

All-Party Group on Coronavirus - Oral Evidence Session 8

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Layla Moran MP

Well, welcome everybody to this which is now I believe the eighth session, oral evidence session for the All-Party Group on Coronavirus and I am delighted to welcome all of our panellists and all of our Parliamentarians to this session, we are going to be looking at the international comparisons between the United Kingdom and other countries and we have many eminent panellists with us and lots and lots and lots of questions so thank you so much for all who are watching and especially to those who will be giving evidence. And I'd like to start by giving a warm welcome to the first two panellists, we'll be talking to them between now and 12:30, at which point we'll move onto the second set of panellists.

So, in this session we have Professor Martin McKee, he is the Co-Director of the Core Management Team at the European Observatory on Health Systems and Policies. Professor McKee will be highlighting the differences between how different countries have responded to the Covid-19 pandemic with the differing solutions and outcomes and this comes of course at a very pertinent week in the United Kingdom given the interventions yesterday, am I'm sure we'll have a lot of questions about those. And joining Professor McKee we've also got Professor Paolo Vineis who is the Chair of the Environmental Epidemiology at Imperial College, he is the Head of the Unit of Genetic and Molecular Epidemiology at the Italian Institute for Genomic Medicine in Torino, Italy and Professor Vineis will be reporting on the measures adopted by the Italian Government in relation to the changing epidemiology of Covid-19, the evidence of their effects and the challenges faced, so a warm welcome to both of you and also on the call, but we will come to them later, are Professor Luca Richeldi, Professor Sergio Bonini and Professor Deenan Pillay, so thank you all three of you for being with us as well, we'll come to you at 12:30.

So, I'll kick off by perhaps reflecting over the last week, it now looks like what this APPG and others had predicted, the second wave is here and that has led to greater restrictions being announced yesterday, a varying response across the United Kingdom, we have Philippa Whitford MP who will be coming in to talk about some of the differences between the four nations later on, she's going to another committee and then coming to us a bit later. But I thought I might start by asking first to Professor McKee but then also to Professor Vineis if there's anything he wants to add, in terms of the changes that have been made by the Government in the last 24 hours, in particular with the announcement around the curfew to pubs, we were wondering what evidence is there that you're aware of that these restrictions are actually going to help because when I was looking at the Sage minutes and the modelling that's been done as far as I can see that is not something that I've seen strong evidence for in the minutes that I've seen, I'm wondering am I missing something? Is this going to work?

Professor Martin McKee

Well, I'm not sure that it will and maybe it's helpful to go back to first principles, I'm going to say something which is very obvious but I think needs to be restated, essentially this virus transmits in conditions where large numbers of people come together for a period of time in close proximity and particularly indoors, the evidence is that indoor transmission is about 20 times more likely than outdoor transmission and where there is not some form of protection like face coverings. Given that

it would tend to direct you towards reducing those settings, be they in places of entertainment or at home with different families coming together or whatever. Recognising that there are some places that we really do want to keep open, if at all possible, and particularly schools and obviously other essential services. However, there are a couple of other considerations and one is that as Chris Whitty has said, this is going to be the long haul, it's going to take at least six months until we have some vaccine available so it has to be something which is sustainable and it's important not to put in place something that you then have to go back on and then have a recurring cycle. And a third consideration is that the messaging has to be as simple as possible, which then gets you into situations like the Rule of Six or something like that, you think well is it six, is it five, should it be whatever, well there isn't an answer but you need some sort of a simple message.

So, with all of those things I think I do not see that what we're doing is bearing down sufficiently on those settings where transmission occurs. Many of us are a bit mystified as to the 10 o'clock curfew, we can see that if you have people staying all night they're more likely to have too much to drink, to be close together, it will reduce it in some way but as one children's author said on Twitter the other day, this is coronavirus, it's not Dracula, it comes out in the day, he used an expletive as well but that's by the by, and I think that seems to be I think a little bit illogical and that's why I think you look to Scotland where they are going somewhat further and that I think seems to be logical.

The other reason why I've got some cause for concern is that what is being proposed is to some extent quite similar to what's already happening in Bolton and Leicester and some other places and that is not bringing the rates down anything like as much as we would like, so from a theoretical, conceptual point of view I think there are problems, from an empirical point of view looking at Bolton and Leicester and elsewhere I think we have problems and I think we would like to go further, recognising it has to be something that ensures public acceptance and is sustainable in the long term.

Layla Moran MP

Thank you very, very much and in that context of course we look across to Italy and notice that they seem to not be going through this beginning of a second spike and I wonder if Professor Vineis, is there something that you'd like to add? Why is Italy not going through what it looks like we are going through, is there any comparisons we can draw there, what have they done that we haven't?

Professor Paolo Vineis

Yes, I don't think it is easy to answer to your question. I think that there are at least two reasons why we are doing better and I hope we will continue doing better. One is because we have a good contact tracing system which has been set up in different regions and it seems to work, but it works as much as the number of cases is small for example it has been quite effective, I believe, in dealing with people coming back from vacation which was a problem in August and we have been able to screen these people and I think it was effective in reducing the spread of the epidemic. The second issue I believe is that believe it or not the Italian population has been complying, I mean I'm a little ironic because people usually think that Italians do not comply with regulations but in fact if you go around, I've gone around in all of Italy in this period because I travel for work and everywhere you go you find people are wearing masks and people are quite attentive, so for some reason I believe that the Government has been able to convey the message, how to be very careful.

Though there are some sub-groups in the population that do not comply, particularly the young people, you still see large crowds of young people in and around but usually they meet outside and this is another problem that is weather in Italy is fine in this period and most of the people meet outside. As Martin was saying the risk of getting the disease in buildings, in rooms, is much greater

than outside, so it is possible that the situation will change with the bad season. Well, if you like I can show a couple of slides but maybe it is premature about the effect of the lockdown.

Layla Moran MP

As you wish, I'm not sure we've got the capability to share the screen, perhaps the Secretariat can liaise with you.

Professor Paolo Vineis

I can try briefly if I cannot I will drop it. No, I am disabled, OK.

Layla Moran MP

OK well it might be useful if you'll send those into us, we'd look at that as secondary evidence, that would be very interesting.

Professor Paolo Vineis

Yes, yes.

Layla Moran MP

And just coming back to Professor McKee on the similar theme, I mean we're also seeing other countries that seem not to be having the second spike and you know there's Sweden being a very interesting case of course, there's lots of talk about what Sweden has and hasn't done. Is there anything that we can infer and draw from those countries that seem to be not in this position right now because Sweden has got a very similar climate to us and so it's not the climate there that's going to be the main difference, is there anything that we can learn at this point from what they're doing differently that seems to be leading to a different outcome?

Professor Martin McKee

Yes, well you might detect in my face a sense of despair when I hear Sweden mentioned yet again, in Independent Sage we will be putting out a briefing document this week which looks in detail at why the example of Sweden is not particularly relevant to the United Kingdom and why there is an awful lot being said about it that's actually factually wrong and in fact they are experiencing a recurrence in cases in the last few days, so there are a lot of problems with Sweden and just maybe to ... without getting into detail because we have written a several page paper on it, I was just working on it this morning. Essentially all of the Nordic countries have done well and the Nordic countries have done well in lots of ways, it's not just in their response to the coronavirus, work that I did previously a lot of my research ten years ago was in the impact of the global financial crisis and you could see that whenever they were experiencing job ... most countries when they experience job losses also see a rise in suicides and then a decline as the job losses fall off. The Nordic countries were able to break that connection, they've got very strong institutions, strong welfare state, a much higher level of trust among the population, 68% say you can trust other people, 40% in the UK, and there are a whole series of social factors that mean that you're not comparing like with like.

That said, Sweden has done much worse than its neighbours, people often say well Denmark and Norway are doing a little bit worse at the minute, true, but then they opened up to a greater extent than Sweden did. Sweden partially closed down and has stayed partially closed down whereas Norway and Denmark have begun to open up and they have seen a bit of an increase. Finland has not and Finland is never mentioned. So I think one of the things we see is that one of the major factors was how well prepared countries were when they went into this crisis, some were much better prepared than others and in the Italian situation as always with Italy with its 20 regions we have a fast knitting natural experiment, it was a country that was able to essentially limit the pandemic in the initial way to the Northern regions, to Veneto, Emilia-Romagna, Lombardy and Valle d'Aosta and actually there were interesting comparisons between Lombardy which did badly and Veneto which did relatively well and that which we have published a paper on was to do with having a comprehensive strategy in Veneto, whereas much more of a laissez-faire situation in Lombardy and I think that generally points to the importance of having a clear view about what to do and making sure you've all the levers of command there which Giuseppe Conte does have, he is effectively ruling by decree, there was a degree in Spain with Pedro Sanchez but that has now expired and there are lots of tensions between the Spanish regions and the centre, which create problems there which is one of the reasons and it has not got its contact tracing system up working well, whereas Italy has a long and very, very good tradition of public health in fact, right back to the 1950s and the eradication of malaria in the Mezzogiorno and so on and that has continued. So, I've talked enough but we could go on.

Layla Moran MP

Yeah, just a quick follow up and then I'll throw to Barbara Keeley, when you say levers of command, what exactly do you mean by that?

Professor Martin McKee

Well the Government in Rome is able to do things in a country that is ... we have to be careful about national stereotypes and Paolo has already said in fact when you look at the face covering wearing, Italy was really far ahead of other countries, people were complying, the survey data that Imperial and others have done and you know people talk about Italy being a difficult country to manage, but in fact there has been quite a high level of coordination among the regions which is not the case so much in Spain.

Layla Moran MP

Thank you very much, Barbara Keeley.

Barbara Keeley MP

Thanks Chair, thanks Layla. Professor McKee, in terms of how and when we respond to Covid-19 what differences were there between approaches taken in different countries and to what extent do these explain the different outcomes, I mean you've started talking us through that perhaps if you can just widen it to other countries and I think our primary interest is what could the UK have learned early in the pandemic to adjust our approach because clearly we could look at Italy and other countries and we could learn, so what could we have learned?

Professor Martin McKee

I think there are three broad factors that have shaped how countries have reacted, I should say we have a paper coming out in The Lancet in a few days' time which looks at Asian and European countries which deal with a number of these things, but essentially the three areas are in the politics and policy, in the science and in the organisational capacity. So, there are issues around having the political levers, having the system of government, having the institutions in place and if they're strong and if they're working well and if people are talking to one another that clearly helps a lot. And of course, we have had a tradition and I mean, I don't want to sort of characterise it too ... but there has been a tradition in the UK for a decade or so whenever faced with a complex problem of going to one of the large outsourcing companies, be it G4S for the Olympic security or whatever. Now the Institute for Government have written about this and catalogued problem after problem and so we haven't got that and we have been cutting the head count in the Civil Service so there has been a problem with our ... the system of government, all the stuff that Peter Hennessy has written about in the past, you know and so on. And the ability to develop a coherent policy, some countries have been much, much better, Germany for example, at doing that.

Linked to that there also has been a sort of paradigm of the ... and Jeremy Hunt has talked about this, the SARS countries who came into this with their frame of reference being SARS and MERS and so on and they had a lot of preparation and that was how they looked at it, but compared to the influenza countries which had a different view, and this is much more like a SARS-type virus. So that I think that narrative, that paradigm, that frame of thinking was quite important and just the ability to work across different bits of government. Then we have the science and that's actually rather more nuanced because obviously it's good if you've got a lot of scientific advice but sometimes maybe, and this may be a bit heretical for a researcher to say, sometimes maybe you can have a little bit too much and there is a danger that we abandon the precautionary principle and we say we need to have five meta-analyses before we do something and I think we've seen quite a lot of that in the UK of hesitancy to do things, even though if they've got different disciplines together and said we may not have a randomised control trial but we've a lot of evidence in different places and it's all pointing in the same direction.

Obviously there are countries that have done very badly, Bolsonaro and Brazil, Trump and the United States that have completely rejected the scientific approach, so science is the second thing and then the organisational capacity, the ability to respond. Germany with its laboratories not needing to worry about its health service being overflowing because it had so much capacity, my German colleagues always say they had too much but they didn't have to worry about running out of intensive care units, but as important I think the knowledge that you have got that capacity almost like an insurance, gives you that freedom to make other decisions and if you feel that you've got a system that if you get it wrong it's going to be overwhelmed or if there are things that you'd like to do, like the testing, but you know you can't, or if you don't have confidence in the public health system, as I think was the case here, then you're constrained in what you can do. So I think to try and generalise, I can go into individual countries if you want but to generalise I think policy politics, science and knowledge, evidence and organisation capacity explain quite a bit, and of course in the initial wave [inaudible 0:31:55.2] luck, where the cases came in from, so Lombardy was affected particularly because of the clothing, the fashion industry and so on had a lot of links with China, a lot of movement coming in and out. People then went, and we've published a paper as well looking at the Bergamo Atalanta, I'm not into football particularly but I learnt quite a lot reading that paper, but the Bergamo Valencia match which does seem to have spread it and then Spanish cases coming to the UK, Brazil was infected from Italy too, so there was an element of serendipity as to [inaudible 0:32:27.1].

Barbara Keeley MP

And as my follow on question was, what could the UK have learned early in the pandemic to adjust our approach, I mean that's very broad brush and we do look forward to the paper you're going to publish but you know can you point to things that we could have learned early in the pandemic and also we could ask Professor Vineis what has been learned in Italy, because lessons learned are clearly very important at this point.

Professor Martin McKee

Well I think we could have learnt a lot more from Italy and there were conversations, I'm aware of them because I speak to my Italian colleagues and it was primarily through the G7 mechanism because of course we were not engaging through the EU, but in the G7 you did have Germany, France and Italy. I know France was not present for the key meetings. But I think we didn't do anything like enough there and I think we could have learnt particularly about the role of the public health at the USLs, at the local level in Italy, that would have been very helpful. And to also look at the differences between Veneto and Lombardy which Italian colleagues were doing. Now, that did feed in but I'm aware of the timing that it fed in unfortunately rather too late and we obviously should have reacted earlier, but I think one of the things that concerns me a lot and I am a Professor of European Public Health so I would say this, is that without getting into the other political issues our connections with the rest ... I should also declare that I'm also an advisor to the Regional Director of WHO for Europe, our connections which are often informal with our colleagues in the rest of Europe, there are some individual ones, people in Public Health England do talk to individuals in Robert Koch, but they're nothing like as good as they were in the past and as they should be.

Barbara Keeley MP

OK thank you, and Professor Vineis what lessons do you think have been learned in Italy since the first wave?

Professor Paolo Vineis

Yeah, I think there are two aspects, one has been already mentioned by Martin and it is say the difference between Lombardy and Veneto which means that Lombardy mainly used the hospital system meaning that seriously ill patients were sent to the hospital and the spread of the epidemic occurred through hospitals and also there was a huge spread through nursing homes as we know. Whereas in Veneto and other regions which have a stronger public health and network of GPs patients were treated at home and there was not a crowd of patients in hospitals and also treatment was earlier and more effective, so lethality was lower in Veneto. Well, by the way the lesson of this experience means that for example in the region where I live which is Piemonte we have reinforced the General Practitioners' Network and now General Practitioners have received additional funding and they collaborate with the public health system, so there is a kind of guidelines that allow General Practitioners to take care of suspect Covid patients and then the public health services take over and they prescribe swabs and so on. So, there is a line of action which means that the whole system is much more effective compared to the first phase, which might explain why we have fewer cases now.

The second thing I want to stress is that the timeliness of lockdown was really crucial and in fact we have very good evidence that I can share with you later about the fact that southern regions were essentially spared by Covid because the lockdown was introduced on March 11th when there had been no spread to southern regions, or very little, whereas northern regions performed much worse, firstly

because Covid started in northern regions, Veneto and Lombardy, and second because the lockdown was relatively late compared to the start of the epidemic and well, I have a very nice graph showing that as soon as the lockdown was introduced and mobility was stopped Rt went down immediately, below one, so yeah I think that these are two important lessons for the future.

Barbara Keeley MP

OK, thank you.

Layla Moran MP

Thank you so just a quick follow up on that, there was a talk of having a mini lockdown in the UK and that was being discussed and it turns out that the Government has not adopted that option, I mean based on the evidence that you're describing there are you suggesting that that is the more prudent approach that the UK should have taken right now, Professor Vineis?

Professor Paolo Vineis

Well, I ... unfortunately the discussion is about lockdown or no lockdown, it's a pity that no other solutions have been tested and discussed because I think that there have been experiments with using for example GPS and studying the movements of people showing that there might be intermediate solutions. I think that something intermediate between closing everybody at home or doing little business as usual can be explored a little more but I think that Martin agrees, we need a kind of experiment for example comparing ... I am a little surprised that very few people did experiments about schools, like testing the effectiveness of different ways of containing the epidemic, even with randomised trials, doing serology in children and in teachers, so I'm not sure that the lockdown is the only solution when the situation becomes serious. Certainly, it was very effective in the first phase but we lacked scientific research, well-planned, well-designed, to look for intermediate solutions and I ... well in any case one alternative is to have local lockdowns, like closing down towns or even certain areas in big cities if possible, the so-called Red Zones which in fact is effective in certain cases.

Layla Moran MP

Thank you very much. Lord Russell.

Lord Russell

Yes, thank you very much, I mean I think it's clear from the evidence that of what was happening in Italy that in the first phase we were not listening and did not learn and reacted too late. Given that we are now as predicted on the cusp of a second wave, or on the verge of it and that is happening in other countries, in your view, and this is for Martin first, have we learned enough from the first phase to be smarter about how we are managing the second phase and if not, what should we be doing?

Professor Martin McKee

Oh it's a very good question because I'm not privy to the discussions that are taking place within Government obviously, we have in the European Observatory created a Covid response monitor, we

have a network of correspondents from about 25-30 countries or so and we update it every day in fact with not just reports of what each country is doing but we've done a number of cross-cutting thematic analyses, in fact we've just got one that we've just had a paper accepted on testing. I fear that we have not, there still is a degree of exceptionalism here and I worry that, as I mentioned, there are individuals who have got links elsewhere, we do not have that depth and breadth and I mean to be perfectly honest in the old days people in, Senior Civil Servants in the Department of Health would have had the mobile phone numbers of their correspondents across Europe, I do but they don't at the minute, they don't seem to have anyway and my colleagues in other European countries from Ministers, their Secretaries and others are saying well, we're not having those discussions. There's a little bit but it doesn't seem to be anything like as much as it might be unfortunately.

Lord Russell

And Paolo could I ask you, I mean Italy at the moment and I speak from South-Eastern Sardinia at the moment where I am incredibly impressed, the contrast with London in degree of the individual compliance and behaviours of the average citizen is stark, but Paolo given that there is, I would imagine, a possibility that Italy to some degree may experience forms of a second wave what has Italy learned from the first wave and how will that impact how it responds should there be a second wave?

Professor Paolo Vineis

Yes, I think that there has been a broad discussion about the limitations of the response in the first wave, for example supply of devices, PPE and also reagents for swabs, there has been a response at the governmental level for example in terms of supplies and now they plan to have up to 200,000 swabs per day if the situation becomes critical. So, this was probably the first response, the second is what I mentioned before, some kind of reorganisation of the response locally in single regions through an empowerment of General Practitioners and all the public health services. Now there are guidelines and for example contact tracing is effective, at least in the region where I live but I hear from people living certainly in Veneto which is probably the best region in dealing with Covid, I believe in Lazio and other regions. So, the contact tracing system seems to work, up to now, the problem is whether or not because of winter for example we have a larger increase in the number of our cases and at that point contact tracing might become insufficient or we might have troubles with swabs and reagents. We are talking a lot about the use of saliva tests by the way which seem to be cheaper and they might be quite helpful and as you say compliance by the people is pretty good, even surprisingly so. I hope there will be no second wave, if there is a second wave we are more prepared than for the first wave because of centralised supplies system for swabs and because of the system of contact tracing which however I have insisted a lot with my regional administration to have stress tests of the system that is alright we have now about 60 or 80 cases per day in the region which is about five million people, but what if we have 600, can we deal with such a large number and we should do a stress test to foresee whether the system will react properly.

Lord Russell

Thank you very much, Martin could I just ask a follow up, you mentioned you were surprised that there weren't more sort of tests done of schools in particular to try and see what might happen, if you look at what is happening at the moment in schools and universities are you comfortable that we are prepared in those areas or do you have cause for concern?

Professor Martin McKee

I have cause for concern, on Independent Sage we did publish a report on universities where we argued for online learning, now as someone who is involved in this at the minute in converting my course to online teaching I have no illusions whatsoever about the work involved, it is absolutely enormous and for an hour's lecture it's about eight hours work and preparation, it's a huge amount of work but we're doing it. But we did say that there were major risks of bringing everybody together, simple principle you're mixing people from all over the country and we frankly, if we think back, some of us think back long enough we can remember the way students behave ... I'll leave it at that. On schools we also published a report where we were calling for considerable caution and I think we were concerned that over the summer when there was time to really invest in preparations, trying to get more space, including even marquees or portacabins or whatever, if they could be fitted in and we have a problem with space of course in the UK, we have much bigger class sizes than in many other European countries, so in primary schools again to look at the Scandinavian the average in the public sector primary schools in the UK is 27.2 or something like that, in Sweden it is about 20.

So, there was much more that could have been done that I don't think we did do. What we were particularly concerned about in our report and which has come to fruition, we argued that the guidance from the Department for Education was frankly it was incredibly vague, it was use your own judgement, it was ask Public Health England. We were saying at the time we actually need to have worked examples, you know you've got two children that come back infectious, they're in the same family but different classes, what do you do? How do you do a sort of what the Army would call a training exercise with our troops that sort of thing, you know it would be working through the procedures and you know I've been listening to head teachers on the Today programme saying we've tried to find out, we called Public Health for four days and we couldn't get an answer, we don't know. And we felt that those scenarios, just a number of ten or so common scenarios, predictable ones, should be worked through, who do you call and then the head teachers ... do I have the right phone number, do I know who I should be speaking to, what should I be doing. None of that was done and that was done in other countries, as well as a lot of things around ... what I think head teachers did as far as they could separating the classes and minor building works and so on to the extent that they could.

So, I think we wasted a lot of time and of course I fully understand head teachers also have the problem of the difficulties with the examinations this year, quite why if you're using an algorithm you couldn't have given the children the results in June because you could have predicted it then anyway you weren't waiting for the marks to come in and then they would have had time to get on, I mean that's another question which I haven't heard anybody ask but it did mean that I think we were much less well-prepared and with hesitating to say we told you so, well actually we did in our report.

Lord Russell

Thank you very much indeed.

Layla Moran MP

Thank you and on that note of people picking up the phone, I'm very intrigued Martin by what you were saying in terms of the good old days when people would have each other's phone numbers, I just want to drill into that just a bit further, I mean how many years ago was the good old days, when did people stop having each other's phone numbers in this country?

Professor Martin McKee

Actually it was, I'm trying to think, probably about seven or eight years ago, you know in those days and I've been floating around the European scene really since 1990 and in those days, some of you will know having been in Ministerial roles and others, UK really played a very important role and our Ministers and Civil Servants they were ... a lot of things in Europe are done outside the room, so I can remember when we were having the negotiations on the Cross-Border Care Directive, the UK along with Denmark and Sweden and a number of other countries were working together, we had a meeting in Cella in Germany which was an informal meeting, it was just off-the-record, informal discussions in the same way that there have been more recently in pharmaceutical pricing with the Benelux-A countries, a meeting we had in Alpbach in the Austrian Alps a while back, but the UK has not been part of that for quite a long time and they were these informal connections that we have lost and in fact we did have two very good Senior Civil Servants in the International Division up to the, just after the referendum, and they were made redundant which was a tragedy because they had that collective memory, they knew people and I'm not criticising the people who are there now, but a lot of these things are based on personal contacts.

Layla Moran MP

That's very helpful to know and you spoke about exceptionalism, I mean what examples of exceptionalism are you seeing that are still occurring now, given that I think we have learned our lesson that we should be looking to other countries, and bluntly has it cost lives?

Professor Martin McKee

It's really difficult to say, I'm trying to think of a concrete example but it's just more generally, you know not really looking in detail ... I mean some of this debate about Sweden is really interesting actually because if you talk to Swedish colleagues as I do, partly because I have an endless stream of journalists saying do you know anybody in Sweden who can talk to me, but leaving that aside you know I know Sweden well, it's having the nuanced knowledge of what it's like on the ground and I think you know often in my job it is so important to understand the history, the culture of a country and also to understand that you may have, be using the same words but they're interpreted in a different way and that just comes as like pattern recognition, it comes with practice, it comes with age and experience and I think we miss out on that, it's all that soft knowledge, so therefore you make superficial assumptions and you make superficial assumptions particularly when you're dealing with countries when the reality of it is you should be looking at regions within countries and recognising that there is a huge difference between Veneto and some of the regions in the Mezzogiorno, an enormous difference between Mecklenburg-Vorpommern in Germany or Baden-Württemberg and you know all of that sort of thing is really important and I think we tend to miss that out by not being engaged in those day-to-day discussions.

Layla Moran MP

And just finally before I go to Lord Strasburger, Paolo I don't know if you've got a view of this from where you sit, I mean do you recognise this British exceptionalism and what do you notice about it?

Professor Paolo Vineis

Well, I never thought about it in fact. Well, I've been living in the UK for 15 years, 16, and frankly I don't find so many differences at this point and I'm not sure I identify a British exceptionalism, I know about the American exceptionalism, not so sure about the British one. Well there have been cultural differences between the UK and Italy during Covid, perhaps Italy is, there is much more debate perhaps, people talk in bars or ... my feeling is that people talk about politics for the good and for the bad more in Italy than in the UK and also people tend to be more emotional in Italy, so you will find a lot of conflicts in the newspapers for example but at the end we come up with solutions and also in spite of the emotional approach and the conflicts and whatever the political debate people comply so although there has been a movement against masks for example, like everywhere, the vast majority of the people use masks, so in any case I don't know exactly whether there is British exceptionalism, maybe it showed up in the first phase in the response to ... yes, in the response to Covid. I must say that in the first few weeks when the story of Covid came up Italy was considered as too emotional, our response was considered to be exaggerated and we are too focused on the family, we are too emotional and we shouldn't react like that, but in fact perhaps we had the right reaction. So, that might be the British exceptionalism.

Layla Moran MP

Understood, more cultural than anything else, a misunderstanding of other cultures, yes.

Professor Paolo Vineis

Exactly, absolutely yes.

Layla Moran MP

Thank you very much. Lord Strasburger.

Lord Strasburger

Thank you Layla and welcome to our two witnesses. I'd like to talk about testing and tracing which is hardly covering itself in glory in this country at the moment. Can you tell us how the approach is different in other countries to testing and tracing and how successful it's been? Shall I start with you Paolo with respect to Italy and then perhaps I'll come to Martin on the wider question.

Professor Paolo Vineis

Right, well I can say how it has been successful lately in the last couple of months probably because the first phase was so dramatic that we had to build up the system and so contact tracing was more successful in the regions that have been already mentioned like Veneto where there was a very well-structured public health system and a network of General Practitioners. So, it was very clear who was supposed to do what and also there was relatively limited shortage of supplies. Now in the last couple of months I have followed very closely the situation in Piemonte because I have been involved in the so-called Crisis Unit in Piemonte and so I've been acting as a supervisor for the system of contact tracing and I think it works so far, because of at least three reasons, one is because we have now national guidelines and also regional guidelines on contact tracing, so it is rather clear what needs to

be done. The second is because we have reinforced the General Practitioners' Network and we have a specified much better like Veneto what people are supposed to do, both General Practitioners and the public health services in terms of identifying the cases and then their contacts and performing swabs in the contacts. And in this case avoiding the spread of outbreaks because the goal obviously is to stop outbreaks. And I think this has been working, and the third reason is because we have a centralised system for providing reagents and so there is no shortage at this point in time. I'm concerned about a potential second wave because I'm not sure, as I said, we need a stress test, we need to be sure that the current organisation will work and by the way this Friday I have a meeting with other people just to discuss this, the future of the contact tracing system in Piemonte for if there is a second wave.

Lord Strasburger

You've pointed out that the acquisition of reagents is handled centrally but the rest of your answer implied that the control of actually delivering the testing and tracing service is at a more local level, that it is in this country, is that correct?

Professor Paolo Vineis

Yes, yes, yes. The delivery of tests is done locally, well it depends on the public health system in each region and so contact tracing is organised regionally.

Lord Strasburger

And that is a factor in the success is it?

Professor Paolo Vineis

Well I think so because there is more control, you have more opportunities of checking what is going on and what are the troubles arising and because we, as you know, we have local health units within each of the regions and each of them has its own public health service and so you can check in which local health units contact tracing is not working and in principle the administration like the Department of Health in the region can take measures if they notice that something is not working, and we have obviously an epidemiological regular survey of the cases arising, I know every day how many cases arise, how many deaths by local health unit, but municipality, by region.

Lord Strasburger

OK thanks. Martin could you answer the same question and can you tell us where in Europe testing and tracing is going best and why?

Professor Martin McKee

OK, well I'm not sure I've got a comparative measure, I can tell you where it's going better and where it's going worse perhaps but I think there are two broad approaches, one of which is that you have when cases are identified somebody calls them and tells them to identify their contacts and to isolate and sort of leaves it at that and that's the model we have here and it's rather similar in Spain and in

France. In many other countries it is very much at a local level as in Italy in the USLs, the local health units. [Inaudible 1:01:49.6] epidemiology where when you get a case you don't just tell the contacts to isolate you follow up the contacts, ideally with testing, and you follow it back to work out where they got the infection because with this disease we know that an awful lot of the transmission is in what we call super-spreading events, in churches or in nightclubs and factories, like in Germany in the meat packing plant in Gütersloh and so on and so forth. So, there's much more of a sort of detective work, now I've said elsewhere the model that we have is a little bit like bringing in Miss Marple or Father Brown and locking them in a room and telling them to investigate the murder by phone, whereas the other countries actually send them out in Kembleford or wherever and ask them to go out and walk around and see what's happening.

Now of course in the UK the local public health departments in local Government are now doing that and they're having some success, but of course there have been huge problems in getting the data, the information flows and so on, so I think that's one fundamental problem. Before I answer who is doing well, well maybe ... so who is doing well, well I think Germany is clearly doing well, Italy is doing well, the Central European countries in general are doing well and this is something where a number of us, some of us were very heavily involved in the post-Soviet transition in the region, in my case particularly both in Czechoslovakia and Hungary and to some extent Poland and Romania and we were rather critical of these public health sanitary epidemiological centres that were a bit obsolete and we wondered what they were doing, but actually you know they've now come into their own, it's not to say that they couldn't do better but having that local presence.

But I want to pick up on one point which we haven't talked about and that is procurement and the reason I'm saying that is I'm the rapporteur ... I'm on the European Commission's expert panel on investing in health, I have an Irish passport as well hence my ability to remain there, and I'm the rapporteur on report on procurement and health and we're looking at the whole spectrum but one of the bits is pandemic planning and what has become clear is that as I was writing it I was very conscious of the need to make sure that not all of the examples of failures came from the United Kingdom because it would have been quite easy to have done that. Other countries have had failures too, problems with corruption in a number of countries, problems with lack of due diligence, problems with shell companies being set up where they've only had an existence of a few weeks and no due diligence was done but in terms of the league table, the UK is definitely out in the forefront there in terms of the lack of transparency, the failures that have occurred and so on and so forth. So, I think that's something that really does need attention, I'm hoping our report should be out at the end of the month.

As I say, there have been problems elsewhere, Belgium, Germany, France, almost everywhere has had some problems but we've just had an awful lot and we keep, seem to be continuing to do it.

Lord Strasburger

So, you seem to be arguing in favour of more transparency on procurement.

Professor Martin McKee

Yes.

Lord Strasburger

Local control and a more proactive follow up to cases, is that what you're saying?

Professor Martin McKee

Yeah, well in fact we should be doing the procurement, I mean we are still subject to the European Regulations on Procurement until the 31st of December, so the ... I think there is a mechanism ... [inaudible 1:05:15.6] ... yeah but we're just not, we're not complying with it. I mean there is as you know on-going legal proceedings which are looking at this and it will be interesting to see what that comes up with but given that it is coming up I probably should say no more.

Lord Strasburger

Thank you very much. Back to you Layla.

Layla Moran MP

Thank you very much. Dr Philippa Whitford. Who is on mute, unfortunately.

Philippa Whitford MP

Classic Zoom mistake. Hello there, if I can come to Martin first, I know we don't really have very long but as we're going into this new upsurge, obviously we had announcement of new restrictions across the four nations in the UK yesterday, a lot of them are pretty much the same but some differences, probably the biggest difference is around the rules around households, now our test and trace has shown that in the West of Scotland it is households interacting that is driving our current outbreak there, so the Scottish and indeed Welsh and Northern Ireland are about no household mixing at all, in England there is still the Rule of Six. Do you think England is being too generous or are we being too Draconian at this point?

Professor Martin McKee

Well, I think we ... I think England is being too generous actually, I have no ... I'm not privy to the discussions around the Cabinet table but I would be surprised if the advice given to Ministers and the four nations was much different but these are ultimately political decisions because as you've said that's where the mixing is occurring and we've seen that in the areas, parts of England that have been locked down where you're still allowing some movement and it's not suppressing it.

Philippa Whitford MP

I don't know whether the other witnesses have any comment from their experience in Italy or elsewhere, whether they think households is the main thing driving this?

Professor Paolo Vineis

Well from evidence we have about the first wave in fact the main driver has been mobility by far, but the situation has changed obviously. The first wave, the start of the first wave was strongly related to mobility and as soon as mobility was reduced through the lockdown the Rt went down dramatically. Now, the situation is different because well, students have restarted going to school, so probably the

households are becoming more important. Also, there has been a, we can say a depletion of the more susceptible, a lot of the cases were in nursing homes and now there is much more control over nursing homes through testing, so yes it is possible that households are becoming one of the centres. I have been a little surprised that the professional occupational environment has not been that important in the first wave and neither in the second wave because we haven't had big outbreaks in industrial settings, now my concern is about school and transportation, students are going to school by bus and taking the virus home.

Philippa Whitford MP

In the devolved nations we still had the advice to work from home and part of that is the workspace but it's also the travel whereas it's only a few weeks since in England people were encouraged to go back to offices and now that has ended. Do you think that plays much of a part, you know by just increasing the demand on public transport?

Professor Paolo Vineis

Oh yes, yes, yes. I'm sure. Once again it depends very much on how public transport will be managed because for example I don't know in England but I've been living in Italy since March because of the lockdown, but I travel by train and occasionally by bus and there are rules, I mean in train you can occupy only certain seats, not all of the seats, about 50% so they have implemented rules on trains and also on buses, in terms of social distancing. So, transportation is key but it might not be dramatic as it was in the first phase.

Philippa Whitford MP

OK thank you.

Layla Moran MP

Well thank you both, we are technically over the end of the session but I have one final question and also an opportunity for you to feedback, I mean we are now at the beginning of what looks like a big uptick, a potential second wave that we have been fearing for so long, the purpose of our inquiry is to help this country prepare and so my question at the end of very simple, I mean what would you be advising Government should be its top priority right now to help to dampen down what we are seeing in the uptick in cases, perhaps I'll start with Paolo and then come to Martin to finish us off.

Professor Paolo Vineis

Yes, this is the same advice I will give Friday in the meeting I'm going to, that is we need absolutely to be sure that we stop the outbreaks as soon as they appear, which means that we have to be sure that the contact tracing system works, I think this is the first, the priority. Second priority, well I would keep on implementing the current measures of social distancing, but that's obvious.

Layla Moran MP

Thank you very much, and Martin?

Professor Martin McKee

I totally agree, we need what we have talked about is a find, test, trace, isolate and support with an emphasis on all of them and beyond that we need a strategy, we need a joined up strategy where there's clear lines of accountability, clear lines of data flow and we haven't had that. In our very first Independent Sage report we did a bit of joined up work outcome with immunisation programmes and cancer screening programmes using systems analysis where you look at all the bits that need to come together and how they link up, and if you don't get them right and in many countries in immunisation and cancer screening they haven't got them right, you need the whole thing to come together and that's what we should have done at the very beginning and that's what we said in our first report.

Layla Moran MP

Brilliant. Well thank you both so much for your time, it's been a really fascinating session and I think it's set us up very nicely for part two which is going to be focusing in on communication and behavioural science in the wider public, so I thank you both for being here, you're very welcome to stay but we also appreciate you are very, very busy people and we will not be offended if you have to go off and do something else, but thank you again, thank you Martin in particular for the second time coming back to us, we appreciate that and thank you Paolo really, really appreciate your time this morning. Thank you.

We'll now take a just very quick break whilst we make sure that everyone is set up and we will start the second session, so let's just give it one second to make sure everyone's happy. Right, we will begin if that's alright, so thank you all so we now move to the second session, thank you all three of you for your patience, I hope you found that as interesting as we did, there's a lot that I think tumbles into your lines of expertise and again we have three very eminent witnesses in front of us and I thank you for your time. We have Professor Luca Richeldi, Professor of Respiratory Medicine and Honorary Consultant at Southampton University. Professor Richeldi maintains strong links with medical colleagues in Modena where he founded the Centre for Rare Lung Diseases and is an Associate Professor of Respiratory Medicine and he'll be speaking to us about the differences between how different countries have responded to Covid-19 again with different outcomes.

Professor Sergio Bonini, thank you for coming, is a Professor of Internal Medicine and Research Associate at the Italian National Research Council, Institute of Translational Pharmacology in Rome, on the basis of public clinical research on Covid-19 Professor Bonini will be discussing how scientific evidence should guide Government's recommendations but also how these should be influenced by the quality of the evidence, the relevance of the expected effort and the economic cost of the political choices for the individual and the community. Very, very apt in this week's news.

And last but not least, Professor Deenan Pillay, Professor of Virology at UCL, Professor Pillay will be discussing the evidence regarding action taken on drugs and vaccines and we'll be coming to you particularly in the latter third where we'll be focusing and drilling down on the vaccine that's meant to save us all and we understand there's lots of research going on and we've got specific questions around that. So, thank you all three of you for your time.

So, I'd like to start by asking how well is the UK doing and this is, you know at this point where we are looking at this second wave on its way and in particular hearing from Paolo Vineis just now about the three prongs, the first being communication, I would love to hear from all three of you just initially what is your personal assessment of how the UK is doing right now. Perhaps I'll start with Professor Richeldi.

Professor Luca Richeldi

Layla thank you very much, first let me tell you that unfortunately I'm not in the UK anymore because in 2016 as a by-product of Brexit probably I came back to Rome so I'm now in Rome, I'm the Head of Respiratory at the Catholic University in Rome and I'm part of the Strategic Committee for Coronavirus for the Italian Government, so I've been working in Rome, but I have been in Southampton for four years.

Layla Moran MP

Thank you, thank you for clarifying that, I appreciate it. Our loss.

Professor Luca Richeldi

Yeah, so how the UK is doing, I've been in contact a lot with colleagues in the UK of course because I'm still Honorary Professor in Southampton and honestly if I have to give you my honest opinion of what was the reaction of the UK to the coronavirus pandemic I was really shocked. Because in days when in Italy we were living a collective tragedy, a real tragedy, I mean we were having military trucks full of coffins in the north of Italy in the most economically developed part of Italy with one of the best healthcare services in Europe and still we were seeing on the television images that usually you see in wars, so that was really a shocking moment for the country and I think that's one of the key for the reason why now we have less cases than other countries, it was an emotional shock in the country. In those same days in the UK actually there was basically very little or no reaction. And the discussion was around having closing the pubs or not, or having maybe one member of your strategic committee maybe being cut when we was leaving home during the lockdown, so I was ... I had the impression that in general what was happening in Italy was not really perceived as something that could happen in the UK. That was my impression.

Now, as a consequence of what happened in Italy I think Italy took extreme measures, like closing every school in the country and not re-opening them, so the schools re-opened on 14 September but only with a daily distribution of 11 million masks to every scholar, every day. With strict social distances in the classes, with very strict protocol for quarantine classes if something will happen in those classes. In the same reason I know there are being activities that Italians love very much, we have been discussing soccer, still closed, or mass still with strict protocols. And I think that these together with what Professor Vineis was telling us with a little bit of tradition of the public healthcare system in contact tracing for infection disease, which is still very active, and I think that more or less the difference across regions of course but I will see those reasons as the reasons for the current epidemiological situation.

Now, consider that the average Italian people is very concerned by the actual situation in Italy and because we have been seeing a steady increase linear, not exponential, in the number of people admitted to the hospital. Last element I think we, the shock was emotional because elderly people were affected, so the average age of people dying in the first wave was 80 years old, now that part of the Italian family is a very crucially important part and I can tell you that the shock of the families of not being able to be close to their loved ones in the moment they die, so I have been seeing in my hospital all of these people dying alone which is something really that again shocked emotionally. So now, I think with differences with some exception of course but even the younger generation has a little bit of responsibility for protecting elderly people that live at home. So that's I think is one of the reason why we see there is a relatively widespread use of masks, of social distancing and people do not complain really a lot, really we didn't have any big march against masks, that didn't happen

because it doesn't make sense if you experience what happened in Italy in March, so that's I think how we see the situation now.

Layla Moran MP

Thank you very much, and going to you Professor Bonini with the same question from your perspective, what's your view of how the UK has been handling this so far?

Professor Sergio Bonini

Well, the numbers tell us that UK at the moment is not doing very well for the number of infected people and deaths. So, the question is whether the measures that were implemented by the Government just recently will be able to change the situation and to make it more similar for example to Italy. I think that the answer will not come only from what kind of measures but it will be very important the compliance of people to these measures. Why the compliance was so high in Italy we discussed during the first session that we were surprised to see such a high compliance. There are several reasons, one has been suggested to be the age of people. From data which comes from the Observatory, the initiative about the health which was mentioned by Martin McKee, the number of people over 60, over 70 and over 80 in Italy is definitely higher than the number of people in UK. So, it was expected that these people who represent a vulnerable population could have been more compliant to rules. However, surprisingly a study which comes from University of Edinburgh, the author is Jean-François Daoust, studying on 27 countries the study was published [inaudible 1:23:15.6] and the data are data which come from the Imperial College and [inaudible 1:23:24.9]. They realised that in fact people over 70 were not more responsive to measures than people in their 50s or in their 60s, so this is ... age could be important and in fact also this author found that there is, they imply the compliance is increasing with age. The problem with the second phase in Italy were young people were after the lockdown with the reopening of discos they created more infection and transmission.

Another problem is the risk perception. Professor Richeldi has mentioned the number of coffins, all these images are still in our eyes, so a transparent information about the risks is extremely important that we increase compliance of people. Another factor is trust in science and communication was often left to the so-called Scientific and Technical Committee, Professor Richeldi is part of this committee, and the people found an answer to their uncertainty looking at the competence of the people. The message was not presented only by politicians but it was very appreciated to have a message from scientists. There is also, there are some data about the relevance of trust in politicians and political belief, I must say that at the moment in Italy the confidence in the Prime Minister and Minister of Health is very high and this also helps. It's interesting about the political belief, a study which was made by Markus Binder and Qian Qu looking at the compliance in Democrats and Republicans in US and compliance was different in that group. I will not say since there are elections now where the compliance was more, but I can say that the conclusion of this study was that it is extremely important that there is a partisan support for the actions and measures which are being presented. Because if there is a political fight this creates confusion in the people and compliance will be reduced.

And finally, I would like to mention the relevance of communication and persuasion on the people. There is a study from [inaudible 1:26:56.9] about the relevance of communication about the duration of lockdown. If the lockdown, they announce a lockdown as a duration longer than the people expect compliance is reduced. So, for example the announcement for a six months lockdown will induce some possibly some reaction in people and say it's too long and the compliance that would be reduced. So, I think that these are all factors that are important to make measures effective. Because the measure can be sound but if the people are not compliant to them there will be no effect.

Layla Moran MP

Thank you Professor Bonini and that's certainly reflecting what I'm seeing in my post-box at the moment with my constituents who are baulking at six months as well, so that's very interesting that that's coming from research. I'll come to Professor Pillay for his initial thoughts, I just also want to say because we've got three on the panel and just 40 minutes left for people to aim to be a bit shorter in their answers, we really want to get to all of your knowledge as much as we can in this session and I wouldn't want to leave anything out, but Professor Pillay just your initial impression of how well we're doing at the moment.

Professor Deenan Pillay

Yes thank you very much for the question, I'll be brief, I concur a lot with Professor Bonini and Richeldi's thoughts, in essence I think our response has been poor, there's no doubt about that, all the data points to that and of course there's a whole range of different aspects of the response but I'll try and be as succinct as possible and I think it comes down to number one a dysfunctional relationship between what is called science and our political class, our political, our Civil Service infrastructure, I think has been really challenged by this and I think Covid has identified some key fault lines within UK political society in terms of the response. Exemplified by the sort of the speed with which right at the beginning politicians talked about "we are following the science" with really very, very little understanding of what that means. I don't want to sound offensive in any way and I don't mean that but basically what this has uncovered is a scientific illiteracy within our political class which has meant that relationships between science advice into policy have been fraught with problems and manifesting I think in for instance the problems we still have with test and trace.

So that's one thing and the second is something that came up in the session earlier on, I do think we've had taken a sort of British or maybe more correctly English exceptionalism approach to this in terms of assuming we are back, you know 20-30 years where in fact you know the UK and the US were the leaders of science in the world and our Universities are still up there in the top ten, but there's no doubt there was a delay in seeking advice from those countries, including Italy, where this experience had already happened and also an assumption that almost like the intellectual basis of the scientific response remained in the UK. As an example certainly infectious disease epidemiology has a long and strong history within the UK, particularly modelling but the predominance of that approach within the scientific advice may also have limited our ability to really implement what in essence was needed, a public health approach and an integrated public health approach. So, I'll stop there.

Layla Moran MP

Thank you and picking up I'm sure on that theme, Lord Strasburger.

Lord Strasburger

Thank you Layla and welcome to our three panellists. I want to focus in on communication by the Governments, the Italian and the British Governments to their populations. What differences have you observed in the way the two Governments have gone about it, in terms of things like openness and transparency and even dare I say it trustworthiness, there are people in this country who believe that Mr Cummings' eye test excursion to Barnard Castle has had an impact on public trust and compliance. Perhaps Professor Richeldi if you could try and answer that?

Professor Luca Richeldi

Sure, thank you. I think that at least in Italy the public trust was enhanced by the fact that the situation was really perceived as a dramatic situation, as something which was life or death. That perception would increase the trust in the politicians and the Ministry of Health immediately organised the Strategic Committee which is called, it's a technical organ that on a daily basis was meeting, was briefing the Minister and at six o'clock every day one of the members of this committee was together with the member of the Government to tell the people on the television how many deaths, how many people admitted, which were the progress, which were the problems. So that happened for two and a half months every day at 6pm. Now, there was a communication from one of the members of the Government and just sitting close by there was one of the members of this technical committee and I think that was like a picture that was bringing to the people through the television the fact that the Government was listening to people that was trying to do their best in the situation which was unprecedented for the country, so that increased a lot and the confidence and reduced the distance between the political, the politicians and the people that was sitting at home trying to understand what was happening. Again, we closed every school in the country, even for regions with basically zero cases. And there was no complaining because the people was believing and trusting in what they was trying to do and I think that that early close and not reopening of the schools was one of the key factors in getting down the number of cases very quickly and very dramatically, so that was ... I'm not really sure about the UK of course because I'm not living in the UK anymore but I was listening to the BBC or watching the BBC, my impression was a little bit of a distance, between the politicians and the people sitting at home, that was my impression but it was just an impression from here.

Lord Strasburger

You seem to be saying that the tragic early bad start for Italy actually worked in favour in terms of convincing the public to comply.

Professor Luca Richeldi

Yeah.

Lord Strasburger

Right, OK thank you Layla.

Layla Moran MP

Thank you very much, if I can now quickly go to Philippa Whitford and then after that to Barbara Keeley?

Philippa Whitford MP

Thanks very much Layla, it was really just to come in on the issue of briefings because obviously health is devolved, so the four nations have handled things slightly differently, our First Minister has continued briefings that are largely Monday to Friday throughout and is still doing them with our Chief

Medical Officer, with our Health Minister or other experts. She actually has come under a lot of attack from other politicians in Scotland saying oh she's getting too much coverage, the briefings from the UK Government in London stopped quite a long time ago back in May I think it was, do you think having these regular daily briefings where if you like the leader is there looking down the camera, facing journalist questions or public questions are central to that?

Layla Moran MP

Whoever would like to take that?

Philippa Whitford MP

Professor Richeldi?

Professor Luca Richeldi

Just very briefly because I've been taking part in those briefings, the Prime Minister or the Minister of Health was not part of these briefings, never appeared. It was just the image of someone trying to do their best, of course that was a kind of ... so the Ministry was there and the Prime Minister was there but not in presence, but everyone knew that that was something that they were willing to do, they were willing to have it. But the faces if you want on the screen, there was not the faces of known politicians and I think that was one of the key factors because people at home was listening to doctors or to people trying to help or this, we have something which is called Civil Protection, Protezione Civile, it's something which is entering the field when you have an earthquake or a big disaster and the head of this Protezione Civile was present at every, at every meeting, so these were not perceived as political briefings but perceived as let's share the pain and the suffering.

Philippa Whitford MP

I mean ours has usually been three people, so one might be the Chief Medical Officer or Nursing Officer or Police or whoever it is who is giving the non-political side but it has always been led by the First Minister in that what they say is the scientists put forward the information but the decision is always a political decision and she feels answerable for it, but yours has had no politicians at all. OK thank you very much.

Professor Sergio Bonini

Yes, if I may comment, I think the problem at the beginning in UK was the approach of scientists, the concept of herd immunity and so this created some confusion. I must say that I appreciated these meetings, these briefings because this meeting helps in having a unitary message, but I agree with Professor Richeldi that there is a difference if the message comes from a politician or from a scientist. For example if you look at United States and we see what happens with Donald Trump and Anthony Fauci, yes sometimes there is ... so I think it is important perhaps not to have a daily briefing because the people start not to be interested, but to have for example a weekly briefing about the situation with participation of scientists that will inform people and to give a unitary message, because the problem that we find that without this type of communication the discussion is left to TV programmes where so-called experts express often different and contrasting messages and this creates confusion,

so I think it is important to have an official communication. Of course, it's extremely important that this communication is started in order to be really effective.

Philippa Whitford MP

At the beginning the members of Sage which is the Scientific Advisory Group were secret, it was quite a long time, do you think the fact that our scientists were kind of hidden behind the politicians made it difficult for people to trust the science that the decisions were supposedly based on?

Professor Sergio Bonini

In Italy but perhaps Professor Richeldi can answer.

Philippa Whitford MP

Maybe if we can just come to Professor Richeldi then?

Professor Sergio Bonini

They were ... you know the names of the people were [inaudible 1:40:40.6] and transparent. At the beginning the minutes of the scientific committee were not made public and there was a lot of discussion about this, whether it was important to be fully transparent. But, you know Luca I don't know if you have to comment on this aspect about?

Professor Luca Richeldi

That's one of the aspects of transparency, initially the minutes of these meetings were decided by the Government to be kept confidential, essentially because the modelling from the epidemiologists were presenting some scenarios that were really catastrophic and some others that were not. The science tells you that there are probability for one or for the other so that would have been confusing to the people, the prefer we provide the message now that the situation is more under control these minutes are public, everyone can look at them and while there is less drama or less moment of suffering, collective suffering, so I think it was a wise decision to do that.

Philippa Whitford MP

I mean that's the same here, the minutes are now published but the fact that we didn't even know who was on the committee giving the advice, do you think that was a mistake in the early phase?

Professor Luca Richeldi

Absolutely, that would be my opinion, I mean we were not only public but we were with our face, I'm a pneumonologist and Sergio knows very well, I was put on television where people 66 million of people in the country on lockdown they were looking at that moment at 6pm and me and my colleagues, intensivologist and my colleague paediatrician, another ... so people were putting a face on what we were saying and that was very transparent and very clear that when we were trying to

decide for the best nobody had the right decision to take and that was the thing, so that was very clear and very transparent from the beginning.

Philippa Whitford MP

Thank you.

Layla Moran MP

I can see Professor Pillay you want to come in, but can I go to Barbara Keeley's question because I think it's neatly coming on, we'll make sure to come to you. Barbara Keeley.

Barbara Keeley MP

OK thanks Layla. Professor Bonini I was going to put this question to but Professor Pillay to because we've already heard from him about this issue of science and how it's viewed in this country and the problems with that, but you talked earlier about the importance of trust in science in Italy, so our question is from the early stages of coronavirus here to what extent do you feel that the response the UK Government response and the guidance to the public was actually based on scientific evidence, you know notwithstanding what we just discussed about briefings and the sort of public face of that scientific evidence but was the response and the guidance to the public based on scientific evidence?

Professor Sergio Bonini

It's very difficult for a disease which is a new disease and which we have very few information to have evidence based decisions. In the scientific environment we consider high quality evidence only the evidence which come from interventional randomised controlled trials, so you need an intervention, you have two groups for instance one with an intervention, one without and then you check the results. Unfortunately, there is not this information but of course the recommendation and the strength of recommendation should relate to the quality of evidence, so if there is no high level evidence you should not have strong recommendations, you can give only suggestions. But according to a new and widely accepted way to evaluate evidence is that sometimes evidence is not related, recommendations are not related to the quality of evidence. I want to be brief but I should like to make the example of a paper on the usefulness of parachute to avoid damage from gravitational force, of course there are no randomised control trials to prove that the parachute is useful, but what is the effect if you use the parachute or not is survival or death. So, it's extremely important also the outcome of the measure, so I think that even in the presence of a low level evidence if the measure, the recommendation is aimed at possibly avoiding damage from a life-threatening disease, I think we should accept this type of evidence. Moreover, and I conclude about this recommendation from regulatory bodies or from the political environment should also consider not only the level of scientific evidence but many other factors including the cost, the board for individual and societies and with an approach of the one head which is definitely more complex than only scientific area [inaudible 1:47:02.5].

Barbara Keeley MP

OK thank you, Professor Pillay shall we come to you now?

Professor Deenan Pillay

Thanks, with regard to communication as the questions have focused on, it does come down to trust I think, whether it is scientists producing that daily or weekly communication or it's politicians and I point to different situations outside of Italy and the UK so for instance in Greece the Lead Scientist Epidemiologist is the person, the front of information and has been very successful, is very well thought of by the population and you know the response in Greece has been superb to Covid. But I mean in Germany the well-documented exposition by Angela Merkel about infectious diseases epidemiology that went down very well because she had the ability to do that from a physics background and so forth. So, I think any way that communication is made is important. Of course science, the problem with saying we're following the science is that science does bring uncertainty and so there needs to be a sort of careful communication of that uncertainty with the population, but ultimately it's about trust because this infection requires us all to change our behaviour and this is one of the problems, we may come to this but one of the problems I have with an increasing talk about it's science that will get us out of this, I think I have worries about that because in the end it will always be down to us as behaviour, how we protect ourselves from infection, protect ourselves from infecting others, so I think the whole communication issue comes down to how best the population can trust those who are making decisions.

Barbara Keeley MP

OK, thank you. I've got a follow-up question really, a slightly different one, can you also comment on other Governments adopting a zero-Covid strategy and what difference that has been making to outcomes, if you've got thoughts on that?

Professor Deenan Pillay

Shall I just kick off with that Barbara?

Barbara Keeley MP

Yes, please.

Professor Deenan Pillay

So, I sit within Independent Sage who do do weekly press conferences now to provide some sort of information feed. We have developed that concept and we've pushed the argument of zero-Covid, not because we think it is possible and likely that we will eradicate this infection, I mean you know very few infections, smallpox is the only infection that has really been eradicated from the world and the nature of this infection means that it will continue, but what the term zero-Covid for us means is that we shouldn't tolerate just you know, just fiddling around at the edges or just limiting infections to young people and so forth, we should actually have a strategy which goes for every infection, isolate, find them, isolate them, isolate contacts, support those contacts to allow that to happen in order that we can limit the adverse consequences of this. And just this morning those of you in the UK listening to the Today programme, of course we're still having debates about this thing eight months in, you know we had two Professors, one of whom from Sage and another one outside arguing for different approaches to this and it demonstrates that we still, you know we still need to be pushing

very firmly within the UK to go for a much more aggressive approach because that is the way that we will limit the adverse consequences that we saw in the first wave. It doesn't mean we will eliminate it altogether and of course vaccines may help in the longer term, but nevertheless we need to be more on par with what's happening with our colleagues and friends in Italy and elsewhere.

Barbara Keeley MP

OK, thank you. Professor Bonini any thoughts on that particular question, countries adopting a zero-Covid strategy, what difference that makes to the outcomes.

Professor Sergio Bonini

I think I cannot answer this because we have not yet the outcomes of different policy and so on. But I fully agree with Professor Pillay that this should be the way to go. Of course, zero-Covid is extremely ambitious but I think it will help to get more control of the disease with an ambitious programme.

Layla Moran MP

Professor Richeldi, do you want to comment on that at all?

Professor Luca Richeldi

I think, I agree on the strategy, I agree on what Professor Pillay said and Sergio said, I think the focus currently at least in Italy is really on people being admitted to the hospital and we've been seeing for the last six weeks every day an increase in the people admitted to hospital because of Covid-19. Now these people, most people will recover but I think this is something which is very clear to people, so I think zero-Covid is telling there is no virus around, that means but there is this idea that the virus can be just nothing, so like a flu. When you think of people being admitted to the hospital and staying in the hospital and because of that being isolated and when they go back they have to be quarantined and they cannot have any contact with their family members and clearly that's I think currently that's the, in my opinion for speaking with many people, that's something which is keeping most of the population compliant with the rules that we have. That will be my ... I really would be zero people in the hospital with Covid and we never had that, never ever since the beginning, we never had one single day with zero people with Covid-19 in the hospital here.

Barbara Keeley MP

OK thank you.

Layla Moran MP

Thank you very much. Lord Russell.

Lord Russell

Yes, could we move on now to the promise of the vaccine or the combination of vaccines, as we've seen in the United States of America there is an awful temptation for some politicians faced with some of the problems to try and promise what is almost certainly undeliverable in terms of the vaccine solving everything, so the first question is how realistic do you think the development of a vaccine or a combination of vaccines is?

Layla Moran MP

It looks like the internet has gone but Professor Pillay do you want to take that?

Professor Deenan Pillay

Yeah, thanks Lord Russell. Well, vaccines have been the answer to many infectious diseases, as I mentioned earlier smallpox is the only infection that has actually been eliminated, eradicated from the world due to vaccine, but all the other infections that we have still exist and we've got to understand basically that we are, when it comes to infections, you know infections have no borders so as long as the infection is present in one part of the world we're all at risk, so I say that as a sort of start off. Number two with regard to vaccines, I've got to really applaud the scientific and multilateral agencies that have been preparing for vaccine production for pandemic, perhaps the one example where pandemic planning has shown some benefit at the WHO, UN levels and so forth and we are very quickly into phase three trials of vaccines compared, considering the infection was only identified eight months ago. Having said that, having said that vaccines need to be considered in the context of what is their likely benefit. When we started with Covid the talk was we need to wait for a vaccine and the vaccine will help us eliminate the virus because we would then get the sort of herd immunity, vaccine induced herd immunity that would just kill it dead from circulating. As time has gone on and trials have started to demonstrate how the vaccine is going to work it's looking increasingly like these vaccines will not work in that mode but rather they will be beneficial more like the flu vaccine of protecting those most vulnerable and so I think we need to also scale what our ambition is, this is not going to be vaccines will eliminate the virus, it will be vaccines could potentially protect those that are most vulnerable and even those not 100%. We of course await the clinical trial data which will take some time to come, you know perhaps later this year or early next year. So, that's number one.

Number two quickly is that as we've learnt from test and trace around the world is that technology is only as useful as having the infrastructure to make sure it can be delivered and that's something that we worry about not only because of the limitation of ability to produce vaccines for everyone but actually how that could be actually implemented across the world and so those are the constraints to my mind and I think that it's important that the communication of that to people is made to reduce the risks of unwarranted expectation here and also underlining the importance of continuing public health approaches to limit the virus infection. Thanks.

Layla Moran MP

Professor Bonini and then Professor Richeldi do you want to come in on that, how important is the vaccine?

Professor Sergio Bonini

Just briefly I was seconded for four years at the European Medicine Agency and even with fast-track procedures for emergency drugs it took at least three or four years before approval. So, even if we consider these exceptional circumstances I think that it will take time to have a risk free trial particularly on a large number of subjects with an outcome which is not the cure of a disease but that is occurrence and incidence of infections. And for this reason, the study can be made only in some countries where the prevalence of infection is very high, so I think that [inaudible 1:59:28.8] is that there is a raised and political reason that they push for vaccine but sometimes the results which are published are just preliminary results, just for example the Russian vaccine, it was published in The Lancet but it was a phase two trial. And the same is even the more advanced products which are preparation are still in phase three, so I think to answer the question I do not think that it is realistic to expect approval from the EMA or FDA before 2021 hopefully.

Layla Moran MP

Thank you very much and in the light of that Professor Richeldi how do you communicate this to the wider public that if a vaccine is potentially not going to be this year, how do we continue to get them to hope and comply?

Professor Luca Richeldi

I don't know how to answer that question, what I can tell you is that in my daily practice meeting people and patients the hope for a vaccine is keeping most of people compliant with the current rules, so I don't know when and if an effective vaccine will be developed because we still do not have a vaccine let's say for HIV infection, so I'm not sure that if there will be, but what I know is that as of today I don't feel like making the projection of a vaccine negative will help, I think quite the opposite. So, I think of course it would be, I think it's irresponsible to say we are going to have vaccine on the 2nd of November, that's clearly irresponsible, but to keep very high the hopes in the population I think is helping to make people more compliant with the rules that we have of social distancing, use of masks and so on.

Layla Moran MP

That's very insightful, the hope of a vaccine is potentially as effective in the short-term as whether it's not going to happen or not, it doesn't matter. Lord Russell you're back, a fuse tripped apparently, do you have any follow up questions on this matter before we go to Barbara Keeley?

Lord Russell

No, I think you know we just have to look across at what's happening in the United States at the moment with, you know an imminent election to see the temptation, the awful temptation that there is for some politicians to try and divert attention from problems today for some sort of wonderful future tomorrow which almost certainly medically is undeliverable within the timescales that politicians would like to imply and I think that is you know, that is a lesson for us all, but I think it's particularly a lesson for us in the United Kingdom where over-optimism by certain leaders has again and again proved to be a mistake, so that is a comment rather than a question. Thank you very much.

Layla Moran MP

Thank you very much. Barbara Keeley.

Barbara Keeley MP

I asked my question earlier.

Layla Moran MP

Oh, forgive me, I thought you were going to take the very last one, that's my fault, I'll ask it though. So, on the vaccine and just where we are now, second wave is coming with potentials of future second waves, I mean what is the optimal time for such a vaccine to be rolled out in the population, does it go hand in hand with trying to get cases as low as possible as part of a zero-Covid strategy and then you start vaccinating or does it not matter? Is it just as quickly as it comes, and perhaps that to Professor Pillay?

Professor Deenan Pillay

Thanks, yes as soon as the vaccine comes and I'm assuming now the assumption here is that we understand in whom it works best and with a goal of course to limit mortality, I think that's clear we need, but that's the problem if this virus did not cause symptoms in anybody or was only mildly symptomatic but certainly didn't lead to hospitalisations we wouldn't be worrying about it, so our main worry is that group and of course that depends on us having a very clear understanding of who are those that are most at risk, whether it's due to age, whether it's due to comorbidities, ethnicity and a whole range of other, gender and a whole range of other things, so I think that will be the process. Within the UK of course we have the Joint Committee for Vaccines and Immunisation that are responsible for identifying how this will be given. If a vaccine is forthcoming I think we need to consider it in the same way that we think of flu vaccines, of getting it every year because it's very likely that immunity will not be long-lasting, even if it is successful in the short-term. So, this becomes something that would more likely be rolled into the routine immunisation for those at highest risk and I think flu is a good example of the paradigm in which that could be implemented.

Layla Moran MP

Thank you, that's very insightful because that's rather different I think to what people are hoping the vaccine is going to be which is a take it once and it won't come back, so there's a mind shift that needs to change there. So, we're coming to the end of our session and I'll end with asking all three of you, we are at the beginning of what looks like a second wave in the UK, if you had advice for our Government that we can certainly pass on in the form of a letter or otherwise what would it be, what advice would you be giving Professor Whitty and Professor Valance and Boris Johnson and others in this moment right now. We'll start with Professor Richeldi and then Professor Bonini and then finally Professor Pillay.

Professor Luca Richeldi

I mean my suggestion would be probably a suggestion which is actually going exactly in the opposite direction of what the UK Government is moving on, so that would be to look for some type of

coordination with the other European countries. This is really scary, because what I see in the newspaper is a sort of ranking of different countries in Europe with Spain better than the UK, UK better than Italy and Italy moving up and then moving down and this is creating confusion, it is creating a false image of the epidemics because of course we know it depends, how much people you find with infection it depends how many people you test and which people you test and in which setting you test them, so we know that very well, right? But in the public opinion this is making things different, so I would strongly advise the UK Government, even if Brexit I think happened already, to try to fight for something which has to be coordinated to the continental level at least because it doesn't make sense to me that every nation go a different situation trying to do things which are tailored to specific situation because Professor Pillay said very well, he's a virologist, he knows that the viruses do not need a passport to cross the borders and so I think that would be my advice, I don't know if it's a realistic one but in this setting I think it's something which would be very important.

Layla Moran MP

Thank you very much, Professor Bonini.

Professor Sergio Bonini

I fully agree with this international vision of science and healthcare and the need of cooperation. This is true also not only because we just discussed the vaccines, but there are over 1000 clinical trials on drugs and not only new drugs, also drugs which are already approved for other indications and the results of these targets will come out only from international multi-centre trials with international collaboration. So, I think that I totally agree with Professor Richeldi there should be, messages should be international collaboration and not a competition to be the first or to be the best because ... and the only message could be not only to, should be to the Government but should be also to the people to learn from what happened in other countries and therefore to be compliant with these simple measures because these will definitely help.

Layla Moran MP

Thank you very much. And finally, Professor Pillay.

Professor Deenan Pillay

Thanks, well in addition to that sort of more internationalist view which I fully adhere to I think two things, first of all this infection is predominantly almost overwhelmingly spread in indoor settings between people so I think the constraints are far too weak at the moment and that needs to be strengthened, but secondly it would be an appeal to Baroness Dido Harding is bring all the agencies together, get a national consortium of NHS laboratories, PHE, public health and private laboratories, you know and a strategy that is really about testing extensively, identifying people and supporting people to isolate but through a structure, an integrated structure, one of the problems that's emerged in the UK is this completely hotchpotch of sampling people, drive-in centres, different laboratories, different tracing systems and that is now failing and we are not going to get out of this unless we embed that public health integrated approach into whatever our future pandemic planning is, so that is an appeal and I think it's not too late for such a consortium to be developed.

Layla Moran MP

That's incredibly helpful. Well that brings us just one minute over the end of the session which as a Chair I consider success but more than that is to thank our three witnesses for what has been an absolutely fascinating hour and we could spend days listening to your knowledge and I do wish that the Government would listen a lot more to your knowledge and the point of our group is to try and raise some of these issues with them, so it just leaves me to say a massive thank you to you for giving us your time today. A big thank you to our Parliamentarians for their questions and thank you to those who have been watching or watching back on the various channels that this is broadcast from. This is the end of this arc of sessions for the Coronavirus APPG, we will be releasing our full set of recommendations as has been gathered over these eight evidence sessions since we had the hiatus after that first wave died down and the inception of this Group and that will be coming out at the beginning of October, so thank you everybody and take care, stay safe. Goodbye.