

## About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

### 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 Globalisation is changing the world around us – creating new patterns of health and disease in population groups across the world. International collaboration is therefore vital in ensuring global preparedness and resilience against biosecurity threats. The current COVID-19 pandemic is a lesson in the shared vulnerability of our global society. Pathogens do not respect borders, and this has never been truer than in our interconnected modern world.

1.2 The BMA recognises that no country will be safe from COVID-19 until *all* countries have the necessary human, material and financial resources to fight the virus effectively. This was reflected at the recent UN General Assembly, which focused on renewing the commitment to multilateralism and building back better, more resilient and equitable societies. Highlighting the “value of unity”, Secretary-General António Guterres said that pandemic had exploited global injustices, “preyed on the most vulnerable and wiped away the progress of decades.”

1.3 The pandemic has also demonstrated the value of multilateralism. This has allowed for a coordinated approach to supply chains, data sharing, and delivery of PPE and medical equipment ensuring resources are directed to where they're most needed.

1.4 The BMA urges the UK Government and other global leaders to prioritise revitalising existing multilateral structures, such as WHO (World Health Organization), as mechanisms through which to enhance international collaboration. These mechanisms are long-established, include all nations and allow for consideration of the diversity of lessons to be learned from the pandemic. This is preferable to creating new mechanisms like the G20 for public health<sup>1</sup>. Whilst we welcome the Foreign Affairs Committee's recognition of the need for a multilateral structure through which to consider public health, this body would only ensure cooperation between the richest countries. As such, it risks leaving developing countries out of critical discussions about their needs, as well as missing valuable lessons from low-resource settings. The global community must adopt the mechanisms for cooperation that ensures the inequities, so starkly highlighted by the pandemic, are addressed for the future.

### 2. How effective is the UK's current approach to global health security?

2.1 The current centralised process of pandemic preparedness planning coordinated by ECDC (the European Centre for Disease Prevention and Control) helps ensure that EU and EEA member states are working in a coordinated and complementary way. This strengthens the planning and response to communicable disease outbreaks. For example, during the 2014 Ebola outbreak, the number of cases in the EU/EEA was limited to eight through this joint effort. More recently the ECDC is also playing a

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<sup>1</sup> Foreign Affairs Committee (April 2020) [Viral Immunity – The FCO's role in building a coalition against COVID-19](#)

leading role in coordinating data sharing to enable a more cohesive response to the Coronavirus outbreak.<sup>2</sup>

2.2 The BMA is concerned at the lack of clarity over what the UK's level of collaboration with the ECDC will be at the end of the transition period. If decreased, reduced information sharing between the UK's reporting systems, currently led by PHE, and our closest neighbours would lead to delays in information sharing, limiting disease tracking and could render analysis on rapidly changing outbreaks out-of-date.

2.3 The Revised Political Declaration (Article 113)<sup>3</sup> commits the UK and EU to cooperate on matters of health security, in line with other third countries, including specific reference to prevention, detection and preparation for response. However, it lacks the specific detail and ambition to provide clarity on what form this might take.

2.4 The Political Declaration does not commit to continued full UK access to existing reporting systems and information sharing, which together enable coordinated preparedness, nor has there been clarity on how such coordination will be taken forward in negotiations on the future relationship. This is in the interest of both the UK and EU. For example, UK expertise on genome sequencing helps diagnose tuberculosis and other infections more quickly and more accurately, which in turn helps to inform ECDC's pandemic preparedness response. Moreover, the COVID-19 pandemic has laid bare the pressing need to maintain information sharing and coordination of response from day one after the end of the transition period.

2.5 This approach stands in contrast to the recognition elsewhere in the Political Declaration and subsequent negotiations that, given the UK and EU's close geographic proximity and interdependence in many areas, the future relationship should aim for enhanced cooperation on other types of security threats.

2.6 There are concerns around how any restrictions on access to ECDC's EWRS (Early Warning and Response System) might impact the UK based on the experience of Switzerland, which is only able to access the platform with special permission during severe infectious disease outbreaks across the European region.<sup>4</sup> EWRS access is strictly limited to EU and EEA member states and there is no precedent for regular access under any existing ECDC partnerships with third countries.

2.7 As a member state of WHO the UK would continue to have obligations under IHR (the International Health Regulations 2005) to notify WHO of events that may constitute a public health emergency of international concern, including all cases or certain notifiable communicable diseases.<sup>5</sup>

2.8 However, ECDC routinely monitors a wider range of diseases and conditions than are notifiable under IHR. The BMA is concerned that data on disease outbreaks which do not meet the criteria for notification to WHO could go unreported, creating significant intelligence gaps. Moreover, ECDC data is based on routine monitoring of indicators, as opposed to event-based notification under IHR, and therefore provides a more comprehensive overview of the health security situation in the region.

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<sup>2</sup> [ECDC – Covid-19 pandemic](#)

<sup>3</sup> European Commission (October 2019) [Revised Political Declaration \(Article 113\)](#)

<sup>4</sup> – see [Politico](#) and [Reuters](#)

<sup>5</sup> PHE (2013) [International Health Regulations 2005: UK National Focal Point communications protocol](#)

2.9 If the UK were to cease participation in ECDC reporting and coordination platforms, there would be no formal mechanism for sharing alerts about disease outbreaks that did not reach WHO's high threshold for public health emergencies of international concern. Intelligence and coordination could be reliant upon informal professional networks, which is extremely high risk given geographical proximity and mobility between the UK and EU27.

2.10 The UK should negotiate a partnership agreement to maximise continued information sharing and access to data, evidence and planning arrangements for pandemic preparedness with ECDC. This should aim to maintain the fullest possible access to ECDC's emergency preparedness systems, including EWRS. This could be similar to the arrangements that Norway, Iceland and Lichtenstein all have, which include working closely with ECDC and full access to information sharing and alert systems.

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

3.1 The FCDO is well placed to play a significant role in how the COVID-19 pandemic is resolved and in preventing future pandemics. As previously highlighted, the pandemic has emphasised the interconnectivity of health and public health frameworks internationally and the importance of coordinated responses. The role DfID played in championing an international, efficiently coordinated and comprehensive package of measures to address challenges presented by the pandemic, both in term of public health measures and economic measures, must be retained by the FCDO.

3.2 Furthermore, the department should take forward progression of the UN Sustainable Development Goals, which would help improve countries' ability to respond to future pandemics, for example by improving health and wellbeing and reducing inequalities. Using the Goals as a framework will help to guide FCDO and the UK Government towards a holistic approach to global health and global health security, rather than focusing narrowly on increasing preparedness to identify and respond to future pandemics.

3.3 The UK's funding for Official Development Assistance is an important component of attaining the SDGs. The BMA is deeply concerned that spending on aid for 2020 has already decreased in real terms<sup>6</sup> due to economic contraction from the pandemic, and that the Government will further reduce it in 2021 from the UN recommended 0.7% GNI to 0.5%.

3.4 An aid budget of £10 billion in 2021 represents a significant reduction in real terms funding available to fragile states struggling to cope with the immediate and secondary impacts of the pandemic. This will result in reduced support for the developing world at a time when that support is most needed to address the impact of COVID-19 on the most vulnerable. Such a move would stand in stark contrast to recent commitments by world leaders at the G20, which recognise that developing countries need additional support at this time.<sup>7</sup> It is, therefore, vital that Government increases aid funding back to the UN recommended level of 0.7% GNI at the earliest possible opportunity, to make good on Global Britain's promise to build back better, fairer and more resilient societies.

### 4. How can the FCDO ensure that COVAX is successful? What are likely to be the main challenges associated with worldwide distribution of a vaccine?

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<sup>6</sup> BBC News (July 2020) [Coronavirus: UK foreign aid spending cut by £2.9bn amid economic downturn](#)

<sup>7</sup> G20 (November 2020) [Riyadh summit leaders declaration](#)

4.1 The BMA welcomes COVAX's focus on ensuring there is equitable global access to a COVID-19 vaccine and is pleased that the UK has signed up to the facility. It is vital that countries work together to ensure the equitable distribution of the vaccine according to the WHO fair allocations/frameworks to avoid a situation where only a few countries are able to access global supplies of vaccines, as occurred with H1N1 (swine flu).

4.2 The UK has taken action to pre-order COVID-19 vaccinations to help ensure they can be delivered and distributed among the public as efficiently and speedily as possible. The FCDO has a role to play in ensuring that, as part of the UK's cooperation in COVAX, any vaccine surplus is not stockpiled unnecessarily, but is first distributed to priority populations in low, and lower middle-income countries to ensure global distribution is equitable. The UK, through participation in the COVAX facility, must also ensure that production capacity is sufficient, globally, and that issues concerning regulatory harmonization, indemnity and liability are resolved.

4.3 We welcome the involvement of the World Bank, and global development banks such as the Asian Development Bank, as it is vital that the cost of vaccines should not be a barrier for countries globally to engage.

## 5. What role can the FCDO play in persuading countries to remove tariffs on COVID-critical products and how can the FCDO encourage further information sharing between countries?

5.1 The UK is a major pharmaceutical-producing nation and a leading global health actor. As such, the FCDO and the DIT have the potential to work together as global leaders when it comes to best practice on ensuring that tariffs are removed on COVID-critical products. To enable this, it is important that the UK retains its current ability to support low-income countries to affordably access essential medicines using TRIPS flexibilities. As the end of the transition period draws closer and the UK signs up to new trade deals, it is essential that the Government ensure new trade agreements reinforce generous TRIPS flexibilities, or at a minimum, do not restrict their use.

5.2 The COVID-19 pandemic has sparked discussion at the WTO (World Trade Organization) over whether TRIPS flexibilities should be broadened to include non-patent measures and non-pharmaceutical COVID-critical products. For example, the sharing of AI algorithms for apps or 3D-printed ventilator valves would not be possible under the current flexibilities.<sup>8,9</sup> The BMA would support removing barriers to accessing critical COVID-19 products, including unnecessary tariffs, intellectual property barriers and unaffordable prices.

## 6. What should a 'global pandemic early warning system' look like? What role should the UK Government play in its creation?

6.1 The BMA would support the development of a global pandemic early warning system to ensure that countries are able to put prevention measures in place as early as possible. The UK's position as a leader in biomedical research means we are well-placed to take a leading role in this. This would also support the Government's aim of creating a Global Britain as the UK leaves the EU.

6.2 Nonetheless, it is important that such a mechanism is developed through existing multilateral structures, such as WHO and a levelling up of IHR, to ensure that there is a coordinated approach and that lessons . Centres for Disease Control, internationally, have a critical role to play, for example in

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<sup>8</sup> WTO, Communication from South Africa (July 2020) [Intellectual Property and Public Interest](#)

<sup>9</sup> WTO and World Intellectual Property Organisation (July 2020) [Promoting access to medical technologies and innovation – Second Edition](#)

ensuring that real-time data and information from WHO on the way COVID-19 was spreading globally was acted on speedily through coordinated public health measures.<sup>10</sup>

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<sup>10</sup> <https://africacdc.org/news-item/new-report-provides-african-governments-real-time-information-and-guidance-to-find-the-balance-in-covid-19-response/>