

**To: Charlotte Whitaker, 2B Module Lead Solicitor / Covid-19 Public Inquiry Legal Team**

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**14<sup>th</sup> March 2023**

## **Module 2B of the UK Covid-19 Public Inquiry**

**Request for Evidence under Rule 9 of the Inquiry Rules 2006 to Dr Mariana Dyakova**

**Reference for Request - M2B/MD/01**

### **Evidence response**

Please provide the following information:

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

I am a Consultant in Public Health Medicine, International Health Lead and Deputy Director of the Policy and International Health Directorate, which is also a World Health Organization (WHO) Collaborating Centre (WHO CC) on Investment for Health and Well-being, at Public Health Wales. I am also an Honorary Clinical Research Fellow at the University of Warwick.

I have a medical, public health and research background, including MD (Medical University of Sofia, 2003); MPH and a PhD (Management of Cardiovascular Diseases). I have specialized in public health in Bulgaria and the UK, gaining a full GMC<sup>1</sup> registration with a licence to practice (from 2010) and a Specialty in Public Health Medicine (Fellow of the UK FPH<sup>2</sup> from 2015). I also have a UK Postgraduate Certificate in Medical Education; and I have continued my postgraduate education and professional development through various trainings, such as in Transferable Skills, Social Return on Investment, Leadership and management, Health finance, Foresight methods, Global Health diplomacy, etc.

My international career history includes academic, public health and health systems work in Bulgaria, the UK and globally. I became an Associated Professor in Public Health at the Medical University of Sofia in 2010. In the UK, I worked as an NIHR<sup>3</sup> Academic Clinical Lecturer at the University of Warwick Medical School, and a Specialty Registrar in Public Health at Public Health England, Coventry City Council and Warwickshire County Council. I joined the WHO Regional Office for Europe, Copenhagen in 2013-14 progressing European health policies and Healthy Cities. I started in my current role at Public Health Wales in 2015. I continue my academic work with the University of Warwick, Cardiff University and Maastricht University (the Netherlands), providing also MPH, PhD and Specialty Registrars in Public Health supervision. I am a member of the WHO Healthy Cities Scientific Board, the WHO Regions for Health Network Steering Group, the European Public Health Association (EUPHA), and the UK Society for Social Medicine (SSM). I am also an editorial member of the European Journal of Public Health and the Frontiers of Public Health.

I have a diverse professional portfolio of more than 20 years across medical, health systems, academic, public health policy and practice settings on a national (Bulgaria, England and Wales), European and Global level. Key areas of expertise include sustainable development; investment for population well-being and health equity; health system strengthening; risk assessment, disease prevention and health promotion; person-centred integrated Value-Based health care; Global and European public health. My work has included evidence

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<sup>1</sup> GMC – General Medical Council (UK)

<sup>2</sup> FPH – Faculty of Public Health (UK)

<sup>3</sup> NIHR – National Institute for Health and Care Research (UK)

synthesis, translation and communication; public health capacity and partnership building, resource mobilisation and advocacy for health, developing innovative approaches and tools.

For more information, see [Mariana Dyakova | LinkedIn](#) and [Mariana Dyakova | Research profile \(researchgate.net\)](#)

I have a substantial academic track record informing policy and practice across the UK and internationally. Key publications include:

1. Allen J, Dyakova M, Cotter-Roberts A, et al. *Influencing the Health Gap in Wales: Decomposition analysis discussion paper*. WHO Collaborating Centre on Investment for Health & Well-being, Public Health Wales NHS Trust 2022. Available at: [Decomposition analysis discussion paper](#)
2. Dyakova M, Couzens L, Allen J, Van Eimeren M, Stielke A, Cotter-Roberts A. *Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales*. WHO Collaborating Centre on Investment for Health & Well-being. Public Health Wales NHS Trust 2021. Available at: [Welsh Health Equity Status Report](#)
3. Dyakova M, Bellis MA, Azam S, Ashton K, Stielke A, Besnier E. *Driving Prosperity for All through Investing for Health and Well-being: An Evidence Informed Guide for Cross-sector Investment*. Cardiff: Public Health Wales; 2019. Available at: [Driving Prosperity for All](#)
4. Dyakova M, Hamelmann C, Bellis MA, Besnier E, Grey CNB, Ashton K et al. *Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020*. Copenhagen: WHO Regional Office for Europe; 2017. Available at: [Investment for health and well-being](#)
5. Dyakova M, Knight T, Price S. *Making a difference: investing in sustainable health and well-being for the people of Wales*. Cardiff: Public Health Wales NHS Trust; 2016. Available at: [Making a Difference](#)
6. Dyakova M, Shantikumar S, Colquitt JL, Drew C, Sime M, MacIver J, Wright N, Clarke A, Rees K. *Systematic versus opportunistic risk assessment for the primary prevention of cardiovascular disease*. *Cochrane Database of Systematic Reviews* 2016; 1(2). Available at: [Cochrane Library](#)
7. Dyakova M, Clarke A, Fraser H. *Innovating care for people with multiple chronic conditions in Europe project evaluation*. *Eur J Public Health* 2016; 26 (suppl\_1). Available at: [European Journal of Public Health](#)
8. de Leeuw E, Tsouros AD, Dyakova M, Green G (eds). *Healthy cities. Promoting health and equity – evidence for local policy and practice*. Summary evaluation of Phase V of the WHO European Healthy Cities Network. Copenhagen: World Health Organization; 2014. Available at: [Healthy cities](#)
9. McCarthy M, Clarke A, Dyakova M. *Public health science systems and policies: the UK in a European context*. *The Lancet* 2012; 380:S16. Available at: [The Lancet](#)

2. **A list of the groups (i.e. TAG and/or any of its subgroups) in which you have been a participant, and the relevant time periods. Please also confirm if you are or have been a participant in SAGE or other relevant groups in the relevant time periods.**

I have participated in the Welsh Government **COVID-19 Technical Advisory Group (TAG) Subgroup on International Intelligence (InTel)** from May 2020 until now (as it continues to meet).

I have also contributed to and participated in some of the meetings of the **COVID-19 Technical Advisory Cell (TAC) Subgroup on Socio Economic Harms** from June 2021 until its close in May 2022.

I have not participated in SAGE or other COVID-19 relevant groups.

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

- a. **When and how you came to be a participant:**

I joined the **IntTel TAG Subgroup** in May 2020. I was invited to join as an International Health Lead (Head of the International Health team) and Deputy Director of the Policy and International Health Directorate (WHO CC) at Public Health Wales. This was related to the request from Wales' Chief Medical Officer (CMO), Dr Frank Atherton, for the International Health team at Public Health Wales to initiate International Horizon Scanning reports to bring

in dynamic international learning from other countries to inform the Welsh Government's public health response to the Coronavirus pandemic.

I joined the **TAC Subgroup on Socio Economic Harms** in June 2021. This was requested by our Director of the Policy and International Health Directorate (WHO CC), Professor Mark A Bellis, who had attended the Group until then; and agreed by the Chair of the Group. I stepped in as an International Health Lead and Deputy Director of the Policy and International Health Directorate (WHO CC) at Public Health Wales, leading on work related to the wider impacts of the COVID-19 pandemic, including economic and health inequalities.

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

I have attended almost all meetings of the **InTel TAG Subgroup from May 2020 to May 2022**, unless absent due to annual leave or sickness when a member of the International Health team stepped in for me. From May to July 2020 the Group met every week; from August to October 2020 we met monthly (with a break in August), which then increased to weekly during November 2020 until May 2021 (due to another COVID-19 wave). From May 2021 to May 2022 the Group met monthly. In addition, we had separate monthly meetings with the Chair of the Group, Dr Robert Hoyle, to discuss the International Horizon Scanning reports, including prospective topics and findings. The Group continues to meet currently with less frequency (every two months) on wider topics than COVID-19.

I have attended almost all meetings of the **TAC Subgroup on Socio Economic Harms** from June 2021 to May 2022, unless absent due to annual leave or sickness when a member of the International Team stepped in for me. The Group met every two months; and it was closed in May 2022.

In relation to both groups, I have contributed my professional knowledge, experience and expertise as a Consultant in Public Health, International Health Lead and Deputy Director of the Policy and International Health (WHO CC) Directorate at Public Health Wales, including: 1) Groups' meetings and discussions; 2) development of relevant group reports and briefings to inform TAG/TAC; 3) ad hoc requests for information or feedback requested by email; 4) providing/presenting relevant data, information and learning from COVID-19 related reports developed by the Policy and International Health (WHO CC) Directorate / International Health team at Public Health Wales.

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

I have provided relevant research, information and intelligence as an International Health Lead and Deputy Director of the Policy and International Health (WHO CC) Directorate at Public Health Wales, leading work on international health, economics and modelling, and health inequalities. This included relevant data, information and learning from COVID-19 related reports developed by the Policy and International Health (WHO CC) Directorate / International Health team at Public Health Wales, such as (this is not an exhaustive list): the International Horizon Scanning reports *International Horizon Scanning*; the report on *Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales* focusing on the wider and health inequalities impacts of COVID-19; and the economic modelling report on *Economic Consequences of COVID-19 on Unemployment and related Longstanding Illness in Wales*.

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

As part of both subgroups and to my knowledge, I have contributed to unpublished and published reports of TAG and TAC on the COVID-19 response and recovery. The published reports are available here: [Technical Advisory Cell: Impact of European measures to ease lockdown restrictions on R values summary briefing](#) ; [Technical Advisory Cell: seasonal effects on COVID-19 in South America](#) ; <https://www.gov.wales/technical-advisory-cell>.

**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 Welsh Government's response to the Covid-19 pandemic. Please include links to those documents where publicly available.**

I have led on the development and publication of a series of International Horizon Scanning and Learning reports, which have been circulated to the TAG InTel Group and from there to TAG and TAC, helping to inform the Welsh Government response and views during the pandemic. The reports' publication started in May 2020 and continues to date (on wider topics than COVID-19). All reports can be found here [International Horizon Scanning](#).

I have also led the development and publication of the report on [Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales](#) focusing on the wider and health inequalities impact of COVID-19; and the economic modelling report on [Economic Consequences of COVID-19 on Unemployment and related Longstanding Illness in Wales](#), which have been circulated and presented at the TAC Subgroup on Socio Economic Harms, and also shared with the TAG InTel Subgroup.

In addition, I (with the help of my team) have provided ad hoc unpublished evidence briefs and reports on specific questions/topics; and feedback on formal/informal briefs developed by the groups. I have not given interviews or external comments to the press.

**6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or Wales'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;**

In my opinion both groups I participated in (the InTel and the Socio Economic Harms TAG/TAC subgroups) had an appropriate and well balanced composition with diversity of expertise, related to the respective scope and purpose. The membership included representatives from relevant divisions/teams across Welsh Government as well as other relevant organisations, such as Public Health Wales and academic bodies (universities), which aimed to ensure evidence-based as well as linked up response across government policies and measures. Also, the membership of the groups wasn't static, but evolved over time as the pandemic developed and its impacts and related response changed (for example, from direct health protection measures, such as wearing masks, social distancing, etc. through to wider socio-economic effects and related mitigation/support measures). Additional members were invited to join; or relevant experts were invited for specific thematic meetings to share their expertise and views.

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

My understanding has been that the TAG/TAC subgroups were established to focus on different aspects of the pandemic impact and related response, providing relevant collective expertise and advice to help decision-making and inform Welsh Government policies and measures. In my opinion, the way work was given to the groups to discuss, provide information, expertise and feedback, and contribute to relevant reports, worked well. The work varied and the way of working was flexible and inclusive, including specific questions / issues asked by TAG to discuss and provide collective answer to; presentations of relevant reports and data; and e-mail requests and collation of feedback. My work as part of the

above groups was on a voluntary basis without any financial or other (e.g. time) compensation/reward. This was fine with me as it was part of my role and job as a Consultant in Public Health and International Health lead at Public Health Wales, having an active role as part of the pandemic response and recovery.

**c) The resources and support that were available;**

The groups had access to relevant data and intelligence available to/from Welsh Government (from example, from SAGE, etc.); the analytic / research support of the Welsh Government Office for Science and other relevant Welsh Government teams; and dedicated admin support. I am not aware of any financial or other specific resources available to support the work of the groups.

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

In my opinion, the members of the above groups contributed to the best of their knowledge, experience and on-going work from the relevant areas of expertise, which led to a collective 'advice' in the form of reports, briefings and recommendations. There was no separate individual input/advice, the groups provided only agreed collective advice. There was little clarity on how the groups' reports/recommendations were shared, discussed or accepted by TAG and TAC, though the Chairs of the groups provided feedback sometimes. To my understanding, the groups' collective input and advice informed relevant published and unpublished TAG/TAC reports, which informed the related Welsh Government measures.

**e) The extent to which the groups worked effectively together;**

In my experience, both of the above groups worked well – professionally effective with complementing areas of knowledge and expertise; as well as working in an open, informal, inclusive and respectful way. This allowed for sharing diverse perspectives and honest views, and having open and unbiased discussions.

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

To my knowledge, there were a number of TAG/TAC subgroups established with membership from key public and academic bodies. This helped ensure diverse, relevant, timely and inclusive contribution to decision-making, as well as alignment of response measures across Wales, including Public Health Wales, Health Boards and NHS Trusts, Local Authorities and other relevant responsible organisations. The above groups, I took part in, were established in a timely and effective manner to help inform and support the work of TAG and TAC, which ultimately informed the Welsh Government response and recovery policies and measures.

**7. Your views as to any lessons that can be learned from the Welsh Government'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.**

The COVID-19 pandemic has been a terrible shock, triggering a public health and socio-economic crisis, not only in Wales and the UK but also globally. It has revealed the fragility of our public systems and capacities, which are related to chronic under-resourcing of public health, especially in relation to health protection, disease prevention and health promotion.

The impact on livelihoods, especially for the most vulnerable and disadvantaged, has been catastrophic, highlighting the close interdependence between individual health, community well-being, social capital, and the economy.

At the same time, the COVID-19 pandemic has revealed an opportunity for a transformative recovery and innovation to ensure the well-being of current and future generations. This is an opportunity to prevent future epidemics / pandemics building sustainable, inclusive, evidence-informed systems, policies and services, which enable healthier environments and behaviours, and strengthen individual and community resilience to infections and adversities.

The work of the above groups, in my opinion, was a good example and experience of cross-government multidisciplinary exchange, which was established in a quick manner around a common purpose and evolved into an effective team and collaborative work. I am especially pleased that the InTel subgroup continues its work, which has allowed for a closer partnership between the Welsh Government, Public Health Wales and academia. I believe, more of these groups should continue their work or others such multi-disciplinary cross-sector groups should be established on high priority issues/topics.

It is also important that these groups should include not only government, public sector and academic members, but also third / civil society and private sector representatives.

As a public health professional with an international portfolio, I believe it is essential for governments to strengthen and invest in their public service systems and workforce, including especially health and social care, with a focus on prevention and early intervention. Ensuring the highest level of population well-being and health equity, ensures resilient people, thriving communities and prosperous economies. The case for targeted investment in public health is stronger than ever and requires urgent recognition and action across all levels of government and all sectors, across the Four Nations of the UK.

**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.**

To my knowledge and recollection, documents in relation to the work of both groups and my contribution to these include: Terms of Reference; Agenda and Minutes from meetings; published and unpublished reports and briefings; presentations to the groups; emails.

*Dr Mariana Dyakova*

*14<sup>th</sup> March 2023*