

## Meeting Materials - Pandemic Funding SFU & BCCDC Foundation

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Sent: February 5, 2021 5:17:28 PM PST  
Attachments: 1186483 BN Proposals for Pandemic Research Simon Fraser University and the BCCDC Foundation for Public Health 20210205.docx, 1186483 - APPENDIX C - SFU and BCCDC Foundaiton Funding Proposal.pdf

Hi everyone,

**Please find the attached materials in preparation for our meeting, February 11<sup>th</sup>.**

I look forward to our discussion next Thursday. The DM will not be able to join us, however, we will share your feedback with him. As you know, the Ministry has committed to providing \$25 Million in funding for BC pandemic research via one-time grants to Simon Fraser University (\$15 Million) and the BCCDC Foundation for Public Health (\$10 Million).

Our goal for this meeting is to receive your feedback on the funding proposals submitted to the Ministry by SFU and the BCCDC Foundation, and to discuss recommendations and next steps.

It will be particularly valuable to hear your feedback on the following:

1. Are the goals of the proposal feasible and appropriate?
2. Is the proposal sufficiently provincial in nature- what does that mean to you, in this context?
3. What additional information/assurance or emphasis would be required for you to approve these high-level proposals? For example, additional information on:
  - a. How alignment between activities and system relevance/public health practice will be ensured?
  - b. Clarity on how that impact of investment activities will be felt province-wide?
  - c. Other?
4. In your opinion, what form of subsequent consultation and external review should the Ministry require?

### **Attached you will find:**

- A draft BN prepared for Deputy Minister Stephen Brown that provides background on the funding decision and summarizes the Ministry's work to date in coordinating the submission of this proposal including s.12 and Appendix B) feedback on the proposals from the COVID-19 Strategic Research Advisory Council (SRAC)
- The high-level proposal submitted to the Ministry, on behalf of Simon Fraser University, and the BCCDC Foundation on January 29<sup>th</sup>, 2021, prefaced by a joint Executive Summary.

Have a great weekend –

Mary

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## **MINISTRY OF HEALTH INFORMATION BRIEFING NOTE**

**Cliff 1186483**

**PREPARED FOR:** Stephen Brown, Deputy Minister - **FOR INFORMATION**

**TITLE:** **Proposals for Pandemic Research: Simon Fraser University and the BCCDC Foundation for Public Health**

**PURPOSE:** To provide information in preparation for February 11 meeting with Drs Reka Gustafson, Bonnie Henry and key Ministry Executive to discuss the research proposals.

### **BACKGROUND:**

To support BC's response to COVID-19, the Ministry of Health (the Ministry) has committed \$25 Million in funding for public health research awarded to Simon Fraser University (SFU) and the BCCDC Foundation for Public Health (BCCDC Foundation). The specific language used by Treasury Board describing the purpose is included in Appendix A.

Stephen Brown, Deputy Minister (DM), held a meeting October 14, 2020 to discuss government funding and expectations<sup>[1]</sup>. Dr. Bonnie Henry was present, however, Dr. Reka Gustafson, head of the BCCDC, and a representative from the BCCDC Foundation were not present. The DM requested that a working group between the Ministry, SFU and BCCDC Foundation be established and that a proposal from each of the organizations be submitted for his review and approval prior to the transfer of funding. Further, the organizations were asked to ensure a coordinated, non-duplicative approach that was provincial in scope and informed by the work of the provincial COVID-19 Strategic Research Advisory Committee (SRAC). Additionally, it was suggested (and accepted), that an evolved version of the SRAC would serve to provide coordinated advice to both organizations.

In early November, Ministry staff (Victoria Schuckel, Executive Director, Research & Technology) organized a planning group with BCCDC, BCCDC Foundation, SFU, UBC, SRAC and the Ministry to support a coordinated approach to proposal development.

In total, the group met seven times. Additional meetings occurred directly between members of the two organizations and between Ministry staff and organizations. Ministry staff gathered advice from current and past members of SRAC on the outcomes they believed would reflect a successful government investment in pandemic research. This advice was shared with the planning team and subsequently members of the planning group presented an overview of their draft proposal to SRAC to garner further feedback

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<sup>[1]</sup> In attendance: the MOH Deputy Minister; Bonnie Henry, PHO; Joy Johnston, President of SFU; Dugan O'Neill, Vice President of Research, SFU; Mary Ackenhusen, Senior Innovation Executive in Residence, MOH; Victoria Schuckel, ED, Research & Technology, MOH.

on proposed activities (see Appendix B for a list of SRAC Members and a summary of their advice).

## **DISCUSSION:**

SFU and the BCCDC Foundation are very different organizations with distinct areas of expertise, experience bases, governance structures and organizational aspirations. It is noteworthy that at the outset, there were few pre-existing professional relationships among the planning committee members. UBC was invited, appropriately, to participate but was advised at the outset that the funding would flow to SFU.

The proposals coming out of the planning process are attached in Appendix C. They are written at a high level. The Executive Summary outlines a single, coordinated approach; this prefaces the organization-specific proposals. The documents describe how SFU and the BCCDC Foundation plan to leverage the funds to improve BC's capacity to learn from the current COVID-19 pandemic and respond to new and emerging infectious disease threats in the future.

Key objectives from the coordinated approach include:

1. convene, generate, and share critical knowledge that strengthens BC's capacities;
2. apply this knowledge in collaboration with BCCDC and other public health partnerships across the province, to enhance the research-practice continuum and build capacity in rapid response, knowledge translation (KT), public engagement, and governance/decision-making;
3. support robust multi-sectoral and whole-of-government responses to major infectious disease events, learning from past and current pandemic responses;
4. provide rapid analytical response on emerging pathogens and major infectious disease events including pandemics, and create standing capacity for such response;
5. build core public health capacities through research, training, and educational opportunities;
6. catalyse interdisciplinary and multi-sectoral collaborations between researchers, practitioners, and knowledge users; and
7. generate and mobilize knowledge for evidence-informed decision-making that strengthens resilience and preparedness in individuals and communities throughout BC.

From the SRAC feedback it is clear there is interest, enthusiasm and optimism that this investment will be successful in helping to position BC well for future events. Some key SRAC feedback:

- Continued interest in an external review process to strengthen the proposal
- Concern that the current SFU model does not adequately describe how it will be truly provincial response with a strong network of researchers and clinicians across all universities, health authorities and communities.
- Desire to further strengthen focus on equities
- Consideration of how this investment can be used to develop the required data and other infrastructure elements to support research and rapid decision making before, during and after a pandemic.

**ADVICE:**

Communicate any key areas of interest/concern from the Ministry and develop and execute grant agreements with the BCCDC Foundation and Simon Fraser University, with expectation that they will explicitly address the input and feedback from the Ministry and that they will follow through with planned consultation and refinement (i.e., external review).

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**Drafter:** Harvey Howse

**Date:** February 1, 2021

**File Name with Path:**

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## APPENDIX B

### SRAC Members and Feedback

Members of the Strategic Research Advisory Committee and the feedback provided through early interviews<sup>1</sup> with select members, and during SFU and BCCDC Foundation's presentation to SRAC<sup>2</sup>

SRAC Member	Feedback and Comments
<b>David Snadden</b> Professor, Department of Family Practice, University of British Columbia	<p>What does success of this investment look like?</p> <ul style="list-style-type: none"> <li>• Success includes effective engagement of partners, and contextualization for knowledge users and communities—a focus on social-determinants of health and meaningful engagements in a distributed manner across the province.</li> <li>• Policy developed in urban areas doesn't translate well to rural areas—often protocols developed set rural areas up for failure</li> <li>• Elements of success—who are the partners and how are they engaged? What are the drivers of the unit and are they truly diversified?</li> <li>• A focus on social determinants of health; community-based needs and perspectives</li> <li>• Infrastructure is needed for connectivity, relationship-based tele-health</li> <li>• Contextualization of knowledge—not just translating. Information needs to be adapted for unique circumstances of the community</li> <li>• Distribution of presence across province would enhance engagement, a managed network rather than a centre</li> </ul> <p>Response to Proposal Presentation</p> <ul style="list-style-type: none"> <li>• One component of the presentation I like is the comment that the organization will be provincially partnered with institutions across the province. One area that could be strengthened from my perspective is based on the WHO social accountability guidelines where organizations are held accountable by their communities with partnered, equitable engagement with them. While I see the comment of patient engagement it still seems to be in the traditional hierarchical way rather than in a way that truly engages on an equal basis. The risk of not doing that is that the context of where care happens will be missing from any guidance developed.</li> <li>• How will guidance, research be truly contextualized to the communities where interventions/evidence is implemented. So far most guidelines developed in urban areas do not translate to rural and remote communities including our indigenous communities.</li> </ul>
<b>Cindy Trytten</b> Director of Research, Island Health	<p>Response to Proposal Presentation</p> <ul style="list-style-type: none"> <li>• “Translation of the knowledge generated will need to engage the health authorities in new and different ways based on our learning to</li> </ul>

<sup>1</sup> Initial interviews with select SRAC member took place in November 2020 and focused on the question “What would successful investment of \$25 M in pandemic research look like to BC, from your perspective?” Key messages from the interviews are included in the table.

<sup>2</sup> Questions and comments pulled from the ZOOM chat during presentation to SRAC, January 2021. Shown in quotations.

	<p>date. This involves stakeholders outside of the research community. The earlier and the more robust this process is the more successful this will be in improving outcomes. Early the better and robust.”</p>
<p><b>Alice Virani</b> Director, Ethics service, Provincial Health Services Authority</p>	<p>Response to Proposal Presentation</p> <ul style="list-style-type: none"> <li>• I applaud the focus on having robust public and stake holder engagement.</li> <li>• I understand that the focus here is on infectious disease, but I wonder if it's worth broadening this or at least making connections to groups doing work on other potential emergency preparedness which can stress our public health. For example, Health Emergency Management BC has been doing some work on preparedness in the event of a large seismic event which include considerable public/stakeholder engagement regarding prioritization, impacts on the system, how to respond etc. There are clear differences between this type of event and pandemics, but I think there is also some overlap with other emergencies, especially as we think of the impact, for example of climate change etc.</li> </ul>
<p><b>Martin Schechter</b> Chief Scientific Officer, Michael Smith Foundation for Health Research</p>	<p>Response to Proposal Presentation</p> <ul style="list-style-type: none"> <li>• This is a critically important capacity for BC. I am wondering whether there would be value in an external review to help improve the concept and address some of the challenges the team is facing. Others have faced these as well.</li> <li>• Just to clarify about the benefits of an external review, I was suggesting a multi-disciplinary panel of folks external to BC including researchers, public health leaders, patients, etc. and including smart people who have set up similar types of centres, to take a deep dive into the proposal to help the team to improve it.</li> </ul>
<p><b>Adeera Levin</b> Professor and Head of Nephrology, University of British Columbia</p>	<p>What does success of this investment look like?</p> <ul style="list-style-type: none"> <li>• A change of landscape for how to do research in a pandemic—infrastructure to allow for integration of medical care and research on the ground</li> <li>• Unified research ethics, improved infrastructure for research and medical care integration</li> <li>• Research on the ground: Research assistants need to be a part of the hospital staff to enable research as a part of pandemic response (e.g., NIH System); Opt-out consent rather than opting-in</li> <li>• Need to prevent events, minimize the impact, care for survivors, and manage the impact on resources</li> <li>• Health care system, education, socioeconomic disparities—all subtexts that need to be examined across the pandemic</li> </ul> <p>Response to Proposal Presentation</p> <ul style="list-style-type: none"> <li>• I have to agree with Marty. It's very important to work out what can and cannot be</li> <li>• accomplished, and why and how to fix the structural issues that have been the barriers to the cultural changes that Jeff Reading is talking about.</li> </ul>

<b>David Patrick,</b> SRAC Co-chair, Director of Research, BC Centre for Disease Control	Response to Proposal Presentation <ul style="list-style-type: none"> <li>Getting close operations between a University and a Foundation IS a bit of a shot gun wedding. The third entity - not in the room just now - is BCCDC itself. Like most other large centres/institutes - CDC draws faculty and students from both research-intensive Universities and the Foundation supports PH research there and elsewhere. Natural areas of collaboration with the U's are on training, data science, rapid response. Natural activities from the Foundation include operating and trainee funding.</li> <li>Am very interested in what both institutions can do to address short-term urgent priorities over the first half of this year.</li> </ul>
<b>Emily Newhouse,</b> Medical Health Officer/Medical Director, Fraser Health Authority	Response to Proposal Presentation <ul style="list-style-type: none"> <li>I'd like to second the emphasis of embedding researchers within front-line and local public health - to ensure the research questions address the evidence required for decisions we need to make in our practice.</li> <li>We often don't have the capacity to put our questions forward and seek out research, and there is nothing that replaces that close connection to help researchers understand the messy environment in which we operate.</li> </ul>
<b>Kelli Stajduhar</b> Professor, School of Nursing, University of Victoria	Response to Proposal Presentation <ul style="list-style-type: none"> <li>Do you envision an institute like this addressing research questions that help us better understand the structural conditions that lead to infectious disease spread in the first place and finding ways to address this?</li> </ul>
<b>Robert McMaster</b> Department Head, Medical Genetics, University of British Columbia	Response to Proposal Presentation <ul style="list-style-type: none"> <li>Need to include training to post graduate public health residents who are across the Province and will be the future public health officers.</li> <li>Where does the UCB/PHSA CDC Research Centre fit in?</li> </ul>
<b>Perry Kendall</b> Co-Interim Executive Director, BC Centre on Substance Use	What does success of this investment look like? <ul style="list-style-type: none"> <li>Currently a lack of infrastructure—A platform is needed for developing information as you're coming up to a pandemic, and between pandemics</li> <li>Questions for determining success: 1) Do you have a platform that can track an emerging communicable disease and measure responses to interventions? 2) Can you track some of the unintended consequences of your responses and feed this back into the system? 3) Can the system respond as needed?</li> <li>Knowledge that is needed can be created and translated to who needs it.</li> <li>Dollars Should be spent on building the infrastructure that would be in place a decade from now or 5 years from now.</li> </ul> Response to Proposal Presentation <ul style="list-style-type: none"> <li>BC needs to maintain a focussed network of researchers and databases and partnerships that will prepare for pandemic resilience</li> </ul>

	in inter pandemic years and that can rapidly coalesce to answer critical questions that arise during a pandemic.
<b>Catherine McNeil</b> Patient/Public Representative, Patient with Long Haul Post Covid Symptoms	<p>Response to Proposal Presentation</p> <ul style="list-style-type: none"> <li>It would be wonderful to have a movement of focus and resources to being proactive rather than reactive (i.e., pandemic resilient). In the long run it would be more cost effective.</li> </ul>
<b>Wayne Maksylewich,</b> Patient/Public Representative, Former Engineer, Current Resident in Long Term Care	<p>What does success of this investment look like?</p> <ul style="list-style-type: none"> <li>A multidisciplinary approach is needed. There's a benefit to including all interested fields/parties.</li> <li>Identifying success: Do we have a new tool or better knowledge that allows us to manage a pandemic better in the future? Are learnings transferable beyond COVID? Will the research actually be applied?</li> <li>Opportunity to inform other areas: influenza, measles, disaster planning</li> <li>Research doesn't always follow a direct path the proposed outcome but there can be serendipitous benefits—pros and cons to strategic/targeted vs investigator driven research/programming</li> <li>LTC perspectives: Lack of information results in lack of agency. Limited communication from management. Staff working serial shifts.</li> <li>Multidisciplinary organizations: National Academic of Medicine (US); Scientific Advisory Group for Emergencies (SAGE; UK)—Do we have a provincial or national counterpart?</li> </ul>
<b>Lorne Babiuk</b> Former SRAC Member, Canada Research Chair in Vaccinology and Biotechnology	<p>Response to Proposal Presentation</p> <ul style="list-style-type: none"> <li>A need to coordinate expertise and resources—linking in to leverage and support other organizations, provincially and nationally (and internationally where appropriate).</li> <li>Activity needs to be coordinated—what expertise does SFU, BC CDC have? What expertise do we have available in BC? What can we add to the national system? What can the national system add to BC?</li> <li>There isn't going to be one pandemic centre that has all the expertise—its not possible—what's needed is to have a centre that can identify what expertise or information is needed, and then source that expertise. What infrastructure is needed? And then plan for that infrastructure and coordinate existing structure to meet the needs</li> <li>Big concern is that when the problem is over, people will forget about it, one-time funding (e.g., Mad Cow institute at UofA—had to pivot to new areas in order to gain new funding)</li> <li>Don't ignore the social science components, e.g., devastating impact of mad cow on marriages and relationships</li> <li>collaboration rather than competition is cheaper and faster—expanded expertise and optimized use of facilities</li> </ul>

<b>Bev Holmes, SRAC</b> Co-chair President and CEO, Michael Smith Foundation for Health Research	No Comments
<b>Jeff Reading</b> Professor, Health Sciences, Simon Fraser University	Response to Presentation <ul style="list-style-type: none"> <li>• Need for a culturally appropriate response in all areas of this research</li> </ul>
<b>Tania Bubela</b> Professor and Dean, Faculty of Health Sciences, Simon Fraser University	No Comments

**Emerging Infectious Diseases and the Province of BC:  
Investing in strengthening research, policy and practice**

**BC Emerging Pathogens and Pandemics Institute (BCEPPI)**

**BCCDC Foundation for Public Health**

*A joint submission from SFU and  
the BCCDC Foundation for Public Health  
to the Ministry of Health  
29 January 2021*



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## EXECUTIVE SUMMARY

Emerging infectious diseases pose a particular concern for British Columbia. During the past two decades alone, several viruses causing major outbreaks have emerged including: SARS-I (severe acute respiratory syndrome); Zika virus; Middle East Respiratory Syndrome (MERS); several Ebola virus outbreaks; and the COVID-19 pandemic. Major infectious disease events have large-scale impacts on health and well-being in BC. Moreover, BC is especially vulnerable to such major events through its interconnections via trade and investment, population movements and other global links. The resultant wide-ranging consequences exploit and exacerbate existing social inequities.

In this context, the Government of British Columbia is making significant investments of \$15 million to Simon Fraser University (SFU) and \$10 million to the BCCDC Foundation for Public Health (BCCDC Foundation) to develop two complementary initiatives. SFU will form a provincial entity, the British Columbia Emerging Pathogens and Pandemics Institute (BCEPPI). BCEPPI will be a flagship research and training platform, bringing together scientists, educators, trainees, communities and public health institutions. The BCCDC Foundation, working in partnership with the BC Centre for Disease Control (BCCDC), will create a community of practice in applied public health research, driven by population and public health needs, with a health equity focus. Together, these initiatives are tasked with strengthening BC's capacity to prevent, prepare for, respond to, recover from, and be resilient to major infectious disease events that threaten to severely disrupt health and well-being in BC.

### Key Objectives

Together we will: 1) convene, generate, and share critical knowledge that strengthens BC's capacities; 2) apply this knowledge in collaboration with BCCDC and other public health partnerships across the province, to enhance the research-practice continuum and build capacity in rapid response, knowledge translation (KT), public engagement, and governance/decision-making; 3) support robust multi-sectoral and whole-of-government responses to major infectious disease events, learning from past and current pandemic responses; 4) provide rapid analytical response on emerging pathogens and major infectious disease events including pandemics, and create standing capacity for such response; 5) build core public health capacities through research, training, and educational opportunities; 6) catalyse interdisciplinary and multi-sectoral collaborations between researchers, practitioners, and knowledge users; and 7) generate and mobilize knowledge for evidence-informed decision-making that strengthens resilience and preparedness in individuals and communities throughout BC.

### Scope

The BCCDC Foundation is an existing provincial registered charity working in partnership with the BCCDC and public health partners across BC. While BCEPPI will have headquarters and administration at SFU, it will be a provincial institute supporting research and training across the province. BCEPPI will advance science across BC, with a public health focus and with an interdisciplinary approach, recognizing impacts across the whole of society. It will provide training and rapid response, and analytic capacity to support public health during a large-scale infectious disease event. It will build KT through activities including research-policy exchanges, training activities and an integrated knowledge transfer cycle. The BCCDC Foundation will work with the BCCDC and public health institutions across the province, creating a community of practice focused on applied public health research, training, practice KT, and capacity-building at the provincial (BCCDC), regional (health authorities and health service delivery areas), and local levels of jurisdiction, and enhancing ties between the public, public health practitioners, and researchers. The result of this collaboration will be a provincial multidisciplinary research and training platform, and community of practice, to prepare for and respond to emerging threats now and in the future.

**BC Emerging Pathogens and Pandemics Institute (BCEPPI)**  
**Proposal to the Ministry of Health, Government of British Columbia**

**1. Overview**

Infectious disease risks continually evolve over time alongside changes to human societies and the natural world. Since the late twentieth century, intensified globalization has significantly accelerated the worldwide mobility of people; plants and animals; capital, goods and services; and knowledge and information. Besides creating ideal conditions for pathogens to emerge or re-emerge, this greater interconnection increases the ability of these pathogens to spread more quickly, frequently and widely.<sup>i</sup> Research shows that the total number and diversity of outbreaks, and the richness of infectious diseases, has increased significantly since 1980.<sup>ii</sup> Global patterns of emerging infectious diseases, many zoonotic (particularly wildlife) in origin, pose particular concern.<sup>iii</sup> This includes newly evolving pathogens and the growing problem of antimicrobial resistance (AMR), which is reducing the availability of effective prophylaxis and treatments.<sup>iv</sup> Concerns about emerging pathogens have heightened further since the H5N1 influenza virus was first detected in humans (1997), the SARS-I (severe acute respiratory syndrome) outbreak (2002-2003), the spread of Zika virus beyond Africa since 2007, the emergence of Middle East Respiratory Syndrome (MERS) since 2012, several Ebola virus outbreaks since 2014,<sup>v</sup> and the COVID-19 pandemic.<sup>vi</sup> All of this indicates that we are now living in a “looming age of pandemics”,<sup>vii</sup> characterized by an increased potential for major infectious disease events to occur, including pandemics, that cause large-scale impacts on population health and whole societies.

In this context, the new British Columbia Emerging Pathogens and Pandemics Institute (BCEPPI) is concerned with major infectious disease risks and events that have the potential to cause large-scale disruption to health and well-being in the province. The benefits of globalization are evident in BC in the form of trade and investment, population mobility, communications and cultural ties.<sup>viii</sup> However, the province’s demographic, geographic, economic and social features put BC at the crossroads of many global trends and events, including infectious disease outbreaks. Consequently, BC was one of two Canadian provinces with cases of SARS-I,<sup>ix</sup> and the second province with a confirmed case of SARS-CoV-2. The need to strengthen capacities, to anticipate and effectively manage the province’s exposures to major infectious disease risks and events, prompts the creation of BCEPPI. Just as the province acted to strengthen public health capacities after SARS-I, given the effects of the COVID-19 pandemic, BCEPPI is part of enhanced efforts to strengthen the province’s capacity to prevent, prepare and respond to such events.

Importantly, the BCEPPI begins with recognition that events like the COVID-19 pandemic are public health emergencies with broad societal effects. This includes placing sudden, urgent and heavy demands on health care and public and population health research capacities. Given that there are already groups and institutions in BC conducting world class clinical and basic science research and training related to emerging pathogens, BCEPPI will not duplicate these efforts. Instead, the Institute will serve as a flagship public health research and training platform, focused on population level health. It will bring together, support and amplify the diverse range of public health research now being conducted across the province that strengthens current and future prevention, preparedness and response to emerging pathogens and major infectious disease events. In doing so, the Institute will also provide a critical interface across public health research and training.

## 2. Vision and Mission

The work of BCEPPI, in collaboration with key partners, will be focused on strengthening research capacity in the province to prevent, prepare for, and respond to major infectious disease events. As such, the Institute will be a collaborative initiative that will engage, support, integrate and amplify data, research and expertise across BC. Importantly, the key factors contributing to the emergence and spread of new pathogens, in some cases leading to major disease events including pandemics, are also global by nature. Pandemics, by definition, are large-scale, even worldwide events. The work of BCEPPI will thus be located within a broader context. For example, factors impacting the province that originate from outside BC will need to be analyzed. Decision making and governance structures required to enhance BC resilience will need to be integrated with national and global efforts. Leading national and international experts will need to be engaged to strengthen capacities in BC.

The vision and mission of BCEPPI is based on an understanding of major infectious disease events as complex challenges requiring multi-sectoral and multi-disciplinary-informed responses, across whole societies. The work of BCEPPI will be informed by whole-of-society, One Health and health-in-all-policies approaches.<sup>x</sup> In contrast, much of the pandemic preparedness and response literature has focused on specific diseases (e.g. influenza) and/or on selected health sector capacities.<sup>xi,xii</sup> There is also a need to reflect on existing pandemic preparedness frameworks<sup>xiii</sup> and how these might be adapted for the response to the COVID-19 pandemic, and to inform efforts during inter-pandemic periods. The Institute will review existing plans and frameworks, and draw together insights from a range of disciplines, expertise and skillsets, that would not normally come together, to build new capacities in BC. In this way, research and training opportunities will be expanded to better understand and prepare for emerging pathogens that have pandemic potential,<sup>xiv</sup> posing potentially severe risks to health and well-being of populations in BC.

BCEPPI will also generate a more complete understanding of the wide-ranging determinants and impacts of major infectious disease events, and the multi-sectoral responses needed to enhance and maintain societal resilience across BC.<sup>xv</sup> This includes amplifying substantial existing evidence of health inequalities and social inequities, which result in populations being differentially affected by age, sex and gender, race and ethnicity, socioeconomic status and other social stratifications, in ways that advance potential solutions and inform practice. The importance of health inequalities<sup>xvi</sup> and social inequities spans direct impacts from infectious disease events and indirect effects arising from policy responses to those events. In this way, BCEPPI will create a critically needed platform for multi-disciplinary expertise to come together, and support and strengthen priority public health research and training in key areas of expertise and essential skillsets that meet immediate, medium and long-term research needs in the province (see below).

Overall, BCEPPI will engage, connect, integrate and amplify contributions across disciplines, institutions, communities and stakeholders to position the province as a global leader in preventing, preparing for and responding to emerging pathogens and major infectious disease events.

### Vision

To convene, generate and share critical knowledge that strengthens British Columbia's capacities to prevent, prepare for, respond to, recover from, and be resilient to major infectious disease events that threaten to severely disrupt health and well-being in the province.

### Mission

The mission of the Institute is to: 1) support robust multi-sectoral responses to major infectious disease events, learning from the current and previous pandemic responses; 2) provide a rapid analytical response to emerging pathogens and major infectious disease events including pandemics, and provide standing capacity for such response; 3) build core public health capacities through research, training and educational opportunities; and 4) generate and mobilize knowledge for evidence-informed decision-making that strengthens resilience and preparedness in individuals and communities throughout BC.

## **3. Operating Model**

**Co-Directors** will share responsibility for the scientific direction of BCEPPI and direct the Institute's vision, mission, strategic plan, detailed workplan and resource management. The inaugural Co-Directors will be Professor Caroline Colijn (Canada 150 Chair in Mathematics for Evolution, Infection and Public Health, Faculty of Science) and Professor Kelley Lee (Canada Research Chair Tier I in Global Health Governance). Both are senior academics with interdisciplinary training and longstanding experience leading large research teams. A brief curriculum vitae for each Co-Director is provided in Appendix A. In addition, BCEPPI will appoint individuals to provide scientific leadership on specific core functions.

In a role equivalent to a Chief Operating Officer, an **Administrative Director** will manage the Institute's day-to-day operations. Additional administrative support staff will be hired as needed to support the Institute's activities (e.g. rapid response, communications, financial management, program coordination, knowledge transfer and public engagement).

BCEPPI will recruit **Senior Scientists** to conduct research on areas of strategic priority. In addition, existing faculty members from BC academic institutions, and scientists from other BC research organizations, will be invited to become affiliated with BCEPPI. Affiliated scientists will have access to institute programs including research, training and funding opportunities.

BCEPPI will be a **provincial Institute**, physically located with **headquarters** on the SFU Burnaby campus. In addition to administrative staff, the Institute will provide space for **Postdoctoral Fellows, graduate students and other trainees** (e.g. co-op students, research assistants) supported by BCEPPI. Workspace may also be offered to Highly Qualified Personnel (HQP), visiting scientists and trainees as needed. BCEPPI offices and facilities will be designed and equipped to serve as a location for facilitating collaborative work.

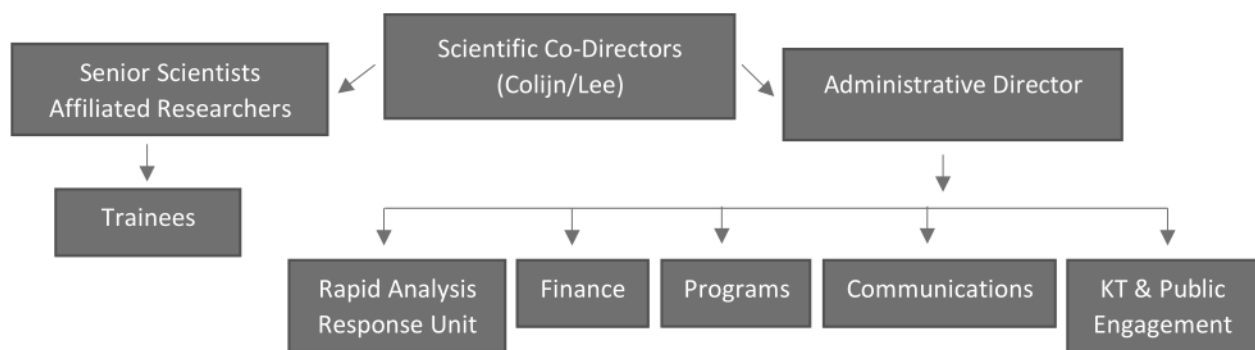
BCEPPI will also create facilities to support **virtual workplaces**, facilitating collaboration throughout BC and beyond. Facilitation services include hosting virtual meetings and events, providing on-line platforms for data collection, sharing and collaboration, and enabling shared creation of new knowledge products. Many events, such as seminars, tabletop exercises or

hackathons are expected to use a hybrid approach, with a physical presence at the headquarters augmented by the ability to participate from other locations around the province and beyond.

BCEPPI will administer a range of **program activities** to advance its mission. Examples of programming include peer-reviewed grant competitions, fellowships, internships, and training programs. This programming will be available to researchers throughout the province and will be administered in an open and transparent manner.

BCEPPI will provide **research and consulting services**. One key example is a rapid response service. During the COVID-19 pandemic, there has been substantial need for rapid knowledge mobilization, generation and translation to support immediate-term problem-solving and decision-making. A rapid response service may include real-time data collection and analyses, commissioned rapid reviews, modelling and forecasting analyses in support of decision-makers and public health institutions, and rapid response deployments of personnel with urgently required skills. These services will be provided in coordination with other BC research entities, notably the BCCDC Foundation for Public Health.

### Management & Staffing



A **Research Data Management Strategy and Plan** will be developed to ensure BCEPPI is transparent and consistent with existing protocols for data collection, harmonization, secure storage, access, use and sharing. BCEPPI will support affiliated researchers in their use of provincial, national and international data platforms. BCEPPI will thus work closely with the Health Data Platform, PopDataBC, the Health Data Research Network, BCCDC and the Ministry of Health to ensure that researchers have access to the data they need to carry out studies relevant to the BCEPPI mission. The strategy and plan will comply with recognized ethics frameworks across participating institutions. Projects conducted with support from, or affiliated with, BCEPPI will be encouraged to operate, where possible, under the agreed Research Data Management Plan. Researchers at SFU and UBC have already begun collaborating on an initiative aiming to harmonize COVID-related data, including BCCDC COVID-19 data,<sup>xvii</sup> and make it accessible to researchers.

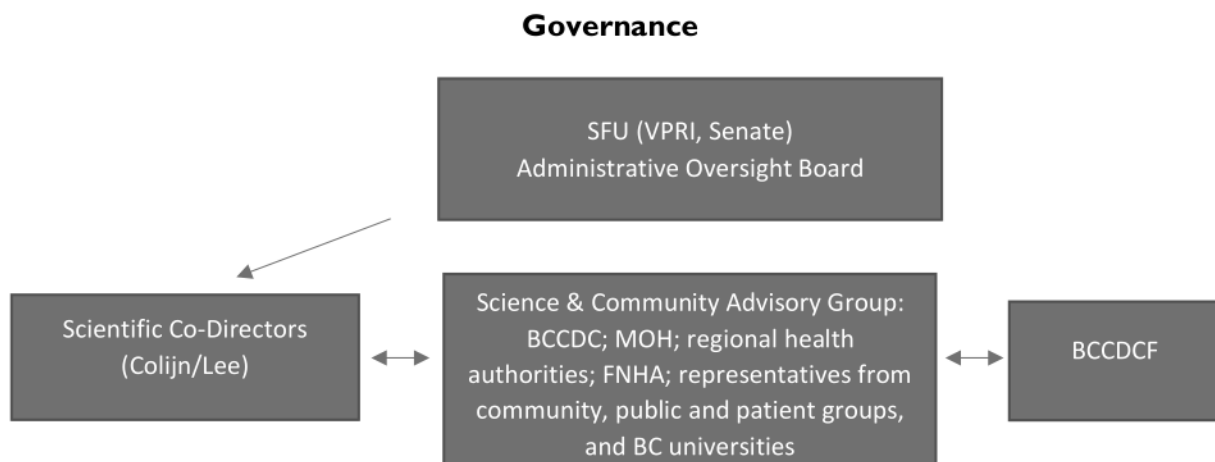
#### 4. Governance and Accountability

BCEPPI will operate as an independent institute governed by a number of key principles, including societal value, scientific validity, non-partisanship, ethical conduct, and academic freedom. This

will allow the Institute to conduct activities of the highest scientific standards and produce peer-reviewed and non-partisan outputs. Scientific leadership will be provided by the Co-Directors, who are senior scientists, advised by a provincial **Science and Community Advisory Group (SCAG)** composed of leading researchers, senior public health leaders, community representatives and other key stakeholders. This includes representatives of BCCDC as an especially important partner and other BC post-secondary institutes. The SCAG will also advise the BCCDC Foundation for Public Health's initiative. The SCAG will help ensure that BCEPPI activities are coordinated with other provincial initiatives. The advisory structure may evolve as BCEPPI and BCCDC continue to collaborate and engage with stakeholders.

The formal structure of the BCEPPI will be that of an SFU research institute, as defined under SFU policy [R40.01](#). SFU research institutes span the institution and frequently involve multiple external university and community partner organizations. By formally constituting BCEPPI as an SFU institute, financial and administrative accountability for BCEPPI rests with SFU. Each SFU institute is required to submit an annual report and to apply to renew its status every five years.

As part of the institute structure, an administrative oversight board will be formed that will be chaired by the SFU Vice President Research and International and will include the SFU Deans of Science and Health Sciences. Other members may be appointed to the oversight board, including members from other organizations. The role of the oversight board is not to set the scientific direction of BCEPPI, but to provide financial oversight and to ensure that the Institute has the resources it needs to fulfil its mission.



## 5. Provincial Scope

BCEPPI will be a provincial institution which will engage with research and practice across BC, connecting with post-secondary institutions, researchers, public health institutions, community and the public throughout the province. While BCEPPI will have physical and administrative headquarters at SFU, it will support activities in all regions of the province, for example through fellowship placements and internships in public health institutions province-wide, through research and training activities and opportunities centered on communities and aims throughout the province, through support for researchers and trainees at BC's diverse post-secondary institutions and through partnerships with regional health authorities and First Nations Health

Authority and communities and public organizations across the province. A provincial scope will impact how BCEPPI fulfils its core functions. For example, to support the rapid response, BCEPPI will build and maintain provincial capacity to mobilize and deploy research personnel and trainees with key expertise and methodological skills. Similarly, research will span priorities identified across the province, and public engagement, decision-making and governance work and knowledge transfer activities will have a provincial focus.

## **6. Knowledge Translation Activities**

It is crucial that new knowledge regarding emerging pathogens and major infectious disease events is translated into action, and into a range of formats that will reach diverse audiences, including government, public health and health care practitioners, and the public. Given the vision and mission of BCEPPI, KT activities will therefore be a core and critical function, accomplished through ongoing dynamic and iterative processes including knowledge syntheses, dissemination and exchange, in partnerships with stakeholders. These include public health, policy makers, researchers, trainees, community organizations, the public, and clinicians and patient groups. The overarching KT goal will be to translate knowledge to action at multiple levels across the province, spanning the individual, community and provincial scales, and including individuals, researchers and policymakers. BCEPPI is committed to enabling KT via building KT capacity, supporting clear expectations, training and mentoring and supporting KT champions. BCEPPI will also purposefully resolve unintended barriers to KT, such as lack of dedicated resources, lack of incentives and insufficient time.

BCEPPI's KT plans include support for immediate or short-term priority needs, focused on the COVID-19 pandemic. As part of an Action Plan to Support Short-Term Priorities, BCEPPI will seek to bring together and amplify research relevant to the implementation of public health and social measures in BC on current efforts on COVID-19. This plan will be guided, in the first instance,<sup>xviii</sup> by the BC Academic Health Science Network COVID-19 Research Inventory with input from senior scientists affiliated with BCEPPI and the Strategic Research Advisory Committee (SRAC). The aim will be to support KT of public health research with direct relevance to COVID-19 responses in BC. Thus, research being undertaken outside of the province, but with relevance to strengthening provincial efforts, are also likely to be pertinent. Examples of COVID-19 research currently being undertaken at SFU, for which BCEPPI may provide KT support, include infectious disease and other modelling, sex and gender-based analysis (SGBA+) of the COVID response and cross-border measures (travel and trade-related restrictions).

The Institute will also engage in integrated KT (iKT) activities that strengthen societal resilience to major infectious disease events in BC in the medium- and longer-term. As set out in a Strategic Plan to be developed during the first year, BCEPPI will engage in iKT activities that ensures research is relevant to policy makers, public health practitioners and other key stakeholders from conception to dissemination. The potential mechanisms for supporting iKT may include consultations, research-policy exchanges, joint training activities, symposia and workshops, and production of outputs relevant to practitioners, such as a series of policy briefs and decision tools. Institute experts and trainees will synthesize knowledge into policy briefs for government and public health practitioners. The Institute will engage with communities to jointly identify knowledge gaps and mobilize knowledge in culturally appropriate and mutually beneficial ways.

We plan an iterative iKT cycle to be undertaken by BCEPPI and collaboratively with BCCDC Foundation where appropriate:

- Identify links between knowledge and practice supported by BCEPPI and appropriate audiences
- Identify audience characteristics (these may be language, community and cultural context, relevant system factors or barriers)
- Determine iKT objectives
- Identify dissemination opportunities, channels, barriers and potential solutions to address barriers
- Undertake iKT activities through the appropriate channels
- Formulate iKT evaluation strategies suitable to the audience
- Assess impact and success of iKT activities, and modify if necessary with the involvement of the audience(s) in question

Knowledge Mobilization is a university-wide strategic initiative at SFU. In addition to its own KT experts and partnerships, BCEPPI will have full access to SFU's Knowledge Mobilization Hub which provides services and support to SFU researchers across all three campuses. In addition, BCEPPI will leverage KT research infrastructure in relevant institutions across BC.

## **7. Patient and Public Engagement**

Aligned with SFU's strategic vision "to be the leading engaged university defined by its dynamic integration of innovative education, cutting-edge research and far-reaching community engagement," patient and public engagement activities are core to BCEPPI's mission. The experience of the COVID-19 pandemic shows that the appropriateness and efficacy of public health measures, along with broader policy responses to public health emergencies, are dependent on meaningful engagement with the public, including patient groups, local communities, stakeholders and government. Engagement is also critical to ensuring clear, consistent public messaging; spanning engagement with the public, different communities, regions, and sub-groups, along with the scientific and academic communities. Thus, BCEPPI is deeply committed to the co-creation of knowledge.

In collaboration with the BCCDC Foundation for Public Health, BCEPPI will engage the public through a range of activities focused on enhancing prevention, preparedness and response to major infectious disease events. This includes a broad range of KT activities (described above). The objectives of these activities will include:

- Building public trust as the basis of effective collective action during public health emergencies
- Creating mechanisms to listen and learn about community priorities and needs
- Strengthening public understanding of science related to emerging pathogens and major infectious disease events
- Informing the development, implementation and evaluation of appropriate and effective public health and social measures
- Sharing findings, lessons and ideas from research that support people in BC
- Ensuring relevance to different audiences to address the diversity of BC's population
- Employing community-engaged research approaches

Public and stakeholder consultation – In collaboration with the BCCDC Foundation for Public Health, we will conduct a consultation with the public and a broad range of key stakeholders to achieve an environmental scan of relevant existing research and training capacities in BC; identify and prioritize knowledge gaps and needs; and ensure co-creation of knowledge. A joint survey and key informant interviews will be conducted. Substantial effort will be made to ensure this consultation is province-wide and incorporates broad perspectives. This consultation will focus on understanding needs, data and knowledge gaps, and priority areas for strengthening provincial capacities during major disease events.<sup>xix</sup> This consultation will inform the development of a strategic plan that sets out the scientific focus of BCEPPI. This plan will undergo external expert reviews to further refine BCEPPI's scientific, data, integrated knowledge transfer, public engagement and training programs. This external review process will involve multi-disciplinary academic experts, practitioners, community groups and policy makers from across BC and beyond.

Public seminars/webinars – BCEPPI will produce a series of webinars to advance public understanding of emerging pathogens and major infectious disease events, and their potentially wide societal impacts. The events will draw from the Institute's multidisciplinary members, other experts from institutions across BC and elsewhere, and members of the public who will be invited to create content based on their diverse expertise and experiences. The content of the series will also be informed by questions submitted by the public. Topics covered by this series will include scientific matters, current evidence on public health and social measures, impacts of major disease events on selected populations, and lessons for future events.

Podcast series – BCEPPI will produce a podcast series to advance public understanding of research on emerging pathogens and major infectious disease events. Invited guests will include academic, practitioner and policy communities, along with community members. The style will be conversational and accessible, and intended to demystify research being undertaken relevant to BC. The series will be professionally produced by SFU, widely promoted in the media, and available via open access on the Institute website and a designated YouTube channel.

## **8. Opportunities for Training**

BCEPPI will strengthen provincial capacities on emerging pathogens and major infectious disease events through training in key areas of expertise and essential skillsets to meet immediate, medium and long-term research needs. Working with BCCDCF and BCCDC, this will also include enhancing existing training programs for current and future public health professionals and practitioners. BCEPPI will also work closely with post-secondary institutions across BC which already have a strong breadth of expertise and training programs in place in a wide range of knowledge domains. Due to the broad and multi-disciplinary suite of knowledge areas relevant to BCEPPI's aims, existing training strengths will be leveraged to support and complement BCEPPI's tailored training materials and programs.

Training modes will include course-based training in both substantive knowledge domains and quantitative/qualitative/mixed methods and analyses; short courses; and mentorship by senior scientists. Institute-affiliated trainees will receive specialist training relevant to rapid response and analytics services. Joint capacity-building activities with the BCCDC Foundation for Public Health will include training fellowships, internships, training workshops, short courses, webinars

and podcasts, research-policy-practice placements, hackathon-style problem-solving, and simulations of decision making during major disease events (e.g. tabletop exercises, serious games). Special attention will be paid to ensure that training opportunities are accessible to participations across the province.

Rapid Response Research – BCEPPI postdoctoral fellows and trainees (research assistants, students) from across BC universities will be given the opportunity to conduct rapid response research to meet priority needs as they arise in the short-term. The Institute will create and maintain a Rapid Response Research Unit (RRRU) to conduct rapid reviews, evaluations, modelling and other data analyses as requested by the BC government and other key stakeholders. The RRRU will also be used to provide valuable hands-on training opportunities to students and early career researchers.

Peer Review Cooperative – High-quality peer review of interdisciplinary research is an enduring challenge for authors, publishers and funders. BCEPPI will coordinate a peer-review system to support and advance interdisciplinary research proposals and outputs. As a cooperative, peer reviewers will earn credits for assignments which can then be redeemed for reviews of their own work. Reviews will largely be for pre-submission outputs. As well as improving the quality of peer review and outputs, the cooperative will advance common vocabulary and shared understandings across disciplines among participants.

Research/Policy/Practitioner Bridging Initiatives – Preparedness and response will be enhanced by training opportunities that bridge the research, policy and practice communities. BCEPPI will support initiatives that enable researchers, policy makers and practitioners to observe, take part in placements and participate in exchange activities that lead to better understanding of other domains, conduct joint knowledge creation and produce shared outputs. This might include placements in BC universities, BCCDC or provincial/regional health authorities to enhance understanding of their activities and needs. Participants will be expected to produce a webinar, podcast and/or policy brief to enable wider sharing of their experience.

Simulation Exercises – Improved preparedness for future pandemics and other major infectious disease events will be strengthened through the development and running of training events that simulate specific needs during public health emergencies. These exercises will bring together diverse actors and institutions, to build capacity in decision making amid complexity, imperfect information, real time needs and public pressures. These activities will take the form of tabletop exercises (e.g. matrix games, serious games) conducted virtually and in-person.<sup>xx</sup>

## **9. Timeline and Milestones**

April 2021	Formal establishment of BCEPPI
May 2021	Appointment of SCAG members
May 2021	Action Plan for Supporting Short-term Priorities (COVID-19)
April-August 2021	Appointment of first cohort of postdoctoral fellows and affiliated scientists
July 2021	Establishment of Rapid Response Analytical Unit
May-September 2021	Stakeholder consultation and environmental scan (with BCCDCF)

June 2021 onwards	Begin recruitment process for initial research chairs cohort
September 2021	Begin recruitment of additional trainees
December 2021	Draft Strategic Plan and obtain external review (medium/long-term priorities)
March 2022	Adoption of Strategic Plan
April 2022	Begin recruitment process for remaining research chairs

## 10. Risk Mitigation Strategies

Risk	Mitigation
Lack of coordination between BCEPPI activities and other provincial organizations leads to redundancy, ineffective programs.	Joint Science and Community Advisory Group appointed to guide both BCEPPI and BCCDC Foundation initiatives, along with potentially other related initiatives.
Short-term nature of funding inhibits recruitment of talent, focus on long-term goals.	<ol style="list-style-type: none"> <li>1. Fundraising planning includes diversification of funding sources.</li> <li>2. Location of BCEPPI in a university provides stability and better access to support resources relative to standalone institute.</li> </ol>
Capacity building is undermined by mobility of HQP out of province.	Create knowledge resources. Embed capacity within institutional structures.
Strong pressure to focus attention on short-term needs from COVID-19 pandemic.	Leadership to consult with stakeholders on appropriate balance between short-, medium- and long-term needs of province.
COVID-19 pandemic continues beyond 202.	Review priorities in Strategic and Annual Plan to increase emphasis on short-term needs in province.
Occurrence of new major infectious disease event.	Review priorities in Strategic and Annual Plan to increase emphasis on short term needs in province.

## 11. Other Sources of Funding

The BCEPPI will seek additional funding through government grant competitions (federal and provincial), private foundations and individual donors. BCEPPI will explore the possibility of bidding on government contracts for scientific consulting. The Institute will also receive in-kind support from SFU and is eligible to receive cash support from the University.

## 12. Plans for Sustainability After the Government Funding Expires

The bulk of the initial \$15M provincial investment is expected to be committed by March 31, 2024. The BCEPPI will be seeking funding from governments, institutions, private foundations and individual donors to sustain operations from April 1, 2024 onwards. Consultation with SFU Advancement on a fundraising strategy has already begun.

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- <sup>iv</sup> Allen T, Murray K, Zambrana-Torrel C, Morse S, Rondinini C, DiMarco M, Breit N, Olival K, Daszak P. Global hotspots and correlates of emerging zoonotic diseases. *Nature Communications* 2017; Art. 1124. doi: 10.1038/s41467-017-00923-8
- <sup>v</sup> Moon S, Sridhar D, Pate M, Jha A, Clinton C, Delauney S, Edwin V, Fallah M, Fidler D, Garrett L, Goosby E, Gostin L, Heymann D, Lee K, Leung G, Morrison S, Saavedra J, Tanner M, Leigh J, Hawkins B, Woskie L, Piot P. (2015), "Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola," *Lancet*, 386: 2204-2221.
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- <sup>ix</sup> Skowronski D, Petric M, Daly P, et al. Coordinated response to SARS, Vancouver, Canada. *Emerging Infectious Diseases* 2006; 12(1): 155-158. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291383/>
- <sup>x</sup> O'Sullivan, Phillips K. From SARS to pandemic influenza: the framing of high-risk populations. *Natural Hazards* 2019; 98: 103-117. <https://link.springer.com/article/10.1007/s11069-019-03584-6>
- <sup>xi</sup> Government of BC. *British Columbia's Pandemic Influenza Response Plan (2012), Introduction and Background*. Victoria, September 2012. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/bc-pandemic-influenza-laboratory-plan-2012.pdf>
- <sup>xii</sup> Government of Canada. *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector*. Public Health Agency of Canada, Ottawa, August 2018. <https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector.html>
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- <sup>xiv</sup> Adalja A, Watson M, Toner E, Cicero A, Inglesby T. *The Characteristics of Pandemic Pathogens*. Johns Hopkins University, 2018. [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2018/180510-pandemic-pathogens-report.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2018/180510-pandemic-pathogens-report.pdf)

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[https://www.researchgate.net/publication/348333495\\_Building\\_societal\\_resilience\\_to\\_COVID-19\\_and\\_future\\_pandemics\\_a\\_synthesis\\_of\\_the\\_literature\\_and\\_a\\_governance\\_framework\\_for\\_action](https://www.researchgate.net/publication/348333495_Building_societal_resilience_to_COVID-19_and_future_pandemics_a_synthesis_of_the_literature_and_a_governance_framework_for_action)

<sup>xvi</sup> Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health* 2020; 74(11): 964-968.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298201/pdf/jech-2020-214401.pdf>

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<sup>xx</sup> Rega P, Fink B. Immersive Simulation Education: A Novel Approach to Pandemic Preparedness and Response. *Public Health Nursing* 2013; 31(2): 167-174.

## Appendix A: Curriculum Vitae

### Co-Directors of BCEPPI

**Caroline Colijn**  
 Department of Mathematics, 8888 University Drive  
 Simon Fraser University, Burnaby, BC V5A 1S6 Canada  
 Email: ccolijn@sfu.ca

Caroline Colijn is Professor and Canada 150 Research Chair in Mathematics for Infection, Evolution, and Public Health in the Department of Mathematics, Simon Fraser University. She has broad interests in applications of mathematics to questions in evolution and public health, and was a founding member of the Centre for the Mathematics of Precision Healthcare at Imperial College London. Her research in modelling during the COVID-19 pandemic has been widely recognized. She currently holds grants worth >CDN\$3 million and has been funded by major research councils and governments. She has authored/co-authored 90+ publications and leads the Mathematics, Genomics and Prediction in Infection and Evolution (MAGPIE) research group.

#### **ACADEMIC POSTS**

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2018-	Professor, Department of Mathematics, Simon Fraser University
2014-2018	Reader in Biomathematics, Department of Mathematics, Imperial College London
2013-2014	Senior Lecturer, Department of Mathematics, Imperial College London
2011-2013	Lecturer, Department of Mathematics, Imperial College London
2007-2011	Lecturer, Department of Engineering Mathematics, University of Bristol
2006-2007	Postdoctoral Research Fellow, Broad Inst & Harvard School of Public Health, Massachusetts Institute of Technology
2005-2006	Natural Sciences and Engineering Research Council (NSERC) Postdoctoral Research Fellow, Centre for Applied Mathematics in Bioscience and Medicine, McGill University

#### **QUALIFICATIONS**

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2004	PhD, Applied Mathematics, University of Waterloo, Waterloo, Canada
2000	Master of Environmental Studies, York University, Toronto, Canada
1996	B.Sc. First class honours, Math/Physics, University of British Columbia, Canada

#### **SELECTED AWARDS AND RECOGNITIONS**

2021	Excellence in Science Public Engagement and Outreach Award, Simon Fraser University
2021	CBC Radio-Canada Scientist of the Year prize for 2020
2017	Canada 150 Research Chair
2013-2018	EPSRC EP/K026003/1 (PI) Early Career Fellowship
2011	Elsie Widdowson Fellowship, Imperial College London
2004-2005	NSERC Postdoctoral Fellowship, McGill University

#### **LEADERSHIP AND MANAGEMENT**

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<b>CURRENT</b>	
2020-	Chief Science Advisor's Expert Panel on COVID-19
2018-	Scientific Advisory Board, Phylogenetics And Networks for Generalised Epidemics in Africa (PANGEA) HIV consortium
2018-	Scientific Advisory Board, Real time molecular epidemiology for outbreak response (ARTIC network)
2014-2018	Chair, Advisory Board, Statistics and Applied Mathematics Doctoral Training Program (SAMBa) University of Bath

#### **SELECTED PREVIOUS**

2016-2018	Co-founder and managing board member, EPSRC Centre for Mathematics of Precision Healthcare, Imperial College London
2014-2018	Chair, Advisory Board, Statistics and Applied Mathematics Doctoral Training Program (SAMBa) University of Bath
2015-2017	Managing board member, Wellcome Trust Centre for Doctoral Training in Theoretical Systems Biology - Management Board, Wellcome Trust
2016-2018	Faculty of Natural Sciences Diversity Champion and Ambassador for Women, and Athena SWAN committee member, Imperial College London

## RESEARCH GRANTS

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### CURRENT

- 2018-2025 Canada 150 Research Chair in Mathematics for Infection, Evolution and Public Health, NSERC, Principal Investigator, \$CDN 2.45M
- 2019-2024 NSERC Discovery grant, Principal Investigator, \$CDN 625K
- 2017-2022 National Institutes of Health (NIH), Mathematics and Genomics lead – Collaborator (with Principal Investigator Jason Andrews), USD\$3M  
*Transmission dynamics and control of tuberculosis in Brazilian prisons*
- 2017-2021 United States Agency for International Development (USAID), Mathematics and Genomics lead Co-investigator (with Principal Investigator Theodore Cohen), USD\$1M  
*Improving TB control in Moldova with the aid of whole-genome sequencing*

### SELECTED PREVIOUS

- 2016-2020 EPSRC, Centre for the Mathematics of Precision Healthcare, £2M

## PUBLICATIONS

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H-index=36, i10-index=76, Citations=4,524

Peer-reviewed research articles – 84 published/in press, 3 under review

Software packages – 6, Book chapters – 2

### SELECTED RECENT PUBLICATIONS

Anderson SC, Edwards AM, Yerlanov M, Mulberry N, Stockdale JE, Iyaniwura SA, Falcao RC, Otterstatter MC, Irvine MA, Janjua NZ, Coombs D, [Colijn C](#), 2020, Quantifying the impact of COVID-19 control measures using a Bayesian model of physical distancing, *PLoS Computational Biology*, Vol:16

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Xu Y, Stockdale JE, Naidu V, Hatherell H, Stimson J, Stagg H, Abubakar I, [Colijn C](#), 2020, Transmission analysis of a large tuberculosis outbreak in London: a mathematical modelling study using genomic data. *Microbial Genomics*, Vol: 6, ISSN: 2057-5858

[Colijn C](#), Corander J, Croucher NJ, 2020, Designing ecologically optimized pneumococcal vaccines using population genomics, *Nature Microbiology*, Vol: 5, Pages: 473-485, ISSN: 2058-5276

Hayati M, Biller P, [Colijn C](#), 2020, Predicting the short-term success of human influenza virus variants with machine learning, *Proceedings of The Royal Society Biological Sciences*, Vol: 287, ISSN: 0962-8452

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## KELLEY LEE

Faculty of Health Sciences, Blusson Hall, 8888 University Drive  
Simon Fraser University, Burnaby, BC V5A 1S6 Canada  
email : kelley\_lee@sfu.ca

Kelley Lee is Professor and Tier 1 Canada Research Chair in Global Health Governance in the Faculty of Health Sciences, Simon Fraser University. Her research focuses on strengthening collective action to mediate the population health impacts of globalization. She has received >Cdn\$21 million over a 28-year career, leading major projects on global infectious disease governance, globalization and health, tobacco control, and health diplomacy.

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### ACADEMIC POSTS

2015-	Tier 1 Canada Research Chair in Global Health Governance, Simon Fraser University
2011-	Professor of Global Health Policy, Simon Fraser University
2011-2014	Associate Fellow, Centre on Global Health Security, Chatham House, London
2010-2014	Professor of Global Health Policy, Department of Global Health and Development, London School of Hygiene & Tropical Medicine
2004-2009	Reader, Department of Global Health and Development, LSHTM
1999-2004	Senior Lecturer, Public and Environmental Health Research Unit, LSHTM
1998-2000	Global Faculty Member, School of Medicine, Yale University
1996-1999	Lecturer, Health Policy Unit, London School of Hygiene & Tropical Medicine
1992-1995	Research Fellow, Health Policy Unit, London School of Hygiene & Tropical Medicine
1992-2014	Research Fellow/Lecturer/Senior Lecturer/Reader/Professor of Global Health Policy London School of Hygiene & Tropical Medicine, UK

### QUALIFICATIONS

1992	Doctor of Philosophy (DPhil), University of Sussex (International Political Economy)
1987	Master of Arts, University of Sussex (International Relations)
1986	Master of Public Administration, University of Victoria
1984	Bachelor of Arts, University of British Columbia (International Relations/English Literature)

### SELECTED AWARDS AND RECOGNITIONS

2020	Fellow, Royal Society of Canada
2018-	<i>Canadian Women Leaders in Global Health</i>
2014	Fellow, Canadian Academy of Health Sciences
2014	<i>Top 100 Women Leaders in Global Health</i>
2013	<i>Top Fifty Key Thinkers on Globalization</i> (Coleman and Sajed)
2007	Fellow through Distinction, Faculty of Public Health, Royal College of Physicians, UK
2004	WHO Certificate of Appreciation for Research on Global Tobacco Control
2003	Doctor of Letters (DLitt), <i>Honoris Causa</i> , British Columbia Open University/Thompson Rivers University
2002	Fellow of the Higher Education Academy, UK
1993	SSHRCC Postdoctoral Fellowship

### LEADERSHIP AND MANAGEMENT

#### CURRENT

2021-	International Advisory Board, Global Health Centre, Graduate Institute, Geneva
2020-	Institute Advisory Board, CIHR Institute for Public and Population Health
2020-	Academic Writing Expert Group, Trans-Atlantic Platform (T-AP) for Social Sciences and Humanities, COVID-19 Joint Research Call
2020-	Advisory Group, Global Public Health Convention, University of Miami Miller School of Medicine

#### SELECTED PREVIOUS

2014-2015	Member, Harvard-LSHTM Independent Panel on the Global Response to Ebola
2011-2014	Associate Dean, Research Faculty of Health Sciences, Simon Fraser University
2009-2012	Co-Chair, Global Health Governance Study Group, S.T. Lee Project on Global Governance, National University of Singapore
2002-2010	Co-Director, WHO Collaborating Centre on Global Change and Health, LSHTM

## RESEARCH GRANTS

### CURRENT

Under review	New Frontiers in Research Fund, Co-Principal Investigator (with PI Steven Hoffman), <i>Catalyzing Global Collective Action on Antimicrobial Resistance</i> (C\$24m)
Under review	CIHR Project Grant, Nominated Principal Applicant, <i>Developing risk modelling and a decision instrument to support the coordinated adoption and lifting of border measures during global public health emergencies</i> (C\$1.2m)
2020-2022	New Frontiers in Research Fund Operating Grant, Principal Investigator, <i>Understanding compliance with the International Health Regulations (2005): Recommended strategies to inform and strengthen global coordination of the COVID-19 outbreak response</i> (C\$500k)
2015-2022	Canada Research Chair Tier 1 in Global Health Governance (C\$1.4m)
2020-2021	CIHR Planning and Dissemination Grant, Nominated Principal Applicant, <i>Defining and measuring the commercial determinants of health as risk factors for non-communicable diseases: Advancing metrics for addressing the global epidemiological transition</i> (C\$20k)
2019-2021	First Nations Health Authority, Principal Investigator (with Co-PI Evan Adams), <i>Promoting Indigenous Led Actions for Respecting (PILAR) Tobacco Project</i> (C\$290,043)
2017-2021	CIHR Project Grant, Principal Investigator (with Co-PI Evan Adams), <i>A context-specific and comprehensive menu of commercial tobacco control measures for First Nation communities: A consultation intervention in British Columbia</i> (C\$918k)

### SELECTED PREVIOUS

2001-2018	National Cancer Institute, US National Institutes of Health, Principal Investigator, <i>Globalization, the tobacco industry and policy influence</i> (US\$5m)
2009-2013	European Research Council, Co-Principal Investigator (with PI Colin McInnes), <i>The transformation of global health governance: Competing world views and crises</i> (€2.3m)
2002-2008	Wellcome Trust, Principal Investigator, <i>Guildford Archiving Project</i> (£1m)

### PUBLICATIONS

RG Score=43.79, H-index=51, i10-index=145, Citations=8482

Peer-reviewed research articles – 126 published/in press, 7 under review

Book chapters – 64, Books – 15

### SELECTED RECENT PUBLICATIONS

McInnes C, Lee K, Youde J. eds. *Oxford Handbook of Global Health Politics*. Oxford University Press, 2019.

Lee K, Worsnop C, Grepin K, Kamradt-Scott A. Global coordination on cross-border trade and travel measures crucial to COVID-19 response. *Lancet*, 2020, 395: 1593-1595.

Lee K, Freudenberg N. Editorial: Addressing the commercial determinants of health begins with clearer definition and measurement. *Global Health Promotion*, 2020; 27(2): 3-5.

Lee K, WHO under fire, The need to elevate the quality of politics in global health. *Global Social Policy* (2020). <https://journals.sagepub.com/doi/pdf/10.1177/1468018120966661>

Lee K, Piper J. WHO and the COVID-19 pandemic: Less reform, more innovation. *Global Governance* 2020; 26: 523-533.

Worsnop C, Kamradt-Scott A, Lee K, Grepin K. et al. Legal compliance is not enough: cross-border travel and trade measures and COVID-19,” *International Studies Review* (in press).

Grepin K, Ho TL, Liu Z, Marion S, Piper J, Worsnop C, Lee K. Evidence of the effectiveness of travel-related measures during the early phase of the COVID- 19 pandemic: a rapid systematic review. *BMJ Global Health* (in press) <https://www.medrxiv.org/content/10.1101/2020.11.23.20236703v1>

Lee K, Piper J. Reviving the role of the Global Public Health Intelligence Network (GPHIN) in global epidemic intelligence.” In Amarasingam A, Juneau T, West L, eds. *The Canadian National Security and Intelligence Community and the Covid-19 Pandemic* (in press).

**BCCDC Foundation for Public Health**  
**Proposal for BC Ministry of Health for COVID-19 Research and Pandemic Preparedness**

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**1. Introduction and Objectives**

- Applied public health research aims to contribute relevant, credible, and timely evidence for public health practitioners and decision-makers to improve practice, policies, and programs that improve health and reduce inequities and the burden of illness at a population level.
- Our key objective is to support evidence generation, knowledge exchange, technical co-operation, and mobilisation of resources for applied public health research that is strategically and operationally aligned with population health priorities.
- Our commitment is to co-create a participatory model of applied public health research that brings research and practice together in a way that practice and population health needs drive the research, and involvement of practitioners and policy-makers occurs within a system and 'real world' environment that allows for authentic and realistic engagement that ensures research questions address the evidence required for decision-making.
- Our initial core activity will be a research prioritization, consultation, and external review process with key stakeholders, in collaboration with the BC Emerging Pathogens and Pandemic Institute (BCEPPI) at Simon Fraser University (SFU), to ensure we are doing our due diligence, driving forward based on public health needs, and structuring the activities and processes in a way that sets us up for success across the province.
- We are dedicated to creating and occupying this unique space that will set British Columbia up for improved population health outcomes well beyond the current pandemic.

**2. Background**

The BCCDC Foundation for Public Health (BCCDC Foundation) is the philanthropic partner to the BC Centre for Disease Control (BCCDC). Working together to improve population and public health in BC and beyond, we marry philanthropy with science and combine the evidence-based work of public health experts with the charitable goals of our donors, and the strategic direction of our government partners, to have an immediate and long-term impact on the health of our communities. We convene, collaborate, and leverage relationships with internal and external partners to *drive innovation that advances population and public health* for British Columbians.

As one of the first charities in Canada to respond to COVID-19 in early 2020, we have been and continue to be deeply committed to supporting the BCCDC and our public health leaders across BC as we navigate the global pandemic. It is because of this that we are optimally-positioned to lead this government commitment for the creation of improved public health

capacity to address COVID-19, as well as to learn from the experiences of experts, practitioners, and the public, to increase population resilience as well as prepare for future threats.

The BCCDC with its public health partners throughout the province is engaging in critical public health research to prevent and control the spread of COVID-19 and reduce the societal impacts of the pandemic in BC. The Centre's public health experts, scientists, and doctors have rapidly responded to prevent the spread of the virus, help save lives and protect British Columbians, and the BCCDC Foundation rapidly responded in order to support the BCCDC and COVID-19 response efforts in BC. Leveraging and building upon the BCCDC Foundation's fundraising efforts with an infusion of new funding will not only sustain critical research conducted through the BCCDC but will enhance and support further key efforts in BC.

#### The Need for Applied Public Health Research

Applied public health research serves as the background to evidence-based and solution-oriented public health practice. It effectively merges scientific knowledge and appropriate methodology in a real-world setting with health experiences in order to arrive at accurate and verifiable results using empirical research data or evidence. Furthermore, it catalyzes interdisciplinary and inter-sectoral collaborations between researchers and knowledge users that contribute to evidence generating practices, evidence-informed decision-making and use of knowledge by public health and other sectors. Conducted effectively it is ideally positioned to embrace a critical perspective on the research-practice-policy interface. Additionally, it can further enhance the core principles for population and public health—namely sustainability, equity, and effectiveness.

Significant improvements in population and public health can be credited to the successful implementation of scientifically driven interventions that have population-level impact. The use of non-pharmacological interventions to reduce COVID-19 disease transmission has resulted in a number of societal consequences that will have to be carefully monitored over the medium- to long-term. The profound impact on health, and social and economic well-being is further amplifying the pre-existing inequalities that exist in our province.

The current imperative for applied public health research in assessing the impact of public health interventions, programs or policy and translating results back into public health practice is critical as we manage this pandemic. As we look beyond the risk mitigation phase of the COVID-19 public health response which has highlighted the complexity and reach of a global public health crisis, we need to ensure relevant applied research is prioritised to support actions needed to improve economic security and employment conditions, housing and healthy built environment, health, social services, education systems and environmental sustainability that will better protect British Columbians from health crises and create resilience and lasting equitable opportunities.

### **3. Vision and Mission**

The BCCDC Foundation envisions *people living in healthy communities protected from infectious diseases and environmental health hazards through innovative research and collaborative public health solutions*. Established to protect and promote health, prevent harm, and prepare for threats by inspiring vision and philanthropy, the BCCDC Foundation works in partnership with the BCCDC to foster the development of key partnerships and collaborations that will result in the advancement of public health in BC and beyond.

The mandate of the BCCDC is "Working together to protect health, prevent harm, prepare for threats". As a program of the Provincial Health Services Authority (PHSA), BCCDC shares the vision, mission and values of the health authority, drawing attention to the role of population and public health in an integrated system of care.

Working together, the vision of BCCDC Foundation and the BCCDC is one of a community of practice that sets a foundation of applied public health research that provides evidence-based and solution-oriented public health practice, and catalyses interdisciplinary and inter-sectoral collaborations between researchers, practitioners, and knowledge users to ensure an effective research-practice-policy interface that includes at its core a population 'health in all policies' (i.e. considering the health and social implications of policies across all sectors of government and that many drivers of health outcomes are located outside the health sector) and health equity approach. We envision a broad scope that takes into consideration the Sustainable Development Goals (SDGs), specifically: communicable disease; non-communicable diseases; substance use; mental health; injuries; support for research, development and universal access to vaccines and medicines; and improving early warning systems for global health risks.

Our collective mission is to prepare British Columbia to be ready for and able to quickly respond to emerging threats, including infectious diseases and future pandemics by improving community resilience and population and public health capacity in BC, funding applied public health research, enhancing knowledge translation and public engagement, creating training pathways, and building and sustaining key resources for rapid response, governance, and decision-making.

### **4. Operating Model**

#### **BCCDC Foundation**

The BCCDC Foundation is a charity that is federally registered in Canada and provincially registered in BC, and with such a broad public health mandate, we are one of only a handful of charities dedicated broadly to public health in Canada. Though a distinct entity, the BCCDC Foundation is embedded within the BCCDC, allowing for unique functional and structural synergies, both within BCCDC and with other government entities. We operate independently and at arms-length but work closely in partnership with the BCCDC to ensure our priorities and projects align with public health needs in BC.



The BCCDC Foundation is aligned with BCCDC's priorities and direction, and is in a phase of active resource generation and partnerships to address issues of pressing importance in public health. Our aim is to support initiatives that improve population and public health outcomes. In addition to our cross-cutting themes that underpin our work—health equity, partnerships and technology—we work in three priority areas: reducing harms, addressing threats, and emerging areas.

By undertaking key priority projects with our BCCDC experts and other partners, we ensure that our work will not only have local impact, but will be highly translatable and impactful for public health across Canada and the globe. Because of our relationships, broad mandate, and distinctive structure, we have the ability to be nimble and move into novel areas, to collaborate and innovate, and to adapt within the constantly shifting landscape of public health. We have developed an innovative model that allows us to do our good work, support the good work of the BCCDC, and shine a light on public and population health.

#### BCCDC and BCCDC Foundation Partnership

The operating model between the two partner organizations is essentially just that, a partnership—bringing the expertise and collective impact of each organization together to improve population and public health in BC. Through this specific initiative, the two organizations will work closely together in order to ensure an operating model that encompasses the needs, priorities, and decision-making requirements that will ensure we can make this work a collaborative success. Leadership of both organizations will collaborate closely, and the VP, Public Health and Wellness and Deputy Provincial Health Officer maintains an advisory position on the BCCDC Foundation Board of Directors, ensuring a reciprocal conduit for discussions, planning, and collaboration. The BCCDC Foundation enjoys our partnership with PHSA as well, and ensures that leadership keep one another up to date on activities.

### **5. Governance and Accountability**

#### BCCDC Foundation

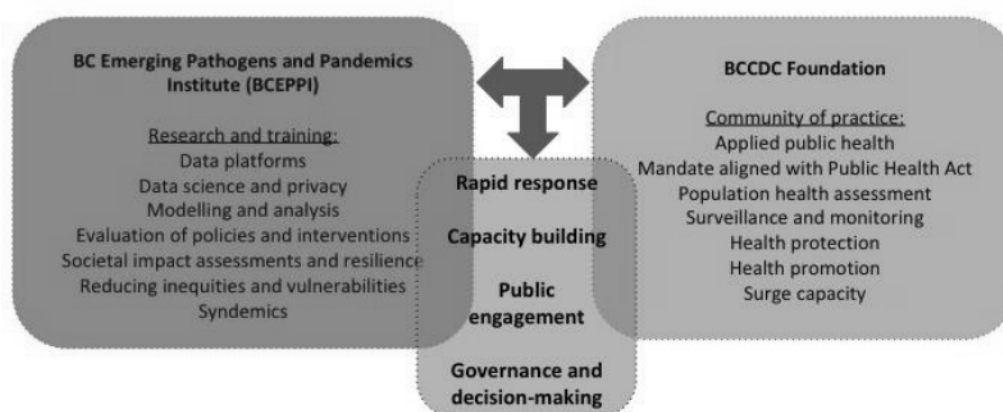
The BCCDC Foundation is governed by a Board of Directors, and is accountable to both federal government laws and regulations of the Government of Canada Charities Directorate (i.e. Canada Revenue Agency) and provincial government laws and regulations under the BC Society Act. Operating under a legal framework of bylaws, the BCCDC Foundation ensures accountability as a registered charity. By maintaining a highly robust set of organizational policies, including a code of ethics of a very high standard, and ensuring strong financial rigour, we ensure accountability and responsibility to our operations, programs, partners, and donors.

## BCCDC

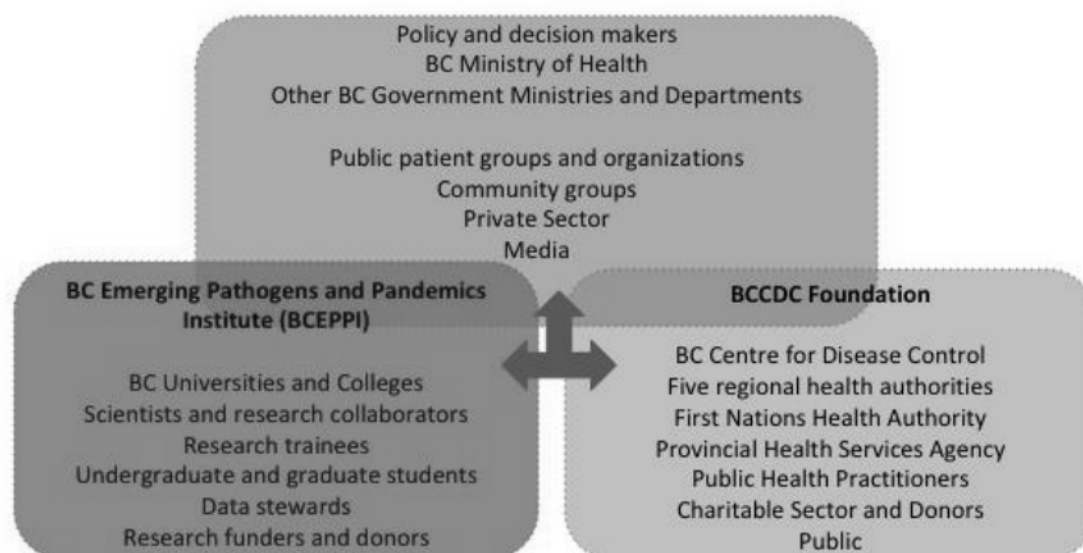
The BCCDC has a unique role under *BC's Public Health Act Division 3 Section 9 (1)g* to conduct and facilitate research into health issues and support applied public health practice. The Public Health Act has a mandate for research that is unique from academically- or investigator-driven research; however, the infrastructure does not exist within the Act to properly implement such research. Further, at this time, the infrastructure to conduct such research is embedded in other research entities, where research into the health of the population for the purposes of public health action is rarely prioritized. This funding will be leveraged to fulfil this goal for the pandemic and develop the skills and infrastructure to continue this work. Furthermore, the Centre has been developing a collaboration and co-ordination role in supporting regional health authorities in the systematic and regular reporting of population health status, as required by the Public Health Act.

## BCCDC Foundation, SFU-BCEPPI, and BCCDC

The BCCDC Foundation and SFU are working to combine investments to strengthen British Columbia's capacity to prevent, prepare for, respond to, and be resilient to current and future large-scale infectious disease events including pandemics. SFU and the BCCDC Foundation are building these two new initiatives in close cooperation, envisioning them as two sides of the same coin; the two institutions, working closely with, and aligned to, BCCDC, will work with both complementary and overlapping collaborations and core functions. The BCEPPI and the BCCDC Foundation will share four core functions (Figure 1) that both initiatives will support through coordinated, and in some cases, collaborative activities—rapid response, capacity building, public engagement, and governance and decision-making (Figure 2).



**Figure 1: SFU-BCCDC Foundation Core Functions**



**Figure 2: SFU-BCCDC Foundation Collaborations**

The BCEPPI and the BCCDC Foundation will work in complementary ways, notably with researchers, policy and decision-makers, the public, and media. The result will be a high-level conceptual ‘synergistic and multidisciplinary research hub and community of practice to prepare for and respond to emerging threats now and in the future’.

The collective unit will be advised by a provincial Scientific Advisory Group (SAG) composed of senior public health leaders, public health practitioners, community representatives, and key stakeholders—a key component of developing external reviews, consultations, and research prioritization processes will also include building a comprehensive and experienced SAG to ensure that appropriate provincial-level and real-world experience is included. A key missing component of the research landscape in British Columbia is a sustainable model for co-creation of research by practitioners, policy makers and researchers. The SAG model will ensure that a co-creation model is developed and maintained.

## **6. Provincial Scope**

The BCCDC Foundation and the BCCDC are both provincial organizations, as is SFU. The joint aim of the BCCDC and the BCCDC Foundation is to create a BC-wide community of practice—a community of public health practitioners that are collaboratively working on advancing the strategic priorities and goals for population and public health in BC—the goal of which is to ensure an effective research-practice-policy interface through applied public health, capacity-building, and the translation of evidence-based and solution-oriented knowledge into public health practice. Working with SFU, we will be able to catalyze interdisciplinary and inter-

sectoral collaborations between researchers, practitioners, and knowledge users across BC. By coordinating with SFU, an institution with provincial scope, we'll co-create a BC-wide collaborative, multidisciplinary research hub and community of practice to prepare for and respond to emerging threats, now and in the future. Creating the SAG mechanism for the collaboration, formed from experts across BC, will ensure that a BC-wide approach is considered in setting priorities, planning activities, building capacity, and resourcing our provincial public health system.

The BCCDC works closely with the five regional health authorities and the First Nations Health Authority, the Provincial Health Office, the chief Medical Health Officers, as well as many community groups across the province. One key outcome of this work is to improve processes, share best practices and create new knowledge through these provincial relationships, to ensure practitioners working 'on the ground' are a fundamental element of preparedness plans.

## **7. Knowledge Translation Activities**

### **Evidence Generation**

This funding will support the BCCDC to leverage its existing partnerships with public front line public health practitioners and policy makers to prioritize research that is driven by and is relevant to public health practice and population health management.

### **Rapid Evidence Review and Policy Analysis**

Population health intervention research aims to contribute relevant, credible and timely evidence for decision-makers to improve policies and programmes that reduce the burden of illness at the population level. However, there is often lack of timely and rigorously conducted research relevant to emerging policy and practice considerations. Rapid reviews and policy assessment are therefore designed to overcome this and surface up the best available evidence to guide decision-making. A current example is the need for synthesis and knowledge translation of evidence for healthy public policies in BC in relation to the rationale for keeping schools open. There is a pressing need to provide and promote robust health intelligence to the public discourse on the impacts of school closures.

### **Knowledge Exchange**

There are often challenges that hinder the application of evidence relevant to policy and practice decisions to mitigate risk of disease at the population level. This includes the need to take action in the absence of substantive research evidence or outcomes data. Application of research evidence may be less about how it is shared and more about how it is produced. Collaboration and partnership that are actively engaged in producing and applying knowledge will facilitate this. Policy-related decision-making for population health improvement needs to acknowledge the complexity of stakeholders, organisational environments, and political

climate that shapes the use and application. One way to address this is through policy forums—an important element of modern governance systems that allows multiple diverse stakeholders and collaborators to learn, negotiate, or build trust. Knowledge brokering in this context is facilitated by co-production approaches.

#### Governance and Decision-making

The complexity and fast-pace of the response needed for the COVID-19 pandemic has demonstrated the importance of effective decision-making capacities, clear governance structures and processes, and whole-of-government approaches. Complex decisions need to be made quickly, often amid imperfect or incomplete information, and in the midst of pressures related to the potential for social, economic and health impacts. The BCEPPI and the BCCDC Foundation will collaborate on activities to support effective governance and decision-making during a declared public health emergency. The BCCDC Foundation will be ready to respond in real-time to the needs of decision-makers by uniting key stakeholders, evidence-gathering and KT activities, and resources, to best support those making quick, complex decisions. By building a community of practice, knowledge can be mobilized quickly to support governance structures, processes, and capacities.

#### **8. Patient and Public Engagement**

Straddling the academic and public realms ideally positions the BCCDC Foundation to work with the BCCDC and other stakeholders to tackle a prioritized research agenda to address this pandemic now, and into the future. Focusing on a population health model, public engagement incorporates patient engagement, as the intent is to capture the ‘whole population’. An important element of engaging the public is to support systematic population health monitoring that provides an understanding of the breadth of health status and the determinants of health and well-being.

The pandemic is both an epidemic and a societal experience. To achieve the goals of the response, which is to minimize severe illness, overall deaths, and societal disruption, all of these outcomes need to be measured. While severe illness and deaths due to COVID-19 are being monitored and widely shared, measures of overall deaths and societal experience have been largely ad-hoc. The new mandate of the BCCDC includes population and public health, but these features are currently being developed. This funding will be invested in monitoring overall deaths and measures of societal disruption through quantitative and qualitative methods to provide an overall picture of the pandemic experience. The skills and infrastructure developed through this work will be leveraged to establish the BCCDC’s role in monitoring the overall health of the population. Developing a dynamic engagement platform and using this platform to focus on populations that were experiencing a disproportionate burden of the pandemic (e.g. youth, families with young children, young adults and some visible minorities), as well as conducting or facilitating qualitative research to assess the health of populations disproportionately affected, will be critical activities.

## 9. Opportunities for Training

During the first 10 months of the pandemic, the focus of research has been to understand the clinical and epidemiologic features of COVID-19, document and compare national responses, suppress transmission, and develop treatments and vaccine. An important feature of COVID-19 in BC has been the wide local variation in transmission of COVID-19. These local variations highlight the importance of local response to COVID-19, which has not been a focus of research and evaluation. As a provincial public health body, the BCCDC is in a unique position to support and understand the features of local responses that “make a difference” and as a provincial philanthropic body, the BCCDC Foundation is in a unique position to partner in order to support this work. To achieve this, applied research fellowships should be embedded in local response teams with the aim of documenting key features of local responses, understanding local research questions and having the responsibility to ensure that those questions are addressed as a priority.

One of the cornerstones of this initiative will be to enhance public health capacity, and to do so synergistically with SFU. Training opportunities will be naturally embedded in this structure for both institutions. For example, applied public health fellowship opportunities that are partnered with academic institutions and other provincial, national and international public health institutes, should be developed. Through the consultation and research prioritization process, it is expected that we will gather more information on specific and vital training pathways that can support this work now, and into the future.

## 10. Timeline and Milestones

Activity	Timeframe
Funding received	Feb-March 2021
Plan for research prioritization, consultation, external review process with SFU	March-April 2021
Vaccine research priorities further developed	March-April 2021
Plan and recruit for SAG	March-April 2021
BCCDC Foundation planning and strategy	Feb-March 2021
BCCDC Foundation recruitment	April 2021
Undertake research prioritization, consultation, external review process with SFU	April-May 2021
BCCDC Foundation fund development strategy launch	April 2021
Build and enhance partnerships	March-ongoing
Develop research program (RFP as needed) and peer review process/committee (as appropriate)	May-June 2021
Fund/develop research, training, KT infrastructure, capacity-building	2021 onwards, based on consultation outcomes

### **11. Risk Mitigation Strategies**

Risks relate to meaningful engagement of stakeholders, partner collaboration, consensus prioritisation and allocation of resources. Organizational challenges, e.g. working with HAs, may provide logistical issues that take time to navigate. A robust governance body with key disciplinary and practice leads will help mitigate. For the BCCDC Foundation, capacity currently could be seen as a risk, e.g. staff level, lack of space; however, key strategic planning and decision-making, already well-underway, mitigates this and allows us to focus on how best to leverage this funding and opportunity.

### **12. Other Sources of Funding**

The BCCDC Foundation will continue current fundraising initiatives related to COVID-19 public health response and vaccine research, as well as embark on a specific fund development strategy related to the program, and based on key priority projects that are identified. This strategy will naturally evolve as we undertake important prioritization activities, and will be dynamic as the work continues. As a charity, we must have solid strategic direction but also have the ability to remain nimble over the coming years as priorities evolve. Once the funds are available, the BCCDC Foundation will implement our strategy, beginning with an expansion of our team so that we can focus our efforts on raising more funds and creating sustainability. This will be imperative to our success and to the success of how we can support the BCCDC and public health in the province.

The BCCDC Foundation will also seek future government funding sources, as well as discuss possible funding mechanisms with the Provincial Health Services Authority in order to enhance the core functions that enable us to be a key supporter for the BCCDC. In addition, after priority-setting and consultation activities are complete, the BCCDC Foundation will look to broader engagement with other public health organizations such as the Canadian Public Health Association.

In addition, for academic applied public health research, investigators will also apply for and secure grants from the Tri-council, other government sources such as the Public Health Agency of Canada (PHAC) or Health Canada, the Michael Smith Foundation for Health Research (MSFHR), Genome BC, and other provincial and federal funding bodies that are out of scope of charitable applications. In certain instances, BCCDC Foundation funding may serve as matching funds for researchers to help secure academic grant funding.

### **13. Plans for Sustainability**

The BCCDC Foundation, the only organization of our kind, has been in a growth phase for two years, and is already building towards sustainability measures. With an infusion of government funding, we will not only be able to build public health capacity and infrastructure, strengthen BCCDC, solidify our partnership with the BCCDC and our public health partners, create an enhanced model driven by public health needs, and support significant applied public health research and training, we will be able to better set ourselves up to continue to support



population and public health in BC well after the current funding has expired. By creating a solid long-term strategy with this investment, the BCCDC Foundation will leverage this opportunity to secure additional funding, as well as position ourselves to become the go-to public health charity in BC, thereby creating momentum for growth, that will translate into a better ability to work with and support BCCDC and other partners, and an enhanced commitment to undertaking more activities. This will ultimately translate into improved and longer-term public health capacity and bring to the forefront our collective vision for British Columbia now, and for the future.

## SFU proposal for the BCEPPI - 1190662 Outgoing

---

From: Holmes, Jenna HLTH:EX <Jenna.Holmes@gov.bc.ca>  
To: XT:SFU, VP Research AEST:IN <vpri@sfu.ca>  
Cc: Schuckel, Victoria M HLTH:EX <Victoria.Schuckel@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Ackenhusen, Mary HLTH:EX <Mary.Ackenhusen@gov.bc.ca>, Kristy.Kerr@bccdc.ca, reka.gustafson@phsa.ca, vpriea@sfu.ca  
Sent: March 16, 2021 7:06:45 PM PDT  
Attachments: 1190662 O'Neil Outgoing.pdf

Good afternoon,

Please see attached letter.

Sincerely,

**Jenna Holmes**

Executive Coordinator | Partnerships and Innovation Division

*On behalf of*

**Mary Ackenhusen**

Senior Executive Scholar in Residence | Partnerships and Innovation Division

**Jenna Holmes**

Executive Coordinator | Office of the Assistant Deputy Minister

Partnerships and Innovation Division | Ministry of Health

Telephone: 250-952-3295 | Email: Jenna.Holmes@gov.bc.ca

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## Ethics & the SFU proposal for the BCEPPI - 1190662 Outgoing

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From: Schuckel, Victoria M HLTH:EX <Victoria.Schuckel@gov.bc.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: March 17, 2021 11:51:36 AM PDT  
Attachments: 1190662 O'Neil Outgoing.pdf

Hi Bonnie,

1. You may have noticed that the recommendations to SFU did not reference your feedback about support for ethics/ethics frameworks. I wanted to assure you that separately we are working on a plan to ensure there is clear, accessible ethics support for the Ministry/public health to leverage (beyond the existing ethics committee/network). We know you have done so previously and will connect with you before we confirm details.

2.s.22

Victoria

---

**From:** Holmes, Jenna HLTH:EX <Jenna.Holmes@gov.bc.ca>  
**Sent:** March 16, 2021 7:07 PM  
**To:** XT:SFU, VP Research AEST:IN <vpri@sfu.ca>  
**Cc:** Schuckel, Victoria M HLTH:EX <Victoria.Schuckel@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Ackenhusen, Mary HLTH:EX <Mary.Ackenhusen@gov.bc.ca>; Kristy.Kerr@bccdc.ca; reka.gustafson@phsa.ca; vpriea@sfu.ca  
**Subject:** SFU proposal for the BCEPPI - 1190662 Outgoing

Good afternoon,

Please see attached letter.

Sincerely,

**Jenna Holmes**

Executive Coordinator | Partnerships and Innovation Division

*On behalf of*

**Mary Ackenhusen**

Senior Executive Scholar in Residence | Partnerships and Innovation Division

**Jenna Holmes**

Executive Coordinator | Office of the Assistant Deputy Minister

Partnerships and Innovation Division | Ministry of Health

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March 16, 2021

1190662

Dr. Dugan O'Neil  
Vice President, Research and Professor of Physics  
Simon Fraser University

*Delivered via email*

Dear Dr. O'Neil:

Thank you for the proposal on behalf of Simon Fraser University (SFU) for the BC Emerging Pathogens and Pandemics Institute (BCEPPI). The Ministry of Health (the Ministry) appreciates the effort that you and your SFU colleagues have made to work across organizations with the BC Centre for Disease Control (BCCDC), and the BCCDC Foundation for Population and Public Health (the Foundation), to ensure complementarity of your evolving proposals. Your coordinated response acknowledges the strategic opportunity this investment represents for public health research in British Columbia.

As you know, your proposal was shared and discussed with Dr. Réka Gustafson, MD FRCPC, Vice President, Public Health and Wellness, Provincial Health Services Authority and Deputy Provincial Health Officer; Dr. Bonnie Henry, Provincial Health Officer for the Province of BC; Ian Rongve, Assistant Deputy Minister, Covid-19 Response and Health Emergency Management Division, and myself. This discussion culminated in recommendations to support the clarity and impact of your proposal for the Province and the people of BC.

The Ministry has five recommendations:

**Recommendation 1:** That SFU clarify:

- a. how BCEPPI will identify expertise both within and external to SFU to engage in public health research; and
- b. how researchers with clinical expertise, and researchers external to SFU, will be included in BCEPPI's leadership.

**Recommendation 2:** That SFU describe its plan to annually report to the funder on activities, engagements, and impacts of the investment.

...2

**Recommendation 3:** That activities supported by this investment will be guided by the following principles:

- a. strengthen the practice of public health in tangible and direct ways that support the health of communities across the province;
- b. aid and strengthen the modernization of the BCCDC, including the provincial lab;
- c. both inform, and be informed by, the national and global public health research base; and
- d. undertake data infrastructure development only after discussion with the BCCDC and the Ministry.

**Recommendation 4:** That SFU clarify a process and scope for external review of BCEPPI proposal and activities.

- a. that review be undertaken by an external, multi-disciplinary panel that includes researchers, public health leaders, community representatives, patients, and funders; and
- b. that feedback on topics of leadership structure and governance structure should be included in the review.

**Recommendation 5:** That within 90 days of the Transfer Agreement execution SFU will provide:

- a. description of existing or planned mechanisms for connecting across public health;
- b. description of how the BCEPPI plans to be responsive to the needs of the Province, the Health Authorities, and the Provincial Health Officer; and
- c. a timeline for delivering a strategic plan for BCEPPI, and a process for project identification.

We look forward to receiving your updated proposal. Please contact me or Victoria Schuckel if you have any questions/comments about these recommendations.

Sincerely,



Mary Ackenhusen  
Senior Executive Scholar in Residence  
Partnerships and Innovation Division

pc: Dr. Bonnie Henry, Provincial Health Officer for the Province of BC  
Dr. Réka Gustafson, MD FRCPC, Vice President, Public Health and Wellness,  
Provincial Health Services Authority and Deputy Provincial Health Officer  
Ms. Mary Ackenhusen, Senior Executive Scholar in Residence, Partnerships and  
Innovation Division, Ministry of Health  
Ms. Kristy Kerr, Executive Director, BC Centre for Disease Control Foundation for  
Population and Public Health  
Ms. Victoria Schuckel, Executive Director, Research and Technology Branch,  
Partnerships and Innovation Division, Ministry of Health

## Update on Ministry of Health Funding for Pandemic Research

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From: Saini, Manik HLTH:EX <Manik.Saini@gov.bc.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Howse, Harvey HLTH:EX <Harvey.Howse@gov.bc.ca>, Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>  
Sent: July 8, 2021 10:25:37 AM PDT  
Attachments: 1202033\_BCCDC Foundation\_MoH 90-day Plan\_June 30 2021 (004).pdf, 1202082\_BCEPPI 90-Day MOH Report.June29 2021-merged-final.pdf

Hi Bonnie,

In February 2021 the Ministry asked Simon Fraser University and the BCCDC Foundation for Public Health to provide further information to supplement their existing proposals for pandemic research funding within 90 days of funding transfer. Last week this was received from both parties; please find attached.

Your review of the original proposals and contribution to this process has been highly valued we wanted to extend you the opportunity to provide any further feedback you may have. Ian, Lorie, and Reka will be meeting on July 14<sup>th</sup> to discuss their feedback.

A high-level history is below, for your convenience.

Best regards,

Manik Saini | A/Executive Director, Research and Technology | Partnerships and Innovation | BC Ministry of Health | Ph: (778) 698-7238

### **History**

On January 29, 2021 the Ministry of Health received from Simon Fraser University (SFU) and the BCCDC Foundation for Public Health (BCCDC Foundation) a coordinated proposal for pandemic research. This included:

1. Detailed proposal for an anticipated \$15 Million for the development the BC Emerging Pathogens and Pandemics Institutes (BCEPPI) to be located at SFU.
2. The BCCDC Foundation for Public Health's proposed usage of an additional \$10 Million.

On February 11, 2021 the Ministry held a meeting with public health leadership to review and discuss the proposals. Attendees included:

- PHO Bonnie Henry;
- Deputy PHO Reka Gustafson;
- ADM Ian Rongve, Covid Response and Health Emergency Management Division;
- Mary Ackenhusen, Exec. In Residence, Partnerships & Innovation;
- Victoria Schuckel, ED Research and Technology, Partnerships & Innovation

Feedback from attendees was consolidated and the Ministry provided a set of recommendations to each of the organizations (SFU; BCCDC Foundation) to consider for moving forward. Both organizations were asked to provide additional information within 90 days. The attached documents are responses to the following recommendations:

### ***To Simon Fraser University for the development of the BC Emerging Pathogens and Pandemics Institute:***

Recommendation 5: That within 90 days of the Transfer Agreement execution SFU will provide:

- a. description of existing or planned mechanisms for connecting across public health;
- b. description of how the BCEPPI plans to be responsive to the needs of the Province, the Health Authorities, and the Provincial Health Officer; and
- c. a timeline for delivering a strategic plan for BCEPPI, and a process for project identification.

### ***To the BCCDC Foundation for Public Health:***

Recommendation 5: That within 90 days of the Transfer Agreement execution the Foundation will work with the BCCDC to deliver a strategic plan and a process for project identification.

## **BC EMERGING PATHOGENS AND PANDEMICS INSTITUTE REPORT TO MINISTRY OF HEALTH**

It was agreed that, within 90 days of the receipt of funding, Simon Fraser University (SFU) will provide additional information to the BC Ministry of Health on the creation of the BC Emerging Pathogens and Pandemics Institute (BCEPPI). This report sets out this information in relation to Recommendation 5.

### **1. DESCRIPTION OF EXISTING OR PLANNED MECHANISMS FOR CONNECTING ACROSS PUBLIC HEALTH**

BCEPPI will seek to be a “flagship research and training platform, bringing together scientists, educators, trainees, communities and public health institutions,” contributing to “strengthening BC’s capacity to prevent, prepare for, respond to, recover from, and be resilient to major infectious disease events that threaten to severely disrupt health and well-being” in the province. To achieve this vision, we have begun to establish or plan the following mechanisms for connecting to relevant parts of the public health community in BC.

#### **BCEPPI Governing Board**

BCEPPI will be governed by a Governing Board whose mandate will be to provide oversight and steward the Institute (Appendix A: BCEPPI Governance Structure). The Board will comprise a minimum of six (6) Directors who will serve one- to three-year terms, renewable for a second term. Directors will represent SFU, other leading BC universities and provincial health authorities.

#### **Joint Advisory Board (JAB)**

A Terms of Reference has been drafted for a JAB to provide scientific and technical advice on the activities of BCEPPI and BCCDC Foundation for Public Health (BCCDCF). Twelve members will be invited, in consultation with the MOH and other key stakeholders, that represent wide-ranging expertise and experience relevant to the combined vision and mission of the two initiatives. The distribution of seats on JAB will ensure appropriate representation of research, training, practice, policy making and community engagement. Where possible, membership will reflect broad representation of appropriate academic disciplines, provincial health authority regions, rural-urban communities, and diverse population groups. Equity, diversity and inclusion criteria will also be applied. We may seek to include national and international representation. The number of members may be increased over time if this joint initiative grows in scale and scope. Potential JAB members will begin to be identified in July 2021, with the aim to have the full group active and functioning by December 2021 (Appendix B: Draft Joint Advisory Board Terms of Reference).

#### **BCEPPI Affiliates Program**

Faculty and research scientists, public health practitioners, trainers and trainees, policy makers and community organizations across the province and beyond will be invited to

apply to become affiliated with BCEPPI. This will include grantees and trainees of BCCDCF/BCCDC to ensure close collaboration. Affiliates will be linked to one or more priority research pillars or research service platforms. The potential contributions of affiliates to BCEPPI, and the potential benefits to be received, has been agreed along with a process of application and criteria for adjudication (Appendix C: BCEPPI Affiliates Program Application Process).

### **Meetings with Provincial Health Authorities**

BCEPPI has begun informal consultations with selected parts of provincial health authorities. On May 21, 2021, BCEPPI Scientific Directors met with Deanne Taylor (Corporate Director Research, Interior Health), who attended on behalf of the research directors for the five regional health authorities. The meeting was held to brief her on the funding of BCEPPI and to seek advice on potential mechanisms for supporting research and training within the five regional health authorities. A follow-up meeting was held on June 18, 2021 with the research directors of the five health authorities, BCEPPI Scientific Directors and Kristy Kerr (Executive Director, BCCDCF). The meeting discussed further examples of potential collaborations between BCEPPI, BCCDCF and regional health authorities. Initial meetings with the research directors of the First Nations Health Authority (FNHA) and Provincial Health Services Authority (PHSA) are planned for July/August.

Potential mechanisms for connecting with health authorities are likely to include:

- affiliation of health authority researchers with research pillars in BCEPPI
- application of affiliated health authority researchers for BCEPPI internal funding calls
- application by any health authority researchers to BCEPPI and joint BCEPPI-BCCDCF open funding calls
- participation of health authority researchers and other staff in BCEPPI training activities
- placement of BCEPPI highly qualified personnel (HQP) in health authorities
- provision of analytical and KT services by BCEPPI platforms to health authorities if requested

## **2. HOW BCEPPI PLANS TO BE RESPONSIVE TO THE NEEDS OF THE PROVINCE, THE HEALTH AUTHORITIES, AND THE PROVINCIAL HEALTH OFFICER**

As a priority, BCEPPI will seek to enhance the interface between research and policy in relation to provincial capacity to address emerging pathogens and pandemics. This includes immediate term needs, as the province continues to respond to the COVID-19 pandemic, as well as medium to longer term needs. For this purpose, BCEPPI has begun to establish Research Service Platforms and Research Pillars to achieve this.

### **Research Service Platforms**

BCEPPI will create three platforms to provide priority research services that are responsive to the needs of the province, health authorities, the Provincial Health Officer (PHO), Crown Corporations, Medical Health officers and other organizations seeking analytical and KT

expertise related to emerging pathogens and pandemics. Each platform will operate collaboratively with relevant partners; we are currently in discussions with the BCCDC Foundation and the BCCDC to determine alignment and collaboration across these platforms. Each platform will be led by a Coordinator, appointed as a University Research Associate with PhD-level qualifications, who will provide technical knowledge and coordination skills. The *Platform Coordinator* will be responsible for managing the workplan of the platform and bringing together the required expertise to fulfill this workplan from BCEPPI scientists, affiliated members and HQPs. The Platform Coordinator will also provide skills and methods training to HQPs and any affiliated members of BCEPPI.

It should be noted that the three platforms will be available to provide analytical and KT services in rapid response mode to meet the needs of the province, health authorities and Provincial Health Officer. SFU has now qualified as an approved provider to “conduct comprehensive literature searches and syntheses to identify and summarize research evidence” for the Partnerships & Innovation Division (PID) of the Ministry of Health. Thus, where requests are relevant to the mission of BCEPPI, the relevant platform will provide rapid response services as contracted. Completion of a contract will fall within a 30-day or less rapid response timeframe. In addition, BCEPPI platforms will offer rapid response services to other public health agencies and organizations as requested. Platform Coordinators will be required to prioritize rapid response services to ensure fulfilment of urgent needs. Content expertise for requests will be provided through BCEPPI research pillars (scientists, affiliates and HQPs).

- a) Evidence Synthesis and Analysis Platform – This platform will provide a range of services that apply methods of identifying, selecting and combining results from multiple studies for a defined purpose. The types of reviews to be offered include systematic reviews, literature (narrative) reviews, scoping reviews or evidence maps, rapid reviews, umbrella reviews and meta-analyses. Immediate and longer-term needs for evidence synthesis will be served through this platform. Training courses, to strengthen capacity for using these methods and applying their results across the BC public health system, will also be developed and delivered.
- b) Data Analytics and Modelling Platform - BCEPPI will draw on a growing critical mass of research and analytical capacity in BC and across Canada in the areas of infectious disease data science and modelling, to offer research services in the quantitative analysis and estimation for emerging pathogen and pandemic-related data, estimation in infectious disease, and mathematical modelling of emerging pathogen and infectious disease dynamics. The platform will enable public health and other institutions across the province to have rapidly-developed, customized, locally-relevant modelling and data analytics to support forecasting and planning, operations, risk assessment and decision-making in the domain of emerging pathogens, pandemics and infectious disease. The platform will build on and interface with the evidence synthesis and analysis platform where appropriate, for example in quantifying the state of knowledge and uncertainty underpinning a modelling or analysis task, and obtaining model inputs. It will allow for quantitative integration and synthesis of diverse streams and forms of data. BCEPPI will

leverage the expertise of the Canadian Network for Modelling in Infectious Disease (CANMOD; [www.canmod.net](http://www.canmod.net)), a two-year NSERC-funded national network in infectious disease modelling jointly led by SFU and McMaster University.

- c) Knowledge Translation and Public Engagement Platform – BCEPPI will work closely with BCCDCF and BCCDC to create a platform to support KT and public engagement on emerging pathogens and pandemics aligned with provincial needs. The platform will support activities that enhance and optimize knowledge creation that directly informs public health action. This will be achieved through: i) consultation to identify provincial needs and priorities that guide knowledge inquiry; ii) involvement of stakeholders to maximize relevancy of research design, activities and synthesis of outputs; iii) informing and empowering stakeholders to collaborate on relevant KT outputs that translate results into actions; iv) monitoring of the uses of these outputs; and v) evaluation of impacts and outcomes in ways that refine and re-evaluate research or actions as needed. These steps will be informed by a Knowledge Translation Protocol (KTP) that: i) links research findings with appropriate target audiences; ii) identifies audience characteristics (e.g., level of education, language, cultural beliefs about health, age and other demographic factors) and system factors (e.g., provider communication skills, clinic environment) that impact health literacy, in order to optimize suitability of content and design (e.g., level of language, stigma, cultural and social appropriateness, colour) and delivery modes (e.g., conference presentations, publications, one-page briefs, infographics, webpages, videos, press releases, online courses); iii) identifies KT objectives as they relate to the original research question and align content, format, and delivery accordingly; iv) identifies existing dissemination opportunities (e.g., dissemination channels) and barriers (e.g., communications policies) and identify solutions; v) creates KTP evaluation strategies suitable to target audience and assess impact; and vi) bases on evaluation results, modify KTP or dissemination methods overall or where needed for specific projects.

### Research Pillars

BCEPPI will advance work programs based on *priority themes* through Research Pillars. The Institute will initially support six pillars, with additional pillars to be added over time as opportunities and resources allow. The themes for four pillars have been identified, with the themes of two remaining pillars (e.g. Indigenous Health, infectious disease epidemiology, health systems) to be finalized after the joint consultation and strategic plan is completed. Each pillar will be composed of a Pillar Lead, affiliated individuals and organizations, and HQPs. The pillars will be provided a designated budget to define a work program, identify projects, organize collaborating and networking activities including with other pillars, develop and distribute training resources, and support funding calls. The *work programs* will be responsive to immediate and longer-term needs.

Activities may include:

- embedded and collaborative *research projects* that link BCEPPI scientists, affiliates and HQPs with priority needs in BC

- integrated multi-expertise teams focused on addressing problems of public health priority through bringing together a range of BCEPPI expertise
- *fellowships and internships* will be established to support HQPs as part of strengthening provincial capacity
- *training workshops* will be developed and delivered to relevant personnel across the province
- *on-line resources* will be created and made openly available (e.g. methodological tools, public-facing data, briefing notes, protocols, guidelines)
- *networking and collaboration events* will be organized to bring people together across the public health community and beyond
- *public and professional development events* will be held on-line and in person to facilitate knowledge translation (KT) and public engagement
- *internal funding calls* (\$30-50k) to support projects conducted by affiliated scientists and HQPs
- *open competition funding calls* (\$100-150k) to support projects that meet a priority need within the province related to strengthening BC's capacity to respond to emerging pathogens and pandemics. The calls will need to demonstrate impact across at least two of the following – research, practice, training, policy or community engagement. As needed, BCEPPI will explore working with the Michael Smith Foundation for Health Research when appropriate to administer these calls.

The Research Pillars under development, and the personnel recruited to date, are:

a) Health and Risk Communication

Lead: Dr. Anne-Marie Nicol (<https://www.sfu.ca/fhs/about/people/profiles/anne-marie-nicol.html>)

This pillar is concerned with the key role of risk communication prior to, during and after major public health events. This includes the problems associated with the so-called “infodemic” (mis/disinformation), the challenges of social media, and the importance of communication in public understanding of science and policy. This pillar will build on activities initiated by SRAC during the COVID-19 pandemic in this subject domain.

b) Health and Social Inequities

Lead: Dr. Julia Smith (<https://www.sfu.ca/fhs/about/people/profiles/julia-smith.html>)  
HQP: Alice Mūrage (Postdoctoral Fellow)

This pillar is concerned with social and economic inequities within the context of pandemic preparedness and response. Research will apply an intersectional approach that considers how multiple social positions and identities (sex, gender, race, ethnicity, age, ability etc.) affect preparedness for, experiences of, and outcomes from large-scale infectious disease events. The aims of the pillar will be to: a) understand the relationships between social determinants of health and pandemics; 2) analyze how public health and social measures in response to such events interact with social determinants to mitigate or exacerbate inequities; and c) identify policy approaches that reduce the likelihood of social and

economic inequities in future pandemics. This pillar will thus focus on the interactions across health, social and economic policy, with the aim of strengthening future pandemic preparedness and response in BC.

c) Emerging and Evolving Pathogens

Lead: Dr. Ben Ashby (TBC)

This pillar is concerned with the emergence of pathogens, the dynamics of their geographic dispersion and subsequent transmission, and the changing patterns of selection that influence their continued emergence and evolution. This pillar will draw on the lenses of infectious disease epidemiology and surveillance, respiratory viruses, zoonotics, evolutionary biology, data and modelling.

d) Analytics and data science for infectious disease

Lead: To be recruited

This pillar is concerned with the estimation of key infectious disease parameters, including estimation and analytics in real time as a pathogen or pandemic emerges. It will support estimation of the impacts of interventions and so will naturally link with the pillar on health and social inequalities. It will aim to establish the statistical methods and the “data science of emerging pathogens and pandemics” for application in BC and elsewhere.

### **3. TIMELINE FOR DELIVERING A STRATEGIC PLAN FOR BCEPPI AND PROCESS FOR PROJECT IDENTIFICATION**

BCEPPI and BCCDCF will conduct a joint consultation process to review relevant activities within the province related to emerging pathogens and pandemics; identify research and training gaps and needs; listen to experiences of successes and failures; and gather ideas for programs and activities for strengthening the province’s capacity to respond effectively to future events. The purpose of this consultation process is also to begin to engage key stakeholders across the province about the new initiatives, identify priority needs, and gather best advice on ensuring connections across the public health community in BC.

The consultation will be led by an experienced consultant who will map key stakeholders; hold one-to-one meetings with public health leaders; conduct meetings (by invitation and open) with relevant constituencies such as scientists, health authorities, funders, government, public health practitioners, community groups); conduct a survey of public health practitioners, research scholars and scientists across BC higher education institutions and invite and review written submissions. A consultation report will be produced from this process. For BCEPPI purposes, this consultation process will provide the basis for the development of the 5-year Strategic Plan (2022-2026) setting out the vision, mission, goals and objectives. A description of the planned consultation and preliminary list of key stakeholders to be consulted is provided in Appendix D.

**Box 1: Timeline for Joint Consultation Process**

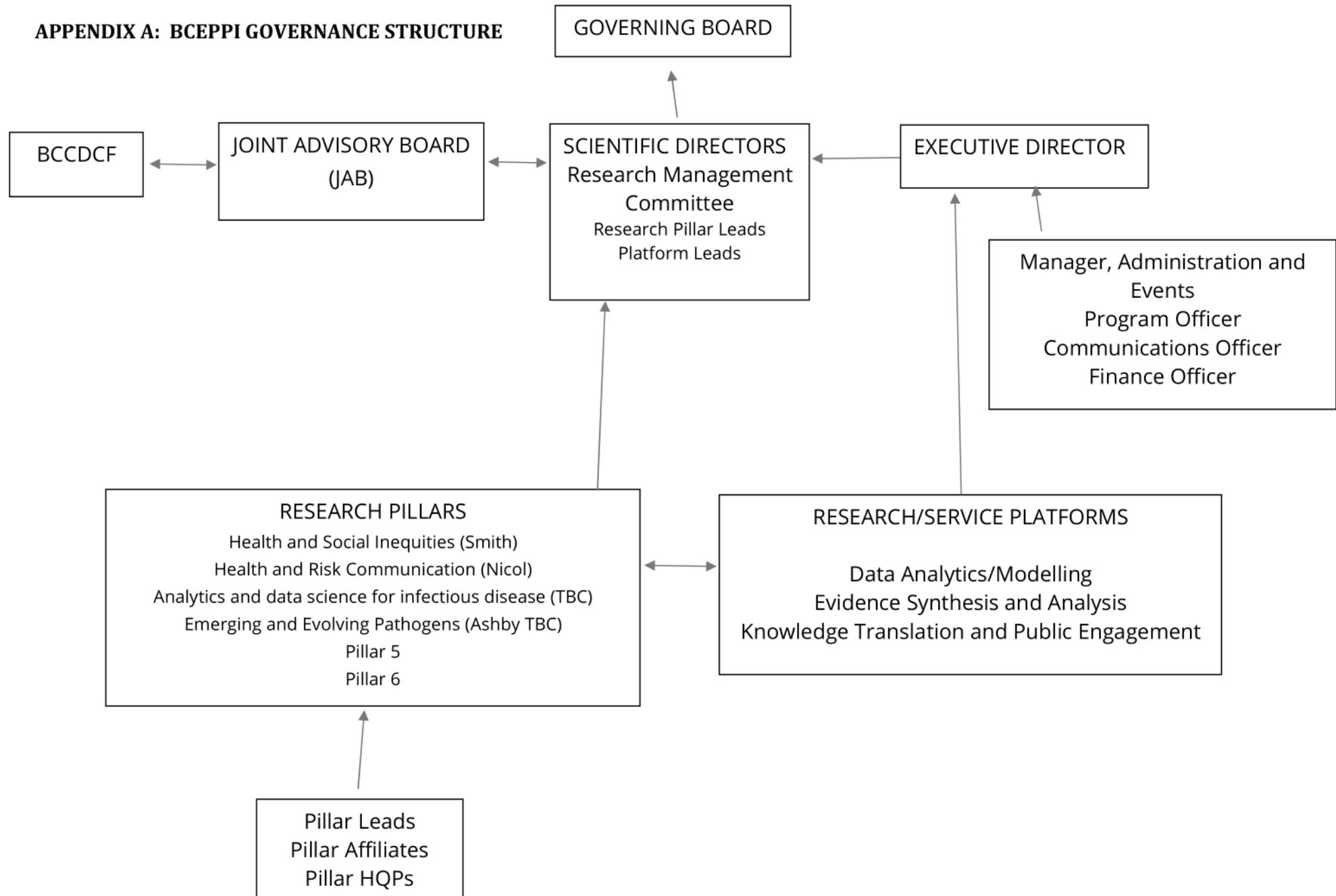
July 2021	Recruit senior consultant
July-August 2021	Plan joint consultation process with BCCDCF
Sept-Oct 2021	Joint Consultation Process
December 2021	Final Consultation Report Draft BCEPPI Strategic Plan
January 2022	Circulate draft Strategic Plan to BCEPPI Governing Board, JAB and external reviewers
March 2022	Revise and finalize 5-year Strategic Plan (2022-2026)

The process for project identification, to be carried out under each Research Pillar and Research Service Platform, will be informed overall by the priorities identified by the consultation, and incorporated into the Strategic Plan. The goals and objectives set out in the Strategic Plan will serve as the framework for project development, with accompanying work plans, milestones and deliverables. Pillar Leads and Platform Coordinators will then be responsible for developing individual work programs and projects, working with affiliates across the province and coordinating with BCEPPI stakeholders. Collaborations across the BC public health system will be encouraged. Through these work programs, they will be closely engaged with the public health community across the province. Work programs will be regularly discussed within BCEPPI's Research Management Committee (Scientific Directors, Executive Director, Pillar Leads, Platform Leads) to ensure consistency with the Strategic Plan and approved annually by the Scientific Directors. Work programs will be reviewed by members of the Joint Advisory Board (meeting up to four times per year) and formally approved annually by the Governing Board.

## **ATTACHMENTS**

- Appendix A: BCEPPI Governance Structure
- Appendix B: Joint Advisory Board Terms of Reference
- Appendix C: BCEPPI Affiliates Program
- Appendix D: Joint Consultation Process

## APPENDIX A: BCEPPI GOVERNANCE STRUCTURE



**APPENDIX B:**  
**BCCDC FOUNDATION FOR PUBLIC HEALTH**  
**BC EMERGING PATHOGENS AND PANDEMICS INSTITUTE (BCEPPI)**

**JOINT ADVISORY BOARD TERMS OF REFERENCE**

**Overview**

The Government of British Columbia is making significant investments of \$15 million to Simon Fraser University (SFU) and \$10 million to the BCCDC Foundation for Public Health (BCCDC Foundation) to develop two complementary initiatives. SFU will form a provincial entity, the British Columbia Emerging Pathogens and Pandemics Institute (BCEPPI). BCEPPI will be a flagship research and training platform, bringing together scientists, educators, trainees, communities and public health institutions. The BCCDC Foundation, working in partnership with the BC Centre for Disease Control (BCCDC), will create a community of practice in applied public health research, driven by population and public health needs, with a health equity focus. Together, these initiatives are tasked with strengthening BC's capacity to prevent, prepare for, respond to, recover from, and be resilient to major infectious disease events that threaten to severely disrupt health and well-being in BC.

**Membership**

The Joint Advisory Board (JAB) is comprised of twelve members chosen to provide wide-ranging expertise and experience relevant to the vision and mission of this provincial initiative. Members are selected for their relevant experience and expertise, to be applied to support the strengthening of provincial public health capacity, rather than as advocates for a particular group or organization. Members will be required to declare any potential conflicts of interest relevant to the decision-making of BCEPPI and the BCCDC Foundation. The distribution of seats on the Board ensures appropriate representation across five pillars – research, training, practice, policy making and community engagement. Where possible, membership will seek to reflect broad representation by appropriate academic and practice disciplines, provincial health authority region, rural-urban communities, key population groups, and other agreed criteria. The number of members may be increased, or the distribution may be altered, over time as this joint initiative grows in scale and scope.

**Mandate**

The role of the JAB is to provide advice to support the BCCDC Foundation and BCEPPI in their mission to strengthen capacity within British Columbia to prevent, prepare for, and respond to major infectious disease risks and events.

The Board *may be* requested to advise on the following:

- overall strategy and direction
- recruitment strategies
- priority research, training, practice, policy and community needs to be addressed
- population/public health needs and priorities
- annual workplans and special initiatives

- ideas for strengthening practice and training to advance relevant public health capacities throughout BC
- strategic opportunities for knowledge translation and increasing policy impact
- potential opportunities to strengthen engagement and community impact
- management of available resources
- opportunities for sustainable funding
- other areas that may arise as the initiative is planned and implemented

### **Governance**

Board members are recommended and confirmed by the BCEPPI and BCCDC Foundation. The chairing of JAB meetings will be by a selected Board Member for a one-year term. JAB members will typically serve a two-year renewable term, with at least one-third renewal after each term. Terms may be renewed once for up to two years. The terms of reference will be reviewed annually by BCEPPI and the BCCDC Foundation.

### **Administration and Meetings**

The Secretariat for the JAB will alternate between BCEPPI and BCCDC Foundation. The Board will meet semi-annually (two times) per calendar year and additional as required. Members will have the option of meeting in person or virtually. The Executive Director or delegate will attend from BCCDC Foundation. The two Scientific Directors and Administrative Director will attend from BCEPPI. Additional attendees may be invited to specific meetings as needed.

**Compensation** – Members will be compensated for reasonable travel and accommodation costs to attend JAB meetings. BCEPPI and the BCCDC Foundation will equally share these costs.

## **APPENDIX C: BCEPPI AFFILIATES PROGRAM**

### Overview

The mission of the British Columbia Emerging Pathogens and Pandemics Institute (BCEPPI) is to strengthen the province's capacity to prevent, prepare for, and respond to major infectious disease risks and events. This is to be achieved by building and supporting a flagship public health research and training platform to engage, support, integrate and amplify relevant data, research and expertise across BC.

To advance this mission, the BCEPPI Affiliates Program invites applications from academic faculty and research scientists, trainers and educationalists, public health practitioners, policy makers and community groups from across BC and beyond to become an Affiliate. This will include grantees and trainees of BCCDC Foundation for Public Health to ensure close collaboration between the two provincially-funded initiatives. The Affiliates Program extends the reach of the Institute, builds connections and collaborations across the province's research and practice community, catalyzes existing expertise, and amplifies the capacities of Affiliates and the Institute. BCEPPI particularly seek Affiliates from across the province, as well as, leading experts across Canada and internationally.

### Contributions of Affiliates

An Affiliate is committed to advancing the BCEPPI's mission through agreed contributions. Suggested examples of potential contributions are:

- contribute to the activities of at least one research pillar or research service platform of the Institute
- collaborate on a research project with BCEPPI research scientists and/or other Affiliates
- support the delivery of rapid response research services
- contribute to the development and funding of strategic research initiatives that strengthen BC's capacity to respond to major infectious disease events
- produce outputs relevant to BCEPPI's mandate such as research papers, policy briefs, briefing notes, podcasts or webinars
- contribute to funding proposals and advancement efforts
- support training of key research personnel and early career scholars through hosting an trainee, producing training resources or co-delivering/co-hosting training activities
- host BCEPPI events that bring together researchers, practitioners, policy makers and/or community members
- participate in knowledge translation and public engagement activities
- promote the work of BCEPPI through professional and community networks

### Benefits for Affiliates

An Affiliate is eligible for a range of benefits from BCEPPI which may include the following:

- network and collaborate with BCEPPI scientists, institutional partners and other Affiliates
- priority access to workshops and training opportunities for highly qualified personnel and trainees

- contribute to the development and implementation of workplans for priority pillars
- collaborate on research projects and the production of outputs
- collaborate on submission of research proposals with BCEPPI research scientists
- promote research outputs and activities through KT and public engagement events
- support for workshops, meetings and events relevant to BCEPPI's mission
- apply for BCEPPI internal funding calls by research pillars

#### Application to become a BCEPPI Affiliate

Applications are reviewed twice yearly (March/September) by the BCEPPI Research Management Committee. Applicants will be notified by email.

Applicants will be considered for Affiliate status based on the following criteria:

1. Excellence in research, teaching, practice or community impact
2. Relevance of Applicant's expertise to one or more BCEPPI's priority pillars
3. Extent Applicant's proposed contributions will strengthen and support the vision and mission of BCEPPI; and
4. Capacity of BCEPPI to support the preferred needs of the Applicant.

## APPENDIX D: JOINT CONSULTATION PROCESS

The BCCDC Foundation for Public Health (BCCDC Foundation) and the BC Emerging Pathogens and Pandemics Institute (BCEPPI) are committed to ensuring that both the collective \$25M investment, and our respective individual investments, are aligned with and driven by the population and public health needs in BC. To fulfil this commitment, we will undertake both informal and formal consultations to shape and define our workplans over the next 3-5 years. The purpose of this consultation process is to generate and mobilize meaningful and collaborative engagement, and ensure that we optimize this provincial funding now and in future to have the greatest impacts for the health and wellness of British Columbians.

To this end, we have collaboratively agreed to an initial shared framework to guide this consultation process. This framework will evolve iteratively as needed and be responsive to the insights of those with whom we consult, to our ongoing planning and discussions, to the evolution of and learnings from COVID-19, and as we navigate recovery from the pandemic. A part of this consultation process will include discussions with other organizations doing similar work or with an aligned mandate—we want to ensure we complement, amplify, fill gaps and collaborate, and not duplicate efforts. A significant part of this work will be to ensure that we address public health capacities, infrastructure, human capital, research, practice, policy, and other priorities, in the most optimal ways moving forward.

We will consult with the BC Centre for Disease Control (BCCDC) and other key public health partners and stakeholders across the province and beyond (see Table 1). This will occur informally through our professional contacts and networks, and more formally through a joint and formalized consultation using a variety of methods to make sure we can reach the most stakeholders and population groups as possible, in all areas of the province. Methods may include individual and group meetings (via Zoom or in person when/as appropriate), a survey and other qualitative methods as appropriate (e.g. facilitated focus groups), attendance at pre-existing committees, and written submissions, knowledge syntheses, or other research.

Informal consultations have already begun and will continue through July-August 2021. The formal consultation process will be conducted between September-October 2021 with a report delivered by December 2021. This report will then be used by the BCCDC Foundation and BCEPPI for our respective planning processes and outputs. We will engage a shared consultant to guide these processes. Work is underway to select an appropriate candidate and we aim to have this role filled by mid-July 2021.

Table 1 outlines the various groups who will be consulted. Please note this list is not exhaustive and subject to change. As noted above, it will be refined to a more granular level as planning continues.

Stakeholders	Organizations, Groups, Committees
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Provincial public health system	Provincial Health Officer and Deputies Public Health Leadership Committee Chief Medical Health Officers and Medical Health Officers FNHA and BC regional health authorities (e.g. public health units, research directors, researchers) BCCDC (e.g. leadership and medical directors; population and public health service line) BCCDC Public Health Laboratory Providence Health
Healthcare system	Health authority and FNHA leadership and senior staff PHSA leadership and senior staff
Academic and scientific	Academic institutions, such as UBC, SFU, UNBC, UBCO, UVIC Assistant Deans of Research Research institutes (e.g. VCHRI, Providence Health, WHRI, BCHRI) Academic department heads and centre/school directors Researchers in relevant scientific fields/subjects (e.g. social determinants of health, health inequities, emerging infectious diseases, pandemic preparedness, public health systems, health data science, health policy and governance, health communications, lab science, genomics)
Advisory groups and networks	Strategic Research Advisory Committee COVID-19 Clinical Research Coordination Initiative Post-COVID Interdisciplinary Clinical Care Network
Funders	Michael Smith Foundation for Health Research (and BCAHSN) Genome BC Health authorities' philanthropic partners (e.g. VGH-UBC Foundation) BC Women's Foundation BC Cancer Foundation BC Children's Foundation CIHR, SSHRC, NSERC Other community-based funding organizations (e.g. Vancouver Foundation)
Community-based groups and community interest organizations	Public Health Association of BC Patient groups, BC Support Unit Indigenous groups (e.g. Métis Nation, BC Association of Aboriginal Friendship Centres) Youth organizations (e.g. YouthCo) Representative groups for families, children
Provincial organizations and associations	Schools; BC Teachers Federation Tourism BC Business associations SafeCare BC, WorkSafe BC and similar Research Universities' Council of BC

	Health Officers Council of BC
Government	MOH, key branch leads/departments, ethics committee Other ministries or specific groups
Data	BC Observatory for Population and Public Health PopDataBC Data Science and Health (DASH) Cluster Government and health authority data initiatives, networks, platforms
National and International	Other comparable institutions in Canada (e.g. University of Toronto, McMaster University) Other comparable institutions internationally (e.g. MIDAS network) International leads in applied public health research and practice PHAC Canadian Public Health Association

## FOR REVIEW: SFU/BCCDC Feedback

---

From: Saini, Manik HLTH:EX <Manik.Saini@gov.bc.ca>  
To: Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>  
Cc: Howse, Harvey HLTH:EX <Harvey.Howse@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: July 22, 2021 12:08:45 PM PDT  
Attachments: BCEPPI 90-Day MOH Report.June29 2021-merged-final.pdf, 1202033\_BCCDC Foundation\_MoH 90-day Plan\_June 30 2021 (004).pdf, MoH 90 day Feedback.docx  
Hi Ian, Lorie, and Reka,

After our discussion last week we have condensed your thoughts into the attached 'clarifying questions' for BCCDC-F and SFU. Please let us know if you have any feedback on these, and we will have separate response letters sent out under Ian's signature. The 90-day plans are also attached for context.

Many thanks,

Manik

Manik Saini | A/Executive Director, Research and Technology | Partnerships and Innovation | BC Ministry of Health | Ph: (778) 698-7238

-----Original Appointment-----

**From:** Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>

**Sent:** June 24, 2021 9:46 AM

**To:** Rongve, Ian HLTH:EX; Gustafson, Reka HLTH:IN; Hrycuik, Lorie HLTH:EX; Saini, Manik HLTH:EX

**Cc:** Howse, Harvey HLTH:EX

**Subject:** SFU/BCCDC Foundation Pandemic Research Funding Discussion - Reka Gustafson/Lori Hrycuik/Manik Saini/Ian Rongve

**When:** July 14, 2021 1:00 PM-2:00 PM (UTC-08:00) Pacific Time (US & Canada).

**Where:** Skype Meeting

July 14, 201 Update: Meeting materials attached.

June 24, 2021 Update: Meeting materials to be distributed at a later date closer to the meeting.

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**BCCDC Foundation for Public Health:**

**90-day Plan for Ministry of Health**



## **BCCDC Foundation for Public Health: 90-day Plan for Ministry of Health**

### **1) INTRODUCTION**

The BCCDC Foundation for Public Health (BCCDC Foundation) ‘90-day plan’ provides a preliminary framework for the new public health response and preparedness initiative. Developed in collaboration with our key partners—the BC Centre for Disease Control (BCCDC) and the new BC Emerging Pathogens and Pandemics Institute (BCEPPI), in addition to an initial consultation with the Public Health Leadership Committee (PHLC)—this document outlines progress to date, and the plans for delivering a robust strategy for this complementary and coordinated initiative with BCEPPI. This includes a rigorous consultation process to ensure that programs and activities are driven by priority needs of population and public health in the province. By partnering with public health stakeholders across BC, and aligning with the needs and priorities of BCCDC and the public health system, the BCCDC Foundation strategy will enable us to support: recovery from COVID-19 and the unintended consequences of the pandemic; and prevention of, preparation for, and response to, future emerging threats by improving community resilience and public health capacity in BC.

### **2) HIGH-LEVEL OBJECTIVES AND VISION**

- Prepare British Columbia to be ready for and able to quickly respond to emerging threats, including large-scale infectious disease outbreaks and future pandemics.
- Support applied public health research to contribute relevant, credible, and timely evidence for public health practitioners and decision-makers to improve practice, policies, and programs that improve health and reduce inequities and the burden of illness at a population level.
- Support evidence generation, knowledge exchange, technical co-operation, and mobilization of resources for applied public health research that is strategically and operationally aligned with population health priorities.
- Ensure involvement of practitioners and policy-makers occurs within a system that allows for authentic and realistic engagement that guarantees research questions address the evidence required for governance and decision-making.
- Support “Health in All” policies, health equity, upstream actions, and social determinants.
- Build public health capacity and responsiveness now, and for the future.
- Better protect British Columbians from health crises, strengthen community resilience and lasting equitable opportunities.
- Improve population health outcomes well beyond the current pandemic.

### **3) BACKGROUND**

The direct and indirect consequences of the COVID-19 pandemic have had a profound impact on the health, social, and economic well-being of British Columbians, and have exacerbated existing inequities. BC has responded well but not without pandemic consequences. We must monitor the consequences over the medium- to long-term, and our public health system must be strengthened in order to create resilience and better prepare for the future. We can do this by reinforcing the role of applied public health research and the impact of public health interventions, practice, programs, and policy. Improving

pathways and systems for translating research evidence both into public health practice and for decision-making is critical as we manage this and any future pandemics. This new collaborative initiative is being developed in order to address this goal. The timing is optimal—we can build upon the momentum and continue to learn from COVID-19, and as we begin to look ahead to a post-pandemic world, we can ensure that relevant applied public health research is prioritized—in doing so we will support actions that improve and sustain population-level outcomes that create resilience, address inequities, and better protect British Columbians. To that end, we are working with the BCCDC, BCEPPI, and public health stakeholders to ensure that we deliver a strategy and funding program that will create real, immediate, and long-term sustainable change.

#### 4) KEY OBJECTIVES AND PRINCIPLES

The main objective of the BCCDC Foundation initiative is to support development of a **community of practice**. In this context, a community of practice can be defined as a system of researchers, practitioners, policy-makers, and knowledge users sharing a need for, and deepening collaboration on, evidence that is grounded in equity and driven by population health needs and priorities. The community of practice specifically will:

- Focus on current pandemic evidence and learnings and prepare for emerging threats and future pandemics.
- Create a participatory model whereby applied public health research, practice, and decision-making priorities and outcomes are driven by the required evidence and public health needs in BC.
- Strengthen evidence-based and solution-oriented public health practice.
- Catalyse interdisciplinary and inter-sectoral collaborations among researchers, practitioners, and knowledge users.
- Enhance the research-practice-policy continuum.
- Strengthen the intersection of applied public health research, interventions, programs, practice, and policy.
- Enhance and build local/health authority linkages.
- Prioritize and enhance evidence generation, knowledge exchange, technical co-operation, and mobilization of resources for applied research that is strategically and operationally aligned with population health priorities.

The concept for the community of practice is grounded in the previously-agreed Ministry of Health principles to:

- Strengthen the practice of public health in tangible and direct ways that support the health of communities across BC.
- Aid and strengthen the modernization of the BCCDC, including the provincial lab.
- Both inform, and be informed by, the national and global public health research base.
- Undertake data infrastructure development.

Considering these principles, we will strengthen public health capabilities and enhance the coordination of the public health system in BC via the community of practice that will improve linkages across the research-practice-policy continuum. We will undertake consultation and research prioritization processes with key stakeholders in collaboration with BCEPPI and BCCDC, and ensure a robust external review is planned that sets us up for success. This will result in an enriched public health system with the following attributes:

- Practitioners and decision-makers have the evidence they need.
- Research priorities are driven by population and public health needs in BC.
- Research-practice-policy interface is prioritized.
- Evidence for Health in All Policies is prioritized.
- Networks and platforms are developed to enhance data sharing, ethics, and privacy requirements.
- The system is more connected, with fewer siloes and less duplication of efforts.
- Specific population groups and inequities are addressed as a key focus.
- Modernized systems, structures, relationships, and networks are grounded in cooperation with a commitment to equity and inclusion.

## **5) PROGRESS TO DATE**

The BCCDC Foundation, the BCCDC, and BCEPPI have been meeting regularly, working to determine the complementary and coordinated activities across our core shared functions and key collaborations, and have made strides in important areas. Namely, we have prioritized the Terms of Reference for a Joint Advisory Board (JAB) and the joint consultation process. These conversations are ongoing and expected to further support our alignment in predetermined and potentially new areas.

In addition, the BCCDC Foundation attended a PHLC meeting as a starting point for engagement with provincial public health leaders. A few key discussion points are particularly relevant as we further develop this initiative, and are in alignment with our progress:

- We must create a system of research that's strategic, collaborative, responsive, relevant, functional, and can be mobilized rapidly.
- There needs to be a dedicated effort to bridge the gap to get priority information to decision-makers in a timely way.
- Instead of imbedding practitioners into research, do it the other way around.
- Be sure to recognize aspects of equity, an Indigenous lens, and rights to inclusion from the onset of planning.
- Support what's working well, strengthen those areas not working well, and lead in new areas.
- Ensure good advisory roles and appropriate governance structures are in place.

This is only the starting point of key engagement (see Section 6) with public health leaders and decision-makers, and we will work with BCEPPI to ensure our coordinated efforts are aligned with public health systems and priorities.

## **6) JOINT CONSULTATION PROCESS**

A fully shared consultation process is to be undertaken with BCEPPI. While this will occur over a time period, it won't be finite but rather iterative as needed and as the health landscape may evolve. Strong and continuing provincial engagement at senior levels is required and will be ongoing. Individual consultation processes are also occurring. For example, BCCDC Foundation and BCCDC leadership plan to meet with the Medical Health Officers in each of the regional health authorities and the First Nations Health Authority. Recognizing the complexity of existing systems, structures, organizations, and priorities, we must ensure authentic engagement and consultation with all stakeholders directly and indirectly involved in, and impacted by, the public health system. Some key questions to be considered (not comprehensive list) both through informal and formal dialogue:

- What is the ***path to achieve the vision***?
- How do we ***strengthen BC's capacity*** to prevent, prepare for, respond to and be resilient to, current and future large-scale infectious disease events?
- What are the ***key activities*** we must undertake in order to achieve our objectives?
- What ***critical issues*** must be addressed?
- What ***areas of investment*** are critical for strengthening public health and the public health labs and creating a community of practice?
- ***Who*** must be included in the consultations?
- ***How do we define*** clear roles/responsibilities for: core intersecting functions, advisory groups, and next steps?
- How can we ***address barriers to processes, systems, and structures*** (e.g. data sharing, ethics approvals) to modernize public health?
- How do we ***enhance funding practices*** to address equity, racism, colonization?
- What do we need to ensure continued ***investment in and awareness of*** public health?

The coordinated draft consultation framework is included in Appendix 1.

## 7) JOINT ADVISORY BOARD

As one of the requirements of the coordination between the BCCDC Foundation and BCEPPI, we are developing a Joint Advisory Board (JAB). A clear advisory structure with strong public health leadership, in partnership with academic institutional leadership, is required. Extensive discussion and planning have been put into this to create a draft Terms of Reference (see Appendix 2) and we are developing a strong list of possible members, which will also be informed by our joint consultation. Formalizing the JAB will begin in July 2021, with the aim to have the full group active and functioning by December 2021. The consultation process may offer insights into the development of the JAB and we want to allow room for evolution while also respecting the need for advice and guidance to be available as soon as possible. The formation of the JAB will also coincide with discussions around other new or existing advisory and governance groups to ensure we have the most optimal systems in place that work synergistically and not at odds, i.e. our new JAB must not operate as a silo and advisory groups (new and existing) and existing governance structures must make sense from a whole system perspective.

## 8) COMMUNITY OF PRACTICE PROGRAM AND FUNDING ACTIVITIES

As we begin to strategize on the more tangible aspects of this initiative, we can outline a variety of commitments and ideas; however, we also appreciate that the consultation process will impact specific activities and will allow room for natural evolution based on priority-setting.

### High-level and Overarching Goals

- Fund applied public health grants for short-, medium-, long-term;
- Fund training opportunities and support training pathways between public health research and practice;
- Build longitudinal survey platform to enhance public engagement and support population health monitoring at a community level;
- Build capacities in and resources for:
  - Rapid response analyses on the ground in real-time;
  - Knowledge translation and ability to move public health knowledge into practice quickly;

- Public engagement;
- Research-practice community;
- Decision-making and governance;
- Ensure that key infrastructural changes are a priori considerations; and
- Support the creation of platforms for integrating priority research and practice.

### Identifying Programs and Projects

We anticipate a great wealth of information from the consultation process as we hear from stakeholders across BC on strengths, weakness, gaps, and opportunities, as well as research prioritization and key areas of focus, and the mechanisms for linking to practitioners and health authorities. In the meantime, we can outline how projects may be identified and how funding priorities can be implemented.

The development of funding mechanisms and BCCDC Foundation programs can occur synchronistically during the informal and formal consultation work. Funding programs will be developed based on priority areas, and ensuring a gender and inclusive lens is applied, and patient/public voices are included. Work will be undertaken to ensure equitable, inclusive, and culturally-appropriate funding practices. Granting processes will be developed that align with and support the funding types, e.g., research grants, training grants, personnel awards.

Peer review will be required in some instances, and formation of an external scientific committee and/or processes/collaborations to review competition-based proposals will be undertaken. In some instances, the BCCDC Foundation Board of Directors can approve funding with the guidance of BCCDC, BCCDC Foundation leadership, and based on public health priorities. Different mechanisms and decision-making would occur pending the type of funding program.

Opportunities to collaborate with other funders will leverage funding and enhance sustainability, reduce duplication of efforts, and solidify relationships with other funders across BC. Also, the BCCDC Foundation and BCEPPI will work on collaborative funding opportunities, as appropriate.

Different types of funding programs may be:

- Competition-based, e.g. through formal Requests for Proposals;
- Commissioned/directive;
- Priority-based or urgent needs-based; and
- Annual, one-time, and ad hoc.

Areas of funding may include:

- Applied public health research grants;
- Training grants (examples may include: 'scholar in residence', embedded fellowships, embedded scholars, graduate trainees, MPH students, co-ops, medical student training);
- Personnel awards (examples may include: FTEs in the research director network aligned across health authorities, in research departments in health authority units, knowledge mobilization highways (e.g. LTC initiative leads in health authorities), KT and evidence generation positions, working groups/networks, clinical leads in priority areas);
- Implementation science grants;
- Knowledge translation grants;
- Capacity-building activities, e.g. infrastructure, data platforms, survey platforms, networks;
- Evidence syntheses;
- Lab technology and equipment; and
- Networks or priority-area 'hubs' based on population groups (e.g. school-aged children, youth).

The formation of a Joint Advisory Board and the consultations will assist in setting priorities and guiding grant and funding needs, and we will work with other advisory groups, governance committees, and stakeholders across BC to further articulate and refine these key areas and examples.

## 9) EXTERNAL REVIEW

The BCCDC Foundation will ensure that a robust external review process is developed and undertaken by the BCCDC. This review will be independent and will focus on ensuring that this work is setting BC up for the most success for an enhanced and improved public health system for the future. The BCCDC Foundation will work with BCCDC to support this review process as partner to and funder of the proposed activities. It is currently estimated this will occur late in year one or early in year two, after the consultation and planning processes are completed.

## 10) TIMELINE AND NEXT STEPS

Activity	Anticipated Timeline
Grant agreement and funding received	April 1 2021
Formal planning begins with SFU BCEPPI and BCCDC	April 2021
BCCDC Foundation vaccine research initiative and projects funded	March-May 2021
Planning for JAB	April-December 2021
BCCDC Foundation planning and strategy	April-August 2021
BCCDC Foundation recruitment	June-October 2021
Feedback from MOH on 90-day plan	July 2021
Presentation to/feedback from SRAC	July 2021
Informal consultations	April-August 2021
Formal consultations	September-October 2021
Consultation report	December 2021
Collaborative funding call/first investment	TBD
BCCDC Foundation fund development strategy launch	September 2021
Build and enhance partnerships	Ongoing
Formalized plans for program overall and key activities set	January-March 2022
Develop granting programs, practices, and peer review process/committee (as appropriate)	June 2021-March 2022
Fund applied public health research, training, KT, infrastructure, capacity-building, other areas based on consultations	2021 onwards, ongoing and annual
External review	January-May 2022
Annual reporting to MOH	April 2022
Annual reporting to MOH	April 2023
Annual reporting to MOH	April 2024

## 11) CONCLUSION

By focusing on population-level interventions, we can improve the health of individuals, communities, and society. COVID-19 has shown us that it is critical that we invest in public health and that we must better prepare for future emerging threats. In doing so, we can respond faster and better, protect the population, and improve public health outcomes for all British Columbians.

## 12) APPENDICES

- a. **APPENDIX 1:** Consultation
- b. **APPENDIX 2:** JAB Terms of Reference

## BCCDC FOUNDATION FOR PUBLIC HEALTH BC EMERGING PATHOGENS AND PANDEMICS INSTITUTE (BCEPPI)

### JOINT CONSULTATION PLANNING, PROCESS, AND TIMELINE

The BCCDC Foundation for Public Health (BCCDC Foundation) and the BC Emerging Pathogens and Pandemics Institute (BCEPPI) are committed to ensuring that both the collective \$25M investment, and our respective individual investments, are aligned with and driven by the population and public health needs in BC. To fulfil this commitment, we will undertake both informal and formal consultations to shape and define our workplans over the next 3-5 years. The purpose of this consultation process is to generate and mobilize meaningful and collaborative engagement, and ensure that we optimize this provincial funding now and in future to have the greatest impacts for the health and wellness of British Columbians.

To this end, we have collaboratively agreed to an initial shared framework to guide this consultation process. This framework will evolve iteratively as needed and be responsive to the insights of those with whom we consult, to our ongoing planning and discussions, to the evolution of and learnings from COVID-19, and as we navigate recovery from the pandemic. A part of this consultation process will include discussions with other organizations doing similar work or with an aligned mandate—we want to ensure we complement, amplify, fill gaps and collaborate, and not duplicate efforts. A significant part of this work will be to ensure that we address public health capacities, infrastructure, human capital, research, practice, policy, and other priorities, in the most optimal ways moving forward.

We will consult with the BC Centre for Disease Control (BCCDC) and other key public health partners and stakeholders across the province and beyond (see Table 1). This will occur informally through our professional contacts and networks, and more formally through a joint and formalized consultation using a variety of methods to make sure we can reach the most stakeholders and population groups as possible, in all areas of the province. Methods may include individual and group meetings (via Zoom or in person when/as appropriate), a survey and other qualitative methods as appropriate (e.g. facilitated focus groups), attendance at pre-existing committees, and written submissions, knowledge syntheses, or other research.

Informal consultations have already begun and will continue through July-August 2021. The formal consultation process will be conducted between September-October 2021 with a report delivered by December 2021. This report will then be used by the BCCDC Foundation and BCEPPI for our respective planning processes and outputs. We will engage a shared consultant to guide these processes. Work is underway to select an appropriate candidate and we aim to have this role filled by mid-July 2021.

Table 1 outlines the various groups who will be consulted. Please note this list is not exhaustive and subject to change. As noted above, it will be refined to a more granular level as planning continues.

Stakeholders	Organizations, Groups, Committees
Provincial public health system	Provincial Health Officer and Deputies Public Health Leadership Committee Chief Medical Health Officers and Medical Health Officers FNHA and BC regional health authorities (e.g. public health units, research directors, researchers) BCCDC (e.g. leadership and medical directors; population and public health service line) BCCDC Public Health Laboratory

Healthcare system	Health authority and FNHA leadership and senior staff PHSA leadership and senior staff
Academic and scientific	Academic institutions, such as UBC, SFU, UNBC, UBCO, UVIC Assistant Deans of Research Research institutes (e.g. VCHRI, Providence Health, WHRI, BCHRI) Academic department heads and centre/school directors Researchers in relevant scientific fields/subjects (e.g. social determinants of health, health inequities, emerging infectious diseases, pandemic preparedness, public health systems, health data science, health policy and governance, health communications, lab science, genomics)
Advisory groups and networks	Strategic Research Advisory Committee COVID-19 Clinical Research Coordination Initiative Post-COVID Interdisciplinary Clinical Care Network
Funders	Michael Smith Foundation for Health Research (and BCAHSN) Genome BC Health authorities' philanthropic partners (e.g. VGH-UBC Foundation) BC Women's Foundation BC Cancer Foundation BC Children's Foundation CIHR, SSHRC, NSERC Other community-based funding organizations (e.g. Vancouver Foundation)
Community-based groups and community interest organizations	Public Health Association of BC Patient groups, BC Support Unit Indigenous groups (e.g. Métis Nation, BC Association of Aboriginal Friendship Centres) Youth organizations (e.g. YouthCo) Representative groups for families, children
Provincial organizations and associations	Schools; BC Teachers Federation Tourism BC Business associations SafeCare BC, WorkSafe BC and similar Research Universities' Council of BC Health Officers Council of BC
Government	MOH, key branch leads/departments, ethics committee Other ministries or specific groups
Data	BC Observatory for Population and Public Health PopDataBC Data Science and Health (DASH) Cluster Government and health authority data initiatives, networks, platforms
National and International	Other comparable institutions in Canada (e.g. University of Toronto, McMaster University) Other comparable institutions internationally (e.g. MIDAS network) International leads in applied public health research and practice PHAC Canadian Public Health Association

**BCCDC FOUNDATION FOR PUBLIC HEALTH  
BC EMERGING PATHOGENS AND PANDEMICS INSTITUTE (BCEPPI)**

**JOINT ADVISORY BOARD TERMS OF REFERENCE**

**Overview**

The Government of British Columbia is making significant investments of \$15 million to Simon Fraser University (SFU) and \$10 million to the BCCDC Foundation for Public Health (BCCDC Foundation) to develop two complementary initiatives. SFU will form a provincial entity, the British Columbia Emerging Pathogens and Pandemics Institute (BCEPPI). BCEPPI will be a flagship research and training platform, bringing together scientists, educators, trainees, communities and public health institutions. The BCCDC Foundation, working in partnership with the BC Centre for Disease Control (BCCDC), will create a community of practice in applied public health research, driven by population and public health needs, with a health equity focus. Together, these initiatives are tasked with strengthening BC's capacity to prevent, prepare for, respond to, recover from, and be resilient to major infectious disease events that threaten to severely disrupt health and well-being in BC.

**Membership**

The Joint Advisory Board (JAB) is comprised of twelve members chosen to provide wide-ranging expertise and experience relevant to the vision and mission of this provincial initiative. Members are selected for their relevant experience and expertise, to be applied to support the strengthening of provincial public health capacity, rather than as advocates for a particular group or organization. Members will be required to declare any potential conflicts of interest relevant to the decision-making of BCEPPI and the BCCDC Foundation. The distribution of seats on the Board ensures appropriate representation across five pillars – research, training, practice, policy making and community engagement. Where possible, membership will seek to reflect broad representation by appropriate academic and practice disciplines, provincial health authority region, rural-urban communities, key population groups, and other agreed criteria. The number of members may be increased, or the distribution may be altered, over time as this joint initiative grows in scale and scope.

**Mandate**

The role of the JAB is to provide advice to support the BCCDC Foundation and BCEPPI in their mission to strengthen capacity within British Columbia to prevent, prepare for, and respond to major infectious disease risks and events.

The Board **may be** requested to advise on the following:

- overall strategy and direction
- recruitment strategies
- priority research, training, practice, policy and community needs to be addressed
- population/public health needs and priorities
- annual workplans and special initiatives
- ideas for strengthening practice and training to advance relevant public health capacities throughout BC
- strategic opportunities for knowledge translation and increasing policy impact
- potential opportunities to strengthen engagement and community impact
- management of available resources
- opportunities for sustainable funding

- other areas that may arise as the initiative is planned and implemented

### **Governance**

Board members are recommended and confirmed by the BCEPPI and BCCDC Foundation. The chairing of JAB meetings will be by a selected Board Member for a one-year term. JAB members will typically serve a two-year renewable term, with at least one-third renewal after each term. Terms may be renewed once for up to two years. The terms of reference will be reviewed annually by BCEPPI and the BCCDC Foundation.

### **Administration and Meetings**

The Secretariat for the JAB will alternate between BCEPPI and BCCDC Foundation. The Board will meet semi-annually (two times) per calendar year and additional as required. Members will have the option of meeting in person or virtually. The Executive Director or delegate will attend from BCCDC Foundation. The two Scientific Directors and Administrative Director will attend from BCEPPI. Additional attendees may be invited to specific meetings as needed.

### **Compensation**

Members will be compensated for reasonable travel and accommodation costs to attend JAB meetings. BCEPPI and the BCCDC Foundation will equally share these costs.

## **Draft “Clarifying Questions” in Response to the 90-day Plans Submitted by the BCCDC-F and SFU**

We propose feedback be framed in the form of clarifying questions that the Ministry has in response to the 90-day plans of both organizations:

### **Questions Common to both SFU and BCCDC Foundation**

#### **Question 1**

What formal mechanism will be in place to be supportive and responsive to the current and ongoing needs of existing public health infrastructure in the province, especially the Ministry of Health and BCCDC?

#### **Question 2**

How will you ensure feedback from consultations are meaningful? This would ideally include:

- A description of how feedback from the joint consultation process will be integrated into strategic planning, and how each group will be followed-up with to reflect how feedback was incorporated or the rationale for choosing not to act on feedback received; and
- A description of how feedback from the Joint Advisory Board will be integrated into strategic planning and ongoing decision-making processes.

#### **Question 3**

How will continued engagement with health system stakeholders be meaningfully integrated into operational decision-making beyond the 2022 strategic plan?

### **Questions Specific to Simon Fraser University – same questions as above, plus:**

#### **Question 4**

Given mention of SFU’s “approved provider” status with the Partnerships and Innovation Division of the Ministry of Health, please clarify the reimbursement expected upon rapid response requests from the Ministry, BCCDC, health authorities, and other public health organizations.

#### **Question 5**

How will BCEPPI create a mechanism to coordinate support from health researchers in advance of the next pandemic, so the best minds and solutions are quickly triaged and connected with the relevant health system leaders?

## RE: FOR REVIEW: SFU/BCCDC Feedback

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From: Saini, Manik HLTH:EX <Manik.Saini@gov.bc.ca>  
To: Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>  
Cc: Howse, Harvey HLTH:EX <Harvey.Howse@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 3, 2021 11:37:11 AM PDT  
Attachments: BCEPPI 90-Day MOH Report.June29 2021-merged-final.pdf, 1202033\_BCCDC Foundation\_MoH 90-day Plan\_June 30 2021 (004).pdf, MoH 90 day Feedback.docx  
Hi Lorie and Reka, re-circulating for comment with some minor tracked changes from Ian.

If you can let me know this week if you have additional edits, we'll incorporate into a letter to SFU and BCCDC-F.

Manik

---

**From:** Saini, Manik HLTH:EX  
**Sent:** July 22, 2021 12:04 PM  
**To:** Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>; Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>  
**Cc:** Howse, Harvey HLTH:EX <Harvey.Howse@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** FOR REVIEW: SFU/BCCDC Feedback  
**Importance:** High

Hi Ian, Lorie, and Reka,

After our discussion last week we have condensed your thoughts into the attached 'clarifying questions' for BCCDC-F and SFU. Please let us know if you have any feedback on these, and we will have separate response letters sent out under Ian's signature. The 90-day plans are also attached for context.

Many thanks,

Manik

Manik Saini | A/Executive Director, Research and Technology | Partnerships and Innovation | BC Ministry of Health | Ph: (778) 698-7238

-----Original Appointment-----

**From:** Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>  
**Sent:** June 24, 2021 9:46 AM  
**To:** Rongve, Ian HLTH:EX; Gustafson, Reka HLTH:IN; Hrycuik, Lorie HLTH:EX; Saini, Manik HLTH:EX  
**Cc:** Howse, Harvey HLTH:EX  
**Subject:** SFU/BCCDC Foundation Pandemic Research Funding Discussion - Reka Gustafson/Lori Hrycuik/Manik Saini/Ian Rongve  
**When:** July 14, 2021 1:00 PM-2:00 PM (UTC-08:00) Pacific Time (US & Canada).  
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.....

## **Draft “Clarifying Questions” in Response to the 90-day Plans Submitted by the BCCDC-F and SFU**

We propose feedback be framed in the form of clarifying questions that the Ministry has in response to the 90-day plans of both organizations:

### **Questions Common to both SFU and BCCDC Foundation**

#### **Question 1**

What formal mechanism will be in place to be supportive and responsive to the current and ongoing needs of existing public health infrastructure in the province, especially needs identified by the Ministry of Health and BCCDC?

#### **Question 2**

How will you ensure feedback from consultations are meaningful? This would ideally include:

- A description of how feedback from the joint consultation process will be integrated into strategic planning, and how each group will be followed-up with to reflect how feedback was incorporated or the rationale for choosing not to act on feedback received; and
- A description of how feedback from the Joint Advisory Board will be integrated into strategic planning and ongoing decision-making processes.

#### **Question 3**

How will continued engagement with health system stakeholders be meaningfully integrated into operational decision-making beyond the 2022 strategic plan?

### **Questions Specific to Simon Fraser University – same questions as above, plus:**

#### **Question 4**

Given mention of SFU’s “approved provider” status with the Partnerships and Innovation Division of the Ministry of Health, please clarify the reimbursement expected upon rapid response requests from the Ministry, BCCDC, health authorities, and other public health organizations.

#### **Question 5**

How will BCEPPI create a mechanism to coordinate support from health researchers in advance of the next pandemic, so the best minds and solutions are quickly triaged and connected with the relevant health system leaders?

## Ministry of Health Response - 1204846

---

From: HLTH PIDDOCS HLTH:EX <HLTH.PIDDOCS@gov.bc.ca>  
To: XT:SFU, VP Research AEST:IN <vpri@sfu.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>, Saini, Manik HLTH:EX <Manik.Saini@gov.bc.ca>  
Sent: August 10, 2021 9:50:24 AM PDT  
Attachments: 1204846 ONeil.pdf

Good morning,

Attached please find correspondence from Dr. Ian Rongve, Assistant Deputy Minister of the Partnerships and Innovation Division, British Columbia Ministry of Health.

*This e-mail is intended solely for the person or entity to which it is addressed and may contain confidential and/or privileged information. Any review, dissemination, copying, printing or other use of this e-mail by persons or entities other than the addressee is prohibited. If you have received this e-mail in error, please contact the sender immediately and delete the material from any computer.*



August 9, 2021

Ref: 1204846

Dr. Dugan O'Neil  
Vice President, Research and International (pro-tem)  
and Professor of Physics  
Simon Fraser University  
8888 University Dr  
Burnaby BC V5A 1S6

Dear Dr. O'Neil:

Thank you for submitting *BC Emerging Pathogens and Pandemics Institute Report to Ministry of Health*, which was received on June 29, 2021. I appreciate the open communication that has taken place between our teams. Upon review of the submission, some further clarification is required and, therefore, I would appreciate your office providing a written response to the following questions:

#### **Question 1**

What formal mechanism will be in place to be supportive and responsive to the current and ongoing needs of existing public health infrastructure in the province, especially needs identified by the Ministry and the BC Centre for Disease Control?

#### **Question 2**

How will you ensure feedback from consultations are meaningful? This would ideally include:

- A description of how feedback from the joint consultation process will be integrated into strategic planning, and how each group will be followed-up with to reflect how feedback was incorporated or the rationale for choosing not to act on feedback received; and
- A description of how feedback from the Joint Advisory Board will be integrated into strategic planning and ongoing decision-making processes.

#### **Question 3**

How will continued engagement with health system stakeholders be meaningfully integrated into operational decision-making beyond the 2022 strategic plan?

#### **Question 4**

Given mention of Simon Fraser University's "approved provider" status with the Partnership and Innovation Division of the Ministry of Health, please clarify the reimbursement expected upon rapid response requests from the Ministry, BC Centre for Disease Control, health authorities and other public health organizations.

...2

**Question 5**

How will BCEPPI create a mechanism to coordinate support from health researchers in advance of the next pandemic, so the best minds and solutions are quickly triaged and connected with the relevant health system leaders?

Thank you for your continued coordination in this process to ensure outcomes are as impactful as possible for British Columbians.

Sincerely,



Ian Rongve, Ph.D.

Assistant Deputy Minister

pc: Dr. Bonnie Henry, Provincial Health Officer, Ministry of Health  
Dr. Réka Gustafson, Vice President, Public Health and Wellness, Provincial Health Services Authority, and Deputy Provincial Health Officer  
Dr. Lorie Hryciuk, Executive Lead, Population and Public Health, Ministry of Health  
Mr. Manik Saini, Acting Executive Director, Research and Technology, Partnerships and Innovation Division, Ministry of Health

## BCCDC Foundation MOH Letter Response

---

From: Kerr, Kristy [BCCDC] <Kristy.Kerr@bccdc.ca>  
To: Schuckel, Victoria M HLTH:EX <Victoria.Schuckel@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Hryciuk, Lorie HLTH:EX <Lorie.Hryciuk@gov.bc.ca>, Saini, Manik HLTH:EX <Manik.Saini@gov.bc.ca>, Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>, Young, Lisa [BCCDC] <lisa.young1@bccdc.ca>, Henderson, Marianne [BCCDC] <marianne.henderson@bccdc.ca>  
Sent: September 2, 2021 12:54:40 PM PDT  
Attachments: FINAL\_BCCDCF\_MOH Feedback Response Letter\_Sept 2 2021.pdf

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Dear Victoria,

Please find attached the BCCDC Foundation for Public Health letter in response to Dr Rongve's letter dated August 9, 2021. Please let me know if you require any further detail at this stage.

I look forward to connecting soon.

Many thanks,  
Kristy

**Kristy Kerr**, BSc, MPH-HP | Executive Director

**BCCDC Foundation for Public Health**

*Working in partnership with the BC Centre for Disease Control*

655 W 12th Ave | Vancouver, BC V5Z 4R4  
(604) 707-2478 | [kristy.kerr@bccdc.ca](mailto:kristy.kerr@bccdc.ca)

Stay in touch [www.bccdcfoundation.org](http://www.bccdcfoundation.org) | @bccdcfoundation | #ActivateHealth

*We are grateful to work and live on the unceded and traditional lands belonging to the Musqueam, Squamish, and Tsleil-Waututh peoples. We commit to addressing inequities that have harmed Indigenous Peoples, and improving public health for all in British Columbia and beyond.*



## BCCDC Foundation *for* Public Health

September 2, 2021

BC Ministry of Health  
1515 Blanshard Street  
Victoria BC V8W 3C8

### **Re: Response to Letter Ref 1204849**

Dear Dr Rongve,

Thank you for your letter. We also appreciate the open conversation between our teams, and I welcome the opportunity to respond to your questions, on behalf of the BCCDC Foundation for Public Health. Please see our answers below that I trust will provide you with further detail and clarification.

#### **Question 1:**

*What formal mechanism will be in place to be supportive and responsive to the current and ongoing needs of existing public health infrastructure in the province, especially needs identified by the Ministry of Health and BCCDC?*

#### **Response:**

As a public health organization, it is our responsibility to be responsive and supportive to public health, and to collaborate with public health stakeholders to ensure that our priorities are driven by the current and ongoing population and public health needs of BC. It is critical now more than ever that we ensure alignment with, and support for, the Province, the Ministry of Health (MOH), and the BC Centre for Disease Control (BCCDC). There are several layers and mechanisms through which this happens, and areas we are strengthening.

We have existing mechanisms in place that support collaboration with BCCDC. Currently BCCDC Foundation leadership meets regularly with BCCDC leadership. We also have an Advisory Group that has been in existence for a number of years. This group meets with the Board of Directors, including the Executive Director (ED), quarterly, or ad hoc as needed. This group can also work directly with the ED, as needed. We are in the process of strengthening the membership of the Advisory Group to enable enhanced collaboration and opportunities for direction-setting. This level of collaboration ensures BCCDC Foundation funding and other

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## BCCDC Foundation *for* Public Health

priorities are responsive, timely, and appropriate. Furthermore, the BCCDC Foundation ED will have membership on any new BCCDC research and strategic advisory councils that may be developed to ensure that we remain in sync on direction and priority-setting. These groups offer reciprocal relationships allowing us to remain in sync across priority-setting, and in a timely fashion.

To enhance our relationships with the MOH, and across this new initiative with the BC Emerging Pathogens and Pandemics Institute (BCEPPI), the creation of a Coordinating Committee is underway. This will ensure coordination between the two new initiatives, MOH, the Provincial Health Officer (PHO), and the BCCDC. This committee will provide a formal mechanism to identify and discuss current and ongoing needs of the province related to the mandates of the BCCDC Foundation and BCEPPI initiatives, to prioritize those needs, and to inform actions on how the two initiatives will be supportive and responsive. It is referred to as a "coordinating" committee to recognize the independence of the various partners and to provide a forum for ensuring there is a necessary interface among relevant organizations. This committee will be synergistic with the Joint Advisory Board (JAB), which will provide scientific guidance and advice.

Through consultation processes (more below), we will uncover other groups we may have regular touchpoints with, for example the Public Health Leadership Committee, and others as may arise over the coming months. Discussions with key stakeholders will guide some of these key relationships and how best to support ongoing collaboration. Lastly, the JAB will offer another layer of guidance and continuing to develop this committee is a key outcome of the next phase of work.

### **Question 2:**

*How will you ensure feedback from consultations are meaningful? This would ideally include:*

- *A description of how feedback from the joint consultation process will be integrated into strategic planning and how each group will be followed-up with to reflect how feedback was incorporated or the rationale for choosing not to act on feedback received; and*
- *A description of how feedback from the Joint Advisory Board will be integrated into strategic planning and ongoing decision-making processes.*

### **Response:**

The BCCDC Foundation and BCEPPI have been developing our new partnership during the previous six months and we are working together to establish a positive working relationship with provincial public health leadership, which we anticipate will broaden in scope in the coming months. We will then extend our consultations to the broader health sector to ensure

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## **BCCDC Foundation *for* Public Health**

our work benefits from the perspectives of key stakeholders. The focus of our consultative work is to seek strategic input on ways we can assist to strengthen provincial capacities to understand, prepare for, and respond to emerging pathogens and pandemics through research, training, infrastructure, knowledge translation, and other capacities that will enhance the research-practice-policy interface, as well as areas of intersection with BCEPPI. A critical aim is to ensure that we are complementing the work of existing stakeholders—we do not want to duplicate efforts but rather create synergies and build on existing strengths while filling potential gaps.

We will ensure feedback from consultations are meaningful by conducting the process in phases, rather than a “one and done” approach, beginning with prioritizing provincial public health leadership. We will include seeking one-on-one discussions with the PHO and BCCDC leadership to begin; these initial consultations will guide next steps and subsequent phases, and in this way enhance the engagement so that it is authentically driven by our goal for meaningful and appropriate feedback.

With any feedback, we will articulate to both stakeholders and advisers, where and how their inputs have been reflected in operational decisions and planning. With the addition of the JAB and a Coordinating Committee, we are well-placed and experienced to collect advice to inform implementation of feedback, and to have ongoing conversations.

The BCCDC Foundation ensures our priorities are based on current population and public health needs; thus, incorporating feedback will be second nature, and working closely with BCCDC and public health experts is already ‘in our DNA’, i.e. we value ongoing feedback and iterative dialogue to ensure the Board and leadership have access to key advisors and strategic and operational decision-making can be grounded in public health (e.g. Advisory Group). Furthermore, the Executive Director (ED) is a public health practitioner and able to act as a conduit between the Board, BCCDC, BCEPPI, and other key stakeholders.

The BCCDC Foundation strategic plan is due for renewal in 2022 and this is very timely. In the same way that early consultations and stakeholder engagement will guide operational and programmatic planning and decision-making, this will also set us up for great success as we plan for and undertake our organizational strategic planning processes to come—this new initiative not only aligns with our mandate and existing programs, it will play a pivotal role in our organizational planning over the next few years. Having access to the new JAB will also enable another layer of advice to ground our forward thinking for the organization.

We recognize a need for short- medium- and long-term plans over the next five years, but we also recognize that we must remain responsive to changing needs of public health priorities, and the current pandemic. We will therefore ensure good planning processes are in place, but that we also remain nimble in our responsiveness to public health in BC.

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## BCCDC Foundation *for* Public Health

### Question 3:

*How will continued engagement with health system stakeholders be meaningfully integrated into operational decision-making beyond the 2022 strategic plan?*

### Response:

Similarly to Question 1, as a public health organization working within the system, with existing relationships and partnerships, engagement is already part of our work and how we develop priorities and ensure we're following the public health needs in BC. It is through our intersections and synergies with BCCDC that we can align across shared goals, and a shared vision.

Currently we are spending effort creating good mechanisms, systems, and processes. We will also remain flexible and nimble to the need for new or revised mechanisms to make sure we remain responsive over the next five years. To that end, it will be important to build in iterative engagement processes over the coming years, to have consistent advisory committees, and to create good reporting mechanisms with the MOH that are reciprocal and collaborative in nature and can keep the connection between organizations and priorities strong.

Through the initial consultation work, we will gain insights into the most effective means both of engaging with a broader set of public health stakeholders, and of following through on that engagement with meaningful integration into planning and activities. Given the number and diversity of health system stakeholders in BC, it will be important that during our initial phase of engagement we identify which key stakeholders should be consulted on a priority basis, and where these consultations may also align with BCEPPI—the Coordinating Committee can provide guidance on this, and the JAB will fill this role as well. In addition, annual planning can incorporate ongoing engagement with stakeholders, which the JAB and Coordinating Committee will help to inform.

Possible useful ways to effect genuine and lasting engagement will be explored in the initial phases of consultation, as we will learn a great deal in that process of relationship-building. We expect to gather insights on specific mechanisms for the purpose of reviewing our ongoing engagement-feedback-implementation cycle and to offer input specifically on engagement to BCCDC Foundation and BCEPPI leadership, to ensure effectiveness, responsiveness, collaboration, and inclusion.

We remain committed to ongoing stakeholder engagement and transparent feedback that we can incorporate iteratively and adaptably to ensure we are consistently responsive and supportive to population and public health needs in BC. Again, the relevant bodies and

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## BCCDC Foundation *for* Public Health

processes discussed above will support and guide us, and we remain open to developing channels for further commentary and suggestions.

In closing, thank you for the opportunity to respond to the above questions. We feel it is important for our success, and the success of this new initiative, to continue to be responsive and collaborative as we address response and recovery for the current pandemic, and as we look ahead to planning for the more immediate, and longer-term future.

Sincerely,

Kristy Kerr  
Executive Director  
BCCDC foundation for Public Health

cc: Dr. Bonnie Henry, Provincial Health Officer for the Province of BC  
Dr. Réka Gustafson, Vice President, Public Health and Wellness, Provincial Health Services Authority, and Deputy Provincial Health Officer  
Dr. Lorie Hryciuk, Executive Lead, Population and Public Health, Ministry of Health  
Mr. Manik Saini, Acting Executive Director, Research and Technology, Partnerships and Innovation Division, Ministry of Health  
Ms. Victoria Schuckel, Executive Director, Research and Technology, Ministry of Health

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## Fwd: SFU(BCEPPI) Agreement Schedule A.docx

---

From: Bonnie Henry <sup>s.22</sup>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: September 8, 2021 5:40:48 PM PDT  
Attachments: SFU(BCEPPI) Agreement Schedule A.docx

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From: **Perry Kendall** <sup>s.22</sup>  
Date: Wed, Sep 8, 2021 at 3:27 PM  
Subject: SFU(BCEPPI) Agreement Schedule A.docx  
To: Bonnie Henry <sup>s.22</sup>, Reka Gustafson <sup>s.22</sup>

FYI in case we need to reference in the call this afternoon  
Perry

Perry Kendall CM  
OBC FRCPC  
Sent from my iPhone

## **Schedule A: PROGRAM DESCRIPTION AND DATES**

- A.1 Program Title: BC Emerging Pathogens and Pandemics Institute
- A.2 The Commencement Date is on the signing of this agreement
- A.3 The Completion Date is no later than March 31, 2024.
- A.4 The Program will consist of the following:

An interdisciplinary centre/institute with a public health focus that will serve as a locus for coordination and conduct of research. The mandate will be guided by emerging infections, the pandemic response and will include four major activities:

- To learn from public health responses to current/past pandemics and infectious disease outbreaks (immediate)
- To provide standing capacity for rapid research response to emerging pandemics and infectious disease outbreaks
- To provide training and education on pandemic monitoring and response; and,
- To rapidly mobilize knowledge for evidence-informed public policy and health decision making.

The work of BCEPPI, in collaboration with key partners, will be focused on strengthening research capacity in the province to prevent, prepare for, and respond to major infectious disease events. The institute will be a collaborative initiative that will engage, support, integrate and amplify data, research and expertise across BC.

### **Key Objectives**

1. convene, generate and share critical knowledge that strengthens BC's capacities;
2. apply this knowledge in collaboration with BCCDC and other public health partnerships across the province, to enhance the research-practice continuum and build capacity in rapid response, knowledge translation (KT), public engagement, and governance/decision-making;
3. support robust multi-sectoral and whole-of-government responses to major infectious disease events, learning from past and current pandemic responses;
4. provide rapid analytical response on emerging pathogens and major infectious disease events including pandemics, and create standing capacity for such response;
5. build core public health capacities through research, training, and educational opportunities;
6. catalyse interdisciplinary and multi-sectoral collaborations between researchers, practitioners, and knowledge users; and
7. generate and mobilize knowledge for evidence-informed decision-making that strengthens resilience and preparedness in individuals and communities throughout BC.

Activities supported by this investment will be guided by the following principles:

- a. strengthen the practice of public health in tangible and direct ways that support the health of communities across the Province;
- b. aid and strengthen the modernization of the BCCDC, including the provincial lab;
- c. both inform, and be informed by, the national and global public health research base; and undertake data infrastructure development only after discussion with the BCCDC and the Ministry of Health.

## Fwd: Updated note for B&R Sept 6 2021.pdf

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From: Bonnie Henry <sup>s.22</sup>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: September 8, 2021 5:42:43 PM PDT  
Attachments: Updated note for B&R Sept 6 2021.pdf

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From: **Perry Kendall** <<sup>s.22</sup>>  
Date: Mon, Sep 6, 2021 at 4:10 PM  
Subject: Updated note for B&R Sept 6 2021.pdf  
To: Bonnie Henry <<sup>s.22</sup>>, Reka Gustafson <sup>s.22</sup>

As mentioned in the VM I left you both. Vicki and I are available for follow up call

Perry Kendall CM  
OBC FRCPC  
Sent from my iPhone

Page 091 of 160 to/à Page 095 of 160

Withheld pursuant to/removed as

s.13

## Fwd: BCEPPI-90dayreport-June30 2021. COMMENTS ADDED.pdf

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From: Bonnie Henry <s.22>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: September 8, 2021 5:42:57 PM PDT  
Attachments: BCEPPI-90dayreport-June30 2021. COMMENTS ADDED.pdf

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From: **Perry Kendall** <s.22>  
Date: Mon, Sep 6, 2021 at 4:12 PM  
Subject: BCEPPI-90dayreport-June30 2021. COMMENTS ADDED.pdf  
To: Bonnie Henry <s.22>, Reka Gustafson <s.22>

Perry Kendall CM  
OBC FRCPC  
Sent from my iPhone

## **BC EMERGING PATHOGENS AND PANDEMICS INSTITUTE REPORT TO MINISTRY OF HEALTH**

It was agreed that, within 90 days of the receipt of funding, Simon Fraser University (SFU) will provide additional information to the BC Ministry of Health on the creation of the BC Emerging Pathogens and Pandemics Institute (BCEPPI). This report sets out this information in relation to Recommendation 5.

s.13

### **1. DESCRIPTION OF EXISTING OR PLANNED MECHANISMS FOR CONNECTING ACROSS PUBLIC HEALTH**

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BCEPPI will seek to be a “flagship research and training platform, bringing together scientists, educators, trainees, ~~communities and public health institutions,~~” contributing to “strengthening BC’s capacity to prevent, prepare for, respond to, recover from, and be resilient to major infectious disease events that threaten to severely disrupt health and well-being” in the province. To achieve this vision, we have begun to establish or plan the following mechanisms for connecting to relevant parts of the public health community in BC.

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#### **BCEPPI Governing Board**

BCEPPI will be governed by a Governing Board whose mandate will be to provide oversight and steward the Institute (Appendix A: BCEPPI Governance Structure). The Board will comprise a minimum of six (6) Directors who will serve one- to three-year terms, renewable for a second term. Directors will represent SFU, other leading BC universities and provincial health authorities.

s.13

### **Joint Advisory Board (JAB)**

A Terms of Reference has been drafted for a JAB to provide scientific and technical advice on the activities of BCEPPI and BCCDC Foundation for Public Health (BCCDCF).

Twelve members will be invited, in consultation with the MOH and other key stakeholders, that represent wide-ranging expertise and experience relevant to the combined vision and mission of the two initiatives.

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The distribution of seats on JAB will ensure appropriate representation of research, training, practice, policy making and community engagement.

s.13

Where possible, membership will reflect broad representation of appropriate academic disciplines, provincial health authority regions, rural-urban communities, and diverse population groups. Equity, diversity and inclusion criteria will also be applied. We may seek to include national and international representation.

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The number of members may be increased over time if this joint initiative grows in scale and scope. Potential JAB members will begin to be identified in July 2021, with the aim to have the full group active and functioning by December 2021 (Appendix B: Draft Joint Advisory Board Terms of Reference).

### **BCEPPI Affiliates Program**

Faculty and research scientists, public health practitioners, trainers and trainees, policy makers and community organizations across the province and beyond will be invited to apply to become affiliated with BCEPPI. This will include grantees and trainees of BCCDCF/BCCDC to ensure close collaboration. Affiliates will be linked to one or more priority research pillars or research service platforms. The potential contributions of affiliates to BCEPPI, and the potential benefits to be received, has been agreed along with a

process of application and criteria for adjudication (Appendix C: BCEPPI Affiliates Program Application Process).

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### **Meetings with Provincial Health Authorities**

BCEPPI has begun informal consultations with selected parts of provincial health authorities. On May 21, 2021, BCEPPI Scientific Directors met with Deanne Taylor (Corporate Director Research, Interior Health), who attended on behalf of the research directors for the five regional health authorities. The meeting was held to brief her on the funding of BCEPPI and to seek advice on potential mechanisms for supporting research and training within the five regional health authorities. A follow-up meeting was held on June 18, 2021 with the research directors of the five health authorities, BCEPPI Scientific Directors and Kristy Kerr (Executive Director, BCCDCF). The meeting discussed further examples of potential collaborations between BCEPPI, BCCDCF and regional health authorities. Initial meetings with the research directors of the First Nations Health Authority (FNHA) and Provincial Health Services Authority (PHSA) are planned for July/August.

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Potential mechanisms for connecting with health authorities are likely to include:

- affiliation of health authority researchers with research pillars in BCEPPI
- application of affiliated health authority researchers for BCEPPI internal funding calls
- application by any health authority researchers to BCEPPI and joint BCEPPI-BCCDCF open funding calls
- participation of health authority researchers and other staff in BCEPPI training activities
- placement of BCEPPI highly qualified personnel (HQP) in health authorities
- provision of analytical and KT services by BCEPPI platforms to health authorities if requested

s.13

- **HOW BCEPPI PLANS TO BE RESPONSIVE TO THE NEEDS OF THE PROVINCE, THE HEALTH AUTHORITIES, AND THE PROVINCIAL HEALTH OFFICER**

s.13

As a priority, BCEPPI will seek to enhance the interface between research and policy in relation to provincial capacity to address emerging pathogens and pandemics. This includes immediate term needs, as the province continues to respond to the COVID-19 pandemic, as well as medium to longer term needs.

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For this purpose, BCEPPI has begun to establish Research Service Platforms and Research Pillars to achieve this.

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### **Research Service Platforms**

BCEPPI will create three platforms to provide priority research services that are responsive to the needs of the province, health authorities, the Provincial Health Officer (PHO), Crown Corporations, Medical Health officers and other organizations seeking analytical and KT expertise related to emerging pathogens and pandemics.

s.13

Each platform will operate collaboratively with relevant partners; we are currently in discussions with the BCCDC Foundation and the BCCDC to determine alignment and collaboration across these platforms.<sup>s.13</sup> Each platform will be led by a Coordinator, appointed as a University Research Associate with PhD-level qualifications, who will provide technical knowledge and coordination skills. The *Platform Coordinator* will be responsible for managing the workplan of the platform and bringing together the required expertise to fulfill this workplan from BCEPPI scientists, affiliated members and HQPs. The Platform Coordinator will also provide skills and methods training to HQPs and any affiliated members of BCEPPI.

It should be noted that the three platforms will be available to provide analytical and KT services in rapid response mode to meet the needs of the province, health authorities and Provincial Health Officer,<sup>s.13</sup>

s.13

SFU has now qualified as an approved provider to “conduct comprehensive literature searches and syntheses to identify and summarize research evidence” for the Partnerships & Innovation Division (PID) of the Ministry of Health. Thus, where requests are relevant to the mission of BCEPPI, the relevant platform will provide rapid response services as contracted. Completion of a contract will fall within a 30-day or less rapid response timeframe. In addition, BCEPPI platforms will offer rapid response services to other public health agencies and organizations as requested. Platform Coordinators will be required to prioritize rapid response services to ensure fulfilment of urgent needs. Content expertise for requests will be provided through BCEPPI research pillars (scientists, affiliates and HQPs).

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a) Evidence Synthesis and Analysis Platform – This platform will provide a range of services that apply methods of identifying, selecting and combining results from multiple studies for a defined purpose. The types of reviews to be offered include systematic reviews, literature (narrative) reviews, scoping reviews or evidence maps, rapid reviews, umbrella reviews and meta-analyses. Immediate and longer-term needs for evidence synthesis will be served through this platform. Training courses, to strengthen capacity for using these methods and applying their results across the BC public health system, will also be developed and delivered.

s.13

b) Data Analytics and Modelling Platform - BCEPPI will draw on a growing critical mass of research and analytical capacity in BC and across Canada in the areas of infectious disease data science and modelling, to offer research services in the quantitative analysis and estimation for emerging pathogen and pandemic-related data, estimation in infectious disease, and mathematical modelling of emerging pathogen and infectious disease dynamics. The platform will enable public health and other institutions across the province to have rapidly-developed, customized, locally-relevant modelling and data analytics to support forecasting and planning, operations, risk assessment and decision-making in the domain of emerging pathogens, pandemics and infectious disease.

s.13

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The platform will build on and interface with the evidence synthesis and analysis platform where appropriate, for example in quantifying the state of knowledge and uncertainty underpinning a modelling or analysis task, and obtaining model inputs. It will allow for quantitative integration and synthesis of diverse streams and forms of data. BCEPPI will leverage the expertise of the Canadian Network for Modelling in Infectious Disease (CANMOD; [www.canmod.net](http://www.canmod.net)), a two-year NSERC-funded national network in infectious disease modelling jointly led by SFU and McMaster University.

- c) Knowledge Translation and Public Engagement Platform – BCEPPI will work closely with BCCDCF and BCCDC to create a platform to support KT and public engagement on emerging pathogens and pandemics aligned with provincial needs.

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The platform will support activities that enhance and optimize knowledge creation that directly informs public health action.

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This will be achieved through:

- i) consultation to identify provincial needs and priorities that guide knowledge inquiry; s.13
- ii) involvement of stakeholders to maximize relevancy of research design, activities and synthesis of outputs; s.13

- iii) informing and **empowering stakeholders** to collaborate on relevant KT outputs that translate results into actions;
- iv) monitoring of the uses of these outputs; and s.13
- v) evaluation of impacts and outcomes in ways that refine and re-evaluate research or actions as needed. s.13

s.13

These steps will be informed by a Knowledge Translation Protocol (KTP) that:

- i) links research findings with appropriate target audiences;
- ii) identifies audience characteristics (e.g., level of education, language, cultural beliefs about health, age and other demographic factors) and system factors (e.g., provider communication skills, clinic environment) that impact health literacy, in order to optimize suitability of content and design (e.g., level of language, stigma, cultural and social appropriateness, colour) and delivery modes (e.g., conference presentations, publications, one-page briefs, infographics, webpages, videos, press releases, online courses);
- iii) identifies KT objectives as they relate to the original research question and align content, format, and delivery accordingly;
- iv) identifies existing dissemination opportunities (e.g., dissemination channels) and barriers (e.g., communications policies) and identify solutions;
- v) creates KTP evaluation strategies suitable to target audience and assess impact; and
- vi) bases on evaluation results, modify KTP or dissemination methods overall or where needed for specific projects.

### Research Pillars

BCEPPI will advance work programs based on *priority themes* through Research Pillars. The Institute will initially support six pillars, with additional pillars to be added over time as opportunities and resources allow. The themes for four pillars have been identified, with the themes of two remaining pillars (e.g. Indigenous Health, infectious disease epidemiology, health systems) to be finalized after the joint consultation and strategic plan is completed.

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Each pillar will be composed of a Pillar Lead, affiliated individuals and organizations, and HQPs. The pillars will be provided a designated budget to define a work program, identify projects, organize collaborating and networking activities including with other pillars, develop and distribute training resources, and support funding calls. The *work programs* will be responsive to immediate and longer-term needs.

Activities may include: s.13

- embedded and collaborative *research projects* that link BCEPPI scientists, affiliates and HQPs with priority needs in BC
- integrated multi-expertise teams focused on addressing problems of public health priority through bringing together a range of BCEPPI expertise
- *fellowships and internships* will be established to support HQPs as part of strengthening provincial capacity
- *training workshops* will be developed and delivered to relevant personnel across the province
- *on-line resources* will be created and made openly available (e.g. methodological tools, public-facing data, briefing notes, protocols, guidelines)
- *networking and collaboration events* will be organized to bring people together across the public health community and beyond
- *public and professional development events* will be held on-line and in person to facilitate knowledge translation (KT) and public engagement
- *internal funding calls* (\$30-50k) to support projects conducted by affiliated scientists and HQPs
- *open competition funding calls* (\$100-150k) to support projects that meet a priority need within the province related to strengthening BC's capacity to respond to emerging pathogens and pandemics. The calls will need to demonstrate impact across at least two of the following – research, practice, training, policy or community engagement. As needed, BCEPPI will explore working with the Michael Smith Foundation for Health Research when appropriate to administer these calls.

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The Research Pillars under development, and the personnel recruited to date, are:

a) Health and Risk Communication

Lead: Dr. Anne-Marie Nicol (<https://www.sfu.ca/fhs/about/people/profiles/anne-marie-nicol.html>)

This pillar is concerned with the key role of risk communication prior to, during and after major public health events. This includes the problems associated with the so-called “infodemic” (mis/disinformation), the challenges of social media, and the importance of communication in public understanding of science and policy. This pillar will build on activities initiated by SRAC during the COVID-19 pandemic in this subject domain.

b) Health and Social Inequities

Lead: Dr. Julia Smith (<https://www.sfu.ca/fhs/about/people/profiles/julia-smith.html>)

HQP: Alice Mūrage (Postdoctoral Fellow)

This pillar is concerned with social and economic inequities within the context of pandemic preparedness and response. Research will apply an intersectional approach that considers

how multiple social positions and identities (sex, gender, race, ethnicity, age, ability etc.) affect preparedness for, experiences of, and outcomes from large-scale infectious disease events. The aims of the pillar will be to: a) understand the relationships between social determinants of health and pandemics; 2) analyze how public health and social measures in response to such events interact with social determinants to mitigate or exacerbate inequities; and c) identify policy approaches that reduce the likelihood of social and economic inequities in future pandemics. This pillar will thus focus on the interactions across health, social and economic policy, with the aim of strengthening future pandemic preparedness and response in BC.

c) Emerging and Evolving Pathogens

Lead: Dr. Ben Ashby (TBC)

This pillar is concerned with the emergence of pathogens, the dynamics of their geographic dispersion and subsequent transmission, and the changing patterns of selection that influence their continued emergence and evolution. This pillar will draw on the lenses of infectious disease epidemiology and surveillance, respiratory viruses, zoonotics, evolutionary biology, data and modelling.

d) Analytics and data science for infectious disease

Lead: To be recruited

This pillar is concerned with the estimation of key infectious disease parameters, including estimation and analytics in real time as a pathogen or pandemic emerges. It will support estimation of the impacts of interventions and so will naturally link with the pillar on health and social inequalities. It will aim to establish the statistical methods and the “data science of emerging pathogens and pandemics” for application in BC and elsewhere.

### **3. TIMELINE FOR DELIVERING A STRATEGIC PLAN FOR BCEPPI AND PROCESS FOR PROJECT IDENTIFICATION**

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BCEPPI and BCCDCF will conduct a joint consultation process to review relevant activities within the province related to emerging pathogens and pandemics; identify research and training gaps and needs; listen to experiences of successes and failures; and gather ideas for programs and activities for strengthening the province’s capacity to respond effectively to future events. The purpose of this consultation process is also to begin to engage key stakeholders across the province about the new initiatives, identify priority needs, and gather best advice on ensuring connections across the public health community in BC.

The consultation will be led by an experienced consultant who will map key stakeholders; hold one-to-one meetings with public health leaders; conduct meetings (by invitation and open) with relevant constituencies such as scientists, health authorities, funders, government, public health practitioners, community groups); conduct a survey of public health practitioners, research scholars and scientists across BC higher education institutions and invite and review written submissions. A consultation report will be produced from this process. For BCEPPI purposes, this consultation process will provide the basis for the development of the 5-year Strategic Plan (2022-2026) setting out the vision, mission, goals and objectives. A description of the planned consultation and preliminary list of key stakeholders to be consulted is provided in Appendix D.

### **Box 1: Timeline for Joint Consultation Process**

July 2021	Recruit senior consultant
July-August 2021	Plan joint consultation process with BCCDCF
Sept-Oct 2021	Joint Consultation Process
December 2021	Final Consultation Report Draft BCEPPI Strategic Plan
January 2022	Circulate draft Strategic Plan to BCEPPI Governing Board, JAB and external reviewers
March 2022	Revise and finalize 5-year Strategic Plan (2022-2026)

The process for project identification, to be carried out under each Research Pillar and Research Service Platform, will be informed overall by the priorities identified by the consultation, and incorporated into the Strategic Plan. The goals and objectives set out in the Strategic Plan will serve as the framework for project development, with accompanying work plans, milestones and deliverables. Pillar Leads and Platform Coordinators will then be responsible for developing individual work programs and projects, working with affiliates across the province and coordinating with BCEPPI stakeholders. Collaborations across the BC public health system will be encouraged. Through these work programs, they will be closely engaged with the public health community across the province. Work programs will be regularly discussed within BCEPPI's Research Management Committee (Scientific Directors, Executive Director, Pillar Leads, Platform Leads) to ensure consistency with the Strategic Plan and approved annually by the Scientific Directors. Work programs will be reviewed by members of the Joint Advisory Board (meeting up to four times per year) and formally approved annually by the Governing Board.

### **ATTACHMENTS**

- Appendix A: BCEPPI Governance Structure
- Appendix B: Joint Advisory Board Terms of Reference
- Appendix C: BCEPPI Affiliates Program
- Appendix D: Joint Consultation Process

## Fwd: BN re BCEPPI 5.docx

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From: Bonnie Henry <sup>s.22</sup>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: September 16, 2021 4:39:46 PM PDT  
Attachments: BN re BCEPPI 5.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

----- Forwarded message -----

From: **Perry Kendall** <sup>s.22</sup>  
Date: Thu, Sep 16, 2021 at 10:47 AM  
Subject: BN re BCEPPI 5.docx  
To: Bonnie Henry <sup>s.22</sup> <[REDACTED]>, Reka Gustafson <sup>s.22</sup>  
CC: Vicki Farrally <sup>s.22</sup>

Attached please find the requested BN for briefing up. Please let me know if more information is needed.

Sent from my iPad

Page 108 of 160

Withheld pursuant to/removed as

s.13

**Fwd:** s.13

---

From: Bonnie Henry s.22  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: September 20, 2021 6:11:54 PM PDT  
Attachments: s.13

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

----- Forwarded message -----

From: **Perry Kendall** s.22  
Date: Mon, Sep 20, 2021 at 2:47 PM  
Subject: s.13  
To: Bonnie Henry <s.22> ; Reka Gustafson s.22  
CC: Vicki Farrally <s.22>

As discussed here are our suggested. s.13

Best

Perry

Note these materials sent to your personal emails until the material comes officially from your desks.

Perry Kendall CM  
OBC FRCPC  
Sent from my iPhone

Page 110 of 160 to/à Page 112 of 160

Withheld pursuant to/removed as

s.13

## Suggested Speaking Notes

---

From: Vicki Farrally <s.22>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Sandhu, Jatinder HLTH:IN <jat.sandhu@bccdc.ca>  
Cc: Perry Kendall <s.22>  
Sent: October 8, 2021 2:57:06 PM PDT  
Attachments: Speaking Points .docx, Simon Fraser University Duly Signed 2021.03.31.pdf

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

For your consideration, speaking notes attached.

Also, as quick follow up on our call - and completely validating Jat's perception of a different value system - Caroline just sent me a note to say that she and Kelly had reviewed a synopsis of BCEPPI i did for them in an effort to explain the context they needed to work in, and they conclude that :

*We are not overlapping with SPOR and AHSN because they are health services and patient focused, doing clinical trials, research ethics, health systems work (AHSN) and patient-oriented research (that's the POR in SPOR!)*

*We are not doing those things. Which is great, as they are already doing them!*

*Perhaps we can liaise with ANSH; there will be points where the two worlds overlap. For example, if we work towards reducing vaccine hesitancy in LTC health care workers, that intersects with health systems research. Modelling and stats with Fraser Health around what factors can be identified that made LTC homes at higher risk is in the domain of health systems, but Fraser has approached SFU.*

*But mainly, I don't see our work as needing to be closely situated with AHSN and SPOR's vision because we don't work in those domains.*

I think it is clear from this that don't understand the point of either BC-AHSN or SPOR, i.e. the research to policy/practice focus and participatory research paradigm and not about any type of content.

I draw your attention to the Transfer Agreement, Terms of Agreement, Stipulation, Section 3.5: *If, in the opinion of the Province, the recipient has failed to provide evidence satisfactory to the Province, in accordance with Section 4 (a) and 4(b) of this Agreement, the Province may terminate this agreement, effective immediately, and require the refund of all funds advanced to the recipient.*

I have attached the full agreement for your convenience.

Please let us know if you need anything more. Thanks. Vicki

--

Vicki Farrally MA, MSc.

Praxis Management Inc.

604 649 9670

## Suggested Speaking Points Governments Partnership Expectations

- Government gave SFU \$15 M to with an explicit purpose that is set out in the Schedule A, as follows:
  - *“The work of BCEPPI, in collaboration with key partners, will be focused on **strengthening research capacity in the province to prevent, prepare for, and respond to major infections disease events**. The institute will be a **collaborative initiative that will engage, support, integrate and amplify data, research and expertise across BC**.*
- Government provided the funding with the **expectation of establishing a modern Research Institute that works with government** to ensure **the translation of high quality applied public health research to policy and practice** – both to address the current the pandemic and future emerging pathogens.
- One important component is providing government with researcher capacity and coordination to address some of the specific questions and challenges that we are facing on a day-to-day basis. I understand that BCEPPI has proposed an **Evidence Synthesis and Analysis Platform** to respond to these needs. We need to agree the mechanics of how PHHO and BCCDC will access these resources.
- However, it is not intended that the partnership is limited to a “service relationship”, one that merely generates reviews or small research projects on request. Rather Government’s expectation is that BCEPPI becomes a modern relevant and responsive Research Institute.
- The Institute was not intended to be a traditional “silo” research center with its own solely internally determined agenda. Schedule A specifically highlights **partners, collaboration, and engagement**.
- These expectations are embedded in nearly ten years of extensive work undertaken by the MoH to establish the **BC Academic Health Sciences Network (BC-AHSN)**, with its **vision of modern researchers with close working relationships with policy makers and clinicians**.
- And they are completely consistent with over a decade of national and provincial investment in **SPOR (Strategy for Patient Oriented Research)** that has shifted the modern research paradigm to intentionally **include not solely researchers but also patients, publics, and policy makers in every aspect of research** - figuring out what the question is, designing the methodology, disseminating the results.
- **This is the modern research paradigm that Government assumes that SFU will step up to.**
- Clearly BCEPPI can't alone achieve the aim of **strengthening research capacity in the province to prevent, prepare for, and respond to major infections disease events**.
- There must be an ongoing **working partnership/relationship** between BCEPPI and Government and a **joint agenda**. It was not intended that SFU determine alone what is important to research or to disseminate.
- Developing a working partnership requires both parties to have the opportunity to understand where each other is coming from through ongoing and often frank -and also sometimes 'safe and private' -discussions.
- Government needs to have the opportunity to communicate its policy and clinical/practice challenges and constraints to BCEPPI. And these should largely - though

- not entirely by any means – help to influence and be reflected in BCEPPI’s focus and agenda.
- Developing this type of relationship is accomplished with regular meetings, interactions, consultations, and communications to ensure the sharing of ideas, issues and challenges, and to gain agreement on priorities.
  - These activities **do not infringe on professional or researcher autonomy** – rather they are essential to bring research and policy together – and that is the entire point of this endeavour.
  - In terms of Governance, there should not be any surprise with government’s expectation that the Institute is to be established as a collaborative organization, Board membership needs to be beyond SFU to include provincial Public Health Leadership and additional relevant BC academic institutions and - because we are in 2021 - First Nations representation.
  - Things clearly got off on the wrong foot over the past two months. Given the pandemic and our extensive responsibilities, finding the capacity within the OPHO and BCCDC to focus on this important initiative has been challenging. We recognize that our side of the partnership has been not as strong as we would have wanted.
  - But success is predicated on *everyone* coming to the table with **a willingness to figure out how to build a working partnership** to support the development of a modern Research Institute that is inclusive, collaborative and actively brings research and policy closer together.
  - I need your commitment to this.

This Transfer Agreement (Agreement) dated for reference the 25<sup>th</sup> day of March 2021

BETWEEN

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA,  
represented by the Minister of Health (the "Province")

AND

Simon Fraser University (The "Recipient")

For the BC Emerging Pathogens and Pandemics Institute (BCEPPI and/or the "Program")

WHEREAS:

- A. The Province has approved funding for the Program defined in this Agreement and such funding is to be paid by the Province to the Recipient pursuant to the Stipulations of this Agreement.
- B. The Recipient has met the eligibility criteria by providing information to government through discussions with Ministry of Health representatives.

#### DEFINITIONS

1. In this Agreement and its Schedules the following definitions apply:

"**Agreement**" means this Agreement and any schedules attached hereto;

"**Commencement Date**" means the date identified in Schedule A;

"**Contract**" means a contract between the Recipient and a Third Party whereby the latter agrees to contribute a product or service to the Program in return for financial consideration which may be claimed as an Eligible Cost;

"**Eligible Costs**" means all the direct and indirect costs properly and reasonably incurred by a Recipient or a Third Party on behalf of the Recipient with respect to the Program and is for public use or benefit and are incurred between the Program Commencement Date and the Completion Date;

"**Eligibility Criteria**" means the terms imposed by the Province and which must be met in order to qualify for funding;

"**Fiscal Year**" means the period beginning April 1 of a year and ending March 31 of the following year;

**"Transfer Agreement"** means a written agreement made between the Recipient and a Third Party, or an agreement between two or more Third Parties when authorized by the Recipient, whereby the Third Parties agree to contribute a product and/or service to the Program in return for a financial contribution. Such products or services must be consistent with the Eligible Costs of the Program;

**"Program"** means the Program described in Schedule A;

**"Stipulations"** mean the terms and conditions set out in this Agreement that must be met in order for the Recipient to retain the funds it receives for the Program; and

**"Third Party"** means any person or entity or its officers, employees or agents, other than a party to this Agreement that is involved in the Program.

## **SCHEDULES**

2. The Schedules to this Agreement are:

Schedule A Program Description and Dates

Schedule B Payment and Reporting Requirements

## **TERM OF AGREEMENT**

3. Notwithstanding the actual date of execution of this agreement, the term of this agreement begins on the Commencement Date and expires on March 31, 2024.

## **STIPULATIONS**

4. The Recipient agrees to:

(a) carry out the Program in a diligent and professional manner;

(b) continue to carry out the Program upon the signing of this Agreement;

(c) complete the Program no later than the Completion Date; and,

(d) provide evidence satisfactory to the Province that the Recipient has commenced work on the Program in accordance of section 4(a), and 4(b) of this Agreement. Such evidence may consist of financial statements of fundraising activity, if applicable or other evidence deemed appropriate by the Province.

5. If, in the opinion of the Province, the Recipient has failed to provide evidence satisfactory to the Province in accordance with section 4(a), and 4(b) of this Agreement, the Province may terminate this Agreement, effective immediately and require the refund of all funds advanced to the Recipient.

6. The Recipient will comply with all applicable laws.

7. The Recipient agrees to:

- (a) establish and maintain books of account, administrative records, invoices, receipts and vouchers for all expenses incurred in a form and content satisfactory to the Province;
- (b) permit the Province to inspect at all reasonable times, any books of account or records (both printed and electronic, including, but not limited to, hard disk), whether complete or not, that are produced, received or otherwise acquired by the Recipient as a result of this Agreement;
- (c) maintain all such accounts and records for a period of five years after the Completion Date;
- (d) ensure that all Contracts entered into by the Recipient with any Third Parties contain the provision in section 6 above; and
- (e) If requested by the Province, the Recipient will deliver within 90 days to the Province a copy of its audited Financial Statements for any period up to five years beyond completion and commissioning of the Program.

8. The Recipient will ensure that the financial contribution of the Province is to be used solely for the purpose of defraying the Eligible Costs incurred by the Recipient in carrying out and completing the Program as described in Schedule A.

9. The Recipient acknowledges that Eligible Costs that have received funding from any other federal or provincial sources may not be reimbursed under this Agreement, and that the Recipient agrees to promptly notify the Province in writing of any such duplicate funding received.

10. The Recipient acknowledges that it is not the agent of the Province and will do no act which might be construed as authorizing any contract or permitting any other liability or obligation to be incurred on behalf of the Province.

11. The Recipient will not make any material change in or to the Program as described in Appendix A without prior written consent of the Province; The Recipient will not make any material change in or to the intended use of the resulting Program as described in Appendix A, without prior written consent of the Province.

12. In the event the Funding exceeds the Recipient's requirements in respect of this Agreement the Recipient will notify the Province. The Province may require the excess funding to be returned or may permit the use of the excess funding as directed by the Province. Funds identified by the Province to be returned to the Province shall constitute a debt due to the Province.

## **OBLIGATIONS OF THE PROVINCE**

13. Provided the Recipient is in compliance with its obligations under this Agreement, the Province will pay the Recipient the amount and in the manner set out in Schedule B of this Agreement.

14. The Province will not have any obligation to provide a financial contribution under section 13 unless the Recipient has complied with the provisions set out in Schedule B.

## **COMMUNICATIONS**

15. The Recipient agrees that all public information material pertaining to the Program will clearly indicate that the Program is funded through the Province. The Recipient acknowledges that the Province requests at least 15 working days' notice of any scheduled communications material or public events relating to the Program.

16. All announcements will be co-ordinated with the British Columbia Government Communications and Public Engagement.

## **DEFAULT**

17. Any of the following events will constitute an Event of Default whether any such event be voluntary, involuntary or result from the operation of law or any judgment or order of any court or administrative or government body:

- (a) the Recipient fails to comply with any provision of this Agreement;
- (b) any representation or warranty made by the Recipient in connection with this Agreement is untrue or incorrect;
- (c) any information, statement, certificate, report or other document furnished or submitted by or on behalf of the Recipient pursuant to or as a result of this Agreement is untrue or incorrect; or,
- (d) the Recipient fails to provide positive confirmation that the Program has been completed by the Completion Date.

## **TERMINATION**

18. Upon the occurrence of any Event of Default and at any time thereafter the Province may, notwithstanding any other provision of the Agreement, at its sole option, elect to do any one or more of the following:

- (a) terminate this Agreement and the Recipient shall repay such amounts as determined by the Province, such amounts shall constitute a debt due to the Province;
- (b) pursue any other remedy available at law or in equity.

19. If the Province terminates this Agreement under paragraph 18 (a), then such termination may take place on ten (10) days' written notice.

#### **APPROPRIATION**

20. Notwithstanding any other provision of this Agreement, the payment of money by the Province to the Recipient under this Agreement is subject to:

- (a) there being sufficient monies available in an appropriation, as defined in the *Financial Administration Act* to enable the Province, in any fiscal year or part thereof when any payment by the Province to the Recipient falls due under this Agreement, to make that payment; and
- (b) Treasury Board, as defined in the *Financial Administration Act*, not having controlled or limited expenditure under any appropriation referred to in subsection (a) of this section.

#### **AUDIT**

21. In addition to any other rights of inspection the Province may have under statute or otherwise, the Province may at any reasonable time and on reasonable notice to the Recipient, enter on the Recipient's premises to inspect and, at the Province's discretion, copy any of the Material and the Recipient must permit, and provide reasonable assistance to, the exercise by the Province of the Province's rights under this section.

#### **NO FURTHER OBLIGATIONS**

22. The Recipient acknowledges that nothing in this Agreement will bind the Province to provide additional provincial funding for the development and on-going operational costs of the Program or any financing for any addition or improvement to the Program, or any cost overruns of the Program and that no partnership, joint venture or agency will be created or will be deemed to be created by this Agreement or any action of the parties under this Agreement.

#### **SURVIVAL OF TERMS**

23. Sections 7(b) and (c), 15, 18(a) and (b) or any other terms which by their nature or intent should continue after the term of this Agreement continue in force indefinitely, even after this agreement ends.

## NOTICE

24. (a) Any written communication from the Recipient to the Province must be mailed, personally delivered, faxed, or electronically transmitted to the following address:

Mr. Gordon Cross  
Executive Director, Regional Grants  
Ministry of Health  
6-1, 1515 Blanshard Street  
Victoria BC V8W 3C8

Email: [Gordon.Cross@gov.bc.ca](mailto:Gordon.Cross@gov.bc.ca)

Fax: 250-952-1420

(b) Any written communication from the Province to the Recipient must be mailed, personally delivered, faxed or electronically transmitted to the following address:

Aniko Takacs-Cox  
Director, Research Services

Simon Fraser University  
Discovery 2 – Room 230  
8900 Nelson way  
Burnaby BC V5A 4W9

Email: [ata26@sfu.ca](mailto:ata26@sfu.ca)

Fax: (778) 782-3477

Phone: (778) 782-5457

(c) Any written communication from either party will be deemed to have been received by the other party on the tenth business day after mailing in British Columbia; on the date of personal delivery if personally delivered; or on the date of transmission if faxed.

(d) Either party may, from time to time, notify the other by notice in writing of a change of address and following the receipt of such notice, the new address will, for the purposes of paragraph 23 (a) or (b) of this Agreement, be deemed to be the address or facsimile of the party giving such notice.

## MISCELLANEOUS

25. This Agreement will be governed by and construed in accordance with the laws of the Province of British Columbia.

26. The Schedules to this Agreement are an integral part of this Agreement as if set out at length in the body of this Agreement.

27. If any provision of this Agreement or the application to any person or circumstance is invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provision to any other person or circumstance will not be affected or impaired thereby and will be enforceable to the extent permitted by law.

28. Nothing in this Agreement operates as a consent, permit, approval or authorization by the Province or any ministry or branch thereof to or for anything related to the Program that by statute, the Recipient is required to obtain unless it is expressly stated herein to be such a consent, permit, approval or authorization.

29. The Recipient will not, without the prior, written consent of the Province, assign, either directly or indirectly, this Agreement or any right of the Recipient under this Agreement

30. All disputes arising out of or in connection with this Agreement will be referred to and finally resolved by arbitration pursuant to the Commercial Arbitration Act.

IN WITNESS WHEREOF each of the parties has executed this Agreement on the dates set out below.

SIGNED by the Minister of Health )  
or his or her duly authorized representative )  
on behalf of HER MAJESTY THE QUEEN IN )  
RIGHT OF THE PROVINCE OF )  
BRITISH COLUMBIA: )

  
\_\_\_\_\_  
Ministry's Authorized Signatory

Philip Twyford, CPA, C.Dir, MBA  
Executive Financial Officer and Assistant Deputy Minister  
Finance and Corporate Services

MAR 31 2021

Date: \_\_\_\_\_

Simon Fraser University - Office of Research Services

Per: \_\_\_\_\_



Dugan O'Neil, Vice-President, Research and International

Per: \_\_\_\_\_



Martin Pochurko, Vice-President Finance & Administration.

Date: March 30, 2021 \_\_\_\_\_

## **Schedule A: PROGRAM DESCRIPTION AND DATES**

A.1 Program Title: BC Emerging Pathogens and Pandemics Institute

A.2 The Commencement Date is on the signing of this agreement

A.3 The Completion Date is no later than March 31, 2024.

A.4 The Program will consist of the following:

An interdisciplinary centre/institute with a public health focus that will serve as a locus for coordination and conduct of research. The mandate will be guided by emerging infections, the pandemic response and will include four major activities:

- To learn from public health responses to current/past pandemics and infectious disease outbreaks (immediate)
- To provide standing capacity for rapid research response to emerging pandemics and infectious disease outbreaks
- To provide training and education on pandemic monitoring and response; and,
- To rapidly mobilize knowledge for evidence-informed public policy and health decision making.

The work of BCEPPI, in collaboration with key partners, will be focused on strengthening research capacity in the province to prevent, prepare for, and respond to major infectious disease events. The institute will be a collaborative initiative that will engage, support, integrate and amplify data, research and expertise across BC.

### **Key Objectives**

1. convene, generate, and share critical knowledge that strengthens BC's capacities;
2. apply this knowledge in collaboration with BCCDC and other public health partnerships across the province, to enhance the research-practice continuum and build capacity in rapid response, knowledge translation (KT), public engagement, and governance/decision-making;
3. support robust multi-sectoral and whole-of-government responses to major infectious disease events, learning from past and current pandemic responses;
4. provide rapid analytical response on emerging pathogens and major infectious disease events including pandemics, and create standing capacity for such response;
5. build core public health capacities through research, training, and educational opportunities;
6. catalyse interdisciplinary and multi-sectoral collaborations between researchers, practitioners, and knowledge users; and
7. generate and mobilize knowledge for evidence-informed decision-making that strengthens resilience and preparedness in individuals and communities throughout BC.

### **Activities supported by this investment will be guided by the following principles:**

- a. strengthen the practice of public health in tangible and direct ways that support the health of communities across the Province;
- b. aid and strengthen the modernization of the BCCDC, including the provincial lab;
- c. both inform, and be informed by, the national and global public health research base; and, undertake data infrastructure development only after discussion with the BCCDC and the Ministry of Health.

## **Schedule B: PAYMENT AND REPORTING REQUIREMENTS**

### **B.1 Financial Contribution by the Province:**

The Recipient, having met the Eligibility Criteria and agreeing to the Stipulations in this Agreement, the Province will make a financial contribution toward the Eligible Program Costs of the Recipient equal to \$15.0 million being the maximum amount of funding approved by the Province.

### **B.2 Timing of Payment to the Recipient:**

The Province will make one payment for its portion of the Eligible Costs that will become due and payable upon the signing of this Transfer Agreement.

### **B.3 Final Report:**

The Recipient agrees to provide to the Province a Final Program Status Report, in a form established by the Province.

NOTE: Reports submitted by the Recipient under the terms of this section are for the Province's information and Program accountability only, and their review by the Province in no way endorses, approves or verifies the findings, technical data, results, quality statements, representations or recommendations therein, and the Recipient warrants that all information contained in any report is true and correct.

### **B.4 Other Information:**

The Recipient will provide the Province, upon request, interim reports and all such other information concerning the progress of the Program to completion and payment of Eligible Costs, as may be required by the Province.

NOTE: Reports submitted by the Recipient under the terms of this section are for the Province's information and Program accountability only, and their review by the Province in no way endorses, approves or verifies the findings, technical data, results, quality statements, representations or recommendations therein, and the Recipient warrants that all information contained in any report is true and correct.

## Re: suggested plan for BCEPPI

---

From: Schuckel, Victoria M HLTH:EX <Victoria.Schuckel@gov.bc.ca>  
To: Sandhu, Jatinder HLTH:IN <jat.sandhu@bccdc.ca>  
Cc: Caroline Colijn <ccolijn@sfu.ca>, Vicki Farrally s.22, Kelley Lee  
<kelley\_lee@sfu.ca>, s.22 Henry, Bonnie HLTH:EX  
<Bonnie.Henry@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Henderson,  
Marianne [BCCDC] <marianne.henderson@bccdc.ca>, Kerr, Kristy [BCCDC] <Kristy.Kerr@bccdc.ca>  
Sent: October 28, 2021 5:23:34 PM PDT

Thanks for the prompt Jat and thank you for your note Caroline. Please count me in to support and engage MoH colleagues (in discussion with you) where this appropriate.  
Victoria

Sent from my iPhone

On Oct 28, 2021, at 4:06 PM, Sandhu, Jat [BCCDC] <jat.sandhu@bccdc.ca> wrote:

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Caroline,

Thanks for the below which is a good starting point to follow-up from our discussion the other week.

A few comments:

- Happy to work on the communications protocol and agree with need for group 1 to meet in the near term.
- Please include Kristy (copied here) to ensure alignment with the Foundation's rapid response intake process she is working on.
- Follow-up on the Director of Strategy and Operations position – would you like to circulate the JD as a potential secondment opportunity among public health community of practice?

Best,  
Jat

---

**From:** Caroline Colijn <ccolijn@sfu.ca>

**Date:** Wednesday, October 27, 2021 at 10:02 AM

**To:** Vicki Farrally s.22, Kelley Lee <kelley\_lee@sfu.ca>, "Sandhu, Jat [BCCDC]" <jat.sandhu@bccdc.ca>, "Schuckel, Victoria M HLTH:EX" <Victoria.Schuckel@gov.bc.ca>, s.22, s.22, "Henry, Bonnie [EXT]" <bonnie.henry@gov.bc.ca>, "Gustafson, Reka [BCCDC]" <reka.gustafson@phsa.ca>, "Henderson, Marianne [BCCDC]" <marianne.henderson@bccdc.ca>

**Subject:** suggested plan for BCEPPI

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to spam@phsa.ca and **do not** open attachments or click on links.

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Dear all

Thank you for the recent meeting - looking forward to building this work and continuing the conversation. To that end, I'd like to suggest that we proceed as follows.

**(1) Protocol development. (Kelley, me, Jat/BCCDC/OPHO, Victoria/MoH, our incoming Director, Strategy and Operations, Kristy if she would like to be involved)**

In a series of 4 meetings we develop (1) an "access" protocol that will address how OPHO, the MoH and the BCCDC access BCEPPI's "hub" and (2) a communications protocol, which I think should reflect what Bonnie outlined in the meeting.

**(2) Rapid Response Hub (RRH) Committee** -- ongoing, probably monthly meeting. This handles matters on both prioritizing and enabling access to the RRH. The "hub" convenes expertise from around the province in response to the needs coming to the committee and through the access protocol from public health. **(Kelley, me, Jat/BCCDC, Victoria/MoH, OPHO representative, our incoming Director, Strategy and Operations, Kristy/BCCDC-F, likely to expand to include an MOH, one or more HA reps, FNHA) .** Kristy/BCCDC-F is very welcome but may or may not strictly need to be part of this.

**(3) Partners and principals meeting** -- quarterly meetings. These include higher-level topics: discussion of whether the system is working, things to build on, challenges to meet, and so on.

**(Dugan, Bonnie, Reka/Jat, Kelley/Caroline, Kristy/BCCDC-F, other key principals if needed).**

I suggest that we begin by outlining a draft "access protocol". Perhaps Jat would outline a "communications protocol", and we aim to meet with groups (1) and (2) in the next few weeks so that we can begin.

Comments are most welcome - thank you again.

best wishes  
Caroline

## Re: BCEPPI Protocol Development Meeting | Draft Rapid Response Hub Protocol

From: Perry Kendall <sup>s.22</sup>  
To: Sandhu, Jatinder HLTH:IN <jat.sandhu@bccdc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Vicki Farrally <sup>s.22</sup>  
Sent: November 23, 2021 10:13:28 AM PST  
Attachments: BCEPPI\_RapidResponseHub\_Overview 2021.11.22 DRAFT.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

I think some thought needs to be given to issues that might arise between steps 4 and 5. There will be topics reviewed where evidence may be interpreted in alternate, and perhaps conflicting, ways. QV the role of, and implications for response, to aerosol transmission of SARS-CoV-2. A process that enables review and development of communication strategies should be developed to avoid conflicting recommendations/conclusions and to maintain epistemically trust in the process and response.  
Best  
Perry

Perry Kendall CM  
OBC FRCPC  
Sent from my iPhone

On Nov 23, 2021, at 9:16 AM, Sandhu, Jat [BCCDC] <jat.sandhu@bccdc.ca> wrote:

fyi

---

**From:** Rosemary Lever <rosemary\_lever@sfu.ca>  
**Sent:** Monday, November 22, 2021 4:05 PM  
**To:** Kerr, Kristy [BCCDC] <Kristy.Kerr@bccdc.ca>; Sandhu, Jat [BCCDC] <jat.sandhu@bccdc.ca>; Schuckel, Victoria M HLTH:EX <Victoria.Schuckel@gov.bc.ca>  
**Cc:** Kelley Lee <kelley\_lee@sfu.ca>; Caroline Colijn <caroline\_colijn@sfu.ca>  
**Subject:** BCEPPI Protocol Development Meeting | Draft Rapid Response Hub Protocol

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to [spam@phsa.ca](mailto:spam@phsa.ca) and **do not** open attachments or click on links.

---

Hello everyone,

In advance of Wednesday's BCEPPI Protocol Development Meeting, the BCEPPI Co-Directors would like to share with you all a draft of the Rapid Response Hub Protocol (see attached). Please feel free to review and bring any comments, questions, concerns or edits to the meeting.

As a reminder, the First BCEPPI Protocol Development meeting is this Wednesday, November 24 at 1 pm. The agenda items for this meeting are:

1. The BCEPPI Rapid Response Hub Protocol
2. The BCEPPI Communications Protocol

Best,

Rosemary

--

Rosemary Lever, B.Sc., M.A.

Pronouns: she, her, hers

Project Coordinator | Institutional Strategic Awards

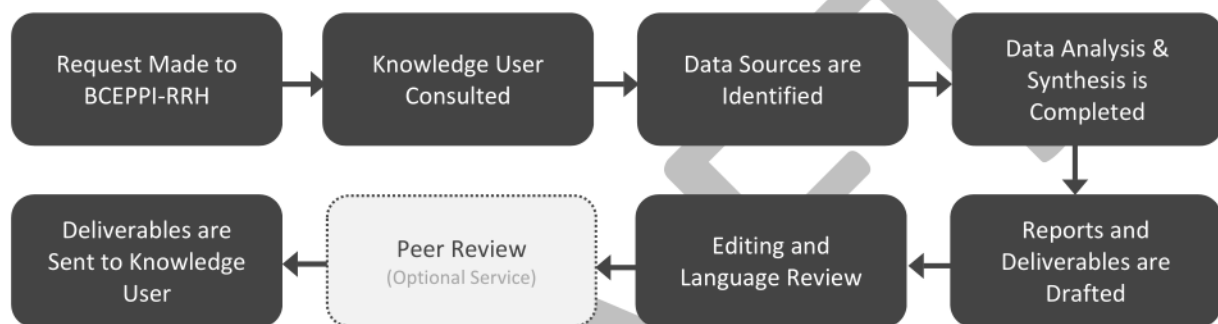
Simon Fraser University | Discovery 2 260

8900 Nelson Way, Burnaby, B.C. V5A 4W9

778-990-0740 | [www.sfu.ca/strategic-awards](http://www.sfu.ca/strategic-awards)

## THE BRITISH COLUMBIA EMERGING PATHOGENS AND PANDEMICS INSTITUTE'S RAPID RESPONSE HUB PROTOCOL

The BC Emerging Pathogens and Pandemics Rapid Response Hub (BCEPPI-RRH) facilitates a multi-step service delivery protocol (**Figure 1**). The protocol for each step is tailored to the specific needs of knowledge users to ensure that outputs and deliverables are optimally tailored to the needs of knowledge users and stakeholders.



**Figure 1. BCEPPI-RRH's Multi-Step Service Delivery Protocol for Knowledge Users**

### Infrastructure for the Rapid Response Hub (RRH)

The RRH's activities will be guided by a **Priorities Committee**, which consists of representatives from the Office of the Provincial Health Officer (OPHO), the British Columbia Centre for Disease Control (BCCDC), and other provincially funded health research organizations. The Priorities Committee meets monthly to adjust priorities and review the status of ongoing activities.

### Process

- Step 1.** BCEPPI receives a request to the RRH from the Ministry of Health (MoH)/OPHO/BCCDC via email. Where multiple requests are made in short succession, the Priorities Committee advises on their priority order. As the RRH becomes more established, additional knowledge users outside of the MoH/OPHO/BCCDC may submit a written request via email describing their needs. Requests from the OPHO, MoH, and BCCDC take priority at this time, except where the Priorities Committee determines otherwise.
- Step 2.** BCEPPI and the knowledge user work together within 5 business days to define the project scope, refine research questions, data sources and preferred methodologies, and discuss the nature and format of deliverables.

- Step 3.** When a project reaches 1<sup>st</sup> in the priority ranking, it is assigned to an analyst. The analyst identifies relevant information sources and expertise and coordinates the response, obtaining input from the BCEPPI's scientific community where needed.
- Step 4.** Following the research stage, the analyst undertakes an analysis and/or synthesis of relevant information. The analyst, with input from other contributors, undertakes the drafting and review of outputs and deliverables. Upon completion of draft deliverables, editing and revising is undertaken and a plain language review is conducted to ensure readability. The RRRH will offer the option of obtaining an external peer review if desired.
- Step 5.** After a final draft has been completed, evidence is disseminated to knowledge users via email. After an agreed delay, outputs and deliverables are also made available on the BCEPPI website, unless otherwise arranged with knowledge users. The Intellectual Property of all knowledge products is governed by Simon Fraser University's Intellectual Property Policy (R 30.03).

#### Timeline

Project timelines vary according to the scope of information needs, the complexity of syntheses and analyses, and the nature of the outputs and deliverables. **Table 1** provides estimated completion times for each of our standard services. External peer review typically adds 4-6 weeks to these estimates.

**Table 1. Estimated Project Completion Times for BCEPPI-RRH Services**

Service	Estimated Project Completion Times
Rapid Review	3 to 5 weeks
Systematic Review	4 to 6 months
Meta-Analysis	6 to 8 months
Environmental Scans (i.e., SWOT & PESTLE Analysis)	4 to 6 weeks
Cross-Jurisdictional Scans	4 to 6 weeks
Multiple Criteria Decision Analysis	4 to 6 weeks
Statistical Analysis & Modelling	4 to 8 weeks

## Deliverables

BCEPPI-RRH works flexibly with knowledge users to design outputs and deliverables that best meet the information needs specific to each project. Standard deliverable formats are listed in **Table 2**. Deliverables are normally publicly accessible via the BCEPPI-RRH Project Repository, after delivery to the knowledge user and the agreed delay, and upon mutual agreement, and are branded as BCEPPI-RRH work products.

**Table 2. Standard Deliverable Formats for the BCEPPI-RRH Projects**

Deliverable Format	Description
Briefs	Briefs are concise, plain language executive summaries that outline project findings. Briefs typically consist of two-three pages of analysis with limited background information. A reference list is provided as a supplementary appendix.
Short Reports	Short reports are concise, plain language documents, typically no longer than 8 pages (not including references and appendices). Short Reports typically include a 350-word executive summary, 1 page of background information (including a clear statement of in the information needs), 2-3 pages describing project results, and 1-2 pages of synthesis. This deliverable format is well suited for environmental scans, cross-jurisdictional scans, and rapid reviews.
Technical Reports	Technical Reports are comprehensive reports, typically between 20 – 30 pages. Technical Reports include exhaustive background information; detailed descriptions of research methods; and thorough discussions of project findings. Annotated appendices are provided to highlight key information sources. This deliverable format is well-suited for Systematic Reviews, Meta-Analysis, Original Research, and Statistical Analyses.

## Project Costs

BCEPPI-RRH projects are completed at a no-cost basis for Institutions with a signed Memorandum of Understanding and on a cost-recovery basis for other organizations.

## Fwd: Update on BCEPPI continued- I pressed "send" too soon

---

From: Perry Kendall .s.22  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
Sent: January 20, 2022 11:55:42 AM PST  
Attachments: Governance-relationships-protocols.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Sent from my iPad

Begin forwarded message:

>  
>  
> My apologies for not following up earlier. As you know I have been working with Vicki Farrally, Alex Berland and Paul Gully on developing a functional and hopefully useful collaboration between SFU and BCCDC and BCCDCF. which has been a hard slog, especially given the competing demands of the pandemic.  
> Alex reports that there has been considerable work done within and between SFU and potential partners to develop the research pillars and propose fields of enquiry, with some quite exciting possibilities for work on pandemic inequities and filling the large gaps in understanding of sociocultural health communication. (E.g. in the absence of tailored BC information in Cantonese/Mandarin, Communities turn to media information from mainland China, which apparently only promotes Chinese manufactured vaccines.)  
> Things seemed very much in flux, with little movement other than HUB proposals, until this week we learned that a document proposing a governance structure, relationships and protocols had been tabled in November at a meeting between SFU and Ministry of Health that sets out, at a high level, structures and processes . See attached.  
> We are assuming that in the absence of any objections or amendments, that this represents the agreed upon oversight mechanism.  
> What has obviously been missing is a central oversight and accountability authority within the Ministry.  
> We are going to propose to you and the ministry that lacking any other body, we four plus Bev Holmes be given the mandate and authority to work to coordinate and monitor and report back on the implementation and roll out, until some other group or individual can take this on. In the absence of this function we feel that there is real risk that the present confusion and unaccountability will continue.  
> Alex and Vicki are working on. BN  
If this is direction is way out of line, please let me know. Happy to discuss.  
>  
>  
> Sent from my iPad

# BCEPPI – Governance, Relationships, Protocols

## Governance

BCEPPI will be governed by an administrative oversight board comprised of 3 representatives from Simon Fraser University, 3 representatives from other universities in BC, and 3 representatives appointed by the ministry of health. The board will be chaired by the SFU Vice-President Research and International (VPRI).

BCEPPI will be constituted as a research institute under the Centres and Institutes policy of SFU (R40.01). As such, it will be subject to the rules, roles and responsibilities of a university research institute. Oversight of university research institutes rest with the VPRI. BCEPPI may seek funding from sources other than the provincial government, including federal and private sources.

## Relationships

BCEPPI will coordinate with other institutes and agencies to strengthen the research capacity of the province to prevent, prepare for, and respond to major infectious disease events. The mechanisms for coordination will include:

- A Joint Advisory Board (JAB) providing both scientific and practice advice to BCCDC Foundation and BCEPPI. The membership of JAB will be comprised of independent members, jointly selected by the two organizations.
- An Administrative Committee will be established between BCEPPI, BCCDC Foundation, and BCCDC to provide a collective forum for ongoing discussion of issues as they arise. This committee will be comprised of members of management from each organization.
- Other committees created by the Administrative Committee to manage joint activities, such as the prioritization of rapid response requests.

## Coordination Protocols

The Administrative Committee (or committees it establishes) will define protocols for data and information exchange between organizations. While details will need to be worked out collaboratively between organizations, high-level examples include:

- Public Health (e.g., BCCDC/OPHO/MOH) may pose questions to BCEPPI for study by BCEPPI scientists. BCEPPI will respond promptly. While it is assumed that results obtained by BCEPPI will normally be in the public domain, questions posed by Public Health may involve access to privileged information/data and be subject to different oversight. Public Health may therefore specify, in advance, the manner in which the results for a specific study may be shared.
- BCEPPI will undertake studies that are independent from questions posed by Public Health. BCEPPI will provide Public Health with an agreed minimum notice (e.g., at least 2 business days)

in advance of releasing the results of a study which may reasonably be expected to overlap with the Public Health mandate. The notice will include access to draft publication materials.

- It is understood that BCEPPI will interface with the scientific community in BC. Individual researchers from that community will publish independent studies that may or may not be provided to BCEPPI in advance. BCEPPI may then be asked to respond to such studies in the media. The communications team at BCEPPI will discuss the response with the team at Public Health and will inform Public Health in advance of a formal public response, in any case where the study may reasonably be expected to overlap with the Public Health mandate.

## SFU Pandemic Institute.docx

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From: Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>  
To: Sandhu, Jat [BCCDC] <jat.sandhu@bccdc.ca>, Henry, Bonnie HLTH:EX  
<Bonnie.Henry@gov.bc.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
Sent: March 7, 2022 8:51:35 AM PST  
Attachments: SFU Pandemic Institute.docx  
Good morning

As discussed on Friday, attached is a letter from Steve to Dugan O'Neil

Would you please get back to me with any edits

I am planning on sending it forward for signature this afternoon.



Dugan O'Neil, Ph.D.  
Vice President, Research and International  
Simon Fraser University

Dear Dr. O'Neil,

s.13

s.13 next steps in the establishment of the SFU Institute for Pandemic Preparedness (currently called BCEPPI). It is obvious that a lot of careful thought has gone into the work so far. s.13

s.13

First, it is important to reiterate the support that the MOH has for the institute in principle. s.13  
s.13

s.13

s.13 One of the expectations of the institute is that it will be able to use its resources to address specific questions brought to it and to answer these questions with an accelerated timeline.

Considering this complementary role to the province's existing public health resources, the Ministry overall lead for engagement with SFU and the institute will be Dr. Bonnie Henry, Provincial Health Officer. On matters of administrative or day to day operation the contact will be Dr. Ian Rongve, ADM of the Strategy and Innovation Division.

The overall governance model looks reasonable s.13 As this institute is intended to support public health and the BCCDC it would be appropriate that both have an active role in the Oversight Board and the Joint Advisory Board as outlined in your governance proposal as well as a general representative from the Ministry of Health. It is expected that through these mechanisms, s.13 public health and the BCCDC will have significant input into the research agenda of the institute.

In terms of next steps, it is important that the governance be established so that the strategic and operational elements of the institute can be finalized. In addition, it is recognized that, while no specific public announcement is anticipated, SFU must have the ability to discuss the institute and its issues with stakeholders and the community and so SFU should feel free to have those conversations. No discussions with the media, however, should occur without prior approval and involvement by Government Communications and Public Engagement.

...2

Thank you again for the considerable work that has gone into this project up to now, and I look forward to working with you as the institute develops.

Sincerely,

Stephen Brown  
Deputy Minister

## FW: 1223514 - SFU Pandemic Institute

---

From: Henry, Bonnie HLTH:EX  
To: Perry Kendall s.22  
Sent: March 31, 2022 12:17:24 PM PDT  
Attachments: SFU Pandemic Institute cs.pdf

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
Mailing address:  
PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4*

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

*Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

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**From:** DMOFFICE, HLTH HLTH:EX <HLTH.DMOFFICE@gov.bc.ca>  
**Sent:** March 10, 2022 4:28 PM  
**To:** Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** 1223514 - SFU Pandemic Institute

Please find attached copy of letter sent to Dr. Dugan O'Neil, Vice President, Research and International, SFU, regarding the establishment of the Simon Fraser University (SFU) Institute for Pandemic Preparedness (currently called BCEPPI).

Thank you,  
Corporate Operations Unit  
Ministry of Health

*Gratefully Acknowledging the Traditional Homelands of the Lekwungen Peoples of the Songhees & Esquimalt Nations*

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March 10, 2022

Dr. Dugan O'Neil  
Vice President, Research and International  
Simon Fraser University  
8888 University Dr  
Burnaby BC V5A 1S6

Dear Dr. O'Neil:

I am writing this letter to provide some next steps in the establishment of the Simon Fraser University (SFU) Institute for Pandemic Preparedness (currently called BCEPPI). It is obvious that a lot of careful thought has gone into the work so far and I look forward to seeing this work come to fruition.

First, it is important to reiterate the support that the Ministry of Health has for the institute in principle. The vision we have is one of extending and connecting the existing public health research capacity contributing to preparedness for, response to, and recovery from pandemics in the province. In particular, we see the institute integrating with the rapid response research expertise at the BC Centre for Disease Control (BCCDC) and linking with key experts at other post-secondary institutions in British Columbia and with the public health community of practice in the Regional Health Authorities and First Nations Health Authority. One of the expectations of the institute is that it will be able to use its resources to address specific questions brought to it from the public health leadership and to answer these questions with an accelerated timeline to inform decision making in real time.

Considering this complementary role to the province's existing public health resources, the Ministry's overall lead for engagement with SFU and the institute will be Dr. Bonnie Henry, Provincial Health Officer. On matters of administrative or day to day operation the contact will be Dr. Ian Rongve, ADM of the Strategy and Innovation Division.

The overall governance model looks reasonable with a few additions. First, the addition of at least one representative of the Indigenous research agenda. As this institute is intended to support public health decision makers and extend the expertise currently in the BCCDC it would be appropriate that both have an active role in the Oversight Board and the Joint Advisory Board, as outlined in your governance proposal, as well as a general representative from the Ministry of Health. It is expected that through these mechanisms, public health decision makers and the BCCDC will have significant input into all aspects of the research agenda of the institute.

...2

In terms of next steps, it is important that the governance be established and functional so that the strategic and operational elements of the institute can be finalized. In addition, it is recognized that, while no specific public announcement is anticipated, SFU must have the ability to discuss the institute and its issues with stakeholders and the community and so SFU should feel free to have those conversations. No discussions with the media, however, should occur without prior approval and involvement by Government Communications and Public Engagement.

Thank you again for the considerable work that has gone into this project up to now, and I look forward to working with you as the institute develops.

Sincerely,

A handwritten signature in dark ink, consisting of a large, stylized 'S' followed by a horizontal stroke that curves upwards and to the right.

Stephen Brown  
Deputy Minister

pc: Dr. Ian Rongve, Assistant Deputy Minister, Strategy and Innovation Division,  
Ministry of Health  
Dr. Bonnie Henry, Provincial Health Officer, Office of the Provincial Health Officer,  
Ministry of Health

## Draft rationale/proposal for BBE type exercise

---

From: Perry Kendall <s.22 ->  
To: Bonnie Henry <s.22 Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: April 15, 2022 8:53:32 AM PDT  
Attachments: Concept Note.docx

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Bonnie, have a look at this. Alex Berland drafted it as a result of a discussion he, Vicki Farrally and I had about roles for BCEPPI, BCCDC and your thinking team scenario building.

Sent from my iPad

## Concept Note: Approach Plan for Post-Vaccine COVID-19 Strategy in British Columbia

This note outlines a time-sensitive approach to assessing critical factors, especially capacity and capability, for responding to the ongoing pandemic. The result will be an array of context-based options for decision-makers to develop an expert-guided strategy with appropriate structures and resources.

### WHY – What is the problem?

The Covid vaccine is a tool not a silver bullet. The pandemic's evolution has led to increasing management complexity and widespread social impacts, especially for human resources. As a result, previously appropriate top-down, clinically-oriented and reactive approaches need a fresh strategy.

### WHAT – What will be the output of the approach planning project?

This project will engage epidemiologists, public health clinicians and researchers to define elements of an operating strategy to tackle the pandemic during the next 6-18 months. The operational elements will be based on a matrix of potential epidemiologic scenarios aligned with evidence-based or consensus-derived options for critical actions. The matrix can be used to assess capacity and capability in targeted areas, as well as to commission further activities such as recruitment, professional development, planning and policy development, technology acquisition etc. The resulting strategy can be adjusted to match the real-life pandemic situation as it evolves.

Specialist teams to assess operational capacity for critical actions e.g.	Modeling and clinical teams to develop clinical scenarios		
	Best case scenario - relevant parameters TBD	Intermediate – one or several variations	Worst case scenario
Planning and coordination	e.g. structures to support provincial decision-making e.g. current public health capacity esp. HR projections e.g. coordination of guidance to private sector, educators		
Situation monitoring and assessment	e.g. central and regional HR development for modelling, surveillance etc. e.g. coordination for national and international travellers		
Reducing the spread of disease	e.g. technical assistance and resource mobilization across health regions e.g. targeted prevention measures, industry specific capacity to implement e.g. targeted support for vulnerable populations		
Continuity of health care provision	e.g. current acute and LTC capacity esp. HR projections e.g. capacity for preparedness planning in health authorities		
Communications	e.g. at health authority level as well as community/population specific		
Etc.			

### WHO will be involved?

Currently numerous BC agencies respond to effects of the pandemic. Their important work needs to continue uninterrupted. This project will be guided by OPHO through a steering group representing BCCDC, BCEPPI and UBC-SPPH (others TBD). A core group of senior consultants will lead specialist teams of researchers and staff from the steering agencies. Funding will come from dedicated funds held by BCCDC-Foundation.

### WHEN will this be completed?

Target date for substantive completion will be July 15. This will allow time to ensure implementation and any follow-up can be underway before September. While prompt delivery is important, this is likely to be an iterative and developmental process. This means frequent feedback to the steering group and OPHO, both to share findings and coordinate team efforts and also to shape up-coming project priorities. Achieving this timeline in the current organizational context will require strong leadership with appropriate authority to direct the work.

## Re: Draft rationale/proposal for BBE type exercise

---

From: Perry Kendall s.22  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: April 19, 2022 10:10:20 AM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

12:30 works.

Perry Kendall CM  
OBC FRCPC  
Sent from my iPhone

On Apr 19, 2022, at 9:40 AM, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

Do you have some time later today? I am free at 12:30

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
Mailing address:  
PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4*

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

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**From:** Perry Kendall s.22  
**Sent:** April 18, 2022 1:54 PM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** Re: Draft rationale/proposal for BBE type exercise

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Bonnie. The thought was that you could task Dugan with setting it up with the oversight body as described, or alternatively task/invite the oversight group members to pull it together.  
And BCEPPI BCCDCF to fund it as needed.  
Would you like a follow up call?  
Perry

Perry Kendall CM

OBC FRCPC  
Sent from my iPhone

On Apr 18, 2022, at 1:33 PM, Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)> wrote:

Thanks Perry, this looks really good and captures what we were thinking. Where should we go with it now?

b

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
Mailing address:  
PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4*

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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**From:** Perry Kendall <22  
**Sent:** April 15, 2022 8:54 AM  
**To:** Bonnie Henry <22 Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>  
**Subject:** Draft rationale/proposal for BBE type exercise

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Bonnie, have a look at this. Alex Berland drafted it as a result of a discussion he, Vicki Farrally and I had about roles for BCEPPI, BCCDC and your thinking team scenario building.

Sent from my iPad

## FW: advice please - Concept Note Approach Plan

---

From: Jongbloed, Kate HLTH:EX <Kate.Jongbloed@gov.bc.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>  
Sent: May 2, 2022 2:51:47 PM PDT  
Attachments: Concept Note Approach Plan BH\_KJ.docx  
Hi Bonnie, I added a couple of tracked changes to strengthen the rights and reconciliation lens.

Best wishes,  
Kate

---

**From:** Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>  
**Sent:** April 21, 2022 9:30 AM  
**To:** Jongbloed, Kate HLTH:EX <Kate.Jongbloed@gov.bc.ca>  
**Subject:** FW: advice please

Hi Kate,

I wasn't able to get to this 😞.

There has been just too much to do, and we have to leave shortly for the airport.

Can you please have a look and add just a few sentences, very brief, that ensure that Indigenous rights and reconciliation are considered?

If you can send it directly back to Bonnie that would be great.

Thanks so much,  
Daniele

Danièle Behn Smith (she/hers; Eh Cho Dene & Métis/French Canadian)  
Deputy Provincial Health Officer – Indigenous Health  
MD, MPH, CCFP, IFMCP  
Ministry of Health  
Mailing Address: PO Box 9648, STN PROV GOVT  
Victoria BC V8W 9P4  
Email: [daniele.behnsmith@gov.bc.ca](mailto:daniele.behnsmith@gov.bc.ca)

*I acknowledge and respect the lək'wəḡan peoples on whose traditional territory I work, live and play and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.*

---

**From:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>  
**Sent:** April 20, 2022 10:31 AM  
**To:** Behn Smith, Daniele HLTH:EX <[Daniele.BehnSmith@gov.bc.ca](mailto:Daniele.BehnSmith@gov.bc.ca)>  
**Subject:** advice please

I have been working with Perry and SFU to try to do some strategic thinking about how we approach the next 6-18 months and we have developed this concept note. In my mind of course I include partnerships on decision making with FNHA, MNBC etc. but could use your advice on how can we add more specific language in this concept note to be sure we are being explicit?

Thanks,  
Bonnie

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health

*Mailing address:*  
*PO Box 9648, STN PROV GOVT*  
*Victoria, BC*  
*V8W 9P4*

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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## Concept Note: Approach Plan for Post-Vaccine COVID-19 Strategy in British Columbia

This note outlines a time-sensitive approach to assessing critical factors, especially capacity and capability, for responding to the ongoing pandemic. The result will be an array of context-based options for decision-makers to develop an expert-guided strategy with appropriate structures and resources. We will seek to uphold Indigenous rights and reconciliation through involvement of FNHA and MNBC on the Steering Committee; alignment with Foundational Commitments to Indigenous Peoples (e.g., UNDRIP, TRC, In Plain Sight); and input from First Nations and Métis public health leaders.

### WHY – What is the problem?

The Covid vaccine is a critical tool in protecting people from serious illness and mortality from COVID-19, however, protection from infection wanes with time and the potential for immune escape variants to arise remains high for the next 6-18 months. The pandemic's evolution has led to increasing management complexity and widespread social impacts, especially for health and public health human resources. As a result, previously appropriate top-down, clinically-oriented and reactive approaches need a fresh strategy. We need to carefully consider the potential scenarios we may face in the next year and ensure we have resources and strategies for surveillance and response to each.

### WHAT – What will be the output of the approach planning project?

This project will engage epidemiologists, public health clinicians, First Nations and Métis health leaders and researchers to define elements of an operating strategy to tackle the pandemic through the next 6-18 months. The operational elements will be based on a matrix of potential epidemiologic scenarios aligned with evidence-based or consensus-derived options for critical actions. The matrix can be used to assess capacity and capability in targeted areas, as well as to commission further activities such as recruitment, professional development, planning and policy development, technology acquisition etc. The resulting strategy can be adjusted to match the real-life pandemic situation as it evolves.

Specialist teams to assess operational capacity for critical actions e.g.	Modeling and clinical teams to develop clinical scenarios		
	Reasonable best case scenario - relevant parameters TBD	Intermediate – one or several variations	Reasonable worst case scenario
Planning and coordination	e.g. structures to support provincial decision-making e.g. current public health capacity esp. HR projections e.g. coordination of guidance to private sector, educators		
Situation monitoring and assessment	e.g. central and regional HR development for modelling, surveillance etc. e.g. coordination for national and international travellers, workers e.g. partnerships with First Nations, Métis & Inuit decision makers		
Reducing the spread of disease	e.g. technical assistance and resource mobilization across health regions e.g. targeted prevention measures, industry specific capacity to implement e.g. targeted support for Indigenous rights holders and vulnerable populations		
Continuity of health care provision	e.g. current acute and LTC capacity esp. HR projections e.g. capacity for preparedness planning in health authorities		
Communications	e.g. at provincial and health authority level as well as community/population specific		
Etc.			

### WHO will be involved?

Currently numerous BC agencies respond to effects of the pandemic. Their important work needs to continue uninterrupted. This project will be guided by the PHO and DM Health through a steering group representing BCCDC, BCEPPI and UBC-SPPH (others TBD). A core group of senior consultants will

Commented [JKH1]: FNHA & MNBC as well?

Page 149 of 160

Withheld pursuant to/removed as

s.13

## 155 - 2022 Spring Conference Agenda

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From: Macdougall, Leslie [VCH] <leslie.macdougall@vch.ca>  
To: Undisclosed recipients:  
Sent: May 3, 2022 8:22:33 AM PDT  
Attachments: FINAL\_BCCDC Foundation Overview New Program\_Mar 23.22.pdf, 155 HOC Agenda\_May 2022.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

**\*\* this email is being sent to all HOC Conference Registrants\*\***

### **Leslie MacDougall**

Administrative Assistant/Analyst to Dr. Meena Dawar, Medical Health Officer  
and Elaine Demeule, Manager Prevention Services, Richmond Public Health  
Vancouver Coastal Health

office 604 233-5623

e-mail [leslie.macdougall@vch.ca](mailto:leslie.macdougall@vch.ca)

**Please note I am in the office on Tues/Wed/Thurs**

I acknowledge that my place of work lies on the unceded traditional homelands of the Musqueam Nation.

The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

## Your Health, Our Commitment: A Provincial Partnership to Strengthen Public Health and Foster Healthy Communities in British Columbia

The [BCCDC Foundation for Public Health](#) (BCCDC Foundation) was established to improve public health in BC by developing and supporting evidence-based initiatives that have an immediate impact on the health of British Columbians. We work closely with the BC Centre for Disease Control (BCCDC) and other public health stakeholders to protect the health of people in BC, and help BC prepare for and respond to threats to our community's health. As an arm's length organization, we operate as a tax-exempt registered charity with our own Board and administration.

We inspire action, advocacy, and philanthropy for the public health system in BC through our priority areas: [Reducing Harms](#); [Addressing Threats](#); and [Emerging Areas](#). As a charitable Foundation, we rely on both public funding and private donations that are generated through our philanthropy and partnership efforts. A small organization making a very big impact on public health, we fund major public health initiatives—from infectious disease research, to prevention and harm reduction programs, to innovative strategies to address COVID-19 and recovery efforts—that are saving lives.

### A NEW PARTNERSHIP FOR A HEALTHY FUTURE

The BC Ministry of Health (MOH) has committed new funding to the BCCDC Foundation to support and partner with the BCCDC, the Office of the Provincial Health Officer (OPHO), provincial public health, and the BC academic community, including the new BC Emerging Pathogens and Pandemics Institute (BCEPPI) based at Simon Fraser University, in order to:

- respond to the current pandemic;
- support the provincial recovery process; and
- strengthen the public health system and increase the resiliency of the BC population to respond to future emerging threats.

We will work closely with our private philanthropic partners to leverage the government funding to ensure an even broader impact for British Columbians. **Your Health, Our Commitment** is driven by, and strategically-aligned with, population and public health needs in BC, and grounded in the social determinants of health and health equity.

Together, we will strengthen public health in BC; specifically, this will be actioned through the **three inter-connected and collaborative core functions**, each of which will be further developed in consultation with partners and stakeholders.

#### 1) FUNDING PROGRAMS

**Main objective:**

Mobilize short-, medium-, and longer-term funding resources to support applied public health projects and activities.

#### 2) KNOWLEDGE SYNTHESIS, TRANSLATION, EXCHANGE, AND DISSEMINATION

**Main objective:**

Support, strengthen, and build knowledge synthesis, translation, exchange, and dissemination strategies and opportunities across the public health sector.

#### 3) PUBLIC ENGAGEMENT AND AWARENESS

**Main objective:**

Strengthen and build public engagement infrastructure, strategies, and tactics, and raise public awareness, strengthen individual and community resilience, and optimize public health and safety.

## OUR WORK

The BCCDC Foundation is modelled such that we can support public health in unique ways through fundraising, grants and awards, communications, knowledge translation, as well as public engagement, education, and awareness. We have raised over \$12.6 million for public health research, projects, and initiatives, and have funded over 80 projects. Our initiatives align with public health priorities for BC, and we believe strongly in partnership and working to bridge efforts and strengthen key areas, together. By convening, collaborating, and leveraging relationships with our community and funding partners, we drive innovation that advances public health for British Columbians. Examples of recent or current initiatives, include:

### COVID-19 RESPONSE AND RECOVERY

**COVID-19 Response and Recovery** includes supporting population health evidence to action through the BC COVID-19 Speak Surveys and Dashboards, funding critical vaccine research, and remaining committed to working with the BCCDC and our public health leaders across BC as we plan for recovery.

### TEST, LINK, CALL (TLC)

**TLC** is a partnership with the BCCDC, BC Mental Health and Substance Use Services, BC Hepatitis Network, and Unlocking the Gates Services Society to increase the proportion of people affected by hepatitis C virus (HCV) infection linked to care after release from BC Provincial Correctional Centres, as well as aid in successful re-integration back to the community, by providing care plans, cell phones, and peer support and mentoring.

### SEXUAL ORIENTATION & GENDER IDENTITY & EXPRESSION CHANGE EFFORTS (SOGIECE) DIALOGUE EVENT & RESEARCH

Through a partnership with the Community-Based Research Centre (CBRC), **this event** was a catalyst for broader research priorities around supporting the health and wellness needs of SOGIECE survivors to better support their long-term positive health outcomes and to drive change by providing evidence to support banning such practices.

### COMPASSION, INCLUSION, AND ENGAGEMENT (CIE)

**CIE** was a partnership program between the BCCDC, the First Nations Health Authority, and the BCCDC Foundation to empower people with lived and living experience of substance use (peers) to take action and stop overdose in their communities through creation of new peer groups, capacity-building, and supports.

### ANTI-STIGMA CAMPAIGN

**"Words Matter"** is a series of three videos developed in partnership with Toward the Heart and LifeLabs about stigma, substance use, and what we can do to end the cycle of stigma.

### ACTIVATE HEALTH

**Activate Health** is our battle cry—a campaign showing how individual actions can have a population health impact—to shift how we see health and how we engage with our healthcare system to protect the health of our communities now and for future generations.

The purpose of the BCCDC Foundation is to positively shift the health of our population and reduce the burden of disease and injury in BC. The COVID-19 pandemic has made it clearer than ever before that **public health investment, awareness, and engagement is critical to the health, safety, and wellness of our communities**. In the midst of two concurrent public health emergencies—COVID-19 and the overdose crisis—we provide public health awareness, education, funding, partnership, and leadership at a critical time.

For more information about the BCCDC Foundation, and this new initiative, please contact: Kristy Kerr, Executive Director | [kristy.kerr@bccdc.ca](mailto:kristy.kerr@bccdc.ca) | 604-707-2478 | [www.bccdcfoundation.org](http://www.bccdcfoundation.org)

# 155<sup>th</sup> HYBRID 2022 SPRING CONFERENCE OF THE HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA AGENDA

Hotel Grand Pacific, Victoria  
May 3, 4, 5 (half day), 2022



Accredited by UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT  
FACULTY OF MEDICINE

## Accreditation statement

The University of British Columbia Division of Continuing Professional Development (UBC CPD) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for continuing medical education for physicians. This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and has been approved by UBC CPD for up to **15 MOC Section 1** Group Learning credits. Each physician should claim only those credits accrued through participation in the activity.

## Overall Program Learning Objectives:

1. As a result of attending this conference, the participant will be able to:
2. Identify and describe priority public health issues;
3. Implement methods, tools, and processes to protect and improve the health of the population; and
4. Participate in the development of recommendations to government, non – government agencies, and others regarding priority public health issues.

## Speakers and chairpersons are reminded that:

1. To meet the Royal College Education requirements, **at least 25% of each session should be participatory** discussion with the audience.
2. Any financial affiliations regarding the presentation topics must be disclosed.
3. Only generic names of drugs and devices should be used in presentations.

## For Technical Assistance with Zoom please contact:

1. **Christina Harding**, Public Health Association of BC, [ops.manager@phabc.org](mailto:ops.manager@phabc.org), 250-589-1489
2. **Leslie Macdougall**, Vancouver Coastal Health, [Leslie.Macdougall@vch.ca](mailto:Leslie.Macdougall@vch.ca), 604-233-5623

*This event has received no commercial sponsorship and is supported by an unrestricted grant of \$1500 from the BC Ministry of Health. The program also received an unrestricted grant of \$2000 from the BCCDC Faculty Engagement Funds towards the retirement dinner.*

# 155<sup>th</sup> CONFERENCE OF THE HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA

May 3, 4, 5 (half day), 2022

**Note: Learning credit hours for each session are indicated in the session column.**

## SCIENTIFIC PLANNING COMMITTEE DISCLOSURE STATEMENTS

In accordance with the Committee on Accreditation of Continuing Medical Education (CACME) Standards for Commercial Support, all faculty participation in these programs are expected to disclose to the program audiences any real or apparent conflict of interest related to the content of their preparation.

Name	Affiliations, financial or otherwise that may have a direct or indirect connection to the content of the program.
Dr. Meena Dawar, Medical Health Officer, Chair	Vancouver Coastal Health Authority
Dr. Naomi Dove, Public Health Physician	BC Center for Disease Control & BC Ministry of Health
Dr. Brian Emerson, Deputy Provincial Health Officer	BC Ministry of Health, Island Health
	Public Health Agency of Canada
Dr. Eleni Galanis, Director General, Past Chair	Has a spouse who works for QHR Technologies Inc. QHR is a Canadian healthcare technology company that produces electronic medical record platforms ( <a href="https://qhrtechnologies.com/">https://qhrtechnologies.com/</a> ) An extended family member is President of BIOTEC Canada.
Dr. Rakel Kling, Medical Health Officer	Northern Health Authority
Dr. Geoff McKee, Physician Epidemiologist	BC Center for Disease Control
Dr. David McVea, Public Health Physician	BC Centre for Disease Control
Dr. Silvina Mema, Medical Health Officer	Interior Health Authority
Dr. Michael Schwandt, Medical Health Officer	Vancouver Coastal Health Authority
Dr. Inna Sekirov, Medical Microbiologist	Provincial Health Services Authority
Dr. Abigail Steinberg, Resident	UBC PHPM Residency Training Program
Dr. Malcolm Steinberg, MPH Program Director	Faculty of Health Sciences, Simon Fraser University
Dr. Ingrid Tyler, Medical Health Officer, Chair Elect	Fraser Health Authority

**WE RESPECTFULLY AND GRATEFULLY ACKNOWLEDGE THAT WE ARE  
MEETING ON THE ANCESTRAL, TRADITIONAL, AND UNCEDED  
TERRITORIES OF MANY FIRST NATIONS.**

**Speakers and chairpersons are reminded that:** 1. To meet the Royal College Education requirements, at least 25% of each session should be participatory discussion with the audience. 2. Any financial affiliations with regards to the presentation topics must be disclosed. 3. Only generic names of drugs and devices should be used in presentations.

# 155<sup>th</sup> CONFERENCE OF THE HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA

May 3, 4, 5 (half day), 2022

Note: Learning credit hours for each session are indicated in the session column.

	Day 1 - Tuesday, May 3, 2022	Facilitator
07:30-08:30	Breakfast buffet	
08:30 – 09:00	<b>Welcome, First Nations Territorial Acknowledgement</b>  <b>Introductions of members</b>	Dr. Meena Dawar
09:00 – 10:30 1.5 hours	<b>Illicit Drug Toxicity – Non-prescribed Models for Safer Supply</b> The aim of the current session is to inform the development of medical and non-medical models for safer supply.  <b>Speakers: Jeremy Kalicum, Drug User Liberation Front, &amp; Cheyenne Johnson, BC Centre on Substance Use</b>  <b>Learning Objectives</b> - Participants will be able to: <ol style="list-style-type: none"> <li>1. Explore non-prescribed substance distribution / consumption models.</li> <li>2. Reflect on the role of public health in implementing such models.</li> <li>3. Make recommendations about such models in their regions.</li> </ol> s.15; s.17 code: s.15; s.17 go to <a href="https://menti.com">menti.com</a> and enter code	Dr. Brian Emerson, Dr. Mark Lysyshyn
10:30-11:00	Break	
10:55-11:00	Morning stretch	Dr. Abigail Steinberg
11:00 – 12:30 1.5 hours	<b>Preventing Problematic Substance Use and Associated Harms in Youth</b>  <b>Speakers: Drs. Karin Goodison (IH), Veronic Clair (UBC), Ken Tupper (MoH), Invited guest: David Smith (IH)</b>  <b>Learning Objectives</b> - Participants will be able to: <ol style="list-style-type: none"> <li>1. Learn about drivers and protective factors for overdose.</li> <li>2. Using PreVenture as a case study, increase our understanding of the challenges and supports needed for implementing upstream interventions to prevent substance use targeting youth.</li> </ol>	Dr. Silvina Mema

**Speakers and chairpersons are reminded that:** 1. To meet the Royal College Education requirements, at least 25% of each session should be participatory discussion with the audience. 2. Any financial affiliations with regards to the presentation topics must be disclosed. 3. Only generic names of drugs and devices should be used in presentations.

**155<sup>th</sup> CONFERENCE OF THE HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA**  
**May 3, 4, 5 (half day), 2022**

**Note: Learning credit hours for each session are indicated in the session column.**

	<p>3. Discuss the role of public health physicians advocating and coordinating across sectors (e.g. MMHA, MoH, MoE, MCFD) to advance primordial and primary prevention for youth.</p> <p>s.15; s.17</p> <p>code:s.15; s.17 go to <a href="https://www.menti.com">menti.com</a> and enter code</p>	
<b>12:30-1:30pm</b>	<b>Lunch</b>  <b>Musical playlist</b>	Dr. Abigail Steinberg
<b>1:30 – 3:00</b> <b>1.5 hours</b>	<p><b>COVID-19: Transitioning to a Sustainable Response with a Focus on Recovery Considerations</b></p> <p><b>Speakers: Drs. Mel Krajden (BCCDC) and Naveed Janjua (BCCDC)</b></p> <p><b>Learning Objectives</b> – Participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describing the genomic epidemiology of coronaviruses, and how genomics and serological surveillance at the population level can inform public health policy</li> <li>2. Describing the breadth of short- and long-term clinical consequences of SARS-CoV-2 infection and how they tie in to the breadth of public health concepts and practice</li> </ol>	Dr. Inna Sekirov
<b>3:00 – 3:30</b>	<b>Break</b>	
<b>3:25-3:30</b>	<b>Pets of HOC</b>	Dr. Cheryl Young
<b>3:30 – 5:00</b> <b>1.5 hour</b>	<p><b>Action on Climate Change Mitigation and Adaptation for Health</b></p> <p><b>Speakers: Ms. Mary Cameron (Ministry of Health), Dr. Tim Takaro (SFU)</b></p> <p><b>Learning Objectives</b> - Participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe health implications of the 2022 International Panel of Climate Change Report “Climate Change 2022: Impacts, Adaptation and Vulnerability”.</li> <li>2. Discuss potential public health activities in support of climate change mitigation.</li> </ol>	Dr. Rakel Kling, Dr. Michael Schwandt
<b>DAY 1 Evaluation:</b> <a href="https://vchhealthsurvey.phsa.ca/HOC_Spring2022_Day1.aspx">https://vchhealthsurvey.phsa.ca/HOC_Spring2022_Day1.aspx</a>		
<b>5:00 pm</b>	<b>PROGRAM ADJOURNS</b>	

**Speakers and chairpersons are reminded that:** 1. To meet the Royal College Education requirements, at least 25% of each session should be participatory discussion with the audience. 2. Any financial affiliations with regards to the presentation topics must be disclosed. 3. Only generic names of drugs and devices should be used in presentations.

**155<sup>th</sup> CONFERENCE OF THE HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA**  
**May 3, 4, 5 (half day), 2022**

Note: Learning credit hours for each session are indicated in the session column.

	<b>Retirement Social - Tuesday, May 3, 2022</b>	
6.30 pm	Cash Bar	
7:00 pm	Harvest Buffet Dinner	
	<b>Day 2 - Wednesday, May 4, 2022</b>	<b>Facilitator</b>
07:30-8:30	Breakfast buffet	
0830 – 10:00 1.5 hours	<b>Strengthening of Public Health in BC; General Discussion with OPHO</b>  <b>Speakers: Drs. Bonnie Henry and Martin Lavoie</b>  <b>Learning Objectives</b> - Participants will be able to: <ol style="list-style-type: none"> <li>1. Describe activities of the Office of the Provincial Health Officer.</li> <li>2. Assess the potential impact of those activities on their practice.</li> <li>3. Provide feedback to the PHO on public health issues of concern in their region, and in the province more broadly.</li> </ol>	Dr. Brian Emerson
10:00 – 10:30	<b>Break</b>	
10:25-10:30	<b>Box breathing</b>	Dr. Curtis May
10:30 – 12:00 1.5 hours	<b>Homelessness and Role of Public Health</b>  <b>Speakers: Drs. Sandra Allison (ISH), Naomi Dove (OPHO) and Silvina Mema (IH)</b>  <b>Learning Objectives</b> - Participants will be able to: <ol style="list-style-type: none"> <li>1. Increase the understanding of barriers and solutions towards achieving housing security.</li> <li>2. Contribute to the development of an HOC position paper on homelessness, equity and health.</li> <li>3. Increase the capacity to advocate for and coordinate efforts to improve the conditions of people facing housing insecurity and reduce related inequities.</li> </ol> <p align="center">Draft position paper circulated in advance.</p> <p>s.15; s.17  code: s.15; s.17 go to <a href="https://www.menti.com">menti.com</a> and enter code</p>	Dr. Paul Hasselback and Dr. Silvina Mema
12:00-1:00 pm	<b>Lunch</b>	

**Speakers and chairpersons are reminded that:** 1. To meet the Royal College Education requirements, at least 25% of each session should be participatory discussion with the audience. 2. Any financial affiliations with regards to the presentation topics must be disclosed. 3. Only generic names of drugs and devices should be used in presentations.

# 155<sup>th</sup> CONFERENCE OF THE HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA

May 3, 4, 5 (half day), 2022

Note: Learning credit hours for each session are indicated in the session column.

	Musical playlist	Dr. Abigail Steinberg
1:00 – 2:45 1.75 hour	<b>HOC Member Presentations on Public Health Priorities:</b> <ul style="list-style-type: none"> <li>Alcohol &amp; Health in the Interior Region-Highlights from the Annual MHO Report – Dr. Silvina Mema (IH)</li> <li>Fraser Health’s Adverse Childhood Experiences Strategy – Dr. Ariella Zbar (FH)</li> <li>Development of a refreshed strategy for prevention and control of syphilis – Dr. Jason Wong (BCCDC)</li> <li>BC harm reduction client survey: Provincial data to assess and inform harm reduction policies and programs - Dr. Jane Buxton (BCCDC)</li> <li>Effect of flooding on overdoses in Fraser East - Dr. Maulik Baxi (FH)</li> </ul> <b>Learning Objectives</b> - Participants will be able to: <ol style="list-style-type: none"> <li>Understand public health initiatives being conducted in health authorities.</li> <li>Appreciate various approaches to common public health issues.</li> <li>Integrate lessons learned from various colleagues initiatives into ones own practice.</li> </ol>	Dr. Ingrid Tyler
2:45 – 3:05	Break	
	Musical playlist	Dr. Rohit Vijh
3:05 – 4:00 pm 0.9 hour	<b>Expanding Capacity for Pandemic Related Applied Public Health Research in B.C.</b>  <b>Speakers: Scientific Co-Directors Drs. Kelley Lee and Carolyn Colijn introducing BC Emerging Pathogens and Pandemic Institute at SFU.</b>  <b>BCCDC Foundation Executive Director Kristy Kerr- role of the Foundation</b>  <b>Learning Objectives</b> – Participants will be able to: <ol style="list-style-type: none"> <li>Inform the public health community of the initiative funded by the BC Ministry of Health to generate and</li> </ol>	Dr. Perry Kendall and Dr. Paul Gully

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**155<sup>th</sup> CONFERENCE OF THE HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA**  
**May 3, 4, 5 (half day), 2022**

**Note: Learning credit hours for each session are indicated in the session column.**

	<p>apply knowledge that strengthens BC's capacities to respond to major infectious disease events.</p> <p>2. Inform a discussion on the priorities for applied public health research capacity in BC in response to the evolution of the COVID-19 pandemic and future infectious disease events.</p>	
<b>DAY 2 Evaluation:</b> <a href="https://vchhealthsurvey.phsa.ca/HOC_Spring2022_Day2.aspx">https://vchhealthsurvey.phsa.ca/HOC_Spring2022_Day2.aspx</a>		
<b>4:00 pm</b>	<b>ADJOURN FOR THE DAY</b>	
<b>4:30-5:30</b>	<b>Group walk led by PHPM residents</b>	
<b>Day 3 - Thursday, May 5, 2022 (half day)</b>		
<b>07:30-08:30</b>	<b>Breakfast buffet</b>	
<b>08:30 – 08:50 HOC business</b>	<p><b>Report from the Chair – Dr. Meena Dawar (VCH)</b>  <b>Code of Conduct - Dr. Olivia Sampson (WSBC)</b></p> <p>s.15; s.17  code: s.15; s.17 go to <a href="https://www.menti.com">menti.com</a> and enter code</p>	<p>Dr. Meena Dawar  Dr. Olivia Sampson</p>
<b>08:50 – 10:20 1.5 hours</b>	<p><b>Resolutions</b></p> <p><b>Learning Objectives</b> – Participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss priority work being done on public health issues by members of HOC.</li> <li>2. Participate in making recommendations and engage in advocacy regarding priority public health issues.</li> <li>3. Participate in supporting and advancing HOC positions and actions to improve health.</li> </ol> <p>s.15; s.17  code: s.15; s.17 go to <a href="https://www.menti.com">menti.com</a> and enter code</p>	<p>Dr. Meena Dawar</p>
<b>10:20 – 10:45</b>	<b>Break</b> <b>Musical playlist</b>	<p>Dr. Alexis Crabtree</p>
<b>10:45 – 11:30 0.75 hour</b>	<p><b>Title: UBC Public Health &amp; Preventive Medicine Residency Program Update</b></p> <p><b>Speakers: Dr. Trevor Corneil, Program Director UBC; Rishi Chatterjee, Program Manager UBC</b></p> <p><b>Learning Objectives</b> - The participant will be able to:</p>	<p>Dr. Trevor Corneil,  Rishi Chatterjee</p>

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	<ol style="list-style-type: none"> <li>1. Describe progress to date regarding UBC PHPM curriculum redesign and accreditation.</li> <li>2. Understand 'Growth Mindset' and its role in effective coaching when teaching residents in the field.</li> <li>3. Apply two evidence-informed approaches to effective coaching – 'Appreciative Inquiry', 'GROW Model'.</li> </ol>	
11:30 – 12:30 1.0 hour	<p><b>Towards an Environment of Cultural Safety, Anti-racism &amp; Trustworthiness: Unlearning and Undoing Systemic White Supremacy and Racism Within the OPHO</b></p> <p><b>Speaker: Dr. Danièle Behn Smith (OPHO)</b></p> <p><b>Learning Objectives</b> – Participants will be able to:</p> <ol style="list-style-type: none"> <li>1. List Foundational Commitments to Reconciliation.</li> <li>2. Describe a methodological framework for unlearning and undoing systemic white supremacy and racism in public health organizations.</li> <li>3. Identify the ways in which they are upholding or undermining these foundational commitments in their spheres of influence.</li> </ol>	Dr. Geoff McKee
<p><b>DAY 3 Evaluation:</b></p> <p><a href="https://vchhealthsurvey.phsa.ca/HOC_Spring2022_Day3.aspx">https://vchhealthsurvey.phsa.ca/HOC_Spring2022_Day3.aspx</a></p>		
12:30	<b>155<sup>th</sup> Meeting of Health Officers' Council Conference Closes</b>	
Next HOC	<b>October 18-20<sup>th</sup>; Location TBD</b>	

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