

All-Party Group on Coronavirus - Oral Evidence Session 10

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Layla Moran MP

We are live! Alright. Well, welcome everybody to this inquiry being run by the All-Party Group on Coronavirus. Today's theme with some very illustrious speakers is on lockdowns, exit strategies and generally where the UK is right now. We have two panels this morning, in the first panel which will go until 12:15 it's our delight to be able to welcome Professor Devi Sridhar, he's the Professor and Chair of Public Health at Edinburgh University. Welcome to Alice Wiseman who is the Director of Public Health at Gateshead and also in the first panel we have Professor Stephen Reicher who is the Professor of Social Psychology at the University of St Andrews and is a member of Independent SAGE. In our second panel which is coming later on we have Dr Kevin Fong who is with us already on the call and he's a Consultant Anaesthetist seconded to NHS England Covid-19 Emergency Preparedness Resilience and Response Team, but speaking very much in a personal capacity, and we will also be being joined by Dr David Nabarro who is a Special Envoy of the WHO Director General on Covid-19. So, we have a huge amount of knowledge in the Zoom room with us today and I thank you all for joining us. I thank everyone who's watching live but also who will be watching this back. And as we do these sessions we will find out if Manchester does accept the Tier 3 restrictions or not and we'll perhaps ask some questions around that as and when if we know an outcome from those negotiations later on. But I'd like to start, perhaps starting with Devi and then moving to Alice and then moving to Stephen, obviously the Government has now introduced these three tiers of restrictions depending on local geography, I'll ask the stupid question ... is this going to work? Devi?

Professor Devi Sridhar

Hi, and thank you all for having me. So, lockdowns are a last resort measure, this is basically when your system is breaking down and you need to hit pause to figure out what you can sort before you can press play again. And I think that the way we're using local lockdowns is using data on hospitalisations and NHS capacity, so we're basically trying to assess are we going to have enough beds, ICU beds, enough NHS capacity to be able to manage the inflow of patients and I personally think that's a losing game because with this virus it is so infectious that if you try to rely on treating your way through it you will be stuck in lockdown and release cycles because what we've seen, and this is from Israel to France to Spain, that countries have said never again, but as soon as your hospitals start filling up you have no choice but to lockdown. And so, we will see what the modellers have shown this kind of in and out.

I guess the final thing I would say is the analogy for me is leaving your health services alone on the pitch as if they're the goalie and the rest of the field wide open and we know that it's going to result in a lot of injuries, healthcare workers being stressed, getting infected as well as, you know, losing the game as I said. So the only way countries are finding a way through and winning for me is your economy, it's schools being open, your society functioning as well as your health services in Covid, so it's a multi-dimensional view, is through strong suppression, kind of a zero Covid approach that East Asia and the Pacific are taking which is through test, trace, isolate, keep your numbers low enough to catch, bring in restrictions if there are flare-ups, they are short, sharp, you deal with your flare-up, border restrictions to prevent reimportations so you don't keep setting it off and just clear messaging

to people of how do you avoid getting the virus and where it spreads. So that's kind of I guess my reflections on local lockdown and how we might use them, thank you.

Layla Moran MP

Thank you very much. Alice, and I'd like to thank you in advance for your very comprehensive written evidence which will be made public for people to read, but what's your view, is this three tier system going to work?

Alice Wiseman

Yes, so I would agree with the previous speaker, everything that was said there. You know lockdowns have a place where the virus is becoming out of control but they should not be the solution that we use as a country and actually in the submission that I provided I talked about combination prevention approaches and I think we, you know really need to be thinking about how we can bring our communities with us in the longer term around the measures that we need them to be doing to prevent the transmission of the virus. So, totally agree with everything that was said by the previous speaker, but actually also thinking about how we can engage better at a community level in developing the solutions in terms of slowing the spread and also understanding what might be more acceptable in terms of restrictions on behaviours in the more medium to longer term. But it shouldn't, it can't be seen as Covid versus the economy, it absolutely needs to be seen as a whole piece because we know that the economic damage that we will see as a result of Covid will harm lives much longer, you know as we move through the next sort of five or ten years. So, that's my immediate reflection.

Layla Moran MP

I mean would you say, and some people have suggested that we are in the worst of both worlds at the moment, we are neither controlling the virus nor are we allowing our economy to flourish, would you agree with that assessment?

Alice Wiseman

So, I can see why that is something that people are saying and certainly we've looked at that across the North-East of England in relation to the restrictions that we've got where we're at Level 2 and the impact that's having in terms of reducing the opportunity for businesses, you know to be able to flourish in the way that we need them to. I mean ideally we'd like this to be for a shorter period of time, but we need to come up with some strategies that we have, you know that are much more robust in the longer term and again the previous speaker talked about having a really robust test and trace arrangement in place, now we know the impact of those becomes less obvious as the numbers increase, you know so actually what we needed to do during the summer months was have a really robust test and trace programme that provides testing responses within 24 hours and an ability to do that contact tracing, you know to nearer 100% of our residents. So, what we need to do now is get back to that position where we've slowed the spread down sufficiently so that we can live more of our normal lives but have some of those other things in place so that we can then keep them as low as possible and reduce transmission.

But the other thing that I'm concerned about for my communities is the inequalities that are being faced by many people, you know so we are asking ... we are knowing the restrictions that are put in place have different impacts on different people, so telling me to work from home for the next couple

of weeks you know really doesn't make a difference to my income, telling one of my residents who's potentially working three jobs, minimum wage, you know that actually they need to isolate and they therefore can't afford to feed their families is something that isn't going to enable people to comply with the guidance no matter how much they want to comply. So, for me there is something about a fundamental look at the way that these restrictions are impacting in different parts of the country and on different communities within those parts of the country so that we can make sure that people have the best opportunity to comply with the regulations and the restrictions that we will need to put in place to slow the transmission down.

Layla Moran MP

Thank you very much. Stephen, three tier lockdown, is it going to work?

Professor Stephen Reicher

Well I'm going to be most unparliamentary and agree with the other two speakers, sorry about that.

Layla Moran MP

That's great.

Professor Stephen Reicher

The first thing is I think it's a tragedy we use the language of lockdown, I think it was a mistake to use that language because it implies that it's something punitive, lockdown is something you do in a prison to people who've done something wrong and in fact infections spike because people are more exposed and on the whole they're more exposed because they're more deprived, so what we're talking about is deprived communities suffering from the disease and we ought to be thinking in terms of supporting them, supporting them with more information, supporting them with more testing, supporting them with material support so they can put up with whatever restrictions are deemed necessary. So, if I could wave my wand and do one thing I would get rid of the language of lockdown and reconceptualise this much more in terms of how can we support communities that are suffering and if we did it that way we'd get much less of the resistance and the political shenanigans that are going on at the moment.

The second thing is that I think one of the clearest things to come out of this, and I speak as a Psychologist, is actually the levels of resilience that people showed in the first phase because they could see there was a reason for doing things. People came together collectively, they supported each other, they continued with observing measures even though polls showed about half of them were suffering considerably. So, people will suffer for a cause, they won't suffer for no reason at all and I think one of the problems is that if you continue with restrictions that haven't been particularly effective people will wonder what's the point of making sacrifices to get no good effect. A fudge, half a set of measures which puts us in limbo whereby your life is restricted but it's not going to have an effect is the worst of all worlds. So, I think there would be greater compliance if we were clearer and we were more systematic.

And finally on the three tiers, I think the three tiers are a good idea in principle, because they are meant to deal with two issues, one of which is clarity, being absolutely clear what measures are and secondly equity, a sense that they are applied for public health reasons and fairly and we've seen a

growing level of a sense of lack of clarity, nobody knows what the rules are, not even the Prime Minister, and secondly inequity expressed as North/South. And the problem has been that if the tier system was clear, both in terms of the criteria for moving from one tier to another, and in terms of the measures with any one tier then I think they would address those two issues. But the problem is that they are clear on neither, so we're not quite sure why and under what criteria you move from Tier 2 to Tier 3, it seems to be a matter of political argument; and secondly even within a single tier you get different measures in different places. So, we have the worst of all worlds, we have a system where there is no sense of clarity, people still don't know what it implies, there is a growing sense of inequity and resistance and the problem with all that of course is not only do you then get individual resistance, you politicise that resistance and you begin to get the polarisation we're seeing in the States. So, a tier system isn't bad in and of itself, the way it's being applied I think has been disastrous and is leading to political paralysis when we need action really quickly because infections are spiking.

Layla Moran MP

Thank you so much. I have a question about, so this idea ... it's almost a false dichotomy I would say between the public health approach and then keeping the economy going and as Devi I think you mentioned, and Alice as well, the longer term inequalities that will also lead to excess deaths in different ways, I mean I'll start with Devi but others feel free to chip in. Has there been cost-benefit analysis done of different types of measures over different lengths of time because it does feel like we are flying blind a little bit with some of these decisions that are being made at the moment.

Professor Devi Sridhar

Yes, so some of the best analysis I've seen is by Sir Nick Stern and Sir Tim Besley who have done a report for the Royal Society on the economic aspects of restrictions and the clear message that comes out from them is about you release all restrictions, it's not necessarily you get your full economic recovery, quite the opposite. And this is exactly what we've seen in countries that have done that, so if we look at several parts of the United States where they just lifted all restrictions, you actually get more economic damage and unemployment because of the uncertainty and changes in consumer behaviour. So, there's actually a longer term issue here then. I mean the messages, in the short term restrictions might hurt the economy but in the long term they might actually save it and this is what you've seen in, again to refer to the countries who are winning, you know South Korea, their airlines are actually seeing growth, Taiwan is seeing growth, China has seen growth, so the question we all have to be asking is how are they seeing growth when so many other parts of the world are seeing devastation and the FT has done analysis showing that actually the larger your hit from uncontrolled spread of the virus, you need a longer lockdown or restrictions in place, you have more changes in behaviour and you take a larger economic hit. Where the places that went in short, sharp, early, dealt with their public health problem basically have their domestic economies almost the same and the struggle now in East Asia and the Pacific is the aviation industry because when people move is when you ... and now they're thinking about forming travel bubbles and supporting airlines and testing at airports and all the measures in place. So, I think once you sort your domestic economy then you can start thinking about internationally how do we support airlines.

And to come back to Steve's point, that does worry me currently about the aviation policy of the UK because we are taking the economic impact because many people are not flying because of the quarantine implemented, business travellers are not going, airlines are suffering but at the same time because when people are returning it's kind of a trust system, we're not getting the public health benefit of actually securing our borders. We're taking the cost without the benefit, at least if you're going to secure your borders and actually get the public health benefit of testing people when they

arrive and asking them to quarantine for a certain amount of time and actually checking on them, or using hotels or other things like that that other places have used, or just leave it completely open and then you're not going to take the economic hit to the airlines. So, again there needs to be clear thinking of what are the measures that you take in the long term to create a sustainable recovery. And, I know I'm speaking too long but final moment was on the Eat Out to Help Out scheme, where again I felt it was quite similar. There was a boost to the hospitality industry in the summer, but now many are being shut and so it's been one step forward for the industry, five steps backwards. The bigger question is how in the long term do we support an industry that is vital to this country, but is also one of the riskiest settings for transmission, not their fault it's just a fact of this virus. That's a question we have to be asking rather than short-term kind of populous moves that pump money in but don't do it in a sustainable way given we're going to be dealing with this situation for months if not years.

Layla Moran MP

Thank you. Stephen and Alice, do you want to come in on that?

Professor Stephen Reicher

Well, if I could say briefly, if I had to say one moment where my heart fell it was when it was decided to reopen pubs and hospitality on July the 4th, leading to headlines of Independence Day and of freedom Saturday and I think by opening up too fast and in far too unregulated a way we instead of suppressing the virus, which we had the opportunity to do, we allowed it to continue, it was already endemic in certain areas in the North-West and that's why when conditions began to get worse, when the summer ends, when people begin to be indoors, when schools go back, when universities go back, it was bound to increase again. So, if you relax too quickly I think you pay the cost in the long-term. And the one thing which surprises me is the lack of emphasis on regulation. Because we haven't regulated properly, because we haven't ensured that both workplaces, hospitality and other public spaces are properly inspected, certified and then re-inspected to make sure that they are Covid safe, then we have the danger of not ... or because many employers have worked very hard, but some creating spaces where there can be an increase in infection. I think if we'd had proper regulation and systematic regulation and funding of the Inspectorate and as you know the Inspectorate has been cut by half in the last five years, the Health and Safety Inspectorate, if we had proper regulation I think we'd need less limitation which is what we have now.

So, I think in terms of re-setting things, so that we can have a set of measures that we can live with and our economy and our health is safe, certainly testing as has been stressed is absolutely critical, but I also think we need a much more robust regulation system and I think we need much more support for people again to be able to do things like self-isolate and with that triad in place I think we wouldn't be in the position we are now.

Layla Moran MP

Thank you, Alice and then I'll go to Debbie Abrahams.

Alice Wiseman

Yeah, not wanting to add to everything that's been said but again very much in agreement and the one thing that I would say is that actually I think that Steve's right in talking about regulation, but

actually there are things that we've asked for at a local level that would make a difference because we would be able to target those businesses that were not compliant. At the minute the work that ... you know the regulations that we've got in place don't allow us to take immediate action where we know that they're not compliant. So the majority of businesses in Gateshead have been brilliant in putting all of the right measures in place to enable them to be as Covid secure as possible, given that you know it's reducing risk rather than preventing the virus, but for example there was one premises that had continued to flout the laws, we revoked their licence on the 14th of July, we are still sitting for a Court date for that to be reviewed, we asked for very robust immediate powers to be able to shut premises down where they are deliberately not being compliant with Covid policy and actually that would mean that we could be more targeted in our approach to businesses. So, tackling the small number that aren't compliant as opposed to having to have a whitewash across everything.

Layla Moran MP

Thank you very much. Debbie Abrahams. Debbie, you're on mute I think.

Debbie Abrahams MP

The phrase of 2020, so thank you, good morning everyone. My question as a Greater Manchester MP won't surprise you, but I'm also a former public health consultant so it particularly relates to local lockdowns. Given what Stephen has just said which I absolutely agree with in terms of the level of the virus and so on, and the importance of seeding in spreading the virus, do you think local lockdowns are particularly effective at this level of infection within the community? Who wants to kick that off for me?

Alice Wiseman

So, I don't mind starting this time. So, I mean ... so for the North-East we put our local restrictions, the seven Local Authorities north and south of the river, sorry, not the whole North-East, mid-September and the difficulty that we had in the first few weeks was the constant changing of what those regulations were. So, our ability to be able to communicate with our residents around what it is we're asking them to do was really hampered in those early days. We are cautiously seeing some signs that the virus transmission has slowed as a result of the measures that were put into place, and particularly those amendments that were made towards the end of September. So, whilst it isn't something that I would necessarily want to see as the solution because it is, you know quite a sort of a harsh measure, we are starting to see some potential early signs. The issue that you've got is that we actually need this to get down to really low cases before we can actually start to make a really big impact on slowing the spread. Whilst we've still got the number of cases that we've got in our area, you know we know that we are fighting a losing battle in many ways in terms of how long we can hold off for further restrictions.

So, ideally I think it would have been that we would have got our house in order during the summer months, like I say when the numbers were much lower, you know so some weeks in the summer we only had two cases in Gateshead, you know actually that would be really easy to do testing and contact tracing on those numbers, I could do it myself, but at the minute 465, you know it makes it much more difficult to be able to use that as an effective measure to slow the spread down.

Debbie Abrahams MP

Does anybody want to add to that, Devi?

Professor Devi Sridhar

Yeah, no I think that's a great question, I guess you know I've seen across the world local lockdowns work really effectively and others not work at all and if I think of which of the ones that worked it's because they had a purpose and they were actually there to buy time, so examples of where I think it worked well, so Aberdeen this summer had a large cluster in pubs and hospitality over 30 different venues affected and I think the local NHS Board was concerned about this because they couldn't move as fast as the chains of infection were moving, especially given how people behave in hospitality which might be going to several venues in one night and then going on several nights out. So, they did I think a three week lockdown of pubs and hospitality to build up that testing and tracing and to get schools back and actually by the end of it had crushed the curve, I mean the Grampian looked pretty much like it did pre-cluster. Same with Auckland which has recently done their lockdown, they cleared the virus, they're back to normal and had rugby. Victoria now, the State of Victoria in Australia had a strict lockdown. What seems essential in all of those is that you have low incidence areas, you have a spike and you try to prevent the high incidence from affecting the low incidence, so you have restrictions on movement and then you really try to hammer why do we have the high incidence through testing and tracing. I think the mistake has been that we're now seeing all over the country increases, so all it's going to be is putting in more and more local restrictions till we basically have a national lockdown but we're just not calling it that.

Debbie Abrahams MP

OK, that's very help, Stephen do you want to add anything from that?

Professor Stephen Reicher

Yeah, I mean the first thing I would say is I think if you'd asked me three or four weeks ago I'd have been more positive about local ... well, I won't call them lockdowns, let's say call them local support measures, would that they were. But I think things have changed and I think when you look all around the country levels of infection are increasing, I mean the South-West is one of the areas where although it's lowest in terms of incidence it's got one of the highest rates of increase. So, sadly I think we are at a point where it would make sense to have a short and clear reset, but I come back to this point that all the debate is about whether we have the restrictions or not, none of the debate seems to be about what we do with that time, so things don't repeat.

Debbie Abrahams MP

Absolutely, yes absolutely.

Professor Stephen Reicher

And if you're going to go in and out and in and out of restrictions then basically I think number one, people will lose patience and number two the costs at every single level to physical health, to mental health, the economy will be massive. So I wish we had more of a debate on how we're going to reset things and I think to answer that question we need to go back to June and ask what did we do wrong in June, how did we squander that opportunity and to my mind, and we've already said it, I think there

are three areas in which we squandered that opportunity; number one is failures around creating a locally based test and particularly trace system because in so far as tracing is like detective work, you can't do detective work from a telephone centre hundreds of miles away from the place because you don't know that place, so we need to change that. Secondly, as I said, I think we need to go much more towards regulation and thirdly I think one of the problems has been we're beginning to see a situation in which the Government is blaming people for the infection as if they've done something wrong to get infected. And if you blame people, number one you alienate them, number two you make others feel complacent, it's nothing to do with them, and number three you divide people.

And let me just give you some figures that I got from a meeting with the Scottish Police a week or so ago, that they had been called to 430 house gatherings of which 13, less than 2% had more than 15 people, the mythical house parties. The vast majority were people slightly bending the rules, having one or two more people round, and when the Police knocked on their door they would reply, well why are you knocking on our door, we're not having a party, they didn't think it was self-relevant and the danger is that if you constitute this demonic 'other' who is doing all the things wrong people think well it's not relevant to us and it's the cumulation of small violations rather than one or two violations which is causing all the problems. So, I think the way in which the pandemic is being represented, the way in which we're making sense of why it's happening, the blame and the demonization [loss of audio 0:41:07.4] absolutely reset and the first rule of social influence is you can't influence people if they see you as an out-group, well if the Government blame people and set them up as an out-group they will lose influence and we will lose compliance and so that's the third reset. I think we need to completely change the relationship between Government and public and support people and see them as the solution rather than blame people and see them as the problem.

Debbie Abrahams MP

Thank you, I think that's very comprehensive. Perhaps in your other answers ... we might, about whether there was agreement across the panel about whether there should be a transfer of test, trace and isolate to local levels and I don't know ...

Layla Moran MP

I'll go now to Munira Wilson to pick that thread up, thank you Debbie. Munira Wilson.

Munira Wilson MP

Thank you all. On the point about test, trace and isolate I mean we've heard just now from Stephen about the importance of locally led test and tracing but I'd just like to explore further the point about isolate which my understanding is the most critical part of TTI, especially if you're trying to use the time that you get from any sort of reset or restriction, could you tell me, could the panel tell me whether you think we've done enough to support isolation and what more we should be doing. We saw some academic studies show that only about 18% of people are actually isolating.

Layla Moran MP

Perhaps we'll start with Alice.

Alice Wiseman

OK, yeah so I think there's a number of things in here and I think that what we haven't done is taken enough time to understand the barriers to isolation for people. You know so actually we're telling people to isolate and we're assuming that that is a) understood and b) you know they're actually able to do that and I'll use an example of a lady in my area whose child was asked to isolate from school, single parent, child asked to isolate from school but Mum couldn't support that isolation because actually she needed to be able to go to work to be able to provide food, couldn't obviously ask for anybody else to take care of the child because obviously that then risks the transmission, so it wasn't that she didn't want to she just literally didn't have the resources to be able to do it. So, I mean I do think that there is an issue around the way that the measures are applied, I think that the points that Stephen made just a few moments ago in terms of alienating people by blaming them, but also meaning that other people think it's complacent that they think these little sort of things that they're doing isn't going to have a greater impact, you know but we need to do much more work with communities and one of the documents I sent through to you before this was the World Health Organisation pandemic fatigue and if you haven't had chance to look at it, I would absolutely urge you to have a look at it because I think that what we need to do is to get back to basics and understand what's stopping people from complying with the things that we're asking them to do.

But I also would like to pick up just quickly on the point that Stephen made around local contact tracers as well and actually the evidence has shown that people are much more likely to comply when they hear a local voice who understands the nuances of a local area, who understands the places that somebody may have gone or may need to go, and who is also able to say actually we're asking you to do this but this is the support we can offer you at the same time, and those things need to be absolutely hand in hand because telling somebody to do something without the necessary support is never going to reach the conclusion that we all want.

Layla Moran MP

Devi?

Professor Devi Sridhar

Yeah, I agree with all of that. Just two points on the isolation and the first is that if we look at countries that have managed to get the isolation going they have offered financial support, very good financial support to people, almost equal to what they were getting in their usual jobs, so you're basically paying people to stay home. And the second thing is they've given people the option to isolate outside their homes and that's not forcibly removing people, it's saying to people if you do not want to go back to your flatmates and expose them, or to other family members, this is a quarantine facility you can go and stay in, you will be medically supported during that time with someone who kind of will check in with you every day and if you feel really unwell we'll take you to a hospital from there. I think one of the mistakes that we've made in Western countries is assuming that once one person in a household or a family gets infected the whole, all of them will get infected and you get an amplification effect which we're already seeing at universities because when you have bubbles of 11 students living together, if one is positive all are kind of considered to be positive. Whereas in, I'm thinking South Korea, they will take you out of your home into a quarantine facility and try to break that chain even within the households, so you don't get that amplification effect.

The second thing I'd say is about the testing and tracing system, I truly do not understand how countries across the world from Vietnam to Senegal to India to South Korea, can get their testing going and get test results back rapidly, that they have access to rapid antigen tests, WHO has acquired 140

million for poor countries, but Italy and Germany have bought these which give test results within 15 minutes and we're not able to do that in the UK. I don't understand that we're spending £12 billion, apparently, on a world leading test and trace system. There is something fundamentally wrong here, where we are needing to look at who is being given contracts to deliver what and with what expertise because it is public taxpayer money that is being spent and we are going into another lockdown because that test and trace system is not working and it's not because we're not putting enough money in. For that amount of money, we probably could have paid people each £7,000 a day to stay at home during their isolation period. It's that kind of thing that's really frustrating from a public health perspective because it's not about lack of money here because countries that are far poorer are doing better on it.

Layla Moran MP

Thank you. Stephen?

Professor Stephen Reicher

Yeah, so I mean if there's one thing we need to change this is it, because it's, you know we obsess about numbers of tests, well tests are absolutely pointless and tracing is absolutely pointless unless you self-isolate, it's all about self-isolation and you know it's as if we've built a boat with a hole at the end which means that the rest of it, you know does function because all the water rushes in. And 18% is probably an over-estimate because that was a study done with people who are symptomatic, not non-symptomatic contacts, probably we're getting down towards about 10% of people. So, the problem is we have a test and trace system which doesn't achieve what it's meant to achieve and as I say if we could up that that would truly be a game changer.

Now, it seems to me and this is an argument for co-production of policies that we ought absolutely to be working with communities to find out what the barriers are, we ought to do an audit, including an inequalities audit to look what the difficulties are for particular groups and it's very easy actually to begin to think what they might be. Number one of course it's financial, will you lose your job, will you lose money, can you put food on the table. Number two, can you self-isolate in your own house if you're living with other people. Thirdly, what if you have caring responsibilities, so either children or elderly relatives who you look after outside the house. Fourthly, if you live on your own what about the psychological and mental health implications, how do you get food? So, we need a wraparound system, money is absolutely critical but it's not the only part. We need people to be supported, we need accommodation and it seems to me this is an area where there should be a partnership, again it shouldn't just be the Government centralised dictates imposed.

First of all, we should be involving the mutual aid groups that exist up and down the country, 4,100 of them, three million people and in many ways actually it was communities supporting each other more than the State which kept us going, that should be mobilised to help people. And I think we should be mobilising the private sector as well to support and incentivise people. I mean just a couple of ideas but you know if you had your local football club saying that, you know for people who self-isolate when they can they can spend a day with their team, that would be an incentive that would be ... you know things that money can't buy. If the IT companies made sure that everybody was connected and perhaps people got the latest games, well I have a 16 year old, the problem I would have then is not that he would go out too much, I could never get him to go out. So, I think a genuine creative partnership between certainly the State, central and local, local communities and the private sector could really change things fundamentally and we could work together around a notion that people who support the community by self-isolating would be supported by the community and that also would have the benefits of recreating the unity that is beginning to fall apart with all the divisions and

all the blame. So, it's an absolutely central issue and we could do so much more and much such a difference, if we were creative and if we were uniting the different levels.

Layla Moran MP

Right, thank you very much. Guys we have believe it or not only six minutes left, I will push this as long as we can go but we may not be able to get round everyone all the time. I'll now if I may pass to Barbara Keeley.

Barbara Keeley MP

Thanks Chair, thank you. Like Debbie I'm an MP in Greater Manchester where we've had Tier 2 restrictions effectively since July 31st, so for 11 weeks, and I can say you know that we do see fatigue, resistance, negative reactions, you know absolutely constantly. So my question is how do we counter that negative narrative that is now surrounding what we shouldn't be calling lockdown, but is called lockdown and the science behind it because I think part of the negative reaction is also saying, I don't believe the science because you know we did these things and it didn't work and how do we rebuild public trust and buy-in because it seems to me that's what we have to do. I've been taking into account the things you've just said because I think this session is very worthwhile and rich but is there anything else to know about rebuilding public trust and buy-in?

Layla Moran MP

Stephen?

Professor Stephen Reicher

There's so much about rebuilding trust. There is a huge literature on compliance with authority and one of the points it makes is that instrumental compliance, in other words complying because you'll be punished if you don't, is not very effective because it might work while you're standing over people with a stick, but as soon as you move away or if there are other areas they will begin to assert their autonomy and assert their freedom through non-compliance. Far better is for authority to be seen as in a sense of the community and working for the community and that's proven by a whole series of behaviours, behaviours like listening and being seen to listen. Behaviours like showing respect and showing trust, behaviours like admitting to fallibility and I think we have a conception of leadership and Government which is terribly paternalistic and which has the sense that, you know, the people will panic if we tell them too much and they must believe that we are infallible and we don't admit mistakes, you don't let the children know that the parents aren't perfect. So, I think we need again to completely reset the relationship between Government and public. There needs to be a lot more humility, we don't need world-beating this or that, we need functional this and that. We need to be able to admit our mistakes and we got things wrong and how we're going to improve them and we need to move away also from punishment.

So, in a sense this takes us back to the issue of self-isolation and you know the threats of big fines up to £10,000, the information that came out last week, information about people who are self-isolating will be given to the Police. The problem with all these things is it sets you apart from the public, it positions you again as an out-group of the public and the public will resist, so for instance even if they self-isolate what they're not gonna do is to go and get tests as much, because why would you if you're potentially criminalised. They're not going to give up the names of their mates because why would

they put their mates in the position when they are criminalised. So, I think in every single way treating the public as a partner with the respect and humility and support that is necessary is absolutely crucial.

On the issue of restrictions finally I always like the quote from Einstein where he said that 'insanity is doing the same thing twice and expecting a different outcome', I think the problem is that we have restrictions which are neither fish nor fowl, they keep a lid on infection but they don't do enough to drive them down to get us to the point where you can come out of those restrictions. I think people would understand that if they felt that the restrictions were at a level where they would achieve something and things would have changed at the end of it, they would be much more likely to go along with them than these half-hearted restrictions which people are beginning to lose faith in. So, as I say people will suffer and make sacrifice for a cause, they won't do it if it's not worth the while. And so, I think a clear and strong set of measures paradoxically even though they're more restrictive in the short-term are far more likely to get compliance and therefore to be effective over the longer term.

Layla Moran MP

Thank you, very comprehensive. I actually wonder if I can move to Dr Philippa Whitford and then if Devi and Alice wanted to weave other thoughts into that question, I think it works very well. Dr Philippa Whitford.

Dr Philippa Whitford MP

Thanks very much Layla, if I can start with Devi, I mean obviously the virus isn't going to disappear, a vaccine isn't going to be a magic wand, so we need to learn to live with this. You've obviously talked about test, trace, isolate which is controlling infections but what more should we be thinking about doing to actually prevent transmission and yet allow us to get as close to normality? I mean, just touching on hospitality I've been raising in the house about removing VAT on ventilation systems to help the industry do that, so are there things that we should be doing that would allow us to do more in as close to normal a way as possible?

Professor Devi Sridhar

It's a great question. I mean I think the over-arching message is we're in this for the long haul, there are no silver bullets or short-cuts through this crisis and there is no magic wand we can wave, whether it's thinking we can just let the virus go and somehow reach some kind of herd immunity state, or on the flip side think it will go away with a vaccine. And so, I think practically if I look at the countries that are winning in the sense of keeping as much normality, their economies going, they're really doing three things. So, one they drove their numbers really low and that was the purpose of their lockdowns and so people understood that there is a payoff, there will be a win for this sacrifice and the end game was getting the numbers really low and so using your testing and tracing system when as Alice was saying when it's a low level you can cope. Then what they did on top of that and this gets back to your point Dr Whitford is they were looking at what advice do we give to the public and I think in the UK the mixed messaging has been that some kind of exposure is OK as long as it's young people, without thinking through the chains of infection, so it's OK if 15-24 year olds are infected, it won't be a problem and we know from country after country it seeps into the older age groups and this is not a virus really anyone wants to get at any age.

And tied to that most people don't pass on the virus to anybody, we're alerting about super spreading events and these are indoor, poorly ventilated, crowded settings and so if we can target those through

enhanced ventilation, enhanced support then we could probably prevent a lot of transmission events for a very focused effort. And the last thing is I don't think we can get around having to think that once you drive the numbers low how do you protect that status. How do you protect parts of the country? So, Australia for example shut down New South Wales from Victoria because they didn't want to have the explosion in Victoria coming into New South Wales, so they put an internal movement strict regulation, same with Auckland and the rest of the country. So I do think also within the UK we do need to think more about if there are higher incidence areas and you're doing a local lockdown what is fundamentally different about that area than other places and how do you restrict movement, and this is not a political point, if I think back to the 1850s this is why they started with the international sanitary guidance, it's because of trade routes and because viruses were travelling when people travelled across Europe and if we think all through kind of this pandemic as soon as people move the virus moves and no one thinks it's them. I'll finally say how impactful this is, in Iceland they had basically cleared the virus and they let two tourists in from France who were tested positive and told to self-isolate, they did not, decided not to. They went on to infect 100 people, those 100 have gone on to infect others and now the country is climbing exponentially and they might be forced into another lockdown and that's over two people. So, it shows you the nature of this virus that one person unchecked over ten cycles can infect something like 50-60,000 people. So, I think this is why when people say oh why are you being so strict on movement of people, I'm saying well it's people who move the virus and set off these chains and then put us back into kind of these situations of this loop of like lockdowns which is what's making people frustrated.

Dr Philippa Whitford MP

OK thanks.

Layla Moran MP

Alice?

Dr Philippa Whitford MP

I don't know whether Alice or Stephen want to add anything to that?

Alice Wiseman

I'm just looking at the time, so I mean I'm quite happy because actually I agree with everything that Devi has just said in terms of the response, so I'm quite happy in the interests of time not to add at this stage.

Dr Philippa Whitford MP

Stephen, anything additional you want to add onto what Devi says? You're muted Stephen, it's very much again about the prevention.

Professor Stephen Reicher

I think it's movement, I think it's testing, I think it's movement, I think it's regulation, I think it is a support for the population. I think we can live with this with sensible and proportionate measures and I think the way to go is to do a reset through an effective set of measures with appropriate support for people during them and then when we come out of it we resettle all the lines that we've been discussing, I think that does give us a way forward rather than just dragging on and on and on with the fudge that just satisfies nobody.

Dr Philippa Whitford MP

Thanks very much.

Layla Moran MP

Thank you, so a couple of very final questions, Munira Wilson.

Munira Wilson MP

How much hope should we be pinning on any new ... on new vaccines, well vaccines and any new treatments?

Layla Moran MP

Devi, Alice? Whoever wants to go, Alice?

Alice Wiseman

Yeah, so obviously not my area of expertise but I did have the opportunity to chat to one of the experts in the region who is part of the programme that's looking at testing out these vaccines and we do have you know 12 potential vaccines that have shown some early positive signs in terms of an immune response, but what we then need to do obviously is look at testing people when they come into contact with the virus. So, I think that we ... the answer would be yes, but in the longer term and so what we need to do is make sure that we've got the non-pharmaceutical interventions in place to enable us to do this for the next few months and certainly I heard somebody the other day say we'll either be saved by science or season, there is an element of respiratory infections having a seasonal element so when we get towards spring next year, you know an opportunity for the seasons to come in and support us as well as the potential for a future vaccine. But I mean it is early days and vaccines normally take years, so.

Munira Wilson MP

Devi, do you think we've overhyped expectations?

Professor Devi Sridhar

Well, I think so. I don't think a vaccine will be the silver bullet and even already they're trying to dampen down expectations of who would receive this and actually if we do get a vaccine there are questions over the effectiveness. It will be a valuable tool but I think kind of the way I'm seeing it, I think November to February is going to be really rough, it's going to be a really bad winter and I think we need to prepare, to think how do we get through this winter without a lot of death and a lot of restrictions in place. How do we get through that period? I think from March it's going to get better for four reasons, first because we understand much more about transmission, so we will get better in terms of precise proportionate public health measures. I think secondly testing is going to get much better, mass testing, rapid testing, we already have rapid antigen tests, paper-based tests, we're going to get better at identifying people. The third is treatments, I think that we have treatments that will save people from dying if they can get medical care, I think this case fatality rate will continue to come down. What I'm most worried about though is hospital capacity, we need a treatment that keeps people out of hospital because that's kind of right now one of the, you know the main stresses on the system. And finally, yeah we will have a vaccine, there's so many in phase three as Alice was saying, I think we will have one but it will be ... we're in this for the long haul, I mean this virus is around and I think the areas of uncertainty and this is why you see scientific, some scientific sort of disagreement on exact ways forward is first around immunity, can we build immunity, can you be re-infected, how long does it last. Is this going to be an endemic infection which we get hit with in waves year after year or can we reach some static state, I lean more to the former looking at that we really haven't ever used herd immunity as a strategy to any infectious disease in the past, we've had control and elimination strategies using various tools.

And the second thing is around Long Covid and morbidity. I think at the start of this people just looked at life and death and the deaths were largely concentrated in older people, so very sadly people just thought well it's not young people dying and kind of threw their hands up. Where actually we're learning about now morbidity in young and healthy people, it looks like largely people 30-59 a lot of people who were previously very healthy and if the morbidity costs accrue and that's 10% as some early studies suggest, or even 5% or even 2%, that's a lot of healthy people who are out of work, who are going to need physio, who are going to need NHS support, who are going to be on sick leave. It will be impossible for countries not to kind of maximum suppress this. I think these are the two areas where when we get more clarity by March then you'll really understand OK what's your optimal way to deal with this, when I think there is still disagreement on ... at least in the UK debates over you know can we live with this virus or can we not live with this virus on a daily basis.

Layla Moran MP

Thank you very much. Stephen, anything to add?

Professor Stephen Reicher

Two short points. One is that there is a little bit of a representation that the vaccine is a bit like the cavalry riding over the hill and saving us all so we don't actually have to save ourselves, well it's not and I think if it's used to delay in any way the reset and the measures we've been talking about so we can live with Covid it will be counterproductive. The second point is that a vaccine solves nothing, it's people getting vaccinated that solves something and already the polling has shown that about 50% of

people are dubious and a lot of that has to do with lack of trust and I think that's a huge issue that we need to address. Because the loss of trust in the UK Government which has been catastrophic, it's fallen from about 70% to a little over a quarter, ill-serves us when it comes to a series of critical measures. I mean interestingly trust doesn't affect some forms of adherence because some people are adhering despite the Government and many of the people who for instance were most angry at Dominic Cummings were most likely to adhere because they said we don't want to be like that. However, when it comes to a vaccine you need to have trust in that vaccine as it being safe and for your own good, and so loss of trust is a real issue and it will become a bigger issue with the vaccine and we have to be addressing that now.

Layla Moran MP

Right, well thank you so much all of you, we have gone about ten minutes over time, but it was such a rich session that I felt that that was the right thing to do. So, Stephen and Devi and Alice thank you so much for your incredibly rich and knowledgeable addition to this inquiry, it's given us a lot of food for thought. I was going to end with can you give us anything, a bit of hope, if there was one thing that you had to say that gave people a bit of hope after this session what would it be, I'll do it in Devi, Stephen and then Alice and then we will move to the next session and I'm delighted to see that David Nabarro and Kevin Fong are now with us. So, Stephen, Devi, Alice?

Professor Devi Sridhar

Yeah, I can start by saying I think there is room for ... there is hope and actually there are countries finding a way through this crisis. If every country was falling apart over this I would be more hopeless, but actually there are countries who are winning and we just need to learn from them and say how can we start to replicate what they're doing and science will support it, it won't be the cavalry but they will give us weapons against you know this virus and so that's I think the really positive message, that there is a path through this crisis, there is a way through it but it requires all of us and our Government to actually want to go down that path.

Layla Moran MP

Thank you. Stephen.

Professor Stephen Reicher

Well let me give you an answer as a Psychologist, that before the lockdown there was a lot of talk of behavioural fatigue as if the public lacked the resilience, lacked the grit to be able to get through hard times. What we discovered was precisely the opposite, that actually the public to the extent that they came together as a community and supported each other showed remarkable resilience, a resilience not always shown I think by their Government. And so I think for me the most important thing we've discovered is that if you bring people together as a community, if you get them to think in terms of 'we' rather than 'I' then they can support each other and they can be incredibly resilient and the most important thing then is for Government not to see the public as weak and as a problem which they have to manage but as a resource and as a partner that they need to work with. And if they do that,

then I think we have a remarkable asset which can take us through the pandemic and allow us to live with and come out successfully from this experience.

Layla Moran MP

Thank you. And Alice.

Alice Wiseman

So that was beautifully said and that was actually the way that my thinking was going is that we can use this as an opportunity to reset as a country in terms of how we think about supporting all of our communities so that they all have the opportunity to flourish and so that we come together in that collective effort against Covid, but actually what that then leaves us is a legacy moving on. I think we've been a very divided country for the last few years and actually this gives us an opportunity to reframe that.

Layla Moran MP

Thank you so much all of you. I'm glad I asked that question, I feel much better now, thank you very much. You are very welcome to stay for the following session and we'll just take a ten second break while Kevin Fong and David Nabarro are able to put on their videos and cameras and we'll now move to the second panel. Thank you so much all of you.

Professor Stephen Reicher

Thank you.

Layla Moran MP

Thank you. Right, well it's a delight, I'm just gonna get going, first of all huge apologies for keeping you waiting and I know you're both very, very busy people. It's a delight to welcome David Nabarro and Kevin Fong to this inquiry. And I'll just get going with the same question I asked at the beginning of the last panel, the Government has now instituted a three tier system of various restrictions in the United Kingdom and from your varying perspectives do we think it's going to work and perhaps I'll start with Mr Nabarro.

Dr David Nabarro

Thanks very much, first of all I'd just like everybody to know that I'm really, really pleased to be here. I have some challenge because although I'm acting as a WHO, World Health Organisation Special Envoy there will be times where I'm not sure that I can answer every question speaking as a WHO person, but my role it's a very interesting role, I'm not a WHO staffer, I'm Imperial College and a few other things and so there might be moments when I'll just have to say look I can't ...

Layla Moran MP

No problem at all, you just say pass and we'll move on, don't you worry.

Dr David Nabarro

Thank you very much indeed. So, there is ... it's necessary to give you my image of what's happening in the UK compared with what's happening in other Western European countries, but also what's happening elsewhere in the world. The virus is as Devi Sridhar said, not going to go away. We can't wish it away, we can't imagine that some miraculous transformation is going to happen, it's going to go away. Coronavirus is by and large much more stable than many other viruses that we deal with, so we're basically saying, my colleagues and I, just recognise that we're as humanity are going to have to live with this virus for the foreseeable future. Now, living with the virus means holding it at bay, it doesn't mean letting it come and infect anybody and not worrying about it. The talk about herd immunity as a strategy is not viable, it's not ethical, it's not based on anything that we've ever done before and we encourage everybody to just put that one on the side, we may change our advice but right now that's not the advice. Again, for reasons that were made in the last panel and also for real anxieties about just what this would mean ethically.

So, we have to hold the virus at bay. How are we going to hold a virus at bay as a society? Well, the best way for any of these viral diseases is to introduce two things, one is shifts in people's behaviour so that the virus is less easily able to infect them and secondly a whole series of mechanisms that actually mean that when cases actually are emerging in society they can be dealt with through a process of isolation, contact tracing, isolating the contact, protecting the vulnerable. What we do for any other disease, what was done for example for Ebola in West Africa, what's done for other serious viral diseases like Marburg and Lassa. So, if that's what we need to have in place why on earth isn't it there? Why aren't there systems in Western Europe to be able to identify people quickly and isolate them? Well the answer is in parts of Western Europe there are, they're not well enough developed and the elements of them are coming into place. It's taken a bit of time to do this because we're not used to dealing with infectious diseases through our public health services, we're not used to dealing with infectious agents through our personal behaviour. The last time we had to do a big behaviour change because a new infectious agent came along was when HIV appeared and started causing AIDS and it took many years for societies to come to terms with the reality that sex could be associated with death. And it was very disturbing, I participated in the late 90s in many, many events where people just refused to countenance the possibility that a new virus was going to require that sexual behaviour be changed in a wholesale way. Very, very difficult.

So, we've got the same situation now. A new virus has come along, behaviour has to change and people find it stunningly difficult to take it on board. But it's happening, currently estimates in Western Europe for mask use and physical distancing are around the 60-70% mark, it's not bad. If we could get it up to 90% it would make a huge difference to the rate of which Covid is spreading through society, a huge, huge difference. And then that might mean, sorry just reaching the end, that might mean if we could get it up that the necessity for top down restrictions on behaviour would greatly diminish, these restrictions reflect the fact that we've not yet got to a point a) where we can deal with transmission through public health and b) where we've got enough public acceptance of the changes. My own judgement is it would take one to two months and then I think there'll be much greater public awareness and there should not be such a need for three tier restrictions.

Layla Moran MP

Thank you so much and we will come back to many of these themes, I do apologise for interrupting you. Kevin.

Dr Kevin Fong

So, your question is will be tiered structure of restrictions work and to know the answer to that question you have to know what success is supposed to look like here. Now if you're talking about will this pause the progress of the pandemic in this country and buy us time to ... to prepare our responses in the healthcare service and public health, then yes of course it does, so the mathematics of that are fairly straightforward if you stop people moving and mixing you stop the progress of the ... well you pause the progress of the pandemic. We know, of course, now that if you're going to put in this sort of restriction the earlier you put it in in the phase of the pandemic the better and the later that the less impressive its effect is on the propagation of the disease, but nevertheless it will be useful in pausing progress, it does buy us in the National Health Service some time.

But I think what you heard from the first half of this panel and which I hugely subscribe to is that success is really not about the short-term goals and I think that has been my biggest problem with this whole thing, this is all about sustainability, this is all about how we move into the future, this is getting away from the polarised view of Covid versus the economy as you heard your previous speakers say. And for me success can be found but the plainest solution between on the one hand killing the economy and on the other hand killing tens, maybe hundreds of thousands of people, the plainest solution between those two is there but it is so difficult to find it will require forensic attention to detail and great industry on the part of so many of us to do so, and while we are doing that we will be dependent upon so many factors, including the behaviours of our public.

And so, will it work? Well, you do need to know what you're trying to achieve and I think that we now need to, as you've heard earlier today, we now need to move onto some concept of what does sustainability look like and some honesty about the fact that we will be living with this than much longer than perhaps we've been stating more widely. Thank you.

Layla Moran MP

That's very helpful. Paul Strasburger.

Lord Strasburger

Good afternoon. Other countries have been much more successful in dealing with Covid than the UK, I'm talking about larger countries like China and smaller countries like New Zealand, my question is what have we still got to learn, what have we not yet learnt from what they've done right? David, would you like to go first?

Dr David Nabarro

Thanks, and I'll try to be shorter. When this virus comes into a society it spreads in an exponential way and what we saw earlier on this year is that if no action is taken the size of an outbreak doubles every two and a half days and that means that if you delay say two weeks before you take robust action to deal with an outbreak you've got an awful lot of virus in your communities. If you delay three or four weeks the size of your outbreak can increase 1,000 times. If you delay five weeks it's 10-15,000 times. It's an exponential increase and so countries that prevaricated a bit as the virus started coming in have got much more virus around in their societies, much more opportunity for spreading events to take place than countries which moved incredibly quickly, sometimes rather surprisingly quickly when they first had cases. And that I'm afraid is the problem that the UK and the United States and several other countries have got because they just did not get on top of it as quickly as others like New Zealand famously but also like China were able to do.

Lord Strasburger

But do we still have that problem?

Dr David Nabarro

Yes. Oh yeah, because Britain is still in style relatively slow and the current situation is that there is resistance to taking the kind of robust and rapid action that is necessary for a mix of political reasons. Now the action is not simply doing lockdowns, a lockdown basically freezes the virus where it is but to get rid of virus in our view you must institute the process of detection, isolation, contact tracing and isolation. That is the absolute mainstay of dealing with this. If we look at countries like Senegal which have been pretty successful, they put that kind of practice into place widespread across the country very quickly and we are saying it's that kind of capacity that needs to be in place. Now, to get it right we're not simply saying test we're saying it's a combination of test, enabling people to isolate, contact tracing and isolating contacts. It's a total system and it's best always done locally because you get more confidence between societies and responders through local level organisation than doing it from the top and certainly you get more cooperation if it's done through the building of trust between local actors and the responders, rather than doing it through instruction or even coercion.

Lord Strasburger

So, it's don't dither, go in fast, sharp and early is what you're saying.

Dr David Nabarro

Rapid and robust is key, but do keep the local emphasis in there, we've got more focused on the local part because we really do believe on the basis of reviewing all communicable disease responses, that without trust between citizens and responders, whoever they might be, things become tough because you have to turn the coercive screw more and more tightly to get the same response over time, whereas if it's done through trust and volition then it becomes a completely different kettle of fish, which is part of the East Asian success story.

Lord Strasburger

Thank you. Kevin, your views.

Dr Kevin Fong

Yeah, so echo that. I think that it's easy to underestimate how rapidly and how decisively one needs to act in the face of an exponential threat, we are not born with an innate sense of exponential processes and I can illustrate this to you. If I give you a penny now and I double that penny in the next second to two pennies and in the third second to four pennies then I ask you to say if I keep going along that process of doubling how long is it before you're a millionaire, that is how long before that one penny is 100 million pennies in front of you, you'll have a sense of that, but the answer to that question to put you out of your misery is about 25 to 26 seconds, and so it is, we do not have an innate sense of the way that that threat plays out. And because of that the decisions we need to make at a political level need to be bold and decisive and urgent. Because by the time it is obvious to the man or woman in the street that something needs to be done it is far, far too late. And yet to date it would feel to me that we have operated on that level, that we can't enact, we can't enact solutions until it's obvious to everybody that Covid is in circulation.

And so, the lesson to learn from countries that have done well is 1) they have moved quickly and decisively, 2) they have suppressed disease prevalence, that is the amount of disease circulating in the general population to a level that 3) brings it within the capability of their test and trace programme and they have efficient test and trace programmes. And then finally they have also managed to engender a strong sense of the collective requirement for action of the country as a whole, not just its authorities and healthcare systems. Thank you.

Lord Strasburger

Thank you.

Layla Moran MP

Thank you. Debbie Abrahams.

Debbie Abrahams MP

Thank you, thank you Layla and good morning both of you, lovely to see you. My question is really about evidence and whether policy makers are making decisions based on evidence. Do you think policy makers understand evidence, the different levels of strength of evidence and how do you think that that is influencing decision making at the moment given what you've just said?

Dr David Nabarro

Can I suggest Kevin goes first, just so that it mixes and matches?

Dr Kevin Fong

So, you see some evidence that people are attempting to use the evidence but there's a few challenges here. One is the sheer magnitude of the flow of information that is required to assimilate and synthesize to be able to make sense of this, and I come back to that point of the plain of solution between the economy and Covid, so that it's not either/or but it is the right balance between the two and you reach some sort of solution which is sustainable. But finding that plain requires you to assimilate an enormous amount of information and I think it requires more energy and more focus than we perhaps have so far been able to bring, that synthesis I think is very difficult.

I think there needs to be a greater honesty and better engagement between the scientific community, the public and our political leaders in terms of you know the relative weights we should give the evidence that arise and because not all evidence is equal. And navigating that is not straightforward and it takes great energy, but I don't think we have the right level of honesty about that or indeed the right level of sophistication or attention to detail. Thank you.

Debbie Abrahams MP

Thank you, do you want to add to that David, I'm thinking about for example Muir Gray's level of strength of evidences as one example, there are many others and where evidence isn't at the highest level should we be clear about the strength of evidence and be recommending a precautionary principle when we think there's sufficient evidence to point in a particular direction?

Dr David Nabarro

Thanks very much indeed. In February this year I was involved in the dispatch of a team of international experts to China and the purpose of that visit was to try to learn as much as possible from the Chinese authorities and how they'd gone about things in Wuhan City and Hubei Province. On the 24th of February that team reported back on what they had found, they said four things seemed to be really important. Number one was full involvement of the people at all levels in responding to Covid. Number two was building up a lattice-like public health capacity at the very, very local level in order to maintain as close as possible surveillance over the population, not surveillance in a punitive kind but just simply to keep an eye on where there was sickness, and in particular where there were people who needed support while they were perhaps asked to isolate. Number three was repurposing hospitals, they really did have to get the mortality down, they had initially 10% mortality, they wanted to push it down so they really tried to focus on Covid specific hospital care and then non-Covid hospital care. Four was getting the whole of Government and society focusing on support for dealing with this problem immediately.

This was reported back and we found it incredibly hard to get people from other countries to seriously listen to the evidence from China. And I just want to say that this is something that continues to really surprise us, that early evidence people, public health, particularly for interrupting transmission, hospital repurposing and whole of society support just was not listened to. Last point, I just had a conversation with colleagues in China about how they deal with new cases coming up. How many people said they'd be looking to test when they're trying to decide what's happening as new cases come along. There they are being really, really robust and they're saying we just don't want any new

cases to gain a foothold in our country and so they're going a little bit like we were just talking just now towards the precautionary principle. I don't think that evidence comes from models, especially if your models are based on influenza. I think evidence comes from practice and I think we've got much more evidence available on what seems to enable countries to get ahead of this than perhaps is realised. But by and large we're saying please use experience or experiential evidence rather than predictions based on models, the former tend to be more valid.

Debbie Abrahams MP

Thank you, David.

Layla Moran MP

Thank you very much. Munira Wilson.

Munira Wilson MP

Thanks Layla and thank you all. You talked about the need to move very quickly and decisively to suppress outbreaks and you both touched on the importance of test, trace and isolate. What measures of support do you think need to be put in place for this to actually operate effectively and keep the virus under control?

Dr David Nabarro

So, if we look at what Germany did, look at what Robert Koch and Lothar Wieler who is the person I deal with at Robert Koch have done, they said it's not just testing or it's not just contact tracing, or it's not just isolating, it is developing systems that work at the level of the *Länder*, virtually the equivalent of the big Local Authorities in the UK, but it's getting the systems going and getting everybody comfortable with how these systems are working and making sure the incentives go in the right way. For example, if we're asking people to isolate don't pay them a quarter of what they would earn if they were working but make sure that they can isolate and not lose financially because they've still got to pay their bills. If we're doing testing make sure that the results of testing are available to the actors in the local community so they can really go to the areas where there are cases appearing where transmission is occurring. And building special extra epidemiological capacity so if you've got a spike building up in a particular area you can go and find out what's happening and that's how they discovered the outbreaks in the meat plants and so on, which have been so, so important at the centre of some of the big spikes that we've seen recently.

So, I want to stress, it's no good talking about testing and isolation, it's no good talking about isolation without putting it into a system, it's having the whole system working particularly at the local level. That will lead us through it. And I'm still a bit stuck as to why this test, trace, isolate thing in the UK doesn't seem to be working properly because if we could crack that then a lot of these problems in my view might be a bit reduced compared with where they are now.

Munira Wilson MP

Maybe Dr Fong has some thoughts on that.

Dr Kevin Fong

Not about the failure of the system to work, I really have not much more to add other than the original question in this session was you know will the current restriction measures work and you know a part of that is that we need to get the disease prevalence down to a level which brings it within the range of our current test and trace capacity, you know whatever that happens to be. I just don't know that you can operate it with this much disease circulating, you know to a degree the concept of whack-a-mole you know ... to use that metaphor, isn't terrible but it doesn't work if you've got hundreds of thousands of moles pouring out of hundreds of thousands of holes. So, you know in terms of supported measures that is the most basic and then everything that David said, which I have nothing further to add to.

Layla Moran MP

Thanks very much both. Simon Russell.

Lord Russell

Yes, thank you very much, so we've spoken a lot about sort of going into lockdowns and things like that, the Government announced some time ago that it had five key tests to decide whether or not one should come out of a lockdown which briefly are can the NHS cope, is there a consistent fall in the death rate, is the infection rate down to a manageable level, can testing and PPE meet future demand and is there no risk of a second peak. Listening to the evidence we've had so far that feels very much like five tests that were thought up in April or May and don't seem to have very much to do with the experience that we're talking about that what we're actually seeing on the ground here and elsewhere. So, David if you were to try and advise the Government what tests would you prescribe to judge when it is safe to come out of one of these lockdowns, what would they be?

Dr David Nabarro

So, I worked with the group that's ... thank you very much, sorry ... I'm not displaying correct protocols, if you could just assume all protocol is observed. I worked with the team in Singapore who've been looking at the kind of indicators that might be necessary to work out how you're getting on in dealing with your Covid and we strongly feel that you've got to move away from all the time looking at case numbers or hospitalisation numbers or even similar numerical indicators about the disease in isolation. Instead what we've said is you've also got to have good indicators of response capacity and perhaps the most important is a little bit what we were talking about last time, your ability to detect and then break transmission chains. And so, not so much test, trace, isolate but the transmission chain detection and interruption capacity. Then of course there are things to do with the healthcare system, can it actually minimise deaths and severe complications. Then thirdly, can you protect and support vulnerable and neglected groups, more and more we know this disease does affect the more vulnerable and so we built that in. Number four, is are you able to protect your healthcare workers

who are so much in the frontline. Number five, are you able to maintain adequate supplies of medical equipment and of course food and other essentials to your population. Number six, if people are required to isolate are they facing disincentives or are there actually incentives that encourage isolation. And then lastly, to what extent is your healthcare system able to manage other conditions besides Covid.

The reason why we did this is we wanted to try to come out with indicators to do with performance rather than indicators to do with case numbers. Why? Because very few countries can actually plan on getting to zero Covid, so they're going to have spikes cropping up all the time and what you're trying to do is to look at the capacity to deal with spikes and surges rather than simply the actual numbers because that will determine whether or not the economy and life can get back to what we think is something like normal.

Lord Russell

David, thank you very much for that. I hope somebody from Her Majesty's Government actually listened to that. Kevin, do you have anything to add?

Dr Kevin Fong

Thank you. Yes, I'd like to speak to can the NHS cope and is your healthcare service geared up to this, I guess this is as a practising clinician and anaesthetist, this is where I have the most interest. And we've talked from the start about the capacity of our NHS but we haven't really talked about what that really means and I think very much in the first wave, out of some necessity, we talked about the material aspects of capacity, the number of beds, the number of ventilators, the number of boxes of PPE and as has been said to me recently, you know the first wave of this was about stuff, but the second wave really should be about staff, it should have been all along.

The NHS capacity is a complex property of a complex system, it is not easily parameterised in simple ways, you cannot just count the beds or count the ventilators or count the boxes of drugs and what Covid did to our health service in the first wave was take this nuanced, beautiful, complex service that can deal with anything from an ingrowing toenail to a heart and lung transplant and break it down into this very brutal, very simple thing that was just delivering critical care for Covid patients. And so, when we talk about NHS capacity we are talking its full complexity and how fully that is eroded and to say finally that the capacity of the NHS to cope will be ... I said this before, the NHS will long cease to be able to deliver intensive care for its population of patients, whatever their conditions, long, long before we run out of our last ventilator or our last bed. The staff have not been enough of a factor in our thinking here, they need to be as we go forwards, they are part of the equation, a factor, an important factor in the equation for the sustainability of Covid going into the next few months.

Lord Russell

Thank you both very much.

Layla Moran MP

Thank you, I just have a quick follow up, David you mentioned zero Covid there, what definition of zero Covid are you using and which countries have managed to get there and is it a feasible target for our country to try or do we need to accept that it's another path that we need to be going down?

Dr David Nabarro

Now, there is some disagreement on this, it's not straightforward. There is a community, sorry, of public health people who believe that the only viable option, the only hopeful option for a country is to talk in terms of zero Covid, i.e. actually having an incidence level that is zero and if you get a case you deal with that so, so robustly because you're all the time trying to keep down to zero. There are others who say that whilst that is theoretically desirable, in practice certainly here in Western Europe getting to zero, even if you go into sub-national locations, gets very difficult because you actually have to restrict movement and restricting movement is in itself damaging to economic growth and to political solidarity. So, there is an alternative approach that says well we keep it as low as is feasible, but we accept that we can't get to zero and we therefore do not feel that there is failure every time we get a spike of cases or even a surge.

Now, my colleagues tell me, the ones that are pro-zero, look that's the only way we've got to move forward, we've got to copy the New Zealand example and we have to work starting from green zones that are currently zero and we have to expand them so that the area of green, of zero, gradually increases. My own stance personally is that this is not a viable strategy for now, it's just too difficult and that it would be much better if we work on keeping the number as low as is feasible and then recognising that there does have to be a navigation to decide what level of disruption to society is acceptable to try to keep the number closer to zero and what level of disruption is tolerable in order to keep society going and then what kind of restrictions you need to put in place to get as low as possible.

I want to stress, last point, that these are navigatory decisions, they do require a degree of negotiation between different groups of actors and at some point a judgement as to what level of societal and economic disruption is acceptable and what level of perturbation to people's health and wellbeing is acceptable as well. I don't like the notion that one's presenting it in terms of a series of absolutes because I don't think at least for now making sense of Covid is going to be done using strong, absolute, rigid positions, it is going to have to be a constant discourse.

Layla Moran MP

Thank you, Kevin, do you have anything to add?

Dr Kevin Fong

No, I don't think so, thank you.

Layla Moran MP

Thank you very, very much. Philippa Whitford.

Dr Philippa Whitford MP

Thanks very much, if I could start with yourself Kevin, just talking about the tiered approach obviously that has been put forward in England versus SAGE appearing to call for something quite short and sharp, you obviously were listening to our first panel where it was talked about what is a circuit breaker for, such as getting test, trace and isolate working but also if you could give me what your feelings are about how we're going to live with this in the long-term, I know the public are being led to think a vaccine is coming over the hill very soon and it'll all be magic, but it won't. So, is the three tiered approach going to strong enough to drive the numbers down and let us get control of it and then what would your advice be in a preventative sense of how we actually live with this? And then I'll come to David.

Dr Kevin Fong

Those are very difficult questions. I think it's a little early to say whether or not the tiered approach is going to work, I'm not privy to the internal dialogue at SAGE. I think that again coming back to our point about speed, decisiveness and agility, as we find our way through this our iteration of Covid in this country is unique to our country and we are going to make decisions and we are going to have to row back on decisions and we are going to have to pivot and change course, we must be prepared to do that and we must be prepared to be able to make fast and brave decisions in all of this. And so, I cannot answer your question at this time, we know just from what we've seen I've been working with a very brilliant group out of Durham University partnered with University College London who are building quite a high resolution model of the disease at the moment, at least our finding is that circuit breakers work best when disease prevalence is low, when you can get a disease prevalence to the point where it's decaying exponentially during that circuit breaker, that doesn't mean they're without value ...

Dr Philippa Whitford MP

But how would you get to that if you use quite a radical circuit breaker?

Dr Kevin Fong

I mean so that is the problem that once you get to the point where you have a significantly high disease prevalence the so-called circuit breaker that you need needs to be more severe, more widespread and operate for longer and as time goes on that just gets worse and worse. So, we're looking at that at the moment, I'm sure others are, but you know I personally feel that the goal with the next intervention should be to get disease to prevalence low enough that we can then start to get back on top of the track and trace elements of this disease would be my opinion.

Dr Philippa Whitford MP

I mean obviously in Scotland we got our numbers quite low in the summer which did at least, although of course they've gone back up, but it did help get test, trace, isolate up and working which you know obviously was covered by others, so it is having a target for why we're asking people to do something.

Dr Kevin Fong

Yes, there is value in any of these measures but one must be super clear about where they want to be at the end of them, what you want to have that is different at the end of it, what state change do you want to superimpose upon the pandemic as a whole and your capability to meet it and there needs to be absolute clarity about that and if you reach the end of that intervention and that has not been realised you need to have the courage to pivot and move again and move again and as the point that we've made so often in this session is that this is fast-moving, counter-intuitive in the scale and the severity and the lethality of the thing and we do need to, we do need to be bolder and we do need to take it much more seriously I think in terms of how quickly we need to move. So, you know there is value but we need to evaluate all of our interventions on the fly and move again.

Dr Philippa Whitford MP

David, if I could ask yourself the same, do you think what is being planned or being proposed is going to be enough or should there be an actual circuit breaker with severe restrictions, where I am in Scotland ours are stronger than level three already and also what is your advice from the point of view of how we can live with this in the sense of prevention, you know we've covered test, trace, isolate but actually how do we need to change how we live so that we reduce infection?

Dr David Nabarro

Thanks very much. We tend to use the concept of doing everything in WHO, we're trying really hard not to pick out one or other piece of the package and give that higher relevance unless we suddenly find that we've got the balance wrong. And right at the heart of this is people's behaviour, I've mentioned before that there is a huge amount that can be gained through people physical distancing, masking, hygiening, isolating and protecting. I would continue if I was in a position of authority to be thinking really hard about how to get more widespread acceptance. I think it will come, I mean if we get a really awful winter then that will focus minds, but what a terrible waste to have say hundreds of people dying in order to get the public just realising this is non-negotiable, everybody has to do it all the time and stop all this nonsense of people thinking it's kind of masculine not to wear a mask or to wear it under your nose or something like that. Or it's masculine to go and be close to people in karaoke bars at 11 o'clock at night. We've got to get everybody on board on this and there is no choice.

Secondly, the systems have to be working and I've said what I think they are. I notice Kevin Fong is saying you know when you've got an awful lot of transmission it's hard to get the test, trace, isolate going and what we've tended to say in WHO is yes, your systems get a bit overwhelmed when you've got a lot of disease, but you actually do need to be able to isolate people with the disease however much you've got, you may not be able to do the contact tracing and so you can perhaps let that take second priority, but then as soon as you can get the contact tracing going you should, how did the

Indians get the thing under control in Dharavi slum in Bombay, that's the Slumdog Millionaire slum, answer they had the most incredible rigorous contact tracing done by people working under great duress, often being assaulted and so on, but they did it and actually the Dharavi story is quite exceptional. We've always therefore said do make sure systems are working everywhere.

Number three, is this business of going local, there's no substitute for that. I can completely appreciate there'll be rows as to how much money goes to local to help people at local level do it, well that's normal, that negotiation should be there but there should be no question that local is the only way and I've talked to business people in places like Telford, they're running quite tricky high exposure industries and they've been talking about how they've been able to work with the local mosque, the local synagogue, the local churches, the local sports clubs and actually building an integrated approach because you just don't do it simply by one particular avenue.

And lastly, the national has to support this, it's no good having national in conflict with local. We saw how the Italian thing got bad at the beginning earlier this year, very, very clear that that was a breakdown between national and Local Authority and everywhere you get that the virus finds a way through, it's got to be consistent.

I'm awfully sorry not to be able to give you an answer on the circuit breaker, partly because I don't know but also because I think you know I don't like picking out single parts, if there is a feeling that people are not properly respecting the requirements for physical distancing and masking and so on, yes then all these regulations and then going a bit further, a complete lockdown of some kind or other may be necessary, but that lockdown has got to be released at some point, you can't keep people in lockdown forever and when it's released if you don't watch it you'll get exactly what's happening in Europe at the moment so I agree, again, with what everybody else says, the lockdowns are very, really only very helpful as a way of being able to plan for what you're gonna do afterwards, but use that time really, really well.

Layla Moran MP

Thank you very, very much. Much appreciation. Baroness Masham.

Baroness Masham

How much hope should be pinned in the first generation vaccines and how much hope should be placed in alternative medicine remedies also for Long Covid patients?

Layla Moran MP

David and then Kevin.

Dr David Nabarro

Kevin, I didn't hear but I'm ... or perhaps I deliberately didn't hear, are you going to start or am I. I mean I'm OK to start but I don't know some of this stuff.

Dr Kevin Fong

I'm happy to start. So, you know as you heard from the first half of this panel that the vaccines when they arrive there is hope, the effort ... the multi-national effort at a cost of many billions of pounds towards finding a vaccine is like nothing we have ever seen. It usually takes decades to find a vaccine of this type and we're talking about turning that process into months and we're at the very edge of science in many of those endeavours and I am deeply hopeful we'll see some of the first phase three trial results probably this side of Christmas. But it won't materialise a magic solution and I think that's really important for us to be honest about. So, there is always hope, you know I've been a practising doctor for more than 20 years now and I have seen medicine and science together turn the routinely fatal into routinely survivable over and over again and it will do so for coronavirus, but we must be realistic about the timescale on which that will occur.

As to the second part of the question, we must as we heard earlier in this session be guided by the best evidence and so where there is evidence based reason to believe in a therapy then we should use that therapy and again I am encouraged by the fact that there are thousands, literally thousands of drug trials going on and that we have early success with a well-proven drug that is supported by all the evidence that we have available to us. So, it's all about the evidence when it comes to therapy. Thank you.

Baroness Masham

What about people getting re-infected, is that a problem?

Dr Kevin Fong

So, this is not my area of expertise as I'm neither an immunologist or a virologist, my understanding is that there is some evidence that that can occur. How significant a problem that will be in this pandemic I think remains to be known, but I am at the limits of my expertise here.

Layla Moran MP

Thank you for your honesty there. David.

Dr David Nabarro

Well first of all Baroness I'm really pleased to be in front of you, my son is fractured at C3 and I want to really appreciate all that you do for SIA and other things. Now, let's just think about this disease for a second, why do people die as a result of this virus? Firstly, the virus itself is very damaging to particular epithelial cells, particularly in the respiratory tract but it also does nasty things to the cells that are part of the lining of blood vessels, it does nasty things to the cells that are around the brain and so it's broader than just a respiratory illness. But the second reason why people get really sick is because the immune response of the body to this virus can be really strong, wham! And it can come along and cause another series of effects that go on to kill people, and that's why for example this drug Dexamethasone can be effective. A drug that actually suppresses the immune response because sometimes the immune response kills people. But this means that there is an awful lot of people

saying well why don't we look at various types of approach that can influence the immune system, perhaps by modulating the way the immune response works perhaps there'll be some impact and there's a lot of interest in vitamins, there's a lot of interest in different nutritional, I personally have not got any detail as to whether or not these are proving to be effective but there's a huge lobby on vitamin-D that you probably know. And I just have to acknowledge that it is there.

Now, in WHO there's a really quite well-developed system for picking up on drug trials that are happening all over the world and accumulating them in something called the solidarity trial system right now that is not revealing any kind of magic possibility of nutritional in doing this. I want to say that I think there's still stones to be turned, I think that some of the medicines that are taken for high blood pressure that interfere with the ACE system and that sort of area of medication has already been shown to have some potential, I wish there was more attention paid to it. These are cheap off patent medicines that could be very, very effective in developing countries. And I still wonder whether or not we could get a little bit more broad thinking in our look at therapies but right now I am not able Baroness to give you any suggestion that there seems to be promising but as still undiscovered things around, I just like you pick up on quite a lot of the noise around this area.

Baroness Masham

Are there enough staff to keep our people going in long term?

Dr David Nabarro

Well, I mean this Long Covid, you heard about it in the last panel, this is serious and Martin McKee at the London School of Tropical Medicine is doing the epidemiology, but I've talked to the Chief Medical Officer and I just said how much Long Covid is there in Britain and he said that it may well, I mean trouble is this is public so it's a very large number and some of the figures mentioned in the last panel I think are relevant. But let's imagine just hypothetically that between one in 15 and one in 20 people who have Covid have got a long-term nasty fatigue or shortness of breath or other similar symptoms. This is so serious when you consider that we've got known coming up to 40 million people and unknown we're not sure, so I'm just going to say to you that I think the Long Covid issue we're just at the tip of the iceberg Baroness, I think there's a lot more to come.

Baroness Masham

Thank you very much and I hope your son is coping.

Layla Moran MP

Thank you very much all. Sorry, what were you saying?

Dr David Nabarro

No, I was just saying if you've got spinal injury and you have got, he's got very limited ability to bring air into his lungs the last thing he wants to get is this virus so it's really important, shielding, but he

depends on two carers, they've got to have lives and we're very, very acutely aware of how difficult it is for long-term disabled people to live in this environment of quite a lot of Covid around the place.

Baroness Masham

I'm glad you said that.

Layla Moran MP

Thank you, I agree, no thank you so much. Well thank you both of you, we have gone significantly over time but again a really rich session full of very important information but actually also some very clear messages I think coming through from both panels. We are, as we've said at the beginning, coming to the end of this first major phase of this inquiry, we'll be releasing our recommendations soon. I think David and Kevin much of what you have said you will recognise, you are not the first to have said a lot of it but the way you've said it has been very clear and very concise and I thank you for that.

So, that brings us to the end of this session, I thank Dr David Nabarro, Dr Kevin Fong for their time, thank you to the Parliamentarians, thank you for all who are watching and our next session will be after recess but in the interim we do hope to get those recommendations out, so for those watching watch this space, I think you'll find them very interesting in the context of the two panels we've heard this morning. Thank you very much all and have a wonderful day.