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PARLIAMENTARY DEBATES  
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# HOUSE OF LORDS

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<b>Abbreviation</b>	<b>Party/Group</b>
CB	Cross Bench
Con	Conservative
DUP	Democratic Unionist Party
GP	Green Party
Ind Lab	Independent Labour
Ind LD	Independent Liberal Democrat
Ind SD	Independent Social Democrat
Ind UU	Independent Ulster Unionist
Lab	Labour
Lab Co-op	Labour and Co-operative Party
LD	Liberal Democrat
LD Ind	Liberal Democrat Independent
Non-afl	Non-affiliated
PC	Plaid Cymru
UKIP	UK Independence Party
UUP	Ulster Unionist Party

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# House of Lords

Monday 18 May 2020

2.30 pm

*Prayers—read by the Lord Bishop of Portsmouth.*

## Arrangement of Business

*Announcement*

2.33 pm

*The announcement was made in a Virtual Proceeding via video call.*

**The Lord Speaker (Lord Fowler):** My Lords, Virtual Proceedings of the House of Lords will now begin. I remind Members that these proceedings are subject to parliamentary privilege and what we say is available to the public both in *Hansard* and to those listening and watching. Members' microphones will initially be set to mute, and the broadcasting team will unmute their microphones shortly before we reach their place in the speakers' list. When Members have finished speaking, their microphones will again be set to mute.

The Virtual Proceedings on Oral Questions will now commence. I ask all noble Lords to keep questions and answers as brief as possible so that we can reach as many of those on the list as possible.

## Gavi: Covid-19

*Question*

2.35 pm

*Asked by Baroness Anelay of St Johns*

To ask Her Majesty's Government what support they have given to GAVI, the Vaccine Alliance, as a result of the COVID-19 pandemic.

*The Question was considered in a Virtual Proceeding via video call.*

**The Parliamentary Under-Secretary of State, Foreign and Commonwealth Office and Department for International Development (Baroness Sugg) (Con):** My Lords, the UK has committed the equivalent of £330 million per year to Gavi, the Vaccine Alliance, over the next five years. As Gavi's largest donor, UK funding will bolster and protect healthcare systems during the Covid-19 pandemic. That includes vaccinating children against other deadly diseases such as measles, yellow fever and polio. We look forward to hosting—virtually—the global vaccine summit on 4 June.

**Baroness Anelay of St Johns (Con):** My Lords, what do the Government want to achieve at the summit in practical terms? Is this about securing offers of money or technical advice? What steps will the Government take to ensure that any pledges are met?

**Baroness Sugg:** My Lords, in practical terms, our aim is to raise at least \$7.4 billion to fund Gavi's work over the next five years. That will save millions of lives. I encourage our international partners to follow the UK's lead and step up their support to Gavi.

**Lord Boateng (Lab):** My Lords, Gavi does an excellent job, as I have seen for myself, but if it is to make the impact that it deserves to make, African Governments must act to bridge the \$66 billion per year gap in fund-raising. There is a great need for better internal resource mobilisation and enhanced investment in healthcare systems, research, laboratories and the local health industry. Will the Government look at how they can support UK academic research and financial institutions to help bridge that gap?

**Baroness Sugg:** My Lords, yes, the UK is working very closely with international financial institutions such as the World Bank to bridge the gap in funding.

**Baroness Bennett of Manor Castle (GP):** I note that, as well as giving money to Gavi, the Government are also funding UK-based efforts such as that at the University of Oxford. Given the multiplier advantages of combining funds with others—the fact that there is no way of knowing which of the hundreds of vaccine efforts around the world will be successful and that no one is safe until all are safe—how are the Government deciding the division of funds between national efforts and international efforts such as Gavi?

**Baroness Sugg:** My Lords, as the noble Baroness highlights, we are doing both. We are investing here in the UK and we are also investing in Gavi, CEPI and many other organisations. We also support the WHO's Access to COVID-19 Tools Accelerator, an action plan to accelerate the development and production of, and equitable access to, new Covid-19 diagnostics, therapeutics and vaccines.

**Baroness Fall (Con):** My Lords, while we commend all the efforts to try to find a vaccine, what steps are the Government taking to work with others on not just finding a vaccine but the supply and, later, the distribution of it? How can we use our role in Gavi to make that work?

**Baroness Sugg:** My Lords, Gavi itself will help fund equitable access to and the distribution of vaccines. That is why it is so important that the world comes together to ensure that it gets the funding it needs.

**Baroness Walmsley (LD):** My Lords, health systems in the countries where Gavi operates programmes are very stretched, and routine vaccination programmes are suffering from movement restrictions. What assessment have the Government made of the risk of a re-emergence of the diseases which have been suppressed or even eliminated through Gavi's work?

**Baroness Sugg:** My Lords, we are concerned about a resurgence. In addition to helping health systems respond to Covid-19, Gavi is helping poor countries adapt immunisation programmes. In areas where childhood

[BARONESS SUGG]

immunisation services are disrupted, Gavi is planning an immunisation catch-up campaign to reach unimmunised children.

**Lord Pickles (Con):** My Lords, in the forthcoming virtual summit, will my noble friend emphasise that a multilateral approach is far preferable than each Government seeking to go their own way and that those Governments who seek to put their own country first are likely to be the losers? It is in all our interests to stamp out this deadly disease, wherever it is.

**Baroness Sugg:** I entirely agree with my noble friend that we must work together in a global pandemic; we cannot separate countries because diseases do not respect borders. Gavi supports vaccines in the world's poorest countries to make sure that access and affordability are not barriers to future immunisation.

**Baroness Bull (CB):** My Lords, experts have stressed the importance of nutrition as part of the pandemic response, likening good nutrition in infants to a vaccine against the secondary effects of the pandemic, as it is essential to building strong immune systems. Can the Minister expand on her previous Answers to the House and commit to ensuring that, whatever delays there are to the Nutrition for Growth Summit, there will be no cliff-edge in nutrition financing at the end of this year?

**Baroness Sugg:** The noble Baroness is right to point out the importance of malnutrition and making sure we provide children with a good-quality diet, so that they are not affected more in the long term. I am afraid I am still not able to announce any future funding for nutrition, but I acknowledge—as I did previously—that we must ensure there is no cliff edge to funding.

**Baroness Goudie (Lab):** My Lords, I see two challenges to developing the vaccine. It is no less challenging for us to ensure that, once the vaccine is available, everyone has access, with equal distribution, and that it is not too expensive for developing countries, such as Afghanistan, and for refugee camps. Gavi's advance market commitment is required. I hope that no country has priority before other countries. I would like the Minister to assure me that we will encourage every country that can afford to give more money to Gavi to do so and that, at every bilateral meeting that our Ministers have or the Prime Minister has, they raise this among the other key issues that are affecting the global community now.

**Baroness Sugg:** We are encouraging others to step up and donate to Gavi. It is high on our agenda in bilateral calls. We have already made our commitment and have seen lots of other commitments, both from countries and private companies, which are welcome if we are to achieve our aim.

**Lord Addington (LD):** My Lords, will the Government commit to help, in every way they can, to make sure that those firms that have contributed to a vaccine will

continue to get a good market opportunity, if they are producing the vaccine at an affordable price? This seems important to Gavi's work.

**Baroness Sugg:** Yes, I can give that commitment. Kate Bingham, who was just appointed head of the UK Vaccine Taskforce, has outlined that one of her two immediate aims is

“to ensure adequate global distribution of vaccines to bring the quickest possible end to the pandemic.”

It is important that we support the private companies that are developing this vaccine to do so.

**Baroness Uddin (Non-Aff):** My Lords, how are the Government working with partners and retaining our commitment to childhood immunisation programmes and reproductive health services for women, particularly in many of the refugee camps—including the largest one in Bangladesh—and enabling localised solutions, in light of many global health emergencies? They include a shortage of PPE for health workers as they enter the camps.

**Baroness Sugg:** My Lords, we are working closely with the UN agencies and NGOs in refugee camps to ensure that they continue to provide the life-saving SRHR support that they do, and that we provide them with the correct healthcare equipment, which they distribute to keep people safe.

**Baroness McIntosh of Pickering (Con):** My Lords, I ask the Minister to use her good offices, in advance of the summit on 4 June, to contact our Commonwealth partners about increasing immunisation against those deadly diseases to which she referred, in spite of the ongoing pandemic.

**Baroness Sugg:** I reassure my noble friend that we are working closely with the Commonwealth, which has an essential role to play in our global response. Most recently, on 14 May, there was a virtual meeting with all Commonwealth Health Ministers, which was also attended by the director-general of the WHO and representatives of Commonwealth organisations, such as the Commonwealth Foundation and the Commonwealth Medical Association. We will continue to work closely with our Commonwealth partners to ensure that we end this pandemic.

**The Lord Speaker (Lord Fowler):** Lords, we move on the second Question but, before we do, I will say that this was the first time we got through all 10 questions. I congratulate Members and the Minister on their prompt questions and replies.

## Covid-19: Restrictions

### Question

2.44 pm

Asked by **Lord Blunkett**

To ask Her Majesty's Government what further steps they plan to take by the end of June to adjust the restrictions in place for those isolating due to

the COVID-19 pandemic; and what advice they have sought from experts not represented on the Scientific Advisory Group for Emergencies to inform any such steps.

*The Question was considered in a Virtual Proceeding via video call.*

**The Minister of State, Cabinet Office (Lord True) (Con):** My Lords, as set out in the Government's Covid-19 recovery strategy, we have advised people who are clinically extremely vulnerable to follow shielding guidance by staying at home at all times and avoiding all non-essential face-to-face contact until the end of June. However, we will continue to review that and will issue further guidance about shielding and social distancing as new evidence emerges. I assure the noble Lord that the Government continue to seek advice from a wide range of policy experts on this matter.

**Lord Blunkett (Lab):** My Lords, the number who are shielding and are therefore in rigid lockdown appears to have risen to 2.5 million, and many, by the end of June, will have been doing so for 14 weeks. Surely there will need to be urgent advice to them on mental and physical health and also on employment rights, as well as resourcing of local government and the voluntary sector, even though many of us feel that it is not sustainable to keep that number of people in rigid lockdown for very much longer.

**Lord True:** My Lords, the noble Lord makes an important point about mental health. The Government have stressed at all times that there needs to be a balance in these matters. However, the scientific advice is clear that the groups concerned are at the greatest danger of suffering severely from this virus. That has been the reason for the advice, which, as I said, is under continual review.

**Baroness Morgan of Cotes (Con):** My Lords, as we have just heard, 2.5 million people have been advised to stay at home, often on the basis of just a text message or a letter from the NHS. Perhaps I may press my noble friend a little further on the details of the review: how it will be conducted; whether there are any timelines; and when the up to 2.5 million people might be given further guidance about whether they really need to continue shielding in the way that they are.

**Lord True:** My Lords, I cannot give my noble friend a specific date. However, I underline not only that the matter is, as I stated, under continuous review but that Public Health England hopes to issue further guidance next month.

**Lord Low of Dalston (CB):** My Lords, will the Government ensure that the steps to adjust restrictions for those isolating clearly allow for healthy individuals over 70 to be trusted to use their judgment regarding their personal safety and that of the wider community?

**Lord True:** My Lords, the guidance that is in place is advisory. We have no plans to make it mandatory for people aged 70 and over to follow advice beyond what is mandatory for all of us. However, I repeat that the

scientific and medical evidence is clear that those in older age groups are in graver danger from the serious consequences of this virus.

**Lord Harris of Haringey (Lab):** My Lords, does the Minister understand that the shielded group and their household members are facing an impossible choice between returning to work and breaching public health advice, and endangering their own health? Therefore, will the Government review the restrictions in place for those shielding from Covid-19, and will they consider establishing a right for this group to be furloughed in protecting themselves from the coronavirus, which requires them not to work?

**Lord True:** My Lords, I do not accept the premise of the noble Lord's question. The advice to the shielding group is clear and is based on scientific advice that it is wise for them to avoid face-to-face contact and follow the shielding guidance. That advice is still in place and will remain so until the guidance is revised. I have told the House that the guidance is under review and that we hope that we will be able to say more during June.

**Baroness Jolly (LD):** My Lords, a society is judged by how it treats its most vulnerable. The real policy and practice experts are the NGOs and major specialist charities. Will the Minister tell the House which of those organisations have been consulted on the impact of the restrictions on vulnerable adults and what guidance is in place to help them see family and loved ones?

**Lord True:** My Lords, I profoundly agree with the noble Baroness's opening remark about the approach and the importance of staying in touch with all sources of expertise and advice. At present, and in the time available, I cannot give her a list of organisations of the type that she describes, but I will ensure that a letter is written to her on the matter.

**Lord Taylor of Warwick (Non-Aff):** My Lords, in order to promote more faith, not fear, what more will the Government do to show that the four nations of the United Kingdom can have a more co-ordinated approach to Covid-19?

**Lord True:** My Lords, the Government work closely with the devolved Administrations and hope that the whole country will move forward together. That has been the advice, and the aspiration has been repeatedly expressed by the Government. Obviously, in moving forward, we have to review factors across the nation. But Covid does not discriminate by place of residence. The impact is on the factors that we have described so far in this conversation.

**Baroness Couttie (Con):** My Lords, many people in this country who have been sick over recent weeks believe that they have had Covid-19, even though they were not tested while they were ill. They now believe that they are immune and some are, therefore, not staying as alert as the Government would like. Given that the latest surveys suggest that only 5% to 10% of people have actually had the virus, most of these

[BARONESS COUTTIE]

people will have had one of the other bugs circulating at the time. This is putting at risk the Government's plans to bring R down. When will the reliable antibody test, announced last week, be widely available, to allow the public to know if they have had coronavirus or not, and therefore act responsibly as restrictions are lifted?

**Lord True:** My Lords, again I agree with the sentiments expressed by my noble friend. The Government are proceeding as fast, and in the best way, as they can on every front, including this one. As is often said at Downing Street press conferences, the science around immunity is, as yet, unclear—and, by definition, it will remain so, as this is a new virus. As the noble Baroness said, people should follow the guidance that is in place.

**Baroness Grey-Thompson (CB):** My Lords, some disabled people seem to have received a second letter asking them to shield for another 12 weeks. It appears that the government website is not necessarily clear on the correct procedure for vulnerable and/or disabled people. Will Her Majesty's Government provide greater clarity on shielding and, at the very least, ensure that the website is up to date for this group of people?

**Lord True:** I will look into the matter raised by the noble Baroness. Whenever somebody receives a shielding letter, the advice will be to observe the guidance in it. However, I repeat that that advice is currently under review. That will be the case for all those who have received a letter. If necessary, it will be updated, or reaffirmed, by the end of June.

**Baroness Hayter of Kentish Town (Lab):** My Lords, the Conservatives seem a bit confused about older people. They raised the pension age to 67 and Iain Duncan Smith now wants it raised to 70. Meanwhile, Ministers tell those aged 70 plus not to go out, even those who are fit and healthy, who look after grandchildren, who work and have an active life. At the same time, they leave the generations that fought the war under-resourced and underprotected against Covid-19. Will the Minister please listen to relevant representatives—not just scientists—of older people, both those in need of care and those whose health and independence give them much to contribute? Will he undertake that those talks will take place?

**Lord True:** My Lords, the Government are talking with people, scientists and organisations right along the front. The noble Baroness injected a political note into this question, which I thought unfortunate. All parties should share in the aspiration to protect those she rightly describes as the most precious in our community, who have served the country longest. That is why the advice is in place. As I have said, that advice will be reviewed and further announcements made before the end of June.

**Baroness Brinton (LD):** My Lords, the Government's guidance on social distancing for vulnerable people—the tier below those who have to shield—was published on 16 March and withdrawn on 1 May. Pregnant women

and those over 70 without underlying conditions now have no guidance at all. Which group should they regard themselves as part of?

**Lord True:** My Lords, it would be best if I wrote to the noble Baroness on that matter, as I am not scientifically qualified to answer it. However, I note the very important point that she has raised.

**The Lord Speaker (Lord Fowler):** My Lords, the time allowed for this question has elapsed. I apologise to the noble Baroness, Lady Neville-Rolfe.

### **Data Protection: Age-appropriate Design Code Question**

2.55 pm

*Asked by Lord Stevenson of Balmacara*

To ask Her Majesty's Government when they intend to lay the regulation giving effect to the age-appropriate design code required under section 123 of the Data Protection Act 2018 before Parliament.

*The Question was considered in a Virtual Proceeding via video call.*

**The Parliamentary Under-Secretary of State, Department for Digital, Culture, Media and Sport (Baroness Barran) (Con):** The age-appropriate design code will play an important role in protecting children's personal data online. The Government notified the final draft of the age-appropriate design code to the European Commission as part of our obligations under the technical standards and regulations directive. The standstill period required under the directive has concluded. The Data Protection Act requires that the code is laid in Parliament as soon as is practicably possible.

**Lord Stevenson of Balmacara (Lab):** I am delighted to hear that, my Lords, although no date has been given. The Government have a bit of ground to make up here, so perhaps it will not be delayed too long. Does the Minister agree that the Covid-19 pandemic is a perfect storm for children and for young people's digital experience? More children are online for more time and are more reliant on digital technology. In light of that, more action needs to be taken. Can she give us some information about when the Government will publish their final response to the consultation on the online harms White Paper, for example, and a date for when we are likely to see the draft Bill for pre-legislative scrutiny?

**Baroness Barran:** I spent some time this morning with a group of young people, in part discussing their experience online. The noble Lord is right that the pandemic presents significant challenges, and they were clear that they wanted a safe space online as well as physical safe spaces. The Government share that aspiration. We expect to publish our response to the online harms consultation this autumn and to introduce the legislation this Session.

**Lord Clement-Jones (LD):** My Lords, I was very disappointed to see in the final version of the code that the section dealing with age-appropriate application has been watered down to leave out reference to age-verification mechanisms. Is this because the age-verification provisions of the Digital Economy Act have been kicked into the long grass at the behest of the pornography industry so that we will not have officially sanctioned age-verification tools available any time soon?

**Baroness Barran:** There is no intention to water down the code. Its content is the responsibility of the Information Commissioner, who has engaged widely to develop the code, with a call for evidence and a full public consultation.

**Lord Moynihan (Con):** My Lords, is my noble friend the Minister able to tell the House the results of the consultation process with the industry on possible ways to implement age verification online?

**Baroness Barran:** We believe that our online harms proposals will deliver a much higher level of protection for children, as is absolutely appropriate. We expect companies to use a proportionate range of tools, including age-assurance and age-verification technologies, to prevent children accessing inappropriate behaviour, whether that be via a website or social media.

**The Earl of Erroll (CB):** May I too push the Government to use the design code to cover the content of publicly accessible parts of pornographic websites, since the Government are not implementing Part 3 of the Digital Economy Act to protect children? Any online harms Act will be a long time in becoming effective, and such sites are highly attractive to young teenagers.

**Baroness Barran:** We agree absolutely about the importance of protecting young children online and that is why we are aiming to have the most ambitious online harms legislation in the world. My right honourable friend the Secretary of State and the Minister for Digital and Culture meet representatives of the industry regularly to urge them to improve their actions in this area.

**Lord Holmes of Richmond (Con):** My Lords, does my noble friend agree that the code represents a negotiation vis-à-vis the tech companies and thus there is no reason for any delay in laying it before Parliament? Does she further agree that it should be laid before Parliament before 10 June to enable it to pass before the summer break? This would enable the Government to deliver on the claim that the UK is the safest place on the planet to be online.

**Baroness Barran:** The negotiation is not just with the tech companies. We have ambitions to be not only a commercially attractive place for tech companies but a very safe place to be online, while ensuring that freedom of speech is upheld. The timing of the laying of the code is dependent on discussions with the House authorities. As my noble friend is aware, there is a backlog of work which needs to be processed because of the impact of Covid-19.

**Baroness Bowles of Berkhamsted (LD):** The guidance from the Information Commissioner says that for a service to be considered likely to be accessed by a child, the possibility of that happening needs to be more probable than not. Does that mean the probability of one or a few children accessing a site or that 50% of children might do so? Does the Minister agree that a 50% or one in two interpretation is not tight enough?

**Baroness Barran:** The noble Baroness has raised a good point. I will go back and review the guidance and perhaps I may then write to her with a response.

**Lord Kirkhope of Harrogate (Con):** My Lords, which of the standards in the code is my noble friend the Minister going to concentrate on as we move into regulation? I am particularly concerned about the standard that requires connected toys and devices to comply with the principles of the code. As has been said, a lot of children are now in touch with these devices, so I want to be sure that the technical side of this issue has been completely covered when we proceed.

**Baroness Barran:** My noble friend is right. We must ensure that all the technical aspects have been addressed. Obviously, these will evolve over time so we will need to continue to stay alert to this. However, the wider aspiration of the code is essential as regards GDPR compliance. We are already talking to and working with the social media companies and others because obviously a number of aspects of this in relation to GDPR compliance are already part of our law.

**Baroness Kidron (CB):** The Minister will be aware of a letter sent last night by children's charities setting out the many harms that have increased during the pandemic. They are now demanding that the Government should lay the code. My understanding is that doing so would take only a handful of hours for the Civil Service and just minutes of parliamentary time. Given that, can the Minister explain what is in the way of doing so now, apart from political will? Further, does she agree that this is an important test of the Government's commitment to tackling online harms? If they fail to act, they will bear considerable responsibility for harms that might have been prevented.

**Baroness Barran:** The noble Baroness will be aware from the evidence given by my honourable friend the Minister for Digital and Culture that we absolutely see this issue as an urgent one but that we are unable to give a timescale at the moment. That is not due to a lack of will but simply that part of this is out of our hands. It is being actively pursued in discussions with the House authorities and will be dealt with as soon as possible.

**Lord Mann (Non-Aff):** I am delighted to learn that the online harms Bill will be laid before Parliament during this Session. Can I presume that the code will be laid in advance of that?

**Baroness Barran:** I would assume that that is highly likely.

**The Lord Speaker (Lord Fowler):** I thank colleagues and the Minister for ensuring that we have got through all 10 speakers with questions who were on the list. We come now to the fourth Oral Question.

### Covid-19: NHS Contact Tracing App Question

3.05 pm

Asked by *Baroness Jones of Moulsecoomb*

To ask Her Majesty's Government what steps they are taking to address privacy concerns about (1) the use of the NHS Covid-19 contact tracing application, and (2) the introduction of immunity certificates.

*The Question was considered in a Virtual Proceeding via video call.*

**The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord Bethell) (Con):** My Lords, we have put privacy at the heart of the app and how it works so that you do not need to give your personal details to use it. We have worked in partnership throughout with the National Cyber Security Centre and the Information Commissioner's Office. The science around immunity is currently uncertain and there are a number of issues that we need to address to understand potential certification.

**Baroness Jones of Moulsecoomb (GP):** I thank the Minister for his response but that is certainly not the information that I am getting from other places. A Dr de Montjoye from Imperial College's department of computing has written a paper in which he says that, if the Government are to use this app properly, it is very important that they are transparent about it. Can the Minister commit the Government to transparency about whichever app they use?

**Lord Bethell:** Professor de Montjoye is entirely right that transparency is key. That is why we have published the open source code for our app, as well as a PPIA privacy notice, and blogs setting out the approach that we are taking. We will continue to go about our business in a transparent way.

**The Lord Bishop of Portsmouth:** My Lords, the Minister has reminded the House that tens of thousands of people on the Isle of Wight have downloaded and used the app. People of the island often feel—with, I regret, some justification—that they are considered last if at all. Now, despite the questions about privacy, effectiveness and rollout, they have been the first to step up and make a significant contribution to the nation's common good. Will he undertake to look at how their service might be recognised?

**Lord Bethell:** My Lords, where the Isle of Wight leads, the country follows. We are enormously grateful to islanders for taking this pilot on board with energy and enthusiasm. I would like to consider ways of recognising that. One important lesson that we have

learned from the island project is that the human touch of contact tracing is incredibly important and we will be implementing that at later stages.

**Lord Arbuthnot of Edrom (Con):** My Lords, I declare my interest as chairman of the Information Assurance Advisory Council. In normal times, the cybersecurity advice that we would all give would be to keep the Bluetooth on our mobile telephones switched off unless and until we need it in a private setting. But these are not normal times. What advice would my noble friend the Minister give to help us protect ourselves while using this app?

**Lord Bethell:** My Lords, the Bluetooth used by the app is the latent Bluetooth, which does not need to be turned on and off. Our advice is for everyone to ensure that they keep their Bluetooth on. In fact, we will be issuing specific advice to doctors and other health workers who spend a lot of time in each other's company, to ensure that the app does not create erroneous data.

**The Earl of Clancarty (CB):** Does the Minister agree that immunity or health certificates have the potential to be socially divisive and foster prejudice if they were valued by employers? Why else would you want them? They would also implicitly endorse the Government's original, much vilified, herd immunity policy. They are a terrible idea and the Government would be wise not to go down this road.

**Lord Bethell:** My Lords, I completely hear the noble Earl's reservations about certification. Our plans are in development. We are fully aware of the concerns that he has expressed about their potentially divisive nature, but the public deserve to know whether they have had the disease. We have to use whatever technology we can to help shake off the economic and social effects of this virus. Therefore, we retain an open mind on the use of certification.

**Lord Reid of Cardowan (Lab):** Does the Minister accept that the proposed tracking app we are discussing will effectively exclude those who do not have a smartphone or the experience, knowledge or capability to operate apps or Bluetooth? That will disproportionately exclude the elderly, the poor and the disadvantaged—exactly the groups most at risk from Covid-19. What plans do the Government have to include this group in any future tracking and testing regime?

**Lord Bethell:** My Lords, the testing and tracing regime depends on three legs: access to tests; updated methods of the classic contact tracing run by individuals, using phones and the internet; and lastly, importantly but not exclusively, the NHS app. We are very much focused on ensuring that the vulnerable, the elderly and the digitally poor are in no way excluded, which is why we have put the human element at the centre of our plans.

**Lord Scriven (LD):** Will the Minister give a cast-iron guarantee that, as the app evolves, it will not use location tracking or seek personal identification information as a condition of use?

**Lord Bethell:** My Lords, we have no current plans for using geolocation information. However, we have an open mind on options for users being able to share data of several different kinds, and we are open to the idea of consumers making those choices.

**Lord Balfe (Con):** I want to ask the Minister about the immunity certificates. At the moment, as I understand it, medical science does not tell you whether you are immune. It can tell you whether you have had it, but surely we do not yet know whether Covid mutates. So how can you issue an immunity certificate, and, importantly, how can you make sure that it is not forged?

**Lord Bethell:** My noble friend is entirely right. The science on immunity is confounding and we do not fully understand it, although we are investing a huge amount of time, money and effort into understanding it better. We believe that there may be an opportunity to understand immunity better, and that will inform and make safe people's commitment to going back to work. No decisions have been made yet, though, and we have in our minds all the reservations that my noble friend described.

**Baroness Falkner of Margravine (Non-Affl):** Given what we know about the NHS app, I have to say that my greater concern would be about the data held by Amazon or Google, rather than by the NHS. Does the Minister accept that the countries implementing track and trace, particularly those in the EU, are all countries that have an ongoing system, decades-old, of using ID cards? Would the Government consider the fact that trust in government in those countries, even privacy-obsessed Germany, is higher due to the state having held data, not centrally but in some form, through an ID card system? Maybe they should look at that.

**Lord Bethell:** My Lords, ID cards do not form part of the British tradition. We work on a system of consent and we have a very high level of trust in the Government. The app is particularly well suited to a country that has a universal NHS system, and that is one reason why we have designed it in the way that we have.

**Baroness Thornton (Lab):** Can the Minister confirm that the national rollout of the NHSX app has now been delayed until June? Does he share my concern that a government spokesperson has said that it is possible for the test and track system to work without an app, and for the lockdown to be relaxed further without a system operating at all? This is deeply worrying, given that the Government have admitted that they should never have stopped track and trace in the early stages of the pandemic and now appear to be renegeing on a commitment to make it a priority.

**Lord Bethell:** My Lords, it is entirely right that test and trace does not need a digital app to be effective. I reassure the House that prevalence levels are reducing across the country, as is the infection rate. It is only because prevalence and infection are reducing to manageable levels that we can even consider reducing the lockdown and maintaining pressure on infection through test and trace. The app brings many benefits

of being able to automate millions of transactions a day, but it is not intrinsically necessary, and we believe that it would benefit from being introduced later, rather than earlier, than human-based tracing mechanisms.

**Lord Randall of Uxbridge (Con):** My Lords, what discussions has my noble friend's department had with other Governments around the world, and what lessons can be drawn from their experience of such apps?

**Lord Bethell:** My Lords, we are in discussions with many other Governments—those in the east, which have a tradition of these apps, and fellow travellers like ourselves. It is a highly technical and difficult area; Britain is leading the way in many ways and we have learned an enormous amount. I have personally spoken to the Taiwanese Government, who have taught me an enormous amount, and those conversations continue regularly.

**The Lord Speaker (Lord Fowler):** My Lords, the time allowed for this Question has elapsed. It is worth noting that, in the whole Proceeding, we excluded only two possible questioners, so apologies to them. I thank your Lordships. That concludes the Virtual Proceedings on Oral Questions. Virtual Proceedings will resume at 3.30 pm for a Private Notice Question on post-Brexit customs arrangements in Northern Ireland.

3.16 pm

*Virtual Proceeding suspended.*

### Arrangement of Business *Announcement*

3.30 pm

*The announcement was made in a Virtual Proceeding via video call.*

**The Senior Deputy Speaker (Lord McFall of Alcluith):** My Lords, Virtual Proceedings of the House of Lords will now resume. I remind Members that these proceedings are subject to parliamentary privilege and what we say is available to the public both in *Hansard* and to those listening and watching. Members' microphones will initially be set to mute, and the broadcasting team will unmute their microphones shortly before we reach their place in the speakers' list. When Members have finished speaking, their microphones will again be set to mute. Please ensure questions and answers are short.

The Virtual Proceedings on the Private Notice Question will now commence.

### Northern Ireland: Customs *Private Notice Question*

3.31 pm

*Asked by Lord Empey*

To ask Her Majesty's Government whether customs posts will be established at ports and airports in Northern Ireland from 1 January 2021 and, if so, how is this compatible with repeated assurances

[LORD EMPEY]

from Ministers that goods moving from Northern Ireland would have free and unfettered access to UK markets.

*The Question was considered in a Virtual Proceeding via video call.*

**Viscount Younger of Leckie (Con):** The protocol is a practical solution to prevent a hard border on the island of Ireland, but it makes clear that Northern Ireland remains an integral part of the UK and its internal market. That includes guaranteeing, and putting that guarantee into legislation by the end of this year, unfettered access for Northern Ireland businesses to the UK market, as we have always made unequivocally clear that we would do.

**Lord Empey (UUP):** My noble friend will be aware that Ministers have repeatedly assured the House that no checks will take place on goods moving to or from Northern Ireland after transition. There is a widespread feeling that Members have been consistently misled. Will my noble friend tell the House whose regulations customs officers will be enforcing at these border control posts, what sanctions will apply for non-compliance and under which legal jurisdiction this process is being conducted? Will he commit to facilitating a debate in this House so that we can examine this issue which is of unparalleled economic and constitutional significance?

**Viscount Younger of Leckie:** I will have to refer to the Chief Whip about whether there will be a debate, but moving quickly on to one of the questions that the noble Lord asked, we have always been clear that there will be requirements for checks on live animals and agri-foods, building on what already happens at Larne and Belfast, as the noble Lord will know. We want to work with Northern Ireland businesses and the Executive to ensure that new administrative procedures are streamlined and efficient. We want to ensure an optimum flow of trade.

**Lord Reid of Cardowan (Lab):** My Lords, whatever the benefits accruing to Northern Ireland in the proposed relationship with the European Union—and I accept that there will be many benefits in that Northern Ireland-EU relationship—does the Minister not recognise that a clear breach of a vow given by Ministers, including the Prime Minister, a vow which many of us in this House warned was clearly unsustainable, undermines trust in the Government, which is so vital for the general conduct of politics in Northern Ireland?

**Viscount Younger of Leckie:** I am not quite clear what this so-called clear breach is. The Chancellor of the Duchy of Lancaster reiterated last week that we have always said that there will need to be light-touch checks, particularly, as I said earlier, for live animals and agri-foods coming from the internal market in the UK across to Northern Ireland.

**Baroness Bakewell of Hardington Mandeville (LD):** My Lords, the Prime Minister has said repeatedly that he could not see any circumstances in which there

would be a need for checks on goods going from Northern Ireland to GB. Under the withdrawal agreement, Northern Ireland will continue to follow EU rules on food and manufactured goods. The rest of the UK will not but will continue to follow EU customs rules, leading to checks on goods entering Northern Ireland from Great Britain. The prospect by December of no deal will have implications for the operation of the Northern Ireland protocol and the scale of checks required on the Irish Sea interface. Will the Minister now press the Government to urgently request an extension before the end of June?

**Viscount Younger of Leckie:** I should make it clear to the noble Baroness that the Government have no intention of extending the transition period. Discussions are progressing well, and they are very constructive. The joint committee and the special committees are working to take forward the detail, which is so important for the protocol.

**Lord Caine (Con):** My Lords, does my noble friend the Minister accept that many genuine unionists share the concern so ably expressed by our noble friend Lord Empey and seek reassurances in these areas? Does he also agree that it would be quite wrong for anyone, not least those who have never in the past knowingly championed the Ulster unionist cause, to seek now to exploit this issue with irresponsible scaremongering about the end of the union simply to try to prove a point about Europe and Brexit, and that to do so risks undermining the delicate political stability that we now have in Northern Ireland?

**Viscount Younger of Leckie:** My noble friend makes some good points, and he allows me to reiterate that, below the surface, there is a lot of extremely important and constructive work going on to ensure that what we have said—what we have promised and guaranteed—will indeed be undertaken.

**Lord Kerr of Kinlochard (CB):** The problem is that “pacta sunt servanda”. However unattractive we may find it—like the noble Lord, Lord Empey, I find it very unattractive—the fact is that for 15 weeks now, we have been under a legal requirement to establish Mr Johnson’s frontier in the Irish Sea by the end of the year, with two-way checks, and to help the EU supervise its new single market frontier inside our United Kingdom. Yet we seem to have done nothing and to still be in denial. It seems that we are even refusing to let the EU have a base in Belfast. How come, since “pacta sunt servanda”? When will the Government come clean with Northern Ireland about all this?

**Viscount Younger of Leckie:** First, my Latin is not so good. But there are no plans, and there is no wish, to allow the EU to have an office in Belfast. Originally, that was for diplomatic purposes. I understand that the intention is more for doing monitoring and checking. I also reiterate what I said earlier: there is no need to change the dates for the transition period.

**Lord Hain (Lab):** My Lords, what IT and other preparations have the Government and the Northern Ireland Executive made for the checks and potential

tariffs, including tariff refunds for goods from Great Britain proven to be sold in Northern Ireland, that are all required under the Irish protocol? The UK agreed this in the withdrawal agreement with the EU, which has treaty status, and both the UK Government and the Executive are therefore legally bound to that under international law.

**Viscount Younger of Leckie:** I am not party to the detail of the discussions but, as the noble Lord will know, as well as the joint committee, which can include and has included members of the Northern Ireland Executive and of the Irish Government, as well as the special committee to look at the detail, these and other related issues are being discussed as we speak. I very much hope that the detail will come out in the coming weeks.

**Lord Rogan (UUP):** My Lords, following the questions from the noble Lords, Lord Reid and Lord Kerr, my contribution will be brief. The people of Northern Ireland are never afraid to speak truth to power, and we expect the same level of honesty from those who govern us. On a visit to the Province last November, Mr Johnson addressed a gathering of prominent Northern Ireland businesspeople. My Prime Minister said:

“There will be no forms, no checks, no barriers of any kind. You will have unfettered access.”

I simply ask the Minister: what is the truth?

**Viscount Younger of Leckie:** The initial Question from the noble Lord, Lord Empey, slightly confused the specific and limited approach towards the requirements of certain agri-food products moving from Great Britain and Northern Ireland with the “unfettered access” part of the argument, which is from Northern Ireland to Great Britain—as set out in *New Decade, New Approach*.

**Baroness Smith of Basildon (Lab):** I am absolutely flabbergasted listening to the Minister’s answers today. At no point is he answering the questions put to him on really serious issues. I appreciate that he is not a Northern Ireland Minister; in fact, he was the Minister for Faith and Communities. Perhaps it needs a leap of faith to believe some of the things the Prime Minister has said on this. I have two questions. First, when will the Government appoint a Minister to deal with Northern Ireland issues in the House of Lords and show the issue the respect it deserves? Secondly, I bring the Minister back to the question from the noble Lord, Lord Rogan. The Prime Minister said that, if someone asks you to fill in any form of any kind,

“tell them to ring up the Prime Minister, and I will direct them to throw that form in the bin.”

He was referring to customs and tariffs. On that point, if somebody does what the Prime Minister says and tears up the form and puts it in the bin, what number should they call to speak to the Prime Minister?

**Viscount Younger of Leckie:** The noble Baroness is right: that is what the Prime Minister said, and he is adamant that there will be unfettered access. That is all I need say.

**Baroness Ritchie of Downpatrick (Non-Aff):** My Lords, for the avoidance of doubt, will the Minister confirm that when the Government have completed the necessary infrastructure arrangements, they will ensure that no impediments are put in the way of Northern Ireland businesses undertaking economic activity? They can take no further shocks to their business.

**Viscount Younger of Leckie:** The noble Baroness is right. It is very important indeed that we in the UK support Northern Ireland businesses as much as possible. I assure the noble Baroness that the detail from the heavy work being prepared as part of implementing the protocol will come out within weeks, as I said earlier.

**The Senior Deputy Speaker (Lord McFall of Alcluith):** The Earl of Kinnoull. No? We will go on to the noble Baroness, Lady Bennett of Manor Castle, and come back if the noble Earl, Lord Kinnoull, reconnects.

**Baroness Bennett of Manor Castle (GP):** Even with the light-touch barriers the Minister referred to, there would clearly be extra costs on goods coming from Great Britain to Northern Ireland. Given the low wage levels in Northern Ireland—£50 per week below the UK average—how do the Government plan to ensure that workers are compensated for the extra costs that would be in effect as a result of any barriers of any sort?

**Viscount Younger of Leckie:** The noble Baroness raises an interesting point. I feel sure that those will be part of current discussions. If there is anything more to add to that answer, I will write to the noble Baroness.

**The Senior Deputy Speaker:** I revert to the noble Earl, Lord Kinnoull. Unfortunately, there is no connection. The time allowed for this Question has elapsed. The Virtual Proceedings will now adjourn until a convenient point after 4 pm for the Motions in the name of the noble Lords, Lord Bethell and Lord Hunt of Kings Heath.

3.44 pm

*Virtual Proceeding suspended.*

## Arrangement of Business

### Announcement

4 pm

*The announcement was made in a Virtual Proceeding via video call.*

**The Senior Deputy Speaker (Lord McFall of Alcluith):** My Lords, Virtual Proceedings of the House of Lords will now resume. I remind Members that these proceedings are subject to parliamentary privilege and that what we say is available to the public both in *Hansard* and to those listening and watching. Members’ microphones will initially be set to mute, and the broadcasting team will unmute their microphones shortly before we reach

[LORD MCFALL OF ALCLUITH]  
their place in the speakers' list. When Members have finished speaking, their microphone will again be set to mute.

We now come to the Virtual Proceedings on the Motion in the name of the noble Lord, Lord Bethell, and one other Motion. This is a time-limited debate. The time limit is one and a half hours.

### **Draft Human Tissue (Permitted Material: Exceptions) (England) Regulations 2020** *Motion to Consider*

4.01 pm

*Moved by Lord Bethell*

That the Virtual Proceedings do consider the draft Human Tissue (Permitted Material: Exceptions) (England) Regulations 2020.

*Relevant document: Special attention drawn to the instrument by the Secondary Legislation Scrutiny Committee, 8th Report*

*The Motion was considered in a Virtual Proceeding via video call.*

**The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord Bethell) (Con):** My Lords, before I explain the draft regulations I will say a few words about our motivation to change the law for organ donation. Currently over 5,200 people in England are waiting for a transplant. By the time a suitable organ is found, some people will be too ill to receive one. Last year alone, 777 patients were removed from the transplant list and a further 400 died while on the active list waiting for a transplant.

It was therefore clear to us that we had to take decisive action to address the acute shortage of organs and help those whose lives were on hold waiting for a transplant. That is why we passed the Organ Donation (Deemed Consent) Act 2019 last year. The Act amends the Human Tissue Act 2004 and sets up the new system of consent for organ and tissue donation in England known as “deemed consent” or “opt-out”.

Subject to approval of these regulations, we aim for deemed consent to become legal on 20 May. While not many transplants were taking place earlier during the peak of Covid-19, NHS Blood and Transplant has already started the recovery process to get transplant units up and running as much as possible. To illustrate the progress we are making I can say that, on a normal day, NHSBT would receive around 55 referrals of a potential donor, aim for five actual donors and carry out 70 transplants a week. During the peak of the pandemic, there were days when there were no referrals, many days when there were no donors and many days when there were no transplants. As of last week, there have been 167 referrals, 11 donors and 38 transplants. I salute those in the NHS blood transfusion service who have worked so hard to save some lives and improve others.

Continuing the tremendous effort to restore all transplant services will include training nurses on the new law as soon as possible after they return. This will

allow us to reap the benefits of the deemed consent legislation when it is safe again. I understand that some have disagreed with the approach, but I reassure the House that we made a detailed assessment of the options in front of us before taking the decision to restart donations on this new basis. This horrific pandemic has taught us a lot about how precious human life is. We know that the fight against this disease will continue for some time, while thousands of people are waiting for a transplant. I therefore believe very strongly that we have a duty, now more than ever, to push ahead with measures which will reduce human suffering and help to improve people's lives. That is exactly what this law does.

We are of course fully aware that public confidence is important. The deemed consent legislation was first introduced in July 2017 and became law in March 2019. It has therefore had a long process of parliamentary scrutiny, alongside three public consultations. The Government have been raising awareness of the law and the choices available for over a year, and the implementation date of 20 May has been used actively in communications since late February. Putting this legislation on hold would only increase the anxiety of the thousands of people who see this law as their only hope to get a new lease of life, and would confuse the communications which have already been in the public domain for some time.

From the outset, we have been clear that deemed consent would apply only to routine transplants, to increase the number of organs and tissues available and help those on waiting lists. Examples of routine transplants are hearts, kidneys and lungs. Novel transplants would still require express consent. The organs and tissues specified in the regulations are included because they could be used for non-routine transplants—for example, a face transplant. Such transplants are outside the scope of what we want to achieve. The demand for novel transplants is very low, and people would not normally identify organ donation with them.

During formal scrutiny of the regulations, the Joint Committee on Statutory Instruments cleared them with no comments. Meanwhile, the Secondary Legislation Scrutiny Committee drew the regulations to the attention of the House. This is testament to how integral the regulations are for making the new system of consent work, and to how important the law change will be when it is introduced.

Let me now deal with the detail of the regulations. The Organ Donation (Deemed Consent) Act 2019 sets out that deemed consent to transplantation activities in England will apply only to “permitted material”. The Secretary of State has a delegated power to specify in regulations what “relevant material”—human organs, tissue and cells—will be excluded from the system of deemed consent. To be clear, I say that the organs, tissues and specific cells listed in the draft statutory instrument are organs, tissues and cells which cannot be transplanted without express consent being in place, as that would be a novel transplant.

Regulation 2(2) sets out the detailed list of organs and tissues which will require express consent in order to be transplanted under all circumstances: for example, the brain, spinal cord and face. As a result of our

consultation, we expanded the list of reproductive organs and tissues in this regulation to provide clarity and to put beyond doubt that removing any parts of the reproductive organ will require express consent in all cases. As I mentioned, this is to make sure that if and when such transplants are carried out in the UK, they will be outside the scope of deemed consent.

Regulation 2(3) sets out that some relevant material—for example, skin and bone—will require express consent if used for a novel transplant but not if used for a routine transplant. This is to ensure that current practices for tissue donation—where, for example, tissue from a leg is removed routinely—are not disrupted by deemed consent. So while a leg transplant would require express consent, if only the skin from the leg is taken, deemed consent may apply. However, if tissue is required from reproductive organs, this will always require express consent. This is to address feedback from our consultation.

Regulation 2(4) allows for the trachea to be removed under deemed consent when it is attached to the lungs. This will allow routine heart and lung transplants, which also require the trachea to be removed with the heart and lungs, to continue under deemed consent. To clarify, however, the trachea is also listed in Regulation 2(2), as trachea transplants by themselves are novel and therefore excluded from deemed consent.

Regulation 2(5) excludes the removal of certain cells if they are to be used for an advanced therapy medicinal product, known as an ATMP. ATMPs are therapies made from tissues, cells or genes after manipulation in a laboratory. They are used for treatment of a disease or injury and often use human cells and tissues as starting materials. For example, an ATMP can treat knee damage by taking cartilage cells from a living patient, growing and modifying them in the lab, and reinjecting them into the patient's knee. ATMPs are an exciting technology and new therapies are being developed all the time. Current ATMPs are being developed using tissues and cells taken from living donors, but it is also possible to use material from deceased donors to develop novel ATMPs. As these ATMPs are novel, we want to make sure that donation of these cells cannot happen without express consent being in place. Our consultation raised questions around the public's understanding of these novel technologies and we therefore want to ensure that express consent is required.

Now that I have set out the detail of the regulations, I must highlight that, before deciding whether a change to the regulation is needed in the future, the Government would need to consider issues around evidence, public acceptability and clinical need. Any changes would need to be approved by Parliament following the same procedure as now; therefore, Parliament will have full oversight.

Because the regulations restrict deemed consent to routine transplants and they therefore continue current practice, where express consent needs to be in place for non-routine transplants there will be no additional cost to the health system, and therefore no impact assessment has been prepared.

By way of a conclusion, I am pleased that I am able to present these regulations to the House. They are an important part of the implementation of the Organ

Donation (Deemed Consent) Act 2019, as they prevent deemed consent from applying to novel transplants. The new system of consent is expected to save and improve the lives of many people waiting for a life-saving or life-enhancing transplant. I am proud that all of us here have played a role in making something so positive in these challenging times. Many of your Lordships will know of Jim Lynskey, a high-profile campaigner who, through his own charity, Save9Lives, campaigned for the law change but sadly died at the age of 23 before seeing this law become a reality. I know that his twin sister Grace has continued to campaign. We owe it to Jim, Grace and many others to embrace the opportunities of deemed consent and save more lives. I commend the draft regulations to the House.

4.14 pm

**Lord Hunt of Kings Heath (Lab):** My Lords, along with Geoffrey Robinson, former MP for Coventry North West, and supported by Dan Jarvis MP, I was very proud to sponsor what became the Organ Donation (Deemed Consent) Act 2019 through your Lordships' House, on which these orders are based. I hope that the Minister, when he comes to wind up, will join me in thanking Geoffrey Robinson and Dan Jarvis for the tremendous work that they did.

Our aim was to increase the number of organ donations while maintaining strong family involvement in the decision to donate, which remains a remarkable act of giving. The Bill was known as Max and Keira's Bill—now Max and Keira's law—in honour of the recipient, Max Johnson, for his immense bravery while waiting for a heart transplant, and the donor, Keira Ball, who tragically died in a road accident. I pay tribute to both of them. I also pay tribute to the *Mirror* newspaper and its readers for the tremendous support they gave to the campaign. Thanks, too, to Kidney Care UK and many other charities, who have been such a help.

Our aim is quite simply to inspire more people to have that incredibly important conversation with their loved ones, knowing that this could save the life of a person waiting for a transplant. It is estimated that 700 more transplants a year could take place. I fully support the regulations and the associated codes of practice, which have a greater focus on faiths and beliefs and should support better conversations and greater reassurance for many families.

I know that the NHS is working to continue organ donation where possible, but the impact of Covid-19 on transplants has been major, with many centres having to close or at least limit the scale of transplants. We know, for instance, that some people waiting for a kidney transplant have had to commence dialysis rather than have pre-emptive treatment. Although there is no known transmission of Covid-19 through organ donation, any risks need to be minimised as much as possible because patients who need a transplant must be immunosuppressed.

The Covid-19 outbreak has also brought the need to address health inequalities faced by people from BAME communities into sharp relief. There is too much inequality in transplant cases, too. As Kidney Care UK put it to me, people from BAME communities

[LORD HUNT OF KINGS HEATH]

wait six months longer for an organ, despite being more at risk of kidney failure, because fewer organs are available from donors from this community.

I know that it is unlikely that transplants will proceed under the deemed consent provisions during the coronavirus pandemic. Perhaps the Minister could expand on that a little more. I hope that he will commit to a major public awareness campaign when we are out of the crisis; it is essential in maintaining public support and trust for organ donation. The campaign launched by NHS Blood and Transplant in April 2019 was successful in raising awareness and was an excellent start. However, it had to be significantly reduced during the epidemic to enable messaging to focus on keeping the public safe and well. That is quite understandable, but I ask the Government to ensure that, when we come out of this, they fund campaigns on a regular basis to encourage people to consent and understand the new issues that this legislation brings in.

I ask the Minister to ensure also that the NHS is fully prepared for the expected increase in donations. The specialist nurses for organ and tissue donation are essential to the successful implementation of the Act. These amazing people provide advice, support and information to the family. They determine the last known decision of the deceased and ensure that no organs or tissues are retrieved without consent being in place. It is essential that the number of nurses is increased so that families continue to receive the highest possible care and support.

During the passage of the then Bill, the Minister's predecessor, Lord O'Shaughnessy, stated that the Government would

"make sure that there are enough highly trained staff to make the most of the changes resulting from this Bill"

and that we should

"make sure that they are fully trained and fully financed for the future."—[*Official Report*, 23/11/18; col. 447.]

I seek a commitment from the Minister that that additional funding will be provided to ensure that the increase in nurses continues in future, so that the families of every donor can be approached with the necessary care, sensitivity and empathy.

It is also very important that we make the most of every single precious gift of donation. We know that transplant units are already under pressure. NHS Blood and Transplant recently established a new system for flagging instances where organs were declined for a named patient purely because of a lack of available resources to enable the team to undertake the transplant. We need to ensure that transplant units can keep pace with the anticipated increase in organ donation. They too need to be funded and resourced to make sure that every organ that could be transplanted is transplanted. No organ should be declined by a transplant team due to a lack of resources.

Finally, I refer to novel technologies. The UK is currently leading the world in novel technologies to support organ transplantation. We have developed new techniques and machines that enable us successfully to transplant organs that would not have been transplantable before. I ask the Government to confirm that they will support transplant units and fund them

to ensure that they can use these novel technologies and save more lives through the gift of donation. And I hope, again, that the Minister will acknowledge the work of Geoffrey Robinson and Dan Jarvis MP in supporting the Bill through the other place.

4.20 pm

**Lord Oates (LD):** My Lords, I declare my interest: until recently, I was a non-executive director of NHS Blood and Transplant.

I welcomed the Government's decision to support the deemed consent Act in the name of the noble Lord, Lord Hunt, and remain fully supportive of the move to deemed consent. Every year, hundreds of people die while awaiting a transplant, as the Minister said, and hundreds more come off the waiting lists because their health has deteriorated to the extent that they cannot receive a transplant. Anything we can do to reduce those tragic numbers is welcome. Deemed consent is not a panacea, of course, but the evidence from Wales is that, combined with an effective communications plan and, most importantly, a public debate and family conversations, it can mark a profound shift.

The Minister is aware of my concerns about the timing of bringing deemed consent into effect and the impact that it may have on public awareness, so I will not dwell further on this point in the limited time available. However, I hope that he will be able to tell the House what advice and representations his department received on the wisdom, or otherwise, of this decision.

Specifically, I want to ask him about NHSBT's excellent advertising campaign and the Government's assessment of its effectiveness in the light of the Covid-19 crisis, as the noble Lord, Lord Hunt, mentioned. Have the Government considered the impact that the current health crisis may have had on the ability of advertising to cut through? I would also be grateful if the Minister could tell the House why the draft codes of practice were not published online at the same time as the laying of these regulations—a matter highlighted by the Secondary Legislation Scrutiny Committee.

The Minister will be aware of the immense sensitivities around these issues. It is not good enough for the Government to drop the ball in this way. I am not sure if this is a result of the timing of the regulations, as the DHSC was obviously struggling to address the impending Covid-19 crisis at the time, but we need an explanation from the Minister. Sadly, as he pointed out, the transplant system is unable to work effectively during the Covid-19 crisis, but it is hoped that these life-saving and life-changing operations can resume as soon as possible.

When they do, the Government need to be aware that legislation alone will not meet the demand for transplants. What is required alongside the legislation is adequate resourcing of the transplant apparatus throughout the NHS. This is not a matter that can be delivered by NHSBT alone; it requires a whole-system approach. I hope that the Government take that fully into account. I also hope that the Government recognise the importance of new machine perfusion techniques to make the best use of donated organs, that these techniques will be properly funded, and that British ingenuity and innovation in this regard will be backed.

We also need to ensure that transplant medicine remains an attractive field for new entrants into the medical profession. It can be a tough life, with specialist nurses and transplant and retrieval surgeons on call at all hours—ready to travel often significant distances to retrieve an organ and save a life—and specialist nurses in organ donation playing an unparalleled role in helping grieving families at times of great distress and ensuring that the process works at every level.

I cannot pay sufficient tribute to the dedication of specialist nurses and transplant surgeons and the difference that they make to so many lives. They need to be properly recognised for the amazing job that they do. Most importantly, however, we should recognise organ donors and their families, who give the most precious gift available: the gift of life.

4.24 pm

**Lord Mackay of Clashfern (Con):** My Lords, I am strongly in favour of this instrument, as I am of the Act on which it is based. I first realised the importance of transplantation early on in its development. A very close friend of ours developed kidney failure and required constant dialysis. It then became possible for him to have a transplant. He had a twin brother who was willing to give his kidney. He was operated on in one theatre and my friend was operated on in a next-door theatre, so they were able to take the kidney across very quickly. It cured him completely and he had a considerable life. Sadly, he has now died, but Professor Woodruff, who was a pioneer of this technology, was his surgeon. I have felt tremendous emotional support for this whole field ever since.

I just wonder whether the code of practice that the authority has put out fully reflects what the Act the regulations are based on says. The Act says that the person concerned—somebody who is qualified—

“is to be deemed, for the purposes of subsection (6)(ba), to have consented to the activity unless a person who stood in a qualifying relationship to the person concerned immediately before death provides information that would lead a reasonable person to conclude that the person concerned would not have consented.”

In that situation it seems that if no objection is taken by a qualified person, consent is implied. The code of practice says at paragraph 91:

“In a situation where consent could be deemed but there is no family to speak with to establish the individual’s last known decision, donation should not proceed.”

I am of course well aware that the original Act does not require a donation to proceed, but it makes it lawful that it should proceed. The practitioners have to take into account many considerations in deciding whether a particular transplant will take place—considerations of the available organ and of the state of health of the person to whom it is proposed to be transplanted. It is quite clear that the Act does not require a consented donation to actually be carried out for reasons of that kind, but it is wrong for the HTA to say that it will not proceed in that case. I do not know on what basis it has the authority to do that, because the Act certainly seems to imply consent. Therefore, it seems that the only considerations that could not have that would be of the medical, practical kind such as I mentioned.

The only other thing I want to mention is that it seems the publication of the draft instrument was a matter to go on to the authority’s website. Was the department responsible for that particular matter?

4.28 pm

**Baroness Randerson (LD):** My Lords, I declare an interest as chancellor of Cardiff University, which includes Cardiff medical school. I thank the noble Lord, Lord Hunt, and many others for all the work they have done on this important issue. I strongly welcome this debate and the fact that England is now following the lead from Wales. I was involved in the campaign for deemed consent in Wales, which started around 2008. England will be able to build on the Welsh experience as the changes are introduced. I am delighted to see that the noble Lord, Lord Bourne of Aberystwyth, will speak later as well.

In Wales, after lengthy and thorough public debate and consultation, the Act was passed in July 2013 and the actual changes in procedure were introduced in December 2015, almost two and a half years later. However, by the crucial measure of organ donation consent rates, it has undoubtedly been a success. In Wales, that statistic is now over 80%, compared with around 66% in England.

I must stress how carefully this must be introduced. Thorough training and additional capacity are key to success. A false start now could undermine the whole scheme for years to come, because public confidence is vital, and so the failure to publish the draft code of practice on the internet on the date it was laid is a more than usually worrying omission. As the Secondary Legislation Scrutiny Committee said, this is unacceptable given the sensitivity of the subject matter. Can the Minister explain how this happened, and can he provide us with reassurance that procedures have been changed so that we can have more confidence that this will be rolled out properly in the future?

I understand and accept that it is not wise to introduce such sensitive changes while the NHS is under huge pressure because of the pandemic. However, the time must be used not for stalling change but for more preparation, including adaptation to the new ways of working. The rate of transplants has fallen sharply, but people still need organ donations at the same rate. Indeed, there is a backlog of people urgently requiring donation, many of whom have become even more seriously ill while waiting for a donor. The number of organ transplants has fallen by three quarters since the start of the pandemic, as ICU units have been devoted to coronavirus patients.

I was pleased to see that the codes of practice have a strong focus on faith. This is particularly important because of the long-term shortage of BAME donors. In Wales we worked with faith leaders from the early days of the campaign and found their insight and contributions essential in developing guidance.

I understand the decision to exclude certain organs from deemed consent. However, I ask that each of these organs is treated as a separate category, rather than them being grouped together. This is so that, as surgical practice develops, there can be ongoing reconsideration of their status. What is novel in 2020 could be routine by 2025.

4.33 pm

**Baroness Deech (CB):** My Lords, I have another question about the section raised a moment ago by the noble and learned Lord, Lord Mackay. The Organ Donation (Deemed Consent) Act 2019 inserts the following into the Human Tissue Act:

“The person concerned is to be deemed”—

for the purposes of another subsection—

“to have consented to the activity unless a person who stood in a qualifying relationship to the person concerned immediately before death provides information that would lead a reasonable person to conclude that the person concerned would not have consented,”

“reasonable” being a word much loved by lawyers. I spoke about this at Second Reading of the organ donation Bill in 2018. I raised then the issue of donation by members of faiths that are, in general, opposed to organ donation. There has been much discussion of this issue. The codes of practice emphasise the sensitivity surrounding this and encourage discussion with the family. There remains an ambiguity, in relation to which I would like the Minister’s clarification. The then Minister in 2018, the noble Lord, Lord O’Shaughnessy, said at the conclusion of Second Reading that

“no family will be forced to agree with the donation if they are strongly opposed to it.”—[*Official Report*, 23/11/18; col. 426.]

even when the deceased had expressly wished to be a donor. Yet the code of practice says that where the family disagrees with the deceased’s wish to donate, the specialist nurse should explore any issues raised by the family and support them to address their concerns.

Where indicated, the nurse can facilitate consultation with religious and non-religious leaders to provide counsel or clarification on donation. This is in paragraph 37 of revised Code of Practice A. I am not sure what this means or how the nurse can come to an acceptable conclusion in what must inevitably be a distressing and hurried period.

Judaism puts the saving of life as a priority, but significant elements within it believe that the body should not be interfered with. Is it to be the case that, where the family disagrees with the deceased’s wish to donate, or where he or she has made no declaration and is deemed to consent, the family will have to show that the deceased was expressly against donation, even though he or she had made no declaration to that effect? In other words, will the onus be on the family to prove that the deceased would definitely not have wanted to donate, or is it the other way around—that the presumption is in favour of donation and the nurse is to help the family come to terms with it? Need the family only object, full stop, to prevent donation? The code refers to reasonable information that would lead a reasonable person to believe that the deceased would not have wanted to donate, but this does not answer the question. There seems to be a different level of proof of objection, depending on whether the deceased made no declaration or wanted to donate.

I add, on accepted materials and from my experience as chair of the Human Fertilisation and Embryology Authority, that few actions can be more unethical than the removal without express consent of a person’s reproductive tissues—eggs, sperm and embryos. For that to be contemplated is not, like the rest of this law, a life saver or for medical purposes, but to satisfy the

wish for a child by another party. It is illegal and it is quite right that this is spelled out, and that the distinct provisions on donation of gametes are in separate legislation. I hope this is the culmination of a long process directed towards increasing the availability of organs for transplantation. It is very welcome.

4.37 pm

**Lord Blencathra (Con):** My Lords, I strongly support these regulations but worry that, with them, we could see history repeating itself. The Act from which these regulations flow was regarded by all of us as the right thing to do, but I recall the iniquitous Liverpool care pathway operated by the last Labour Government. It became not a care pathway, but a death highway. It started with the best of intentions and high morality. It was originally for cancer patients, but soon the NHS expanded it to every patient who could be approaching end of life. It was one of the most disgraceful episodes in the history of the NHS.

Doctors, some very junior, concluded that a patient was terminal and then sent them on the death pathway, pumping them full of painkillers, keeping them sedated so that they could not ask for, or get, fluids. With a lack of fluids, they died off pretty quickly. That then justified their decision that the patient was terminal. Patients were denied sustenance for several days before their deaths, while others were written off even though they could have recovered. But many patients, supplied with fluid by caring relatives, survived the death pathway. The trusts were even given a financial incentive for every person they put down this pathway.

The coalition Government ordered an inquiry in 2012 and banned it in 2014, but some in the NHS carried on doing it. NICE had to intervene. Professor Sam Ahmedzai, chairman of the committee at NICE, 18 months after the pathway was effectively banned, said that it was still being used by some “teams” of doctors who

“thought they knew how to give end of life care.”

However:

“It turns out they’re the ones that don’t know.”

NICE finally outlawed the pathway once and for all and said that junior doctors must not be left alone to make snap decisions about patients’ care; that there had to be an end to the tick-box culture, with patients treated with respect and as individuals; that staff had to be aware that patients who appear to be dying could stabilise or even recover; and that doctors had to ensure that patients had enough to drink.

That is the background perspective with which I read these regulations and code. Like all, I have huge admiration for the individual doctors, nurses and specialist medical people in the NHS but I do not, for one second, trust its slow, unwieldy, bureaucratic machine. When a patient gives consent under these regulations, there are very few worries, but deemed consent is a different matter. The decision on whether to go ahead with organ removal rests with the specialist nurse, not even a doctor, nor yet a registrar. That nurse has a hierarchy of relatives to consult, and the first one to give consent permits the removal to go ahead. How much effort does the nurse have to make to find the first relative who may be resistant to removal? Would

there not be a medical bias to find the next relative who medical staff know to be in favour of it? It is much easier to go to a child who is in favour of removal than an equally ranked child who is not.

Codes A and F are 89 pages long, with incredible details for thousands of medical staff to master, including legal concepts. As the noble Baroness, Lady Deech, has just said, there is even the concept of what “a reasonable person” might conclude. We have all seen the nightmare of lawyers playing at being doctors with their second-guessing of medical competence. I do not want our nurses having to guess at what “the man on the Clapham omnibus” might conclude. These regulations and codes are very important, but they have the potential to turn into a Liverpool care pathway where medical staff know best and just tick the boxes. This has to be rigorously monitored so that another scandal does not occur and that this system goes from strength to strength.

4.42 pm

**Lord Mann (Non-Affl):** My Lords, I shall be brief. The noble Baroness, Lady Deech, made my key point most eloquently, so I will not repeat her words. How much have the Government reached out in their consultation to groups which are out of the mainstream in their religious beliefs? Will the Government be reaching out further to build support for what they are attempting to achieve—I wholeheartedly endorse that and am pleased to see it moving forward without delay? There is a danger that, at some stage in the future, those who genuinely but strongly adhere to more inflexible religious beliefs may create a major argument with the Government, through the courts or the court of public opinion. This could be damaging, as those groups have been less likely to offer donations than the rest of the community. That has been well documented and analysed in a series of reports. How will the Government reach out to those who are less instinctively desirous of this change to ensure that they are either supportive or feel sufficiently consulted to be neither hostile nor oppose it?

4.44 pm

**Lord Naseby (Con):** Good afternoon, my Lords. I am sorry that I am only on audio today; I have had some technical problems.

I want to focus on communication; I have spent a lifetime in that world. The starting point seems to be the statement from the Department of Health and Social Care on 25 February that, although 80% of people would be happy to donate organs and tissues on death, only 37% are currently registered. As the Minister said, demand has increased since the original briefing: the figure then was 5,100; it is now 5,200. I understand that deemed consent is likely to produce an additional 700 a year. That means that, if demand remains constant, it will take at least another seven years to work off.

On 25 April 2019, NHS Blood and Transplant launched a campaign called “Pass it on”, which aimed to communicate the change in the law and the choices available. Was any audit made of people who had ever heard of this campaign or were able to communicate back what it was about?

In the commercial world, it is normal with something as important as this for a whole structure of market research to be set up following some initial trials. My first question is on that. However, instead of just asking questions, I want to put forward a few thoughts on how we could communicate better. I went to my local surgery this morning to renew a prescription. I walked round; I could not see anything obvious about donations. A large number of people as NHS patients go to clinics. I am not conscious of anything in the publicity at the few that I have been to about what we are talking about.

I am waiting for an appointment for glaucoma at Bedford Hospital. I did not see anything last time I went in; I will check again. Each of us has to renew our driving licence after a period of time. Why do we not have a campaign attached to that renewal about the need for donations? We all of us have dental appointments. Would it not be a good idea if a leaflet or something was available when we went to the dentist? Above all, there are all the specialist medical charities—my goodness, they do a really good job. They are brilliant communicators. I first took out my donor card in 1981 because I had a particular interest in kidneys at the time. I have it in front of me. I was hoping to show it, but it is looking a bit moth-eaten as I flick it over now. Perhaps we could get all those medical charities on board. They would need financial assistance to do it, but they are like terriers and we need people like that to communicate this very important category of future life.

Then there are people coming to our country—the naturalisation permissions, the immigration approvals and, for UK people, passport renewals. There again is an opportunity to communicate.

Finally, there have recently been some really good, in-depth TV programmes on the challenge of the virus. Let us ask each of the channels to do a separate programme on this issue, so that we can get the 37% up to way over 50%, thereby giving us at least a chance of meeting the demand that is out there. It needs to be addressed. I wish everybody well in that. I thank the noble Lord, Lord Hunt, who rightly calls for —[Inaudible.]

4.49 pm

**Lord Goddard of Stockport (LD):** I too am on sound only, and some may say that that is for the better.

In my view, deemed consent legislation is long overdue. Subject to safeguards and ethical checks and balances, which I am sure finer minds than mine are addressing, we must get on with this.

I shall address my comments mainly to kidney transplants, as this is a cause close to my heart. By far the most common transplants are kidney-related, and the numbers for that particular sector are staggering: 3 million people in the UK have chronic kidney disease, including 1,000 children, while 65,000 people are being kept and treated for kidney failure by dialysis or transplant. In the UK, there are over 6,000 people on the transplant waiting list, and at least one person every day will die hoping for a kidney transplant. NHS Blood and Transplant has estimated that the change in the law has the potential to allow 700 more transplants each year by 2023, as the noble Lord, Lord Hunt, commented earlier.

[LORD GODDARD OF STOCKPORT]

To be clear, when kidneys fail there are three things that can happen: dialysis, transplant or death. Dialysis is distressing and demeaning; with four to five-hour sessions every week and dietary and fluid restrictions, people are unable to continue with work, families and relationships are strained, and depression is common. It has been reported that levels of pain are equivalent to those suffering from terminal cancer. Patients are exhausted, with aching bones, reduced mobility and constant aching.

A transplant is transformational in restoring quality and quantity of life. I commend NHS Blood and Transplant for its achievements, with over 50,000 people now alive with transplants. Kidney transplants are economically beneficial; maintaining a person with a transplant costs around £5,000 per annum, compared with over £30,000 per annum for those on a dialysis machine.

This legislation is not all about kidneys; the heart, liver and lungs are included specifically. However, other organs, such as the pancreas, the intestine and the uterus, are vital organs that can save lives and should be considered with express consent. Worldwide, the kidneys are the most transplanted organ, followed by the liver and the heart.

However, it seems that the Government have advised that it is unlikely that transplants will proceed under deemed consent during the Covid-19 pandemic, because people are distanced, and communication between relevant parties is more difficult. If this is the case, when will deemed consent actually come into force? I note that the noble Lord, Lord Bethell, stated confirmation on 20 May 2020. I hope he will clarify that later.

NHS Blood and Transplant was set up on 1 October 2005, taking over the functions of UK Transplant, founded by Dr Geoffrey Tovey in 1972. We live in unprecedented times of stress and uncertainty, and the sooner this legislation is enacted, the sooner many thousands of people will have renewed hope that their lives could be improved. It would be excellent if, less than 50 years from Dr Tovey's initial ground-breaking work, this finally became the law.

4.52 pm

**Lord Bourne of Aberystwyth (Con):** My Lords, I refer noble Lords to my entry in the register of interests.

Like other noble Lords, I strongly support these regulations. I pay tribute to those who have made this possible, particularly the noble Lord, Lord Hunt, and the noble Baroness, Lady Randerson, who are participating in this debate. I also thank the Minister very much; I know the pressure that he is under at the moment and how busy he is, and it is a great credit to him that the regulations are with us today.

I have some practical questions about the operation of the regulations. The first is about the publicity campaign, which I would like to hear more about from the Minister. Unlike others, I have seen it referred to; I was exercising to Spotify at the weekend and heard reference to this measure coming in very shortly, so that is positive.

Secondly, paragraph 6.4 of the Explanatory Memorandum to the regulations refers to this applying only to people who have been ordinarily resident in

England for 12 months. On the face of it, that does not seem unreasonable, but I wonder how that is operating in relation to our devolved areas. If someone moves across the border from, say, Brecon to, say, London, is there a break in the period? It seems that there probably is, unless I have missed this point in the regulations, and that was probably not intended. I would be grateful if the Minister can say something about that. If he is unable to answer now, I would appreciate a later response.

Further to that point, is there a regular coming together of devolved authorities, given that there is now a similarity of approach in devolved areas? It would be good if there was collaboration, co-operation and discussion. Is that happening and, if so, on how frequent and regular a basis?

Next, the Minister quite rightly referred to the advanced therapy medicinal products, and I agree very much that this is an exciting technology. Paragraph 10.7 of the Explanatory Memorandum states that one reason why the Government have not extended this measure into that area is because they are worried about pharmaceutical companies profiteering—I think I am paraphrasing that correctly. There is nothing wrong with a profit, provided it is not excessive. I wonder if the Minister could say something about how he looks forward to it being extended to cover these advanced therapy medicinal products and how likely that is to happen relatively quickly.

Lastly, on practical points, the Minister again quite rightly said that it will be the Secretary of State or the Minister who decides on exclusions and therefore on inclusions in relation to the list that is in these regulations. I understand that, but on how regular a basis will there be a review, and how will that review be brought before Parliament? Will it be done on an annual basis, for example, or can the Minister perhaps ensure that we are given at least an annual update by Ministerial Statement? That would be very useful.

This is a difficult period in which to bring these regulations forward, but as others have said I am sure that it is the right thing to do because they are life saving and therefore very much to be welcomed. However, I would be grateful if the Minister could seek to bring clarity to the areas that I have highlighted.

4.55 pm

**Baroness Barker (LD):** My Lords, the United Kingdom has been a world leader in transplant research and reconstructive surgery since the 1940s, and we continue to be the home to world-leading developments in bioscience. Moreover, we have been the outstanding leader in the ethical regulation of cutting-edge medicine and medical technology, due in no small part to the work of your Lordships' House and the work of Baroness Warnock.

What we have today is a public policy settlement under which research scientists and medical practitioners develop pioneering research. That takes place within a framework of legal principles which is subject to parliamentary scrutiny and is regularly updated as the science advances. I pay tribute to the then Prime Minister, Gordon Brown, for setting up the Organ Donation Taskforce, which in 2008 published the *Organs for Transplants* report. The report provided a series of

recommendations to help us to increase our organ donor rate by 2013. That 2008 strategy did indeed manage to increase the rate of donations by 50% from deceased donors and by 30% from living donors. However, that is still not enough; we need more organs, because people are dying. In 2013, NHS Blood and Transplant published its report, *Taking Organ Transplantation to 2020*, which set out a more detailed plan.

I congratulate the noble Baroness, Lady Finlay, and others who worked very hard to secure the Organ Donation (Deemed Consent) Act 2019, which amended the practice of the 2004 Act but not its principles by moving to an opt-out principle for routine donations. That was necessary, because many of the most suitable organ donors are people who have been involved in accidents or who have sudden life-threatening illnesses and have not given prior consent. At the point of such an emergency, they and their families are unable to give the consent that they may have wanted to do.

These are decisions that ideally are taken in advance after long and detailed consideration, but which often arise in an emergency medicine setting. I suggest to noble Lords that they go back and look at the contribution made in another debate by the noble Baroness, Lady Tonge, who comes from a family of medics. All her family members had discussed the matter and decided that they were all in favour of organ donation. However, when her daughter died in a very tragic accident, not only did nobody raise the matter with them, but they did not think about it either. That has always been a matter of regret to her.

The policy intent has always been to exclude novel and rare transplants, including situations in which cells are retrieved from organs that could be used to create an advanced therapeutic medicinal product, as other noble Lords have said. Although some people who wish to do so can leave their bodies to medical research, that research is regulated separately by the Human Tissue Authority, so there really should be no confusion between medical research and transplantation. However, the Minister stated that if a transplant that is currently considered to be rare or novel were to become common, the process of amending the law would be the one that we are following now: discussion, consultation and proposals brought forward by law. My question is this: what would be the trigger for proposing such a change in the law? As other noble Lords have said, looking back over the past 17 years, should we not be looking at a periodic review of transplant law—say, every five to seven years?

I have spoken about black and minority-ethnic communities in your Lordships' House before. In 2003 my friends Joe and Grace Desa lost their 13 year-old only child Daryl to a brain haemorrhage. Grace and Joe showed remarkable dignity during that unimaginable tragedy. One of the things that comforted them was that many people benefited from organs and tissues donated by Daryl. In 2018, when we looked at the figures again, we saw that people from black and minority communities were still waiting longer than others and that there was comparatively low organ donation from people from the same ethnic groups. It is really important that we make these groups the focus of particular awareness campaigns. I know that

my friends Joe and Grace took part in them to try to increase donations from people from south Asian communities.

I welcome the emphasis in this new code of practice on taking into account family and religious beliefs, but I go back to the point made by the noble Baroness, Lady Deech. Is the intention of the code of practice to ensure that a family's religious belief can take precedence, but not where an individual who has mental capacity has made a deliberate decision that they wish to be a donor? Can the Minister clarify that point? What good practice guides will be given to make sure that specialist nurses who work in organ donation work to clear guidance?

I too hope that the Government set up an independent inquiry into the effects of Covid on black and minority-ethnic populations. I hope that it will not just be about the emergency process that we have been under for the last two months but will look over the longer term at what Covid has done to affect health inequalities in Britain, including transplants.

My final point has not been mentioned by other speakers in this debate. The Human Tissue Authority operates under the EU organ donation directive and the EU tissues and cells directive. If there is no deal, the EU organ donation and tissues and cells directives would no longer apply in the UK. The Government have previously said that in the event of no deal, organisations and authorities in the United Kingdom will continue to work to the high practice standards they do now, but if we are no longer under those same directives as the rest of Europe, people in this country who need organ donations will no longer be treated on the same basis as those in other European countries. The UK would be treated as a third country. Will the Government confirm that if there is a no-deal Brexit, people requiring tissues and transplants of organs from other countries will be at a disadvantage? Will they issue updated guidance on this? The guidance they produced back in 2018 no longer stands.

We all want better and quicker availability of life-saving transplants for people who need them. We broadly support these regulations, and I hope the Government will make sure that in these difficult times there are the resources to make them happen in practice.

5.04 pm

**Baroness Thornton (Lab):** My Lords, I draw attention to the register of interests and my position as an NED of a hospital trust. I agree with the very important last point made by the noble Baroness, Lady Barker, about the European Union rules and regulations. It would be a great shame if we lost our ability to access or give organs across Europe because the Government had crashed out.

It is a great pleasure and honour to speak in this debate. Of course there are some Covid-related questions to be asked, as anticipated by the Minister, but I confess that it is a relief to undertake some positive legislative work, which is the everyday business of this House.

I do not wish to appear ungracious at a time of great agreement and celebration about this Act and these regulations. However, listening to the Minister's

[BARONESS THORNTON]

opening remarks, one might be forgiven for thinking that this was a government Bill, when it was in fact a Private Member's Bill, brought forward by two of my honourable friends in the Commons. As the noble Baroness, Lady Barker, said, it is a great example of parliamentarians doing their job over quite a long period of time and bringing forward progressive legislation that people really want. That the Government backed this is of course vital, and I congratulate them and the Minister on doing so.

I thank the Minister for his excellent introduction, my noble friend Lord Hunt for his inspiring and thorough speech, and all noble Lords who participated in this debate. I commend my noble friend for taking the legislation through your Lordships' House and gaining support across the House, as illustrated by the contributions today, for this important and life-enhancing change.

The Organ Donation (Deemed Consent) Act 2019 amended the Human Tissue Act 2004 to allow consent for organ donation from deceased donors to be deemed in specified circumstances. These new arrangements have been referred to as "deemed consent", but "opt-out" has generally been used in public communication, including in the press. During the passage of the Bill, noble Lords scrutinised effectively how the very sensitive issues dealt with in it and these regulations might be handled, so we are now finally able to agree the final regulations.

I do not intend to rehearse the many moving stories about organ transplants here today. We all understand how important this change is and, as many noble Lord have said, that its effect will save lives and change lives for the better. However, I take this opportunity to further press the Minister about the low level of transplants during the period of lockdown. Just 99 organ transplants were carried out in the UK in April, which is the lowest number for 36 years.

While we understand the need to delay operations given the demands on NHS capacity, as well as the risk to patients of proceeding with a transplant and being heavily immunosuppressed in a hospital environment, the fall in the number of operations is deeply concerning. It will inevitably lead to a backlog of patients needing organ donations and increased waiting times and mortality rates. The data has also shown that just 206 patients were added to the waiting list in April, down from 524 in March, suggesting a delay in assessment that could leave patients waiting even longer for a new organ. This is especially important given that the Covid-19 pandemic has resulted in further pressures on the supply of organs too. Patients who test positive for coronavirus cannot be donors, while the lockdown measures have resulted in a decline in the number of road and industrial accidents so there are fewer organs available for transplantation.

Can the Minister give the House a timetable for when this situation will improve? What steps are the Government taking to ensure that those who may require a transplant are assessed and, if necessary, added to the transplant waiting list during the pandemic? How quickly will transplant operations be back to the level of before the crisis? If we are unfortunate enough to experience another spike in Covid-19 and have to

bring back the lockdown, and have more Covid-19 patients in our hospitals, will the NHS—with the experience gained from the last few months—seek to have hospitals which can continue to undertake transplant surgery in a Covid-free and protected environment?

I find myself completely in agreement with the noble Lord, Lord Naseby, and my noble friend Lord Hunt that communication and promotion of these regulations and the new law is now vital. I close by paying tribute to Geoffrey Robinson, the former MP for Coventry North West, Dan Jarvis MP and my noble friend Lord Hunt, who sponsored the Organ Donation (Deemed Consent) Bill on which these regulations are based. The ambition is a big one: to achieve an 80% consent rate in England, which will add at least 280 extra donors a year. This could lead to as many as 700 more transplants a year, which seems a very worthwhile aim.

5.10 pm

**Lord Bethell:** My Lords, this has been an excellent and wide-ranging debate. I welcome the moving and constructive contributions. We are committed to restoring transplant services as soon as possible and reaping the benefits of this excellent legislation. The statistics that I presented earlier are a ray of sunshine at a difficult time.

The noble Lord, Lord Hunt of Kings Heath, put it all very well: there are thousands of people up and down the country who are in desperate need of a transplant. While Covid-19 has completely stopped services in some countries, in Britain we have been able to continue with very urgent transplants, which is a testament to the great work of NHS Blood and Transplant and NHS England.

We now want to go further and take something positive from this horrible pandemic, which has been a stark reminder of how fragile life really is. We must take the chance offered by this excellent law to save lives. I thank the noble Lord, Lord Hunt, for his excellent contribution last year, as the noble Baroness, Lady Thornton, rightly reminded us all, in taking the Bill forward in the first place. He has shown remarkable commitment in following up this important cause and I reassure him that we will make sure that resources are in place to make this policy a success.

On marketing, I reassure the noble Lord, Lord Oates, and the noble Baroness, Lady Thornton, that we will pick up the campaign that was delayed at the beginning of the Covid-19 epidemic. We have every hope that it will cut through. As the noble Baroness, Lady Barker, rightly said, this campaign will target BAME audiences, who are often underrepresented among donors and often cannot find the match that they seek. In 2018, my department launched a campaign to address the myths and barriers, and to create a culture of normality around organ donation. This included funding of £140,000 for the community investment scheme for grass-roots projects. We invested a further £280,000 in 2019 and this work will now pick up again. I reassure the noble Lord, Lord Naseby, that, according to a survey by NHS Blood and Transplant, 58% of people are already aware of this change in the law and, with our marketing, this percentage will keep rising.

Noble Lords also raised the important issue of equality for those waiting for a transplant. Our aim is to help with health inequalities and we are aware that people from black and Asian backgrounds wait for six to 11 months longer for an organ match, compared with the general population. This is clearly unjust and we will put in measures to address it.

I reassure the House that discussions with the family will remain our paramount consideration at all times. On that point, I want to assure the noble Baroness, Lady Deech, by repeating the assurances made by my noble friend Lord O'Shaughnessy that, if the family strongly disagrees, no donation will go ahead as no doctor and no nurse will want to upset the family further. My noble and learned friend Lord Mackay, my noble friend Lord Blencathra and the noble Baroness, Lady Randerson, also raised an important point on deemed consent. However, as linked to the above point, from the outset we have said that the family will be involved. If the family is not around, clinicians cannot establish the medical history and other crucial information about the deceased, and the transplant would be risky.

Of course we take deemed consent very seriously. We have based it on the successful implementation in Wales since 2015. To respond to my noble friend Lord Blencathra, the Human Tissue Authority specifically consulted healthcare professionals and that body will be monitoring implementation in its role as the regulator. In addition, we will keep raising awareness of the importance of organ donation.

I reassure the noble Lord, Lord Hunt, that we will ensure that the additional specialist nurses are well trained, carefully managed and thoughtfully recruited so that they are the right people to have these delicate conversations. I reassure my noble friend Lord Blencathra that they are in fact much better suited than senior clinicians who, if I may put the point delicately, might not have the emotional intelligence or delicacy for such a sensitive moment. I reassure the House that I have spoken to the team about how they will continue their training on deemed consent, taking into account, if necessary, videoconferencing technology to hold the necessary conversations in a Covid environment.

My noble friend Lord Bourne of Aberystwyth asked an important question about deemed consent across borders. To be clear: you can deem the consent to remove, store or use the organ only in England under our new law, but once removed that organ can be transplanted to a patient anywhere in the UK.

The noble Baronesses, Lady Barker and Lady Thornton, made important contributions about continuing to secure organ transplants in the context of EU exit. Each year the UK exchanges a small number of organs with EU member states. In 2018-19, the UK received 14 organs from EU countries and there were 3,951 UK transplants. The focus is on negotiating a future relationship with the EU, but my department is also preparing for a scenario where no further agreement is reached with the EU, which is the legal default position. The current regulatory framework for organs is well established and sets high-quality safety standards for organs imported into the UK.

I thank the noble Lord, Lord Goddard of Stockport, for his positive words around this legislation. I reassure him that we want the conditions of deemed consent to

be met, which means that transplants can go ahead when it is safe and training for returning specialist nurses has been completed. The legislation will come into effect on 20 May, but we acknowledge that it may not come into practice straight away due to the limitations of Covid.

I was greatly touched by the testimony of my noble and learned friend Lord Mackay, who spoke movingly of his friend's experience. I remember that on 15 September 2002 my wife called me with a pain in her eye. She had a corneal puncture which threatened the sight in her right eye. Her left eye is very weak from childhood infections. I cannot disguise from noble Lords that that diagnosis was very grim and she was looking at a life without sight. The surgeon, the wonderful Mr Bruce Allan at Moorfields, helped find a cornea for transplant, which is an organ for which many families are reluctant to give consent. As a result, I am glad to say that my wife retains her eyesight today. To that donor and their loved ones, the Bethell family are enormously grateful.

Through the noble Baroness, Lady Randerson, I thank our friends in Wales, as we are in the privileged position of having modelled deemed consent in England and its implementation on its successful implementation in Wales. As the noble Baroness rightly suggested, our specialist nurses here will benefit greatly from their colleagues' experience in Wales.

I reassure the noble Lord, Lord Oates, that we will make sure that the NHS has the resources to carry out the additional transplants, including using affordable novel technologies as appropriate. Following funding from the department, NHS Blood and Transplant has recruited 27 new specialist nurses, which is an increase of more than 10% in that important role.

The noble Baroness, Lady Deech, the noble Lord, Lord Mann, and my noble and learned friend Lord Mackay of Clashfern raised the important issue of faith. We are aware that organ donation is in some cases against someone's culture, faith or belief. That is why we have worked closely with a wide range of faith and belief representatives regarding the change in the law. For example, there are pages on the NHS Blood and Transplant website about organ donation in the context of each of the major UK faiths and beliefs. We are grateful to the all those faith and belief groups which have engaged with us. We and NHS Blood and Transplant will also continue our work with faith communities as the law is implemented.

It is right that this legislation is approved to provide legal certainty that deemed consent will apply only to routine transplants which so many people in this country need. I reassure the noble Baroness, Lady Deech, that, after consultation, we have expanded the list of parts of the reproductive system that are to be excluded from deemed consent. We have clarified that no part of the reproductive organs, for example, vessels, will be removed without express consent, even if they were to be used to support a routine transplant. We have also added renal and lung epithelial cells to the list of advanced therapy medicinal products as they are possible future technologies.

I thank all noble Lords for sharing their views on these regulations. I thank my predecessors, my noble friends Lord O'Shaughnessy and Lady Blackwood, and many others in this House and in the other place,

[LORD BETHELL]

such as Dan Jarvis and Geoffrey Robinson, who have supported this important measure. I join the noble Lord, Lord Hunt, in thanking the many charities which have campaigned for this, such as Kidney Care, the British Heart Foundation, NBTA and Team Margot. The regulations are an integral part of making the new system of consent work and I urge all my fellow parliamentarians to approve them. We owe it to everyone waiting for a transplant to make sure that this law comes into force and makes a difference to those in need.

*Motion agreed.*

### Human Tissue Authority: Draft Codes of Practice

*Motion to Consider*

5.21 pm

*Moved by Lord Hunt of Kings Heath*

That the Virtual Proceedings do consider the Human Tissue Authority draft Code of Practice A: Guiding principles and the fundamental principle of consent—revised 2020, and the Human Tissue Authority draft Code of Practice F: Donation of solid organs and tissue for transplantation—revised 2020.

*Special attention drawn to the instruments by the Secondary Legislation Scrutiny Committee, 8th Report*

*Motion agreed.*

**The Deputy Speaker (Baroness Henig) (Lab):** My Lords, the Virtual Proceeding will now adjourn until a convenient point after 5.45 pm for the Motion in the name of the noble Baroness, Lady Sugg.

5.21 pm

*Virtual Proceeding suspended.*

### Arrangement of Business

*Announcement*

5.51 pm

*The announcement was made in a Virtual Proceeding via video call.*

**The Deputy Speaker (Baroness Garden of Frognal) (LD):** My Lords, Virtual Proceedings of the House of Lords will now resume. I remind Members that these proceedings are subject to parliamentary privilege and that what we say is available to the public both in *Hansard* and to those listening and watching. Members' microphones will initially be set to mute, and the broadcasting team will unmute their microphones shortly before we reach their place in the speakers' list. When Members have finished speaking, their microphones will again be set to mute. I remind Back-Bench speakers that they have two minutes in which to speak.

We now come to the Virtual Proceedings on the Motion in the name of the noble Baroness, Lady Sugg. This is a time-limited debate. The time limit is three hours.

### Covid-19: International Response

*Motion to Consider*

5.52 pm

*Moved by Baroness Sugg*

That the Virtual Proceedings do consider the international response to COVID-19.

*The Motion was considered in a Virtual Proceeding via video call.*

**The Parliamentary Under-Secretary of State, Foreign and Commonwealth Office and Department for International Development (Baroness Sugg) (Con):** My Lords, I am grateful for the opportunity to update the House on the UK's international response to Covid-19—the biggest threat that we have faced in decades. A global pandemic needs a global response, and the international community must work together to tackle this virus so that we can all be safe from future waves of infection.

The UK has a proud history of leading international efforts to tackle global problems. Despite the challenges we are facing at home, we are determined to fulfil our role in the international response. The UK has been playing, and will continue to play, a leading role in galvanising the most effective co-ordinated international action through our international strategy, leadership and partners. We are tackling this crisis using the full range of development, diplomatic, national security, prosperity and influencing tools to address the direct and wide-ranging secondary impacts.

We are funding global research into therapeutics, diagnostics and a vaccine, recognising the urgent need to equitably distribute a treatment once it becomes available. We are protecting the poorest and most vulnerable people and working to ensure that no one is left behind. We are supporting British nationals across the world and getting people home when we can; and, of course, we are looking to the future and investing in a clean and resilient global recovery.

Our UK aid support has reinforced our international leadership. The Prime Minister, Foreign Secretary, Chancellor, and Health and DfID Secretaries of State have all been actively engaging in dialogue with world leaders and other international groups—and our engagement is making a difference. We are playing a key role in the multilateral response to Covid-19. We have encouraged the G7 and G20 to act, and have called on international organisations to co-ordinate and increase support for vulnerable countries and to deliver the appropriate international financial and health system assistance.

Working with our G20 partners, we have ensured that critical supply chains remain open for food and medicines, and we have driven agreement on the finance ministers' action plan for the immediate response and a clean and resilient recovery.

We are investing in vaccines and global health. The UK is proud to have world-class scientific and medical research facilities. British scientists have driven major breakthroughs throughout the history of global health, in epidemiology, immunology and vaccinations. Continuing this tradition, the Government's Vaccine Taskforce has just provided an additional £84 million

of new funding for Covid-19 vaccine manufacturing at Oxford University and Imperial College, bringing the total government investment for these institutions to over £130 million.

The Oxford team is also working in partnership with the great British company AstraZeneca to ensure that any successful vaccine could be rapidly produced to meet global demand. The agreement will deliver 100 million doses in total, ensuring that in addition to supporting our own people we are able to make vaccines available to developing countries at the lowest possible cost. British researchers who built diagnostic kits for Ebola are also working on new rapid diagnostics for Covid-19.

However, our domestic efforts are just one piece of the puzzle in solving this pandemic. No country can do this alone. To maximise our chances of finding a workable vaccine as quickly as possible, the UK has committed £250 million of UK aid to the global Covid-19 initiative by the Coalition for Epidemic Preparedness Innovations—CEPI. This is the largest single contribution by any country to date. The UK is also working closely with CEPI, the World Health Organization and our international partners to ensure that, when a vaccine is available, it will be accessible to everyone who needs it as soon as possible.

Two weeks ago, the Prime Minister co-hosted a virtual summit to raise funds for the global coronavirus response. We called on all world leaders to increase their ambition in this urgent shared endeavour. The global community heeded this call and pledged approximately £6.5 billion for Covid-19 research and supporting activities, including the UK's own £313 million commitment for vaccines, tests and treatments and £75 million for the World Health Organization. This funding will equip us to fight the virus at home in the UK and across the world.

To further strengthen international efforts on vaccines, on 4 June the UK will host the global vaccine summit for Gavi, the global alliance that provides vaccinations in 68 of the world's poorest countries. Gavi will be critical to the international co-ordination and operational delivery of a Covid-19 vaccine—at scale, at a price people can afford and available as needed. To this end, the UK has also committed to the equivalent of £330 million a year to Gavi for the next five years. This all builds on our existing significant aid programming on health system strengthening, clean water and sanitation, and global health security.

While we are searching for a cure, we cannot forget the most vulnerable, who are suffering the devastating effects of Covid-19 right now. We have committed up to £744 million of UK aid to support the global response and address both the primary and secondary impacts. This includes building resilience in vulnerable countries and supporting the economic response. We are also pivoting existing work to provide targeted health, humanitarian and economic support. We are paying particular attention to the needs of the most vulnerable. Our funding for UNHCR is focused on supporting refugees. Our support to UNFPA and UNICEF will protect the rights of women and girls, including addressing gender-based violence and ensuring continued access to sexual and reproductive healthcare.

We recognise that NGOs are key partners in responding to the unprecedented challenges of Covid-19. Through direct funding, country programmes and multilateral support, we will work closely with NGOs, which are often best placed to meet the needs of those most at risk. UK aid is also working closely with British businesses such as Unilever to tackle the pandemic. Our £100 million mutual partnership, with £50 million from DfID, will tell 1 billion people around the world about the importance of hygiene. This project will provide significant extra funding to well-known British NGOs such as WaterAid.

To manage the economic impact, the UK has committed, with our G20 partners, to suspend debt service payments from the poorest countries to the end of this year. Implementation by the G20 will provide \$12 billion in fiscal space, which can be spent on healthcare and managing the impacts of Covid-19. The UK also made a leading contribution of £150 million to the Catastrophe Containment and Relief Trust to fund debt repayments to the IMF from the poorest countries.

Thanks to UK leadership—we pushed early for a capital increase of the World Bank in 2018 and we are the largest donor to the International Development Association—the multilateral development banks are in a strong position to respond rapidly to this crisis. With UK support, they are making \$200 billion of financing available to developing countries over the next 15 months, with streamlined procedures to ensure rapid disbursement.

We are also reducing the impact on businesses in developing countries. For example, to help companies access the finance they need and to protect supply chains and jobs overseas, the CDC, the UK's development finance institution, is continuing to invest patiently and is working alongside other DFIs to maximise efforts. UK Ministers will continue to engage with Governments across the globe to ensure that critical supply chains and transport routes remain open for food and medicine. Within the G20, the UK has called for reduced tariffs on essential Covid-related medicines, pharmaceuticals and products.

We are also supporting British nationals across the world. The pandemic has seen borders shut and transport routes suspended. Like many countries, a top priority has been getting our nationals home and supporting our nationals unable to return in keeping safe as they remain overseas. We are working closely with Canada and the US in the G7 on global travel and keeping passenger and freight hubs open. We have worked tirelessly with international partners and commercial airlines to get people home. We estimate that more than 1.3 million people have returned to the UK through commercial routes since the outbreak of the virus, with many benefiting from FCO's work with airlines and foreign Governments. With funding of up to £75 million, we have worked with UK airlines to arrange 142 specially chartered flights for more than 30,000 people. Additionally, almost 20,000 people have returned home from cruise ships with our help.

We are also planning for our future beyond Covid-19. We need a clean and resilient global recovery. It will be more crucial than ever to think about the connection between healthy lives, healthy societies and a healthy

[BARONESS SUGG]

environment, which are at the heart of the sustainable development goals. The UK played an instrumental role in establishing the SDGs; even before Covid-19, we knew that global progress was off track.

This will be alongside continued work on other priorities, including our manifesto commitments, which are all critical parts of a clean and sustainable recovery. We are committed to leveraging the best UK Government offer on critical issues such as providing 12 years of quality education for girls, ending preventable deaths and tackling climate change and biodiversity loss, including through hosting COP 26, which now will be next year.

Covid-19 does not respect national borders and individual efforts will succeed only as part of a global response. The UK will continue to play a leading role in galvanising the most effective co-ordinated international action to support both the current international Covid-19 response and longer-term recovery. As the Prime Minister said on 4 May at the Coronavirus Global Response Summit:

“It’s humanity against the virus—we are in this together and together we will prevail.”

6.02 pm

**Lord McConnell of Glenscorrodale (Lab):** My Lords, I start by drawing attention to my interests in the register. I thank the Minister for securing this debate and for her comprehensive introduction, setting the scene for what I am sure will be an interesting three hours.

This pandemic has highlighted yet again—perhaps more starkly than ever before—just how interdependent our world is. As the UK sits on the G7 in June and the UN Security Council in the lead-up to the summits that will take place in September, it will undoubtedly focus on recovery and future resilience. It is vital that the UK plays a role way beyond encouraging the comprehensive availability of a vaccine to make sure that there is a proper economic recovery globally and that there is a resilience in our systems to help us to cope better everywhere in future.

In that economic recovery, we need to remember the importance of education. It is not just in this country that young children are missing out on education; it is happening in every corner of the globe. In pursuing critical economic and health measures, I hope that the UK does not forget the vital importance of getting children, particularly those in the poorest parts of the world, back to school.

My final point relates to the Decade of Action UN summit planned for September. The sustainable development goals give us a framework for greater resilience in not just our health system but our economy around the world. This pandemic should reinforce our commitment to the global goals and ensure a greater degree of determination, both at home and abroad, in implementing and delivering them in a decade of action between now and 2030.

6.04 pm

**Baroness Smith of Newnham (LD):** My Lords, as the Minister pointed out, Covid-19 is an international problem that necessitates global responses. The previous Prime Minister, Theresa May, has already criticised the international response.

Today, the Minister has given a very ebullient speech outlining what the United Kingdom plans to do. If everything can be delivered, we would all welcome it. However, it is very clear from the House of Lords Library briefing that the UK is trying to do four things, one of which—bringing our people home—is very important, but predominantly a domestic issue. Two of the matters have a touch of hubris about them. One is that the UK should seek to co-ordinate a global health response, the other that we should look to create a sound economic response. Both are highly desirable, but just days after the *BMJ* has suggested that it is clear that the UK’s response so far has been neither well prepared nor remotely adequate at home, one wonders what the Government will be able to deliver internationally. However, the Government’s willingness to contribute on vaccines and host the Gavi summit in June is clearly most welcome.

Last week, the International Relations and Defence Committee had the honour of hearing from Dr Okonjo-Iweala, who talked about African responses and concerns. She highlighted the economic hit of Covid-19. What can the Minister say about how far the Government will be able to assist the global south? Will the money being committed be sufficient for the global south, particularly to ensure that vaccines will be available, as the Minister claims?

6.06 pm

**Baroness Hayman (CB):** My Lords, I draw attention to my interests in the register and join others in welcoming the tone of the Minister’s introduction to the debate. There has never been a more important time for the UK to continue its investment in development and global health. We know from our own experience that the effects of the coronavirus are not spread fairly and equitably across the population and are not limited to those infected by the disease itself. Those wider effects—economic, social and health threats—are even more devastating in poorer communities and countries. They can overwhelm already overstretched health services and social safety nets, and undermine fragile economies. We have the chance to intervene to limit the spread of the disease and the damage it does indirectly.

As Covid-19 spreads to malaria-endemic countries, it is essential that we recognise the threat to the progress that has been made against that disease in recent decades and to hundreds of thousands of lives that could be put at risk by a malaria outbreak and upsurge. According to the WHO, severe disruption to net campaigns and other vital services could lead to a doubling of malaria deaths in sub-Saharan Africa. We saw in west Africa during the Ebola outbreak an estimated 7,000 additional deaths from malaria in those aged under five, caused by the diversion of services and the end to malaria services that are so essential. We must act to prevent that happening this time. I hope the Minister will assure me that we will continue our leading role in malaria prevention.

6.08 pm

**The Lord Bishop of Durham:** My Lords, thankfully, the virus appears to be spreading slowly in most African countries, with Lesotho declaring its first case only last week. However, the World Bank forecasts

that Covid-19 could push 49 million people into extreme poverty. The economic impact on some poorer nations could be more detrimental than the health threat. The aid Her Majesty's Government committed at the international pledging event will be vital for the poorest nations, but our international response must be sustainable, which requires trade, not simply aid. What actions have Her Majesty's Government taken to ensure that good free trade agreements are made with poorer nations?

Global hunger may be the next pandemic, with the UN recently reporting that global food insecurity could double due to measures to combat coronavirus. For example, despite the Rwandan Government's emergency relief measures during their country's lockdown, the effects of the lockdown on access to food is becoming greater, leaving many Rwandans extremely hungry. How do HMG plan to support countries that face significant hunger?

The virus's economic impact has been compounded in Rwanda by devastating floods that have destroyed essential crops and left many Rwandans displaced, forcing people into makeshift camps. What assessment have HMG made of how natural disasters have exacerbated the threats of coronavirus for some of the poorest nations?

Misinformation is detrimental when fighting a pandemic in poorer countries. Therefore, what do HMG make of Burundi's decision to expel four World Health Organization representatives on 14 May? As churches are often best placed to communicate information due to their community embedment, what plans do HMG have to work with faith-based organisations to disseminate Covid-19 information?

6.10 pm

**Baroness Buscombe (Con):** My Lords, I pay tribute to the King of Bhutan and his people for their amazing fortitude and smart response to the virus.

On 6 March, I witnessed their decisive action following one suspected case: a tourist who had travelled from India. Within 24 hours, every tourist was traced and tracked, and we were contacted daily thereafter. All citizens were asked to socially distance themselves, while trucks travelled across the land distributing sanitiser. A quarantine period of 14 days kicked in for arrivals across the borders and all incoming tourist flights ceased, thereby avoiding a wide-scale lockdown across the country. Philanthropic hoteliers and businessmen supported their efforts and, in stark contrast to our Commons colleagues, all MPs donated a month's salary to the cause. The king immediately rolled up his sleeves, working with doctors and encouraging anyone feeling unwell to attend clinics. He continues to work tirelessly across the country.

It should be noted that a national preparedness and response plan, together with an emergency committee, had already been devised in late February, and that both the Prime Minister and Health Minister were formerly public health officials. In addition, Bhutan is tech connected: nine year-old trainee monks have mobile phones.

To date, there have been less than 20 cases and no deaths. In the words of a local journalist, Sonam Ongmo:

"Following an evidence-based approach of testing, effective quarantines, and border control, Bhutan has been able to avoid overloading its limited healthcare system ... The under-resourced

nation's response, led by science and quick preventative action, has been fortified by its traditional communal values ... which has seen its king, citizens, and government work in lockstep to support the nation."

I hope my noble friend the Minister will join me in congratulating the people of Bhutan and wishing them safe and well for the future.

6.13 pm

**Baroness Jay of Paddington (Lab):** My Lords, I welcome this opportunity to underline how the UK, even while confronting our own epidemic, must not abandon the world's most vulnerable people. There is now evidence that the virus will set back programmes and progress in the poorest countries by at least three decades. Statistics from these countries are fragmented, but understanding what we do now about social distancing it is easy to imagine the rapid devastation of populations in overcrowded favelas, slums and shanty towns. Without international help, the fragile economies and weak health systems of those countries may be completely overwhelmed.

As the Minister said, this country has a strong record of building our own aid programmes and supporting the work of international institutions. Today, I ask the Minister for specific assurances about how this will continue. Importantly, will the iconic 0.7% of GNI remain committed to overseas aid? Will future financial assistance focus on loans and debt relief, or will HMG also offer properly targeted grants, essential for business and employment recovery?

I am pleased that the Government remain energetically committed to multilateral assistance through bodies such as the World Health Organization and the World Bank; now is certainly not the time to undermine them. However, I am alarmed by the threats to our own smaller NGOs and charities—often the most successful in delivering assistance on the ground, notably in the 2015 Ebola epidemic. Today, over half of them say that they are reducing programmes, and 43% may close unless they get extra finance in the next six months. Can DFID use some flexible funding mechanism to support them?

Overall, in spite of our own challenges, we must demonstrate global leadership and not retreat to "fortress Britain".

6.15 pm

**Baroness Northover (LD):** My Lords, apparent national interest has so often trumped international needs in this pandemic, even though no country can be safe until all are safe. Clearly China has much to answer for. I have sympathy with the WHO, which sought to elicit the information it needed. This clearly drove it to soft pedal the Chinese origin and significance of the infection. The WHO has only the power, resources and will that member states give it. All should now be able to see that strengthening the WHO is in everyone's interests, yet the United States, far from seeking to bring countries together, threatens the WHO's funding. There is no superpower leadership there.

We have seen countries competing for equipment and supplies. We may see that with the vaccine. I am glad that the United Kingdom continues its commitment to 0.7% of GNI for aid, and we have long had outstanding

[BARONESS NORTHOVER]

scientists in global public health. But development is going backwards, and some leaders are exploiting the crisis to take authoritarian measures. We see misinformation—in which Russia has specialised—now being pumped out by China as well. A dangerous new cold war seems to be building between the USA and China. There has been encouraging co-operation across Africa, with lessons learned from Ebola, but community spread now exists in a number of countries and hunger may not be far behind, as informal incomes are destroyed by economic collapse.

Does the noble Baroness agree that, given the vacuum of leadership from China and the USA, we must work with our European allies to build a more co-ordinated response to the current situation and for the future? As Dr Tedros, director-general of the WHO, said:

“We’re all in this together. And we can only succeed together.”

6.17 pm

**Lord Holmes of Richmond (Con):** My Lords, I start by thanking all our and all international front-line workers; you have put yourselves in harm’s way to keep the planet safe, and we owe you all an enduring debt of gratitude that should never be forgotten. I also thank all the scientists, who are world leaders and, as time moves on, will become world savers.

I ask the Minister how we are taking on the learnings internationally into what we do domestically and, indeed, our international programmes when we are in the midst of this crisis. Are there, for example, learnings from Germany about health spend—40,000 ICU beds, 30,000 of which are ventilator-enabled—or is it more to do with a more decentralised public health system? What lessons from South Korea are we embedding into our programmes and those that we will embark on internationally?

On the tracing app, does my noble friend agree that interoperability is critical if we are to have an international network that seeks to solve the problem, rather than individual nations coming up with apps that, in simple terms, cannot speak to one another? Finally, how we are involving our fabulous tech sector in all our international development work on Covid-19? Distributed ledger technology, for example, could play a critical role, when we get to the vaccine stage, in vaccine provenance. Similarly, we could have an immediate programme of micropayment through DLT-enabled platforms. Does she agree that the solution to the Covid-19 international response will come from the right combination of humanity-led technology?

6.19 pm

**Lord Hain (Lab):** My Lords, this invisible universal virus can affect everyone in every part of the world. So much for the bellicose trumpeting of “Britain going it alone”, torn free from Europe, the world’s largest and most powerful economic bloc with a huge policy reach, as if the days of Empire can be reincarnated in today’s multipolar world of big powers led by self-styled big men like Xi, Modi, Trump and Putin.

In 2009 Gordon Brown saved the world economically by leading the G20 in a joint public-investment-driven recovery from the global financial crisis and prevented a huge global recession from becoming a catastrophic

depression but, instead of a co-ordinated international response to the Covid-19 outbreak, countries have manoeuvred for national advantage, competing rather than co-operating over PPE, testing and tracing, Britain woefully failing on all three. Instead of learning with several weeks’ forewarning from Asia, most successfully South Korea with its concerted testing and tracing, lockdown and quarantine, western countries—notably the UK, Italy, Spain, France and the US—all have official death tolls far exceeding those in comparator Asian states, with the UK worst of all in Europe and the US the worst in the world.

As no-deal Brexit beckons, the UK even failed to take advantage of joint EU procurement of PPE, our nationalist zealots instead espousing British exceptionalism and national self-sufficiency. Why have we not joined Germany, Italy, France, Norway and the EU Council and Commission in their call the other week for treatments and vaccines to be shared equally? It is tragic that instead of co-operating to protect the most vulnerable worldwide, countries seem to be racing to get a vaccine for themselves to win commercial and geopolitical benefit.

6.21 pm

**Lord St John of Bletso (CB):** My Lords, in my allotted two minutes I wish to make five points and pose two questions. Clearly this is a global disease that mutates at a staggering rate, so we cannot afford to leave any disease reservoirs untreated if we are to be successful.

Britain is leading the world in funding a vaccine and we should seek to lead in other medical solutions. We need new global leadership by the UK in the absence of China and America. This provides the United Kingdom with the opportunity to redefine our trading partners post Brexit.

A prolonged lockdown has dire economic consequences, with massive global unemployment, and it will take us until the end of 2021 to fully recover.

The pandemic has accelerated the rate of deglobalisation that started with the US-China trade wars. As several noble Lords have already mentioned, Africa is an obvious case in point that will require enormous support from the developed world in countering this pandemic. This offers the West the opportunity to displace Chinese influence on the continent.

Finally, we need to develop the capability to test and track for various strains in the pandemic. I recently had the antibody test and, to my surprise, found that I was IgG positive, meaning that I have had the virus but am fully recovered and no longer contagious. What is more, I had no idea that I had the virus. Obviously I am relieved that I now have the antibody.

I have two questions for the Minister. First, what are our Government doing to support international trade and the movement of capital and people, thereby promoting the United Kingdom as a bastion of fine free trade? Secondly, what efforts are being taken to promote a unified and international approach to tackling this pandemic?

6.23 pm

**Viscount Bridgeman (Con):** My Lords, surely one of the few good outcomes of this dreadful virus is the emergence of unprecedented co-operation among health authorities worldwide in fighting it, of which the

highest profile is of course the work towards the development of a vaccine. I am grateful to the Minister for telling us the contribution of the United Kingdom. Sadly, all this is of course without the proper leadership that we could have expected from the United States.

The devotion and courage of health workers on the front line and indeed of their support teams in this country are beyond praise, but the organisation and management of the NHS is in need of review, a problem dodged by successive Governments. This is a once-in-a-lifetime opportunity—at least I hope so—for Her Majesty's Government to take advantage of this global identity of mission to appoint a royal commission to compare in unprecedented depth the workings of our National Health Service, with all its brilliant achievements but with its shortcomings too, with those of other national health services worldwide, particularly those adopting a high profile in the current crisis, and recommend from whatever source the adoption of the best practices that the commission can identify.

Back in the 2000s, my noble friend Lord Hague, then leader of the Opposition, mandated my now right honourable friend Liam Fox, who was then shadow Health Minister, to familiarise himself with other health services in the EEA. His firm conclusion was that, for patients and clinicians, Germany was the place to be. I have checked this with Liam Fox, and his current view is that Switzerland now wins by a short head, but this is simply two centres of excellence in comparison with one another. All this would be for the royal commission to find out for itself. These are just two of the examples that we can take from some of our nearest neighbours.

6.25 pm

**Baroness Kennedy of The Shaws (Lab):** This pandemic presents huge challenges to societies everywhere, and virtually every nation in the world has passed emergency legislation to limit freedoms and create social distancing and quarantine. However, steps taken should be proportionate and time limited, and the problem is that this contagion coincides with another contagion: the rise of populism and authoritarianism. I am the director of the International Bar Association's Human Rights Institute, and we are hearing the most appalling accounts and evidence of abuse worldwide. Under the flag of the pandemic, the escalation of human rights abuse is truly alarming, and in some cases horrifying. Are opportunities being taken by the Government to raise human rights abuses?

Everywhere, women face a terrifying increase in domestic violence and murder. In the Middle East, in India and Pakistan, and globally, women are harassed and victimised on social media. They are seeing their children abducted, and marriages forced on girls. In Poland, under the cover of Covid, abortion rights have been removed. The same is going on in parts of the United States. Police and military forces are using the virus as a pretext for rounding up dissidents. They use it to abuse minorities, LGBT people and those whose religion is not the dominant one. Thousands are in detention in El Salvador. In Kazakhstan, there has been a rounding up of people. In the Philippines, Duterte has given instructions to shoot dead anyone breaking the lockdown rules. Throughout India, the

opportunity to turn on Muslims has been seized, and we know what has been happening to the Rohingya and the Uighur in China. I am afraid that the pandemic is accelerating the horrors that they are experiencing. In Kashmir, restrictive laws are being enforced in cruel and shocking ways, and the internet lockdown enforced by Modi means that people do not even know how to access help if they are ill.

Journalists are being targeted. In the USA, Trump has declared openly that asylum seekers are to be barred any opportunity to seek sanctuary, even if they are being persecuted. There has been a total dismissal of the international standards that we have been working towards over many years since the Second World War. The list of egregious conduct is long. I sincerely hope that the Government take every opportunity in raising this behaviour in their international interactions. We must remember that silence makes us complicit. In future efforts to secure post-Brexit trade deals, I hope that this behaviour is not forgotten. It should not be buried with the dead.

6.28 pm

**Lord Campbell of Pittenweem (LD):** My Lords, in response to the virus, there have been remarkable and enviable levels of co-operation between members of NATO, Slovenia assisting North Macedonia, Estonia donating medical supplies to Italy and Spain, and Holland helping Montenegro, all while they continue to fulfil the collective military responsibilities of the alliance, such as our enhanced forward presence in the Baltic states and Poland, the air policing necessary to discourage Russian provocative interference in alliance airspace, and the leadership of Estonia in cybersecurity on behalf of the alliance as a whole.

The demands of the virus have not undermined the commitment of co-operation or the membership of the alliance, but rather have enhanced it. There is now an opportunity for the United Kingdom. As we know, viruses can be used as biological weapons. The biological weapons convention bans the development, production and stockpiling of biological weapons but, sadly, provides no regime for inspection or for enforcing compliance. At the ninth review conference of the convention in 2021, the United Kingdom should lead the charge for verification. Paradoxically, coronavirus has given us a unique opportunity.

6.30 pm

**Lord Loomba (CB):** My Lords, when coronavirus started in Wuhan, it was looked on as purely a Chinese problem. We failed to see the impending threat, even though the Chinese had locked down the whole Wuhan area and built an emergency hospital to treat their thousands of patients dying from coronavirus. Furthermore, the World Health Organization should have realised the seriousness of the virus and prepared a blueprint to avoid the global spread. For instance, all international borders could have been closed, and the procurement of face masks, PPE and ventilators—which the Chinese were using to protect their doctors and nurses—should have been encouraged. Had this been done, I have no doubt that the global casualties as of now would have been far fewer. It was only

[LORD LOOMBA]

when Italy was hit with the virus that the whole world woke up, but by then it was too late to contain the global spread.

Finally, ahead of the virtual World Health Assembly today and following global calls for a review of the crisis, the UN has said that now is not the time for recriminations and that we must first work together to defeat it. When a vaccine is found, it must be shared with the whole world, including developing and fragile countries.

6.32 pm

**Lord Monks (Lab):** My Lords, the key question underlying this debate is whether the nations of the developed world will rise to the challenges of tackling Covid-19 globally and not just concentrate on their own country. Will we in the developed world in particular raise the \$6.7 billion that the UN is trying to collect? Do the Government think this is a realistic, achievable proposal, or will the outcome be dominated by the nationalist politicians in charge of many countries around the world at the moment, elected on the basis that they will put their own country first?

The UK Government have certainly stumbled in how they have tackled the crisis on the domestic front, but—at least on the international stage—they have been one of the good guys, as we heard very well from the Minister. Can she now assure us that this will continue, as we take the difficult and no doubt self-absorbing path towards ending or easing the current lockdown in the UK? Will we keep our focus global as well as national as we tackle the future?

6.34 pm

**The Lord Bishop of St Albans:** My Lords, Covid-19 is no respecter of persons. It affects equally the villager in the Amazon and the Prime Minister of the UK. However, the effects of Covid-19 are not experienced equally. The poorest in our world are being hit hardest. Many Christians across the world are working together to mitigate the impact of Covid-19. For example, Christian Aid, the Anglican Community Fund and many other aid agencies have stepped up their charitable efforts in response to the pandemic.

Will Her Majesty's Government ensure that government initiatives link with the voluntary sector to co-ordinate our response? In places such as the Democratic Republic of the Congo, the churches are running hospitals and public health information campaigns to confront the Ebola outbreak. Indeed, in war zones, where NGOs have had to withdraw their staff because it is too dangerous or where Governments are not functioning, it is often local church leaders who are able to run health education programmes and change behaviours. Will Her Majesty's Government ensure that local community leaders in those places, including church leaders, are consulted and trained, as in some areas it is the most effective way to prevent further deaths?

Displaced people, such as Syrians in refugee camps and the Rohingya sheltering in Bangladesh, are especially vulnerable. Without decisive action and medical aid, Covid-19 is likely to sweep through those camps rapidly.

Will the Minister tell your Lordships' House what is being done to provide emergency medical aid to the most vulnerable refugee communities?

6.36 pm

**Baroness Falkner of Margravine (Non-Aff):** My Lords, I was part of a Lords Select Committee inquiry into international organisations in 2008 which looked specifically at the World Health Organization. We noted that global pandemics occur about three times a century. I shall quote from the then Government's evidence to the committee:

"Estimates are that the next pandemic will kill between 2 million and 50 million people worldwide and between 50,000 and 750,000 in the UK. Socio-economic disruption will be massive."

So the situation today was not entirely unforeseen. I wonder whether the Minister or her colleagues in the Cabinet Office have read that report. It may provide them with some useful insights and lessons that might have been learned.

My second point is to do with the WHO's international health regulations, introduced in 2005 to improve reporting of public health emergencies of international concern. The innovation in them was that, for the first time, non-governmental sources of information were to be made part of the public health surveillance system. This allowed the WHO to collect and use information from multiple sources, including the media and NGOs, rather than relying on responsible behaviour from member states. They were deemed particularly relevant to those states where there was a culture of secrecy. It seems that these surveillance capabilities were not adequately employed in this instance in China, a country that should have been on the WHO's radar due to previous animal-to-human transmitted diseases.

That brings me to my final point. The WHO's World Health Assembly is meeting today but has excluded Taiwan from the meeting. It is clearly a political decision to exclude a country that has not only been a model for fighting Covid-19 but is at the forefront of other public health measures to conduct surveillance of it as we go forward. Can the Minister tell us whether the Government have an explanation for why Taiwan has been excluded and what the UK Government's position overall on Taiwan is?

6.38 pm

**Lord Lucas (Con):** My Lords, I hope my noble friend will agree that a priority as we emerge from Covid will be re-establishing flourishing trade with developing countries. We are perhaps looking at several years when social distancing and quarantine will make that difficult and it will be harder than usual to build the relationships and trust on which trade depends, so should we not take steps to build on the relationships and trust that we already have? Will my noble friend consider offering substantial benefits to graduates of British schools and universities in developing countries, such as a wide spectrum of assistance in making connections with the UK and getting trade going? These people have affection for and an understanding of our culture. They know how to get on with us. It will be much easier to create relationships at a distance with them than it would be with people who have not

spent such a long time here. I am sure that universities and schools will collaborate readily with such an initiative to make their soft power available to the nation at a time when it needs it, just as I am sure the Government and the Home Office in particular are going flat out to support our educational institutions, with finance where necessary but particularly by making sure that students get visas on time and that the overall message we give to students, current and potential, is one of welcome, not uncertainty.

6.40 pm

**Baroness Blackstone (Ind Lab):** My Lords, I welcome much of what the Minister said. However, it is particularly important that we do not neglect medium-term to longer-term issues by focusing on an immediate response and that in particular we avoid ignoring the huge economic damage that is being done around the world.

When a vaccine is eventually developed, it will be vital to ensure that wealthy countries do not selfishly focus on their own needs, so I was glad to hear the Minister's plans to try to ensure that poor countries are not priced out and have equal access to the vaccine. We will need to be updated on the implementation of these plans. Other speakers have referred to the unintended consequences of Covid-19 for other preventable diseases such as TB and malaria. If tackling them is neglected, there will be many more deaths than from the virus itself. Family planning and maternal health must also be protected to avoid an increase in maternal and infant mortality in poor countries.

On economic issues, the IMF has forecast a 3% contraction in GDP across Africa next year. This will lead to hunger and hunger-related deaths in poor countries, especially among children. Will the Government take the lead in multilateral fora to support the economies of less developed countries? The Minister mentioned supply chains, but does she agree that action will also need to be taken on debt relief, where debt servicing will throttle economic recovery, on diversification in countries overdependent on one or two commodities, and on support for SMEs and the informal sector? Concerted international action is needed on all of them. Finally, will the Government give high priority to tackling climate change in developing countries, which threatens to devastate the agricultural sector that so many people depend on and which will further undermine their economies?

6.42 pm

**Lord Purvis of Tweed (LD):** My Lords, I wholeheartedly endorse the contribution of the noble Baroness, Lady Blackstone. I declare an interest as chair of the UK board of the charity Search for Common Ground, which is a global leader in peacebuilding, currently implementing over 140 programmes and successfully partnering with the UK Government in more than 20 countries across Asia, Africa and the Middle East. I therefore want to address my comments to the impact of Covid-19 in fragile and conflict-afflicted areas.

Covid-19 can shift relationships between civilians and authorities. Poor responses by the authorities may decrease trust, increase risks of violence against civilians and disproportionately impact marginalised groups. Many authorities have relied heavily on security forces to enforce restrictions, putting security actors in high-stress,

close-contact situations with civilians, for which most lack adequate gender and de-escalation training. We know that economic frustrations triggered by the pandemic can fuel perceptions of injustice, inflame tensions in communities or increase competition for access to resources, which may increase violent activity.

Covid-19 is also likely to undermine women's economic security and girls' education. The pandemic is significantly disrupting many majority-female market sectors in fragile countries, such as domestic services, hospitality and petty trading in marketplaces. This threatens women's economic security in the longer term, especially if women recover financially more slowly than men, as happened following the Ebola-related disruption in west Africa. We must not repeat the mistakes of the past. Restrictions on markets and border crossings interrupt informal trading, which is frequently women's only path to financial independence. UNODC has warned that the crisis is creating the environment where women and girls are more at risk to trafficking. We know that temporary school closures disproportionately impact girls' education and that girls are far less likely to return to school after income cuts leave their families unable to afford schooling for all their children.

All these impacts will have a much greater effect on conflict-afflicted and fragile states. I very much welcome the announcements to which the Minister referred and I appeal to the Government to ensure that a focus on peacebuilding is a continuous thread through all the programmes that she described.

6.44 pm

**Lord Hannay of Chiswick (CB):** My Lords, this is an important and necessary debate on the day that the World Health Assembly is holding its annual meeting. Here are some observations and questions, which I hope the Minister will be able to cover in her reply.

First, no one should try to argue that the international community and multilateral organisations have so far put in a stellar performance during this crisis. There have been gaps in the international response, slowness in reacting and failures. These are lessons to be learned and applied when the next pandemic comes along, as it will.

Secondly, neither denial, as in the early stages in China, or as in the US, Brazil and Russia, which has proved pretty disastrous, nor scapegoating, as with the US freezing of its contributions to the WHO, has done other than make a bad situation worse. That US action was deplorable. Are the Government standing by the WHO and joining with others to repair the damage?

Thirdly, it makes no sense to blame multilateral organisations—the UN, the WHO and the EU—for not exercising powers that their members have not been prepared to give them.

Fourthly, on health aspects of the crisis, do the Government agree that the research into vaccines and into antibody and other tests should, as a matter of principle, be open-sourced and available to researchers worldwide?

Fifthly, do the Government agree that, once developed, these remedies should be patent-free and that a major effort should be made to boost availability to the poorer countries?

[LORD HANNAY OF CHISWICK]

Sixthly, do the Government see merit in the idea that all Governments should accept a legal obligation to stock PPE equipment, modelled loosely on the response to the 1973 oil crisis?

Seventhly, on the economic and financial consequences of the pandemic, do the Government accept that not only debt postponement but debt write-off will be needed for developing countries and do they support the unlocking of special drawing rights that are being unused?

Finally, do the Government agree that the highest priority needs to be given to keeping open world trade under the rules-based system of the WTO? A protectionist response, which in the 1930s turned a financial crisis into a world slump with disastrous political consequences, is an avoidable catastrophe.

6.47 pm

**Lord Griffiths of Burry Port (Lab):** My Lords, noble Lords have focused on one aspect of the present crisis after another and, quite properly, fears have been expressed about how the poorest countries in the world will cope with the outbreak of Covid-19. How will the untold numbers in refugee camps, drought-affected and locust-ravaged Africa or war-torn nations cope?

I welcome the Minister's reference to the Government's commitment to a future strategy, but that of course begs the question: how do we build back better? In the Labour Party I keep hearing the words, "We must see this as another Beveridge moment". Who could disagree? However, it also has to be another Bretton Woods moment, another United Nations, with all its agencies, moment, another Marshall plan moment and—forgive me—another Christian Aid moment. We must adamantly refuse to allow the resumption of things as they were. This has to be a moment when we overhaul and recalibrate all these systems and institutions and make them fit for the purpose of building a world order where injustice and poverty, ignorance and idleness, and squalor and disease are overcome for all peoples.

The first Beveridge moment did not occur by magic in the summer of 1945; its recommendations had been worked at seriously for a number of years. The Labour Party secured a three-day debate in our own Chamber in March 1943, in the very midst of the war. This ensured that commitments were made that gave the implementation of the report a flying start. As then, so now. We must cope with and respond to needs and trends as we find them, but we must not take our eye off the ball. The future awaits us and our best efforts to shape it creatively and for the common good must go on right now. The Beveridge report dealt with our domestic agenda. The new Beveridge moment must envisage nothing short of the common good and the survival of the planet.

6.49 pm

**Lord Bruce of Bennachie (LD):** My Lords, I draw attention to my interests as set out in the register. I thank the Minister for her positive summary of the UK's leading role, but so far the incidence of Covid-19 in many developing countries has been surprisingly low. Is that because weak systems lead to significant underreporting, or are the academics in those countries behind the curve, or are there other factors in play?

What specific measures, from the Government's point of view, are in place to support health systems in confronting the virus, and what additional measures have been planned to optimise the community engagement that is so essential? Can the established vaccine programmes continue, because they are also essential, and can we be assured that maintaining or increasing support for tackling Covid-19 will not divert funding from other development measures? As DfID's budget comes under pressure, as it will, can the Minister assure us that any cuts to programmes will not be made at the expense of sustaining health systems or programmes which are central to health and well-being?

What steps are being taken by DfID to support the expertise that exists within its delivery partners, both NGOs and specialist contractors? Many of them were involved in tackling the Ebola outbreaks and they therefore have valuable experience. Will DfID allow greater flexibility and lighter reporting to facilitate rapid changes on the ground, as have been asked for?

The Minister mentioned good hygiene and hand-washing, which are both central to the fight against Covid-19. What specific measures are the Government supporting to improve access to clean water and sanitation? While I welcome the campaign with Unilever and the extra funding for the UN Refugee Agency, are other measures being considered to accelerate access to clean water and sanitation?

The Minister is also the champion for girls' education and I welcome her leading role in that. How can we ensure that girls do not suffer further discrimination in education in relation to both health and hygiene measures being taken in the interests of girls in the school situation? Are those being protected and promoted?

6.51 pm

**Lord Turnberg (Lab):** My Lords, it is clear that in tackling a global pandemic, we need a global response. However, I want to raise a different international issue that is a little nearer to home and a little narrower, because nowhere do we see the international dimension more clearly than in our own National Health Service. Some 28% of our medical staff and 13% of all NHS workers come from other countries. Many of them are from black and minority ethnic groups, so they are particularly vulnerable, more so than many others. Yet they do such a wonderful job that every Thursday evening we come out and clap for them. Given that, it might be thought that we treat them well, but I fear that that is not entirely the case.

The Royal College of Physicians tells us that not only do people from abroad have to pay the punitive costs of visas, which might be expected, they also have to pay a £400 a year immigration health surcharge for each family member to help pay towards the costs of the National Health Service. They are being asked to pay for the healthcare that they themselves are providing for us, and that health surcharge is shortly to rise to £624 a year. This is a ludicrous situation where up to a quarter of our doctors are being asked to pay for the care that they are giving to the rest of us. I ask the Minister to press her colleagues in the Department for Health and Social Care to rescind this tax which these incredibly valuable staff are being asked to pay.

6.53 pm

**Lord Truscott (Ind Lab):** My Lords, never in the field of human suffering has the incompetence of a few caused the death of so many in our country. There must be a public inquiry into the Government's handling of Covid-19. In terms of deaths per head of population, the UK response has been the worst in the world. What countries like South Korea and Taiwan did but the UK singularly failed to do was to introduce at the outset of the pandemic a system of testing, tracking and contact tracing combined with isolation. If flights from China has been restricted from the beginning and foreign nationals either repatriated or quarantined, most of our current woes could have been avoided.

Too much of the Government's so-called independent scientific advice, including advice from SAGE, has been politicised. That is why action was not taken sooner. This is also yet another cost of Brexit because during the early months of this year the Government were overly obsessed with Brexit issues following last December's general election when they should have been preparing for the coronavirus outbreak. The failure to control our borders, to ban mass gatherings and to develop an adequate testing and tracking system, along with our unpreparedness with PPE, has been a national disgrace. Our care homes have ended up bearing the brunt. The Minister and the Government owe the country and your Lordships' House an apology.

6.55 pm

**Lord Blencathra (Con):** My Lords, the international response to this virus which, like Asian flu, SARS and H7N9, originated in China, has been feeble and kowtowing to China. I understand that the UK Government will now support the Australian motion calling for an independent inquiry, but it does not mention China. That is like having an inquiry into the Second World War and not mentioning Nazi Germany, which had a little something to do with it, I suggest.

I hope the Minister will confirm that we will demand why the WHO and Tedros Ghebreyesus acted like the propaganda mouthpiece of the Chinese Communist Party, clearing China of all blame. We know that the outbreak originated in China, that it was covered up by China, that China destroyed the initial samples and that the regime has disappeared any doctors who spoke out. China has lied, lied and lied again about Covid-19 and, when this is over, there has to be a fundamental shift in working relationships with the country.

The best description of China I have seen recently appeared in yesterday's *Sunday Times*. Mr. Rod Liddle wrote that China's

"tyrannical state capitalist government ... with its lack of accountability and openness, with its brutality and complete absence of independent viewpoints, contributed to the virus's spread. ... But Covid-19 is only ... a small indicator of China's flaws. This is a country in which thousands ... of Chinese Muslims are held in concentration camps ... A country that continues to occupy Tibet, that menaces Taiwan, that loathes and harasses the dwindling democracy of Hong Kong, that affords no freedom of speech to its citizens and that bullies its neighbours in southeast Asia with its overweening territorial claims."

He continued that China

"has managed to combine the most brutal aspects of communism with the most brutal aspects of capitalism. ... We have become too reliant upon this country and are thus scared to raise our voices."

He concluded:

"China is not quite the nastiest country in the world, but it is undoubtedly one of them. We should not be afraid to say as much."

I wholeheartedly agree.

6.57 pm

**Lord Faulkner of Worcester (Lab):** My Lords, this week, the World Health Assembly is meeting in Geneva. This should be an ideal and invaluable opportunity to exchange ideas on best practice and experiences of coping with the Covid-19 pandemic. One would have thought that, in this of all years, the WHA would wish to hear from those who have done best in tackling the crisis. By any objective analysis, Taiwan—I declare my interest as our Government's trade envoy—has done exceptionally well. As soon as confirmation of the new virus was received on 31 December, Taiwan began implementing quarantine of direct flights from Wuhan. On 2 January, it established a response team for the disease, based on test, trace and isolate. Yesterday was the 10th successive day that Taiwan reported no new Covid-19 cases, keeping the number of those infected at 440. The number of deaths from the virus, in a country of 23 million people, is reported as just seven.

Despite this outstanding record, the WHO refuses to issue an invitation to Taiwan to take part in this year's assembly. It is disregarding the right to health of 23 million Taiwanese people and ignoring the huge assistance being provided internationally, including the provision of 50 million masks and other medical supplies to countries all around the world, including Africa and the Middle East, and assistance to medics working with Syrian refugees. One million of these masks came from Taiwan to the UK.

Therefore, I hope the Minister will endorse what her noble friend Lord Ahmad of Wimbledon said in the House on 10 February:

"we continue to support representations that the Department of Health has made directly in lobbying for Taiwan's participation in the World Health Organization. We are also working with like-minded countries, including the United States and Australia, to ensure that, at the World Health Assembly which takes place in May this year, Taiwan is represented."—[*Official Report*, 10/2/20; col. 2072.] I hope that she can confirm that that is still the Government's position.

6.59 pm

**Lord German (LD):** My Lords, I refer to my interests in the register. If we believe historians, this pandemic is not a blip but a regular feature of the human story. So, while we struggle to find immediate solutions, we cannot disregard the longer-term effects of this pandemic. Permanent changes to how we live will have to be made to make us less vulnerable in the future.

It might be right to criticise the Chinese response, but the challenge is for world leaders to step up to the plate to provide an equitable way of supporting each other across the globe. Interestingly, at the 4 May EU/UK-hosted world summit on responding to the pandemic, it was the Chinese representative who said:

"In fighting the virus, confidence and solidarity are much more valuable than gold."

In the last 10 years, we have seen protectionism rise and talk of borders, tariffs and "us first" policies abound. There is the challenge. The Government have to make

[LORD GERMAN]

the case for co-operation globally and this pandemic is forcing countries to do just that. The WHO says that it will take a four to five-year timeframe to control this virus; a vaccine may control it, but it will take much longer to eliminate the disease.

Russia, India and the USA were missing from the table at the EU/UK summit. Political leadership is critical to success, so can the Minister tell us what steps the UK Government are taking to, in Theresa May's words,

"ensure the effectiveness of a system of co-operation through shared institutions"?

Does the Minister agree that the WHO needs to be a financially strengthened and independent organisation, not frustrated by weakness? This country's extensive overseas aid budget gives us strong diplomatic muscle, to build political bridges to make things work. We have to fight national self-isolation if we want a secure future, both for ourselves and the rest of the world.

7.01 pm

**Lord Foulkes of Cumnock (Lab Co-op):** My Lords, I am grateful to the Minister for initiating this debate. I am pleased to take part, not just as one of her predecessors at DfID but as co-chair of the All-Party Group on Ageing and Older People and as former chair of Age Scotland. I want to deal with those over 60 who are facing the highest risk of severe illness and death from this virus, particularly those with chronic conditions such as cardiovascular disease and diabetes. As my friends at Age International say in their excellent briefing, older people are often excluded by international development bodies, yet they estimate that, among displaced people—who are some of those at greatest risk—30% are older people.

We know already that older men and women face barriers to accessing healthcare. We have heard of older people being turned away because, "You're not ill, you're just old". Age International gives examples of that in the Philippines. The UK Government need to ensure that their response to Covid-19 in the countries that we support are inclusive of older women and men, to ensure that no one is left behind. Pensions are a crucial form of social protection but, in low-income countries, only around 20% of older people get a pension. One good example, however, is the support that DfID has given to Uganda to pilot a senior citizens' grant, giving a cash transfer to 180,000 older people. I hope that the Minister will say that this can be replicated elsewhere.

Will the Minister ensure that the needs of older people are taken account of in our assistance? Specifically, will she ensure that all our country-based staff are trained to take account of the needs of older people facing this unprecedented pandemic? Finally, if an independent inquiry into the global response to this pandemic is agreed to, as I hope it will be, will she take action to ensure that these and other similar challenges facing older people are taken into account when we consider the lessons learned?

7.04 pm

**Lord Alton of Liverpool (CB):** My Lords, in welcoming the Minister's opening remarks, perhaps I might pursue some issues about which I have written to her, particularly

about people facing Covid-19 without safety nets—in war zones, shanty towns, slums or refugee camps, or as one of an already persecuted minority. What is the international community saying about the stigmatisation and violence directed at Muslim minorities in India, who are blamed for the spread of the virus, or Christian and Hindu minorities in Pakistan, who are denied access to food packages?

In Nigeria, under the cover of Covid, terror groups such as Boko Haram have intensified the frequency of attacks. Are we getting help to victims, seeking to end the violence, and seeking to bring perpetrators to justice? In the many places without safety nets, what is our assessment of the likely impact of the inevitable world recession and hunger following Covid, and the reversal of development gains?

What of China, which has been increasing Africa's indebtedness and dependency? With African countries accounting for more than a quarter of United Nations member states, this dependency and indebtedness has serious consequences for the conduct of international relations. It has emboldened China in resisting calls for an independent international inquiry into the causes of Covid-19 and into the role of the World Health Organization, as we have heard from many preceding speakers. What is the Government's assessment of the extent of the WHO's complicity with the Chinese regime, the extent of the Chinese regime's influence over the WHO, and the prospects for reform of the WHO?

With 120 countries, including the UK, today at the assembly renewing the call for an independent inquiry, can the Minister tell us how the international community intends to take forward that proposal, establishing the genesis of a virus which is claiming hundreds of thousands of lives all over the world and doing incalculable damage to fragile societies and economies, and societies without any kind of safety net?

7.06 pm

**Lord Chidgey (LD):** My Lords, in the short time available I will confine my remarks to Africa; in particular to how African Governments, and international institutions with bases in Africa, are responding to Covid-19.

As the RESULTS organisation points out, Covid-19 is not only exacerbating poverty and health inequalities all over the world but is making it very difficult for agencies such as DfID to operate. C-19 will also have long-term economic consequences, ravaging the poorest countries and shrinking the availability of official development assistance. How are the Government facing up to this particular challenge?

The World Health Organization has warned that, without action from African Governments, there could be 10 million infections on the continent within six months. The Covid pandemic could smoulder on in Africa for years, killing as many as 190,000 people in the next 12 months. Governments need to test, trace, isolate and treat. What targeted assistance is the UK providing in this regard?

Most counties have imposed lockdowns, which have slowed down the rate of infection. South Africa has eased its restrictions, allowing around 1 million people

to return to work. Rwanda, Mauritius and the DRC have all lifted some restrictions. African countries are doing a lot, according to the director of the UN Economic Commission for Africa in Addis Ababa. Because of measures taken by Governments and communities, transmission rates are lower than seen elsewhere.

Responses, however, have varied greatly. Experience of previous pandemics such as Ebola has spurred action, with schools, borders and airports closed even before many cases were registered. Yet Africa has tested only 685 people per million, a far lower rate than in many other parts of the world. Dr John Nkengasong, head of the Africa Centers for Disease Control and Prevention, has said that African states are not testing enough. He is quoted as saying: "This is a very treacherous and dangerous virus. We cannot be complacent." Are the Government co-ordinating any global action to address this particular risk?

7.08 pm

**Baroness Goudie (Lab):** My Lords, I declare my interests as in the register. I thank all the organisations that have been in touch with me with the most helpful briefings. I also thank the Minister for her statement today.

I am pleased to see where the money spent by DfID is going now, but is the Minister able to give us an undertaking that the 0.7% will be protected as we go through this pandemic? The money from DfID is vital for the organisations that represent us and work with us on the front line. We do not want them to have to close and, as my noble friend Lady Jay mentioned, some have got only six months, or a bit longer. We really need these organisations to continue to work on the front line, around the world.

I am also concerned about the continuing wars in Syria, Afghanistan and the Congo, and in other places where women are bearing the brunt of this. No real peace talks are going on. Is there a way that we can put pressure, through our meetings with the G7 and the G20, to get some form of ceasefire? We will continue to see more refugees. As we know, the refugee figures just now are very high and the projected figures are so high that they are too unbelievable even to be quoted. It is important that we try our utmost to get some form of ceasefire and sunset clauses. In Afghanistan, where we are providing support, we saw babies murdered by bombing in the hospitals.

It is important that, in our ways of trying to deal with the pandemic, we try to support the refugees. The UN High Commissioner for Refugees made it clear that global solidarity is essential in our response to the economic impact of this virus. I look on our Government to accept some more refugees as we limit this virus with testing, and to encourage other countries. The way that the refugee camps are going, there is no way that families can protect themselves or their individuals. We know what it is like just in Cox's Bazar in Bangladesh—I have no more time, sorry.

7.11 pm

**Baroness Coussins (CB):** My Lords, I want to draw attention to the impact of Covid-19 on the British Council and, by extension, on the UK's international

influence and reputation. I declare an interest as co-chair of the All-Party Group on Modern Languages, which is supported by the British Council.

The Government's review last year described the British Council as fulfilling "an important and unique role" and as "a world leader in its field."

It operates in over 100 countries and employs 12,000 staff worldwide, 1,200 of them in the UK. Eighty-five per cent of its income comes from teaching and examining English, generating export earnings of £125 million a year for UK exam bodies. But the pandemic has forced 90% of its overseas teaching centres to close, shutting down its ability to generate revenue.

The range of activities and the depth of value to the UK's global standing and soft power goes far wider than teaching English. It includes skills training for a digital future, combating gender-based violence and programmes that directly benefit UK schools, such as Connecting Classrooms, run jointly with DfID, and the language assistants scheme. All this could be at risk if the council were to fold.

I know that the FCO has already provided some extra funding and that the British Council aims to furlough around a quarter of its UK staff, but this does not come close to putting the council in a financially sustainable position post Covid. Further support is essential before the end of May to ensure that the organisation has a future. If ever there was a case for a government bailout based on enlightened self-interest, it is this. Will the Minister hold urgent talks with colleagues across government to secure the emergency funds to guarantee a future for this important and unique body?

7.13 pm

**Baroness Ritchie of Downpatrick (Non-Aff):** My Lords, I thank the Minister for initiating this debate. Like other noble Lords today, I would like to concentrate on human rights violations during this period of the pandemic, but also on how certain undemocratic countries are using the pandemic and their lockdowns as a means of suppression.

In countries such as Guatemala, Myanmar, Uganda and the Philippines, authoritarian leaders have been using that means of suppression to keep people in subjection, rather than tackling the real issue of the pandemic or injustices and inequalities, and the high levels of poverty entrenched as a result of it. In fact, a UN rapporteur said:

"The danger is that states, particularly non-democratic or less open societies, would use the opportunity given by the health emergency to crack down on particular minority groups, or individuals or groups that they see as ... problematic".

I therefore ask the Minister to ensure that, through the organs used by the Government, such as the G7 and the G20, all influence is brought to bear on these countries violating human rights and putting people in suppression. Will they warn them that there could be judicial sanctions for a failure to show proper human rights respect for all people, and ensure that they are properly cared for and treated, while having proper access to food and clean water? There are some doubts about that as well.

7.15 pm

**Lord Robathan (Con):** My Lords, in my brief two minutes I will look at the situation in some countries abroad and the impact of the lockdown, as mentioned by the noble Baroness, Lady Ritchie. We have heard about China from the noble Lord, Lord Alton, and my noble friend Lord Blencathra. It appears that the virus started in November last year—but, of course, nobody knows at all. Totalitarian regimes such as China, Russia and Iran do not let us know what is actually happening there. There is a lot of fake news and a lack of knowledge. I am afraid that—as the noble Lord, Lord Bruce, pointed out—with deficient medical services we do not know what is happening in Africa either.

Will the lockdown prove to have been futile? Without a vaccine, will the virus resurge? Nobody knows who has had it. I know so many people who think they have had the virus. We heard an interesting example from the noble Lord, Lord St John of Bletso. I have another example, among many others. An overweight 60 year-old friend went into hospital for kidney stones. He was tested, as everybody was, and was told he had the virus without any symptoms. The testing is not entirely reliable anyway.

According to the figures, perhaps 316,000 deaths around the world so far have been linked to CV-19. This is awful—every one is tragic—but it is not callous to point out that some 60 million people will die anyway around the world this year. I suggest that the lockdown, both nationally and internationally, may prove much more damaging in terms of poverty, civil rights—as we have just heard—and death than just taking sensible precautions. We seem to have suspended our critical faculties. We should all remember the consequences of the great depression 90 years ago.

7.17 pm

**Lord Judd (Lab):** My Lords, the Minister's significant opening speech demonstrated the indispensability of a vigorous, independent DfID with a really strong Minister at its head. We have debated global interdependence and Covid-19's underlining of this. It is surely important that we all demonstrate our support for what I understand is the Minister's position: we must have strong, effective international institutions to meet the challenge and fulfil our role as a global Britain. I am totally convinced that our history will depend on that. History will judge us harshly. Have we been committed, effective players in the world situation?

We have also talked about a vaccine, but what is important is that a vaccine is available at a price that can be afforded by those most in need and is accessible, with effective means of distribution. It would be helpful if the Minister could say in a little more detail what these practical arrangements are.

We need a holistic approach to the whole issue of interdependence and Covid-19: poverty, malnutrition, food insecurity, displaced people, conflict, the arms trade, Saudi Arabia, Yemen and all the implications for the vulnerable. We also have to remember the position of the frail, the handicapped, the elderly, children, women and widows. Underlying all this, we must strengthen our commitment—not weaken it now—to the human rights of everybody in the way we treat them.

7.20 pm

**Lord Rennard (LD):** My Lords, I draw attention to my entry in the register of interests. As we have heard, the current meeting of the World Health Assembly is focusing on strengthening global co-ordination against the Covid-19 pandemic. It cannot do so, however, without real openness and honesty about how the pandemic originated and has spread and what all countries are learning about how it may be countered. The claim by China that it has always acted in an open, transparent and responsible manner is contradicted by the apology that had to be made to Dr Li Wenliang and his colleagues, who were reprimanded last December for warning people about the threat.

We now need fully transparent, independent and expert scrutiny to examine the approaches being taken in different countries, including our own. There needs to be a halt to any attempts to coerce any country into dropping demands for knowledge to help the war against the virus. Truth may be the first casualty of war, but allowing it to be a casualty now will have catastrophic consequences. We need all the expertise that there is in the world to fight a threat on a scale that is without precedent.

That is why, as the noble Lord, Lord Faulkner of Worcester, said, it is so wrong to exclude Taiwan from the deliberations of the World Health Assembly. Given its proximity and ties to mainland China, it is remarkable that Taiwan has kept its number of cases so low. Our Government are now confusingly telling people to be alert, but Taiwan was alert to the problem on 31 December, when it expressed concerns to the World Health Organization about the virus's potential for human-to-human transmission. It received no reply. Instead, the WHO endorsed China's denial of human-to-human transmission until 21 January. Anything less than full transparency by all Governments now will waste precious time again and cost many more lives.

7.22 pm

**The Earl of Sandwich (CB):** My Lords, this week Christian Aid has a harsh message for all of us. It says Covid-19

“threatens to push the world's poorest to the brink of survival.” The poorest, it says, are already at the tipping point and the virus is pushing them over. To some extent, we are seeing this in our own communities, where people are short of food and the effects of lockdown are taking their toll. But people living in Gaza or South Sudan or in a refugee camp in Bangladesh really are living on the margin. Without adequate health facilities, their lives can become intolerable.

The International Development Committee—the IDC—took evidence last week from the ICRC, UNHCR and the International Rescue Committee, all international agencies working on the front line in countries such as Syria and Yemen. They say that the two biggest problems are access and funding. Some countries are still denying access to people in most need because of conflict; others refuse to allow the most highly trained health workers into remote or sensitive areas such as refugee camps. Can the Minister confirm that DfID and the FCO are pressing for access in those sensitive areas?

Funding is already a problem for regular health services and campaigns such as the malaria campaign, as the noble Baroness, Lady Hayman, said, and with the virus it has become much more urgent. We know that DfID is a world leader in aid delivery, but can the Minister confirm that, as the IRC is saying, the NGOs active in this crisis should be receiving more funding to ensure that help reaches the most vulnerable? Local NGOs are often best placed to enable and train local health workers in their own communities and to spread information on best practice during an epidemic.

I welcome the Government's initiative to suspend debt service payments and I hope they can do more to sustain the recovery in the LDCs. I also note that they will address problems of domestic violence and gender equality, as the noble Lord, Lord Purvis, said earlier.

7.25 pm

**Lord McNicol of West Kilbride (Lab):** My Lords, Covid-19 has now spread to every continent in the world, besides Antarctica. With the number of reported global cases rising to more than 4.7 million, including 244,000 here in the UK, almost the entirety of the world's population will be affected in one way or another.

Out of all those at risk, some of the most vulnerable people who are suffering and losing out due to the virus are the 736 million globally deemed to live in extreme poverty, 100 million of whom are estimated to fall into extreme poverty due to healthcare costs. It is also estimated that over half of the 736 million have no access to healthcare.

For those in particular, the current healthcare crisis will be especially terrifying, as they will fear not being able to afford any treatment if infected. For this reason, it is essential that any potential vaccine for Covid-19 is made universally available. This is important, as we cannot have a situation where Covid-19 is eliminated in only the wealthier demographics, with the poorest being priced out. This is not sustainable in such an interconnected world.

As the noble Baroness, Lady Sugg, said in her introduction, we are all in this together and will only succeed together. She is right. It is therefore crucial that the UK leads by example and uses its global influence to ensure that the vaccine will be made universally available internationally, especially to the most vulnerable. It is important that the UK continues to promote its values of internationalism and ensures that our global friends uphold their collective international responsibilities during this pandemic.

**The Deputy Speaker (Lord Palmer of Childs Hill) (LD):** The noble Earl, Lord Clancarty, is not here, so I will now call the noble Lord, Lord Lea of Crondall.

7.27 pm

**Lord Lea of Crondall (Non-Aff):** My Lords, John Maynard Keynes is known properly for deficit financing as a way to deal with unemployment, but his main claim to fame in 1944-45 at Bretton Woods was for the global institutions, particularly the financial ones, tying into the UN system of organisations, and, underlying that, co-operation around the world rather than nationalism.

At lunchtime today, I participated in a seminar run in conjunction with the All-Party Group for Africa, which I helped to found. What is striking is how far nearly all the African countries, despite issues of governance and silent voices from Beijing, are all part of strong north-south arrangements across the Mediterranean, which are absolutely necessary. The EU heads of mission in each African country—I have been watching quite a few of them—meet on a regular basis to ensure maximum co-ordination among the donors and the recipients. It would be highly counter-productive if there was a score of different European lines of advice to one or two people in Burundi, who are the only people who can run the administration. That goes right across from Benin, to Gabon and so on.

Britain often takes the chair at these meetings. I was chair of the All-Party Group for Madagascar. Right across, we are the leading member. Britain versus Europe is a ridiculous, scandalous misrepresentation. Some of us will do our damndest to limit that disaster and try to reverse it. So I was quite taken aback today when Mr Duddridge, the Minister, proclaimed that the EU does not need to play a big role in Africa and that the loss of the UK from the weekly meetings et cetera is almost a step forward rather than a step back.

Finally, it is not a correct binary to think of economic growth versus reduction of health risks. They largely go together.

7.30 pm

**Baroness McIntosh of Pickering (Con):** My Lords, I congratulate my noble friend the Minister on introducing this debate. I want to focus on two aspects. First, I co-chair the All-Party Water Group. I was particularly interested in my noble friend's reference to DfID's joint funding with Unilever of sanitation, hygiene and water resources. Will she assure us that the UK and other nations will look to work more closely with multinational companies, particularly those such as Nestlé. Along with other colleagues from both Houses, I had the privilege a number of years ago to visit the important work that it is doing in Africa—in South Africa, in particular—through EcoLink. This virus will thrive without proper sanitation. A proper supply of water, particularly hot water, to developing countries is especially important in this regard.

I urge my noble friend through her international counterparts, in particular at the summit that we will chair on 4 June, to make sure that we understand the origins of this virus so that we do not have a similar virus or the same virus in the future. If it is traced to dubious animal markets in China, will she use her good offices to ensure that those markets are closed down and will not give rise to a future virus?

7.32 pm

**Lord Desai (Lab):** My Lords, the Covid crisis has not just been a health crisis; it has also been an economic crisis. While we should tackle the health pandemic soon enough, which may last all of six months, the economic crisis will last much longer. There are many groups of people in countries who have not been affected by the virus, but they have suffered the collateral economic damage, as the noble Earl, Lord Sandwich,

and others have pointed out. While international co-operation is required for dealing with the health pandemic, it is much more important that we tackle the economic collateral damage being inflicted on the most vulnerable. Such people are not typically salaried or in white-collar jobs or jobs which can be done from home. They are suffering severe loss of income and, very often, the welfare state, such as the universal credit system, treats them extremely unkindly. We have to face up to the fact that, for the next 18 months, no economy will recover; certainly, ours will not. Whatever international co-operation may achieve from country to country, we have to see who is helping the poorest people in them. For example, are we going to resume refugee traffic? Are we going to help asylum seekers? Are we going to help those who have been temporarily unemployed because of the economic crisis and who barely qualify for universal credit?

It is these questions that we must study. We should start international co-operation on that subject.

7.34 pm

**Lord Hussain (LD):** My Lords, G20 leaders made a statement on Covid-19 after a virtual summit on 26 March 2020. It said:

“The G20 is committed to do whatever it takes to overcome the pandemic, along with the ... WHO ... and other international organizations, working within their existing mandates. We are determined to spare no effort, both individually and collectively”. Furthermore, it says:

“We fully support and commit to further strengthen the WHO’s mandate in coordinating the international fight against the pandemic”,

adding:

“We will quickly work together and with stakeholders to close the financing gap in the WHO Strategic Preparedness and Response Plan. We further commit to provide immediate resources to the WHO’s COVID-19 Solidarity Response Fund”.

As we all know, the United States is a key member of the G20 and the largest funder of the WHO. It funded \$400 million for the WHO in 2019 alone. However, on 15 April 2020, in the midst of the crisis, the US President, Donald Trump, announced:

“I am directing my administration to halt funding while a review is conducted to assess the World Health Organization’s role in severely mismanaging and covering up the spread of the coronavirus.”

In his view, the WHO failed in its basic duty in its response to the coronavirus outbreak.

In the light of the US President’s announcement, what assessment have the Government made of the impact that this will have on the international fight against Covid-19, and what efforts have been made to meet the shortfall caused by the US’s withdrawal of funds to the WHO?

7.36 pm

**Lord Bilimoria (CB):** My Lords, the international health crisis has had a dramatic impact on international trade, with steep falls in trade volumes, significant interruptions to supply chains and a proliferation of trade restrictions. The CBI, of which I am vice-president, has identified multiple areas in the short, medium and long term where business and government can work together to ensure that trade helps to restart, revive and renew the UK economy.

It is clear that the impact has been terrible. In April, the WTO said that world trade,

“is set to plummet by between 13 and 32% in 2020”.

The CBI’s latest quarterly Industrial Trends Survey says that export sentiment has plunged at the fastest pace since the start of the series in 1961. Forty-nine per cent of manufacturers report shipping delays for raw materials and 44% report shortages of raw materials and imports. As of April, around 76 countries have imposed 106 export restrictions on medical supplies, medical equipment and medicine, according to Global Trade Alert. Can the Minister confirm that the Government are working on these blockages?

The global community is struggling to find a single voice, with some exceptions. On the plus side, G20 Ministers agreed in March that emergency measures must be

“targeted, proportionate, transparent, and temporary”.

Central banks are working closely behind the scenes but does the Minister agree that the G20 meeting has been hampered by arguments between the US and China? What about July’s G7 summit? The WTO is already weakened by trade tensions. This is the 75th anniversary of the UN, of which the WHO is a part. Does the Minister think that this is a great opportunity to reform this institution for the better?

With the emerging trends, countries are phasing their approaches and coming back at different speeds. Will our digital efforts with our contact tracing app be compatible with those in Europe and internationally? If we are thinking of quarantine, are we looking ahead? Will there be quarantine-free bubbles for cross-border travel? We keep hearing that there are shortages of PPE in the care sector and the NHS. Can the Minister assure us that there will be adequate supplies of PPE? Looking forward, does she agree that we need a 10-year strategy for UK trade?

7.38 pm

**Viscount Chandos (Lab):** I join other noble Lords in welcoming the Government’s embrace of multilateralism in their response to the Covid-19 crisis, when they have too often appeared in other respects enthusiasts for British or even English exceptionalism.

The Government’s significant and early commitment to emergency funding, to be channelled through the Coalition for Epidemic Preparedness Innovations with its commitment to equality of access, was particularly welcome. However, it is wrong to attribute this, as the Secretary of State for the Department for International Development did in her Statement to the House of Commons 12 days ago, to the altruism of the British people. It is not altruism that lies behind investment in the accelerated development of Covid-19 vaccines, therapeutics and diagnostics but overwhelming economic and social self-interest. As the Minister said in her opening remarks, the virus does not respect national borders. This investment should not be at the expense of the other international aid programmes financed by DfID, when, as many noble Lords have highlighted this evening, the social and economic needs of low-income countries have already been increased so much and, I fear, will increase even more if Covid-19 explodes in those countries, as the hotspots in Nigeria threaten.

I therefore have three questions for the Minister. First, how much of the £388 million committed by the Government under the coronavirus global response has been, or will be, taken from the international aid budget and the 0.7% of GNI obligation under the International Development Act? Secondly, is the £84 million grant to Oxford and Imperial, announced last week, an addition to the CGR commitment and will it come from outside DfID's budget? Lastly, in the current year, when the OBR is forecasting a 12.8% fall in GDP which will be reflected in a similar fall in GNI, will the Government not just protect the 0.7% international aid obligation, as my noble friend Lady Goudie has asked, but increase it in percentage terms, at least maintained in absolute terms, without counting any spending under the CGR commitment?

7.41 pm

**Baroness Sheehan (LD):** My Lords, I add my thanks to those of other noble Lords to the Minister for initiating this debate. It is indeed crucial that the international dimensions are thoroughly explored when the world is confronted by a crippling disease of global proportions. A disease that knows no borders can be defeated only by a united front of all countries in the world, because no one is safe until everyone is safe.

The breadth of briefings received by me as international development spokesperson from the Liberal Democrat Benches, and other speakers, have reflected four key themes. First is the importance of supporting front-line workers, both to put in place measures to fight Covid-19 and, crucially, to maintain existing programmes to prevent health systems becoming overloaded and unable to serve the most vulnerable who cannot help themselves, including refugees and IDPs. Second is support for the WHO as the world agency best placed to ensure a co-ordinated response and equal access to future vaccines and treatment. Third is the importance of giving Governments a breathing space, with debt relief to strengthen health systems. Last is support for calls for a halt to wars. We have an invisible foe to fight that does not discriminate. We should not fight ourselves.

I start with the importance of supporting front-line NGOs who know their local communities well and are able to rapidly mobilise help to where it is needed, something larger agencies cannot match. It is not a matter of either/or. It is true that the larger UN agencies have unique and important leveraging power to plan logistics and must be equipped to do this. However, where they operate, our UK NGOs have unrivalled knowledge of local structures, and should receive Covid-19-related support commensurate with this level of reach and delivery expertise. It is frustrating beyond belief that these are the very charities battling for survival in the face of falling funding revenue from the public—for obvious reasons—but there is no reason why support from ODA funding should not be forthcoming. A mere £20 million to UK NGOs out of a total of £744 million announced to date to combat Covid-19 is inadequate. The Minister will recall that well over 100 parliamentarians signed a letter from the Lib Dem spokesperson in the Commons to the Secretary of State for DfID, calling for greater funding for UK NGOs. Will the Minister undertake to do all she can

to help our highly respected overseas aid charities deliver aid to the poorest communities on the front line of the fight against Covid-19?

It is crucial that the hard work to lay the foundations for delivering the sustainable development goals is not forfeited in misguided decisions to move funding away from the health, education, gender and age equality programmes designed to create more resilient and sustainable economies and societies around the world. As tackling the Ebola crisis showed, preventive healthcare, such as nutrition and immunisation, is particularly at risk during emergencies, first because health services become too stretched to deal with anything non-urgent; and, secondly, because people avoid visiting hospitals and health centres for fear of catching the virus. It is a sad fact that, in the 2019 Ebola outbreak in the Democratic Republic of Congo, more than twice as many lives were claimed by the secondary outbreak of measles than by Ebola.

DfID must take steps to ensure that preventive health programmes continue and have safety mechanisms built in to deal with Covid-19 risks, which include ensuring that community health workers have appropriate PPE and are able to implement no-touch techniques, such as using dolls safely to demonstrate to parents how they can screen their children for malnutrition. It must also ensure that the distribution of food, nutrition-related health products and cash is exempt from lockdown restrictions. Is that happening?

Nutrition, immunisation and infectious disease programmes complement one another. Good nutrition is needed to develop a strong immune system and for vaccines to be effective. All three interventions working in tandem lead to better educational outcomes for all, especially girls. Access to education is something that we must heed as this crisis hits harder in the developing world. Sadly, the Tokyo Nutrition for Growth summit, scheduled to take place this year, has now been put back. It was set to follow in the very successful steps of the previous summit, which was hosted by the UK in 2013. Will the Government augment their welcome early commitment to funding for Gavi by doing all they can to push for a virtual Nutrition for Growth summit so that programmes do not risk falling off a cliff edge in 2021? Will DfID play a leadership role and renew its nutrition commitments in 2020?

I shall take this opportunity to highlight the impact of Covid-19 on the efforts to eradicate polio. The Global Polio Eradication Initiative has helped to reduce the number of polio cases by more than 99% since its formation in 1988. We are on the cusp of eradicating polio. However, because of Covid-19, most preventive polio immunisation campaigns and outbreak responses in GPEI-supported countries have been suspended. While the GPEI's focus on halting the spread of the pandemic is welcome, it is crucial that polio eradication efforts restart stronger than ever. They must include strengthened routine immunisation systems so that progress in eradicating this debilitating disease once and for all can continue. A recent Imperial College article states that if as a global community we are able to maintain

“the most critical prevention activities and healthcare services for HIV, TB and malaria”—

I think polio could be safely included in that list—we “could significantly reduce the overall impact of the COVID-19 pandemic”,

and therefore lessen the scarring long-term social and economic consequences.

A number of noble Lords have mentioned the WHO, which has come under sustained attack by the President of the United States, and yet it is clear that there is general consensus that it is the global body with the necessary grasp of the measures needed to prevent millions of people dying, to help us return to our own social norms and, in time, to start to rebuild our crippled economies. Let us face it: if the WHO did not exist, we would have to invent it. What the world needs now is visionary leadership, to rally global support for the UN’s \$6.7 billion global humanitarian response plan for Covid-19, which the UK co-hosted with the EU.

I ask the Minister: will the UK help ratchet up the response by other countries by committing the UK’s fair share early? I am sure the Minister will point to the £744 million announced by the Government to date to tackle Covid-19, but she will be aware that a large part of that is dedicated to research to find a vaccine and treatments through organisations such as CEPI—the Coalition for Epidemic Preparedness Innovations. But I would be really interested to know what proportion of the £744 million has been dedicated to providing front-line help to the poorest people in the world.

The majority of Covid-19 research and development is publicly funded and, in fact, large amounts of ODA money are being used to finance research. Will the Government give categorical guarantees that UK taxpayers’ money will not fund private profits, and that any treatments and vaccines developed will be accessible and affordable to the NHS as well as to patients in low and middle-income countries? Although it is very welcome that the UK has committed to the WHO’s access to Covid-19 tools accelerator, with its core aim of ensuring equitable global access to vaccines, treatments and tests, the Government still have not set out their plan for how equitable access will be achieved. When will they do so? The idea of a global pool to co-ordinate access and information sharing has already been supported by bodies including the WHO and the European Union, but so far our Government have been silent on the proposal. Will the UK Government move beyond rhetoric on equitable access and look to impose legally binding public-interest conditions on all UK funding committed to developing vaccines and treatments for Covid-19?

With the OBR predicting a large decline in UK GDP this year, there will be a commensurate reduction in the availability of ODA, which is pegged at 0.7% of GNI. Other government departments are spending an increasing amount of ODA on programmes that are not directly delivering relief to the poorest in the world, so does the Minister agree that this position is no longer tenable in the time of Covid and that all effort must be made to rid the planet of Covid-19 as quickly as possible, if only to keep ourselves safe? The diminishing amounts of ODA should be under the sole aegis of DfID, the department best placed to deliver the best value for money for core programmes. The longer it takes to rid ourselves of the virus, the

greater the risk that it will mutate into a form that will come back to bite us all even harder. Time to eradicate it is critical.

I finish by asking the Government what they are doing to support the call by the Archbishop of Canterbury, the Pope and the Secretary-General of the UN for a global ceasefire, so that we can give peace a chance and unite in defeating this threat to every country in the world. We desperately need to turn our attention once again to the threat of runaway climate change, which threatens our way of life more permanently.

7.53 pm

**Lord Collins of Highbury (Lab):** My Lords, my thanks, like those of the noble Lord, Lord Holmes, go to all those workers—in the United Kingdom and across the world—who are on the front line during this pandemic.

While the priority must be to tackle the health emergency caused by Covid-19, our short-term response needs to be global and to anticipate the longer-term consequences around the world. Global health efforts to achieve the SDGs and other health targets on, for example, HIV/AIDS, TB and malaria have been shaken by the Covid-19 pandemic, as the noble Baroness, Lady Hayman, warned. For pandemic responses to be effective, they must place communities and civil society at the centre, uphold and promote human rights, and, as the Minister said, seek to put the furthest behind first.

I welcome the United Kingdom being at the forefront of the search for a vaccine and the development of effective Covid-19 vaccines and treatments, but steps must be taken to ensure that the NHS and patients worldwide can benefit. In Oral Questions this afternoon, the Minister reiterated the UK’s commitment to the WHO access to Covid-19 tools accelerator. Last week, I met the UNITAID executive director, who explained how it had rapidly leveraged its expertise and portfolio and joined the accelerator. It is really important that we continue these global efforts.

As we have heard, the majority of Covid research and development is publicly funded. However, the Government have not set out their plans on how equitable access will be achieved. As the noble Baroness, Lady Sheehan, asked, will the Government go beyond the rhetoric on equitable access and examine legally binding public-interest conditions on all UK funding? What assessment has the UK made of the Costa Rican proposal for the WHO to create a global pool of rights in technologies for the detection, prevention, control and treatment of Covid-19?

The UK’s Gavi pledge and its call on others to do likewise at the Global Vaccine Summit on 4 June is welcome, but, as the Minister reminded us, challenges remain. Global immunisation rates are stalling, and 19.4 million children—78% of whom live in Gavi-supported countries—still miss out on basic vaccines. How will the Government work with Gavi to ensure that its next strategic period includes efforts to improve access to affordable vaccines and ensure sustainable transition from Gavi support?

We know that good nutrition is needed for vaccines to be effective. The *Global Nutrition Report* published last week against the backdrop of Covid-19 highlighted

that progress on nutrition is too slow. For many, the threat of hunger and malnutrition is far greater than the virus itself. The executive director of the World Food Programme recently told the Security Council that Covid-19 would cause a famine of “biblical proportions”. Wendy Morton told the Commons that every percentage point contraction in global GDP from Covid-19 will lead to an additional 4 million stunted children. Anne-Marie Trevelyan said last week that the UK continued to work closely with Japan to ensure that the Tokyo Nutrition for Growth Summit secures new commitments to nutrition. Does the Minister agree that to pledge early will encourage others to do likewise?

As the noble Baroness, Lady Sheehan, said, Imperial College recently reported that if, as a global community, we are able to maintain

“the most critical prevention activities and healthcare services for HIV”

and TB, we can minimise the impact of the Covid epidemic. What assessment have the Government made of the impact on the HIV response of Covid-19 and the international Covid-19 response? For example, what steps are the Government taking to protect marginalised and criminalised populations at this time of heightened risk?

At the end of 2018, 70.8 million people had been forcibly displaced from their homes by violence, conflict and persecution—a number that likely increased in 2019. Covid cases being reported last week in areas such as Cox’s Bazar are a warning. NGOs there are working hard to increase access to handwashing and hygiene kits in really incredible circumstances.

What has DfID done at this week’s World Health Assembly to put WASH, in particular, at the centre of the global response to and investment in Covid-19? A global network of community-based responses that respond to and reflect local needs is our best chance of ensuring that men, women, boys and girls in vulnerable settings are able to access the information, services and assistance they need.

My noble friend Lord McConnell made the point very strongly about education in the global response. The UK has committed £5 million to the Education Cannot Wait fund, but at present, only DfID and the LEGO Foundation have made pledges to ECW in response to Covid-19. What steps is the Minister taking to encourage other donors and Governments to make further financial commitments to Education Cannot Wait?

The UN Secretary-General has recognised the impact of Covid-19 on older persons by stressing that they have the same rights to life and health as everyone else. The UK signed a statement of support for his policy briefing on older people. Can the Minister tell us how the UK is putting this commitment into action?

Finally, the UK must lead the global efforts for debt relief and supporting ceasefire initiatives. Can the Minister explain how the Government are encouraging international institutions to do this, and particularly, as a member of the P5, how is the United Kingdom supporting the UN Security Council’s global ceasefire resolution?

The IMF and the G20 have taken important steps on debt relief. However, the Jubilee Debt Campaign estimates that bonds and other private external debt

payments for 77 of the poorest countries will total at least \$9.4 billion from May 2020 to December 2020. Is the UK exploring legislative options to protect countries from being burdened by private debt?

As this debate has highlighted, coronavirus is not only a health emergency but an economic and social one. As I have mentioned, we have already seen large-scale food insecurity, increases in deaths due to other health problems such as HIV and malaria, and clampdowns on human rights. Is the Minister satisfied that DfID has properly assessed the risks of “pivoting resources towards Covid-19”, as the Secretary of State put it, as a failure to do so risks a spike in other serious health, social and economic emergencies?

8.02 pm

**Baroness Sugg:** My Lords, I thank all noble Lords who have contributed to the debate this evening on the biggest international challenge we have faced in our lifetimes. We are seeing the devastating impact of this killer at home and overseas, and of course, the secondary impacts of Covid-19. We have touched on many aspects this evening—economies, education, livelihoods, food systems, and gender and social inclusion issues—which will be felt for some time to come. As is so often the case, the poorest will be disproportionately affected. It is a global problem that needs a global solution.

The debate has also underscored the crucial importance of a strong and co-ordinated international response, and it is in our best interests, and in our nature as an outward-looking nation, to be at the forefront of this. The international impact and the UK’s response are wide-ranging, and this debate has touched on a broad range of these vital issues. I will attempt to address as many points as I am able to in the time allowed, but if I miss any, I will follow up in writing. Many good points have been raised this evening.

The noble Lords, Lord McConnell, Lord Hain and Lord Monks, and the noble Baroness, Lady Smith of Newnham, spoke of the importance of a co-ordinated response. We are working to ensure that the international response to Covid-19 through the G7 and the G20 responds to the needs of the most vulnerable countries. We are working through the G7 and G20 to deliver an ambitious response and are playing a leading role in supporting G7 Foreign Ministers and the Foreign Secretary, who are committed to driving forward a co-ordinated global health response, to build the resilience of vulnerable countries.

As the noble Lord, Lord Hain, mentioned, the development of a vaccine will be crucial to stopping the global spread of the virus. We are working with G20 Governments to develop a vaccine as quickly as possible and make it available to anyone who needs it. The noble Baroness, Lady Smith of Newnham, and the noble Lord, Lord Desai, asked how we are supporting the global recovery. As co-chair of the G20 framework working group, we are leading the development of a wide-ranging G20 action plan, which covers health, economic and financial response, the foundations to secure an environmentally sustainable and inclusive recovery and support for vulnerable countries in lessons for the future. Through this action plan, we are calling on international organisations to support countries

to deliver international financial and health system assistance and prioritise resources towards those vulnerable countries.

As the noble Lord, Lord McConnell, highlighted, Covid-19 is a full-spectrum threat to achieving the SDGs. But during our G7 presidency next year, we will continue to press the development priorities and to co-ordinate a strong global response.

My noble friend Lord Lucas, the right reverend prelate the Bishop of Durham, and the noble Lords, Lord St John of Bletso, Lord Hannay and Lord Bilimoria, all spoke about the importance of international trade. This crisis highlights just how important it is to keep trade flowing and to keep supply chains open, so that we can all have the essential supplies that we need at this difficult time. Free trade and resilient supply chains through open markets will be crucial to the global economic recovery as the crisis passes. In the extraordinary meeting of G20 Trade Ministers on 30 March, the International Trade Secretary called for major world economies to work together to tackle the economic impact of coronavirus. In times of economic difficulty, it is more important than ever for countries to remain open to trade.

The noble Baroness, Lady Northover, and the noble Lords, Lord Hannay and Lord Hussain, spoke about the World Health Organization, which of course has a vital role to play in co-ordinating the global response. We must continue to support the WHO and the wider UN system to lead an effective, evidence-based public health response and increase the resilience of the most vulnerable health systems. The WHO is providing key global co-ordination, bringing global health systems together. It also provides evidence-based guidance and operational support where a country's health system is too weak to deliver the response alone.

My noble friends Lord Holmes and Lord Robathan spoke about the importance of learning lessons from around the world. There is no easy solution to Covid, or indeed to reducing lockdown measures. It is really important that we learn the lessons. We are reviewing the approaches used by other countries. My colleagues across government, our Chief Scientific Adviser and our Chief Medical Officer are in regular conversation with their counterparts around the world, to share lessons and analyses. As many noble Lords highlighted, the World Health Assembly is meeting today, and provides a further opportunity to learn these lessons.

The noble Baronesses, Lady Jay of Paddington and Lady Goudie, spoke of the 0.7% commitment. That commitment remains. However, as the noble Lord, Lord Bruce, highlighted, we must be clear that there are pressures on our finances, so we cannot do everything that we wish. The important thing will be to strike the right balance between our Covid response and ensuring that we are not taking large steps back in the development gains we have seen over the years.

In specific answer to the noble Viscount, Lord Chandos, the £388 million for CEPI and the WHO is ODA money, but the Oxford and Imperial funding is not.

I agree with the noble Lord, Lord Judd, that the work of the Department for International Development is more important than ever, and I also agree about the importance of taking a truly holistic approach to how we respond.

The noble Lords, Lord McConnell and Lord Bruce, spoke of the importance of 12 years of quality education for girls and education in general. It is important that we continue our focus on that. Before Covid-19, we were already facing a learning crisis. We are working to help mitigate the immediate effect of Covid-19 and school closures on pupils and the education workforce by addressing child safety, nutrition, well-being and learning. We are also working to preserve education systems and finance in the medium to long term by maintaining school places and school education funding, improving the crisis response and working towards a recovery when schools reopen.

As the noble Lord, Lord Collins, highlighted, we have made contributions to Education Cannot Wait, as have other donors. We are also working closely with UNESCO, the Global Partnership for Education and other donors to ensure that we get the funding we need. In the slightly longer term, we are working on our detailed girls' education strategy and action plan, and on integrating that into our Covid-19 response.

The noble Lord, Lord Purvis of Tweed, and the noble Earl, Lord Sandwich, spoke about the importance of keeping in mind the significant gendered impacts of this crisis, including the surge in gender-based violence. We are really clear that our global response must explicitly consider and support women and girls. We know that women and girls will be particularly hard hit by the secondary impacts of the pandemic, but they will also be the backbone of recovery in communities. We therefore support the meaningful participation and leadership of women and girls, in both the immediate response and the longer-term recovery process. That will be essential to build back better and have a fully resilient recovery.

The noble Baroness, Lady Blackstone, spoke about the importance of sexual and reproductive health services. We are making sure that we provide those services in response to prevent unintended pregnancies, dangerous back-street abortions, HIV infections and higher risks for mothers and babies. We are flexing our flagship WISH programme in Africa, to ensure that women get access to the sexual and reproductive health services that they need. We are also reorienting existing bilateral programmes to ensure that women and girls can continue to access services they need during the lockdown.

The noble Baroness, Lady Hayman, spoke of the importance of malaria and of the UK as a long-standing leader on it. I assure her that that will continue. Despite the huge efforts which saw malaria deaths halved between 2000 and 2015, progress has been stalled; in addition, progress is threatened by Covid-19. Our priority on malaria today is to support countries to continue to provide essential health services during this pandemic. We are actively flexing our health programmes to make that happen and working with countries to ensure that essential malaria services continue.

The right reverend Prelate the Bishop of Durham and the noble Lord, Lord Collins, spoke on the importance of food security. We are repurposing programmes in agriculture, social protection and humanitarian assistance to tackle the factors driving Covid-19-induced food insecurity. We are also a major funder of existing multilateral programmes in this area, such as the Global

Agriculture and Food Security Programme. We have committed £50 million to the World Food Programme's recent urgent appeals and are learning the evidence from previous crises to make sure that we are sharing evidence on improved action. In all this, we continue to put the poorest and most marginalised at the heart of our programmes to address the underlying causes of chronic hunger.

The noble Baronesses, Lady Jay and Lady Sheehan, along with other noble Lords, spoke about the importance of NGOs. Civil society organisations and NGOs are key policy and delivery partners for DfID. We work with a range of charities and the work which the NGOs do is critical. Civil society plays a particularly important role in ensuring that our aid reaches the most vulnerable. DfID has channelled much of its initial support to multilaterals to ensure that we can achieve the necessary scale of action and co-ordination. Much of that work will be delivered on the ground through NGOs such as Plan International, working with the Education Cannot Wait fund. We are working with the UN to make sure that our contributions are channelled to NGOs and others as quickly as possible.

The noble Baroness, Lady Sheehan, referred to £20 million going to NGOs; that is just part of our funding to NGOs, which is done through our rapid response facility. We have also allocated money to NGOs through our Unilever partnership and recently launched a new round of Aid Direct for small and medium-sized charities. Our Small Charities Challenge Fund, for the UK's smallest and best charities, is open to applications. However, I speak to NGOs regularly and am very aware that the charity sector, like many others, is facing financial and delivery challenges as a result of Covid-19. Many charities have already made use of the Coronavirus Job Retention Scheme. We are also working flexibly and collaboratively with current NGO partners to ensure continued programme delivery. That includes applying Cabinet Office guidance on supply relief to help them continue to deliver life-saving aid.

I join my noble friends Lord Holmes of Richmond and Lord Bridgeman, and the noble Lord, Lord Collins, in thanking front-line workers here and abroad. My noble friend Lord Bridgeman's idea of a royal commission is an interesting one. I will take it back to the health department, but I agree that we must learn from all these experiences.

On the issue of refugees, which was raised by the right reverend Prelate the Bishop of St Albans, the noble Lords, Lord Griffiths and Lord Alton, the noble Baroness, Lady Goudie, and others, we are working hard to respond to refugee crises and forced displacement globally. Our existing programmes already provide access to public health information on clean water, sanitation and health services for displaced people and their host communities, and we are working closely with international partners to ensure that the global response addresses the needs and vulnerabilities of displaced populations. We are lobbying the UN to ensure that they are included in the global humanitarian response plan, and that their rights are protected. The noble Earl, Lord Sandwich, rightly highlighted the importance of access to such people. We are working hard to ensure that those delivering these essential services get the access they need. We are very concerned

to see the recent reports of cases in Cox's Bazar, among the Rohingya people. We are working closely to do all we can in such challenging circumstances to ensure that we can contain the spread of the disease.

The noble Lords, Lord Bruce and Lord Collins, and my noble friend Lady McIntosh spoke about the importance of water, sanitation and hygiene. They are really important during periods of physical distancing and will be central to preventing the spread of Covid-19. This is the first line of defence against it. We know that handwashing with water and soap kills the virus, but that means access to running water in sufficient quantities.

We are also concerned about an underlying crisis of inadequate WASH in healthcare facilities in developing countries. I have already mentioned the new initiative with Unilever, which will help to strengthen government-led hygiene communication. We are also contributing to the UNICEF global appeal to strengthen water and sanitation co-ordination in countries to assist with the Covid-19 response.

The noble Lords, Lord Foulkes and Lord Collins, spoke about the key importance of making sure that we address our response to older people and those with disabilities. We remain deeply concerned about the significant impact of this crisis on marginalised groups. People with disabilities and older people are more at risk of contracting and dying of Covid-19, because of underlying health conditions and existing barriers, which have been intensified by the crisis. As well as the increased risk of contracting the illness, people with disabilities, older people and other marginalised groups will experience secondary impacts, such as decreased access to services. We are engaging internationally to push for greater explicit consideration of and support to marginalised people. The new funding we are providing through our rapid response facility will target support for vulnerable people.

The noble Lord, Lord Chidgey, spoke about our response in Africa. We are rapidly adapting our bilateral programmes across Africa to help counter the health, humanitarian and economic impact of Covid-19. We provided health experts to give direct support to African countries, made significant contributions to the multilateral response and are supporting the WHO team to help co-ordinate the regional response.

The noble Lord, Lord Bruce, and my noble friend Lord Robathan asked about numbers of cases in developing countries. While the WHO publishes regular updates on the numbers of Covid-19 cases and deaths at a global, regional and country level, reporting, testing and surveillance systems in low-income and middle-income countries are generally weak. That is due to the limited number of tests available, and weaknesses in health, laboratory and information systems. As a result, there are likely to be more cases and deaths than are reported, but exactly how many is not clear. To help address that, we are supporting the development of new tests, supporting the WHO to strengthen its testing and surveillance, and backing research partnerships to strengthen data quality.

The noble Baronesses, Lady Kennedy of The Shaws and Lady Ritchie, and the noble Lord, Lord Alton, spoke about the importance of ensuring that human rights continue to be recognised. We are aware of and

concerned by reports of the measures taken by some countries in response to the Covid-19 outbreak, which may unduly restrict human rights and democracy. States must not use the pandemic as a cover for repressive action, such as silencing human rights defenders or journalists. They should restrict rights only so far as permissible under international human rights law. Through our international engagement, we have made it clear that any restriction of human rights must be lawful, targeted, time limited and subject to regular review to ensure that it remains necessary, as a response to the Covid-19 pandemic. For example, the Foreign Secretary issued a statement with his European counterparts to mark World Press Freedom Day. As the noble Baroness highlighted, this risk has a disproportionate impact on marginalised and vulnerable groups, including the elderly, women and girls, minorities and people with disabilities. The phrase “We’re all in this together” has a meaning only if we can avoid the most vulnerable suffering disproportionately. We will continue to raise human rights in all our international engagements.

The noble Baronesses, Lady Goudie and Lady Sheehan, and others spoke about the importance of a ceasefire. When we are fighting this virus, the last thing we need is to be fighting each other. The UK supports the call from the UN Secretary-General for a global ceasefire and his appeal to open up spaces for diplomacy to protect the most vulnerable, allow humanitarian access and focus our collective energies on fighting Covid-19. In recent years, we strongly supported the Secretary-General’s Sustaining Peace agenda and encouraged the UN to place more emphasis on conflict prevention and peacebuilding.

The noble Lord, Lord Campbell of Pittenweem, spoke about NATO. We are supporting NATO as a really important actor in the global response and encouraging the use of NATO’s unique capabilities in our international collaboration. We will continue to protect our NATO commitments during the Covid-19 response, but we must also prevent potential adversaries from exploiting the crisis, as others have highlighted. We therefore support NATO’s efforts against disinformation, which seeks to divide allies, discredit NATO and sow division within our societies. We are deploying our defence experts into NATO to support this effort and putting our expertise at NATO’s disposal. We also continue to ask NATO allies to support vulnerable NATO partners where they can.

The noble Lords, Lord Loomba and Lord Alton, and my noble friend Lord Blencathra spoke about the global review into the handling of this crisis. As the Foreign Secretary said, there will need to be a full review of what happened. That will need to include looking at why the outbreak happened, why it was not stopped earlier and what can be done to manage any outbreaks in the future.

The noble Baroness, Lady Falkner, and the noble Lords, Lord Faulkner and Lord Rennard, spoke about Taiwan. The UK’s position on Taiwan is of long standing and is unchanged: we support Taiwanese participation in international organisations where there is a precedent for their involvement, where they can contribute to the global good and where there is no prerequisite of nationhood for participation. That includes the World Health Organization.

The noble Baroness, Lady Coussins, asked about the British Council. Of course, Covid-19 has had a significant impact on the British Council’s operations and finances. More than 95% of its English teaching and examination centres worldwide have closed, so its cash flow and income have sharply reduced. The noble Baroness highlighted the support that the FCO has provided for additional funding for this financial year. We have also provided some of next year’s grant in aid funding up front to help alleviate pressures, but we are in ongoing conversations with the British Council.

My noble friend Lady McIntosh spoke about wet markets. Conclusive evidence about the origin and mode of transmission of Covid-19 is not yet available, but the virus has really highlighted the health risks associated with keeping and selling live animals, particularly wild animals, and their meat. There is no doubt that poorly managed wildlife trade poses threats to animal health and welfare, diminishes our biodiversity and can result in serious public health issues. The keeping and selling of live animals, including wild animals, or their slaughter for meat in wet markets, can pose significant threats. That is why we agreed with the WHO that it is important to ensure strict food hygiene and health standards and that markets should close if they are not met. Looking ahead, we want to engage with all global stakeholders to understand the range of views on this sensitive matter. I look forward to working with our international partners in the immediate future to make sure that we can build a clean and resilient recovery.

Many noble Lords raised equitable access to vaccines. As the noble Lord, Lord Collins, highlighted, we support the WHO’s Access to Covid Tools. Proposals for the development of and access to these tools are currently being discussed, including at the World Health Assembly today. The UK has long supported affordable and equitable access to essential medicines, including in low and middle-income countries. That is being discussed at the moment and I hope to have more information on it shortly.

I am running out of time. I will touch briefly on malnutrition, because its prevention and treatment are part of our immediate response. We will continue to work with the Government of Japan to ensure that they can deliver a successful Nutrition for Growth summit. As I did earlier, I acknowledge the importance of ensuring that we do not have a cliff edge on our nutrition funding.

Lastly, I thank my noble friend Lady Buscombe for highlighting Bhutan’s response. I join her in congratulating it and wishing it well for the future.

I am out of time, and I apologise because I have not answered all of the many and wide-ranging questions, despite the speed I speak at. I will follow up with a full and complete letter, taking on board everybody’s questions that I was not able to attend to today. This crisis is very much ongoing and it is important that we begin to think about sustainable recovery, as well as making sure that we are dealing with its impacts. The hard-won development gains achieved over recent decades are at risk. Economies have been ravaged and hunger will become famine unless we act now. As the noble Baroness, Lady Blackstone, highlighted, our climate crisis continues to deepen. There are no easy answers, but when we

emerge from this crisis we will owe it to all those who have struggled and to those we have lost to rebuild a more resilient, healthier and greener world.

*Motion agreed.*

**The Deputy Speaker (Baroness Newlove) (Con):** My Lords, the Virtual Proceedings will now adjourn until a convenient point after 9 pm for questions on the government Statement.

8.25 pm

*Virtual Proceeding suspended.*

## Arrangement of Business

### Announcement

9.02 pm

*The announcement was made in a Virtual Proceeding via video call.*

**The Deputy Speaker (Lord Duncan of Springbank) (Con):** My Lords, Virtual Proceedings of the House of Lords will now resume. I remind Members that these proceedings are subject to parliamentary privilege and what we say is available to the public both in *Hansard* and to those listening and watching. Members' microphones will initially be set to mute, and the broadcasting team will unmute their microphones shortly before we reach their place in the speakers' list. When Members have finished speaking, their microphones will again be set to mute. Please ensure that questions and answers are short.

We now come to the Virtual Proceedings on the Statement. Please note that it has been agreed in the usual channels to dispense with the reading of the Statement itself, and we will proceed immediately to questions from the Opposition Front Bench.

## Covid-19: Housing

### Statement

9.02 pm

*The following Statement was made on Wednesday 13 May in the House of Commons.*

“Moving home can be a life-changing moment for many among us. For young families spreading their wings after a new arrival, for young people leaving their parents' home for the first time, or for working people changing towns or cities to start a new job, moving home means planting your roots; laying your foundations. A home is more than four walls and a roof—it is a sanctuary, a form of protection, and a link to your community.

We know that people's homes are at the heart of their own personal stories, and throughout the course of this emergency, we have, by necessity, put many of those stories on hold, to protect our communities and to save lives. When the essential ‘Stay at home’ message was announced, we changed the rules so that people could move home only if they thought it was ‘reasonably necessary’. For many people, this has put life on hold, with this most relevant and essential industry in a state

of suspended animation. Over 450,000 sales have been stuck in the system, unable to be progressed—not to mention the substantial number of rentals that have not gone ahead. Every month, 300,000 tenancies come up for renewal, a proportion of which result in people moving home. The pressure to move has, for some, become acute, with profound legal, financial and health implications.

We made that decision in order to keep the country safe, but as we move into the next phase of our Covid response and embark on our path to reopen, restart and renew the economy, we recognise the need to let people get back to living their lives. That is why today I am announcing a comprehensive, clear and coherent plan to reopen the housing market and to restart the construction industry. With immediate effect, we are lifting the temporary freeze on moving home, meaning that, as long as they are not shielding or self-isolating, anyone can move, any time and for any reason.

The industry is broad, and has many moving parts, so we want to be clear: each of the building blocks of the buying and selling process are now back in business, as long as it can be done safely. Here, then, is our plan for the reopening, restarting, and renewing of the housing market and the construction industry: estate agent offices can now reopen, removal companies can get moving again, surveyors, conveyancers and valuers can go back to work, and show homes on sites can reopen.

It is crucial that these changes happen safely and that we continue to tread with caution, to control the virus and to protect the public. This means that as these businesses reopen they will need to adapt their practices; for instance, with virtual viewings where possible and cleaning thoroughly after viewings and when moving. I have published detailed guidance, informed by public health advice, to explain how this can be achieved, building on the existing safer working guidance, with all parties observing hygiene measures and social distancing guidelines.

For each of the other elements that make up the wider construction industry—a sector that employs more than 2 million people—the same applies. If people are self-isolating or have coronavirus, they should of course not be moving or going back to work. All parties involved in home buying and selling should prioritise agreeing amicable arrangements to change moving dates for individuals in this group.

This is the most radical restarting of an industry in the first phase of our national recovery road map. It was not an easy decision to make. With few, if any, transactions, there is no visibility and no precedent with which to accurately judge the state of the housing market, but I do know that in every economic recovery in modern British history the housing market has been key, so let me be clear to all who work in the sector, have started a business in it, have invested in it, or rely upon it: I am doing everything I can to help the industry bounce back.

A healthy housing market means more than buying and selling houses; it requires building them too, but Covid-19 has had a profound impact on housebuilding, with activity on sites down by around 90% since this time last year. I am delighted to see so many construction companies back at work already, and I am pleased to

be supporting their efforts by today announcing the launch of a safe working charter with the Home Builders Federation. Those working on site should feel confident that their essential jobs are also safe jobs.

I am taking further steps to support safe housebuilding by allowing more flexible working hours on construction sites, where appropriate and with local checks and balances. I am allowing sites to apply to extend their working hours, again with immediate effect. Varied start and finish times will make it easier for sites to observe social distancing, will take pressure off public transport, particularly in our core cities, and will keep Britain building.

The planning system, too, must be able to operate safely and efficiently during this time, which means, as with many other sectors, making more use of digital technology. I want the Planning Inspectorate to be at the forefront of this work—it is good to see the inspectorate now undertaking its first virtual hearings. I am asking it to make all hearings virtual within weeks. We are going to get the planning system going again and bring it into the digital age at the same time.

As we look to the future, we must remember that the prospects for Britain's housing market are key to our economy: when this sector succeeds, we all succeed. This is what shapes our vision for the housing market: more homes, safer homes, homes of higher quality, more beautiful homes, homes of all types and tenures, for all people, rooted in and at the heart of their communities. Today, we reopen, restart and renew the housing market and the construction industry to protect lives, save jobs and refresh and renew our economy."

*The Statement was considered in a Virtual Proceeding via video call.*

9.03 pm

**Lord Kennedy of Southwark (Lab Co-op):** My Lords, I declare my interests as a vice-president of the Local Government Association and as a trustee of the United St Saviour's Charity, which owns two almshouses for the benefit of Southwark residents.

I pay tribute to everyone in the public and private sectors who is working to keep us safe, delivering our essential services and ensuring that our shops are stocked with food so that together we can get through this crisis. These are the real heroes of the crisis, and they come from all over the globe. Everyone deserves to live in a home that is warm, safe and dry.

I am supportive of the Statement but with the underpinning that keeping people safe must be paramount in the thinking as we move to this next phase of fighting the pandemic. There are great risks and we do not want to do anything that risks a second spike in infections.

Of course, there is much that is not in this Statement, so my first question for the Minister is: can we expect further updates from his department on other aspects of housing in the next few days? Furthermore, can the Minister tell the House what the next phase of fighting this pandemic will look like for homeless people? Will he take this opportunity to confirm that they will not be sent back on to the streets? What discussions have

taken place with the Local Government Association and Crisis on this next phase of the pandemic battle for homeless people?

In respect of viewings of properties for sale or rent, what review mechanism will the Minister deploy and how long after the physical viewings are in progress will he deploy it—one month, two months, three months? What discussions have taken place between him or his officials and the Residential Landlords Association, the Association of Residential Letting Agents, the National Association of Estate Agents, Generation Rent and Shelter, among others, on the resumption of viewings and lettings and the safety both of those coming to visit and of those whose properties are being visited?

The ban on evictions has been most welcome, and the Government deserve credit for that. It was the right thing to do. However, at some point this ban will be lifted, either in June or at some future date if the ban is extended. Can the Minister tell the House what thinking is taking place in the department to avoid a large number of evictions being progressed? We cannot have this situation in future.

Where home sales or lettings go through, we will have people moving home and in many cases using the services of a professional removal company. Has there been any discussion with the British Association of Removers? In any industry, but particularly the removal industry, social distancing can be quite difficult to achieve. We need to be clear on the correct practice when people move home.

I am conscious that I have asked a number of questions. I hope that I will get full answers but accept that that might not be possible tonight. Brief comments would be helpful for all Members, but if the Minister would agree to follow up any comments he makes on the points I have made with a letter to all Members and to place it in the Library of the House, that would be very helpful.

**Baroness Greener (LD):** My Lords, I thank the Minister for taking questions on this Statement made by the Secretary of State last Wednesday on the restarting of the construction industry. It came as a surprise to many in that sector, given that they have continued to work throughout the lockdown. In the week before the Secretary of State's announcement, only 37% of sites remained closed. For the smaller businesses that have been closed, this is often due to supply chain issues alone.

Given how keen the Government are to get all construction back to peak levels, can the Minister reassure us that safety in that sector is as important as in any other? What steps are being taken to ensure that low-skill workers in construction are safe and social distancing? The latest ONS figures suggest that construction worker death rates from coronavirus are double those of health workers. You have only to take your daily exercise past most building sites to see a frightening absence of social distancing. When the Minister answered a question from my noble friend Lord Stunell on 14 May, he committed to provide appropriate guidance to ensure availability of PPE and testing for the construction sector. What progress has he made? Can all construction workers now get testing?

Can the Government reassure us that all types of tenure are equal? With this Government it sometimes appears that some types of tenure are more equal than others. The Housing Secretary's Statement talks at length about the importance of a home, but the only policies available are for owner-occupiers. People who rent need to know that their home is secure and safe. They need that assurance now. Will the Government agree to extend the current change on Section 21 evictions to give renters the security they need over a long-term period in advance of the 1 June deadline? Why did the Secretary of State not use the opportunity in this Statement to do just that? Will the Minister agree to not only maintain the local housing allowance at the current 30% of market rent but consider increasing it to help those most in need?

Is the Minister aware of Shelter projections that there will be a £55 million a month gap in rent without additional government support because universal credit is too low to cover average local rents? Does the Minister accept that the greatest danger for people on low incomes is that their rent arrears will accrue, driving them into a level of debt from which it would be hard to recover? Will the Government perhaps learn from other European nations and offer low-interest loans to help tenants through this unprecedented period?

The problems of leaseholders with extortionate ground rents have not suddenly disappeared with the lockdown. What progress is there in tackling this? Where are the shelved plans for greater protections for property guardians who are struggling to socially distance in often inadequate accommodation?

The achievement of getting as many rough sleepers as possible sheltered during this period is very significant. Anyone who has had the privilege of working with Dame Louise Casey will know how able she is at making the impossible possible, but this was also achieved thanks to monumental efforts by local authorities. Those same local authorities now need support to build social housing in sufficient numbers. Will the Minister listen to the LGA when it asks the Government to allow councils at least five years to spend right-to-buy receipts? Will they also allow councils to keep 100% of receipts?

Will the Government increase investment in Housing First projects to ensure that we do not return to the shameful levels of rough sleeping before the pandemic? Will the Government also support local authorities in their attempts to house people who have no recourse to public funds? This global problem requires a global response. Last week, the Secretary of State left responsibility for this issue firmly in the hands of local authorities. He charged them to act with humanity and compassion. Does the Minister agree that the Government should do the same?

**The Minister of State, Home Office and Ministry of Housing, Communities and Local Government (Lord Greenhalgh) (Con):** A number of questions have been put; where I do not know the answer, I shall write to the noble Baroness or the noble Lord and place a copy of my response in the Library.

I shall start with the questions put by the noble Lord, Lord Kennedy. A ban on evictions is in place, which we shall review in due course once it is released.

We have engaged with a number of stakeholders regarding rough sleeping. It is incredible that 90% of rough sleepers—some 5,400 people—have been taken off the streets. Engagement is happening with local authorities, charities and, as I know, the Local Government Association, to come up with a big, bold plan to ensure that these people remain in secure and settled accommodation and do not just get handed back on to the streets.

The noble Baroness mentioned being able to resume construction safely. I note the ONS figures. We know that guidance has been issued on how to restart safely, including a charter on construction safety. Over 100 construction companies have signed that charter and we look to more to do the same. Obviously, the raised levels among construction workers are not necessarily down to construction; there could be other factors such as underlying conditions. We will continue to monitor that.

We assume that access to PPE should be no problem with routine construction. Construction workers have access to testing, as do other key workers, as we reopen the economy. I note the comments around low-interest rates to tenants. I shall write specifically on that to the noble Baroness. We need to recognise that restarting construction is a key part of reopening our economy. The Government recognise that between 600,000 and 900,000 people are employed in the housing sector alone and many millions in the wider construction sector; but we understand the need to do this safely.

**The Deputy Speaker (Lord Duncan of Springbank) (Con):** We now come to the 30 minutes allocated for Back-Bench questions. I ask that the questions and answers be brief so that I can call the maximum number of speakers.

9.15 pm

**Baroness McIntosh of Pickering (Con):** My Lords, I welcome my noble friend to his position and thank him for taking questions. He will realise that many of those who suffered in the winter floods are still being rehoused. Does he have any idea how many are in that position? Will he take this opportunity to pause before any new houses and major developments are completed to make sure that our future housing stock is resilient, especially to floods? Will he give an undertaking that the Government will stop allowing developments in inappropriate places such as functional flood plains and ensure that there are adequate drainage systems to prevent overflows from combined sewers?

**Lord Greenhalgh:** The noble Baroness raises an important point: we need to ensure that future homes are resilient to floods. I will write to her on her specific points.

**Baroness Wilcox of Newport (Lab):** I declare my interests as per the register. The MHCLG said that smaller property developers would be able to defer payments to local councils in a bid to stop them going to the wall. What do the Government intend to do to stop councils going to the wall? The County Councils Network has called for a £5 billion income guarantee from government to help councils make it through this

crisis period. Local authorities are at risk of having to declare insolvency as the pandemic continues. There is currently a £10 billion gap in council funding in England. At this rate, there may not be council planning departments in existence for property developers to request deferment of payment from.

**Lord Greenhalgh:** The information that we have in the department is that no Section 114 notices are imminent. We need to recognise that this Government have provided around £20 billion of investment into local services in just two months. That includes two tranches of £1.6 billion to ease demand pressures on local councils and around £5 billion of cash-flow measures, as well as other measures to support wider transport issues, including the recent bailout of Transport for London. I note the noble Baroness's concerns, but at the moment we have no evidence that councils are about to go to the wall.

**Baroness Thomas of Winchester (LD):** My Lords, when will the accessible homes consultation start, and will the Minister join me at the next virtual meeting of Habinteg's Insight Group to update disabled people directly on progress?

**Lord Greenhalgh:** My understanding is that the consultation is with the Secretary of State and we hope to get it out as soon as possible.

**Lord Best (CB):** My Lords, the Minister will have noted the predictions of property economists that prices of land and property could fall by 10% to 30% in the year ahead. Does he agree that, rather than see speculators and foreign investors snapping up stalled developments and cheaper sites and properties, this is the moment for government to back social housing providers to buy and to build to achieve the 100,000 homes a year so badly needed by those who cannot buy and who struggle with private sector rents? That includes the essential workers, nurses, social workers and bus drivers on whom we now utterly depend but whose housing needs we have so neglected.

**Lord Greenhalgh:** The noble Lord is right that we must ensure that we have housing of all types and tenures, including affordable housing for key workers, as he outlined. I note that the affordable homes programme for the next five years is £12.5 billion—that is greater than the amount for the previous programme of £9 billion. We should ensure that building of more affordable housing can begin and that such housing is not for people who have not made their contribution to this country. There are ways of ensuring that we do that. I thank the noble Lord for his question.

**The Lord Bishop of Portsmouth:** My Lords, the Statement speaks of homes for all people as the Government's vision, so I congratulate them on the funding they have made available which has allowed a huge amount to be done to support homeless people in a very short space of time. Does the Minister accept that withdrawing dedicated funding risks undermining all that has been achieved in providing housing as a first step towards the homeless having homes?

**Lord Greenhalgh:** I will need to write to the right reverend Prelate as I do not have the answer to hand. I shall place a copy of my letter in the Library.

**Lord Sheikh (Con):** My Lords, in its current form, the Help to Buy scheme will expire in 2021. It is due to be replaced by a new scheme, which will run from 2021 to 2023 and will contain certain restrictions. If the original scheme comes to an end as planned, qualifying sales will need to be agreed by December 2020. In view of the pandemic, we should perhaps consider extending the current scheme. Can my noble friend the Minister say whether this could be considered?

**Lord Greenhalgh:** I thank my noble friend for his question. We are looking at providing guidance so that the scheme could be extended.

**Lord McKenzie of Luton (Lab):** My Lords, the Statement describes the situation prior to the easing it contains. It states that life has been put on hold and that 450,000 sales have been unable to be progressed. Rentals are not going ahead and 300,000 tenants are waiting for their renewals. It says that the pressure on some people has,

“become acute with profound legal, financial and health implications.”

I understand that the changes proposed in the Statement do not apply to those who are shielded under the current arrangements. Can the Minister confirm whether that is right and can he say what might be done to give some sort of equivalence to those who are shielding who could otherwise miss out but who are facing the same challenges as others?

**Lord Greenhalgh:** I understand that the proposals do extend to the vulnerable, but it is their decision as to whether they go ahead. However, I will write to the noble Lord and place a copy of my specific answer in the Library.

**Baroness Bennett of Manor Castle (GP):** The noble Baroness, Lady Grender, referred to the tragic death toll from Covid-19 among construction workers. Does the Minister agree that that is just one sign of a deeply unhealthy industry that is built quite literally on the backs of the 60% of manual construction workers who are in self-employment, very often bogus self-employment, where they are actually working for just one company under its direction and with dictated rates of pay? Will the Government look to build a different kind of construction sector, one that focuses on decent pay and conditions and that looks towards moving towards modern, modular construction whereby most of the work can be done in factories and therefore in far better conditions than being out in all weathers?

**Lord Greenhalgh:** We need to ensure that construction happens safely. That is why we have engaged with the Construction Leadership Council which has issued guidance on safe construction. We also work with the Home Builders Federation. It is important to ensure that the guidance is followed and we are encouraging the whole construction industry to sign up to the guidance that has been issued by the HBF.

**Lord Lansley (Con):** My Lords, I declare an interest as chair of the Cambridgeshire Development Forum and I welcome my noble friend to his ministerial position. Will the Government introduce primary legislation to give a general power to local authorities so that they will be able to extend planning permissions that are currently in force, taking into account the disruption to construction and development activity?

**Lord Greenhalgh:** The Government are aware, from both local planning authorities and the development industry, that there are delays caused by the Covid-19 pandemic. There is a risk of unimplemented planning permissions collapsing and therefore undermining the delivery of projects. We recognise these concerns and are considering whether permissions should be extended.

**Baroness Blower (Lab):** My Lords, while the Government's intention to restart the housing market is welcome, provided that it is done under safe conditions, are the Government considering the following: backing local authority recovery plans through a combination of accelerated capital investment and low-cost lending in housing to get the sector moving again; protecting and accelerating council housing programmes under which thousands of homes are planned across the country, focusing on social and affordable rental homes; bringing forward future phases of development on largely privately owned sites through a combination of grants and guarantees, backed by central government, and conversion to affordable and key worker housing and build to rent; and, finally, creating a programme of specialist housing delivery, to keep rough sleepers off the streets for ever?

**Lord Greenhalgh:** That is a many-pronged question, if I may say so. On the last point, having taken 5,400 people—over 90% of rough sleepers—off the streets, we have a great opportunity to work on a big, bold plan to ensure that those people stay in settled and secure accommodation. Louise Casey is working with officials, local authorities and homelessness charities—this involves all layers of government—to develop the necessary measures to achieve just that. It is a once-in-a-generation opportunity. The noble Baroness raised other technical points; I will write to her on those and place a copy in the Library.

**Baroness Thornhill (LD):** I declare my interest as a vice-president of the Local Government Association. My noble friend Lady Grender mentioned councils and right-to-buy receipts, but unfortunately she did not get a reply, so I will reiterate her point. To prevent the currently lamentable provision of social housing getting even worse, will the Government seriously consider the following three points with regard to right to buy? Will they consider allowing councils to keep all their right-to-buy receipts; or allowing an extension of the time limit in which councils must use those receipts, preferably to up to five years? Finally, only 30% of the receipts that the Government currently allow councils to spend can be spent on building replacement homes. Surely it is time to allow all the money to be spent on building much-needed social homes.

**Lord Greenhalgh:** I note the noble Baroness's comments on right-to-buy provisions and the specific points she raised. However, the Government have an enviable record in the delivery of homes, delivering 241,000 additional homes in the last year, the highest level for 30 years. Over the last 10 years, 450,000 affordable homes have been delivered, so we are seeing more homes built of all types and tenures. We need to recognise that achievement, but I note the points on right to buy.

**Lord Bird (CB):** I commend the Government on their support of rough sleepers and their categorical promise that they will not put those people back on the streets. Has the Minister looked into the possibility that there may well be half a million people unable to pay their rent or mortgage after the Covid-19 pandemic? Will we make sure that we keep these people indoors? If they get evicted or become homeless, that is when the bills and the disruption really take off. I do not want to see another generation simply replace the current rough sleepers who have been removed from the streets.

**Lord Greenhalgh:** The noble Lord made a very powerful speech on rough sleeping last week and I learnt a lot about the generations of people who were not well served by successive Governments. I note his call for a bold plan to end rough sleeping, finally, and his concerns, which are quite right, about the people who have suffered great economic loss during the pandemic. That is why we need to reopen the economy as safely as we possibly can and in a way that does not cause a second peak. The department is reviewing the situation with regard to evictions, but no decision has been taken yet.

**The Deputy Speaker:** I will be replaced as Deputy Speaker by the noble Baroness, Lady Pitkeathley, after this intervention. The noble Lord, Lord Balfe, is not there, so I call the noble Lord, Lord Holmes of Richmond.

**Lord Holmes of Richmond (Con):** Does my noble friend agree that there is a real opportunity and an urgent need to increase the use of digital technology across the construction sector, not least in the supply chain, to ensure that the various industry bodies produce the skills and talent to enable us to flourish in all our digital futures?

**Lord Greenhalgh:** I thank my noble friend. There is no doubt that, like all others, the construction industry needs to embrace digital solutions in the digital era, which will help to ensure that construction is safer going forward.

**Baroness Pidding (Con):** I welcome my noble friend to his ministerial position. I commend the Government on their proposals to provide help for private tenants. However, we need to recognise that many tenants' rent arrears will grow over time, causing problems not merely for them but for small private landlords. Will my noble friend the Minister consider a scheme like that of the Spanish Government, offering tenants low-interest loans to help them to pay the rent and the landlords to receive it?

**Lord Greenhalgh:** I thank my noble friend for her comments. We can learn from the experiences of other European countries—particularly Spain, which is providing those low-interest loans. I will take that point up with officials in the department.

**Baroness Warwick of Undercliffe (Lab):** My Lords, I declare an interest as chair of the National Housing Federation. Housing associations had hoped this year to invest £16.9 billion in developing 50,000 new homes to rent and buy. That is now at risk. They can play a huge part in the recovery by building affordable homes, supporting local businesses and helping the Government to meet their ambitious target for housebuilding. Can the Minister assure the House that he will listen carefully to calls for significant government investment to build 145,000 social and affordable homes each year to meet our country's needs?

**Lord Greenhalgh:** The noble Baroness is right: registered social landlords play a huge part in housebuilding, and their important part in our future provision of affordable homes of all types continues. That goes for private sales by owners, too. I have already stated that there is an affordable homes programme of some £12.5 billion over the next five years. We will work closely and engage with the industry. I thank the noble Baroness for her comments.

**Lord McNally (LD):** Is it not the sound truth that successive Governments over the last 30 years have allowed our housing sector to be distorted to its present state where young people and poorer people are simply priced out? What is needed is not simply “back to business” but a real commitment by the Government to a whole new approach to housing. If I may say so, the Minister is not short of ideas to have been put to him this evening.

**Lord Greenhalgh:** I thank the noble Lord for his points. He is right that housing affordability is a problem for the next generation and the one that follows. We note that, as a result of this pandemic, it is estimated that house prices have fallen by somewhere between 10% and 30%. We need to understand that the way to deal with the housing crisis is the provision of new homes and ensure that we facilitate those second moves so that the whole housing market gets going again.

**Baroness Altmann (Con):** I welcome my noble friend to his position, and I also welcome the opening of the housing and construction sectors. In light of the significant problems exposed by this crisis in the care home sector, which has been neglected for many years, and the paucity of suitable housing being built for last-time buyers, will my noble friend urgently investigate ways of encouraging the construction of retirement villages, where elderly residents can live separately if needed but with appropriate support should they require it?

**Lord Greenhalgh:** The noble Baroness makes an important point. We need to remember that we need housing of all types, including that for last-time buyers. Countries such as Germany have invested heavily in

retirement homes, and we need to ensure that that is part of our plans in future. I thank the noble Baroness for her question.

**Baroness Prashar (CB):** My Lords, the Statement talks about homes of all types and tenures but says very little about the affordable housing market. How will the Government ensure that the affordable housing market will sustain itself in the face of continuing hardship?

**Lord Greenhalgh:** The Government have set aside an extraordinary, unprecedented level of funding of £12.5 billion, compared to £9 billion in the previous financial settlement, for affordable homes. In working with our partners, and social landlords, we recognise that there needs to be a commitment to such homes over the next five years, and the money is there to do precisely that.

**The Earl of Caithness (Con):** My Lords, I congratulate my noble friend on his appointment and the Government on their brave move in opening up the housing market. My noble friend will be aware that his department is known for its bias towards urban property and urban issues. Given what the noble Lord, Lord Best, said, can the Minister assure me that the rural sector will not miss out under the Government's proposals, and that there will be a big effort to provide affordable homes in rural areas?

**Lord Greenhalgh:** My noble friend is right: we need housing of all types and tenures and in all places, town and country alike.

**Baroness Kennedy of Cradley (Lab):** My Lords, house prices have fallen, and many are struggling to meet their mortgage repayments due to Covid-19. Will the Government do an assessment of the number of home owners at risk of negative equity or of having their home repossessed, and the effect this will have on the economy? The furlough scheme has been extended. Will the mortgage holiday be extended too?

**Lord Greenhalgh:** I will write to the noble Baroness about the mortgage holiday situation. I am not aware that a decision has been taken, but we are looking into it at the moment.

**Lord Taylor of Goss Moor (LD):** My Lords, I draw attention to my interests in housing and development, as set out in the register. It is critically important that we remember that, no matter what disruption Covid may cause in the housing sector in the short run, the young people who have been priced out of homes are still there. Whether they rent or buy in the future, they need a place to live. That pressure will begin again as soon as we see the lockdown end. Can the Minister make it clear that this is not just for the construction industry? It is also for local authorities to continue with their local plan processes to ensure that we deliver the homes that are needed and to ensure that those homes are of the highest quality and with the best quality place making. Local plan progress is critical to that.

**Lord Greenhalgh:** The noble Lord is right that the local plan process is extremely important. As the Building Safety Minister, ensuring that we build homes of high quality is paramount to me. We will shortly be introducing into legislation the biggest shake up of the regulatory system to ensure that we have buildings of the highest possible quality.

**Baroness Neville-Rolfe (Con):** As the Secretary of State said so eloquently in his Statement:

“A home is more than four walls and a roof. It is a sanctuary, a form of protection and the link to your community.”—[*Official Report*, Commons, 13/5/20; col. 258.]

Does my noble friend agree that the overwhelming need now is to move as quickly as possible to normality in the housing market and that, in ensuring the safety of everyone, as we must, we should apply the common sense that the Prime Minister has sensibly advocated?

**Lord Greenhalgh:** The noble Baroness is right. It is time to return to normality as quickly as we can but we need to ensure that it is safe to do so. We need to recognise, as the Secretary of State said in his Written Ministerial Statement, that over 450 sales have been stuck in the system, unable to be addressed, and a substantial number of rentals have not gone ahead. Every month some 300,000 tenancies come up for renewal. At the same time, we know the contribution that the construction sector makes to our economy and the need to get new homes built. That needs to happen safely but it needs to happen as soon as possible.

**Baroness Ritchie of Downpatrick (Non-Aff):** My Lords, what discussions have taken place with the devolved institutions about the need to increase the provision of social and affordable housing to address the housing need and homelessness that will ensue following the coronavirus pandemic?

**Lord Greenhalgh:** I do not have the answers to hand with regard to specific discussions. Housing is a devolved matter, as the noble Baroness knows, but I am sure that discussions between officials will happen.

**Lord Young of Cookham (Con):** My Lords, one constraint on the construction industry as it recovers from recession is the shortage of skilled workers from the EU, who have left and are unlikely to return. What steps are the Government taking to retrain with the necessary skills those who, sadly, may be made redundant by their current employers?

**Lord Greenhalgh:** My noble friend makes the important point that we require all the skills of construction workers and that many of those were from EU countries. I am sure the immigration system that has been introduced

by the Home Secretary will take into account our need for the skills to drive the construction industry. I can write to my noble friend with specific measures that are being taken. Obviously, we are doing what we can on this but there is nothing in particular to state at this point.

**Lord Desai (Lab):** The Minister will be aware that a lot of high street shops are falling vacant. That was happening even before the pandemic broke out because of the growth of e-commerce. Is there any plan to convert some of these empty shop sites into housing for affordable rent?

**Lord Greenhalgh:** This Government recognise the importance of high streets and have injected a considerable amount of money into them. I will take up the noble Lord's suggestion, get back to him in writing and place a copy in the Library.

**Lord Pickles (Con):** Does my noble friend agree that one problem in getting a sustained supply of planning is inappropriate planning conditions? That is particularly true in two-tier areas. Is he aware that Section 106 agreements have been sought by county councils on education and highways, and these are properly already included in the community infrastructure levy, but there is some disagreement and worry that this will be passed on by the district council to the county? Therefore, where this disharmony exists, will my noble friend bring some harmony?

**Lord Greenhalgh:** My noble friend is right that there should always be harmony where there is disharmony, and I will look into the specific issues regarding Section 106 payments between district councils and county councils. Many developers may have their own financial pressures but I know that many local authorities are being sensible about, and sensitive to, that and are ensuring that there is enough time for these Section 106 contributions to be made in the first place.

**The Deputy Speaker (Baroness Pitkeathley) (Lab):** My Lords, the time allotted for the Statement is now up. The day's Virtual Proceedings are now complete and are adjourned.

## Agriculture Bill

### *First Reading*

*The Bill was brought from the Commons, read a first time and ordered to be printed.*

*Virtual Proceeding adjourned at 9.45 pm.*