Speech: Mandate renewal's effects on peace and stability in Mali

Thank you, Mr President. Let me begin by thanking the SRSG Annadif for his very clear and objective briefing. And I'd also like to welcome Foreign Minister Dramé to the Council and we look forward to hearing from you in a few minutes' time.

Mr President, let me begin by joining others in offering my sincere condolences on behalf of the United Kingdom for the tragic deaths of those killed as a result of the massacre in Mopti region just a few days ago. I very much agree with the Russian Ambassador when he said that the perpetrators must be brought to justice. This horrific attack highlights just how important it is for the international community and the Government of Mali to step up our collective efforts to help achieve long-term peace and stability in the country.

MINUSMA's mandate renewal offers an opportunity to make progress towards that goal. And I'd like to highlight three brief points in that regard.

First, this mandate renewal should be used to help drive forward implementation of the Agreement on Peace and Reconciliation. And this was very much a focus of the Security Council's visit to Mali just a few months ago. While I very much welcome the fact that we have seen some progress since that visit – particularly, the SRSG mentioned the draft law establishing the northern development zones and you also talked about the progress on training and the reintegration of opposition fighters – we regret that overall, the pace of implementation has slowed down in recent months in part due to political developments. We must not lose sight of the fact that there is still a lot of work to do. The United Kingdom supports the call made by France just now that those that impede implementation of the peace agreement should be subject to sanctions by this Council.

This mandate renewal offers the chance to inject new momentum into the process through the use of ambitious benchmarks to be met by the Government of Mali and signatory armed groups. From the United Kingdom's perspective, these benchmarks should include advancement on constitutional reform and decentralisation, security sector reform, the economic development of northern Mali and, as the SRSG mentioned and the Ambassador from South Africa mentioned, the meaningful participation of women in the peace process.

Second, I agree with all previous speakers that we have an opportunity now with the mandate renewal to tackle the instability in central Mali that has caused so many tragic deaths in recent months. Specifically, there is a need for both MINUSMA and the Malian Government to do more in the centre to restore State authority and protect civilians. MINUSMA has a unique role to play in the centre in using its good offices to reduce inter-community tensions – tensions that this most recent attack shows are currently all too high. On the part of the Government, there is a need for a truly

comprehensive political strategy to deal with the situation in the centre in order to ensure that its efforts are effective. And from our perspective, a comprehensive solution should include the disarming of all armed actors, the restoration of peaceful relations between communities, and also the revision of the integrated security plan for the regions of the centre.

Third, Mr President, we recognise very much the challenging circumstances in which MINUSMA is operating and the UK unequivocally condemns recent attacks against MINUSMA personnel on the ground. To perform its mandate effectively in such circumstances, MINUSMA will need to further adapt to become a more flexible, agile and robust force, as recommended in the Secretary-General's most recent report. The UK commends the actions taken by the Mission leadership, including the Force Commander, to do this already, and we welcome the increase in tempo of operations in recent months.

Mr President, in conclusion, I think we should all recognise that MINUSMA is cannot be a permanent solution but a means to an end in Mali – a means to achieve sustainable peace in Mali. We welcome the steps that have been taken so far by the Government, other Malian parties and MINUSMA to foster stability in Mali, but we can see from the fact that large parts of the peace agreement remain unimplemented and that security in the centre is quickly deteriorating that more needs to be done. This mandate renewal can catalyse progress towards a more sustainable peace across Mali.

Thank you.

Speech: The role of mediation in conflict prevention

Thank you Mr. President. Let me also thank our briefers today.

The UK held an open debate during our own presidency of the Security Council in August on mediation. And we're very glad to see you taking the debate further, Mr President because we believe the mediation can and does work. We believe that properly deployed and executed mediation can help parties to resolve disputes before they are allowed to spiral into darker and more entrenched cycles of violence.

We also believe, as this Council recognized in its January 2018 Presidential Statement, that mediation has to be one element of a comprehensive conflict prevention strategy. Now, Ban Ki-moon talked about the importance of conflict prevention, of dealing with issues before they get out of control. And I know that some Members of the Security Council are concerned by any expansion of the Security Council's agenda. Of course, if we don't find ways of effective conflict prevention in countries not yet on our agenda where we have concerns, then we make it more likely that they will actually come onto the

agenda. Then we have to find some way of collectively resolving this dilemma. But, at a time when the concepts of conflict prevention can prompt different responses from Security Council Members, I believe that this question on the importance of mediation is something which unites us all around which we all can find consensus. And actually, I thought that the Chinese Ambassador's intervention underlines that very point.

And let me also salute the hard work of UN Special Envoys and Special Representatives of the Secretary-General who are on the frontlines of complex negotiations in situations such as Libya and Yemen. And again, I find myself agreeing with Ban Ki-moon on the importance of standing behind our mediator when the going gets tough. Our recent press statement on Yemen, amongst other points, the Security Council reiterated its unequivocal support for the SRSG and we need to stand behind the people we send out there, even when things are difficult.

I also want to salute, as my French and Chinese colleagues have done, the role that regional and subregional organizations play. They are well placed to assume mediation roles as the African Union did during the peace talks in the Central African Republic, for example. And let me take this opportunity also to express our strong support for ongoing AU-led mediation efforts to resolve the current crisis in Sudan and their calls for a civilian led transitional authority. And it was good that the Security Council issued a statement last night standing behind African Union efforts condemning violence and calling for talks to resolve the situation.

Mr President, it is critical that the United Nations therefore retains an agile mediation capacity. The DPPA Mediation Standby Team is an important part of this prevention toolkit with a wide range of preventative diplomacy capacities and expertise in,cluding on the design and management of dialogue processes, constitution making, gender and inclusion issues, natural resources, power sharing, and security arrangements. The United Kingdom has been one of the largest donors to the DPPA multi-year appeal to support these activities.

The United Kingdom believes strongly, though, that further progress is essential on the matter of women's participation.

Mr President, women continue to build peace when formal processes fail.They lobby for peace processes to begin when parties refuse to talk and implement peace agreements long after the international donors have walked away. For this and other reasons, the United Kingdom in 2018 committed $1.6 million to increasing women's participation in peace processes. Now the Secretary-General talked about FemWise and I'd also like to highlight the development of the Commonwealth Women Mediators Network which I believe will play an increasingly important role over coming years. More broadly, of course, peace processes including, and involving, women fully are more likely to be inclusive, therefore, of all groups and of the grassroots and therefore more likely in turn to succeed. So this is about success, Mr President.

Mr President, your concept note for today's meeting states that this Council's "reactive" approach to crises means that action is often taken only

once political and security situations have already deteriorated. Now, regrettably, it is difficult to disagree with that assessment, but I'm grateful we have an opportunity today to pause and consider. Let me give an example of a country level issue and a thematic issue where I think we could be thinking about these issues.

At the country level, the deteriorating humanitarian situation in the northwest and southwest regions of Cameroon is an example of a developing crisis which has implications for fragile regional stability and wider international peace and security. But, where there may be scope to prevent further deterioration through quick action by the United Nations and regional and subregional bodies – including in particular of course the African Union and ECCAS – to encourage and support efforts to establish a credible political dialogue, the United Kingdom is open to working together with all parties, all organisations, to try and find solutions.

And on a thematic issue, may I also note Mary Robinson's words on behalf of The Elders on climate change. And I agree very much that this is an increasingly concerning driver of instability. That's why the United Kingdom called the first Security Council debate on the impacts of climate change on peace and security in 2007. It's why we authored the groundbreaking resolution on the Lake Chad Basin and its root causes, which include climate change. And let me take the opportunity to inform colleagues that the United Kingdom has today announced that we will reduce our emissions to net zero by 2050 and will enshrine that in our law.

Mr President, when this Council embraced the concept of sustaining peace and Resolution 2282 of 2016, it recognized the shared responsibility of all three pillars of the United Nations to act – to prevent the outbreak, escalation, continuation, and recurrence of conflict. As Members of the Security Council, we too have a shared responsibility to act, to come together on the basis of these commitments, to continue to strengthen our approaches and, with the support of others, the rest of the United Nations system in the area of conflict prevention and mediation. Mary Robinson shared some wise quotes from Kofi Annan. Let me end with his words that we need to keep hope alive and strive to do better.

Thank you, Mr President.

Speech: Embracing AI and technology to improve patient outcomes

I know that my boss Matt Hancock and the brilliant Matthew Gould, CEO at NHSX, have already spoken this week about our immediate plans for NHS healthtech.

So I get the very best slot – looking a bit further forward at the future of the NHS.

All of us here will know someone living with cancer, heart disease, diabetes or an equally debilitating – and too often preventable – illness.

Diabetes costs the UK economy £23.7 billion, cardiovascular disease costs £29.1 billion, cancer £18.3 billion, mental illness £94 billion.

Of course, those statistics cannot possible convey the scale of suffering – often hidden suffering – they represent.

As the NHS turns 71, we should be incredibly proud of it achievements: an extraordinarily dedicated workforce, delivering world-leading care. And, of course, underpinned by some of the most forward-thinking medical researchers and innovators in the world.

But, as the percentage of our population living with chronic and complex illness rises inexorably, we must also face the fact that, while NHS care will save your life, it will also consume your life if you have a long-term condition.

It was never designed to deal with the huge growth of chronic disease which now represents well over 80% of all healthcare spend.

The present healthcare system is still too much a sickcare system. Largely bricks and mortar where people who are sick or acutely ill come to be seen and treated by medically trained people.

This made sense when a stroke or a heart attack or an HIV diagnosis was a death sentence in most cases but, while tremendous progress on diagnosis and treatments has changed that prognosis, care delivery structures have struggled to keep pace with quite how differently patients experience healthcare today.

At the moment, if someone doesn't feel well, they may see their GP, have a few preliminary tests and follow-up appointments. If that doesn't solve the problem then they will be referred to a hospital specialist, have a few more tests or scans, have those results looked at, and then receive the necessary treatment.

Even if the condition is relatively straightforward to diagnose this can take a long time. And navigating that process – when you're sick – can be a confusing, frustrating, anxious experience. The longer it takes, the sicker you get.

If you have a rarer or hard to treat disease like me, that process can stretch to years. In my case, it took me 30 years to get a diagnosis and a few more until my condition could be considered well-managed.

During that time – when I was undiagnosed, misdiagnosed and unmanaged – I was not only pretty miserable a lot of time, but I was costing the NHS a fortune in inappropriate tests, repeated trips to A&E, my GP and a merry-go-round of

specialists.

The parts of the NHS that have begun to change this are those that have shifted their perspective to design their systems from the perspective of the patient.

Tower Hamlets is one of the most deprived parts of London, where the social determinants of ill health – unemployment, poor housing, debt, isolation – are all around.

For 2 decades, Bromley by Bow Health Centre has been pioneering a uniquely holistic, and tech-enabled combination of integrated medical care and social prescribing. From rolling out tele-care, video consultations and self-care, like the diabetic care packages enabling patients to self-manage their condition, to digitally referring patients for debt advice, language courses or art therapy.

This shift in focus, from just treating the presenting illness to actually helping the patient understand the drivers that impact their chronic condition better, means they can play a more active role in managing it.

The seamless integration of healthtech into day-to-day practice at the health centre means precious time is saved during appointments, patients are far more effectively monitored and managed and doctors have more capacity to be human.

This means getting involved in health rather than just sickness, supporting and coaching patients in relation to their sleeping, eating, smoking, drinking and exercise as well as all aspects of managing their condition properly, such as adherence to medication.

The aim is to proactively keep them well, rather than react when they become ill.

It’s also not just about telling them what to do (most people who smoke know that it’s bad for their health). It’s truly engaging them, providing them with both the information and the smart tools so they can closely monitor themselves.

They can have devices that will constantly measure the likes of their heart rate, blood pressure, breathing, weight or activity levels. Indeed, many of us already do. I daily monitor my heart rate and blood pressure using apps in order to titrate my medication – this is my normal. Just as it is for diabetics, kidney patients and many more patients with chronic conditions. In the future, though, this will become normal for healthy patients.

We’re essentially talking about a 24-hour connection between the patient and those monitoring them. Patients have to live with their condition 24/7 and their care should reflect that.

One study which is thinking about healthcare in this way is the Technology Integrated Health Management (TIHM) Testbed for Dementia.

This uses a network of internet-enabled devices installed in a person's home, in combination with artificially intelligent systems (AIS), to enable clinicians to remotely monitor patients' health round the clock. This is helping to improve support for people with dementia – and their carers – so they can remain more independent within their own homes.

The vision I'm sketching is one where, for instance, a GP uses their tablet ultrasound to make a movie of a patient's beating heart – companies like Ultromics are demonstrating solution like this. When irregularities are flagged, the GP shares this immediately with a cardiologist to diagnose the patient and set up a care plan there and then.

There's no need to make an appointment in weeks or months – the issue can be dealt with in real-time. This is what we have become accustomed to when booking flights, doing our finances or shopping online.

As a patient 'in the system' I can tell you nothing is more frustrating than the tempo of appointments – to stay on a specialist's list you accept a distant appointment 6 or 12 months in advance, when you may or may not be unwell. Happily it's an eminently solvable problem.

Companies like DrDoctor and others have already helped hugely but we will go further to deliver the NHS Long Term Plan commitments for digital-first primary care and redesigning outpatient care and, of course, the embedding of AI for diagnostics. Starting with the 5 new centres of excellence for digital pathology and imaging, which are working to cut down manual reporting to free up more staff time for direct patient care in the NHS and find new ways to speed up diagnosis of diseases to improve the outcomes for patients.

We know it can be done though. East London, for example, established e-clinics to improve management of chronic kidney disease and reduce end-stage renal disease.

The new service supports timely provision of advice from the hospital specialist to the GP, to enable better management of the patient either in the community or with more specialist care where needed.

A single pathway from primary to secondary care, with rapid access to specialist advice provided by consultant-led e-clinics have transformed the way the outpatient service is delivered.

Since the e-clinic began in December 2015, 50% of referrals are managed without the need for a hospital appointment. The average waiting time for a renal clinic appointment has fallen to 5 days, from 64 days in 2015.

We know patients will still need specialists with expert knowledge, but the patient and specialist don't need to be in the same space at the same time. A network of connected care means several experts can look at the case simultaneously. This would enable the early diagnosis of health issues by constant monitoring before they become more serious.

Not only will this help the patient, reducing long waits for diagnoses, but it will also free up time for clinicians, ensuring they can spend their time

caring for patients quickly rather than waiting on admin or logistics.

Even the sickest patients can benefit.

In a US trial, 766 cancer patients at Memorial Sloan Kettering Cancer Center in New York, tested an app reporting in real time their symptoms and side effects while undergoing chemo.

The app allowed doctors and nurses to monitor a patient's recovery and follow up with additional treatment options. If a patient's side effects were severe or worsening, nurses received an email alert so they could call the patient to follow up, or make sure a doctor reached out to the patient later.

In Basch's study, patients with metastatic cancers who were undergoing chemotherapy and used the tool routinely during the study, lived an average of 5 months longer than patients who did not use the tool. They experienced a better quality of life and had fewer visits to emergency rooms and fewer hospitalisations.

By introducing a simple electronic tool, we remove that barrier through systematic, proactive collections and communications of patients' symptom data. This improves relationships between patients and clinicians because it eases communication and enables focus on those problems that really matter during encounters. These findings are now being confirmed in a larger clinical trial.

This will be normal practice within 10 years. The idea of maintaining people's wellbeing rather than reacting to an episode makes sense. It will be hard changing a system that is hard-wired to be more reactive, but that's how it will be in the future.

The NHS is engaged in one of the largest digital health and social care transformation programmes in the world, with investment of more than half a billion pounds a year nationally and a significant additional spend locally within hospitals, mental health services, primary care networks and across populations.

We all know the challenges this presents.

First, we need to get the basic infrastructure right so the data that feeds AIS is in the right format and is appropriately protecting.

This is why NHSX is so focused on open standards, as set out in our tech vision last year.

Second, we need to make sure that the staff (healthcare professionals, managers, commissioners) have the skills that they need to feel confident using or procuring emerging technologies.

This is why we are so committed to working with Health Education England to work on implementing the recommendations of the Topol Review, supporting the NHS Digital Academy which is delivering great things for CIOs across the system, and why we're so pleased that our interim people plan is out. People

are at the heart of the NHS and technology must not change that.

Third, we need to work to encourage uptake. The average time it takes for new technologies to percolate through the NHS is 17 years. With the pace of technological development now, this is not viable.

We need to make sure that once a technology has been proven to deliver benefits to patients or the system, we help it save and improve lives as quickly as possible while still protecting patient safety.

This is why NHSX is coming together and working with the Accelerated Access Collaborative to make that pathway from ideation through to implementation at scale far more streamlined.

A major step to making this change has been to set up NHSX, a new joint team working to accelerate the digitisation of health and care.

NHSX is committed to creating an environment for innovation to flourish, with products for citizens and staff built by the market wherever possible and a focus on supporting the system to set standards and raise capability, both in skills and technology.

To deliver this vision, NHS organisations have to buy the technology they actually need, not just what the market wants to sell them.

NHSX has 3 delivery priorities, which are focused on how we can make things better for patients and staff as soon as possible.

These are:

1. cutting the amount of time that clinicians spend inputting and accessing data in NHS systems
2. making it easier for patients to access key NHS services on their smartphone
3. ensuring essential diagnostic information can be accessed safely and reliably, from wherever a patient is in the NHS

However, it is not just about improving systems and making more cutting-edge tech available. To be able to make the NHS work seamlessly in the digital age, we have to think about the ways we use data.

This is another priority for NHSX – to create a data-driven ecosystem. Not only allowing patients to have better access to their own data, but ensuring relevant clinical, genomic, phenotypic, behavioural and environmental data from a range of sources can be circulated between patients, clinicians and care systems.

In such a closed-loop system, actionable advice could be given to people before problems become significant and demand for services could be predicted in advance. Proactive not reactive.

That’s not to say that data isn’t already being used in highly innovative ways within the NHS and other healthcare organisations around the country.

I’m sure countless examples have been spoken about already at this event.

Early results from our ‘state of the data-driven ecosystem’ survey show that:

- 51% of those developing AIS solutions are building them for people with long-term conditions
- 72% are developing for clinicians
- and while 58% are developing with the purpose of improving quality of life, and improving the experience of care, 76% are developing with the intention of improving system efficiency

Just last week I was speaking to the extraordinary researchers at the Institute of Cancer Research about the potential for AI to improve the speed and accuracy of drug discovery.

As part of their work they have created a database that uses AI to discover the cancer treatments of the future. Their system called canSAR is the biggest disease database of its kind anywhere in the world, with almost 5 million experimental results.

It is freely available to help researchers worldwide and is already driving dramatic advances in drug discovery to identifying 46 potentially “druggable” cancer proteins that had previously been overlooked.

We have a responsibility to capitalise on these opportunities and ensure we do not miss our chance to save lives and money, but we must do this in the right way within a standardised, ethically and socially acceptable framework.

The fair and ethical use of health data by researchers and commercial partners can deliver better patient outcomes, improve safety, and contribute to a thriving economy. However, while we promote the latest data-driven scientific advances in healthcare, we must always ensure that patient data is respected and properly protected – and the people it is linked to.

Getting these foundations right matters hugely, 62% of those who have completed our survey thus far are using personal data to develop their AIS solutions and 49% got access to this data from NHS acute hospital trusts, yet only 38% believe that the trust is the data controller and nearly 30% of respondents don’t know what type of commercial arrangement they have in place – highlighting how much confusion exists in the system.

To ensure the ethical and fair use of health data by researchers and commercial partners, last December we published 5 guiding principles for the use of NHS data, along with plans to establish a national centre of expertise that will provide NHS organisations with high-quality commercial and legal expertise.

We have since road-tested and developed these principles and plans for the centre in partnership with a wide range of stakeholders from across NHS organisations, academic research, medical research charities and the life sciences industry.

We plan to publish an update and next steps on this work shortly, ahead of a

full policy framework for data-sharing partnerships later this year.

I am delighted that we are able to work with real experts in this space, such as Natalie Banner from Understanding Patient Data, leading on phenomenally important participatory research designed to ensure that the ecosystem we are creating keeps society in the loop by making use of research methods that keep people regularly engaged throughout the design process.

I am excited to talk to her about how we, in the centre, can learn from her expertise – and that of others – to ensure that we maintain public and clinician trust as we move towards this data-driven future.

Because I know that, like me, each and every one of you here today believes that data can save more lives and wants to play your part in ensuring it does.

Embracing AI and technology to improve patient outcomes

Baroness Blackwood spoke at CogX, the festival of artificial intelligence (AI) and emerging technology.

Press release: UK holds more foreign investment than Germany and France combined

The UK held more inwards Foreign Direct Investment (FDI) stock than Germany and France combined by the end of 2018, according to the latest United Nations data released today.