Reinvigorating our system for international health

In 1832, the London Quarterly Review stated that:

> We have witnessed the birth of a new pestilence, which in the short space of 14 years has desolated the fairest portions of the globe, and swept off at least 50 million.
>
> It has mastered every variety of climate, surmounted every natural barrier, and conquered every people.

That was in 1832 and that new pestilence was cholera, which brought devastation across the world.

At first, nations turned inwards, and responded alone but after 3 consecutive cholera pandemics in 30 years, accelerated by growing industrialisation, urbanisation and global trade, countries soon realised that infectious diseases could no longer be handled as a domestic issue alone.

Collaboration and co-operation with your neighbours, in the spirit of mutual benefit, is critical to tackling cholera, just as it is today.

In 1851, 12 nations came together and created the International Sanitary Convention, which is the forerunner of the World Health Organization.

Over time, more countries joined the effort, as they discovered more and more areas where they could work together for the greater good. They put in place, for instance, a legal obligation for countries to notify one another about outbreaks of disease, which in effect the world's first early warning system.

And thanks to this close co-operation over generations, and the scientific effort, illuminating breakthroughs from pioneers all over the world could be accelerated.

Like Louis Pasteur in France, Robert Koch in Germany, Fillipo Pacini in Italy, Sambhu Nath De in India and John Snow here in Britain. They came together, made huge strides in combatting cholera, although there is of course more still to do.

We must learn from history. The reason I talk about this history is because the issue of how to keep us humans healthy and safe in an interconnected world is even more pressing now than it was in the 19th century.

Especially given the UN forecast that two-thirds of the world are projected to live in dense urban areas by 2050.

For me, the history of 2020 was about nations working to solve pressing

challenges immediately in front of them at home.

We've all been engaged in essentially the same effort, but too often it's been individual nations battling alone.

Now is the time to reject protectionism, the narrow nationalism, and the disinformation that can divide us, and can hinder the response to this common threat.

After all, COVID-19 affects every nation. Because we are all human.

So 2021 must be the year in which humanity comes together, even despite the restrictions that keep us physically apart.

As you mention this year, the UK has the honour of holding the presidency of the G7. We take on this mantle at a time when the health of humanity is under great strain. And although this is a time of great global turmoil, it is also a time to learn from our shared experiences and build a stronger international health system.

We must build back better, learn from what went well, and be more prepared for future pandemics and future threats to public health.

I'm proud that the UK has been a consistent voice for global solidarity throughout this crisis. And I'm proud that we've put our money behind that commitment.

We're the biggest donor to the international effort for access to vaccines.

The UK played a leading role in the international effort to raise 2.4 billion dollars for the COVAX Advance Market Commitment, which will distribute at least 1.3 billion doses of coronavirus vaccines to 92 developing countries this year.

And I want our stewardship of the G7 to build on this work, and the like-minded work that's taking place all across the world.

I'm thrilled that the United States announced last week that it has abandoned plans to leave the World Health Organization, and instead has recommitted once more to playing a central leadership role. This is good news for everyone. And we're all stronger and safer as a result.

I'm excited by the opportunity to work with the G7, the G20, and partners right across the whole world to reinvigorate our global system, according to the values of empathy and shared solidarity that are crucially important in a pandemic.

I was reflecting that in normal times, healthcare in each country is often seen as largely a domestic affair, concerned with improving the health of the nation.

International collaboration is of course important but in normal times the focus is on universal health coverage like obesity and mental health crises.

But a pandemic makes it absolutely central, so organisations like the G7 are all the more important.

From a personal point of view, I found the weekly G7 health ministers' calls at the height of the pandemic like a therapy session at times, frankly.

And given the experience that we've had across the west, it's absolutely vital that G7 members come together to provide the international leadership that people look to us for.

After all, the G7 represents two-thirds of the global pharmaceutical market, the majority of the world's genomic capability and leads the world in life sciences and clinical trials.

The pandemic has thrust the G7 health agenda to the centre of global affairs. Health policy is the number one economic policy, security policy and social policy of every country. So we must make G7 leadership count.

The agenda I'm setting for the G7 this year is not just about discussion, important as that is. There is significant and substantial work that we have to do and concrete progress that must be made.

This work needs to be based on the enlightenment values of collaboration, transparency and scientific progress.

The G7 has already, for the first time, made a joint statement to the WHO executive board, in support of vital reforms to that vital body.

Today, I want to set out the UK's G7 agenda for the rest of this year and also some of the actions we're putting in place immediately to deliver on it.

Health security for all

The first area is health security – for everyone.

We must renew our commitment to the founding ideals of the WHO that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

We must do this, not just because it is morally right.

But when we allow holes to form in our global defences, due to inadequate or unco-ordinated health provision, that is a threat not just to health services around the world, but to our economic prosperity, and to our collective security.

The pandemic has shown that the foundations of so many of the exciting experiences that make life worth living, like the ability to travel, go to the theatre, or to start and grow your own business, are contingent not just on our health, or the health of our near neighbours, but the health of people everywhere.

So we must work to promote health security right across the world, developing transparent ways of preventing, detecting and responding to outbreaks, strengthening the World Health Organization so it is more nimble, delivering effective surveillance and early warning systems for the threats of the future, and looking not just at human health, but animal health, and all parts of our environment.

Now of course, a threat that has been on all of our minds over the past few weeks has been new variants of coronavirus.

New variants can threaten the exceptional progress we've made with vaccines, so it's vital that we react swiftly to identify them and get them under control wherever they are.

Genomic sequencing is pivotal to this.

The UK was one of the first countries in the world to recognise the need for an infrastructure for viral genomic sequencing and we've backed it with huge investment, long before COVID-19 emerged.

Since COVID-19 has emerged, the UK has sequenced over half of all the COVID-19 viral genomes that have been submitted to the global database, nearly 10 times more than any other country.

This bolstered capacity isn't just important for us here at home, combined with progressive transparency, it's for the whole world.

Thanks to this pioneering work, we identified a variant that was circulating in the UK, and we were then able, quickly, to alert our international partners to its danger through the WHO, and so help aid the response everywhere.

We've seen other countries that have a substantial genomic capacity identify new variants locally too, but many countries do not have the capacity they need.

So today we are announcing our New Variant Assessment Platform.

We'll be working with the WHO to offer our UK genomic capacity to help other countries analyse new variants of the virus, and offer our training and resources to help them build their capacity too.

Our New Variant Assessment Platform will help us better understand this virus and how it spreads, wherever any mutation is found, because as we've all learned, a mutation in one part of the world is a threat to people everywhere.

The New Variant Assessment Platform will boost global capacity to understand coronavirus, so we're all better prepared for whatever lies ahead.

It will form an integral part of the international offer of the new National Institute for Health Protection (NHIP), that will begin life in April.

The NHIP will be a new UK institution focused entirely on fighting external threats to health, principally to pandemics. And crucially, it will reach across borders to play its part in solving problems for the world.

Clinical trials

The second area in the G7 agenda for this year where I am determined we progress, is clinical trials.

This pandemic has shown beyond measure the value of robust clinical trials, in identifying the vaccines, therapeutics and diagnostics that work – and, crucially, ruling out the ones that don't.

While there are many successful trials, there are also too many that aren't set up in a way that the whole world could benefit.

I've been personally frustrated to find clinical trials in different countries not recognised because the data and insights can't be properly integrated across national boundaries, because of a lack of co-ordination in how they are set up.

There's absolutely no reason for the differences in trial structure, but they delay findings and so cost lives.

Likewise, in some cases final data isn't shared with the global community but that lack of transparency has to end. We're all human, after all.

For example, at the start of the crisis, there were no international assay standards for vaccines. This made it harder to compare results from vaccine trials, and meant that work was sometimes duplicated, or worse, unusable.

One of the reasons the UK was the first country in the world to vaccinate is because our regulator worked so hard to overcome some of these challenges.

But it doesn't have to be this way.

And we need international leadership to change it.

The ingenuity of this research is too precious to let it go to waste. So we must strengthen the frameworks that underpin clinical trials, and create shared standards, so the creation and delivery of clinical trials can be as seamless as possible around the world.

These clinical trials offer hope to us all, showing how human endeavour can overcome a lethal threat to humanity based on scientific ideals of objective analysis and truth. We must do what it takes to standardise and co-ordinate clinical trials to find more insights, more quickly, than the fragmented system that has existed until now.

And it is my personal mission to make this happen.

Antimicrobial resistance

The third area where we must make an impact is antimicrobial resistance (AMR).

This is a matter of driving forward progress that is already being made. The silent pandemic of antimicrobial resistance, especially bacterial resistance will have consequences that are just as deadly as COVID-19, over a longer timeframe, if we don't act now.

I'm very grateful for the work that Lord Jim O'Neill, the Chairman of Chatham House, has done on this issue and for the leadership of Dame Sally Davies, the UK's Special Envoy on Antimicrobial Resistance.

Lord O'Neill's report on the risks of AMR paints a stark picture. It predicts that if we do nothing, AMR will lead to 10 million deaths by 2050, at a cumulative financial cost to the global economy of 100 trillion dollars.

Not only that, diseases that we can treat now could become untreatable in the future and modern medicine as we know it could cease to exist.

We've seen over the past few months the devastating impact that an initially untreatable infection can have. So even as we fight coronavirus, we must not take our eye off the dangers of AMR.

Antibiotics are a critical global infrastructure that underpins high quality healthcare all across the world but no new class of antibiotics has been brought to market for decades.

We must use innovative approaches to financing and procurement to change this, based on the trinity of science, industry and government working together that is so often so important in the life sciences.

So we will use the UK G7 presidency to push for the better stewardship of existing antibiotics, and reinvigorate the development of new ones too while making sure the antibiotic supply chain is safe, secure and transparent, and has shared standards that we can all rely upon.

Digital

Finally, there are vast opportunities when it comes to digital health.

During our response to this pandemic, we have had a weapon in our armoury that previous generations simply did not possess – the incredible emerging technologies that have spurred so much innovation in healthcare.

In the UK, artificial intelligence (AI) helped us to make sure vital resources, like ventilators and oxygen, were in the right place at the right time.

Digital technologies have allowed us to create a database with scans from COVID patients across the country, to help clinicians better understand the virus, and across the world, telemedicine has advanced like never before.

Now we've proven beyond doubt the benefits that healthtech can offer we must go further, and make sure these benefits are shared by people everywhere.

There's one thing that digital technologies have in common with pandemics. They both grow exponentially.

So we must put in place the guide rails to enable this incredible innovation, and at the same time, make sure these technologies develop according to the values that reflect the best of humanity.

We will work with other G7 member states and others to look at internationally recognised standards for AI, including the ethical underpinnings that are so important.

But it's not just enough to have the technologies. We need to unlock the power of the data that fuels them.

So it is critical to develop standards of interoperability of health data, especially clinical data. Moving away from the wide range of standards that we currently have across the globe towards a common approach, so data and technologies can be shared quickly and securely across boundaries, building on the work of the Global Digital Health Partnership.

Like new technologies before them, such as vaccines and antibiotics, digital technology saves lives. We must build the international infrastructure to make the most of it. And I know that we can rise to this challenge, just as we have risen to so many before.

Conclusion

Overall this is an ambitious agenda, building on the 'Five Point Plan' set out by the Prime Minister at the United Nations General Assembly (UNGA) last year.

I'll finish by saying this – this should be the moment when we move from nations facing this battle themselves, to us joining arms, even as we have to tighten borders.

The virus attacks us all because we are all human, so we must draw upon what it means to be human as we respond.

Our shared ingenuity, our shared solidarity and our shared determination.

We are in a war against this virus. And the whole of humanity is on the same side.

Now is the time to make that count.

Thank you very much.