

COVID-19 INQUIRY
MODULE 4 REPORT
NI EXECUTIVE
RESPONSE
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Foreword

Baroness Hallett, Chair of the United Kingdom Covid-19 Public Inquiry, published the findings and recommendations arising from Module 4 of the Inquiry on 16 April 2026, following an investigation into how vaccines and therapeutics were developed, authorised and delivered across England, Scotland, Wales and Northern Ireland, during the Covid-19 pandemic.

While the report concluded that the development and rollout of Covid-19 vaccines represented "an extraordinary feat", and that the vaccine and therapeutics programmes were among the success stories of the pandemic, it also highlighted the need for governments and health services to rebuild and maintain public trust and confidence in vaccination, including addressing inequalities in vaccine uptake amongst some communities.

The report contains five recommendations relating to the development, authorisation and deployment of vaccines and therapeutics, as well as the delivery of vaccination programmes across England, Wales, Scotland and Northern Ireland. One recommendation does not fall within the remit of the Northern Ireland Executive.

As with all aspects of pandemic planning and preparation, there is regular and ongoing engagement between respective policy and professional teams here and in the Republic of Ireland.

Since the pandemic, significant progress has been made to improve vaccine uptake and address inequalities in access and delivery. As with previous reports published by the Covid-19 Inquiry, the recommendations are wide-ranging and complex and require coordinated action across government, the health and social care system and a range of partner organisations. Work is ongoing here and in collaboration with colleagues across the UK to consider the measures required to address each recommendation and to determine the most appropriate approach to implementation.

This report sets out the progress made to date and outlines the actions being taken in response to the Inquiry's recommendations. It also highlights areas where further work is underway. Further updates will be provided in the next progress report, scheduled for publication in May 2027.

The evidence provided to Module 4 by individuals, communities, health professionals, researchers, industry representatives and public bodies has been invaluable in informing consideration of the Inquiry's findings. Their contributions will continue to support efforts to strengthen preparedness, improve public confidence in vaccination and ensure that lessons from the pandemic are translated into meaningful action for the future.

Recommendations

1. Establish a pharmaceutical expert advisory panel

Recommendation 1:

The UK government should establish a standing pharmaceutical expert advisory panel, in consultation with the Department of Health and Social Care and the Department for Science, Innovation and Technology. The panel should include ministers, civil servants and representatives from industry and academia, and be led by an independent Chair with experience of working in a relevant industry. The panel's role should be to:

- oversee the UK's preparedness to develop, procure and manufacture pharmaceuticals (vaccines and therapeutics) in the event of a pandemic or health emergency, assisting with cross-government strategy development;
- ensure that the UK government and devolved administrations, their agencies, industry and academia are aligned around shared goals in developing vaccines and therapeutics for pandemic diseases;
- oversee strong links between government and the pharmaceutical industry;
- advise the UK government on how to incentivise pharmaceutical companies to invest in manufacturing facilities and research in the UK; and
- advise the UK government on its research investments, with a view to ensuring a diverse portfolio of pharmaceutical research in the UK.

During a pandemic, the panel should form the basis of specialist taskforces, which would be responsible for securing and developing medical interventions and leading on their procurement on behalf of the four nations of the UK. They should have sufficient autonomy, delegation and direct access to senior ministers, similar to that which worked well in the Covid-19 pandemic.

Accepted in Principle

Since publication of the report in March 2026, there has been further developmental work on this recommendation. The UK Government (through DHSC, BIST and OLS) recognise that the life sciences sector has a vital role to play in pandemic preparedness and that the establishment of an appropriate advisory body bringing together industry experts could inform and enhance future system level preparedness. It is also acknowledged that there is already

a well-established landscape in terms of expert technical and scientific advice as well as established arrangements to ensure supply chain resilience and extant industry engagement. Hence any new body would complement rather than duplicate these arrangements.

The Department of Health (DoH) here will continue to contribute to the development of this recommendation through ongoing engagement with the UKG as they work with stakeholders from industry, academia and other devolved administrations to further scope how a proposed advisory body could further enhance pandemic preparedness and support government decision-making in pandemic preparedness and response.

There is regular and ongoing engagement between respective policy and professional teams here and in the Republic of Ireland with respect to all aspects of pandemic planning and preparation, including consideration of shared goals in developing vaccines and therapeutics for pandemic diseases.

2. Formalise work with communities about vaccine equity strategies

Recommendation 2:

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should maintain networks with local communities to produce targeted vaccination strategies and communications.

To achieve this:

- The Scottish Government, Welsh Government and Northern Ireland Executive should establish local community networks, mirroring the approach being taken by the UK Health Security Agency.
- All four governments should work with their network to identify specific and measurable actions to improve vaccine uptake and reduce inequalities and consult with these networks on communications campaigns and delivery approaches.
- All four governments should publish a report annually on progress against these actions.

Accepted in Principle

The Northern Ireland Executive are already acting to improve vaccine equity including through community engagement, tailored delivery models and work to understand and address barriers to vaccination. Across the UK, governments and delivery partners are using targeted outreach and local enhanced services; inclusive and accessible communications; and data-

led approaches, in addition to routine monitoring, to identify variation in uptake, to support more equitable uptake amongst underserved communities.

In 2026, an equity strategy subgroup of the UK Four Nations Forum was established to support coordination and shared learning across the four jurisdictions in response to declining coverage and increasing inequalities in routine immunisation programmes.

The devolved governments also have established arrangements that support the aims of this recommendation. These include vaccine equity networks, community partnerships, outreach approaches and national immunisation frameworks, designed to improve uptake and reduce inequalities. As health is a devolved matter, implementation will continue to reflect the different responsibilities, delivery models and local circumstances in each nation.

Moving forwards, the NI Executive will work together with the other devolved governments to consider how best to build on existing community networks and governance structures, share learning on the effectiveness of interventions, identify specific and measurable actions to improve uptake and reduce inequalities, and align any reporting on progress with existing assurance and publication routes. This will help avoid duplication while supporting a proportionate and joined-up approach across the UK.

The Department of Health and Public Health Agency are in regular contact with counterparts in the Republic of Ireland to share relevant information.

3. Improve monitoring and evaluation of vaccine uptake and delivery

Recommendation 3:

Each of the four UK public health or health security agencies should work together to:

- Maintain accurate, UK-wide insight into the state of vaccine uptake and hesitancy; and
- Understand the measures proven to be effective in increasing uptake across the four nations of the UK.

There should be collaboration and some standardisation in the agreed approach across the four nations for monitoring and publishing routine vaccine uptake and vaccine confidence levels in order to better understand regional variations and patterns. Each nation should set and regularly review its minimum acceptable standards of vaccine uptake, which would trigger targeted uptake campaigns if not reached. The effectiveness of vaccine uptake campaigns should be evaluated against clear, standardised measures. This includes retrospective analysis of the Covid-19 uptake campaigns, as well as evaluation of routine vaccination uptake campaigns.

Accepted in Principle

The Northern Ireland Executive already carries out a significant amount of work to monitor and evaluate vaccination uptake and delivery. England, Scotland, Wales and Northern Ireland regularly assess uptake against measurable standards and monitor public attitudes towards vaccination. The NI Executive and the Public Health Agency, along with other devolved governments and public health agencies, also review evidence on interventions that support uptake and evaluate delivery approaches to inform future policy and operational decisions.

The NI Executive agrees with the Inquiry that lessons should continue to be identified from both routine vaccination programmes and the COVID-19 vaccination programme. While the circumstances of the pandemic were unique, there remains valuable learning on community engagement, communication, delivery models and reducing inequalities in uptake. This evidence will continue to contribute to future vaccination policy and planning.

As health is a devolved matter, approaches to monitoring and evaluation vary across England, Scotland, Wales and Northern Ireland. However, the NI Executive is committed to strengthening collaboration where this supports better outcomes. This includes recently implemented arrangements to share information across the four jurisdictions on how vaccination uptake data are gathered and reported, and where each country can share intelligence to learn from one another to support improvements in clinical practice and operational delivery.

In July 2026, an Oversight Board for the improvement of Vaccination Uptake was convened under the chairmanship of the Public Health Agency (PHA) Director of Public Health with the aim of halting the decline and improving vaccine uptake across all programmes (childhood, adult and seasonal) by providing strategic direction and coordination across all of the stakeholders involved in the development of vaccine policy, planning and delivery.

The NI Executive is also taking action to further align the way data on public attitudes towards vaccination are collected and reported across the four jurisdictions, building on the survey of parental attitudes to childhood vaccination in 2025 which covered the whole of the UK for the first time.

However, the actions taken will need to reflect the specific vaccine programme concerned, the population affected and local place-based circumstances. There is good evidence to confirm that no single intervention consistently improves uptake in all settings. While targeted vaccination delivery campaigns can be a valuable approach, there are many other effective ways to improve uptake, including vaccination delivery using different types of health services,

and different approaches to communicating information on disease risks and the benefits of vaccination. Decisions should, therefore, continue to be guided by the best available evidence and local intelligence.

Taken together, these actions will strengthen the evidence base for vaccination policy, improve understanding of what works to increase uptake and support more effective responses to inequalities in vaccination coverage here and across the rest of the UK.

The Department of Health and Public Health Agency are in regular contact with counterparts in the Republic of Ireland to share relevant information.

4. Proportionate access to linked healthcare records for use in the assessment of safety signals

Recommendation 4:

The UK government and devolved administrations should work together, with their respective health delivery services, to facilitate and coordinate regulatory bodies' access to healthcare records in order to make the post-authorisation safety monitoring of new vaccines and therapeutics more efficient.

In particular, the Medicines and Healthcare products Regulatory Agency should be granted specific and proportionate access to comprehensive and comparable data from across the four nations of the UK, including linked primary and secondary healthcare data records. This should include data on vaccines and therapeutics administration. This improved linkage must be accompanied by strong safeguards for patient confidentiality, which the Information Commissioner's Office should work with the four governments to ensure.

Accepted in Principle

The DHSC and Medicines and Healthcare products Regulatory Agency (MHRA) are leading on the response to this recommendation.

The Covid-19 pandemic highlighted the importance of ensuring that the Medicines and Healthcare Products Regulatory Agency (MHRA) can secure quicker access to linked health data from GP records, hospitals and all healthcare providers across the UK. This would help them identify and investigate potential safety concerns for vaccines and medicines quicker and improve ongoing safety monitoring. However, progressing this recommendation in full will

require resolving a number of practical and legal challenges, together with consideration of funding mechanisms and wider resource requirements. While preliminary discussions led by MHRA have been initiated to explore potential legal gateways for the sharing and use of patient data across England, Scotland, Wales and Northern Ireland, there is not yet an agreed approach. There is consensus that the most effective approach would involve linking multiple datasets, particularly primary and secondary care data, to enable both granular and aggregated analysis.

Funding will likely be needed to develop and maintain secure systems for storing, linking and analysing data, as well as to support the specialist workforce needed to manage and use this information effectively. Ongoing investment will also be required to maintain data quality and system performance. We are giving consideration to how these measures could be funded, but we are likely to require additional investment.

As with the closely linked recommendation 4 in the Module 3 report, DoH (NI) officials will continue to engage with colleagues across the UK, led by DHSC and MHRA officials, to ensure that the impact of implementing this recommendation here is fully understood and accounted for, while maintaining strong safeguards for patient confidentiality.

5. Reform the Vaccine Damage Payment Scheme

Recommendation 5:

The UK government must reform the Vaccine Damage Payment Scheme as soon as possible. The reform should include as a minimum:

- increasing the £120,000 payment, at least in line with inflation to date;
- subsequently applying annual increases in line with inflation;
- introducing multiple levels of payment, commensurate with the degree of injury suffered; and
- any transitional arrangements necessary to provide for fairness between applicants to the existing scheme and applicants to the revised scheme.

Not a devolved matter

The Vaccine Damage Payment Scheme is a matter for the UKG to address.

Suggested Next Steps

Recommendation 1: Establish a pharmaceutical expert advisory panel			
Action	By When	Progress	Status
The Department of Health to continue providing input to UK Government-led work through ongoing engagement and participation in the development of the recommendation	Ongoing		
Recommendation 2 - Formalise work with communities about vaccine equity strategies			
Action	By When	Progress	Status
Continue delivery of vaccine equity initiatives, including community engagement and tailored delivery models.	Ongoing		
Participate in and contribute to the UK Four Nations Forum Equity Strategy Subgroup.	Ongoing		
Share learning and evidence on effective interventions to improve uptake and reduce inequalities across the UK.	Ongoing		
Build on existing community networks, partnerships and outreach approaches.	Ongoing		
Develop and implement measurable actions to improve vaccine uptake and reduce inequalities here, informed by shared learning across England, Scotland, Wales and Northern Ireland and tailored to local needs and delivery models.	Ongoing		

Alongside UKG, Wales and Scotland, and delivery partners, continue to monitor vaccine uptake and inequalities through data-led approaches.	Ongoing		
In conjunction with UKG, Wales and Scotland, align progress reporting with existing governance and assurance arrangements.	Ongoing		
Recommendation 3 - Improve monitoring and evaluation of vaccine uptake and delivery			
Action	By When	Progress	Status
Work with colleagues in England, Scotland, Wales and Northern Ireland to strengthen collaboration through the sharing of data, intelligence and learning on vaccination uptake and delivery.	Ongoing		
Support the work of the Vaccination Uptake Oversight Board to improve uptake across childhood, adult and seasonal vaccination programmes.	Ongoing		
Further align the collection and reporting of public attitude data across England, Scotland, Wales and Northern Ireland.	Ongoing		
Implement evidence-based and locally tailored interventions to increase vaccine uptake and reduce inequalities in vaccination coverage.	Ongoing		

Strengthen the evidence base for vaccination policy through ongoing evaluation of approaches to improve uptake and reduce inequalities.	Ongoing		
Recommendation 4 - Proportionate access to linked healthcare records for use in the assessment of safety signals			
Action	By When	Progress	Status
Work with DHSC and MHRA to examine potential legal gateways for sharing and using patient data across England, Scotland, Wales and Northern Ireland.	DHSC / MHRA will drive the timelines on this.	Chief Digital Information Officer (CDIO) in DoH will commit to fully engaging with this work area once it gets underway.	Not started
Work with DHSC and MHRA to consider options for linking primary and secondary care datasets to support enhanced analysis.	DHSC / MHRA will drive the timelines on this.	CDIO in DoH will commit to fully engaging with this work area once it gets underway.	Not started
Ensure the implications for here are fully understood and reflected in policy development.	DHSC / MHRA will drive the timelines on this.	CDIO in DoH will commit to fully engaging with this work area once it gets underway.	Not started
Recommendation 5 - Reform the Vaccine Damage Payment Scheme			
Action	By When	Progress	Status
None for the NI Executive			