

# **Advisory Committee to oversee the implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy**

## **Terms of Reference**

### **Purpose**

1. The purpose of the Advisory Committee (the Committee) is to oversee the implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy. [Cab-20-Min-0415 refers.]

### **Background and context**

2. The current COVID-19 Surveillance Plan provides the overall approach to surveillance for COVID-19, as one of four pillars of the overall strategy of disease elimination. The Testing Strategy is a core component of this surveillance plan.
3. The objectives of the updated Testing Strategy are to:
  - a. ensure rapid identification of all cases of COVID-19 to assess and clinically care for them as well as stop any ongoing transmission of infection by isolation, tracing and quarantining their contacts
  - b. identify and minimise any undetected community spread in New Zealand
  - c. monitor people at higher risk of exposure to COVID-19 to ensure that protections in place are working
  - d. ensure access to testing is effective and equitable for all groups in particular Māori and Pacific.
4. The Surveillance Plan has the following two aims:
  - a. to understand the burden of COVID-19 disease and SARS-CoV-2 infection in the New Zealand population in order to inform the COVID-19 response
  - b. to assess the effectiveness and equity of public health strategies to control the disease.
5. The Committee will oversee the Ministry of Health's implementation of the Surveillance Plan and Testing Strategy and the Committee will:
  - a. determine the extent to which all elements of the strategy are being implemented including testing at the border
  - b. identify any issues or barriers that are preventing the strategy from being implemented, including resourcing, capacity, and legal matters
  - c. identify any improvements that can be made in the implementation
  - d. any other matters relevant to the Surveillance Plan and Testing Strategy and the pandemic response.
  - e. Recommend options and or interventions required to successfully deliver the Surveillance Plan and Testing Strategy

## **Role and Scope**

6. Cabinet authorised the Minister of Health, in consultation with relevant portfolio Ministers, to finalise the terms of reference and membership of the committee to oversee the implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy.” [CAB-MIN-0415 refers].
7. It is intended that the Committee will primarily focus on current testing activity, rather than auditing past decisions, but it will need to understand the Ministry’s approach to implementation.
8. All aspects of the Surveillance Plan and Testing Strategy are included in the scope, including the border, Managed Isolation and Quarantine facilities (MIQ), and community testing.
9. The Committee will:
  - a. report to and provide advice to the Minister of Health on the implementation of the Surveillance Plan and Testing Strategy;
  - b. work with Government agencies and other key stakeholders including private employers and unions to ensure that the Testing Strategy is properly informed;
  - c. be able to request information from Government agencies and or other sources to support the successful implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy.
10. The role of the Committee may be reviewed at or before the end of four weeks from the date of appointment and it may be appropriate to expand the Committee’s terms of reference or consider other arrangements at that point.

## **Membership and fees**

11. The Committee will comprise two Co-Chairs and three members with expertise in public health and Māori / Pacific health perspectives.
12. Fees for the Co-Chairs and members will be set according to the Cabinet Fees Framework and outlined in a letter of appointment.
13. All costs associated with Committee will be met through existing Ministry baselines.
14. All appointments to the Committee will be made by the Minister of Health in consultation with the relevant portfolio Ministers.
15. Appointment to the Committee will be for a period of four weeks from the date of appointment.

## **Meetings and processes**

16. The Committee will meet regularly on dates determined by the Co-Chairs. It is anticipated that work in the Committee may take up to three days per week.
17. The Committee will operate in good faith and on a ‘no surprises’ basis.

18. Meetings can be held virtually or in person. The Co-Chairs are responsible for setting meeting agendas, leading meetings and ensuring that the business of the day is heard.
19. The Department of Prime Minister and Cabinet (DPMC) will provide administrative and secretariat support to the Committee including:
  - a. setting up meetings
  - b. collating and distributing papers
  - c. recording minutes and actions as required.
20. The Committee will have access to such additional resource for example policy expertise, as it requires to complete its task.

#### **Access to information and confidentiality**

21. Discussion within meetings will remain confidential and minutes will not be circulated outside the Committee without the agreement of the Co-Chairs.
22. The Committee can request access to any information held by Government agencies and other relevant health system agencies (e.g. PHUs and DHBs) provided the information is within scope of these terms of reference.
23. All information received, considered and generated by the Committee is subject to the Official Information Act 1982. Responses to any such requests will be collated by the Department of Prime Minister and Cabinet for the Chairs approval.

#### **Disclosure and other matters**

24. All Committee members must declare any actual, possible or perceived conflicts of interest. DPMC's administrative support function will keep and maintain a register of any such declarations.