

Questionnaire

UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Professor Deenan Pillay - Reference:

M2/ISAGE/01/PDP

Please provide the following information:

1. A brief overview of your qualifications, career history, professional expertise and major publications.

I am Professor of Virology at University College London and, until recently, Consultant Medical Virologist at UCLH. For the previous 30 years I have also been a Medical Consultant in Virology at the Public Health Laboratory Service and Health Protection Agency (precursors of PHE). My expertise is in diagnosis and management of viral infections and a particular focus has been in HIV management. From 1997-2003 I was Director of the PHLS Antiviral Susceptibility Reference Unit. From 2009-2013 I was Head of the Division of Infection and Immunity, UCL, and from 2010-2012 Director of the UCLH/UCL NIHR Biomedical Research Centre. From 2013-2019 I was Director of the Wellcome Trust-funded Africa Health Research Institute in South Africa focusing on HIV and TB research. My publications have focused on the prevention, treatment, and management of drug resistance in HIV.

I have previously sat on SAGE (Avian Influenza, 2009) and during COVID sat on the MHRA Expert Working Group for Covid Therapeutics, as well as Chairing a DHSC Horizon Scanning Group for New COVID Diagnostics in 2020.

During COVID I led the development of a COVID Dashboard within the EPSRC funded I sense consortium (<https://www.i-sense.org.uk/covid-19/i-sense-covid-red-dashboard>).

I am a member of the UK Clinical Virology Network, which has generated a number of papers on the deficiencies of the UK diagnostic response to COVID (eg <https://www.bmj.com/content/bmj/369/bmj.m2420.full.pdf>; <https://blogs.bmj.com/bmj/2020/10/15/clinical-virologists-have-been-sidelined-in-uk-covid-19-pandemic-response/>).

2. An outline of when you participated in Independent SAGE, the role that you performed and any matters that you advised on.

I am an inaugural member of Independent SAGE and from mid 2021 until recently have been Chair of the group. In this role I have convened weekly meetings of the group which include deciding on and approving reports and setting the agenda for our weekly Friday press and public briefings. My own expert contribution has been in the realm of COVID diagnostics, testing and treatment. All Independent SAGE reports are on our website, including 17 focused on Test, Trace and Isolate (<https://www.independentsage.org/>).

3. A summary of any reports and/or articles you have written, interviews and/or evidence you have given regarding the work of SAGE and/or its subcommittees and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible.

In addition to our multiple Independent SAGE reports, I was instrumental in convening UK medical virologists to respond to the inadequate testing response. This includes a submission to the 2020 Parliamentary Inquiry COVID-19-lessons learned. " (<https://committees.parliament.uk/writtenevidence/18241/pdf/>), and a letter to CMO/CSA (attached).

This was covered in the national press (<https://www.theguardian.com/world/2020/aug/03/uk-virologists-criticise-handling-coronavirus-testing-contracts>).

4. Your views as to whether the work of SAGE and/or its subcommittees in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims. We have previously invited independent members of SAGE and its subcommittees to address this issue by reference to the matters set out below. You may find them of assistance, although we recognise that some are likely to be beyond your knowledge. Please address this issue as you see fit.

a. The composition of the groups and/or their diversity of expertise;

The focus of SAGE in the early period was epidemiological modelling- important given the lack of data on the pandemic at that time. However, there appeared to be a lack of key public health expertise on the group- expertise which could guide the best way to implement our response. Regarding my own area of expertise, matters of virological testing strategies appeared to be delegated to operational groups, leading to the disastrous outsourced testing strategy (see my comments later).

b. The way in which the groups were commissioned to work on the relevant issues;

The biases in membership described above led to limitations in the breadth of commissioned work.

c. The resources and support that were available;

I cannot comment

d. The advice given and/or recommendations that were made;

The government mantra of *Following the Science*, was severely compromised by the lack of transparency- membership, minutes of meetings- during the early stage of the pandemic. This directly led to the establishment of Independent SAGE. Indeed, the membership of SAGE was finally released during the 1st Independent SAGE public briefing! It remains unclear precisely how scientific advice was dealt with in determining policy.

e. The extent to which the groups worked effectively together;

I cannot comment

f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.

I cannot comment

5. Your views as to any lessons that can be learned from the UK's response to the Covid-19 pandemic, in particular relating to the work of SAGE and/or its subcommittees. Please describe any changes that have already been made, and set

out any recommendations for further changes that you think the Inquiry should consider making.

The SAGE and subcommittee structure, as well as reporting into COBR was described prior to the pandemic. The function of such a expert scientific structure depends on a unity of purpose with civil servants, open transparent decision making, and good political leadership. In this case, the PM was absent from the first five COBR meetings. In addition, Ministers took it upon themselves to speak on COVID policy without due regard to science and uncertainty. For example, Matt Hancock was himself criticised by the UK Statistical Authority for misusing COVID data (<https://uksa.statisticsauthority.gov.uk/correspondent/matthew-hancock-mp/>). Suggestions for future changes include

- Ensuring a scientific literacy within government such that communication to the public on complex issues can be effective. This should include the ability of CMO/CSA to speak directly to the public.
- A broader definition of expert scientific advice, which covers implementation of scientific advice. This itself is a science and requires an evidence base. It cannot simply be outsourced as was often done during the pandemic.
- Ensuring membership of SAGE and sub committees are diverse of gender, ethnicity, and disciplines, in recognition that science itself is a social activity. This will avoid group think, nepotism, and the generation of a scientific establishment- all of which characterise some aspects of UK science now.

6. A brief description of documentation relating to these matters that you hold (including soft copy material held electronically). Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.

Described above