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12 April 2010

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Dear Simon

REVIEW OF THE RESPONSE TO THE 2009 INFLUENZA PANDEMIC: CALL FOR EVIDENCE

Thank you for your letter of 12 March seeking relevant papers and comments to aid your review. I was appointed on 27 April 2009 by the FCO's Permanent Under Secretary to lead and coordinate the FCO's overall response to the H1N1 influenza outbreak. The comments below represent a collective FCO response to your letter but I have concentrated on your Containment question 14 relating to travel advice policy for which the FCO is directly responsible, and on key lessons learned.

Travel Advice Policy

FCO travel advice policy is based on the safety of British nationals overseas. This is a paramount concern for the FCO. We attach great importance to providing information about personal safety and security overseas to enable people to make informed decisions about travel. This policy did not change during our response to the H1N1 pandemic. While it seemed to be clear at the outset that the outbreak was not avian flu nor yet a pandemic, the FCO based its initial wider response on plans we had developed for such a scenario based on two principles, that: (i) we will seek to maintain services to the public as far as we can, and (ii) we will exercise our duty of care to our staff as far as we can. Those plans aligned travel advice levels with the WHO alert levels. Throughout the response we coordinated closely with key EU and Colloque (Australia, Canada, New Zealand and the US) partners and maintained a close relationship with British tour operators through the Federation of Tour Operators (FTO) and the travel association ABTA.

On Friday 24 April and Sunday 26 April, before central government coordination mechanisms were activated, the FCO factually updated its travel advice for Mexico to alert travellers to the flu outbreak, to precautionary health measures and to advise those developing flu-like symptoms to seek medical advice.

On Monday 27 April the FCO set up a cross-FCO Flu Crisis Unit to dock with the Civil Contingencies Committee, staff FCO-wide activity and coordinate with our overseas posts. Later the same day, still following our developed plans as explained in para 2 above, Ministers agreed - following the WHO's decision to raise the global pandemic alert level to 4 - to raise the level of travel advice for Mexico to advise against all but essential travel and to advise those British nationals in Mexico to consider whether they should remain. At the same time, and in line with our developed plans, we agreed to curtail public services operated from our Embassy in Mexico City, and on 28 April we agreed to limit work at our Embassy to essential work only including support for distressed British nationals. We offered non-essential UK based staff the option of returning voluntarily to the UK (we also extended this offer to staff without an urgent need to remain in Belize and Guatemala (which border Mexico to the South and have poor health infrastructure)). Both these decisions were also in line with decisions being taken by our key international consular partners. We also set up a dedicated Swine Flu page on the FCO's website to give generic advice to members of the public, and issued guidance to our network of overseas posts covering business continuity, duty of care to staff and on reporting requirements. (From 30 April we added a generic paragraph to all our country specific travel advice pages providing general advice and links to our dedicated swine flu page, and the Dept of Health (DH) and WHO websites.).

Since raising our travel advice level for Mexico on 27 April it became clear that our developed pandemic plans were too rigid, too tightly linked to the WHO global pandemic level alerts and therefore no longer completely useful as an effective tool to guide and trigger our travel advice changes. The level changes would have been disproportionate to the risk to travellers. Therefore on 29 April, when WHO raised its global threat level to 5, in line with Health Protection Agency (HPA) and the National Travel Health Network and Centre (NaTHNaC) advice and in line with key international partners we delinked the automatic raising of travel advice levels, and sought further advice from the HPA, NaTHNaC, and the Dept for Transport (DfT) about how best we might inform our travel advice decision making to provide practical, objective, accurate and up-to-date advice for British nationals.

After consulting with HPA, NaTHNaC and DfT we reviewed the criteria for further level changes to our travel advice, and agreed that further changes would be considered on a country-by-country basis in accordance with criteria set out below. An FCO led working group with HPA, NaTHNaC and DfT would review information received from Posts, Whitehall partners and WHO according to this criteria. The decision on levels of travel advice would remain with the FCO. We communicated this new guidance to our network of overseas posts on 1 May. CCC(O) and later CCC(M) formally agreed the new criteria for raising travel advice on 2 May. The criteria are:

- available information on the source and cause of the outbreak, and the pattern of its travel within the local population, (i.e. its epidemiology);
- the number of confirmed cases of swine influenza;
- the functionality and severity of confirmed cases (i.e. whether predominantly mild, or resulting in a proportionally significant number of severe cases or fatalities);
- the quality, resilience and availability of local healthcare services for dealing with the outbreak, and availability of antiviral medication.

In line with advice from HPA, non-essential staff at our Embassy in Mexico City returned to work on 7 May and public services were re-opened on 11 May. We lowered our travel advice level for Mexico on 15 May in line with HPA advice and our key international consular partners.

The annual Hajj pilgrimage to Mecca in November 2009, occurring some six months after the initial outbreak provided the FCO with a number of challenges. It was clear from an early stage that the majority of Pilgrims would not cancel their plans due to the outbreak. Also, given that the pandemic had spread worldwide by this stage, there seemed little justification in advising against travel. Instead, we decided that the proportionate response would be to amend FCO travel advice to highlight the WHO and Saudi government advice (that the over 65s, under 12s and those with chronic diseases should abstain from that year's Hajj). The DH agreed. Pilgrims could then make an informed decision about whether to attend. The DH also drafted detailed health advice that was agreed by CCC(M).

Overseas Territories

The Overseas Territories (OTs) are a UK government-wide responsibility. The FCO leads overall policy with other Government departments leading and supporting the territories on areas within their responsibilities. While most powers, including provision of healthcare, are devolved to the territories, the UK retains responsibility for good governance, defence and external relations. HMG is ultimately responsible for fulfilling international obligations applying to the territories and for meeting contingent liabilities that arise from emergencies (such as a swine flu pandemic) and disasters in the territories. The UK has given a firm commitment to assist the territories in emergencies.

Although the OTs activated their own pandemic preparedness plans to contain suspected cases, monitor ports, and educate the public on hygiene practices, aside from Gibraltar, none of them had sufficient supplies of clinical countermeasures for their populations. They do not have the resources to keep stocks of medication for contingencies. They also found it difficult to gain access to anti-virals and vaccines at short notice from commercial suppliers for their relatively small populations and looked to the UK for assistance. After some delay due to a lack of awareness by departments of their responsibility for the OTs, CCC(O) agreed on 14 May 2009 that the DH would provide anti-virals and vaccines to the OTs on a cost recovery basis. Many appreciative territories took up this provision.

Lessons Learned

While learning a number of lessons from the cross-FCO response, I've concentrated here on the key ones most pertinent to this review.

On travel advice, it became clear very early on in our response that the developed plans we had in place were predicated on a more deadly, fast moving Avian flu pandemic and as such were not strictly fit for purpose. Furthermore, WHO had advised against restricting travel. As a result we have revised our generic contingency planning delinking travel advice level changes from WHO global pandemic threat levels, and making them more flexible. One key addition is the inclusion of the Travel Advisory Working Group (FCO, HPA, DfT, NaTHNaC) as an invaluable tool to handle future responses. We also learned the value of consultation with the HPA/DH to ensure consistency between travel advice policy and national policy of "containment" during the different phases of an emerging pandemic. Staying in close step with key international consular partners, and gaining a better understanding of their travel advice plans in a pandemic is another worthwhile lesson.

Cross-government working operated well. Cabinet Office activated their response mechanisms quickly. We were particularly pleased to have an FCO representative in the International Cell, though access to FCO IT (i.e. a Firecrest terminal) at the CCS offices in Great Smith Street would have helped communication.

Other government departments need to bear in mind that a pandemic outbreak has implications for the UK's Overseas Territories as well as the UK and that all government departments are responsible for the OTs within their area of expertise. In the event of a pandemic the UK would likely be required to take both operational and legislative action in relation to the OTs and this should be factored into the UK's overall planning strategy. The DH and the Cabinet Office need to engage the FCO and DfID at an early stage to factor in the OTs to any contingency planning and particularly when negotiating contracts with medical suppliers.

CCS should have copies of all our key relevant documents (including guidance eGrams to posts, and papers provided for CCC(O) and (M)). I also attach here for information a copy of a submission to our PUS dated 17 June 2009 recommending sustainable arrangements within the FCO to manage pandemic flu workload and key lessons learned across our organisation.

The FCO of course stands ready to assist the Review team with any further questions you might have including on wider international or foreign policy-related issues.

Yours sincerely,



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