



Department
of Health &
Social Care

Pandemic Preparedness Strategy: building our capabilities

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This part of the strategy applies to the whole of the UK.

Introduction and principles (UK wide)

This part of the strategy applies to the whole of the UK.

Introduction

Context

Since the start of the 20th century, the UK has faced 6 major pandemics, with COVID-19 being the UK's most severe since the 1918 to 1920 H1N1 influenza outbreak. In the UK, COVID-19 killed over 200,000 people and left significant proportions of the population with long-term health consequences. Communities experienced significant loss, grief and isolation, and many of those already facing inequalities experienced higher levels of death, illness and financial loss.¹

As we saw during the COVID-19 pandemic, measures to control pandemics can also disrupt supply chains, labour markets, education and other services. This can then:

- exacerbate and widen inequalities
- harm mental health and wellbeing
- cause significant social and economic upheaval in the short and long term

While pandemics of this scale are rare, major epidemics are far more common and milder pandemics still cause significant damage. A future pandemic is a certainty - we just don't know when it will happen or what will cause it. It would most likely be caused by a virus, though it could also be caused by bacteria or fungi. It could be spread by one or more of the routes of infection transmission, with the 5 main transmission routes being:

- respiratory
- oral
- blood or sexual
- touch

¹ Scientific Advisory Group for Emergencies and DHSC's [DHSC and ONS: direct and indirect health impacts of COVID-19 in England - long paper, 9 September 2021](#); the Race Disparity Unit and Equality Hub's [Final report on progress to address COVID-19 health inequalities](#); and Marmot M, Allen J, Goldblatt P, Herd E and Morrison J's [Build back fairer: the COVID-19 Marmot Review](#).

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- vector borne (when infection is transmitted through a living organism such as a mosquito)

As outlined in the UK government's [Chief Medical Officer's annual report 2025: infections](#), recognising transmission routes is central to building capabilities for pandemic preparedness.

Any strategy to prepare for a future pandemic must acknowledge that:

- no 2 pandemics, even if caused by the same pathogen, are identical
- a future pandemic could spread through one or more routes of transmission
- the most affected or vulnerable groups differ each time

The 'reasonable worst-case scenario' in the [National Risk Register 2025](#) projects 50% of the UK population falling ill, with 1.34 million hospitalisations and 840,000 deaths, in an unmitigated respiratory pandemic.

Pandemics are the highest-impact natural hazard in the National Risk Register, with evidence suggesting likelihood has increased over the past century.² Climate change, shifts in land use (such as deforestation), intense farming methods and urban expansion, and increasing global mobility are creating new opportunities for diseases to emerge and spread. Advances in technology and geopolitical challenges increase the risk of pandemics with unnatural origin.

Global preparedness for pandemics is also shifting. There is greater global investment in life sciences than ever before and the historic [World Health Organization \(WHO\) Pandemic Agreement](#) adopted by the World Health Assembly demonstrates appetite for continuing international collaboration.

On the other hand, the global context is shifting - protectionism is rising, the full impacts of reduced international donor funding are still emerging and the roles of prominent actors in global health security have changed. As the UK government's [National Security Strategy 2025](#) acknowledges, international co-operation may become more challenging.

Our approach to pandemic preparedness needs to be agile and reflect this changing world order. This includes considering how to better collaborate and share information internationally so that there is an effective 'global radar', and how to protect supply chains

² Global Preparedness Monitoring Board's [The changing face of pandemic risk: 2024 report](#); and Fanelli A, Cescatti A, Ciscar J-C and others. [Assessing the risk of diseases with epidemic and pandemic potential in a changing world](#). Science Advances 2025: volume 11, issue 30, eadw6363.

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and use multilateral relationships to their best effect. It also includes co-ordinated ways to develop methods and building blocks for the rapid development of countermeasures.

A new Pandemic Preparedness Strategy

The new Pandemic Preparedness Strategy outlines the commitment of all 4 nations of the UK to rebuild our readiness and prepare our underlying capabilities for future pandemics, taking a whole-of-government and whole-of-society approach prioritising the needs of the most vulnerable.

The strategy prioritises cross-government and cross-UK co-ordination through joint planning, integrated response frameworks and clear governance structures. This will ensure that, in future, we are positioned to take rapid, co-ordinated action to protect all communities equitably, and minimise the disruption and damage to people's lives.

Pandemic planning should reflect a joined-up approach to risk. It will require the private and public sector to work together.

This strategy reflects on lessons from the COVID-19 pandemic and the [UK Covid-19 Inquiry](#) and early findings from the national pandemic exercise ('Exercise Pegasus'), which aimed to test our ability to respond to a pandemic, and involved all regions and nations of the UK and thousands of participants.

Exercise Pegasus intentionally tested a different scenario to what we faced in previous pandemics to help ensure that we are learning lessons and testing our planning for threats we have not encountered before, rather than just the previous pandemic. The strategy builds directly upon the foundations of the [UK Biological Security Strategy](#), with a focus on the unique, systemic challenge of pandemics.

Diseases do not respect borders. The COVID-19 pandemic - and, more recently, lessons learned through Exercise Pegasus - have demonstrated the crucial importance of governments across the UK working together while also respecting and taking full account of devolved areas of responsibility. That is why this strategy reinforces our commitment to working in partnership across all 4 nations of the UK.

Well established areas of collaboration across the 4 nations already include:

- co-ordinated surveillance mechanisms between the UK Health Security Agency (UKHSA) and the public health agencies of Scotland, Wales and Northern Ireland
- co-ordinated procurement exercises for vaccines, medicines and personal protective equipment (PPE)
- shared data platforms

This part of the strategy applies to the whole of the UK.

There are also other specific areas where we will continue to develop and maintain a collective 4 nations approach to our capabilities, including testing, research and development (R&D) and surveillance. Other potential areas for close 4 nations collaboration - including, but not confined to, ports and borders, and use of public health and social measures - should also be considered.

Working together with the Republic of Ireland is also essential because Northern Ireland and the Republic of Ireland share an island and a land border and, as part of the Common Travel Area arrangements, there is free movement of people between the UK and the Republic of Ireland.

In support of this joined-up approach, all 4 nations endorse the principles set out in this strategy.

The COVID-19 pandemic also demonstrated why the UK, Crown Dependencies and Overseas Territories must continue to work together on pandemic preparedness and response planning.

Resilience of the UK

Within this context, our readiness for future pandemics needs to be underpinned by both health system resilience and wider system and population resilience, and a flourishing private life sciences sector. The COVID-19 pandemic highlighted that we must not only be capable of responding to a pandemic - we must also be able to maintain essential services.

The UK government's commitment to this has been outlined in the 2025 [UK Government Resilience Action Plan](#), which looks to strengthen the public sector resilience system and enable the whole of society to take action to increase its resilience. Similar commitments are set out in the [Wales Resilience Framework 2025](#), which highlights that the UK's overall resilience is built on a foundation of our collective efforts.

The refreshed UK Biological Security Strategy also sets out the UK's vision to be resilient to biological threats and a world leader in responsible innovation by 2030, improving health, economic and security outcomes through a '[One Health](#)' approach.

Global health security

While domestic resilience is vital in being prepared for future pandemics, UK readiness depends on global resilience. The world order is changing, and any strategy for pandemic preparedness needs to reflect this.

The UK government remains committed to global health security through bilateral and multilateral engagement and support for multilateral organisations and global health initiatives, championing a One Health approach. The WHO Pandemic Agreement marks

This part of the strategy applies to the whole of the UK.

an unprecedented opportunity to turn difficult lessons from COVID-19 into lasting reform by strengthening global prevention, preparedness and response.

The UK also continues to advocate for global investment in pandemic prevention and preparedness, and provides support for strengthening public health systems in low and middle-income countries, including funding R&D for clinical countermeasures. When outbreaks occur in low and middle-income countries, the UK's capabilities include emergency medical and public health support to help contain them at source and prevent potential pandemic emergencies.

Closer to home, the government is strengthening health security co-operation with the EU, as the UK's closest neighbour. At the first [UK-EU Summit in 2025](#), it was agreed to explore opportunities for exchange and co-operation on the detection of, preparedness for and response to emerging health threats, including within the existing health security provisions of the [Trade and Co-operation Agreement](#).

Our principles for preparedness

The core principles of this strategy reflect lessons from COVID-19 and other past disease outbreaks to improve our ability to:

- detect, respond to and mitigate the impacts of a pandemic
- protect the vulnerable
- save lives

All 4 governments in the UK will develop and implement their approaches to improve preparedness, and will work together to develop cross-UK capabilities, following these guiding principles.

1. Protecting those most at risk

As we saw during COVID-19, pandemics can:

- amplify health inequities through disproportionate infection and illness rates, and the unequal access to health and care services
- deepen social and economic inequities through unequal impacts of response measures, leading to income loss, job insecurity, education gaps and social isolation, as well as worsened health outcomes³

³ DHSC. [Technical report on the COVID-19 pandemic in the UK](#). 2022.

This part of the strategy applies to the whole of the UK.

Importantly, these vulnerabilities often intersect, putting some people at even greater risk of negative impacts.⁴

Governments are committed to tailoring their capabilities to protect all communities and aim to deliver an effective, equitable response to pandemics.

2. Taking a whole-of-government approach

A pandemic will touch upon all people and all sectors. Governments need to take a whole-of-government approach to successfully respond to a pandemic while maintaining critical national infrastructure and minimising the disruption to people's lives and wellbeing.

3. Holding a broad range of flexible capabilities

Given the unpredictability of future pandemics, the governments of the UK should hold flexible plans underpinned by a broad range of 'capabilities' - equipment, skilled people and infrastructure - that can adapt to protecting the population from different pathogens. This corresponds with findings from modules 1 and 2 of the UK COVID-19 Inquiry.

4. There needs to be the ability to 'scale up' quickly and effectively

Both the speed and scale of the governments' public health responses are central to mitigating the effects of a pandemic, including early and accurate detection. For preparedness, this means that many of our capabilities need to be backed up by sufficient resources to reach the required levels quickly and manage the situation while these become available. This also means looking at the full development journey for those capabilities, from R&D through to deployment of solutions.

A strong, early response can mitigate some of the impacts of a pandemic, but responding early can also mean delivering larger-scale responses to emerging infectious disease outbreaks that don't end up becoming pandemics.

5. Preparedness for all 5 main routes of disease transmission

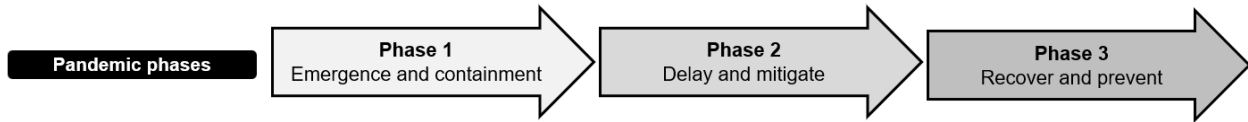
While respiratory pathogens remain more likely to cause future pandemics, environmental changes increase the risk from other disease transmission routes. To help ensure we are planning for future pandemics, rather than assuming a repeat of previous pandemics, all governments will need to prepare for diverse pandemic scenarios across all 5 main routes of transmission. Some of the capabilities we will need to develop can be used for all routes of transmission and others are specific to particular routes of transmission.

⁴ The Rt Hon the Baroness Hallett DBE. UK Covid-19 Inquiry. [Modules 2, 2A, 2B, 2C - core decision-making and political governance - volume II](#). 2025.

This part of the strategy applies to the whole of the UK.

6. Preparedness spanning the full life cycle of a pandemic

Figure 1: phases of a pandemic



Governments will proactively build capabilities to respond at each stage of a pandemic - from pandemic prevention at the point a pathogen emerges, to containment measures, to mitigating the pandemic's impact, to recovery and future preparedness.

The emergence and early containment stage requires, for example, robust diagnostics capabilities, if available, to rapidly detect and respond to new cases and their close contacts. This is an essential early stage, and the aim should be to contain any early cases and emerging infectious disease.

In cases where these are unavailable, early containment requires the gathering of as much data from cases and contacts as possible to develop a diagnostic test as soon as possible.

If the pathogen spreads more widely, core capabilities include PPE to safeguard frontline workers, and therapeutics to treat those infected and protect people at the highest risk of becoming unwell.

Recovery is often - but not always - achieved through vaccine development and distribution. For HIV, the last major non-respiratory pandemic to affect the UK population, there is still no vaccine or curative treatment.

This will also depend on strong routine functions - for example, infection, prevention and control, and R&D.

7. A One Health approach

A multi-hazard, whole-system approach is needed for biological security, reflecting the interconnection between human, animal, plant and environmental health.

Building on the UK Biological Security Strategy, which promotes a One Health, climate-focused approach, this strategy includes primary areas where governments are prioritising a One Health approach to pandemic preparedness.

This part of the strategy applies to the whole of the UK.

8. Decision-making will be informed by data analysis, scientific, public health and clinical evidence, and expert advice

Governments will ensure that the use of data, digital tools and evidence is integrated into decision-making at every level of preparedness and response. This includes capitalising on their expert scientific advisory structures and industry expertise in pandemic preparedness and response.

Governments will:

- build on the experience of Exercise Pegasus to ensure:
 - access to a broader forum of scientific advisers
 - continued engagement between internal and external expertise
- prioritise building comprehensive systems for collecting, sharing and analysing data to support and demonstrate evidence-based decision-making, including:
 - seeking to improve coherence and comparability of data across the 4 nations
 - changing policy in response to live evaluation and impacts data

This will bring clarity on what data is needed, where it is collected, where it flows to, how it is analysed and how interoperability is ensured.

9. Leveraging research and development

The COVID-19 response and recommendations from the UK Covid-19 Inquiry clearly demonstrate the vital importance of investing widely in R&D and having a strong private life sciences sector.

Governments will continue to ensure investment in R&D to, for example:

- deepen understanding of pandemic threats
- accelerate the development of vaccines and therapeutics
- support improvements in capabilities
- inform and evaluate government interventions

This part of the strategy applies to the whole of the UK.

10. National to regional and local-level engagement and co-ordination on policy and guidance development

The local intelligence, trusted community links and operational capacity of regional and local partners are central to delivering effective pandemic policy.

Governments will continue to prioritise multi-level engagement, including with community partners such as voluntary, community and social enterprise (VCSE) and faith sector organisations and affected communities, to make policies practical, resilient and responsive to local needs.

11. Preparedness is a whole-of-society effort

Pandemic preparedness is much broader than government planning. It relies on supply chain security, the UK's life sciences sector and our manufacturing base for accessing vital clinical countermeasures, local government, and the VCSE and civil society sectors.

It requires co-operation across the 4 nations. Public trust in governments (and public health and medical experts) is critical. Governments will work together with industry, academia and civil society to achieve their goals for preparedness.

12. Domestic response needs to be considerate of global dependencies

Governments, health systems and economies rely on global organisations, institutions and supply chains. In particular, global supply chains will be influenced by the type of pandemic and response measures that countries take to protect their populations. The national governments are working with industry and international partners to understand and plan for global dependencies.

This part of the strategy applies to England only.

UK government approach to implementing the strategy (England only)

This part of the strategy applies to England only.

Executive summary

The UK government has learned crucial lessons from COVID-19. These have shaped our approach to preparing for future pandemics, while also ensuring that we are able to adapt to any future pandemic threats - not just preparing for the pandemic we just had.

This includes the need for an ethical, equitable and compassionate approach to planning and response that learns from how the COVID-19 pandemic, and the government's response to the crisis, impacted people and communities.

In its [response to the Covid-19 Inquiry module 1 report](#), the UK government committed to developing a new strategy for improving pandemic preparedness to better protect the population from future threats.

The UK government has a renewed mission to:

“protect the health of the population, and help mitigate unequal and wider impacts on society, by progressively improving our pandemic preparedness capabilities between now and 2030.”

This is a strategy to rebuild our readiness for pandemics and prepare for different scenarios while learning from past pandemics. It is not, however, a plan for responding to a pandemic, and does not lay out operational detail and roles and responsibilities for how the UK government will respond.

The strategy builds on lessons from the [UK Covid-19 Inquiry](#) and initial findings from [Exercise Pegasus](#) (see 'Introduction and principles' for more details), the full report of which will be published by winter 2026.

Implementation of the strategy will continue to draw from:

- further lessons identified from the exercise
- the UK government's soon to be published response to the [module 2 report of the UK Covid-19 Inquiry](#)
- the inquiry's future recommendations

This part of the strategy applies to England only.

We will maintain a flexible approach to future preparedness, so that the strategy's actions may be adapted as the wider international and domestic context or our scientific understanding of potential future pandemics evolve. Advances in research, technology and evidence will also continue to influence how we implement them.

The UK government will implement its mission through 5 strategic goals, each supported by targeted outcomes.

These goals align with the [UK Biological Security Strategy](#) and the 5 main components that enable a pandemic response, as set out in WHO's [Preparedness and Resilience for Emerging Threats \(PRET\) guidance](#).

The 4 main pillars of the UK Biological Security Strategy are:

- understand
- prevent
- detect
- respond

The 5 goals of the strategy, and the associated outcomes under each goal, are linked to the 4 pillars of the UK Biological Security Strategy, as shown in figure 2 below.

Goal 1: plan for a whole-system response

The outcomes listed under this goal are:

- outcome 1: ready-made response plans, prepared and rigorously tested in advance, addressing the 5 main routes of transmission
- outcome 2: cross-government co-ordination and local command and control for preparedness and response
- outcome 3: the whole-system response is supported by appropriate PPE
- outcome 4: updated legislative frameworks, enabling rapid response

Goal 2: strengthen community protection and build trust in our communities

The outcomes listed under this goal are:

- outcome 5: comprehensive evidence base and planning for community protection measures

This part of the strategy applies to England only.

- outcome 6: established, trusted communication routes for guidance reaching all population groups
- outcome 7: resilient and scalable case, contact and outbreak management and community testing infrastructure

Goal 3: enhance access to clinical countermeasures

The outcomes listed under this goal are:

- outcome 8: R&D to support the development of new diagnostics, vaccines and therapeutics
- outcome 9: timely access to available, safe and effective vaccines and therapeutics for those most in need
- outcome 10: rapid scale-up of diagnostic tests, with ability to reach population level if required

Goal 4: strengthen collaborative surveillance and data use

The outcomes listed under this goal are:

- outcome 11: a diverse range of disease surveillance systems, studies and sample groups are ready to be flexed and scaled to understand disease spread and characteristics
- outcome 12: national, regional and local systems' planning and response is supported by timely and reliable data and analysis

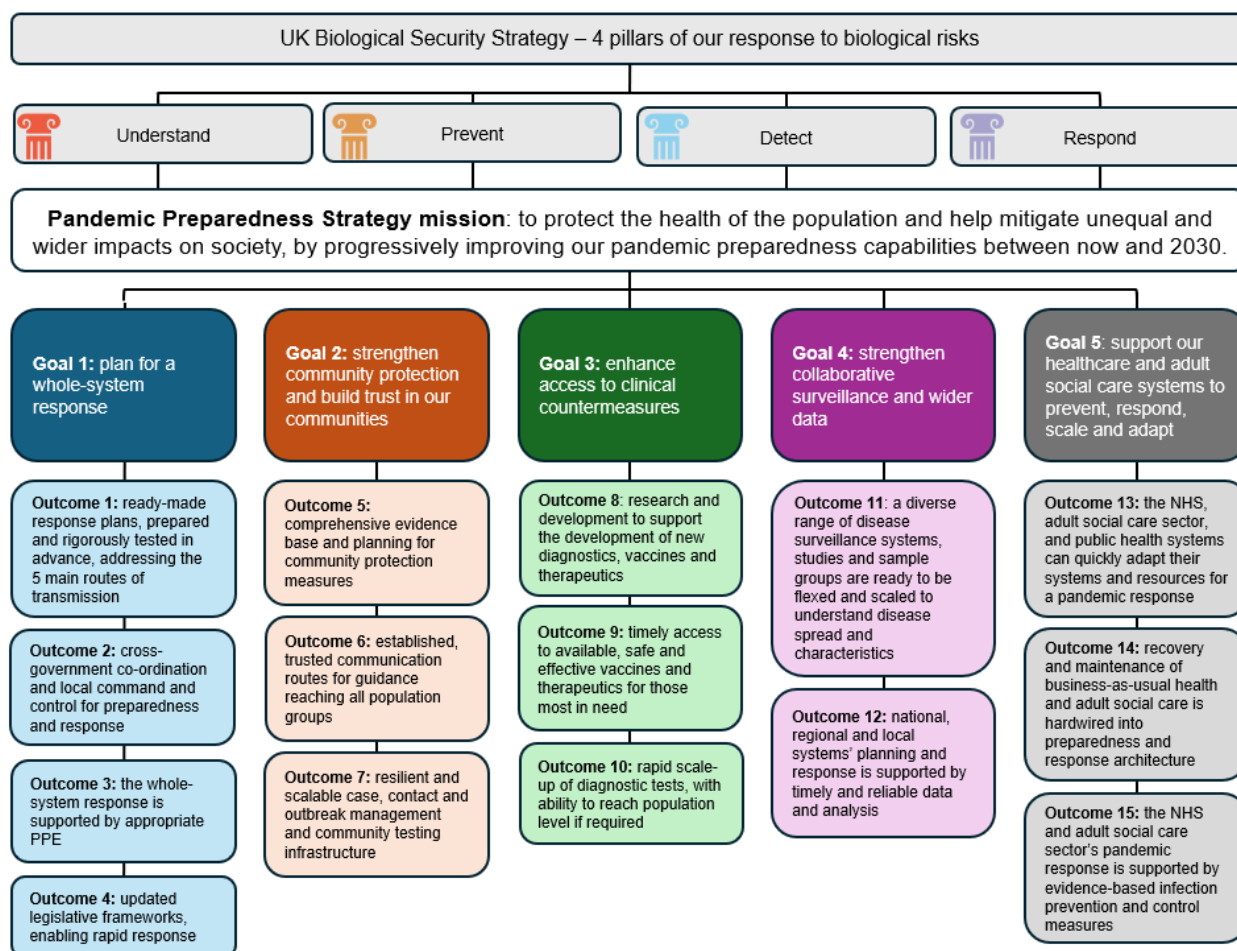
Goal 5: support our healthcare and adult social care systems to prevent, respond, scale and adapt

The outcomes listed under this goal are:

- outcome 13: the NHS, adult social care sector and public health systems can quickly adapt their systems and resources for a pandemic response
- outcome 14: recovery and maintenance of business-as-usual health and adult social care is hardwired into preparedness and response architecture
- outcome 15: the NHS and adult social care sector's pandemic response is supported by evidence-based infection prevention and control measures

This part of the strategy applies to England only.

Figure 2: goals and outcomes of the strategy informed by the 4 pillars of the UK Biological Security Strategy



Pandemic preparedness demands a whole-of-government, whole-of-society approach that prioritises the needs of those most vulnerable.

The following sections under each goal set out how policies and national, regional and local response systems will be co-ordinated across health and social care and other sectors including:

- education
- safeguarding for children and young people
- supply chain resilience
- providing financial support for individuals and businesses

Commitments focus on building an adaptable and scalable response that is underpinned by rapid surveillance, diagnostics, and access to PPE and clinical countermeasures.

This part of the strategy applies to England only.

Preparedness will span the full pandemic life cycle - from prevention and containment to recovery - supported by:

- health system and wider resilience
- robust data
- scientific advice
- ethical planning

The UK government is underpinning the implementation of its goals with significant investment to maintain and improve a wide range of capabilities. This reflects the principle underscored in the UK Covid-19 Inquiry that “proper preparation for a pandemic costs money... Money spent on systems for our protection is vital and will be vastly outweighed by the cost of not doing so”.

This strategy is backed by investment of around £1 billion for health protection during the current Spending Review 2025 period, with any later funding being subject to future spending reviews.

This is in addition to a multibillion-pound investment, including £250 million over this Parliament to establish a [new world-leading biosecurity centre in Harlow, Essex](#), which will be the largest of its kind in Europe and boost the UK’s R&D for pandemics. The whole site is scheduled to be in operation by 2038.

The National Institute for Health and Care Research (NIHR) continues to invest over £606 million annually to [sustain the UK’s robust research infrastructure](#), including in specialist facilities, expert knowledge and skilled delivery teams, which are vital for preparedness.

In 2025, the Department of Health and Social Care (DHSC) committed £80 million to recommission [NIHR’s Health Protection Research Units](#) (HPRUs), which cover infectious diseases, emergency preparedness and cross-cutting areas, each with a pandemic preparedness theme.

DHSC has developed this strategy in partnership with UKHSA and NHS England, other government departments and national governments. While pandemic preparedness and response is primarily a devolved matter, the strategy illustrates an agreed approach across the 4 nations of the UK.

DHSC will lead the implementation of the strategy, working closely with the Cabinet Office and other government departments and executive agencies. We will use existing mechanisms and cross-government governance for pandemic preparedness to co-ordinate delivery and provide assurance, as well as deliver the areas of collaboration with

This part of the strategy applies to England only.

the devolved governments. A timeline for implementation is included in the 'Next steps and implementation' section below.

Taking a whole-of-government approach

A large range of capabilities are needed for a successful pandemic response in order to maintain critical national infrastructure and minimise the disruption to people's lives and wellbeing.

Primary examples of the capabilities considered in this strategy include the following.

Central co-ordination

The Cabinet Office will build on the progress it has made to strengthen central co-ordination, as outlined under outcome 2 of the 'Goal 1: plan for a whole-system response' section below.

It will continue to take a driving role in working to improve preparedness and readiness across government, and better support the work of other government departments in their response to the cascading impacts of a pandemic.

As recommended by the [module 1 report of the UK Covid-19 Inquiry](#), the Cabinet Office will provide leadership in the event of a catastrophic risk and closely support DHSC, the lead government department, to co-ordinate a whole-system response.

Health and adult social care

UKHSA provides:

- disease surveillance
- risk assessments
- epidemiological investigations
- public health guidance for infectious disease outbreaks

This strategy shows where action is being taken to enhance these in the context of a pandemic response.

DHSC is focusing on:

- bolstering the health and adult social care system's resilience to pandemics, working closely with NHS England

This part of the strategy applies to England only.

- enhancing the development of and access to clinical and non-clinical (for example, PPE) countermeasures, in collaboration with other government departments

Children and young people

The Department for Education (DfE) works to support continuity of education, safeguarding and care in a pandemic, and reduce the risks to the health and wellbeing of children and young people. DfE is strengthening pandemic capabilities, including:

- remote education
- the continued provision of free school meals
- support for vulnerable children
- plans to maintain face-to-face education and care for as many children and young people as possible (prioritising vulnerable children and the children of critical workers)

Action will be taken across government to safeguard socially vulnerable children - particularly at home and from wider exploitation or criminal activity - alongside measures to protect children and young people's wider mental health and wellbeing.

Financial support

In a pandemic, DHSC, HM Treasury, HM Revenue and Customs, the Department for Work and Pensions, the Department for Business and Trade (DBT) and the Ministry of Housing, Communities and Local Government (MHCLG) work to understand the impact of the pandemic and any consequent health interventions on the economy, including households and businesses.

As part of the strategy's work on community protection, these departments will consider lessons learned from the COVID-19 pandemic to ensure appropriate economic interventions can be considered and co-ordinated to support people and businesses in future crises.

International borders

UKHSA, the Home Office and the Department for Transport (DfT) will work together to strengthen their capabilities for implementing and operationalising public health measures at points of entry to the UK, as part of the strategy's work on community protection.

In a pandemic, the Foreign, Commonwealth and Development Office (FCDO) will review travel advice for affected countries or territories to ensure it includes where to find up-to-date information and advice to support the safety of British nationals overseas.

This part of the strategy applies to England only.

UKHSA is reviewing the best available evidence on the benefits of these measures to support the development of effective public health advice (inputting to outcome 5 of 'Goal 2: strengthen community protection and build trust in our communities'). This will inform the cross-government decisions that would be needed in a pandemic, led by DHSC.

Supply chain continuity

This is a cross-government priority for pandemic preparedness. For example:

- DBT provides support to businesses and is enhancing emergency resilience planning for supply chains
- DfT works with the transport sector to enable continuity of transport services, which in turn enables the smooth functioning of supply chains

Departments' contingency planning is underpinned by the UK's [Critical imports and supply chains strategy](#), which prioritises:

- risk assessment
- removing trade barriers
- rapid response to global shocks
- collaboration with industry and academia to secure essential goods for health, security and economic continuity

Zoonotic disease

The Department for Environment, Food and Rural Affairs (Defra) leads the government's response to animal diseases by:

- adopting animal disease control measures that minimise spillover to humans and prevent pandemic threats
- expanding R&D for animal diseases, as outlined under outcome 8 of the 'Goal 3: enhance access to clinical countermeasures' section below

Taking a One Health approach (see 'Foreword, introduction and principles' for more on this) and reflecting lessons from the COVID-19 pandemic, Defra will work together with DHSC, UKHSA and the Office for Life Sciences (OLS) to identify where expertise and resources can helpfully be shared, including pivoting capabilities (for example, to find efficiencies in the development of clinical countermeasures for a pandemic response, as shown under outcome 9 of the 'Goal 3: enhance access to clinical countermeasures' section below).

This part of the strategy applies to England only.

Funding for a pandemic response

The [Public spending - accountability framework](#) continues to be applied in a pandemic as the government remains accountable to Parliament for the use of public money.

[Reviews of expenditure in the previous COVID-19 pandemic](#) have concluded that many of the protections provided by spending control processes are just as important in a crisis.

HM Treasury will publish new guidance on spending controls in a crisis in 2026, setting out how flexibilities in the public spending framework can be temporarily applied to support a timely and flexible pandemic response, in a manner consistent with the framework's underlying principles.

In a pandemic, this will enable the short-term objective of supporting the pandemic response - which is also the most effective approach to supporting the economy - while also ensuring medium-term fiscal sustainability.

Local systems

Local systems are critical enablers of a pandemic response, including but not limited to:

- local responders in the NHS, primary care and adult social care providers
- local authorities
- integrated care boards (ICBs)
- directors of public health
- UKHSA's regional health protection teams
- local health resilience partnerships

All Category 1 responders under the [Civil Contingencies Act 2004](#) have a legal duty to maintain plans to enable an effective response to emergencies, with local resilience forums (LRFs) playing an essential co-ordinating role.

All NHS-funded organisations have a contractual obligation to maintain and test specific plans for infectious disease and new and emerging pandemics.

Outcome 2 of the 'Goal 1: plan for a whole-system response' section of the strategy below sets out the government's commitments to review the expectations and guidance that it sets out for local systems to support their preparedness planning, as well as ways it is aiming to help strengthen the emergency resilience of local responders generally.

This part of the strategy applies to England only.

Civil society

Recognising the essential role of volunteers during COVID-19, including supporting vaccine centres and providing face-to-face support to patients, the Department for Culture, Media and Sport is developing a civil society response protocol. This will:

- establish processes to quickly convene and work with the VCSE sector
- agree core working principles, such as on data sharing and communication

Communications

Being able to effectively and consistently share information is a vital part of any pandemic response. Our approach to preparedness will include plans to:

- share situational awareness across government departments and devolved governments
- disseminate information and updated guidance, reflecting changing operational delivery, with those delivering public services both within and beyond health
- keep the public warned, informed and advised during any pandemic

All government departments will work with DHSC and the Cabinet Office to implement several actions in the strategy that relate to cross-government co-ordination, including on:

- community protection measures
- local guidance
- data
- identifying critical workers
- the prioritisation of resources, such as PPE and testing

Actions that UK government will take to implement goals and outcomes to 2030

The UK government has identified 5 goals that describe its ambitions for pandemic preparedness, with 15 outcomes that we aim to achieve as a result (see figure 2 in the 'Executive summary' section).

In the following sections, this strategy sets out the specific actions to be taken between now and 2030 to help achieve these goals and outcomes.

This part of the strategy applies to England only.

The government will continue to adapt its approach in response to the changing risk landscape, learnings from regular pandemic exercises and disease outbreaks, and emerging scientific and technological advances, and will work to fully realise the desired outcomes beyond 2030.

Goal 1: plan for a whole-system response

When responding to a pandemic, it is crucial that the government establishes clear strategic objectives guiding collective decision-making and planning implementation, ensuring priorities and trade-offs are understood, and enabling effective resource allocation.

Objectives would be set at the outset of a pandemic based on the Cabinet Office Briefing Rooms (COBR) strategic decision-making responsibilities, described in the [Amber Book](#), and would remain under continuous review. Overall aims of the response would include minimising the impact on the UK and UK interests, particularly on people's health (especially children and vulnerable people), the NHS, education and the economy.

These aims demand a 'whole-system' readiness to respond. Planning and co-ordination between national, local and regional response structures and organisations, across all relevant sectors, is critical for effective decision-making, information sharing and appropriate scale-up of resources. Without this, we would risk greater disruption and damage across society in a future pandemic.

The government will therefore prioritise maintaining clear response plans, roles, responsibilities and structures for cross-government co-ordination as part of preparedness.

Outcome 1: ready-made response plans, prepared and rigorously tested in advance, addressing the 5 main routes of transmission

The government has strengthened its emergency planning following the COVID-19 pandemic, with new processes and people in place to better respond to future pandemics by supporting better risk management, situational awareness and emergency co-ordination.

Departments have enhanced their pandemic response planning in light of lessons from COVID-19 and such plans will be further strengthened following the experience of Exercise Pegasus.

A particular focus has been building flexibility into planning to ensure that the right skills and capabilities can be adapted to the nature of a future pandemic. This is based on the understanding that no pandemic will be the same and each will require a different response, with plans having to be assessed and amended early.

This part of the strategy applies to England only.

Between now and 2030, the government will take the following actions.

a) Enhance departmental pandemic response plans

All departments will review their plans to maintain government services and critical national infrastructure, support the health and social care response, implement community protection measures in their sectors, and minimise unequal impacts and disruption to people's lives and wellbeing. While doing so, they will take into consideration ongoing recommendations from the UK Covid-19 Inquiry and the need to be flexible to different future pandemic scenarios.

These will include departmental planning around:

- managing increases in workforce absence that may result from the pandemic
- accessing the data needed to quickly evaluate the impact on critical workers
- developing guidance to enable safe working

Plans will be pre-costed to ensure that, in a pandemic response, estimated costs are available to inform decision-making. Regular exercising of emergency response planning will enable continual improvement over the course of the strategy's implementation.

Alongside this, NHS England will review and update its [Framework for managing the response to pandemic diseases](#) in the NHS.

b) Adapt the respiratory pandemic response plan for health and adult social care to articulate the different response mechanisms for non-respiratory pathogens

The operational requirements for a respiratory pandemic response plan were tested in draft through Exercise Pegasus and the plan will reflect initial lessons from the exercise.

In 2026, DHSC will lead work to adapt this plan for the other 4 main routes of transmission, with consideration of the different control strategies and interventions that may be needed. For example, measures to control insect populations for vector-borne diseases or source control from infected food or water for orally transmitted diseases.

c) Regularly 'exercise' pandemic and wider emergency response structures

The government's National Exercising Programme and departmental exercise programmes will continue to build resilience across government, with lessons being incorporated into preparedness planning for continual improvement during the strategy's implementation.

DHSC, UKHSA and NHS England will continue a range of training and exercising that is designed to:

This part of the strategy applies to England only.

- stress-test different components of the health and care system's response to different outbreak scenarios
- target core functions, such as supply chain disruptions, and NHS specialist and surge capacity

This will ensure we understand what is needed when responding to future pandemics, not past.

Outcome 2: cross-government co-ordination and local command and control for preparedness and response

Since the COVID-19 pandemic, the government has taken significant steps to improve cross-government co-ordination and ensure the government is well prepared to manage future whole-system risks.

In 2025, the Cabinet Office developed a new central Pandemic Concept of Operations (a document used internally by national government planners) that defines roles, decision-making and communication processes in central government to strengthen overall system resilience to pandemics.

The government is also working to help strengthen the emergency resilience of local responders. This includes a Stronger LRF Trailblazers programme, which gives local areas the opportunity to test integration of resilience into wider local policies, and increase the leadership and democratic accountability of multi-agency activity.

Exercise Pegasus tested cross-government co-ordination, revealing a need for greater clarity of decision-making roles, frameworks and guidance, particularly for local systems, in responding to a future pandemic.

Between now and 2030, embedding early findings from Exercise Pegasus, the government will take the following actions.

a) Publish lead government department expectations and best practice for emergency planning and response in central government

In this guidance, the Cabinet Office will set out clear responsibilities for lead government departments and other government departments in planning, preparing, responding to and recovering from emergencies such as pandemics.

b) Regularly review the Pandemic Concept of Operations, setting out response roles, decision-making and communication processes in central government

The Cabinet Office will lead work to update the central Pandemic Concept of Operations to reflect lessons from Exercise Pegasus and the findings of the UK Covid-19 Inquiry.

This part of the strategy applies to England only.

This will include lessons identified for the government's Enduring Pandemic Taskforce model, led by the Cabinet Office, which is activated at the point a pandemic becomes a whole-system emergency. The taskforce aims to:

- lead and co-ordinate the responses across government
- broker collective agreement of policies
- support departments facing cross-cutting impacts

The review will include further consideration of a clear protocol for decision-making in a pandemic, as well as transition points for different phases of the response.

c) Review and update published emergency planning guidance for local system responders

The Cabinet Office and DHSC - with input from UKHSA, NHS England and all departments for their sectors, and engaging with local government, including directors of public health - will review existing guidance and work with departments to update it as necessary.

This will ensure that regional and local emergency planners, sectors and communities can access the information required to support pandemic response planning.

d) Define clear expectations and guidance for local responders specifically for pandemic response, and determine the appropriate government support for local planning

DHSC, the Cabinet Office and MHCLG will lead work with other departments to define clear roles and responsibilities, expectations and guidance for local responders in a pandemic, supplementing existing emergency guidance, to ensure planners have all the information they need. This will include clear communication on the structures and processes for local and regional response within the NHS.

The government will also engage with LRFs, councils and other partners to determine what further support from government is needed for their planning.

e) Review and define critical workers across different sectors

Working with DfE and other government departments, DHSC and the Cabinet Office will review and refine the government's list of critical workers across different sectors - drawing on the experience of Exercise Pegasus - so it is ready to adapt and use for future pandemics.

This will include both paid workers and volunteers, who form a critical part of workforces in a range of sectors. This will help ensure preparedness planning and a future pandemic response will consider all critical workers appropriately and efficiently.

This part of the strategy applies to England only.

f) Review frameworks for identifying people most at risk in a pandemic and clarify how these will be embedded in cross-government decision making

Significant progress has been made on how to identify those most at risk during a pandemic, including through the direct impacts of a pathogen and, indirectly, through the actions taken in response.

Building on this, DHSC will lead an overarching strategic review of existing frameworks to ensure that central government and local responders are able to comprehensively identify those at risk in a pandemic.

This will follow a flexible approach so that decision-makers can incorporate the specific characteristics of a future pathogen, alongside emerging evidence on its impacts, into their decision-making.

It will also establish a programme of work to better embed and consolidate the use of existing frameworks into decision-making.

g) Publish principles for the early prioritisation of critical capabilities, such as testing, PPE and vaccines, when supply is limited

Led by DHSC, UKHSA and the Cabinet Office and informed by input from expert advisory committees, these principles will take account of work to identify:

- people most at risk
- the impact of inequalities
- the range of critical workers

This will include cross-government engagement with departments such as DfE.

The principles will:

- support the development of clear cross-government prioritisation models for critical capabilities, such as PPE, testing and countermeasures (as referred to below in outcome 3 of 'Goal 1: plan for a whole-system response' and outcome 10 of 'Goal 3: enhance access to clinical countermeasures')
- be adaptable for different transmission routes

h) Agree the pandemic crisis communications plan

The Cabinet Office will finalise a cross-government communications plan aligned with the phased escalation of a pandemic response. This plan will set out clear roles and responsibilities during the transition from an initial health response to a wider Cabinet Office-led crisis communication team centralising:

This part of the strategy applies to England only.

- strategic direction
- behavioural science
- paid campaigns
- countering of disinformation

Crucially, it will commit to close alignment with the devolved governments. Within England, it will provide support for LRFs and local councils to help ensure consistent, effective guidance reaches every community.

The plan will set out how:

- governments, departments and organisations co-ordinate communications activity
- situational awareness is shared
- the public is kept informed and engaged on the government's response

Outcome 3: the whole-system response is supported by appropriate PPE

A vital part of cross-government pandemic planning is infection prevention and control (IPC). In a pandemic, it is vital that IPC is widely implemented to safeguard frontline workers and reduce the spread of disease. Processes are in place for UKHSA to provide IPC guidance principles and for government departments to support application in different sectors.

Central to effective IPC is a resilient supply of PPE and hygiene products. To enable rapid access at times of critical need, the government holds strategic stockpiles of appropriate products.

Since the COVID-19 pandemic, DHSC has updated England's PPE stockpile targets to reflect our learnings about the volume of PPE required across health and adult social care, accounting for asymptomatic transmission and a range of disease scenarios. DHSC is also co-ordinating with the devolved governments on their stockpile targets.

DHSC will regularly review target volumes based on the latest evidence and scientific advice, including any changes to IPC guidance and the status of the health and adult social care sectors.

PPE planning must be adaptable to different transmission routes - for example, for diseases transmitted by touch, a different set of precautions may be needed compared with those required for a respiratory pandemic.

This part of the strategy applies to England only.

Exercise Pegasus stressed the importance of cross-government co-ordination on PPE prioritisation to ensure appropriate access for different frontline workers. Without sufficient supply and planning, the UK would face greater risk of illness and death, particularly among frontline workers and patients, as well as greater disruption to essential services and wider society in a future pandemic.

Between now and 2030, the government will take the following actions.

a) Replenish stockpiles and secure contractual arrangements for the supply of PPE and hygiene consumables in a pandemic

DHSC will continue to invest to help meet its pandemic preparedness stockpile targets for PPE for the health and adult social care workforces. To reduce costs and waste while increasing resilience, DHSC is:

- implementing 'dynamic' stockpiling, where product is cycled through business-as-usual usage in the NHS, wherever possible
- exploring new contractual models to ensure access at the time of need

Ensuring the needs of a diverse workforce are met is being considered in developing product requirements - for example, the need for a range of PPE product sizes.

b) Review PPE planning in all departments

Some government departments procure PPE for routine use as appropriate.

Existing procurement routes will be drawn upon in a pandemic, where possible, to support access to priority sectors. As part of their pandemic planning and with appropriate support from DHSC, all departments will:

- determine the PPE product requirements for any sectors for which they hold policy responsibility, taking into account the diversity of workforces and their risk of exposure
- determine what mechanisms are available for securing PPE in their sectors, including different procurement routes and any pre-existing stockpiles
- plan for the deployment of PPE in their sectors, where possible, including consideration of training and fit testing as appropriate

This work will be critical for effective provision and cross-government prioritisation of available PPE.

This part of the strategy applies to England only.

c) Refine plans for mobilising and distributing PPE from national stockpiles and emergency procurements in a pandemic

DHSC will ensure that plans to deploy PPE across England are reviewed and tested at least annually, incorporating lessons identified from Exercise Pegasus.

DHSC will communicate regional and local-level responsibilities for receipt and onward distribution of PPE, which will be incorporated into regional and local-level pandemic planning. Plans will consider the range of health and social care settings and providers that may require additional PPE in a pandemic.

d) Prepare a cross-government model for procuring and prioritising the distribution of PPE to critical workers in periods of high demand or market failure

This will be led by the Cabinet Office and DHSC, in collaboration with NHS England and other government departments, building on the principles for prioritisation referenced under outcome 2 of 'Goal 1: plan for a whole-system response' above.

It will operate on the principle that, if demand surges and markets are strained, DHSC - as lead government department - will initially lead work (with NHS England and other government departments) to prioritise distribution of available stock across different sectors, based on a hierarchy of risk, until a Cabinet Office-led Enduring Pandemic Taskforce model is in place. The hierarchy of risk will take into account the:

- risk of exposure
- ability to perform roles safely without PPE
- interdependencies between critical workers
- broader societal impact

PPE would be used as a last resort after other routes have been exhausted (as advised in the Health and Safety Executive's [Using PPE to control risks at work](#) hierarchy of controls).

Alongside this, DHSC will work with suppliers to incentivise UK manufacturing of PPE - both generally and during a pandemic - to support a resilient supply at times of increased demand.

Outcome 4: updated legislative frameworks, enabling rapid response

Legislation can play a critical role in a pandemic response, granting new powers for organisations and authorities to implement measures to:

- control disease spread

This part of the strategy applies to England only.

- maintain public services both nationally and locally
- support those most affected

Preparing draft legislation in advance facilitates the rapid introduction of new legislation when needed. This was demonstrated in the response to COVID-19, where a previously drafted Pandemic Influenza Bill provided the initial framework for the [Coronavirus Act 2020](#). Though now withdrawn, this act remains the most recent legal framework available to support a pandemic response, alongside existing powers under the [Public Health \(Control of Disease\) Act 1984](#) and Civil Contingencies Act 2004.

Learning lessons from previous pandemics, the government is working to prepare more flexibly for pandemic legislation to meet the needs of any future pandemic. While the draft Pandemic Influenza Bill provided a useful starting point, its provisions proved insufficient to meet all the powers needed to respond to COVID-19.

DHSC has already undertaken work to understand the powers that might be needed in a future pandemic, which proved valuable during Exercise Pegasus.

Building on this, to ensure comprehensive legislation can be rapidly introduced in a future pandemic, the government will take the following actions.

a) Prepare a draft 'All Pandemic Hazards Bill' that can be used in response to all pandemic pathogens

DHSC will develop a new legislative framework that can be adapted to all routes of disease transmission, to be completed by March 2027. It will adopt a modular approach, with options that can be chosen as required when a pandemic is declared or imminent, in response to the specific disease.

Once the draft bill is completed, it is our intention to review it on a regular basis to ensure it remains up to date, and consult Parliament on its provisions to build and maintain consensus between pandemics. As part of this, DHSC will consider where the effects of certain powers could be felt more keenly by some population groups and, through the development of draft powers for the bill, seek to limit negative outcomes.

b) Work collaboratively with local systems, other government departments and the devolved governments to consider the breadth of legislation that may be needed

This includes both development of the draft All Pandemic Hazards Bill and identifying where additional legislation may be needed using pre-existing powers, such as those included in the Public Health (Control of Disease) Act 1984, to support a wide-ranging and robust pandemic response.

This part of the strategy applies to England only.

In developing the draft bill, DHSC will work closely with local partners and other departments to consider the breadth of powers that may be needed, and their geographical scope, where appropriate. DHSC will also collaborate with the devolved governments to consider devolved and reserved powers, allowing for a quicker response across the UK's 4 nations during a pandemic.

Goal 2: strengthen community protection and build trust in our communities

Community protection refers to:

- community-centred actions and engagement designed to protect people from the impacts of health emergencies such as pandemics
- continual work to build resilience and trust in communities
- in a pandemic, additional measures - such as isolation of people who have been infected and their close contacts - to slow or control the effects of the disease

To be effective, these measures should be supported by community testing to trace infected individuals and their close contacts and enable decision-making.⁵

Without proactive work and investment, the government would risk relying more heavily on less targeted pandemic response measures, potentially causing greater disruption to people's lives and wellbeing.

Learning from COVID-19, the government is therefore building its data and evidence base, tools and communication routes for introducing effective community protection measures that can respond to any future pandemic.

Outcome 5: comprehensive evidence base and planning for community protection measures

The nature, scale and combination of community protection measures used in a pandemic can vary greatly depending on the pathogen, environment and population groups most at risk.⁶ The combination would also vary at different stages, particularly based on the availability of clinical countermeasures. Early on in a pandemic caused by a novel pathogen, social and behavioural interventions may be the only available way to slow the spread of the disease.

⁵ DHSC. [Technical report on the COVID-19 pandemic in the UK](#). 2022.

⁶ Under this outcome, 'community protection measures' align with [WHO's definition of public health and social measures](#).

This part of the strategy applies to England only.

In a future pandemic, the government will need to make difficult decisions about the application of these measures based on expert advice and the latest evidence, data and modelling available on the impacts of such measures.

Since the COVID-19 pandemic, the government has enhanced its readiness by working to further its understanding of:

- the effectiveness and impacts of different measures
- likely public behaviour responses

So far, the government has completed and published a detailed [review of public health evidence for the respiratory route of transmission](#) that specifically considered health inequalities.

Exercise Pegasus and recent outbreaks such as mpox highlighted the need for continued collaboration across government to better understand the role of different community protection measures for different routes of transmission and their full impacts - including unintended ones - on people and society, and particularly people facing inequality. This is needed to support proactive preparation of the policy capabilities that may be needed, and inform the cross-government decisions needed in a pandemic.

Between now and 2030, the government will take the following actions.

a) Publish public health evidence reviews on the effectiveness of community protection measures for all 5 main disease transmission routes

Building on its published review for the respiratory route of transmission, UKHSA will work to develop evidence reviews for the effectiveness of interventions in other routes of disease transmission that could lead to future pandemics, including specific consideration of health inequalities.

Where there are evidence gaps, UKHSA will work with academic partners and other public health agencies to fill these, including through scenario modelling. UKHSA will also continue to improve its processes for rapidly reviewing the emerging evidence in a pandemic.

b) Develop understanding of the wider impacts of community protection measures on all sectors, communities and age groups

DHSC and the Cabinet Office will convene other government departments in a 'community of practice' to evaluate potential community protection measures. Using the highest-quality evidence available, they will review:

- public health advice on these measures from UKHSA

This part of the strategy applies to England only.

- the impacts on:
- social inequities
- education
- the economy
- the environment
- access to healthcare services
- the population's mental health
- likely public behaviour responses

c) Build a recognised and shared suite of community protection measures to help support elected governments with swift decision-making and prioritisation in a future pandemic

Building on UKHSA's public health advice and findings from the community of practice, DHSC will lead work with UKHSA, other departments and the devolved governments to prepare a catalogue of policy options for potential community protection measures.

Recognising that no 2 pandemics are alike, this policy suite will incorporate a shared overarching understanding of possible health benefits, costs and socioeconomic impacts. These will range from targeted interventions to population-wide measures, including some used during the COVID-19 pandemic and others not.

Examples include options for ventilation, partial home-working or stay-at-home advice, with the potential for varying flexibility across different age groups or clinically vulnerable people, such as those who are immunosuppressed or pregnant women.

The suite of policies will consider:

- policy options to help keep critical sectors operating safely and mitigate unintended impacts
- the most appropriate methods to support uptake, such as the tailoring of communications or use of mandation or enforcement powers where needed
- coupled with commitments made under outcome 12 of 'Goal 4: strengthen collaborative surveillance and wider data' below, options for the live and continuous evaluation of measures to ensure policy can be agile and responsive to real-life impacts

This part of the strategy applies to England only.

d) Include mitigations for unequal impacts in policy design upfront

Building on the available evidence and the consolidated frameworks developed under outcome 2 of the 'Goal 1: plan for a whole-system response' section above, all planning and policy design undertaken by organisations will include consideration of the appropriate approaches and mitigations to seek to prevent negative, unfair or unequal impacts of potential community protection measures, including the use of modelling to assess impacts. This will include providing support, such as food, for people who are asked to isolate and ensuring appropriate care is in place where normal caring routines are disrupted.

This work will adopt a whole-of-society approach, including consideration of how best to support children and the most socially and clinically vulnerable groups.

While the evidence reviews and suite of policy options can never prove exhaustive given the inherent uncertainty of pandemics, these steps will help to:

- strengthen cross-government preparedness planning
- support more equitable policy and decision-making in a pandemic

Outcome 6: established, trusted communication routes for guidance reaching all population groups

In a pandemic, guidance only helps if it reaches the people who need it. COVID-19 underscored the importance of clear, transparent communication tailored for different communities, age groups and vulnerable people, and provided in multiple languages and accessible formats, including British Sign Language.

Digital platforms and social media are important for communication but can become fertile ground for misinformation and disinformation, undermining important messaging.⁷

The government has taken action to improve public resilience to misleading and polarising content. The Department for Science, Innovation and Technology (DSIT) is delivering a:

- pilot media literacy campaign to provide tools for parents and carers to help their children build critical thinking skills online
- media literacy action plan entitled [A Safe, Informed Digital Nation](#), which sets out the collective priorities and activity across government to embed media literacy across major policy areas

⁷ Lally C and Christie L. [COVID-19 misinformation](#). Parliamentary Office of Science and Technology (POST). 2020.

This part of the strategy applies to England only.

To help ensure that critical information can translate into meaningful action in a future pandemic, by 2030 the government will take the following further actions.

a) Strengthen central crisis communication capabilities

To ensure government communications are impactful and driving behaviour change and the adoption of protective behaviours, the Cabinet Office is:

- establishing a central New Media Unit to shape digital engagement strategies
- investing in emergency preparedness⁸
- upskilling communicators across government to ensure the workforce is fully trained in emergency response communications

b) Expand and assess communication channels for reaching diverse communities

In order to maximise existing community channels, working together with NHS England, DHSC and MHCLG, UKHSA will determine the most effective lines of communication with a range of partners, including:

- local authorities
- VCSE and faith sector organisations
- NHS and social care providers
- new ICB structures
- neighbourhood health services

UKHSA will regularly assess and continually improve use of these. This will help important messages reach wide and diverse audiences, ensuring all communities - including those who are digitally excluded - have access to timely and accurate information, and reducing the risk of unequal impacts.

c) Improve understanding of how to make communications relevant to different communities to maximise trust

UKHSA's communications and local public health teams will work directly with local government, directors of public health and community representatives to ensure public health science and guidance is accessible and understood by diverse audiences.

Alongside this, UKHSA will undertake behavioural science and social research, building an evidence base to inform the creation of more effective and inclusive content. This will help

⁸ As set out in the Government Communication Service's updated [Crisis Communications: Operating Model](#).

This part of the strategy applies to England only.

ensure that vital guidance is understood, accepted and acted upon by all communities in a pandemic, protecting people's health and reducing transmission of the disease.

d) Strengthen guidance provided to different sectors

UKHSA will support all departments with developing clear, consistent and effective guidance for their sectors by providing common guidance principles.

Outcome 7: resilient and scalable case, contact and outbreak management and community testing infrastructure

Case, contact and outbreak management involves identifying individuals who have been infected or exposed to a disease and providing them with guidance, support, testing (if available and appropriate) and treatment.

As well as protecting people, this service provides critical data to help the government:

- understand where and how the disease is spreading
- identify the most affected or at-risk populations
- apply targeted interventions in response

Diagnostic testing and clinical case management in England are delivered by the NHS across primary, urgent and secondary care settings. UKHSA provides contact tracing, outbreak management and public health advice. Where national testing demand during a major incident exceeds NHS capacity, UKHSA will use commercial frameworks and contracts to scale testing capacity in response to infectious disease outbreaks.

However, past pandemics and Exercise Pegasus have highlighted the need for a more innovative and integrated digital approach to enable widespread, easy access to testing and contact tracing, while taking into account the characteristics of the specific pathogen. This is important in ensuring the approaches can be adapted to the different requirements across transmission routes - for example, scenarios where testing exists but contact tracing is less effective, or where contact tracing remains essential even in the absence of a reliable test.

To help speed up these capabilities in a future pandemic (and reduce the reliance on other, more restrictive measures, such as large-scale lockdowns), between now and 2030 the government will take the following actions.

a) Build a scalable, end-to-end case and contact management service that can meet demand in any pandemic

UKHSA will develop the digital capability for a Surge Response Service (SRS) as a portal for self-service case management, test ordering, contact tracing and targeted advice and

This part of the strategy applies to England only.

guidance for the public. This will include advice on isolation and self-testing (where available). Further work is being done on linking the SRS to the rapid distribution of therapeutics, such as antivirals (where available), in a pandemic response.

UKHSA will explore options to work with 'big tech' to use live location data and artificial intelligence (AI) for a more rapid, large-scale detection and alert system during pandemics. These services will adopt a whole-of-society approach with accessible and multilingual formats, and UKHSA will work to consider and build the equivalent tools needed for digitally excluded communities.

This will need to take account of the significant potential differences in the nature of contact tracing across different transmission routes (for example, tracing and isolation may be very different for a pathogen transmitted through the sexual route). For diseases transmitted by touch, contact tracing and isolation for the duration of the incubation and infectious periods can be highly effective in breaking the chain of transmission.

b) Ensure national services and data systems for case, contact and outbreak management can be tailored to all our communities

DHSC and UKHSA will conduct an engagement process with local system partners to identify and address risks in local case, contact and outbreak management capability - such as access to data and resource or legislative gaps.

UKHSA will:

- continue engaging local authorities, ICBs, VCSE organisations and future neighbourhood health services to understand populations facing health inequalities and adapt its tools accordingly
- pilot the effective use of available self-testing devices to improve outbreak management in care homes

These actions will strengthen local capability and ensure all communities are better protected in a future pandemic.

c) Ensure effective identification and integration of international arrivals into case and contact management systems

UKHSA will work with the Home Office to link the [universal permission to travel system](#), which provides advanced passenger information and passenger health declaration data, to the SRS, where those individuals require testing, to enable the provision of support and guidance to reduce onward disease transmission.

This part of the strategy applies to England only.

Goal 3: enhance access to clinical countermeasures

Clinical countermeasures - diagnostics (testing), therapeutics (or treatments) and vaccines - are vital parts of pandemic preparedness and response. In a pandemic, appropriate clinical countermeasures can take time to evaluate and develop but, when available, can facilitate the scaling back of community protection measures.

Without investment in the evaluation, development and production of clinical countermeasures, future pandemics could:

- lead to more serious illness and deaths
- put greater pressure on health and social care services
- require more disruptive measures to keep communities safe

The government needs to be prepared from the emergence phase of a pandemic to establish taskforces for vaccines, therapeutics and diagnostics, bringing together the right stakeholders from government, industry and academia. These will pursue identification, development and production of a broad range of candidate countermeasures, using all available routes, including repurposing current treatments as well as developing new ones, applying a One Health approach where appropriate.

Drawing on lessons from the COVID-19 pandemic, and reinforced by Exercise Pegasus, these taskforces will prioritise accessing, developing and distributing clinical countermeasures appropriate to the transmission route, as quickly as possible, to protect public health and minimise disruption to people's lives.

Each taskforce will incorporate R&D 'accelerators' to co-ordinate funding and provide support for early-stage development and clinical trials.

Outcome 8: research and development to support the development of new diagnostics, vaccines and therapeutics

The UK is a strong advocate of the [100 Days Mission](#) and, since the COVID-19 pandemic, has continued to invest in global diagnostics, vaccines and therapeutics development and infrastructure, while also working closely with the UK's life sciences industry and academia.

In 2022, DHSC and FCDO jointly pledged £160 million over 5 years to the [Coalition for Epidemic Preparedness Innovations](#), a global partnership working to accelerate clinical countermeasure development. The UK will support the global community in working together to enhance availability and access to clinical countermeasures, and deploy them to places where they are most needed.

This part of the strategy applies to England only.

In the UK, the government has signed a [10-year partnership with Moderna](#), which will invest over £1 billion in vaccine R&D, and has established the state-of-the-art Moderna Innovation and Technology Centre in Oxfordshire.

UKHSA has boosted R&D for vaccines and therapeutics with its [Vaccine Development and Evaluation Centre](#), launched in 2023, providing world-leading expertise and high-containment facilities for studying dangerous pathogens.

Also launched in 2023, NIHR's [UK Vaccine Innovation Pathway](#) is the country's first clinical trial delivery accelerator for vaccines and messenger ribonucleic acid (mRNA) therapeutics, being led in partnership with the devolved governments and industry.

UKHSA has created a new specialist team, the [Diagnostic Accelerator](#), to boost the country's ability to diagnose and test for a range of different diseases. Its capabilities were tested during Exercise Pegasus, with an emerging lesson being the need to improve capabilities for more [priority pathogen families](#) to support more rapid development of diagnostics when faced with 'Disease X'.

The UK's Chief Medical Officers and Government Chief Scientific Advisers have highlighted the importance of co-ordinating R&D in pandemic preparedness and response.⁹ In response, the [health and care R&D framework for pandemic preparedness, prevention and response](#) was launched in 2025. This is being used to facilitate collaboration between research funders by setting priorities, infrastructure needs and appropriate funding routes, which cover an extensive range of research areas including clinical countermeasure evaluation and development.

The framework covers all 5 routes of disease transmission and includes a dedicated theme on identifying and supporting vulnerable people. It has been used during mpox and avian influenza outbreaks and tested in Exercise Pegasus, facilitating a rapid cross-government response.

To bolster targeted R&D that can pivot to future pandemic threats and better protect the population, between now and 2030, the government will take the following actions.

a) Fund new platform trials to evaluate interventions in hospital and primary care that can be pivoted in an outbreak

In 2025, NIHR launched a [competition for 'platform trials'](#) (trials designed to test multiple clinical countermeasure candidates, both novel and pre-existing countermeasures, at the same time).

⁹ DHSC. [Technical report on the COVID-19 pandemic in the UK](#). 2022.

This part of the strategy applies to England only.

These new platforms, which will be funded in spring 2026, will be designed to rapidly pivot to evaluate medical interventions in the event of a pandemic, significantly reducing the time needed to get from laboratory to patient.

b) Enhance the Diagnostic Accelerator for the rapid development of diagnostics to support testing across a range of pathogens

In partnership with industry and academia, UKHSA will:

- continue to develop and work with industry to improve availability of a greater range of diagnostic assays - which are necessary for identifying a pathogen and developing an effective diagnostic test - for priority pathogen families. This will aim to reduce the risk of delays in developing or gaining access to testing for these pathogens if and when needed
- develop new test kits to inactivate pathogen samples at the point of collection (rather than in a laboratory) for pathogens that would otherwise be too dangerous to manage at scale, limiting diagnostics capacity
- continue to stress-test its existing repertoire of assays for current public health threats, including working with the private sector and international partners

c) Address the perceived barriers to the development of novel vaccines and therapeutics for priority pathogens

To support delivery of the 100 Days Mission, DHSC will identify actions to address the barriers to development of novel vaccines and therapeutics - including economic incentives and advance market commitments, where appropriate - by building on the success of the novel subscription model in supporting the development of novel antimicrobials.

This will align with other initiatives across the R&D pipeline on:

- funding basic research
- supporting effective clinical trials
- addressing regulatory barriers

d) Expand R&D for animal diseases, in collaboration with other funders

According to WHO's [One Health factsheet](#), around 75% of emerging infectious diseases in humans originate from animals, making R&D on animal diseases critical for pandemic preparedness.

Defra will:

This part of the strategy applies to England only.

- prioritise R&D in technology platforms for creating next-generation veterinary vaccines and diagnostics
- invest in expanding high-containment laboratories, such as the National Biosecurity Centre at Weybridge, which are essential for identifying, characterising and responding to dangerous infectious animal diseases

Outcome 9: timely access to available, safe and effective vaccines and therapeutics for those most in need

The government takes a multifaceted approach to advancing the development and supply of pandemic vaccines and therapeutics, aligning with the ambition of the 100 Days Mission. As well as supporting R&D, this includes holding strategic stockpiles and bespoke agreements with manufacturers to support rapid access at times of need, alongside scale-up plans for mobilising staff and infrastructure to distribute and administer products quickly.

Since the COVID-19 pandemic, in line with expert advice and in co-ordination with the devolved governments, the government has sustained pre-existing investment in vaccine and therapeutic capabilities. This has ensured continued access to vital products including antibiotics and influenza antivirals, and medical consumables (such as needles and syringes) needed for administration. This is in addition to investments in capabilities such as the strategic partnership with Moderna and an [advance purchase agreement for a pandemic influenza vaccine with Seqirus](#).

These capabilities are kept under review to ensure the government is able to respond to emerging disease risks facing the UK. However, pre-existing stockpiles and commercial agreements cannot be held in advance for all pandemic threats, and there is always the risk of 'Disease X'.

Exercise Pegasus, which tested our ability to respond without immediate access to therapeutics or vaccines, demonstrated the importance of taking a holistic approach - including by supporting supply chain resilience and UK manufacturing - to ensure greater agility to respond to different scenarios in times of need.

To help expedite access to vaccines and therapeutics in a future pandemic, between now and 2030, the government will take the following actions.

a) Take a dynamic approach to holding or ensuring access to vaccines and therapeutics

DHSC, working with UKHSA, will continue to invest to help ensure access to clinical countermeasures, when needed, including, but not limited to:

- antivirals

This part of the strategy applies to England only.

- antibiotics
- vaccines (when they become available)
- clinical consumables such as needles
- hygiene consumables such as disinfectants

This investment will not only help ensure that we maintain stockpiles of already available products at their target volumes, but also that we continue to invest in the underpinning scientific research and innovation to be able to both rapidly evaluate existing countermeasures and develop novel products when needed.

This innovation includes the potential opportunities presented by AI, such as the ability to rapidly identify potential (pre-existing) therapeutics for novel pathogens, or screen hundreds of molecules to identify those with the most promise in terms of therapeutic value.

Where we have identified products that could have broad response benefits, we will continue to explore initiatives with manufacturers and the NHS, such as partnerships with industry and approaches such as dynamic stockpiling, to help achieve better value for money.

We will use up-to-date scientific advice and expertise, and consider how these approaches combine to give the best breadth of coverage, flexibility and agility to respond to pandemic needs. In ensuring access to vaccines and therapeutics, we will:

- refine activation protocols
- consider and plan for different therapeutics and vaccine deployment strategies, including both prophylactic and therapeutic use cases together with clinical experts and local forums

b) Continuously improve our measures in light of the changing risk landscape, taking account of the evidence and expert advice

DHSC will regularly review its ability to provide vaccines and therapeutics in light of emerging risks facing the UK, and the opportunities presented by innovation, and adapt its approach as needed.

Planning will be tested with independent experts, including the New and Emerging Respiratory Virus Threats Advisory Group, the Advisory Committee on Dangerous Pathogens, and the Joint Committee on Vaccination and Immunisation. A range of factors will be considered, including opportunities for innovation and how to target support to best reduce health inequalities.

This part of the strategy applies to England only.

This approach has already helped to rapidly secure vaccines and therapeutics during the 2022 to 2023 global outbreak of mpox, containing the spread of disease in the UK.

c) Further develop UK onshore vaccines, therapeutics and diagnostics manufacturing capacity through investments in the life sciences sector

DHSC, UKHSA and OLS are working together to monitor and bolster the manufacturing landscape for clinical countermeasures to help ensure we have the science base and manufacturing sector we need, including looking at our ability to use AI and other approaches.

The government is delivering up to £520 million in capital grants between 2025 to 2030 through the [Life Sciences Innovative Manufacturing Fund](#) to strengthen the UK's manufacturing capacity and capabilities.

The government will also work on stimulating UK production of specific products, or significant partnerships such as the [£29.6 million UK RNA Biofoundry](#) announced in August 2025.

d) Establish principles and define processes for working across animal and human health interests to enhance efficiencies for a pandemic response

Taking a One Health approach and reflecting lessons from the COVID-19 pandemic, DHSC, Defra, OLS and UKHSA will together identify where expertise and resources can helpfully be shared, including pivoting capabilities to help support and accelerate the development and production of vaccines, therapeutics and diagnostics in a pandemic.

This may include (but is not limited to) scientific expertise, manufacturing, surveillance and assessment.

Outcome 10: rapid scale-up of diagnostic tests, with ability to reach population level if required

Once an effective test is developed during a pandemic, rapid scale-up of testing is crucial for providing the correct guidance and treatments, when available, to those who fall ill, as well as enabling surveillance systems to track disease spread.

UKHSA will develop testing for novel pathogens and disease outbreaks through its laboratories and scientific expertise. It will work with industry to develop scalable assays that can be delivered within the NHS. Once commercial tests are improved, NHS laboratories can dramatically increase testing capacity.

Technological advancements mean that, in some disease scenarios, self-testing is now possible, eliminating the need for people to visit a clinic or testing site.

This part of the strategy applies to England only.

Adapting these capabilities quickly to a pandemic-scale response proved a constraint in the COVID-19 pandemic. To enhance preparedness, UKHSA has been working to develop an end-to-end plan to scale and distribute diagnostics. This was tested during Exercise Pegasus, which highlighted the importance of considering the prioritisation of testing in the early stages of a pandemic, when availability is limited.

To speed up the roll-out of population-wide testing by several weeks and provide resilience to market pressures, between now and 2030, the government will take the following actions.

a) Build appropriate stocks of chemicals and equipment needed for testing across a range of pathogens

UKHSA will invest in stocks suitable for a range of testing methods, depending on the pathogen. Holding these stocks ready will mitigate against risks associated with market supply in the early stages of a future pandemic.

b) Support secure ongoing supply of test components

By 2027, UKHSA will build a better understanding of the supply chain risks for testing and develop policy options to mitigate these, including collaborating with industry to develop target products and onshoring the manufacture, where practicable and possible.

Expanding UK production of critical diagnostics components - where there are concerns over quality, access and resilience of offshore production - will support a steady, ongoing supply of tests throughout a future pandemic.

This complements work to analyse the wider diagnostics manufacturing landscape previously outlined under outcome 9 of 'Goal 3: enhance access to clinical countermeasures'.

c) Develop capacity and systems for test production and processing to support more rapid roll-out of testing to the whole population

UKHSA will:

- collaborate with industry to accelerate test production and processing at scale for use in UKHSA, NHS and surge laboratories
- develop plans for accessing additional staff and laboratory capacity, partnering with academia to explore the use of additional spaces and a reserve scientific workforce

Alongside this, UKHSA, NHS England and DHSC will work together to:

- better integrate UKHSA and NHS laboratories
- adopt more automation to maximise capacity

This part of the strategy applies to England only.

Joint planning will help ensure laboratories can be mobilised rapidly, with clear triggers and roles and responsibilities.

d) Prepare a prioritisation model for testing in the early stages of a pandemic

Led by UKHSA in collaboration with government departments, this model will provide a basis for the government to prioritise and distribute testing in the event of high demand and reduced availability, building on the principles for prioritisation referenced under outcome 2 of 'Goal 1: plan for a whole-system response' above.

Overall aims of the model will be to reduce infection risk and enable critical government decisions. It will consider the people most at risk, inequalities and the range of critical workers across diverse scenarios, considering lessons from Exercise Pegasus.

Goal 4: strengthen collaborative surveillance and wider data

Pandemics are fast-moving and disruptive, and both the pathogen and its impact on the population can evolve from one week to the next. As highlighted by the UK Covid-19 Inquiry, an effective pandemic response is only possible if decisions at national, regional and local levels are:

- based on reasoned assessment and analysis of evidence
- built on a wide range of accurate and timely data

Without proactive planning, the government will have reduced ability to assess evolving threats, and the impacts on people and services. This may lead to less effective and informed decision-making, including how to flex the implementation of measures based on their live and continuous evaluation, delaying or reducing our ability to slow disease spread and minimise negative impacts.

Under this strategy, the government will therefore prioritise strengthening its disease surveillance and wider data systems.

Outcome 11: a diverse range of disease surveillance systems, studies and sample groups are ready to be flexed and scaled to understand disease spread and characteristics

Surveillance refers to the collection, collation and analysis of data on the spread of infectious diseases for public health action. The government takes a multi-sector, One Health approach to:

- systematically assess domestic and international infectious disease signals and data
- determine the level of risk to the UK

This part of the strategy applies to England only.

- initiate appropriate actions in response

The government will continue to support global efforts to strengthen the coverage, timeliness and coherence of international surveillance systems, which are vital to inform national analysis, decision-making and preparedness.

The government enhanced its domestic surveillance systems during the COVID-19 pandemic and has adapted them since for routine surveillance requirements. Under the UK Biological Security Strategy, the government is working to connect government surveillance activities for human, zoonotic and plant diseases through a new National Biosurveillance Network.

UKHSA laboratories are assessing the use of [cutting-edge technologies to detect and identify various pathogens in wastewater](#), using £1.3 million of investment from the UK Integrated Security Fund. UKHSA will also explore and evaluate new approaches, such as sampling aircraft wastewater, to help detect and evaluate diseases arriving in the UK. The Ministry of Defence is also collaborating with UKHSA to pilot wastewater surveillance at military sites to provide early warning of health protection threats.

While these systems can provide a strong early warning system, they are insufficient for the extensive domestic disease surveillance that is needed during a pandemic. Pandemics require large, diversified studies to assess community-wide disease spread and population vulnerabilities, supported by specialist scientific capabilities. Exercise Pegasus demonstrated how decision-making relies heavily on this comprehensive data.

Between now and 2030, the government will take the following actions.

a) Hold comprehensive pandemic surveillance systems ready to be activated

UKHSA is investing in developing and strengthening pandemic surveillance systems, in line with international best practice brought together in [WHO's Mosaic Respiratory Surveillance Framework](#). UKHSA will have systems ready to:

- detect emerging pathogens, such as through international horizon scanning and community, border and wastewater surveillance
- monitor disease spread, such as by activating community and population studies at scale in a pandemic, and collecting genomic sequencing data
- understand the effectiveness of interventions, including community protection measures, vaccines and therapeutics

The NHS will strengthen and extend existing data-sharing arrangements with UKHSA to ensure that the data required to assess and manage pandemic impacts across primary and secondary care is systematically available.

This part of the strategy applies to England only.

These are not exhaustive, and UKHSA will regularly evaluate its surveillance systems so that they are available to be used when needed. Such systems will be complemented with non-health data, such as web search trends and travel patterns, to ensure the agency is ready to quickly activate a comprehensive 'mosaic' of systems in a pandemic.

This will enable faster data collection and support better understanding of impacts on vulnerable groups.

b) Ensure studies can draw on diverse sample groups across various settings and communities

UKHSA will adopt a whole-of-society approach to collecting data in a pandemic, broadening access to sample groups across the population and in settings like care homes, schools and workplaces.

As health services shift from hospitals to communities under the [10 Year Health Plan for England](#), samples will be further diversified due to the increased digitisation of out-of-hospital care (including wider health and social care workforce data).

This will allow the government to more rapidly access a representative view of disease spread across the population, supporting a more evidence-based and equitable response.

c) Build 'scale-up' capacity for genomic sequencing, a transformative capability for tracking the evolution of a future pandemic pathogen in near real time

UKHSA will:

- further invest in state-of-the-art equipment, AI and specialist skills to ensure it can quickly scale up genomic sequencing from day one of a pandemic
- work with other local and overseas laboratories to share genomic data and benefit from a wider, real-time understanding of new and evolving disease threats

d) Build metagenomic capability for powerful detection of new diseases as they emerge in the UK

UKHSA and the NHS are delivering a 3-year funded programme using metagenomics - the study of all organisms within a specific environment - through the use of cutting-edge sequencing technologies.

This is a powerful tool for both diagnosing severe infections and identifying unknown pathogens in hospital samples. The [metagenomics Surveillance Collaboration and Analysis Programme](#) (mSCAPE) is piloting the use of metagenomic data and AI for public health surveillance and pathogen analysis.

The NHS, through the [Severe presentation of infectious disease Genomic Network of Excellence](#), which is partly funded by DSIT, will expand this programme from 10 to up to

This part of the strategy applies to England only.

30 hospital trusts, sharing all the metagenomic data with UKHSA through mSCAPE and new platforms to enable their detection of emerging diseases in hours rather than days.

e) Support global disease surveillance

With global surveillance weakened by shifts in donor funding, the government will aim to aid surveillance:

- through its multilateral investments and partnerships, such as its support for WHO and the Global Fund
- by providing support to national and regional public health bodies abroad to improve their data and sample analysis

The government will also aim to work with international partners to encourage a greater coherence across surveillance systems - for example. through its role as founding member of the International Pathogen Surveillance Network.

Outcome 12: national, regional and local systems' planning and response is supported by timely and reliable data and analysis

Since the COVID-19 pandemic, the government has continued to strengthen its data capabilities, building on advancements made during the pandemic, with improved data sharing across organisations and official statistics being published where appropriate to increase transparency.

UKHSA has provided local decision-makers with data access through the Local Authority Data Access Platform, and promoted transparency through its public [UKHSA data dashboard](#).

The National Situation Centre is working to bring data, analysis and expertise together in one place for national decision-makers.

Under the 10 Year Health Plan for England, [the government and the Wellcome Trust will invest up to £600 million to establish a new health data research service](#), simplifying secure data access and accelerating research into disease prevention, diagnosis and treatment.

The government is advancing its analytical and assessment capabilities to help support decisions with the highest-quality advice. UKHSA has improved its data science and epidemiological expertise, modelling capabilities and intelligence assessment. The government will continue working with external partners, including the Scientific Pandemic Infections Group on Modelling, to ensure enhanced capabilities can be rapidly scaled or activated during a pandemic.

This part of the strategy applies to England only.

Exercise Pegasus reinforced the need for co-ordinated approaches to collecting, analysing and interpreting a broad range of data to:

- inform decision-making
- evaluate and monitor the impact of measures
- ensure the needs of different groups in society, including vulnerable people, are addressed

To continue developing its data systems across all aspects of a pandemic response, between now and 2030, the government will take the following actions.

a) Review the data, analysis and modelling capabilities needed across health and other areas to support decision-making and evaluate the impacts of measures

DHSC, UKHSA, the Cabinet Office, HM Treasury and other government departments will work to systematically map the types of decisions and core analytical capabilities needed in a pandemic. This work will:

- specifically consider the data needed to identify the people most affected, thereby informing changes to policies, particularly for those experiencing unequal access to important services
- review the required analytical capabilities and governance structures to provide rapid advice on the anticipated health, economic and wider societal impacts of decision-making in a pandemic context
- review the evidence and analysis needed in advance to have confidence that measures will work
- be complemented by UKHSA workstreams on public health and social measures, which will use new approaches to digital data collection to monitor and evaluate community protection measures as they take effect

b) Enhance data-sharing capabilities to enable faster, more transparent information sharing between organisations and with the public in a pandemic

DHSC and UKHSA will work across government to:

- ensure there is a common understanding of data requirements for pandemic response
- put the necessary legal frameworks, governance and infrastructure in place to enable data sharing during a pandemic

This part of the strategy applies to England only.

This will help to facilitate faster data sharing between organisations to inform better policy and decision-making across government.

c) DHSC will develop the necessary legal frameworks, governance and infrastructure to enable individual-level data to be shared, where necessary and appropriate, to support pandemic response and any changes to policy

Sharing of detailed data is rightly restricted by regulations to protect people's privacy, and the need to protect personal data does not change during a pandemic.

DHSC and UKHSA will work across government to identify appropriate and secure approaches to sharing individual-level data, where absolutely necessary to respond to a pandemic, within the relevant legal frameworks.

The legal frameworks, governance and infrastructure will be explored and developed now to minimise the need for new provisions to be developed and implemented rapidly during pandemic response.

Goal 5: support our healthcare and adult social care systems to prevent, respond, scale and adapt

Testing, PPE and community protection measures to prevent illness are critical to ensuring continued healthcare and adult social care for the public during a pandemic. However, COVID-19 shone a light on the wider fragilities of these systems.

Without sustained and co-ordinated work to improve resilience, the government risks services becoming overwhelmed and people being unable to access the care and treatment they need. This could lead to higher rates of illness and death associated with both the pandemic disease and other conditions and illnesses.

The UK government's 10 Year Health Plan details the practical steps needed to deliver this in England, including:

- significant workforce reforms
- new neighbourhood health services to bring care closer to home
- the commitment to move from analogue to digital, propelling the NHS to the front of the technological curve

At the same time, an [independent commission into adult social care](#) is developing tangible, pragmatic recommendations for a national care service.

This part of the strategy applies to England only.

This strategy therefore sets out actions the government will take to strengthen levels of core capacity and bolster the underlying resilience of our health and social care system in the event of a pandemic, building on wider reform, including the 10 Year Health Plan.

Outcome 13: the NHS, adult social care sector and public health systems can quickly adapt their systems and resources for a pandemic response

Since the COVID-19 pandemic, the government has been working to improve the NHS, adult social care sector and public health systems' plans and capabilities for a future pandemic response. This includes considering how best to:

- sustain and support adult social care providers and the sector's workforce, including unpaid carers
- strengthen patient hospital discharge arrangements, with attention to how the independent and VCSE sectors can support healthcare provision

Local government plays a pivotal role in:

- sustaining local care markets
- supporting emergency response for those receiving care at home or in residential services
- supporting national actions

Surging and scaling NHS capacity is not only about adding beds or accelerating hospital discharge - it requires smarter use of capacity both in and outside of hospital. This means leveraging new technologies and neighbourhood health services to provide care digitally and in the community, where possible and appropriate. It also involves improving in-hospital, specialist care where this is necessary.

Improving supply of crucial products (including PPE, medicines - both pathogen-specific therapeutics and supportive medicines - and medical devices) and ensuring resilience of our workforce in times of crisis is critical to enabling these new care models.

Exercise Pegasus also demonstrated the importance of boosting the day-to-day capacity of laboratories and the public health workforce. This will ensure the system is best positioned to control the spread of a future pandemic disease from the start.

To further strengthen the NHS, adult social care and public health systems response capability, between now and 2030, the government will take the following actions.

This part of the strategy applies to England only.

a) Enhance communication and data flows between the adult social care, public health and NHS systems, using new digital platforms and tools

In a pandemic response, these data and systems enable the following at the local, regional and national levels:

- provision of public health and medical guidance
- sharing of available beds and service capacity
- effective deployment of the workforce

DHSC, NHS England and UKHSA will build simplified governance and communication structures with local systems to support better collaboration with the NHS and adult social care sectors. This will complement a shared digital platform that is being delivered under the 10 Year Health Plan, which will allow up-to-date medical information to be shared between NHS, adult social care and UKHSA staff.

UKHSA will work with the NHS to ensure a more integrated approach to case and contact management across all healthcare settings and the community.

To strengthen the resilience of the adult social care sector, the government will also take the following actions.

b) Co-develop an adult social care pandemic action plan to respond to future threats

By 2027, DHSC will develop a detailed operational action plan with sector partners, including:

- central and local government representatives
- care providers
- VCSE leads
- people drawing on care and support

This plan will:

- ensure clarity of local and national roles and responsibilities
- outline other important policy considerations to support the sector
- be tailored to the breadth of its services and the people accessing care

This part of the strategy applies to England only.

c) As part of the action plan, consider how to improve the resilience and preparedness of the adult social care workforce

DHSC will consider in the action plan how to improve guidance and training on IPC, access to PPE and uptake of vaccines for the adult social care workforce. This will build on wider improvements such as the:

- first ever [fair pay agreement](#) in 2028 to improve pay and conditions for the adult social care workforce
- [care workforce pathway](#), the first national career framework for adult social care
- [Learning and Development Support Scheme](#) to enable eligible staff to complete eligible courses and qualifications

Together, these actions will help to ensure the resilience of the adult social care workforce in a future pandemic.

d) Develop an actionable plan to ensure safe and timely hospital discharges in a pandemic

Led between DHSC and NHS England, this will include plans for:

- expanding our capacity to safely discharge patients from hospital - for example, through designated facilities
- establishing clear, detailed guidance for different disease scenarios
- putting in place better co-ordination processes between the NHS and adult social care to maintain workforce capacity during discharge surges

NHS England will work with adult social care to explore expanding 'stepdown' care to build on NHS capacity and ease discharge. These processes will help minimise risk of onward infection in adult social care settings, protecting staff and recipients of care, and ensuring space is available in hospital for those who need it most.

e) As part of this work, strengthen system-wide arrangements to identify and support unpaid carers and young carers during a pandemic, including throughout the hospital discharge process

DHSC and NHS England will work to explore ways to improve the consistent identification of and communication with unpaid carers through digital routes (for example, the NHS App's 'My Carer' function), and will work across government to support joined-up delivery across the system.

This part of the strategy applies to England only.

This work will also consider unpaid carers' capacity and support needs during such events, including the need for adjustments to care models, access to IPC training and PPE, and the development of contingency plans where caring arrangements become unsustainable.

f) Explore how targeted and appropriate funding can be delivered to the adult social care sector in the event of a pandemic or emerging infectious disease outbreak

DHSC is working with local government, MHCLG and others to develop options to be evaluated in 2026 to 2027. These will include clarifying roles and responsibilities, and funding routes to different areas of the sector through local authorities or directly to providers.

In a pandemic, this will help ensure funding can be appropriately provided to the sector, enabling continuity of care if faced with higher demand or staff shortages.

To strengthen the resilience of the NHS, the government will also take the following actions.

g) Improve plans and assess capacity for surging paediatric and specialist in-hospital care

Incorporating lessons from Exercise Pegasus, NHS England will develop standardised thresholds for care to revise and update existing surge plans for:

- children's intensive care
- adult critical care
- wider specialised services, such as renal replacement therapy (kidney support) and extracorporeal membrane oxygenation (advanced life support)

DHSC, NHS England and UKHSA will refine the policy for effectively transitioning from the specialised care required to treat high-consequence infectious diseases to broader care that supports a larger number of patients during a pandemic. NHS England and DHSC will also assess the need for additional paediatric capacity.

These actions will improve the NHS's readiness to manage demand and surge capacity for the most unwell patients.

h) Strengthen the flexibility and resilience of the workforce

NHS England will review and maintain templates and tools for use by trusts, such as memoranda of understanding (MoUs), which will enable rapid redeployment of NHS staff and volunteers to hospitals or other areas with the greatest need.

Refreshed MoUs between the following organisations will support training programmes that enable staff to safely provide care outside their usual roles:

This part of the strategy applies to England only.

- DHSC
- NHS England
- the royal colleges
- the Care Quality Commission
- the Nursing and Midwifery Council
- other regulators

As outlined in the 10 Year Health Plan, to support staff wellbeing and resilience, NHS England will:

- work with the Social Partnership Forum to develop a new set of staff standards, outlining minimum standards for modern employment
- consider the best ways of managing through severe workforce shortages
- roll out staff treatment hubs (occupational health) for all NHS staff

These actions will help to strengthen the resilience of our greatest asset, our staff, to ensure they are used and supported to recover effectively during a pandemic.

i) Develop plans for universal access to healthcare, particularly at home or in the community, during a pandemic

Providing care in the community or at home can reduce pressure on hospitals and ensure people can continue to access care in a pandemic.

DHSC and NHS England will specify how services will work together to support this, such as:

- GPs
- pharmacies
- dental practices
- new neighbourhood health centres
- community services
- virtual wards

This part of the strategy applies to England only.

- hospices
- community nursing

NHS England and UKHSA will develop a framework for surging remote advice and guidance to meet demand - including exploring how NHS 111 and the NHS App can be linked with UKHSA's emerging SRS platform (outlined previously under outcome 7 of 'Goal 2: strengthen community protection and build trust in our communities').

j) Leverage technology for digitally enabled care

Under the 10 Year Health Plan, by 2028, the government will cement the NHS App as the 'digital front door' to the health service, with remote triage, appointment booking and advice. Telemedicine and remote monitoring will support home-based care where appropriate.

In the coming years, a single patient record will be introduced, giving patients control over a single, secure and authoritative account of their data.

In a pandemic, these changes will:

- improve continuity of care for patients
- strengthen communication within the NHS, contact tracing and targeted public health responses
- provide ready access for patients to crucial information like vaccination status in near real time

This work will be mindful of digitally excluded communities, with consideration of the appropriate steps to prevent inequities among vulnerable people.

k) Analyse supply resilience for medical devices

Working together with the NHS and NHS Supply Chain, DHSC will:

- identify the medical devices, technology, and associated supplies and processes essential to a future pandemic response, such as ventilators
- assess supply chain resilience for those products - for example, considering where there may be an over-reliance on individual suppliers or services
- consider ways to support supply

This part of the strategy applies to England only.

DHSC will work with the devolved governments to agree the appropriate coverage of these policies across the 4 nations. This will ensure that patients and clinicians have access to the equipment they need to meet increased demand for treatment during a pandemic.

Outcome 14: recovery and maintenance of business-as-usual health and adult social care is hard-wired into preparedness and response architecture

Beyond deaths directly caused by the virus, the greatest harm from the COVID-19 pandemic was the:

- backlog in cancer and wider elective care
- delays in mental health and community assessments and treatments
- disruption to maternity and neonatal care
- strains on the adult social care sector

The government recognises that pandemic planning cannot assume a shutdown of non-pandemic health and adult social care services. Continuity of care and maintaining activity:

- minimises harm overall
- mitigates unequal impacts
- enables a rapid recovery from the pandemic

Continuing business-as-usual care in a pandemic is also heavily dependent on medicine supply. The government has published its [approach to supporting medicines supply chain resilience](#), setting out commitments on increasing compliance for supplier-held buffer stocks for secondary care and reactivating dormant licences to broaden the supplier base.

These capabilities will be critical in a future pandemic because they will help to:

- ensure early identification and management of supply issues
- strengthen the resilience of medicine supply chains for future health emergencies

Between now and 2030, the government and NHS partners will take the following actions.

a) Improve the NHS's baseline capabilities to manage infections

DHSC, UKHSA, NHS England and Defra are committed to implementing the [UK 5-year action plan for antimicrobial resistance 2024 to 2029](#), which includes a suite of actions to improve IPC.

This part of the strategy applies to England only.

Alongside this, DHSC and NHS England are developing a sepsis modern service framework to identify interventions, standards and innovations that will support consistent, high-quality and high-value care.

The following will make the NHS more efficient in handling seasonal influenza and routine infections, while creating a more resilient platform for emergency response:

- surveillance
- rapid diagnostics
- early warning scores
- standardised pathways
- antimicrobial resistance stewardship
- workforce capability
- rehabilitation infrastructure

NHS England and DHSC will consider what learning from these initiatives should inform the NHS's baseline approach to winter and respiratory diseases.

To support future infection management, DHSC and NHS England will also collaborate with clinical experts to agree standardised criteria to identify people who are vulnerable to infection.

b) Develop plans to minimise the risk of cross-contamination across services and maintain continuity of routine care during pandemics

The 10 Year Health Plan's neighbourhood health centre and wider out-of-hospital care model will provide the foundation for NHS England to work with community diagnostic centres, surgical hubs, acute trusts, online hospitals and independent sector partners to set out an aligned approach for developing:

- 'hot and cold' (pandemic and non-pandemic care) site models
- measures to support segregation and cohorting of patients

The 10 Year Health Plan includes up to £1.65 billion in financial year 2025 to 2026 for investments aimed at improving NHS performance, which will also support resilience and offer options for deployment in a crisis. To support progress towards achieving constitutional standards, this will fund:

This part of the strategy applies to England only.

- ambulance priorities
- replacement of radiotherapy equipment
- community diagnostic centre pathway productivity and diagnostics networks

Lessons on how to equitably reconfigure services will be embedded in estate strategies and pandemic response.

Separately, all ICBs have been asked to ensure that additional capacity is commissioned to meet demand in the community during surge periods as part of medium-term planning. NHS England will explore with ICBs the provision and plans in place, alongside options to expand during a pandemic, including through [acute respiratory infection hubs](#) or similar.

c) Enhance supply resilience for medical products critical for business-as-usual care, such as over-the-counter medicines and medical devices used at home

DHSC will work with partners to build capability to address supply chain risks for these critical products in a future pandemic. This includes:

- leveraging international partnerships, where needed, to mitigate anticipated disruptions to global supply chains
- working across government to help support continued domestic medical manufacturing and distribution
- ensuring a shared understanding and responsibility for addressing risks

For the adult social care sector, DHSC will also work with strategic partners to:

- build on recent lessons learned
- better understand supply chain risks
- raise awareness of mitigations across the sector

d) Embed learning from the COVID-19 pandemic across maternity and neonatal services

During a pandemic, maternity and neonatal services are among the most vulnerable given their unique urgency. Discussion through the UK Covid-19 Inquiry has highlighted that maternity services, and the needs of pregnant women more widely, were not considered as carefully as they might have been.

This part of the strategy applies to England only.

NHS England will therefore review protocols for maternity and neonatal services to ensure these are able to respond and adapt, while maintaining safe and compassionate care for women, babies and families.

e) Improve capabilities to maintain NHS screening services in a future pandemic

DHSC and NHS England will work with NHS commissioners and providers to ensure time-sensitive screening services can be maintained during a pandemic. This will include:

- screening services for those at higher risk of cancer, particularly breast, bowel and lung cancers
- essential antenatal and newborn screening services

DHSC and NHS England will work with local systems to consider plans for maintaining all routine NHS screening and surveillance, based on prioritisation and capacity. This will ensure that the NHS can continue to prevent people from developing life-threatening diseases, and protect babies and their families in a future pandemic.

f) Develop a more resilient mental health system

Pandemics and their control measures pose a significant risk to population mental health.

DHSC is investing up to £120 million under the 10 Year Health Plan to develop more dedicated mental health emergency departments and ensure patients can access same-day specialist support. We are prioritising early intervention by expanding mental health support teams in schools and colleges.

Digital mental health solutions will be developed to increase access to psychological support. DHSC will also continue its comprehensive monitoring systems for prevalence changes and trends in population mental health.

This investment and planning will ensure that, during a pandemic, mental health referral and treatment pathways will remain open and accessible.

Outcome 15: the NHS and adult social care sector's pandemic response is supported by evidence-based infection prevention and control measures

A range of appropriate IPC mitigations must be in place to protect staff and patients and reduce disease spread across the NHS, adult social care and communities.

In a pandemic, comprehensive IPC advice for all transmission routes is provided to NHS-funded organisations and adult social care providers, including for the correct usage of PPE.

Since the COVID-19 pandemic, the government:

This part of the strategy applies to England only.

- has worked to improve IPC guidance and compliance, such as through the [national infection prevention and control manual](#)
- is improving IPC generally through the UK 5-year action plan for antimicrobial resistance 2024 to 2029, including prioritising IPC in facility design

Exercise Pegasus tested IPC capabilities and found that guidance needs to be clearer, particularly for adult social care. DHSC is already progressing plans to establish a dedicated expert advisory committee to advise on IPC in response to these lessons.

This corresponds with evidence from the UK Covid-19 Inquiry that suggested guidance provided was not always appropriate for the sector. The exercise also highlighted gaps in fit-testing capability (an essential process to ensure respiratory protective equipment fits the individual wearer, and which remains the employer's legal responsibility).

To protect frontline workers and reduce disease transmission in a future pandemic, between now and 2030, the government will take the following actions.

a) Enhance IPC guidance and training for adult social care settings, including unpaid carers, to deliver care safely and reduce risks of infection during a pandemic

DHSC, working with UKHSA, will create a new online resource to consolidate IPC guidance and information in a manner that is user-friendly and accessible, and reflects the latest scientific evidence.

Dedicated guidance will be developed to support unpaid carers and young carers, including practical training resources in multiple languages and formats, such as:

- written guides
- short videos
- visual step-by-step instructions

Further work is underway with adult social care sector partners to help the workforce adopt IPC training solutions as part of a wider development programme starting in 2026 to 2027. These updates will act alongside the existing comprehensive national IPC manual for the NHS.

b) Explore how DHSC and the NHS can work together with local systems to improve fit-testing rates and capability

DHSC and NHS England will explore options to enable local systems to support adult social care and NHS employers to increase staff fit-testing rates.

This part of the strategy applies to England only.

DHSC is investing in a project to assess adult social care and NHS fit-testing capability, as well as initiate engagement to build and share fit-testing resources and best practice. It will also explore - with wider industry and the Health and Safety Executive - whether a digital solution to fit testing could support in building capability.

Finally, DHSC is exploring options to develop a robust and scalable plan to implement surge fit testing, so that health and adult social care staff can be fit tested quickly in the event of a pandemic.

c) Use existing programmes to build NHS IPC capabilities

The government's ongoing [investment in NHS infrastructure and refurbishments](#) offers opportunities for NHS England and DHSC to embed resilience and better IPC measures in the fabric of the NHS over coming decades.

This includes:

- flexible space design
- physical segregation to create 'hot' pandemic disease zones without contaminating 'cold' elective care and testing areas
- upgrading heating, ventilation and air-conditioning systems to meet modern air exchange standards
- measures to ensure adequate piped oxygen supply

Next steps and implementation

DHSC will lead the implementation of this strategy, working closely with the Cabinet Office and other government departments and executive agencies.

It will use existing mechanisms to co-ordinate delivery and provide assurance, and deliver the areas of collaboration with the devolved governments.

Implementation timeline

Below is an indicative timeline for the commitments of the strategy.

Goal 1: plan for a whole-system response

Short-term actions from now until March 2027 are to:

- adapt the respiratory pandemic response plan for health and adult social care to articulate the different response mechanisms for non-respiratory pathogens

This part of the strategy applies to England only.

- publish lead government department expectations and best practice for emergency planning and response in central government
- regularly review the Pandemic Concept of Operations, setting out response roles, decision-making and communication processes in central government
- review frameworks for identifying people most at risk in a pandemic and clarify how these will be embedded in cross-government decision-making
- agree the pandemic crisis communications plan
- replenish stockpiles and secure contractual arrangements for the supply of PPE and hygiene consumables in a pandemic
- refine plans for mobilising and distributing PPE from national stockpiles and emergency procurements in a pandemic
- prepare a draft 'All Pandemic Hazards Bill' that can be used in response to all pandemic pathogens
- work collaboratively with local systems, other government departments and the devolved governments to consider the breadth of powers that will be needed
- publish new guidance on spending controls in a crisis

Medium-term actions from 2027 to 2028 are to:

- review and update published emergency planning guidance for local system responders
- define clear expectations and guidance for local responders that are specific to pandemic response, and determine the appropriate government support for local planning
- review and define critical workers across different sectors
- publish principles for the early prioritisation of critical capabilities, such as testing, PPE and vaccines, when supply is limited
- review PPE planning in all departments
- prepare a cross-government model for procuring and prioritising the distribution of PPE to frontline workers in periods of high demand or market failure

This part of the strategy applies to England only.

Long-term actions from 2028 to 2030 are to:

- enhance departmental pandemic response plans
- regularly 'exercise' pandemic and wider emergency response structures

Goal 2: strengthen community protection and build trust in our communities

A short-term action from now until March 2027 is to develop understanding of the wider impacts of community protection measures on all sectors, communities and age groups.

Medium-term actions from 2027 to 2028 are to:

- publish public health evidence reviews on the effectiveness of community protection measures for all other main disease transmission routes
- build a recognised and shared suite of community protection measures to help support elected governments with swift decision-making and prioritisation in a future pandemic
- include mitigations for unequal impacts in policy design upfront
- improve understanding of how to make communications relevant to different communities to maximise trust
- ensure effective identification and integration of international arrivals into case and contact management systems

Long-term actions from 2028 to 2030 are to:

- strengthen central crisis communication capabilities
- expand and assess communication channels for reaching diverse communities
- strengthen guidance provided to different sectors
- build a scalable, end-to-end case and contact management service that can meet demand in any pandemic
- ensure national services and data systems for case, contact and outbreak management can be tailored to all our communities

Goal 3: enhance access to clinical countermeasures

Short-term actions from now until March 2027 are to:

- fund new platform trials to evaluate interventions in hospital and primary care that can be pivoted in an outbreak

This part of the strategy applies to England only.

- build appropriate stocks of chemicals and equipment needed for testing across a range of pathogens

Medium-term actions from 2027 to 2028 are to:

- enhance the Diagnostic Accelerator for the rapid development of diagnostics to support testing across a range of pathogens
- take a dynamic approach to holding or ensuring access to vaccines and therapeutics
- further develop UK onshore vaccines, therapeutics and diagnostics manufacturing capacity through investments in the life sciences sector
- support secure ongoing supply of test components
- prepare a prioritisation model for testing in the early stages of a pandemic
- establish principles and define processes for working across animal and human health interests to enhance efficiencies during a pandemic response

Long-term actions from 2028 to 2030 are to:

- address the perceived barriers to the development of novel vaccines and therapeutics for priority pathogens
- expand research and development for animal diseases, in collaboration with other funders
- build appropriate stocks of chemicals and equipment needed for testing across a range of pathogens
- develop capacity and systems for test production and processing to support more rapid roll-out of testing to the whole population
- continuously improve our measures in light of the changing risk landscape, taking account of the evidence and expert advice

Goal 4: strengthen collaborative surveillance and wider data

A short-term action from now until March 2027 is to review the data, analysis and modelling capabilities needed across health and other areas to support decision-making and evaluate the impacts of measures.

Medium-term actions from 2027 to 2028 are to:

This part of the strategy applies to England only.

- enhance data-sharing capabilities to enable faster, more transparent information sharing between organisations and with the public in a pandemic
- develop the necessary legal frameworks, governance and infrastructure to enable individual-level data to be shared, where necessary and appropriate, to support pandemic response and any changes to policy
- build 'scale-up' capacity for genomic sequencing
- build metagenomic capability for powerful detection of new diseases as they emerge in the UK

Long-term actions from 2028 to 2030 are to:

- hold comprehensive pandemic surveillance systems that are ready to be activated
- ensure studies can draw on diverse sample groups across various settings and communities
- support global disease surveillance

Goal 5: support our healthcare and adult social care systems to prevent, respond, scale and adapt

Short-term actions from now until March 2027 are to:

- develop an actionable plan to ensure safe and timely hospital discharges in a pandemic
- embed learning from the COVID-19 pandemic across maternity and neonatal services

Medium-term actions from 2027 to 2028 are to:

- co-develop an adult social care pandemic action plan to respond to future threats. As part of this action plan:
 - consider how to improve the resilience and preparedness of the adult social care workforce
 - strengthen system-wide arrangements to identify and support unpaid carers and young carers during a pandemic, including throughout the hospital discharge process
- explore how targeted and appropriate funding can be delivered to the adult social care sector in the event of a pandemic or emerging infectious disease outbreak

This part of the strategy applies to England only.

- develop plans for universal access to healthcare, particularly at home or in the community, during a pandemic
- analyse supply resilience for medical devices
- improve the NHS's baseline capabilities to manage infections
- develop plans to minimise the risk of cross-contamination across services and maintain continuity of routine care during pandemics
- enhance IPC guidance and training for adult social care settings, including unpaid carers, to deliver care safely and reduce risks of infection during a pandemic
- explore how DHSC and the NHS can work together with local systems to improve fit-testing rates and capability
- use existing programmes to build NHS IPC capabilities

Long-term actions from 2028 to 2030 are to:

- enhance communication and data flows between the adult social care, public health and NHS systems, using new digital platforms and tools
- improve plans and assess capacity for surging paediatric and specialist in-hospital care
- strengthen the flexibility and resilience of the workforce
- leverage technology for digitally enabled care
- enhance supply resilience for medical products that are critical for business-as-usual care, such as over-the-counter medicines and medical devices used at home
- develop a more resilient mental health system
- improve capabilities to maintain NHS screening services during a future pandemic

What will happen next

The UK Covid-19 Inquiry completed its public hearings in March 2026. [The inquiry's final reports are due to be published in 2027.](#)

The full Exercise Pegasus report is planned for publication by winter 2026.

The strategy will next be reviewed in 2028 to ensure that:

This part of the strategy applies to England only.

- our approach is up to date in light of these developments
- we are progressing the most important improvements to our preparedness by 2030

This will include consideration of significant developments in the pandemic risk landscape and technological or other advancements that can improve our ambition for capability improvements.