

UK expertise on health security could be a strong card in the Brexit negotiations – but few seem to realise



Little public attention has been given to the impact of Brexit on management of cross-border threats within the EU and to the implications for the UK's influence on relevant EU policy-making, explains [John Connolly](#). He concludes that although this hasn't been a matter for the negotiations so far, it will be good for it to be raised before the next disease crisis happens.

The decision to leave the EU, and the government's commitment to leave the Single Market and Customs Union, has led the media, academics, and politicians to use the term 'crisis' when articulating the number of potential implications (e.g. for the economy, citizens' rights, and for the EU project as a whole). Less attention has been given to the management of cross-border threats within the EU, and the possible implications of Brexit for the UK's influence on EU policy-making. This hasn't been a matter for the early negotiations nor can it really be described as a matter that's been given much attention by political elites (perhaps when the next disease crisis happens – like pandemic flu, foot and mouth, avian flu outbreaks etc. – this situation will change!).

In recent history, officials within the Department of Health, Public Health England, and the Department for the Environment, Food and Rural Affairs have proven to be very influential in shaping EU policy regarding the managements of cross-border threats to public and animal health. Much of this influence comes from the fact that the UK has considerable expertise in epidemiological and disease management, developed significantly since the disastrous 2001 foot and mouth crisis.

After the foot and mouth crisis, the EU legislative architecture for crisis management tightened, resulting in new governing arrangements within the European Commission for planning and dealing with health threats (including for those at the animal and human interface). In many senses, these developments echoed broader moves in European integration, resulting in the EU being described as a '[crisis manager](#)', with both [internal](#) and [external](#) dimensions.

Cooperation is just good common sense? Surely it's not a political matter....

Yet even before Brexit was on the table it would be incorrect to assume that there was a lack of politics between Member States regarding ever closer collaboration on health security governance. The fact that diseases cross borders, and that inter-state collaboration might be intuitively just 'good common sense', it would be incorrect to assume that integration processes have somehow been devoid of political interests or power posturing at a civil service or technocratic level.

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On a recent health security [project](#), I cited an interview with a senior official in Public Health England who maintained that, although pan-EU cooperation on disease control is important, it can also be a ‘distraction’. This is because the UK’s experience and expertise in health security governance draws them into unwelcome politico-bureaucratic situations where they are required, along with France and Germany, to build capacity with less developed and often newer Member States in the interests of the European project.

On the plus side, for the UK, this has led to the accumulation of a great deal of soft power and influence over EU policy-making. Indeed, the UK provides EU institutions with much of its expertise given that the UK’s world-leading scientific research laboratories have made vital contributions to the development of public and animal health management capacities in several Member States. James Wilsdon reflects on this point in his article in [Nature](#). He notes that the referendum result poses challenges for the future of expert-based networks:

The difficulty is that UK–EU networks of expertise, guidance and oversight are complementary, and have developed in tandem over many years. Generations of British scientists and experts have shaped EU frameworks... Around every issue that is codified in law or regulation there exists a softer sphere of influence, information exchange and standard-setting.

Soft power leading to solid outcomes for the UK?

There are unknowns with regards to whether the UK’s soft power will be to its advantage in securing gains within the Brexit negotiation processes for more scientific or technical areas of public policy. It will be the role of political scientists at a later point to determine the implications of Brexit for the dynamics of bureau-political relationships pertaining to disease management and control, yet it is highly conceivable that established networks in the UK for health security governance will play key roles in determining the extent and architecture of change processes.

A major challenge, however, is that disease-induced crises can come from various sources and can have cascading effects for a range of policy areas. For example, EU procedures for health security governance have implications for agricultural policy and for policy regulating the food chain – the governance of which affects the operation of the Single Market, which the UK has decided to leave.

Similarly, Brexit has produced unprecedented uncertainties with regards to coordination between policy communities. Take the veterinary profession as a case in point. Brexit will have major implications for this profession (who are often key crisis responders to disease outbreaks) given that EU public policy has implications for their work across public health, animal welfare, food safety, and farming. This is highlighted by the recent editorial commentary in the [Veterinary Record](#):

Vets, along with everyone else, will be affected by Brexit, but because of the wide range of roles they fulfil in relation to animal health and welfare and public health, and because much of this activity is governed by EU legislation, they could be affected more than most...[T]he decision to leave will inevitably have an impact on many aspects of veterinary endeavour, whether in relation to farm and companion animal health and welfare, disease surveillance, food safety and public health, or veterinary education and research. It could also have implications for the availability of veterinary medicines and the position of EU agencies and disease reference laboratories currently located in the UK.

So...lots to decouple if 'Brexit means Brexit'. Theresa May often repeats this mantra but if we take this comment to its logical conclusions then, for health security, the UK will be excluded from the European Centre for Disease Control and will not, in theory, be privy to intelligence through the alert and communication systems (known as the EU Early Warning and Response arrangements). Broader information-sharing with regards to public health initiatives and practices will be affected, with aspects of these having population health dimensions. So, if there was evidence of bureaucratic politics pre-Brexit, then it is not 'bad sense' to hypothesise that Brexit poses further risks for multi-level and inter-state cooperation on health security matters.

'Post-Brexit' – a red herring?

Moreover, Brexit provides no guarantee that the UK will be part of procurement arrangements for new vaccines. The European Medicines Agency (a key organisation in the single market for medicines to protect public and animal health) is actually located in Canary Wharf in London and the agency itself is unclear as to it will be located post-Brexit – this will be a decision for the European Council, expected by [October 2017](#).

But the agency is clear about the fact that it is likely to see major organisational change and that this will likely lead to 'major staff losses'. The spill-over effects of Brexit will also be seen in related areas such as a changed relationship with the European Food Safety Authority. This body aims to protect the public, animals, and the environment from food-related risks. In a typical year, approximately 180 UK-based experts contribute to the work of the Authority and Brexit has thrown up uncertainties about the future roles of such experts '[who tend to be more rigorous than their continental peers](#)'.

A further challenge is around departmental inputs to Brexit negotiations. The UK Department for the Environment, Food and Rural Affairs (DEFRA) has a significant and very broad policy remit as one of the most 'Europeanised' government departments. But, at the same time, the department has suffered [consistent cuts in its budget](#) since 2010.

Public Health England, as the UK's key agency for coordinating the public health aspects of health security, has made no announcements regarding the possible implications for contingencies management for transnational public health crises. This clearly reflects a general unease across civil service departments and agencies about putting out any messages that might contradict negotiating lines being put together by the government's Brexit department.

Another point here is that Brexit was never really meant to happen – it was a political gamble gone wrong by Cameron's government – and civil servants are simply in a state of policy and organisational ambiguity about the direction and consequences of the negotiations. Officials will be trying to bring rationality to a very irrational set of policy circumstances.

That said, it is important to not forget that Brexit is a process and there might not be any *post-* about it i.e. it will be more likely of a case of policy refinement, recalibration, and incremental adjustment to existing governing relationships given the fact that the EU institutions *need* UK expertise on health security matters. This knowledge and expertise (or soft power) is likely to help the UK's position in the negotiation processes. A broader point is that the UK's 'softer' power sources could do with some more attention by political commentators because this might be where the real influence on the contours of the Brexit negotiations actually lie.

About the Author

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John Connolly is a Senior Lecturer in Public Policy at the University of the West of Scotland. He is currently working on a Carnegie Scotland-funded project that focuses on Brexit and security governance (with Dr Andrew Judge at the University of Glasgow). Dr Connolly is also part of an Economic and Social Research Council-funded project that is researching the impact of Brexit on UK fisheries policy.