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This submission is based on Helen Ramscar’s research in vaccine nationalism, medical diplomacy and British soft power. She is co-author of *Tipping Point: Britain, Brexit and Security in the 2020s* (IB Tauris/Bloomsbury, 2019) and currently working on a second co-authored book, *Britain’s Persuaders: Soft Power in a Hard World* (IB Tauris/Bloomsbury, 2021).

1. **What lessons has the COVID-19 pandemic taught us about the importance of international collaboration in securing global preparedness and resilience against biosecurity threats?**

1.1. International collaboration was absent in the first weeks of the crisis, when critical information on the biosecurity threat in Wuhan was not shared quickly and openly. Global preparedness is dependent on knowledge-sharing on the lethality of the threat; how easily it transmits; and how fast. The WHO has been criticised for ignoring warnings from Taiwan in December 2019, being too weak to press China for honest answers, too quick to praise it, and too slow to declare a pandemic. In late January 2020, WHO Director-General Dr Tedros praised China’s ‘transparency’; in February, he said ‘China has bought the world time’.

1.2. The ideal of international collaboration quickly gave way to the reality of a scramble for national interest over PPE. The availability of ventilators became a revealing index of preparedness too.

1.3. The lack of a politically-credible international organisation to oversee the global supply of essential medical goods and medicines meant governments, in the grips of national health emergencies, had little choice but to source directly – if they could. Recent analysis by the *Global Trade Alert* on the number of export controls on medical goods and medicines this year, which peaked in April 2020 (at 145), indicates that 68 are likely to be still in place by the end of 2021. The report warns that pandemic-era policy responses may scar international trade in vital medical goods and medicines over the medium- to longer-term. This is no small matter to cross-border trade and international relations when worldwide imports and exports of medical products in 2019, before the first life-threatening viral pandemic in a century, totalled about $2 trillion.

1.4. In April, representatives from the scientific community pledged to collaborate on Covid-19 vaccines. Meanwhile, governments were preparing to pump money into their home teams.

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The Trump Administration launched Operation Warp Speed to coordinate vaccine efforts for Americans. The UK government pledged millions to boost the vaccine work of Oxford University, which agreed with AstraZeneca the UK would get 30 million of its 100 million doses.\(^7\) President Macron was reported to be angry with Sanofi’s CEO for suggesting the US market could be prioritised for the French pharmaceutical’s vaccine.\(^8\) All the while, experts reported that hacking groups backed by CRINK countries (China, Russia, Iran and North Korea) were actively targeting pandemic research organisations. Even by the summer of 2020, vaccine nationalism had turned nasty.\(^9\)

1.5. At some point soon, drugs to treat the Covid-19 disease – as opposed to vaccines to try stop the virus infecting bodies in the first place – are likely to take on the baton in public discourse and, if unchecked, ‘medical nationalism’ will run alongside it. For example, as scientists and medics learn more about the vascular damage caused by Covid-19, safe and effective anti-inflammatories, anti-virals, antibiotics and treatments are likely to become high currency. Competition, tension and conflict surrounding patents for existing drugs being repackaged for Covid-19, intellectual property over new medicines, and affordable access to them, will all matter. So while there may be promising news regarding vaccine breakthroughs, the competitive problem is far from over. Complex medical diplomacy lies ahead.

1.6. A lethal viral pandemic can only be tackled by a worldwide, real-time, trisector approach. In the case of vaccines, public, private and philanthropic sectors have been collaborating like never before to advocate, fund, develop, make, approve, distribute, administer and monitor them.

2. Which countries have provided good lessons in how to combat COVID-19? What have embassies been asked to do to collect best practice?

2.1. It is too soon to say which countries have done well in combating this novel disease Covid-19; scientists and clinicians are still working out how the SARS-CoV-2 virus attacks the body, and the nature and the extent of the longer-term vascular and neurological complications of the disease.

2.2. It is a grim possibility that populations with weak healthcare systems, which experience a higher proportion of mortality, may not suffer as greatly as those with a higher survival rate that carry a longer-term burden of chronic Covid-19.

2.3. The author has lived in Basel, north-west Switzerland, bordering Germany and France, since the outset of this pandemic. During Phase 1 of the crisis, the clarity of Swiss federal
development
government communications was notable. Its roadmap, published in April 2020, gave meaning to the Swiss national lockdown and placed it within a specific timeframe for all to visualise and aim for. The Swiss federal government lifted restrictions by almost all target dates, in some cases earlier than projected. Phase II of the crisis, from the summer of 2020 to the present, has appeared less exemplary. Decision-making has been largely in the hands of cantons, and the downside of this highly federalised system has been inconsistency and incoherence of policy across canton borders. Swiss primacy on its sovereign decision-making can be seen in its refusal to close ski resorts alongside Germany, France, Italy and now Austria, which may induce a ‘third wave’ in early 2021. Protecting the financial health of the Swiss nation has moved higher up the agenda. It remains to be seen if the country’s approach of ‘learning to live with the virus’ will prove a successful middle ground over the long-term.

3. How effective is the UK’s current approach to global health security?

3.1. It is not clear yet whether the ‘Integrated Review’ will prioritise global health security and situate it centrally within national security strategy. Not doing so would be a grave mistake.

4. What role should the FCDO play in bringing about a resolution to the COVID-19 pandemic and preventing future pandemics?

4.1. This pandemic cannot be fully resolved without understanding how it began, in order to analysis what measures had an impact, what did not, and what if done differently could have mitigated harm. The FCDO should work with the international community and all lines of communication with China to apply pressure on the CCP to fearlessly investigate what happened in Wuhan and openly share this learning. This is not about stoking anti-China sentiment; this is about getting to the root of this devastating crisis and strengthening global health protocols for the next one.

4.2. Champion the global aggregation of data relating to all Covid-19 pharmacological countermeasures (drugs, vaccines, treatments) – to have the clearest possible understanding about which measures were effective with which groupings, and which altered the course of this pandemic. This could form the basis of a global platform to aggregate data from the very outset of future health emergencies.

4.3. The world needs a world health organisation. The FCDO should advocate skilfully for major reform; for a WHO with legitimacy, political credibility, infrastructure and resources to act quickly, rigorously and at scale.

4.4. Wet Markets around the world will host biosecurity risks until tackled internationally but straight bans are complicated. Yet one place to launch a new campaign is in China, particularly since President Xi spoke out against the wild animal industry and in favour of Biosecurity Law.  

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10 President Xi, Speech to the Standing Committee of the Political Bureau of the CPC Central Committee, Qiushi Journal, 3 February 2020, http://www.qstheory.cn/dukan/qz/2020-02/15/c_1125572832.htm
5. Has the UK effectively used its position in multilateral organisations to promote international collaboration in response to COVID-19 and the global health security agenda?

5.1. In some cases, yes: the UK hosting the GAVI Global Vaccine Summit in June, bringing together 25 Heads of State and over 50 high-level representatives from government, private sector and civil society, was particularly notable.

5.2. However, the UK has been less effective at the structural level of the WHO. The UK has been the third most generous funder to the WHO and yet China, much less generous, has wielded disproportionate influence. WHO Director-General Dr Tedros went to China in August 2017 to ‘mark an intensified strategic partnership between China and WHO.’ The deepening structural relations between them helped create blind spots for the WHO when serious investigations were needed in Wuhan.

5.3. The essence of the problem is not the existence of the WHO itself. Like all UN bodies, it can only work with the membership it has. In this case, its failings go back to its strategic pivot towards China that has been proactively seeking to engage (for its own national interest) with issues the WHO was established to tackle.

6. What should the FCDO be doing to support research and distribution of a COVID-19 vaccine?

6.1. Promote the importance of ‘vaccinovigilance’. This is not ‘anti-vax’ sentiment; this is good scientific practice and in everyone’s best interests. Once any vaccine is approved for Phase 4 use to the general public, information sharing about adverse events is crucial. The UK’s Yellow Card system is monitored by the Medicines & Healthcare Products Regulatory Agency (MHRA). The US has the Vaccine Adverse Event Reporting System (VAERS). EU member states turn to the European Medicines Agency (EMA). But many people do not even know about these. Elderly cannot be expected to find theirs online. GPs will not cope with masses of additional reports to file. Yet even seemingly minor reactions are important to understanding and improving vaccines, particularly new ones. Vaccinovigilance is about accessible means of reporting all reactions, rolled-out in lockstep with the vaccine. It is for safety, transparency and public confidence. The vaccine Pandemrix, administered to 31 million in Europe during the Swine Flu of 2009/2010, is a recent lesson.

6.2. The new SARS-CoV-2 variant named 20A.EU1 originated in Spanish farms and spread across Europe in the summer. A SARS-CoV-2 mutation found in mink in Denmark has transmitted into humans in no fewer than seven countries. These mutations pose challenges to the efficacy of vaccine candidates and exemplify the difficulty of predicting with a novel virus what strain vaccines should be tailored towards. Even targeting the annual winter ‘flu jab is difficult and its effectiveness fluctuates year by year. The FCDO can support research with rapid, in-country new biosecurity information.

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12 Helen Ramscar, China and the WHO’s ‘Health Silk Road’ (健康丝绸之路), 28 April 2020, https://tippingpoint2020s.com/2020/04/28/china-and-the-whos-health-silk-road-%e5%81%a5%e5%ba%b7%e4%b8%9d%e7%bb%b8%e4%b9%8b%e8%b7%af/
6.3. Call out nation-states behind cyberattacks on Covid-19 research institutes. If necessary, bring sanctions to bear through the UK’s Magnitsky Act.

6.4. Support in-country research into overseas vaccine programmes that may have covert ‘dual-use’ for nefarious purposes.  

6.5. Work with local officials to ensure the safe transit of legitimate vaccine supplies and identify counterfeits as they enter the market. For the risks posed by stolen vaccines not stored properly before being sold on, or fake vaccines with no efficacy, undermines national immunisation programmes. Both could give individuals a false sense of immunity, thereby actually increasing the rate of transmission, as well as making any second attempt at national immunisation all the harder.

6.6. Promote healthcare drone delivery to distribute to some of the hardest-to-reach locations, particularly when conflict or natural disasters have restricted or closed access.

6.7. Promote the UK life sciences sector overseas. The pharmaceutical and medical biotechnology industries play pioneering roles in the development of innovative pharmacological countermeasures (vaccines, medicines, treatments) to human disease pathogens like SARS-CoV-2. The team behind the Oxford University vaccine make up some 37 nationalities. The FCDO should prioritize showcasing the UK as a place where the world’s best scientists and innovators want to work, live and thrive in their professions. FCDO consular services could support here too.

6.8. Promote British education supporting vaccine research. Education is the UK’s fifth largest export with £12.8 billion generated annually by international students. The ongoing pandemic is likely to make it hard to retain them and attract new ones. This risks the talent pipeline for British research, start-ups and spin-offs, which feed into UK life sciences.

7. What should a ‘global pandemic early warning system’ look like? What role should the UK Government play in its creation?

7.1. It is on public record that as recently as 2019 virologists in Wuhan itself were publishing on the threat posed by coronaviruses. Scientists have been warning that most emerging pathogens originate in wildlife and spill-over into human hosts due to a range of ecological, demographic and socio-economic changes. China is not the only hotspot – areas of Bangladesh, India, Nigeria and Brazil pose known risks too.
7.2. Identifying new threats and sharing real-time information from hotspots will require a very multi-disciplinary approach, bringing together veterinary, ecological, conservation and human medical perspectives on disease emergence. Isolating and monitoring these hotspots will require long-term commitment backed-up by international policy and very considerable resources. In hosting COP26 in 2021, the UK has a clear opportunity to place this high on the agenda.

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