

Questionnaire

UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Professor Subhash Pokhrel - Reference: M2/SAGE/01/SP

Please provide the following information:

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

I have a Master's and a Doctorate degree in health economics, respectively from Chulalongkorn University (Thailand) and Heidelberg University (Germany). Having worked in Nepal and Germany as a healthcare researcher, I moved to the UK to take up a Research Lectureship at Brunel University London in 2005. I was promoted to Senior Lecturer in 2012, to Reader in 2017 and to Professor in 2019. Since Aug 2018, I have also been the Head, Department of Health Sciences, one of the three departments in the College of Health, Medicine and Life Sciences at Brunel University London. My expertise is around health economic evaluations of public health (mostly, behaviour change) interventions and policies, i.e. investigating the effectiveness and 'value for money' of public health measures such as tobacco control, improving population level physical activity, and breastfeeding promotion and support. In addition, I am also interested in strengthening the national health research systems.

My major publications are:

- Renfrew, M.J., Pokhrel, S., Quigley, M., McCormick, F., Fox-Rushby, J., Dodds, R., Duffy, S., Trueman, P. and Williams, A., 2012. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK. UNICEF
- Coyle, K., Coyle, D., Lester-George, A., West, R., Nemeth, B., Hiligsmann, M., Trapero-Bertran, M., Leidl, R., Pokhrel, S. and EQUIPT Study Group, 2018. Development and application of an economic model (EQUIPTMOD) to assess the impact of smoking cessation. *Addiction*, 113, pp.7-18.
- Anraad, C., Cheung, K.L., Hiligsmann, M., Coyle, K., Coyle, D., Owen, L., West, R., de Vries, H., Evers, S.M. and Pokhrel, S., 2018. Assessment of cost-effective changes to the current and potential provision of smoking cessation services: an analysis based on the EQUIPTMOD. *Addiction*, 113, pp.96-105.
- Trapero-Bertran, M., Pokhrel, S. and Hanney, S., 2022. Research can be integrated into public health policy-making: global lessons for and from Spanish economic evaluations. *Health Research Policy and Systems*, 20(1), pp.1-11.
- Crankson, S., Pokhrel, S. and Anokye, N.K., 2022. Determinants of COVID-19-related length of hospital stays and long COVID in Ghana: a cross-sectional

analysis. *International Journal of Environmental Research and Public Health*, 19(1), p.527.

Agyemang, K., Banstola, A., Pokhrel, S. and Anokye, N., 2022. Determinants of Physical Activity and Dietary Habits among Adults in Ghana: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 19(8), p.4671.

Pokhrel, S., Quigley, M.A., Fox-Rushby, J., McCormick, F., Williams, A., Trueman, P., Dodds, R. and Renfrew, M.J., 2015. Potential economic impacts from improving breastfeeding rates in the UK. *Archives of disease in childhood*, 100(4), pp.334-340.

Hanney, S., Kanya, L., Pokhrel, S., Jones, T. and Boaz, A., 2020. What is the evidence on policies, interventions and tools for establishing and/or strengthening national health research systems and their effectiveness? World Health Organization. Regional Office for Europe.

Hanney, S.R., Kanya, L., Pokhrel, S., Jones, T.H. and Boaz, A., 2020. How to strengthen a health research system: WHO's review, whose literature and who is providing leadership? *Health research policy and systems*, 18(1), pp.1-12.

Ranasinghe, P.D., Pokhrel, S. and Anokye, N.K., 2021. Economics of physical activity in low-income and middle-income countries: a systematic review. *BMJ open*, 11(1), p.e037784.

A full list of publications is available from this site: [Subhash Pokhrel - Google Scholar](#)

2. A list of the groups (i.e. SAGE and/or any of its sub-groups) in which you have been a participant, and the relevant time periods.

Participant in the Independent Scientific Pandemic Insights Group on Behaviours (SPI-B) from October 2020.

3. An overview of your involvement with those groups between January 2020 and February 2022, including:

a. When and how you came to be a participant;

To the best of my recollection, in early October 2020, I was approached by Marie-Louise Taylor from SAGE Secretariat (Behavioural Science) to see if I can participate in SPI-B, given my interests and expertise around the evaluations of behavioural change interventions. I subsequently held an online meeting with the Secretariat colleagues to understand the remit of the role and agreed to participate. My participation was

voluntary and would constitute spending time from my work hours. Therefore, I also sought approval from my line manager. I agreed with the Secretariat colleagues to be a participant in this group on 'availability' basis, meaning that I would not be able to attend all weekly meetings or contribute to all papers that this group was handling at the time.

b. The number of meetings you attended, and your contributions to those meetings;

To the best of my recollection, I attended several weekly meetings held between Oct 2020 and Feb 2022 (although it was not possible to attend every meeting due to my workload). My contribution was mostly to provide – where appropriate - insights and suggestions during the weekly meetings or comment on the SPI-B draft papers via SharePoint editing facility. Although my area of expertise is economic evaluation, I realised – to the best of my belief - soon after joining the group that collection and use of economic data to support SPI-B's discussions and subsequent recommendations were not part of the group's priority (mostly based on the feasibility concerns around collecting robust economic data in the fast-moving pandemic scenario) although it would appreciate having such data to be a part of the discussion where it was available. Therefore, I limited my contribution to helping colleagues, who were leading specific papers, by commenting on or to improve on the aspects of messaging (communication) or showing cost implications where possible. I even suggested to bring in a communication specialist to the group to help with this key aspect (a senior academic with this expertise joined the group subsequently). During this period, I thought it was important to publish an explainer as to why standard ways of valuing health (i.e. economic analysis) might have been set aside in the pandemic by many governments worldwide. This explainer – based on my professional judgement on the back of existing and emerging evidence - was published in *The Conversation* on 9th June 2021 (link: [Why standard ways of valuing health were set aside during the pandemic \(theconversation.com\)](https://theconversation.com/why-standard-ways-of-valuing-health-were-set-aside-during-the-pandemic))).

c. Your role in providing research, information and advice.

For the reasons given above, my role was limited to commenting on the working papers (either directly on SharePoint or by email exchanges) and/or contribution to the meeting discussions. I did not lead any working paper.

4. A summary of any documents to which you contributed for the purpose of advising SAGE and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where possible.

To the best of my recollection, I either participated in the meeting discussions on, or commented on the drafts of, the following SPI-B topics:

- Maintaining adherence
- Balancing community-led and paid-for campaign activity
- Approaches to mitigate risks associated with social interaction within the home
- Health Certificates in Mass Testing Briefing Note
- Certification Policing and Security Rapid Response
- Behavioural considerations for maintaining or reintroducing behavioural interventions and introduction of new measures
- Testing when symptomatic, and staying at home with influenza-like illness, during autumn and winter 2021

5. A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible.

None applies to me as I did not co-author any SPI-B article (my contribution was limited as explained above, not warranting a co-authorship as defined by standard academic practice, unless the author was SPI-B of which I was a participant) and give interviews and/or evidence regarding the work of SPI-B (I was approached by a few journalists for interviews which I respectfully declined as I wasn't able to find time for that).

6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims. This may include, but is not limited to, your views on:

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

As SPI-B's remit was on behaviours, I noticed that the group had drawn expertise mostly from health psychologists and behavioural scientists. To the best of my understanding, the group made a conscious effort to diversify expertise that could be available to it, acknowledging that it needed to consider perspectives and evidence on likely behaviours during the COVID-19 pandemic and any government policy responses, from disciplines/expertise outside the core academic health psychology and behavioural science. It could have been more diverse but it is important to acknowledge at the same time that sourcing relevant expertise during the pandemic was a significant challenge due to increased (day job) workload among academic colleagues created by the pandemic itself.

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

Based on my experience with the group and to the best of my professional judgement, it was collaborative, open to new ideas, perspectives and evidence. The task at hand (e.g. request from the Cabinet Office) was debated and confirmed for the group's remit, leads and members (co-

authors) were agreed, and group participants contributed to the discussions or commented on the drafts in a truly collaborative manner. The group then met, discussed and signed off papers. The recommendations were based on “best available evidence” at the time as agreed by the group. When new evidence emerged since the final sign off of the papers, this was also considered in the subsequent meetings.

c. The resources and support that were available;

To the best of my knowledge, the group was supported well by the Secretariat on administration and logistics side, and there was various degree of support available to participants from their own institutions (e.g. in some instances, workload reallocation to accommodate the work they did for SPI-B). I also understood that many participant colleagues were doing odd hours to accommodate the work they did for SPI-B. New participants were given orientation and there were opportunities for training (e.g. on media appearances). Guidance on media interviews were also provided.

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

To the best of my knowledge, the conclusions/key messages/recommendations coming out of the specific papers produced by the group were taken forward to relevant committees (e.g. SAGE) for further discussion or published for wider use (link: [Scientific evidence supporting the government response to coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/scientific-evidence-supporting-the-government-response-to-coronavirus-covid-19)). To the best of my professional opinion, the group followed its remit and made recommendations for policymaking.

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

To the best of my professional judgement, it was hard to not experience the high levels of commitment, urgency and professionalism amongst participants. The issues were approached freely, honestly and in a transparent way before agreeing on who would take the lead on investigating the specific issue at hand and who would support in what way. The meetings were chaired very efficiently and chatroom discussions covered lots of supplementary issues that would have not been possible to cover in the limited verbal discussion time otherwise. Overall, I found the group working effectively together.

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

To the best of my knowledge, applicable structures and policies were both utilised and complied. It was however up to the individual participant whether they wanted to talk about various aspects of the pandemic to media and other channels – a clear guideline on what they can or cannot

do as a member of SPI-B was provided. It is important here to note – to the best of my professional opinion - that SPI-B made recommendations for policymaking based on the “best available evidence” it had reviewed; it did not make any policy decision itself (i.e. making policy decisions was the policymakers’ job).

7. 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 the above-mentioned groups. 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.

On reflection, a few lessons that, in my professional opinion, are worth considering:

- Understanding how people behave in a pandemic like COVID-19 – both under current practice and in response to any policy to contain the virus - is critical. The work of SPI-B is therefore instrumental in supporting ALL policy decisions in a very fast-moving scenario. Policymakers should give more considerations (than what we observed during the pandemic) about this behavioural aspect, and avoid policies that can act as or lead to ‘super spreader’ events.
- There were several debates about whether policymakers acted on the best advice given to them by the scientists. One way to address such situation in the future is to legitimise such decisions on health spending by gathering information on cost-benefit implications. SPI-B should therefore diversify its remit and expertise-base, particularly by including analyses and participants that can help understand the cost-benefit implications of any immediate policy change that affects population behaviours. It is important to learn from this pandemic (i.e. the lack of such analyses) and put in place appropriate modelling infrastructure now so that such benefit-cost analysis becomes an integral part of the group’s work should we face another similar crisis.
- It is critical to ascertain before spending monies that resources are not wasted to implement policies (both on healthcare and healthcare research) that have no or limited effects. See this report – [Saving millions of lives but some resources squandered: emerging lessons from health research system pandemic achievements and challenges | Health Research Policy and Systems | Full Text \(biomedcentral.com\)](#). Experts should therefore start working on developing an ‘economic test’ for any policy implementation should such a pandemic strikes us again in the future.

- One clear lesson that the pandemic has given us is that a strong national health research system (NHRS), in addition to an effective health(care) system, is key to addressing the emerging issues during the pandemic. Investments in NHRSs is therefore critical although for many it may not come as an immediate priority.

8. 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.

I have provided the links above to the documentations that were relevant to these matters. I commented on the drafts on SharePoint directly – so I do not hold the commented versions. There are a few email exchanges which I can provide upon request.

*** End of the response ***