quarters 3 and 4 of this year, partly through new deals that we have managed to sign, some of which of course come from resources that we have put in, and some from donated doses. The G7 made a big commitment in that respect.

The current forecasts are that by the end of February, COVAX will have delivered over 2 billion, maybe even 2.5 billion doses, which is enough to reach its target of 30% coverage in its AMC countries. It has raised the money it needs for that. We have been a key part of doing that—it has raised \$10 billion and we have been involved in this whole resource mobilisation effort, lobbying globally and using our diplomatic and development expertise to bring others and their resources to the table. COVAX is looking in a much better place as we head into Q3 and Q4.

Q216 **Claudia Webbe:** With respect, I do not think that the figures add up: 72 million doses have been delivered thus far. That is barely 1% of the population of the countries that need them. That is completely way off. This is not working, and nor is the UK's role in it. In fact, the UK has delivered more doses in the UK than have been delivered by COVAX to all these countries. That is why the question that was put was: in whose interest is it to vaccinate people who are low risk in the UK, compared with those who are high risk in other countries?

**Wendy Morton:** I am not sure where your figure of 72 million comes from. If I am—

Q217 **Claudia Webbe:** Well, tell us how many doses have been delivered thus far through COVAX?

**Darren Welch:** It's changing all the time. It is over 100 million now, because they are getting them out.

**Wendy Morton:** With every week that passes, more vaccines are going out of the door. I do not see it as an either/or. Our domestic programme is vitally important, but so too is the international space, through organisations such as COVAX, to reach low-income and vulnerable countries.

Q218 **Claudia Webbe:** We have spent our time subsidising vaccine production in order for those vaccine producers to generate profit that we then don't want to share with other countries—that is how it looks. The US has agreed to support a patent waiver. What is the UK's view on this?

**Wendy Morton:** I think you are referring to the US backing the TRIPS waiver. We have engaged in discussions on a possible TRIPS waiver. We



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engaged at the WTO and we will continue to engage constructively with the US and other WTO members throughout our G7 presidency in order to find the swiftest and most effective way to get the increased production and supply of Covid-19 vaccine.

To be honest, we have not yet seen convincing evidence that intellectual property is a limiting factor in the production of the supply of Covid-19 goods. Therefore, we are not yet convinced about how beneficial a waiver would be for scaling up production of Covid-19 vaccines.

**Q219 Chair:** Minister, I believe I am right in saying that the AstraZeneca patent is being manufactured free in India and other parts of the world. Can you confirm that?

**Wendy Morton:** Do you want to answer that, Darren?

**Darren Welch:** The AstraZeneca vaccine is being produced on a non-profit basis for the duration of the pandemic. That was something that the UK Government discussed when it made its investment in the company. AstraZeneca has at least a dozen manufacturing partnerships globally, including voluntary licensing agreements like the one with SII in India. There is a model there that is making sure the manufacturing is distributed.

**Q220 Chair:** On that basis, would I be correct in saying that the TRIPS waiver would not actually make any difference to the AstraZeneca manufacturing?

**Wendy Morton:** That is the issue. Basically, what we all want to see is more vaccines produced, and we are not convinced that the TRIPS waiver is the mechanism for doing that.

**Chair:** On the grounds that we are already doing it.

**Darren Welch:** There is certainly a model there that can be expanded and rolled out. The IP system—which we want to protect, of course—has delivered many vaccines that are working.

**Chair:** Forgive me, Claudia. I just thought a little bit of detail might help.

**Q221 Claudia Webbe:** Thank you, Chair. That's fine. I want to follow through. You are arguing that the TRIPS waiver will not help, but actually we are talking about a global response to this pandemic. The US has already indicated that it is willing to waive the patent. We are working globally with other countries. The countries that are impacted the worst are those in the global south—1% of Africa is vaccinated. That is not vaccine success and it is not vaccine equity. India and, indeed, South Africa, called specifically for a waiver of the patent. Why are we not playing our global role and why are we not agreeing with the US and partnering to ensure that the production, manufacture and intellectual property rights of vaccines are shared so that we can address this vaccine and ensure that the whole world has equitable access to the vaccine?

**Wendy Morton:** We all appreciate that the answer to this is that we need



more vaccines globally in tackling the pandemic. As I said, we are not convinced that the TRIPS waiver is the way to achieve that. We will continue to take part in any discussions, but what we need to be doing is acting now and taking pragmatic actions to work through the issue of getting more vaccines out there in the first place. That means things such as voluntary licensing, technology transfer agreements for vaccines and more support for COVAX, but also looking at the whole of the manufacturing supply chain and identifying where the bottlenecks are. That is how you can practically and pragmatically try to unlock some of the challenges we face.

**Q222 Claudia Webbe:** With respect, Minister, it is not working. We need vaccinations now. India and South Africa are calling for a temporary waiver. They are not even calling for anything permanent. Why do we not join the US and support the many countries that are saying, "Let's have a waiver on the patent"? Release the ability for countries to produce the vaccine so that we can have sufficient supply and so that Africa is not waiting until 2025 for its entire population to be vaccinated.

**Wendy Morton:** Because, as I have explained, we are not convinced that that is the way to unblock this issue. If you take India, for example, it is already producing vaccines, particularly the AstraZeneca one, and it is doing that through a voluntary licensing collaboration between Oxford AstraZeneca and the Serum Institute of India. That is an example of a mechanism that is working without the need for the TRIPS waiver. As I say, we are in active discussions with the US and other WTO members, as well as others through our G7 presidency, to find ways of increasing the production and the supply of Covid-19 vaccines, but it is about looking at the whole of the manufacturing process and seeing what we can do to unblock the bottlenecks pragmatically. As I say, we are not convinced that the TRIPS waiver is going to do that.

**Q223 Claudia Webbe:** Well, my time is up, but I fear that the Government's time is also up in coming up with an alternative solution. Countries of the world have put on the table a solution, a way forward, to ensure greater vaccine equity. The UK is proud of its vaccination programme here in the UK, but in order of it to be a global leader it needs to be proud of its approach to vaccination worldwide. I fear that at the moment we cannot be proud of our approach to global vaccination.

**Wendy Morton:** May I respond to that?

**Claudia Webbe:** That was a comment but you can respond if you so wish.

**Wendy Morton:** It is important not to lose sight of the fact that we invested £88 million in R&D very early on, working with Oxford and with AstraZeneca, which enabled us to bring forward the Oxford AstraZeneca vaccine and make it available at cost to the world as quickly as we did.

**Q224 Stewart Malcolm McDonald:** Over the course of this inquiry and elsewhere, we have talked a lot about vaccine diplomacy, but we have not talked about vaccine criminality very much. In the second session of



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this inquiry we had Mark Galeotti, who I am sure you are familiar with, come before us. We talked about vaccines to places—and this is very much your neighbourhood—such as occupied east Ukraine, occupied Georgia and how vaccines are getting there, and whether they are being used properly and obtained properly. Do the Government monitor vaccine criminality, cross-border criminality, at all?

**Wendy Morton:** I am going to check in with my officials on that one, because obviously we have a network of embassies around the world feeding back information. Is this one for Rob?

**Darren Welch:** It is probably more on Rob's side than mine. I am not aware—

**Wendy Morton:** Rob, do we have a formal network? I sense we have a sense, even from conversations that we all have, of what vaccines are being used where. I know from talking to people that they will often tell me what vaccine they have had.

**Robert Tinline:** We look very closely at vaccination rates around the world and where vaccination is happening. Clearly, there are a set of communities, like refugee communities, that we worry about in terms of how they will be vaccinated, and we look closely at that. In terms of criminality per se, I would need to check back on exactly what reporting we are getting. I can't give you an answer now on exactly how much that has been reported by embassies. Generally, information is in the context of broader political and criminal issues, about things that are going on in a particular region, rather than specifically about vaccines.

Q225 **Stewart Malcolm McDonald:** Rob, if I may ask you directly, are you aware of *The Moscow Times* investigation that was published three or four days ago regarding the Sputnik V vaccine, the Sputnik vaccine that was being sold at sometimes more than double the price via a very junior Emirati royal figure to countries such as Lebanon, Pakistan—five countries in total actually? Kleptocrats were making a fortune out of this, which was clearly being done unlawfully, when in truth it shouldn't be happening, and we should be in that space helping those countries, which are being robbed blind.

**Wendy Morton:** Maybe that is something we can take away and come back to you on.

Q226 **Stewart Malcolm McDonald:** What I would like to know is how the Government monitor this kind of stuff. *The Moscow Times* story is probably the most prominent that has been out in recent days, but certainly when Mr Galeotti was before us, there was some discussion—and you can go back and check his words exactly—about, for example, eastern Ukraine, where Russia was providing some vaccines. The leadership there was taking them for them and their families, and then selling them on to other countries and to hell with the population. How do the Government monitor those kinds of situations, and indeed how would they respond?



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**Wendy Morton:** That is a very specific example, but I would be happy to take it away.

**Stewart Malcolm McDonald:** It would be unfair to expect you to give me all of that information now.

**Wendy Morton:** Rob, is there anything more broadly we can say?

**Robert Tinline:** The idea of middlemen selling on vaccines is a challenge that I have heard reported by some of our embassies. Obviously, there are proper ways in which vaccines are sold by manufacturers and it is a highly regulated industry. We are aware of the issue, and we have had some reports of it, but I don't have the detail to hand to go into it. So, as the Minister says, coming back to the Committee on that is probably the right thing to do.

**Darren Welch:** Wherever you have a scarce commodity like this you are going to have opportunities for corruption and skulduggery. One of the things we are doing is working with our network and our Government's advisers as we get ready when these vaccines do come to countries, so that they have some systems in place to try to minimise the opportunities for corruption and poor practice. That is very much part of the work that we are doing to support countries on their plans for rolling out vaccines.

Q227 **Stewart Malcolm McDonald:** Forgive my ignorance—this could be a completely daft laddie question—but would a body like Interpol have a role to play in monitoring some of that stuff, or is that outwith its remit?

**Darren Welch:** I think that is more cross-border. This is more in-country: when the vaccines have arrived, how do we make sure that they get out?

Q228 **Chair:** We will shortly have to vote, so may I ask some very brief questions, Minister? I am just going to tidy up the session, if I may. We are no longer part of the European Centre for Disease Prevention and Control. Jeremy Hunt told us that lower co-operation on health with our European partners increased the risk of a pandemic taking hold and the likelihood of a less effective response. Do you agree?

**Wendy Morton:** Because we are not part of that?

**Chair:** Because we are not co-operating as closely with our European partners.

**Wendy Morton:** I would say that we do co-operate with our European partners. On that specific organisation, I do not know whether you have anything to say, Darren.

**Darren Welch:** I think there is a structural process for co-operation. There may even be an MOU.

Q229 **Chair:** So we are meeting once a month anyway, are we?

**Wendy Morton:** Rob looks as though he is poised to answer.



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**Robert Tinline:** A huge amount of discussion and consultation go on all the time between chief medical officers and chief scientists, and on many levels, whether that is through WHO or bilaterally with other organisations. Huge amounts of co-operation and information exchanges are happening all the time.

Q230 **Chair:** That, of course, is because we are in the middle of a pandemic now. The real challenge comes in normal times, when there is not a pandemic. Will those structures endure, or are they temporary?

**Wendy Morton:** I would imagine that a lot of the structures will endure—informal structures and contacts will endure. We have the chief scientific adviser, Charlotte Watts, embedded in the FCDO and she links in with various organisations. Who knows where we will get to when we find our way through the pandemic? But what Covid has shown us is the value of collaboration and of sharing knowledge and experience, be that through existing organisations and structures or through the bilateral relationships that we have with other countries.

Q231 **Chair:** If I may, I have a last question. *[Interruption.]* I do not know if you are running for the Division, Minister, but I presume you are proxied—the Deputy Chief Whip will have your vote! What are the prospects for a global pandemic treaty? Have you been working on that? What are the obstacles?

**Wendy Morton:** Yes, the Prime Minister joined other world leaders and WHO in calling for a treaty for pandemic preparedness and response. That is a priority for us. It forms part of the Prime Minister's five-point plan to combat pandemics and we are driving forward progress with WHO.

**Chair:** I think that the Division bell has defeated me and it has probably defeated you as well. Minister, thank you very much indeed for coming this afternoon.