

Making pandemic planning part of the everyday

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Health in all policies is also emergency preparedness in all policies, writes Christina Pagel

The UK Covid-19 Inquiry's module 1 report on the resilience and preparedness of the UK had "no hesitation in concluding that the processes, planning and policy of the civil contingency structures within the UK government and devolved administrations and civil services failed their citizens."¹ It calls for a "fundamental reform" of the way in which the UK plans for future emergencies.

Baroness Hallett had specific recommendations for how the structure of emergency planning could be improved: she suggested a single cabinet level committee for whole system preparedness and resilience; a single group for emergency preparedness oversight; a new whole system civil emergency strategy; and the creation of an independent statutory body for whole system emergency preparedness, resilience, and response.¹

The report's emphasis on whole systems thinking and a move away from siloed, disjointed planning within separate government departments is very welcome but I don't think it goes far enough. A more ambitious approach would be to move emergency planning away from its own silo of "an emergency" to the whole system of *everyday* policy making.

The covid-19 pandemic has shown us how environmental and socio-demographic factors can put people at increased risk of exposure to infection and of severe disease once infected. But Hallett highlights how previous emergency planning overlooked the disproportionate impact that both a pandemic disease and pandemic measures would have on more disadvantaged or sicker communities. The UK government failed to work at local as well as national levels to ensure that plans were feasible and appropriate; and the range of emergency scenarios they considered was too narrow—in this case, only planning for a flu pandemic and not considering any sort of mitigation or prevention measures.

I would argue that many of the policy options to tackle these pandemic failures should be part of everyday planning.

For *any* potential pandemic disease, mitigation has to include improving housing quality, improving access to safe green spaces, improving indoor and outdoor air quality,^{2,3} and improving sick pay provision. The benefits of these mitigation measures are twofold: they improve population health (and so reduce the severity of illness when people become infected) and they improve the ability of people to respond to pandemic measures, such as isolation or social distancing, that reduce exposure to infectious aerosols (so that people can avoid infection altogether).

Additionally, strengthening overall public health and prevention, improving nutrition, and increasing access to physical and mental health services would also reduce our vulnerability to a future pandemic by improving population health. We saw only too clearly in the covid-19 pandemic how morbidities such as obesity, cardiovascular diseases, or kidney disease greatly increased people's risk of severe illness, death, and long covid.⁴⁻⁶

All of those strategies for resilience align with the new government's stated priorities for housing, urban environments, public health, and healthcare delivery. For example, Labour's

King's Speech in July 2024 placed great emphasis on providing high quality housing, building new towns, and improving the NHS.^{7,8} These are not quick fixes and must be part of long term, integrated, policy making. The additional benefit in the event of an emergency of better population health and reduced health inequality shouldn't be treated separately as part of "emergency planning." Incorporating consideration of those additional benefits within *everyday* policy making and treasury evaluations of department spending plans will help to ensure that these policies are realised.

Similarly, Hallett's recommendations for an independent statutory body to "consult with the voluntary, community and social enterprise sector at a national and local level" is relevant beyond emergency planning, especially as the Labour government has made explicit commitments to devolve more policy to local communities.^{8,9} A wider whole systems approach would incorporate emergency planning into existing plans for greater devolution.

Of course, we need to make emergency plans across a number of areas that are specific to future pandemics, such as testing, contact tracing, social distancing, NHS response, vaccine development and deployment, and national and international surveillance. But, fundamentally, we can start mitigating the impact of future pandemics right now by further prioritising efforts to reduce socio-demographic inequalities and improve population health and wellbeing.

Health in all policies¹⁰ is also emergency preparedness in all policies. Once we recognise this, it makes the economic case for policies that enhance long term population resilience even stronger because while the timing of a future pandemic is uncertain, the fact of it is not.

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- 1 UK Covid-19 Inquiry. Module 1 report: The resilience and preparedness of the United Kingdom. July 2024. <https://covid19.public-inquiry.uk/reports/module-1-report-the-resilience-and-preparedness-of-the-united-kingdom/>
- 2 Royal Academy of Engineering. Time for a major upgrade of buildings to create healthier indoor environments, says new NEPC report. 13 June 2022. <https://raeng.org.uk/news/time-for-a-major-upgrade-of-buildings-to-create-healthier-indoor-environments-says-new-nepc-report>
- 3 Gov.uk. Air pollution: applying All Our Health. February 2022. <https://www.gov.uk/government/publications/air-pollution-applying-all-our-health/air-pollution-applying-all-our-health>
- 4 Hendren NS, de Lemos JA, Ayers C, et al. Association of Body Mass Index and Age With Morbidity and Mortality in Patients Hospitalized With COVID-19. *Circulation*. 2021;143:135–44. doi:10.1161/CIRCULATIONAHA.120.051936
- 5 Zhang J, Dong X, Liu G, et al. Risk and Protective Factors for COVID-19 Morbidity, Severity, and Mortality. *Clinic Rev Allerg Immunol*. 2023;64:90–107. doi:10.1007/s12016-022-08921-5
- 6 Greenhalgh T, Sivan M, Perlowski A, et al. Long COVID: a clinical update. *The Lancet*. 2024;0. doi:10.1016/S0140-6736(24)01136-X
- 7 Waitzman E. King's Speech 2024: Housing, communities and local government. House of Lords Library. 11 July 2024.

- 8 Gov.uk. Ten things to know from the King's Speech. 17 July 2024.
<https://www.gov.uk/government/news/ten-things-to-know-from-the-kings-speech>
- 9 Ford M. King's Speech: Devolution takes centre stage. LocalGov. 17 July 2024.
<https://www.localgov.co.uk/Kings-Speech-Devolution-takes-centre-stage/60794>
- 10 Alderwick H. Labour's health "mission". *BMJ*. 2023;381:p1232. doi:10.1136/bmj.p1232