



House of Commons

House of Lords

Joint Committee on the
National Security Strategy

**Biosecurity and
national security:
Government Response
to the Committee's
First Report of Session
2019–21**

**First Special Report of Session
2019–21**

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The Joint Committee on the National Security Strategy

The Joint Committee on the National Security Strategy is appointed by the House of Lords and the House of Commons to consider the National Security Strategy.

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[Lord Brennan](#) (*Non-affiliated*)

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[Baroness Hodgson of Abinger](#) (*Conservative*)

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[Lord Reid of Cardowan](#) (*Labour*)

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The following Peers were also members of the Committee during this inquiry: [Lord Campbell of Pittenweem](#) (*Liberal Democrat*), [Lord Harris of Haringey](#) (*Labour*), [Lord Powell of Bayswater](#) (*Crossbench*)

House of Commons

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Publications

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Evidence relating to this report is published on the [inquiry publications page](#) of the Committee's website.

Committee staff

The current staff of the Committee are Lucy Arora (Commons Committee Specialist), Carolyn Bowes (Commons Committee Operations Officer), Simon Fiander (Commons Clerk), Eva George (Lords Clerk), Breda Twomey (Lords Committee Assistant) and Joe Williams (Media & Communications Manager).

Contacts

All correspondence should be addressed to the Commons Clerk of the Joint Committee on the National Security Strategy, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 8092/4043; the Committee's email address is jcnss@parliament.uk.

First Special Report

The Committee published its First Report of Session 2019–21, [Biosecurity and national security](#) (HL Paper 195, HC 611), on 18 December 2020. The Government's response was received on 24 February 2021 and is appended to this report.

Appendix: Government Response

Recommendation 1

The Government should undertake a review of how it strengthens its supply chains for dealing with future emergencies. It should seek to learn the lessons of the current pandemic, which may include more on-shoring of manufacturing capacity in PPE and other equipment, greater advance stockpiling or pre-negotiated competitive supply contracts. It should also clarify where responsibility lies for PPE provision for healthcare delivered by private sector companies. (Paragraph 46)

In responding to the novelty of COVID-19, the Government has been agile and pragmatic to protect public health at every turn. From the first moment the scientific advice highlighted a real threat and possibility of a pandemic, every resource of Government was deployed.

The Department of Health and Social Care (DHSC) has procured almost 32 billion items of PPE, and created a distribution network that includes a PPE online portal which can provide 100% of the PPE that Care Homes are modelled to need. PPE supplied through the PPE Portal will be free of charge until the end of June 2021. Where before the pandemic, just 1% of PPE used in the UK was produced domestically, UK manufacturers are now able to provide up to 70% of the amount of PPE we would expect to use from December to February for all items except gloves. By December 2020, we created a four month stockpile of all COVID-critical PPE, with a tremendous contribution from UK manufacturers, providing us with continued resilience.

Existing pandemic preparation meant that we were immediately able to call upon an existing stockpile of PPE to respond to the rapidly deteriorating global situation. Although it was built for a flu pandemic, this Pandemic Influenza Preparedness Plan (PIPP) stockpile contained resources that enabled us to release additional PPE into the system as early as 31 January 2020. Although it was built for a flu pandemic, the PIPP stockpile contained PPE which has proved essential to our initial response to COVID-19.

The increase in requirement and the supply chain disruption made it evident that Supply Chain Coordination Limited (SCCL) BAU processes of PPE procurement and distribution could not supply sufficient volume into the health and care system—particularly given the expansion from 226 settings out to 58,000. We therefore incorporated SCCL expertise into a much broader operation, our Parallel Supply Chain for PPE Programme.

The Government took numerous steps to grip the scale of demand, to increase supply and to expand distribution from the start of the pandemic, building towards the creation of a full Parallel Supply Chain during March, and operationalised at the beginning of April 2020. This was a multisector effort; bringing together DHSC, Cabinet Office, NHSE&I,

SCCL, the Armed Forces and Unipart Logistics. Clipper Logistics were brought on to oversee and manage the procurement process. The focus was to get PPE rapidly and reliably to the end user.

Recommendation 2

A clear social media plan needs to be formulated, not only to make use of such channels in a positive way, but also to counter the effects of misinformation and disinformation circulating online. Maintaining public trust in the Government's overall handling of the pandemic should be an integral part of the Government's social media strategy. The recently established unit in the Cabinet Office to tackle anti-vaccination misinformation represents a good start. (Paragraph 60)

The Department of Health and Social Care (DHSC), NHS England (NHSE) and Public Health England (PHE) are providing information and advice at every possible opportunity for all those eligible for vaccination and anyone who has questions about COVID-19 vaccines. DCMS has developed the SHARE checklist which aims to increase audience resilience by educating and empowering those who see, inadvertently share and are affected by false and misleading information. The checklist provides the public with five easy steps to identify false content, encouraging users to stop and think before they share content online. Additionally, the UK Government has partnered with the University of Cambridge to create a game called "Go Viral!" Our aim is to build the public's resilience to false information, mitigating the risk of undermining the uptake of COVID-19 vaccines, treatments and diagnostics.

DHSC, the Ministry of Housing, Communities and Local Government and the NHS are holding regular meetings with local authorities, faith leaders and BAME organisations to provide advice and information about COVID-19 vaccines and how they will be made available. Our communications include targeted information and advice via TV, radio and social media. This has been translated into 13 languages.

Notably, recent polling from the ONS on 'coronavirus and the social impacts on Great Britain' (4 February 2021) suggest that 91% adults reported they would be very likely or fairly like to have the COVID-19 vaccine. We have recently passed the milestone of vaccinating over 12 million people across the UK with their first dose of COVID-19 and are looking forward to seeing the programme continue to go from strength to strength.

The Rapid Response Unit (RRU) in the Cabinet Office has acted quickly to stop scams and frauds related to vaccine appointments working across departments and the NHS to produce proactive social media content. For example, we have clarified that the public will never be asked to pay for vaccines. When false narratives are identified, the RRU coordinates with departments across Whitehall to deploy the appropriate response. Furthermore, the Government recently published its full response to the Online Harms White Paper consultation, which sets out new expectations on companies to keep their users safe online. The Bill will be published later this year. Additionally, the NHS has joined up with law enforcement services, including the National Crime Agency and the City of London Police, to publish joint messaging on scams looking to exploit the coronavirus vaccine campaign.

Robust research and evaluation has informed the development and delivery of every element of ongoing cross-Government communications programmes. This includes testing communication materials before they go live, amending messages and channels in line with public response whilst activity is live and using results from each campaign to inform future planning. In this way, the Government can ensure that all its communication activity is as effective and efficient as possible.

The Government has seen many positive steps taken by social media platforms to curtail the spread of harmful and misleading narratives relating to COVID-19. We have seen the major platforms update their terms of service and take positive steps to reduce the spread of harmful and misleading narratives, and to promote government and NHS messaging.

Recent changes have focused on limiting the spread of anti-vaccination content, including Facebook banning adverts that discourage vaccination, and launching a public information campaign to support immunisation efforts; YouTube introducing information panels on its videos that contain links to accurate information about COVID-19, and banning content that contradicts expert consensus from local health authorities, such as the NHS or World Health Organisation, in relation to a COVID-19 vaccine; Twitter introducing new labels and warning messages to provide additional context and information on some Tweets containing disputed or misleading information relating to COVID-19.

The Digital Secretary and the Health Secretary held a joint roundtable in November 2020 to secure commitment from the social media platforms to continue to work with public health bodies on these commitments. Building on the roundtable, the government established the new cross-sector Counter Disinformation Policy Forum, bringing together key actors in industry, civil society and academia to improve responses to mis- and disinformation and prepare for future threats. The cross-Whitehall Counter Disinformation Unit, set up in March 2020 and led by DCMS, looks for trends on social media platforms so that we can work with them and other partners to respond to misleading content rapidly. Given the importance of protecting freedom of expression, this can be a range of actions from labelling, to downranking, to removal where there is significant risk of harm, in line with platforms terms and conditions. Through the Unit, the Government can act wherever false and harmful content appears to gain traction, by either flagging the content to platforms or through direct rebuttal via our Rapid Response Unit.

Recommendation 3

The Government should introduce annual reporting to Parliament by a responsible minister—such as the Chancellor of the Duchy of Lancaster—on the state of national preparedness for top-tier risks in the Risk Register. This should be compiled in consultation with industry experts on supply chains. The report to Parliament should be prepared by a new task force that we recommend below, with responsibility for resilience capabilities and for leading the UK's biological security efforts (see paragraph 99). The task force should regularly report on:

- a) **the national stockpile of critical items (including their condition, suitability for use and applicability across a range of risk scenarios) and the domestic manufacturing capacity of strategic supplies;**
- b) **surge capacity within relevant public services;**

- c) **lessons learned and actions taken as a result of drills, table-top exercises and other exercises (which we discuss in Chapter 5);**
- d) **its approach to coordination with the devolved administrations and local government, and the adequacy of arrangements in each Local Resilience Forum area (see Chapter 4);**
- e) **the level of capacity-building and training undertaken by ministers in emergency response and crisis management (see paragraph 94); and**
- f) **any other actions taken to improve preparedness and resilience.**

We expect that sensitive security information could be shared with us, and potentially also with other parliamentary committees, in confidence. (Paragraph 63)

As part of the Government's work on the Integrated Review and learning lessons from the COVID-19 response, we are reviewing the UK's overall approach to risk management and resilience including, but not limited to, all of the issues listed by the Committee.

The Government already publishes a number of documents that provide an overview of the work it undertakes to prepare for specific risks or to protect Critical National Infrastructure. These include the Public Summaries of Sector Security & Resilience Plans (SSRPs), the UK Counter-Terrorism strategy (CONTEST), the UK Cyber Security Strategy, and the National Flood and Coastal Erosion Risk Management Strategy.

The Government also publishes the National Risk Register (NRR), which includes an overview of the work being undertaken to mitigate and minimise the impacts of different risks and is the public-facing version of the National Security Risk Assessment (NSRA); care is taken to ensure that it does not contain classified content which would be unsuitable for public release.

Work is ongoing throughout 2021 to review how HMG considers and manages the most severe risks in the NSRA, and an important element of that work is to consider how communication about preparedness supports risk mitigation.

On the specific reporting points (a) to (f), responsibility for resourcing and overseeing levels of preparedness to the potential consequences of each risk is assigned to a Lead Government Department (LGD), whose Secretary of State is ultimately accountable. LGDs work with relevant sectors and partners to improve their security and resilience to these risks, with the Cabinet Office supporting the development of LGD plans and playing a coordinating role where risks have cross-departmental impacts.

Recommendation 4

Building on the National Resilience Standard, the Government should establish a long term plan for investment in and support for organisations in local and community resilience, particularly Local Resilience Forums. This plan should focus on:

- a) **formalising intelligence-and data-sharing arrangements, both between central government and LRFs and between the four nations;**

- b) **incentivising regular local exercises (see paragraph 106) to test the strength of multi-agency relationships and responses, and monitoring the progress and outcomes of these exercises;**
- c) **providing adequate resources over the long term to local authorities for LRF emergency response preparation work and for undertaking exercises, through ring-fenced funding;**
- d) **working with local authorities and other emergency-response bodies, considering how to strengthen career pathways and retention of emergency managers and others in resilience; and**
- e) **exploring the scope for establishing a 'reservist' cadre of previously deployed LRF staff, along the lines of military reservists and (now under discussion) 'NHS reservists'. (Paragraph 80)**

The Government agrees with the Committee that local responders play a critical role in the preparation for, response to and recovery from emergencies. Lessons from recent events will inform the forthcoming review of LRF structures, powers and responsibilities, and the interaction between central government and the local level. This review will be undertaken as part of the Cabinet Office's regular review of the Civil Contingencies Act 2004 and Contingency Planning Regulations 2005.

The development of Local Multi Agency Information Cells has seen improvements in intelligence and data flows. ResilienceDirect remains a useful tool in sharing information across the emergency responder landscape.

The Ministry of Housing, Communities and Local Government (MHCLG) provided exceptional funding to Local Authorities to support local preparation and response work for both COVID-19 and the potential civil contingency impacts of the end of the EU transition period. Any future funding opportunities will be considered as part of any wider spending review.

Exercising remains an important part of testing plans and procedures. The Civil Contingencies Act (CCA) requires Category 1 responders to include provision for the carrying out of exercises and for the training of staff identified in their emergency plans. The same or similar requirements for exercising and training also apply to business continuity plans and arrangements to warn, inform and advise the public. This means that relevant planning documents must contain a statement about the nature of the training and exercising to be provided, and its frequency. The LRF standard on exercising sets out the expectation that members of the LRF and their wider partners develop and assure their resilience capabilities and arrangements through an exercise programme that is risk-based, inclusive of all relevant organisations and recognises the cyclical process of learning and continuous development.

On (d), both National and Local Government are committed to ensuring those working in civil contingencies have access to high quality professional learning, for example through the Cabinet Office Emergency Planning College. It is for local authorities (as responsible bodies) and other relevant partners, to manage their own staff career pathways. This is part of the wider subsidiarity model of resilience, which places responsibility at the local level.

To support this, Civil Contingencies Secretariat is working with the Government Skills and Curriculum Unit (GSCU) to ensure that resilience and crisis management competence is rigorous and accessible across the civil service, from core universal knowledge to specialist training, and that these skills, knowledge and networks form part of the new GSCU Campus (including the possibility of a permanent training site).

On (e), LRFs demonstrate a high level of interoperability between all emergency responders and supporting organisations, as a means to ensure an inclusive, collaborative approach to Integrated Emergency Management. Mutual aid remains an integral part of providing surge support to impacted areas where capacity/capability is seen to be stretched. Government continues to review learning from emergencies and ways to improve these arrangements. MHCLG have recently called upon experts from the police and local authority sector to undertake a review of local planning for both COVID-19 and the potential impacts occurring at the end of the Transition period across the country. Lessons from these exercises will be reviewed as part of the longer term assessment and assurance work.

We also recognise that many experienced personnel want to continue to play an active role in their communities and are keen to put their skills and training to practical effect. Many individuals chose to do this through playing a part in the voluntary and charitable sector. We will continue to champion the role of the voluntary and community sector.

The MOD is considering, through its Reserve Forces 30 study, how it might use the military reserve to reinforce local resilience. Simultaneously, the Cabinet Office is exploring options for a civilian reserve, along the lines of military reservists and new 'NHS reservists'.

Recommendation 5

As the structures of the new National Institute for Health Protection are finalised in the coming months, following the abolition of Public Health England, the Government must ensure that the creation of the new body does not weaken wider health promotion activities, which themselves further biological security objectives. The Government should undertake exercises which test the NIHP's role in future potential emergencies as soon as the current pandemic has abated. (Paragraph 85).

In August 2020, the Government announced the intention to reform the core institutions that lead public health nationally. These changes are driven by learning from the experiences of COVID-19, but more broadly by the need to ensure we have a public health system fully fit for the future. We are reforming health protection to ensure that we have an organisation (the new National Institute for Health Protection) dedicated solely to identifying, preventing and managing threats to health. As those threats change, we now need an organisation with new capabilities, equipped for the future. We are reforming health improvement because we have learned that prevention is not an agenda best owned within a single organisation but rather embedded across all those with the levers to help to deliver it.

COVID-19 has highlighted the interaction between communicable disease and non-communicable disease and the need to do more to prevent ill-health. Our reforms will aim to more widely and more deeply embed prevention and health improvement expertise, capacity and accountability across national and local government and within the NHS. We will strengthen local public health systems by improving joint working on population

health through Integrated Care Systems and reinforcing the role of local authorities and Directors of Public Health as champions of health in local communities; enhancing the NHS's role in preventing ill-health; and strengthening the role of the Department for Health and Social Care, which will support greater joint working across government on the wider determinants of health.

We welcome the JCNSS recommendation and agree that it is crucial that the NIHP plays a role in future system exercises, following the finalisation of its new structures and the conclusion of the COVID-19 response.

We are committed to continually testing and improving our response policies and command, control, and coordination mechanisms. One way we do this is through an agile approach to exercising, ranging from smaller health system exercises to large cross-government operations like Exercise Cygnus, which we ran in 2016 to assess our level of preparedness to respond to an influenza pandemic. We are also committed to working with our partners to learn the lessons from the COVID-19 response, particularly where there have been examples of rapid and effective adaptation, to enhance preparedness for a range of biological risks.

Recommendation 6

The Government should designate a task force within the Cabinet Office with explicit responsibility for assessing departmental capabilities and resilience, as well as providing strategic collective leadership of the UK's biological security efforts. Such a task force should:

- a) **monitor operational progress on the commitments in the Biological Security Strategy, and act as a 'critical friend' to departments. Assessing the information reported annually by the Strategy's governance board would be the starting point for its work;**
- b) **identify ministers' training requirements for dealing with all types of emergencies; and**
- c) **have an explicit audit role to check that all relevant departments and agencies actually implement planned emergency response capabilities (or ensure that the National Security Council fulfils that role). (Paragraph 99)**

Each risk in the NSRA has a Lead Government Department (LGD) with responsibility for ensuring that plans are in place at the central government level, and Local Resilience Forums (LRFs) at the local level. Each LGD has a responsibility to develop the capabilities required to respond to the risks that they own, and for working with other relevant Departments as part of their preparations.

In addition to LGD preparations, the Civil Contingencies Secretariat (CCS) regularly prepares for, tests and actions emergency response plans in collaboration with Lead Government Departments, reflecting CCS's key operational role during civil emergencies.

In response to COVID-19, the Government has undertaken a significant programme of work to rapidly reassess our response capabilities in light of the pandemic and identify

and act on areas for improvement. A 2020 Risks and Capabilities Review was conducted to assess the impacts of COVID-19 on our ability to respond to emergencies, and this subject will also form part of the Integrated Review.

The Government is actively reviewing the governance arrangements for resilience, including the Civil Contingencies Act. The review will consider lessons learnt from the COVID-19 response and No Deal preparations when it is assessed that operational responders and wider government stakeholders have greater capacity to engage.

The Government is also reviewing where responsibility for biological security and the strategy sits within Government. Consideration will then be given to refreshing the strategy, and the supporting governance and oversight arrangements.

Recommendation 7

The Government should ring-fence funding for Government departments to undertake horizon-scanning and preparedness activities to strengthen their resilience to a range of major disruptive events (including biological emergencies). Such funding should cover a multi-year period to avoid artificial incentives to undertake only smaller (annual) exercises, rather than larger/non-annual exercises. The Civil Contingencies Secretariat and Government Office for Science should continue their advisory role, working proactively with the NSC in monitoring risks. They should also review how their risk horizon-scanning work can best support the creation of SAGEs as particular emergencies materialise. (Paragraph 100)

The Government recognises the critical role of timely data analysis and insights from across and beyond government to support situational awareness on crisis and national security issues. Centrally, Civil Contingencies Secretariat (CCS) is working with colleagues to learn from recent data and analysis gathered during the response to COVID-19, and is developing data capabilities for monitoring risks. As the centre of this, the Cabinet Office is creating a new National Situation Centre (SitCen) as part of the Civil Contingencies Secretariat. This will lead to further improvements in the collation of data and insights from across and beyond government to support situational awareness for crises and national security issues, including future SAGE activations.

Over time, Government investment in foundational skills and capabilities for data and analytics will deliver significant improvements in HMG's horizon-scanning and preparedness activities to strengthen our resilience to a range of major disruptive events. In addition to this, the creation of a central picture of where we have weaknesses in our data holdings will help to identify and prioritise areas for future investment.

GO Science also supports teams across Government to develop their horizon scanning capability, providing advice, resources, training and peer support. GO Science horizon scans for the challenges and opportunities associated with emerging technologies and delivers the Foresight programme on major cross-cutting future issues.

GO Science runs SAGE exercises on risks in the NSRA, based on CCS priorities or where science gaps are identified. This supports other Government Departments' contingency planning, and supports the identification of experts who may be able to support future emergencies.

Recommendation 8

The Government should plan and undertake a regular programme of exercises to test the UK capabilities for responding to all tier-1 security risks (natural hazards as well as malicious threats), as well as exercises to test simultaneous multi-risk scenarios (paragraphs 102, 126). Within central government, table-top exercises should occur at least once a year and large-scale 'tier 1' cross-departmental exercises at least once every three years, involving enough departments to allow for an appropriately wide 'Fusion Doctrine' response to be tested. These exercises should aim (a) to strengthen emergency response capabilities applicable to a range of scenarios, without being too closely tailored to the characteristics of highly specific risks, and (b) include local-level exercises in combination with central agencies and departments in order to test local/central interfaces and data-sharing. (Paragraph 116)

Exercising is a key element of preparedness and the cycle of Integrated Emergency Management, enabling plans and arrangements to be validated against assessed risks and for people and teams to be rehearsed in the context of foreseeable operating conditions. The Cabinet Office coordinates the central programme of cross-government exercises and the Home Office leads on Counter Terrorism exercises. Lead Government Departments (LGDs) will conduct internal exercising, and support and participate in exercises within their specific sectors.

For all risks in the NRR, including the most severe, there is an established departmental risk owner. It is the responsibility of each risk-owning department to oversee the management of their portfolio of risks, including exercising, drawing from stakeholders from central and local governments. The Cabinet Office continues to run the National Resilience Capabilities Programme and work with Departments to test emergency response plans and is now setting up a programme to review readiness across HMG for the highest tier risks.

Recommendation 9

The Government should also establish a fixed timetable within which the results of such exercises would be published. (Paragraph 117)

The Government regularly reviews the UK's activities in preparation for emergencies as set out in the NRR. The National Resilience Capabilities Programme (NRCP) is the primary mechanism for HMG to track developments in resilience and provide accountability on the UK's generic capabilities to respond to risks. This programme follows an annual cycle to ensure that the information and data remains as up to date as possible.

The NRCP cycle will be aligned with other assessment and information gathering processes which feed into the National Risk Register and bespoke preparations for the most severe risks to ensure cross government join up. Within this cycle, the outcomes of any exercising held centrally or in lead government departments will be captured and used to inform further development of capabilities. Specific information about our current capabilities and the outcomes of exercising is classified in order to prevent sensitive information from being used by malicious attackers to determine potential vulnerabilities in the UK.

Recommendation 10

The Government should re-assess how well the risk identification and 'tiers' system of the National Security Risk Assessment process are informing the level of preparation, resource allocation and mitigating activities dedicated to individual security risks. (Paragraph 119)

Following on from the government's work on the Integrated Review and as we learn lessons from the COVID-19 response, we will be reviewing the UK's overall approach to risk management and resilience. This will include the way in which the NSRA is used by Ministers and senior officials to inform policy making and investment decisions.

We continue to regularly review the methodology and content of the National Security Risk Assessment (NSRA) itself, and are undertaking a programme of work to assess how departments are preparing capabilities to respond to NSRA risks.

Recommendation 11

To strengthen the implementation of actions to mitigate high-priority biological risks, the Government should also publish an operational action plan for the principal commitments of the Biological Security Strategy which outlines—for each commitment—the timescale, responsible team and department, resource allocation and means for measuring its progress and impact. (Paragraph 120)

Government will, at an appropriate time, review the UK Biological Security Strategy in light of lessons learnt from responding to the COVID-19 pandemic. A list of principal commitments and an operational action plan for delivering them will likely be developed as part of this process. Progress against commitments will be monitored by a refreshed governance structure with a greater focus on human and animal health.

Recommendation 12

The Government should establish a dedicated national centre for biosecurity, a new cross-government body to serve as a centre of expertise on the full spectrum of interlocked biological risks facing the UK. The Centre should:

- a) **establish an evidence base for policy decisions in crucial areas, including (but not limited to): disease surveillance mechanisms, especially zoonotic infections; antimicrobial resistance; biosafety standards in the life sciences sector; interagency working in support of a 'One Health' approach, and educational outreach methods to overcome vaccine hesitancy.**
- b) **contribute directly to the National Security Risk Assessment process and assess the risks and opportunities of new developments, such as emerging life sciences technologies; and**
- c) **operate secondments with, for example, the new National Institute for Health Protection (see paragraph 83), relevant Government departments, veterinary associations, academia and industry.** (Paragraph 129)

The Government takes biosecurity very seriously and has already established the new Institute for Health Protection to advance the UK's response to the COVID-19 pandemic, using a rigorous science-led approach. Urgent work to identify where responsibility for biosecurity should sit long-term is underway, and we recognise the need for a resilient and enduring approach to biological security. A greater focus on human, animal, and plant health will be fundamental. Government will strengthen links to the National Security Risk Assessment process, and between government departments, professional associations, academia and industry to ensure rapid progress is made in this important area.

Recommendation 13

The Government should renew and refresh a Biological Security Strategy periodically (at least every five years) to take into account the lessons of biological emergencies (including covid-19), the results of testing exercises (see paragraph 117) and an everchanging risk-landscape. It should consider whether further declassified information could be released on the methodologies for assessing the impact and likelihood of natural hazards, to inspire greater public confidence and debate. (Paragraph 130)

The Government is in the midst of managing a public health emergency the like of which we have not seen for generations. It would be unwise to commit to a new biological security approach until we have learnt all of the lessons from the COVID-19 pandemic. We absolutely recognise the importance of a clear strategic direction for biological security, that is refreshed on a regular basis. Our experience of responding to other health and biosecurity emergencies, along with new and emerging risks, will help inform our approach. We will also consider declassifying information about the methodologies for assessing the impact and likelihood of natural hazards to help inspire greater public confidence and debate.

Recommendation 14

The Government should continue to take a leading international role in the global health security and environmental agenda, taking advantage of the opportunities provided by the UK's presidency of the G7 and the climate change conference in Glasgow next year. (Paragraph 136)

The UK is taking on the G7 Presidency at a critical time for the world. As the coronavirus pandemic continues to spread, we will work with our closest allies to save lives and protect livelihoods, while strengthening our resilience against future pandemics. As our natural environment reaches a tipping point, we will also work with other G7 members to demonstrate leadership and take ambitious action to increase our commitments to tackle climate change and reverse global biodiversity loss ahead of the UK-hosted COP26 UN Climate Conference in November, and CBD COP15.

Recommendation 15

The Government should also ensure that the planned reduction in ODA funding does not weaken aid programmes which work to strengthen health systems abroad. Such spending is clearly in the UK's interests, including its biosecurity interests. (Paragraph 137)

While the Government agrees that spending on health systems strengthening in poorer countries is in the UK's interests, including its biosecurity interests, the Government must disagree on the specific issue of funding. Due to the ongoing ODA review, we cannot guarantee the status of funding at this stage. The UK is facing the worst economic contraction in over 300 years. The tough fiscal environment means that it is likely that difficult decisions will have to be made. The government made the difficult decision to move to a spending target of 0.5% of GNI on aid in 2021. We will remain a world leader in international development, and will return to spending 0.7% of GNI on ODA when the fiscal situation allows. The Foreign Secretary is currently leading a review of cross-government ODA spend for 21/22, the outcome of which will be announced in due course.

The COVID-19 pandemic has starkly highlighted the need for strong and resilient health systems to protect everyone's health, especially the poorest and most vulnerable. We recognise the positive benefits of strong health systems in poorer countries for the UK's own health security. Overcoming COVID-19 and supporting healthier and more resilient populations in developing countries through transformative global health investments, including through our research investments, multilateral and bilateral channels and international collaboration, remains one of the UK's ODA priorities.