

## **Strategic COVID-19 Public Health Advisory Group**

### **Terms of Reference**

#### **Context**

1. Aotearoa's COVID-19 elimination strategy has served New Zealanders well both in terms of health 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 roll out our mass vaccination campaign and move into a new post-pandemic phase of our response.
2. As vaccine coverage increases throughout 2021 the Government will face a number of decisions regarding our border and public health settings. At the same time, we must be ready to respond to any changes in the epidemiology of COVID-19, including the possible emergence of new variants.
3. To ensure our ongoing response is informed by the best available scientific evidence and expert advice, as the responsible Minister for COVID-19 response I am establishing the Strategic COVID-19 Public Health Advisory Group (the Group) to report to myself (via Minister Verrall) and the COVID-19 Ministerial Group on some of the challenges and opportunities we face.
4. I intend that the Group will work with the COVID-19 Independent Continuous Review, Improvement and Advice Group, especially around health protections post vaccine. The timing benefits both groups giving an opportunity to align their priorities and working approach to eliminate any duplication and cover any gaps.

#### **Purpose of the Strategic COVID-19 Public Health Advisory Group**

5. 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**

6. The Group will be responsible for providing independent advice and analysis to the responsible Minister and the COVID-19 Ministerial Group on epidemiological modelling and analyses in relation to COVID-19 vaccine rollouts and any changes to the approach to public health protections and border settings. 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. Provide advice and assurance on the modelling approach (data, research, considerations, parameters and options) undertaken by the modelling Governance Group that has been established by the Ministry of Health. This is to ensure assumptions and questions being modelled are robust.

This includes -

- i. Advice on the relationship between population coverage with vaccination and the epidemiological impacts of COVID-19 (should the borders reopen),

including the impacts of variance in by geography or other population group (e.g. ethnicity, age etc.);

- b. Analyse the interpretation of the epidemiological modelling so that Cabinet has the advice that it needs to make evidence-based decisions on any changes to border settings;
- c. Review and report on the international evidence (including emerging evidence) on the effectiveness of vaccines in blocking transmission of COVID-19, beginning with evidence relating to the Pfizer vaccine being rolled out in Aotearoa this year;
- d. Review and provide independent advice on proposed approaches to public health protections post border reopening and on options for monitoring of, and public health responses to COVID-19 variants not addressed by current vaccine options;
- e. Consider the residual risk of the non-immunised population and the associated health system capacity needs in the context of the border reopening;
- f. Consider the impact to the COVID-19 response of changes in knowledge on subjects such as; immunogenicity; herd immunity; and duration of protection provided by the vaccine;
- g. Be a public communication channel for the general public and business community that simplifies complex scientific advice around the critical pathway for any changes to New Zealand's border settings.

### **Reporting and accountability**

8. The Group will report to the COVID-19 Response Minister, via the Associate Minister of Health (Public Health) and will form part of the independent reporting to the COVID-19 Ministerial Group alongside the COVID-19 Independent Continuous Review, Improvement and Advice Group.
9. The Group will meet regularly with Associate Minister of Health (Public Health) 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. Membership is initially set as described in Appendix A. Membership may be amended as 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.

### **Secretariat**

14. Secretariat support for the Group will be provided by DPMC's 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**

15. It is expected that 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.
16. Members who are unable to attend a meeting of the Group cannot delegate attendance responsibilities.
17. A quorum of one less than total Group members is required for decision-making purposes.
18. The Chair will determine the meeting processes.

### **Information requirements**

19. The Group is likely to require information from other agencies and stakeholders. The Group will regularly engage with the responsible Minister and Associate Minister of Health (Public Health) regarding information requirements and, at the direction of either Minister, the appropriate Office will liaise with the relevant agencies and officials to request such information.

### **Fees and reimbursements**

20. Letters of appointment will detail the remuneration and reimbursement arrangements for the Chair and Members.

### **Media**

21. 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**

22. The Chair and Members are responsible for declaring any real or potential conflict of interest to the other members of the Group, as soon as the conflict arises. Any real or perceived conflicts will be discussed by the Chair and/or responsible Ministers, and mitigations put in place if necessary.

### **General confidentiality requirements**

23. 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**

24. Any serious breach of any of these terms of reference may result in responsible Ministers 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.
25. Any member removed from the Group can be replaced with a new member at the discretion of the responsible Ministers.

**Disestablishment of the Group**

26. The Group will be operational until 30 June 2022 unless otherwise extended. The Group may be disestablished at any time prior to this date at the discretion of the responsible Minister.
  27. The Group, including membership, scope and terms of reference will be reviewed in July 2021 by DPMC.
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**Appendix A: Strategic COVID-19 Public Health Advisory Group**

<b>Name</b>	<b>Role</b>	<b>Term</b>
Sir David Skegg	Chair	31 March 2021 – 30 June 2022
Dr Nikki Turner	Member	31 March 2021 – 30 June 2022
Prof Philip Hill	Member	31 March 2021 – 30 June 2022
Dr Maia Brewerton	Member	31 March 2021 – 30 June 2022
Prof David Murdoch	Member	31 March 2021 – 30 June 2022
Dr Ella Iosua	Member	31 March 2021 – 30 June 2022
Rodney Jones	Special Advisor	31 March 2021 – 30 June 2022
Professor Shaun Hendy	Special Advisor	31 March 2021 – 30 June 2022

**Observer**

Dr Ian Town

## **Appendix B: Strategic COVID-19 Public Health Advisory Group Biographies**

Professor Sir David Skegg appointed as Chair of the Group

Sir David is an epidemiologist and public health physician. Sir David has been the Chair of the Preventive and Social Medicine at the University of Otago, Health Research Council, the Public Health Commission, and the Science Board and has been an advisor to the World Health Organisation in Geneva for more than three decades. More recently, Sir David served as a special adviser to Parliament's Epidemic Response Committee during the COVID-19 pandemic and has also been called as a witness by the equivalent select committee of the UK House of Commons.

Dr Nikki Turner appointed as a member of the Group

Dr Turner is an academic and General Practitioner, specialising in immunisation, primary healthcare and preventative child health. Dr Turner is the Director of the Immunisation Advisory Centre (IMAC) and an Associate 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 and is a health spokesperson for the Child Poverty Action Group. She is also a member of the World Health Organization Strategic Advisory Group of Experts on Immunization and Chair of the Measles and Rubella elimination subcommittee.

Dr Maia Brewerton appointed as a member of the Group

Dr Brewerton is a specialist in allergy, clinical immunology and immunopathology and is the lead clinician of the Department of Clinical Immunology and Allergy at Auckland Hospital. She also heads the immunology laboratory at Waitemata DHB. Maia teaches specialists in training at Auckland Hospital and trainee doctors at the Auckland University School of Medicine. She is the incoming Chairperson of the New Zealand Clinical Immunology and Allergy Group (NZCIAG).

Professor Philip Hill appointed as a member of the Group

15 Professor Hill is a medical practitioner and epidemiologist who brings expertise in public health and infectious diseases, research skills, and international health experience to the Group. Professor Hill holds qualifications in medicine as a specialist infectious disease physician, and holds a doctorate in the epidemiology of tuberculosis. Professor Hill also worked alongside Sir Brian as a member of both the Ministerial advisory committee assembled to oversee the implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy and the Contact Tracing Assurance Committee. Professor Hill worked as a clinical epidemiologist at the Medical Research Council in the United Kingdom, and has been a lead or co-investigator on various grants including with the European Commission, the Canadian Institute of Health Research, and the with New Zealand Health Research Council. Professor Hill now holds the position of Co-Director of the Centre for International Health at the University of Otago and holds the McAuley Chair in International Health.  
16 I intend to appoint

Dr Ella Iosua appointed as a Member of the Group

Dr Ella Iosua is a Senior Research Fellow in the Department of Preventive and Social Medicine, providing biostatistical expertise to health researchers at the University of Otago. Her experience in the Cancer Society's Social and Behavioural Research Unit (SBRU) has allowed her to excel in strategic planning and insights, publishing multiple academic papers utilising complicated structural equation modelling and living organism data.

Professor David Murdoch appointed as a member of the Group

Professor Murdoch is the Dean of the University of Otago, Christchurch. He is the co-leader of The Infection Group, the co-director of One Health Aotearoa, a Senior Associate in the Department of International Health at Johns Hopkins School of Public Health, and a clinical microbiologist at Canterbury Health Laboratories. David's main research interests are the epidemiology, diagnosis and prevention of respiratory tract infections, pneumococcal disease, legionellosis, bloodstream infections, and the role of vitamin D in infectious diseases.

Rodney Jones appointed as a Special Advisor to the Group

Rodney Jones is a Principal of Wigram Capital Advisors, an Asian-based macro advisory firm that provides economic analysis and advice to leading global investment funds on developments in Asia. Rodney has been working as an economist and analyst in Asia for the last 28 years. His focus in that time has been on the interaction between banks, the financial system and real economies across Asia. Prior to establishing Wigram Capital Advisors in Hong Kong in 2001, he was a Managing Director and Partner with Soros Fund Management, heading up the research office in Hong Kong from 1994-2000. During this time Rodney was responsible for providing macro analysis and advice on Japan, China and Non-Japan Asia for the Quantum group of funds. He is a graduate of the University of Auckland, New Zealand, with a MA (Hons) in Economics and a BCom.

Professor Shaun Hendy engaged as a Special Advisor to the Group

Professor Hendy is a physicist and professor in the Department of Physics and Centre for Innovation and Entrepreneurship at the University of Auckland, as well as the Director of Te Pūnaha Matatini, a centre of research excellence in complex systems and data analytics. More recently, Dr Hendy supported the government's response to COVID-19 by leading a team of scientists in the development of mathematical models.