

# Aide-Mémoire

## Meeting with the Public Health Advisory Committee

<b>Date due to MO:</b> 3 March 2026	<b>Date of Meeting:</b> 5 March 2026
<b>Security level:</b> IN CONFIDENCE	<b>Reference:</b> H2025076504
<b>To:</b> Hon Simeon Brown, Minister of Health	
<b>Consulted:</b> Health New Zealand: <input type="checkbox"/>	
<b>Proactive release:</b> This <b>title</b> is proposed by the Ministry of Health for proactive release: <input checked="" type="checkbox"/>	

### Contact for telephone discussion

Name	Position	Telephone
<b>Dr Andrew Old</b>	Deputy Director-General, Public Health Agency	s 9(2)(a)
<b>Andrew Forsyth</b>	Manager, Public Health Strategy & System Design, Public Health Agency	

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### About the Meeting

**Purpose of Meeting** You are meeting with Public Health Advisory Committee (the Committee) to discuss the Committee's work and set direction.

**Details of Meeting**

Date: 5 March 2026  
Time: 11:30am - 12:00pm  
Venue: 6.6 EW

- Attendees**
- Dr Caroline McElnay, Chair of the Committee
  - Professor Peter Crompton, Deputy Chair
  - Faumuina Professor Fa'afetai Sopoaga, Committee member
  - Professor Matire Harwood Committee member (holds a dual role as a Hauora Māori Advisory Committee member)
  - Professor Paula Lorgelly, Committee member
  - Associate Professor Kaaren Mathias, Committee member.
- Refer to appendix one for details including terms and brief bios.

**Organisation** The Committee is established under the Pae Ora (Healthy Futures) Act 2022. The purpose of the Committee is to provide independent, expert advice on public health matters to the Minister of Health and health entities.

**Ministry representatives** Andrew Forsyth, Manager Public Health Strategy & System Design

## Background to the Committee

1. The Committee is established under the Pae Ora (Healthy Futures) Act 2022 to provide independent, expert advice on public health matters.
2. The Committee consists of at least five and no more than seven members. Following the recent appointment process, as of 1 December 2025, there are six members, including one who also serves on the Hauora Māori Advisory Committee.
3. The Committee develops a proposed annual work programme in consultation with the Minister of Health, which includes at least one major topic. The Committee engages with senior health officials when selecting topics, but you make the final decisions.
4. In addition to the major topic, the Committee can also provide you separate, smaller pieces of strategic public health advice at your request. The Committee may also provide independent advice to the Public Health Agency, and Health New Zealand on public health matters.

## Committee Membership

5. Cabinet confirmed new Committee appointments on 24 November 2025. Members accepted their offers on 26 November, with terms starting 1 December.
6. The first Committee meeting with the new members was held on 9 December 2025.
7. The Committee comprises:
  - Dr Caroline McElnay (incumbent member, newly appointed as Chair)
  - Professor Peter Crampton (reappointment, newly appointed Deputy Chair)
  - Faumuina Professor Fa'afetai Sopoaga (incumbent member)
  - Professor Matire Harwood (new appointment and holds a dual role as a Hauora Māori Advisory Committee member)
  - Professor Paula Lorgelly (new appointment)
  - Associate Professor Kaaren Mathias (new appointment)
8. Appendix One contains a table detailing each member's background, current role, and term of appointment.

## Terms of Reference of the Committee

9. On 26 August 2025, after amendments from both your office and the Public Health Agency, your office provided the Ministry of Health (the Ministry) the final version of the updated Terms of Reference (see Appendix Two), which are now published on the Public Health Advisory Committee section on the Ministry's website.
10. The changes include that the Committee will only provide advice to you on matters you specifically request, or as otherwise agreed in their work programme, and that the publication of any advice, and the timing of publication, will require your prior approval. These additions align with your May 2025 Letter of Expectation to the previous Chair.

## Information on issues that may be raised by the Committee at the meeting

### Current Work programme (2025/26 financial year):

11. On 10 June 2025, you informed the previous Chair that the Committee's 2025/26 work programme would focus on "Primary Care in 2035" and completing phase two of the *Improving the Effectiveness of Public Health Spending* report.

### Shaping Primary Care to 2035

12. Your letter stated that the primary care report will use a public health lens to focus on the future of primary care including:
  - how primary care can deliver on population health outcomes efficiently and effectively while ensuring improved access for all New Zealanders
  - how to design and deliver primary care so it reduces demand on hospital services.
13. We understand that the Committee intends to discuss the progress of the primary care report with you, and that it is expected to be completed by the end of financial year. The Committee may also discuss with you the timing of the publication of the report.

### Phase two of Improving the effectiveness of public health spending report

14. The "Improving the effectiveness of public health spending" Phase One and Two reports address requests from Hon Shane Reti (2024) and yourself (April 2025) for advice on:
  - how the public health spend of Vote Health compares with other jurisdictions
  - what proportion of the spend goes to preventing non-communicable disease
  - whether the public health spend could be used more effectively and efficiently to deliver the basics for public health services, to support primary care, and reduce the pressure on hospital services
  - what public health infrastructure could be prioritised for investment.
15. "Improving the effectiveness of public health spending" Phase One report (November 2024) sets out the case for investment in public health, the approach the Government should take to commissioning public health interventions, and actions to enable tracking of public health investment. The Committee Chair sent you the Phase One report with a letter dated 10 February 2025.
16. The Committee has now completed the Phase Two report (sent to your office on 10 February 2026). Key findings and conclusions in the Phase Two report are:
  - approximately 2.8% of Vote Health is spent on public health, based on data from Health New Zealand and the Ministry (noting there remain uncertainties associated with the quality of data)
  - public health spend as a proportion of total health spending (including 'out of pocket' and private spending) is estimated at 2.2%
  - New Zealand is spending less on public health and prevention than the Organisation for Economic Cooperation and Development (OECD) average of 3% of total health spend, although different definitions and methodologies mean the figures are not directly comparable

- about 70% of the National Public Health Service Public Health spend (including screening) addresses the prevention of non-communicable diseases (NCDs), which account for 85% of the burden of disease
- there is robust evidence for the positive return on investment and cost-effectiveness (and for some programmes, cost saving) of public health interventions
- *"... Effective, evidence-based and equity-focused Public Health interventions"* can support primary care and reduce the pressure on hospital services using the examples of smoking and immunisation.

17. The key recommendations include that you request:

- the Ministry:
  - commission an economic analysis of effective prevention approaches
  - develop a national direction setting document for the public health sector
  - provide New Zealand health data to the OECD and restart collection of private and 'out of pocket' expenditure data collation.
  - increase PHA leadership capacity and expertise in strategy, policy and monitoring.
- Health New Zealand to:
  - develop action plans and commissioning plans for public health (with evidence of cost-effectiveness, engagement with communities, and whānau voice)
- the Public Health Agency and Health New Zealand to:
  - jointly review and update the current Nationwide Service Framework Public Health service specifications
  - build further evidence of effectiveness through resourcing programme evaluations
  - implement the COVID-19 Royal Commission recommendations.

18. There are also recommendations to strengthen the public health workforce and invest in relevant digital infrastructure.

19. The Ministry has not yet evaluated the paper and its recommendations.

20. The Committee intends to discuss this report with you and has asked for your approval to publish both the Phase One and Phase Two reports.

21. The Ministry supports publication of the reports, as they provide valuable resources for the health sector, and promote transparency regarding the Committee's work.

**Future work programme 2026/27:**

22. Previously the Committee has given the Minister options for possible topics for the following financial year.
23. While we understand that the Committee does not currently have a finalised list to discuss with you, the future work programme may still be raised for discussion.



Ross Bell

**Group Manager Public Health Strategy, Monitoring & Engagement**

Public Health Agency

Date: 26 February 2026

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## Appendix 1: Public Health Advisory Committee Members

Name	Background & Current Role/s	Position on Committee	Appointment Date	Expiry Date
1. Dr Caroline McElnay	Public health medicine specialist and was the Director of Public Health at the Ministry of Health from 2017 to 2022. She is currently the Chief Health Officer for Victoria, Australia and is based in Melbourne.	Chair (from 1 December 2025)	7 October 2024	6 October 2027
2. Professor Peter Crampton	Professor of Public Health at the Kōtahu Centre for Hauora Māori, University of Otago. He has qualifications in medicine and public health and is a Fellow of the New Zealand College of Public Health Medicine.	Deputy Chair (from 1 December 2025)	1 December 2025 (First appointment Nov 2022-Nov 2025)	30 November 2027
3. Faumuina Professor Fa'afetai Sopoaga	Over 20 years of experience as a public health medicine specialist and also trained as a GP. She currently serves as the Director at the Va'a o Tautai – Centre for Pacific Health and Professor at the Dunedin School of Medicine at the University of Otago.	Member	7 October 2024	6 October 2027
4. Matire Harwood	Deputy Dean for the Faculty of Medical and Health Sciences, University of Auckland, and continues to practice as a GP. She has served on Waitematā District Health Board, Health Research Council, and the Primary Care Strategy group at the Ministry of Health.	Holds a dual role as a Hauora Māori Advisory Committee member	1 December 2025	19 August 2026
5. Paula Lorgelly	Professor of Health Economics at the University of Auckland. She has had an international career working in academia in the UK and Australia and the independent sector in London.	Member	1 December 2025	30 November 2028
6. Kaaren Mathias	Associate Professor in public health and social justice at the University of Canterbury and Clinical Director of Health promotion, Te Whatu Ora. She is a Public Health physician and researcher with a focus on community and lived experience participation, youth and child health and mental health in communities.	Member	1 December 2025	30 November 2027
7. VACANT				

## Appendix 2 Terms of Reference

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## Terms of Reference for the Public Health Advisory Committee

### Introduction

1. The Public health Advisory Committee (PHAC) is established under section 93 of the Pae Ora (Healthy Futures) Act 2022.
2. Under the Act, the purpose of the committee is to provide independent advice to the Minister, the Public Health Agency, and Health New Zealand on the following matters:
  - (a) public health issues, including factors underlying the health of people, whānau, and communities:
  - (b) the promotion of public health:
  - (c) any other matters that the Minister or the Public Health Agency specifies by notice to the committee.

### Approach to developing advice

3. Tackling existing and anticipating future public health priorities and risks, and addressing persistent inequities in health care and health outcomes, requires innovative and practical thinking.
4. To support this the PHAC is expected to provide independent and strategic public health advice that:
  - is evidence-based and data-driven, including relevant international evidence and best practice
  - considers the broader determinants of health, and sectors affecting the health and wellbeing of people and communities
  - considers creative yet pragmatic options and solutions, and opportunities to drive and implement these at both a population and community level.
  - ensures the public health system makes full use of public health intelligence, surveillance and knowledge.
5. In fulfilling its role, the PHAC will:
  - engage across relevant disciplines, and with subject matter experts (e.g clinicians) and communities (including patients) as required

- prefer solutions emphasising sustainable, enduring change and recognising the costs of change and the long-term financial sustainability of the health and disability system
- consult with the health sector, other public health entities and other sectors on their ability to implement PHAC's proposals.

### **Expectations and deliverables**

6. The PHAC provides independent advice and reports directly to the Minister of Health and/or the Associate Minister/s of Health.
7. The PHAC will develop and agree with the Minister an annual work programme, which will include a focus on at least 1 major topic each year.
8. The PHAC will also engage with the Director-General of Health, the Director of Public Health (or their delegates), and the Deputy Director-General of the Public Health Agency in identifying this topic and the development of the work programme.
9. The PHAC will only provide advice to the Minister on matters agreed between the Minister and PHAC.
8. The PHAC will meet regularly to deliver on its annual work programme on dates discussed with and determined by the Chair.
9. The PHAC may establish subcommittees and project teams amongst its members. The PHAC may also draw on external expertise as required and may appoint expert advisors to assist in their work. These expert advisors are not Committee members and have no voting rights.
10. The PHAC will operate in good faith and on a 'no surprises' basis with the Minister, and is accountable to the Minister for the relevance, quality and timeliness of its advice and reports.
11. Both publication of any advice to the Minister and the timing of publication of any such advice requires the Minister's prior approval.

### **Secretariat**

The PHAC will be supported by a Budget and Secretariat operating out of the Public Health Agency within the Ministry of Health.

12. The Secretariat will provide administrative and Secretariat support to the PHAC for its meetings, including setting up meetings, arranging travel when required, preparing, collating and distributing papers and recording minutes and actions as required.

13. The Public Health Agency, within the accountabilities and constraints it operates under, will ensure that Budget and Secretariat arrangements are sufficient for the PHAC to fulfil its accountability for its work programme and advice to the Minister.
14. The Public Health Agency and Ministry of Health have an obligation to respect the independence of the PHAC's advice and its right to give free and frank advice to the Minister. The Public Health Agency and Ministry of Health may provide parallel advice to the Minister on the PHAC's advice and may advise the PHAC on its work programme.
15. The PHAC will consult with the Director-General of Health, Director of Public Health (or their delegates) and the Deputy Director-General of the Public Health Agency in preparing advice or reports for the Minister.

#### **Membership and recognition**

16. The PHAC comprises a minimum of 5 up to a maximum of 7 members, including the Chair and Deputy Chair.
17. The PHAC, including the Chair and Deputy Chair, is appointed by Ministerial letter. The PHAC or any of its members may be removed or suspended by the Minister on written notice, after consultation with the Chair.
18. Members are to be appointed for a term of up to 3 years, renewable for 1 further term with a maximum of 6 years, unless an additional period of up to 12 months is confirmed by the Minister of Health to allow for continuity of projects.
19. Collectively members of the PHAC are expected to demonstrate knowledge of, experience and expertise in relation to:
  - population health
  - health access
  - the Treaty of Waitangi
  - epidemiology
  - health intelligence
  - health surveillance
  - health promotion
  - health protection
  - preventative health

20. The PHAC does not need to formally vote on matters and may decide by consensus or majority view. Should the Chair determine that differences of view or other specific decisions should be put to a vote, all PHAC members have full voting rights (subject to conflict-of-interest requirements).
21. The attendance of at least half the members, including the Chair, or Deputy Chair in the Chair's absence, constitutes a quorum.
22. Fees for the Chair, Deputy Chair and members are set according to the *Fees Framework for Members Appointed to Bodies in which the Crown has an Interest* (the Fees Framework) and are outlined in the letter of appointment. Members are also entitled to reimbursement for reasonable and actual expenses under the Framework for carrying out work on behalf of the PHAC.
23. The Minister may alter or reconstitute the PHAC, discharge or reappoint any member, or appoint new members in response to any changes to the key tasks that are being addressed or where a significant conflict of interest has arisen.
24. A member may tender their resignation at any time by advising the Minister in writing.

#### **Performance of members duties**

25. Members of the PHAC must act in good faith, with reasonable care and with honesty and integrity when exercising their powers or performing their duties on behalf of the PHAC under these Terms of Reference.
26. Members must ensure that independent views of other members are given due weight and consideration and:
- ensure fair and full participation
  - regularly review their own and the PHAC's performance
  - act in accordance with the principles of Te Tiriti o Waitangi.
27. Members are appointed for their knowledge, expertise and connections to communities, to advance the public health system. The PHAC should not assume that a particular group's interests have been considered or consultation is complete because a member is associated with a particular group and their view is included in the PHAC's advice.
28. A member of the PHAC is not liable to the Ministry or the Crown for any conduct in their capacity as a member of the PHAC. This is with the provisos that they have acted in good faith, and with reasonable care, in pursuance of the role specified for the PHAC in these terms of reference.

#### **Confidentiality and communication of information**

29. Members must ensure that the confidentiality of the PHAC's business is maintained. Members must be clear about what matters are permitted to be discussed with people that are not PHAC members and, in doing so, should be familiar with the information that is publicly available about the PHAC's work.
30. The Secretariat provides assistance in responding to requests for information in conjunction with the Chair.
31. Queries about the PHAC and its advice should be directed in the first instance to the Chair. The Chair will discuss any response with the Minister or the Minister's office, where appropriate.
32. The Chair will consult the Deputy Director-General of the Public Health Agency and the Minister of Health before making media statements or other public comment in relation to PHAC reports and policies.
33. Where appropriate, the Chair may delegate the making of comments to other members.

#### **Conflicts of interest**

34. PHAC members must avoid conflicts of interest and any conduct likely to impair their impartiality as members of the PHAC.
35. Any PHAC member who has a conflict of interest or likely conflict of interest must, as soon as practicable after becoming aware of this, bring it to the Chair's attention and record it in an interests register maintained by the PHAC Secretariat.
36. A member must not take part in any discussions, decisions or quorum of the PHAC relating to a matter in which they have an interest unless permission is granted by the Chair allowing the member to take part. Any such permission granted will be recorded in the minutes with the reasons for this, together with the member's comments regarding the interest.
37. The Office of the Auditor-General has produced the following general guidance on conflicts of interest, their identification, disclosure and management:  
*Managing Conflicts of Interest: A Guide for the Public Sector*. See following Link:

<https://oag.parliament.nz/good-practice/conflicts-of-interest/conflicts-resources>