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10 August 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202207922

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 15 June 2022 for:

“Any advice or assessment on the impacts of “long covid” on New Zealand’s health system.”

Six documents were identified within scope of your request. The documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Dr Martin Chadwick
Chief Allied Health Professions Officer

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	19 April 2022	Memo – Proposed governance structure for the Long COVID programme	Some information withheld under section 9(2)(ba)(i) of the Act, to protect information that is subject to an obligation of confidence and making it available would likely prejudice the supply of similar information, or information from the same source.
2	May 2022	Allied Health Aotearoa New Zealand – Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa in New Zealand	Refused under section 18(d) of the Act, as the information is publicly available at: www.health.govt.nz/publication/guidance-acute-phase-rehabilitation-people-or-recovering-covid-19-aotearoa-new-zealand
3	7 June 2022	Memo – Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa in New Zealand	Released in full.
4	9 June 2022	Memorandum - Work to date on Long COVID	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
5	13 June 2022	Memo – Adopting a clinical case definition for long COVID	Released in full.
6	28 June 2022	Memo - Request for additional Expert Advisory Group Members for the Long COVID programme	

Memo

Proposed governance structure for the Long COVID programme

Date:	19 April 2022
To:	Dr Ashley Bloomfield, Director-General of Health
Copy to:	Dr Ian Town, Chief Science Advisor
From:	Martin Chadwick, Chief Allied Health Professions Officer
For your:	Decision

Purpose of report

1. This memo seeks your approval of the governance structure for the Long COVID programme, including membership of the Long COVID Expert Advisory Group (EAG).

Background and context

2. A small programme team has been formed to keep the Ministry of Health (the Ministry) abreast of emerging evidence and to develop options for ongoing care and rehabilitation of patients with Long COVID in Aotearoa New Zealand.
3. This is not a prescriptive programme, but rather options and models that localities can choose to adopt to best suit the needs of their populations.

Proposed governance structure

4. We are taking a Te Tiriti Governance approach with 50% Maori representation for the Expert Advisory Group. A community of interest will also be formed to inform and gather feedback from professional bodies as a component of the governance structure.
5. In this structure:
 - a. the Long COVID Expert Advisory Group will provide oversight of the work programme, and provide expert advice to inform the direction and content of work programme outputs
 - b. the Community Interest supports the dissemination of outputs and information, as well as gives a broader range of experts and interested parties an avenue to feed into the work programme
 - c. the Chief Allied Health Professions Officer co-chairs the Expert Advisory Group, and is the overall senior responsible officer for the work programme

- d. the programme team, led by the Programme Manager, is responsible for producing outputs, preparing material for the Expert Advisory Group, and considering input from the community of interest.
- 6. This structure embeds clinical, community, and consumer input into the overall work programme (depicted as workstreams 1-4 in the diagram below), ensuring that any outputs best meet the needs of New Zealanders.

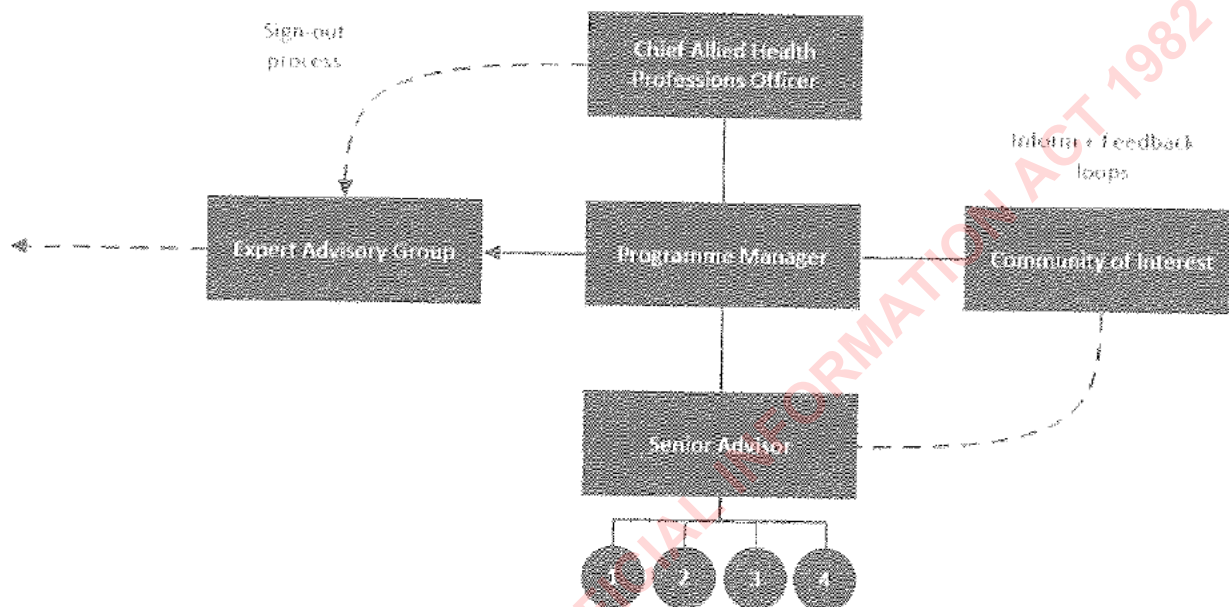


Image 1. Proposed Long COVID governance structure

Membership of the Long COVID Expert Advisory Group

- 7. A list of the proposed members of the Expert Advisory Group can be found in Appendix One.
- 8. In developing the proposed list, a key consideration was reflecting Te Tiriti, and as such includes 50 percent Māori representation.
- 9. If you agree to the proposed list, members will be invited to join the group and meetings will be scheduled. The programme team are aiming to hold the first meeting in the week of Monday 9th May 2022.

Remuneration

- 10. s 9(2)(ba)(i)
- 11.

12. s 9(2)(ba)(i) [Redacted]

Recommendations

It is recommended that you:

1.	approve	the governance structure for the Long COVID programme	Yes/No
2..	approve	the membership of the Long COVID Expert Advisory Group	Yes/No
3.	agree	s 9(2)(ba)(i) [Redacted]	Yes/No
	approve	the functions of Long COVID Expert Advisory Group and Community of interest	Yes/No

Signature _____
 Ashley Bloomfield
 Director-General of Health

Date:

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Appendix One – Proposed Expert Advisory Group membership

Candidate biographies and reasons for inclusion

Dr Ian Town, science and research

13. Chief Science Advisor at the Ministry of Health, subject matter expertise in Medicine and Health, Higher Education Management, Health Research and Evidence Based Medicine, Innovation, Entrepreneurism, Strategic Planning, Academic Health Alliances and Master Planning. Experienced Chair in the Health, NGO and Education sectors and experience with dispute resolution.

Sharon Russell, DHB Allied Health

14. The Associate Chief of Allied Health Scientific and Technical professions officer at Waitematā DHB, professional background as a physiotherapist with a clinical focus when discussing new models of care, and best practice for innovation and changes to business as usual. Strives towards patient centric care and excellency in practice whilst ensuring an interprofessional communication style. Has worked closely with the clinical leadership of medicine and nursing to ensure streamline care for the vulnerable population. Co Author of Long COVID Services report for Northern Region (January 2022).

Robyn Whittaker, health innovation and improvement

15. Clinical Director of Innovation at the Institute for Innovation and Improvement, Waitemata District Health Board. International expert in research and development in the use of mobile health technology for population health interventions. Appointed member of the WHO Digital Health Technical Advisory Group. Member of the National Telehealth Forum Leadership Group. Doctor specialised in public health medicine. NZ Harkness Fellow 2010/11. Co-author of Long COVID Services report for Northern Region (January 2022).

Cathy O'Malley, DHB planning and funding

16. General manager strategy, primary and community at Nelson Marlborough DHB. Previously held roles in the Ministry of Health as the chief advisor for strategy and policy, deputy director general and, acting director of service commissioning. Has experience in the non-profit section and managing GP practices.

Witi Ashby, Co-Chair of the Rōpū Kaitiaki

17. Witi Ashby is a Kaumaatua at Te Rau Ora, a leader in the development of innovative health and disability workforce solutions that respond to the needs of Māori and their communities through innovative service design and research.

Rawiri Keenan, general practitioner and proposed Co-Chair of the long COVID expert advisory group

18. Rawiri (Te Ati Awa/Taranaki) is a leader and educator of Māori General Practitioners. As Pou Whirinaki at the Royal New Zealand College of General Practitioners, Rawiri leads, supports and advocates for Māori GPs. He is passionate about bringing more Māori doctors into the workforce and as a Senior Fellow at Waikato University is directly involved in their education. Rawiri is equally passionate about equity, and works part-time as an Advisor, Māori and Primary Care in the Ministry of Health, and as a Medical Advisor for Midlands PHO.

Pacific General Practitioner

19. To be confirmed.

Jen Mephram, Chair of the Cardio-Respiratory SIG (Physiotherapy New Zealand)

20. Jen is a Physiotherapist working at Mercy Hospital, Dunedin. Her area of interest is cardio-respiratory physiotherapy. The SIG has been very proactive in Long COVID management and is dedicated to ensuring best practices are developed and implemented.

Jo Hikaka, Pharmacist

21. Research fellow at University of Auckland, Jo (Ngāruahine) has worked as a clinical pharmacist, specialising in Older Adult Health. Her current research focuses on access to health services and treatment for Māori. Jo's PhD examined equitable access to medicines and pharmacist services for older Māori.

Juanita Woodhouse, person with lived experience

22. Juanita is a New Zealand Maori who has lived experience of Long COVID.

Luke Maclean-McMahon, person with lived experience

23. Lived experience of Long COVID, diagnosed by specialist, born and raised in Porirua, is Cook Island Maori and also identifies as Irish and Scottish. Luke has shared his journey in a video and speaks about losing the life of health. <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19/long-covid>

Arran Culver, Clinical Chief Advisor, Mental Health and Addictions Directorate

24. Arran is the Chief Clinical Advisor in the Mental Health and Addiction Directorate, Ministry of Health. Prior to this role, he was a child and adolescent psychiatrist. He also has a sound knowledge of CFS/ME and the impact on the psychosocial wellbeing.

Dr Donna Cormack, Te Rōpū Whakakaupapa Urutā

25. Donna (Kāti Mamoe, Kai Tahu) has been involved in work on the collection and classification of ethnicity data in Aotearoa/New Zealand, particularly as it relates to measuring and monitoring inequities. Recently, Donna has been focused on work examining the impacts of racism on Māori health and health inequities.

Memo

Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand

Date:	7 June 2022
To:	Ashley Bloomfield, Director-General of Health
From:	Martin Chadwick, Chief Allied Health Professions Officer and Lindsay Pooley, Programme Manager, Long COVID
For your:	Decision

Purpose of report

1. This memo seeks your approval to publish the *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand*.

Background and context

2. The document *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand* was written in conjunction with Allied Health Aotearoa New Zealand (AHANZ) and their member organisations. It is an updated version of the June 2020 guidance that is currently on our website.
3. It is intended to provide health practitioners with advice on which allied health, science and technical professions are best suited to help them rehabilitate patients who have or have been acutely unwell with COVID-19. ✓ D/W MC 16/6/22
4. This advice will be updated as new research is published.
5. The main changes to the guidance are:

Page	Edits
1	<ul style="list-style-type: none"> • Problem definition: Addition of immigration to New Zealand, we are likely to see symptoms post other variants.
2	<ul style="list-style-type: none"> • Renaming of section from Health impacts to Key impacts • Word changes to bullet points, more specific conditions in first bullet, swallow changed from 6th to 5th bullet • Last bullet changed from inflammatory disease to multisystem inflammatory syndrome • Renaming of section social impacts to key social impacts • Additional 5 bullet points.

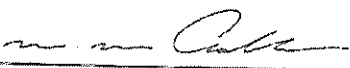
3	<ul style="list-style-type: none"> Clinical case definitions section added Background and context section added.
4	<ul style="list-style-type: none"> Bullet point title Person centred changes to Whānau centred, with wording changes to same effect in paragraph. Change reflected throughout remainder of document as appropriate Equity bullet: addition in paragraph to mana motuhake.
5	<ul style="list-style-type: none"> Additional bullet health literacy and paragraph.
6	<ul style="list-style-type: none"> Professions social worker: Individual Changed to individual and whānau
8-12	<ul style="list-style-type: none"> Table 2: throughout document reference to vulnerable populations changed to identified or priority populations Pre-habilitation possible locations section: addition of Kaupapa/Kaumātua services Acute/sub-acute Rehabilitation interventions: additional treatment options for respiratory, physical, mental health/psychosocial and occupational participation Long term rehabilitation Respiratory interventions: addition of sleep hygiene practices Nutritional section: addition of mealtime anxiety and fear around choking Occupational participation: change in title and expanded with additional rehabilitation supports.
13	<ul style="list-style-type: none"> Long term community rehabilitation section: addition of comment Health Navigator online resources Wider implications section: addition of occupational disruption.
14-15	<ul style="list-style-type: none"> Updated references and removed older ones.




Recommendations

It is recommended that you:

1.	approve publication of Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand	Yes/No
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Signature 
Martin Chadwick
Chief Allied Health Professions Officer

Date: 03/06/2022

Signature 
Lindsay Pooley
Programme Manager, Long COVID

Date: 03/06/2022

Signature 
Ashley Bloomfield
Director-General of Health

Date: 15/6/22

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Memorandum

Work to date on Long COVID

Date due to MO:	9 June 2022	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20221026
To:	Hon Andrew Little, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Martin Chadwick	Chief Allied Health Professions Officer	s 9(2)(a)

Action for Private Secretaries

N/A

Date dispatched to MO:

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Work to date on Long COVID

Purpose

1. This report responds to your request for a summary of work to date on Long COVID.

Background / context

2. Long term effects following COVID-19 infection have been reported internationally. Given the numbers of people who have been or will be infected with SARS-CoV-2 worldwide, the public health impact of Long COVID could be significant
3. Due to the proportionately low rates of COVID-19 infection in New Zealand prior to 2022, the proportion of the total population with long term effects from COVID-19 to date has been small.
4. COVID-19 has disproportionately affected certain populations and exacerbated inequities, and the burden of Long COVID is likely to continue this trend.

Work carried out to date

Clinical guidance and research

5. An agreed clinical case definition for post-COVID conditions has been endorsed by the Expert Advisory Group for long COVID programme, which provides clarity to all sectors and the wider population, as well as forming the basis accurate representation for data collection, analysis and reporting.
 - a. **ongoing symptomatic COVID-19** is defined as signs and symptoms of COVID-19 from 4 weeks up to 12 weeks
 - b. **post COVID syndrome** is defined as signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.
6. Read and SNOMED diagnostic codes for Long COVID for Post COVID (4-12 weeks) and Long COVID (over 12 weeks) have been developed, to support coding in patient's health records. Further work is underway to enable this coding to be utilised in practice.
7. As a result of emerging research, the 2020 document *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand* was updated. This will be published the week commencing 13 June 2022.

Communications and engagement

8. The Long COVID Expert Advisory Group has been established, and an inaugural meeting was held on 1 June 2022. The purpose of the group is to provide guidance and input into the development of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand*, through a Te Tiriti-aligned governance approach. The group has

broad representation from Maori, Pacific peoples, researchers, clinicians, service providers and people with lived experience.

9. Key actions resulting from the meeting were the endorsement of the clinical case definition and, and direction to increase the consumer representation on the group to include people with disabilities and Pacific peoples.
10. The Ministry of health team has also held discussions with other jurisdictions (including Australia, United Kingdom and Canada) to understand the approach to the management of Long COVID and associated health impacts. The discussion with the United Kingdom included an initial investigation of a patient / clinician digital tool (Living With) to support the management of Long COVID.
11. Several presentations have been made to key stakeholders and wider population groups, including a presentation to the national Long COVID Symposium – *Journeying through the Fog*.

Next steps

12. Next steps include:
 - a. development of first iteration of *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* for Expert Advisory Group review at next meeting on 13 July 2022
 - b. publication of the clinical case definition ongoing symptomatic COVID-19 and post COVID-19 syndrome
 - c. publish the updated *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand*.
13. Further information can be provided at your request.


Martin Chadwick

Chief Allied Health Professions Officer
Ministry of Health

Memo

Adopting a clinical case definition for long COVID

Date: 13 June 2022

To: Dr Ashley Bloomfield, Director-General of Health 

From: Dr Martin Chadwick, Chief Allied Health Professions Officer, Chair long COVID Expert Advisory Group

For your: Decision

Purpose of report

1. This memo seeks your approval to adopt a clinical case definition for long COVID conditions in Aotearoa New Zealand.
2. This memo has been endorsed by the long COVID expert advisory group.

Background and context

3. Long term effects following COVID infection have been reported internationally. Given the numbers of people who have been or will be infected with SARS-CoV-2 worldwide, the public health impact of long COVID conditions could be significant.
4. The term 'long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19 (four weeks from the initial infection). Symptoms may last for weeks or months after the acute illness. ✓
5. Due to the proportionately low rates of COVID infection in New Zealand prior to 2022, the proportion of the total New Zealand population with long term effects from COVID to date has been small. ✓
6. New Zealand has now had over 1 million cases of COVID, with the majority of infections being the Omicron variant and occurring within the last five months. ✓
7. Due to the increase in prevalence of COVID infection it is expected that the incidence of long COVID conditions in the population will increase, compared to that seen in the previous two years. ✓
8. The presence of lingering COVID symptoms may have a significant impact on the daily lives of those who are affected, and their whānau.

Clinical importance of long COVID definitions

9. It is important to standardise and agree on a clinical case definition for long COVID conditions to provide clarity to the health sector, and wider population.
10. A clear standardised and agreed definition is important for data collection, analysis and reporting. This is important in order to have an accurate representation of the prevalence of long COVID conditions in the population as well as for gaining an understanding of the impacts of long COVID conditions specific to the New Zealand context.
11. International definitions most widely used across the literature for people who experience ongoing symptoms related to long COVID are described in appendix 1.

Recommendations: long COVID clinical case definition

12. It is recommended that the adopted definition is specific and provides set timeframes to differentiate between ongoing symptomatic COVID and long COVID.
13. It is recommended that an adopted definition allows for diagnosis irrespective of whether the person had a positive COVID test (PCR, antigen or antibody) or is a probable case based on the Ministry of Health COVID clinical case definition. It is important to also consider that there may be individuals who return a false negative rapid antigen test (RAT) result and go on to develop symptoms of long COVID conditions, as well as people who may have been unable to access testing, or for whom testing cannot be performed.
14. Restricting the definition to those who have tested positive for COVID risks excluding a portion of the population with long COVID.
15. The National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP) clinical case definitions (appendix 1) are the proposed adopted clinical case definitions to differentiate between acute COVID, ongoing symptomatic COVID and long COVID

Implementation and risks

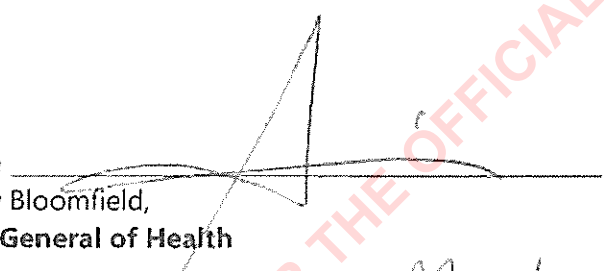
16. To accurately record details of long COVID in the affected patient's health record, SNOMED CT codes and Z codes reflect this case classification
17. Work is underway with Data & Digital to implement and roll-out these codes in primary and secondary patient management systems.
18. Data & Digital have raised an issue with implementation across multiple systems and vendors. We are dedicating project management resource to mitigate this risk and scale and scope implementation effectively.

Recommendations

It is recommended that you:

1.	note	There is not a universal clinical case definition for long COVID. There is a range of clinical case definitions adopted internationally (appendix 1).	<input checked="" type="radio"/> Yes/No
2.	note	This approach and clinical case definition have been endorsed by the long COVID expert advisory group.	<input checked="" type="radio"/> Yes/No
3.	note	The risk of implementation of case definitions with primary and secondary care patient management systems, requires dedicated resource to ensure effective roll-out	<input checked="" type="radio"/> Yes/No
2.	agree	To adopt a consistent clinical case definition for long COVID for use in Aotearoa New Zealand.	<input checked="" type="radio"/> Yes/No
3.	approve	The adoption of the joint NICE, SIGN and RCGP clinical case definition as the agreed clinical case definitions for ongoing symptoms of COVID and long COVID.	<input checked="" type="radio"/> Yes/No

Signature
Dr Ashley Bloomfield,
Director General of Health



Date: 23 / 6 / 22

That's all.

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Appendix 1. International definitions of long COVID

Agency	Date	Definition	Comment
<p>World Health Organisation A clinical case definition of post COVID-19 condition by a Delphi consensus</p>	<p>6 October 2021</p>	<ul style="list-style-type: none"> • Post COVID-19 Condition Occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis. • Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others which generally have an impact on everyday functioning. • Symptoms may be new onset, following initial recovery from an acute COVID-19 episode, or persist from the initial illness. Symptoms may also fluctuate or relapse over time. A separate definition may be applicable for children. 	<ul style="list-style-type: none"> • Provides a global definition, non-specific in timeframes "usually 3 months" and "symptoms that last for at least 2 months"

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Agency	Date	Definition	Comment
Centre for Disease Control and Prevention Long COVID or Post-COVID Conditions	5 May 2022	Post-COVID Conditions <ul style="list-style-type: none"> Some people who have been infected with the virus that causes COVID-19 can experience long-term effects from their infection, known as post-COVID conditions (PCC) or long COVID. People call post-COVID conditions by many names, including: long COVID, long-haul COVID, post-acute COVID-19, post-acute sequelae of SARS CoV-2 infection (PASC), long-term effects of COVID, and chronic COVID. 	<ul style="list-style-type: none"> Non-specific in respect to timeframe, provides alternative names in their definition
The National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP) COVID-19 rapid guideline: managing the longterm effects of COVID-19	11 November 2021 Version 1.14 published on 1 st March 2022	Use the following clinical case definitions to identify and diagnose the long-term effects of COVID-19: Acute COVID-19 <ul style="list-style-type: none"> Signs and symptoms of COVID-19 for up to 4 weeks. Ongoing symptomatic COVID-19 <ul style="list-style-type: none"> Signs and symptoms of COVID-19 from 4 weeks up to 12 weeks. Post-COVID-19 syndrome <ul style="list-style-type: none"> Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed. 	<ul style="list-style-type: none"> Clarity of three stages and provides time frames across the condition span Clinical coding can differentiate between ongoing symptoms versus post-COVID syndrome The recommendations are for healthcare professionals caring for people who have had suspected or confirmed acute COVID-19 and present to any healthcare setting, irrespective of whether they were hospitalised or had a positive or negative SARS-CoV-2 test (PCR, antigen or antibody)




Agency	Date	Definition	Comment
		<ul style="list-style-type: none"><li data-bbox="662 336 1133 526">• In addition to the clinical case definitions, the term 'long COVID' is commonly used to describe signs and symptoms that continue<li data-bbox="662 560 1133 761">• Or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post-COVID-19 syndrome (12 weeks or more).	

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Memo

Request for additional Expert Advisory Group Members for the Long COVID programme

Date: 28 June 2022

To: Dr Ashley Bloomfield, Director-General of Health 

Copy to: Dr Ian Town, Chief Science Advisor

From: Martin Chadwick, Chief Allied Health Professions Officer

For your: Decision

Purpose of report

1. This memo seeks your approval for three additional members to be added to the Expert Advisory Group for the Long COVID programme.


Background and context

2. The Expert Advisory Group for the Long COVID programme (the EAG) held their first meeting on 1 June 2022.
3. At this meeting, it was identified and agreed by the members of the group that representation from people with disabilities, Pacific peoples, and children and young people were missing in the current membership. Given the wide-ranging impacts of COVID-19 and highly likely Long COVID on a diverse portion of the New Zealand population, we feel it is important that representatives from these population groups are included in the EAG's membership.
4. If you agree to the additional proposed members, they will be invited to join the group at the next Expert Advisory Group meeting 13 July 2022. The terms of reference will also be updated to reflect the new membership.

Recommendations

It is recommended that you:

1. approve the additional members of the Long COVID Expert Advisory Group Yes/No

Signature 
Ashley Bloomfield
Director-General of Health

Date: 30/6/22

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Appendix One – Additional Expert Advisory Group membership

Candidate biographies and reasons for inclusion

Rawa Karetai Wood-Bodley

5. Principle advisor equity at Ministry of Health. Throughout his career, he has worked in a diverse range of industries including academia, public sector, community sector and private health sector. He is associated with Te Taumata and the General Partner Limited Board at Te Pūtahitanga o Te Waipounamu as well as the Enabling Good Lives Lead for the Disability Community in Canterbury, Rawa has lived experience as a disabled person and has an indigenous background.

Emily Sorby

6. Māori Director Starship Community at Auckland DHB. Emily has more than three decades of experience in the health sector working primarily in Māori Health for Auckland, Waitemata and Counties District Health Boards and community NGOs. Her most recent role involved leading the Māori Covid-19 welfare response for the Auckland Metro Region. Emily is part Fijian and spent her childhood in Fiji. She has in depth connections with the Pasifika community, and is currently seconded to the Northern Region Health Coordination Centre to design and lead the regional Welfare response.

Young Person

7. *Yet to be confirmed.*