

Strategic COVID-19 Public Health Advisory Group

Terms of Reference

Context

1. Aotearoa New Zealand's response to COVID-19 has served New Zealanders well in terms of balancing the impacts on health, social and economic outcomes. One of the keys to that success has been our commitment to constantly learn, adapt and look to the future. This will continue to be critical as we move into a new post-pandemic phase of our response.
2. While we are transitioning into longer-term sustainable management of COVID-19, uncertainty still exists. As such, we must be ready to respond to any changes in the epidemiology of COVID-19, including the possible emergence of new variants.
3. The Strategic COVID-19 Public Health Advisory Group (the Group) was established by the Minister for COVID-19 Response on 31 March 2021 to ensure our ongoing response is informed by the best available scientific evidence and expert advice to be operational until 30 June 2022 unless otherwise extended. As the responsible Minister for COVID-19 response, I am extending the Group to report to myself and the COVID-19 Ministerial Group on public health matters in the context of our strategic settings.

Purpose of the Strategic COVID-19 Public Health Advisory Group

4. The Group will provide independent advice on our ongoing COVID-19 response informed by their expertise in epidemiology, infectious diseases, public health, and modelling.

Role and scope

5. The Group will be responsible for providing independent advice and analysis to the responsible Minister and the COVID-19 Ministerial Group on strategic public health aspects of the response based on epidemiological modelling and analyses. Their advice will have particular regard to public health protections and border and community surveillance settings within the context of the risk of new variants and reducing inequitable outcomes for vulnerable populations.
6. They will also have a public facing role, engaging with a broader group of scientists, public health experts and epidemiologists, who will be able to breakdown complex scientific analysis for the public. The Group will be a public communications channel to the general public and business laying out the key pathway to any changes to current border settings and public health measures.
7. To achieve its remit, the Group is expected to:
 - a. advise on the relationship between population coverage with vaccination and the epidemiological impacts of COVID-19, including the impacts of variance by region or locality, or other population group (e.g. ethnicity, age etc.)
 - b. review and report on the international evidence (including emerging evidence) on the effectiveness of vaccines and other treatments such as therapeutics in reducing transmission and severity of COVID-19
 - c. review and provide independent advice on proposed approaches to public health protections, the surveillance of COVID-19 variants, and public health responses to COVID-19 variants
 - d. consider the residual risk of the non-immunised population and the associated health

system capacity needs

- e. consider the impact to the COVID-19 response of changes in knowledge on subjects such as immunogenicity and duration of protection provided by vaccines
- f. be a public communication channel for the general public and business community that simplifies complex scientific advice relating to public health measures to respond to COVID-19.

Reporting and accountability

8. The Group will report to the COVID-19 Response Minister and will form part of the independent reporting to the COVID-19 Ministerial Group.
9. The Group will meet regularly with the Minister for COVID-19 Response on behalf of Cabinet.

Membership

10. Members will be appointed by the responsible Minister and noted by Cabinet.
11. The Group will consist of a Chairperson (the Chair), and up to six members.
12. Current membership is set as described in Appendix A. Membership may be amended at the discretion of the responsible Minister as Aotearoa New Zealand's COVID-19 situation and strategy changes.
13. Members of the Group are individuals who are considered experts in epidemiology, infectious diseases, public health, and modelling. Members are expected to engage with the sector, relevant agencies and organisations (research institutes), via the secretariat to ensure that they have information required to form their advice.
14. An observer from the Ministry of Health will attend meetings at the discretion of the Chair.

Secretariat

15. Secretariat support for the Group will be provided by the Department of the Prime Minister and Cabinet's (DPMC) COVID-19 Group. The secretariat will support the Chair to arrange and hold meetings, identify agenda priorities, manage the flow of information, support the development and preparation of written advice, and maintain sound board practices.

Meetings

16. It is expected that up to four days effort per month will be required for meeting preparation, meetings, and the development of advice. At the discretion of the responsible Minister the Group may meet more frequently, subject to budgetary constraints.
17. Members who are unable to attend a meeting of the Group cannot delegate attendance responsibilities.
18. A quorum of one less than total Group members is required for decision-making purposes.
19. The Chair will determine the meeting processes.

Information requirements

20. The Group is likely to require information from other agencies and stakeholders. The Group will regularly engage with the responsible Minister regarding information requirements and either the Minister's Office will liaise with the relevant agencies and officials to request such information.

Fees and reimbursements

21. Letters of appointment will detail the remuneration and reimbursement arrangements for the Chair and members.

Media

22. Members need to notify the Chair of any public statements to be made as a representative of the Group. The Chair should inform the Minister's Office of any requests to comment prior to releasing a public statement, operating under a principle of 'no surprises'.

Declarations of conflict

23. The following process is to be followed in regard to conflicts of interest.

- a. The Chair and Group members are required to disclose any real or perceived conflicts of interest, or changes to disclosed conflicts of interest as they arise.
- b. Conflicts of interest are recorded on a register held by the DPMC.
- c. In the event of there being a conflict of interest that is material to a meeting or advice to be provided by the Group, the relevant person will absent themselves from the discussion and preparation of advice. If this person is the Chair, they will nominate another Group member to act as Chair for the duration of the relevant meeting and preparation of any related advice.

General confidentiality requirements

24. Members of the Group must maintain confidentiality of matters discussed at meetings, and any information or documents (not otherwise publicly available) provided to the Group.

Removal of Members

25. Any serious breach of any of these terms of reference may result in the responsible Minister removing a member from the Group at their discretion. Serious breaches of the Terms of Reference include, but are not limited to, a breach of confidentiality, unauthorised communication with media about the Group, or a failure to declare, or appropriately manage, a conflict of interest.

26. Any member removed from the Group can be replaced with a new member at the discretion of the responsible Minister.

Disestablishment of the Group

27. The Group will be operational until 30 December 2022 unless otherwise extended. The Group maybe disestablished at any time prior to this date at the discretion of the responsible Minister.

Appendix A

Strategic COVID-19 Public Health Advisory Group (proposed members)

Name	Role	Term
Prof Nikki Turner	Chair	31 March 2021 – 30 December 2022
Dr Maia Brewerton	Member	31 March 2021 – 30 December 2022
Prof David Murdoch	Member	31 March 2021 – 30 December 2022
Dr Ella Iosua	Member	31 March 2021 – 30 December 2022
Prof Matire Harwood	Member	(Date of appointment) – 30 December 2022
Prof Patricia Priest	Member	(Date of appointment) – 30 December 2022

Appendix B

Strategic COVID-19 Public Health Advisory Group biographies

Professor Nikki Turner appointed as Chair of the Group

Professor Turner is an academic and General Practitioner, specialising in immunisation, primary healthcare and preventative child health. Professor Turner is the Medical Director of the Immunisation Advisory Centre (IMAC) and an honorary Professor in the Division of General Practice and Primary Health Care, University of Auckland. Dr Turner represents the Royal New Zealand College of General Practitioners in child health issues and is a health spokesperson for the Child Poverty Action Group. She was a member of the World Health Organization Strategic Advisory Group of Experts on Immunization and Chair of the Measles and Rubella elimination subcommittee until 2020. She sits on several national committees including the COVID-19 Vaccine Technical Advisory Group, the Pharmac PITAG immunisation subcommittee and chairs the National measles and rubella verification committee (NVC).

Dr Maia Brewerton appointed as a member of the Group

Dr Brewerton is a specialist in allergy, clinical immunology and immunopathology and works in the Department of Clinical Immunology and Allergy at Auckland Hospital. She also heads the immunology laboratory at Waitemata DHB. Dr Brewerton is the Clinical Immunology and Allergic Diseases Team Leader at the Malaghan Institute of Medical Research and joined their Trust Board in 2021.

Dr Ella Iosua appointed as a member of the Group

Dr Ella Iosua is a Senior Research Fellow (Biostatistician) in the Biostatistics Centre at the University of Otago, providing expertise to Health Sciences researchers. Dr Iosua collaborates with and provides biostatistical advice to researchers from diverse academic disciplines with diverse levels of statistical literacy at optimally all stages of the research process, including research question articulation, study design, analysis, and inference.

Professor David Murdoch appointed as a member of the Group

Professor Murdoch is Vice-Chancellor of the University of Otago. His background is in infectious diseases, clinical microbiology, epidemiology, and vaccinology. He is the co-leader of The Infection Group, the co-founder of One Health Aotearoa, a Senior Associate in the Department of International Health at Johns Hopkins School of Public Health, Honorary Professor of One Health at Massey University, and was, until recently, a clinical microbiologist at Canterbury Health Laboratories. Professor Murdoch's main research interests are the epidemiology, diagnosis and prevention of respiratory tract infections.

Associate Professor Matire Harwood appointed as a member of the Group

Professor Harwood (MBChB, PhD) is a hauora Māori academic and GP dividing her time across the Department of General Practice and Primary Care at Auckland medical school and Papakura Marae Health Clinic in South Auckland. She is a member of the COVID-19 Technical Advisory Group, was a member of the COVID-19 Vaccine Science and Technical Advisory Group and as a member of the Steering Group, recently appointed the Board members for the Māori Health Authority. In 2017 she was awarded the L'Oréal UNESCO New Zealand 'For Women in Science Fellowship' for research in Indigenous health and in 2019 she received the Health Research Council's Te Tohu Rapuora award for leadership in research to improve Māori health.

Professor Patricia Priest appointed as a member of the Group

Professor Priest works in the Department of Preventive and Social medicine at the University of Otago with a focus on infectious disease epidemiology. Her research interests lie in infectious disease epidemiology, prevention and control, screening, and public health and epidemiology. Professor Priest was previously a member of the Ministry of Health's (MoH) COVID-19 Technical Advisory Group and is a current member of the COVID-19 Testing Technical Advisory Group. Her work as Chief Clinical Advisor, Epidemiology gives her insight into the pandemic response activities in MoH and into the operation and interpretation of COVID-19 modelling.