## Module 4 Week 2 Witnesses

1. Alexandra Jones (Director General of Science, Innovation and Growth, DSIT)
2. Professor Sir Chris Whitty (Chief Medical Officer, OCMO)
3. Professor Sir Jonathan Van-Tam (former Deputy Chief Medical Officer, OCMO)
4. Professor Dame Jenny Harries (Chief Executive, UKHSA)
5. Dame Kate Bingham (former Chair of the Vaccine Taskforce)
6. Dr Mary Ramsay (Director of Public Health Programmes, UKHSA)
7. Susannah Storey (Permanent Secretary, DCMS)
8. Charlet Crichton (UKCV Family)
9. Professor Dani Prieto-Alhambra and Professor Stephen Evans (Experts in vaccine safety)
10. Dame June Raine (Chief Executive, MHRA)
11. Sir Sajid Javid (former Secretary of State Health and Social Care)
12. Professor Wei Shen Lim (Joint Committee on Vaccination and Immunisation)
13. Ben Osborn (President International Commercial Office, Pfizer)
14. Dr Justin Green (Global Product Lead, AstraZeneca)

### Day 5

**Alexandra Jones (Director General of Science, Innovation and Growth, DSIT)**

Alexandra Jones confirmed the UK had very little manufacturing capacity prior to the pandemic. She admitted that the biggest gap the UK had was mRNA manufacturing, and that it's fair to say the UK have focused a lot on building up that capacity and capability. The VMIC was never completed and did not manufacture any Covid-19 vaccines, despite cost overruns. The VMIC was sold to a private company, and it has since been mothballed.

**Professor Sir Chris Whitty (Chief Medical Officer, OCMO)**

In regard to vaccine prioritisation, Chris Whitty it was critical for the JCVI to maintain its independence. Chris Whitty said in his evidence that “antivirals is an area where we are much weaker than we are on vaccines and on antibiotics.” He said that vaccines can deal with the evolution of the virus to a much greater extent. In response to NI CBFFJ Whitty said that a principal thing is really to strengthen the clinical trials capacity across the whole of the UK.

**Professor Sir Jonathan Van-Tam (former Deputy Chief Medical Officer, OCMO)**

Professor Van-Tam thought he agreed with what the Inquiry has already said: that there was a very substantial focus on pandemic influenza, as the threat, perhaps the only threat, and there hadn't been that diversity of thinking to the same extent about other pathogens. In other words, a Disease X such as Covid-19, SARS-CoV-2. He said that “the kind of mission focus of the individuals within the

Vaccine Taskforce was something that I've never seen before, and I'm immensely privileged to have been a part of that."

**Professor Dame Jenny Harries (Chief Executive, UKHSA)**

Dame Harries said the "Vaccine Taskforce had a very, very clear mandate, with a very significant budget, and a very active leadership, and those were all good. The thing that really pulled it out was the connectivity with the -- with industry, with pharma and biotech, and that is the area which, in UKHSA, I am trying to replicate."

**Day 6**

**Dame Kate Bingham (former Chair of the Vaccine Taskforce)**

Dame Kate Bingham was a useful foil to the government witnesses and civil servants. Although in agreement about vaccines being the way out of the pandemic, she was openly critical of the lack of business skills in most of the politicians and officials she dealt with. Worryingly, she does not feel that there is any coherent leadership in the government departments to follow through on the vaccine Task force's suggestions.

As part of her recommendations, she suggested ideas such as professional development and incentives for civil servants. She thinks that Whitehall needs to stop the rapid rotation of staff, promote specialist science skills, and mandate training for ministers.

**Dr Mary Ramsay (Director of Public Health Programmes, UKHSA)**

She and her team created a patient-facing leaflet which went up online, NHS providers used it, and it went out with letters inviting people to make their vaccination appointments. The also had a role in monitoring variants, and part of that role would be looking at the genetic changes in the virus that might affect therapeutics.

Dr. Ramsay said that vaccines are a medical intervention. She think it's very important that people are engaged with the health service in order to receive those, that it isn't just given as a separate thing.

**Susannah Storey (Permanent Secretary, DCMS)**

Susannah Storey's team was looking at mis- or disinformation that might have casued harm to public safety or public health or national security. She explained that Counter Disinformation Unit would feed information back to government officials, but they had no remit to fix disinformation other than flagging it with the social media platform.

**Charlet Crichton (UKCV Family)**

She represented the UKCV Family who are concerned with injury and bereavement following vaccination. Some of their members lost loved ones after a Covid vaccination. Many of their

members have tried to claim the vaccine damage payment and been rejected. She also said she was concerned with the diversity in UK trials.

**Day 7**

**Professor Dani Prieto-Alhambra and Professor Stephen Evans (Experts in vaccine safety)**

In response to a question from CTI about the MHRA's take on risk benefit, Professor Priet0-Alhambra said that they must be very satisfied that there's a lot of evidence that the benefit outweighs the risk because with vaccines they are not treating sick people but preventing sickness.

Professor Evans explains the clinical trial process in his evidence. When asked by CTI if the rolling review had any impact on the degree of scrutiny or the authorisation process Evans said no, he thought "the scrutiny is likely to have been greater than in a single op."

**Dame June Raine (Chief Executive, MHRA)**

When asked about the safety of vaccines, Dame Raine explained that "the focus is always balance of benefit and risk, because no healthcare product, whether it's a vaccine, a medicine, or a medical device, is perfectly safe. There is always a degree of risk. And that balancing of benefit and risk needs to be undertaking on the basis of all available evidence, understanding to the perspective of patients, the public, as members of our expert advisory committees, as to whether that balance has been achieved in a positive sense."

Regarding recommendations, one point Dame Raine raised was, they should really focus on the area of clinical trials, from the point of view of diversity, because if we start with representative trials, then there's a much greater trust from those receiving the vaccine that it's been tested in people like me, as was normally asked of me, and I think that the clinical trial area is one there for really important further regulatory improvement

**Day 8**

**Sir Sajid Javid (former Secretary of State Health and Social Care)**

He thinks that "the vaccine programme overall and related therapeutics was a huge success for the country" however he was critical of the Treasury officials regarding antivirals funding.

Regarding recommendations he said, "I think, for me, one of the lessons learnt should be that even in peacetime, like now, we should be preparing for the next pandemic, of course, and one of those areas of preparation should be a vaccine or, even more broadly, therapeutics delivery, because the next pandemic it might not be vaccines; it might be antivirals, for instance. But whatever that pharmaceutical, sort of, intervention is, I think there is a strong argument to have a unit, a group of officials, experts, that are very focused on that in peacetime".

**Professor Wei Shen Lim (Joint Committee on Vaccination and Immunisation)**

The JCVI was asked to asked to consider and to give provisional advice on prioritisation, some months before the vaccines were even authorised. The felt that they "provided interim advice as far as ahead of time as possible to allow all these processes to take place."

He addressed those with learning disabilities and says **"**there was -- and that may still be the case -- less than full identification of who is living with a learning disability. Which makes -- both analysing the data and understanding who really is at risk or not at risk, and who is taking up the vaccine or not taking a vaccine, that makes it difficult. It also makes it difficult to call up the correct people for a vaccination programme.

**Ben Osborn (President International Commercial Office, Pfizer)**

When asked about the safety when developing the Covid vaccines Ben Osborne told CTI that "Safety is absolutely at the forefront of all of our decision making as Pfizer." Pete Weatherby KC questioned Ben Osborne of Pfizer about vaccine and research development. He reluctantly agreed that the UK and other countries did not focus enough attention to that space.

**Dr Justin Green (Global Product Lead, AstraZeneca)**

Dr Green was questioned about safety of the vaccines. CTI asked if it was "in any way compromised or reduced by virtue of that ability afforded to you by the MHRA to provide data on a rolling basis" to which he replied, no.

Dr Green confirmed to CTI that the Oxford-AstraZeneca vaccine a vaccine which was produced and manufactured and made available without profit, he said that this was not just agreed with the United Kingdom Government but with other governments around the world.