

FINAL

National Antenatal HIV Screening Implementation Advisory Group

Terms of Reference

February 2007

Background

The Minister of Health approved a policy change (13th June) to universal offer antenatal HIV screening. Implementation is initially anticipated in Waikato and one Auckland DHB, with national roll-out over three years.

Through early detection of maternal HIV, measures can be taken to reduce the risk of transmission to the child (from over 30% to less than 2%). Therefore unnecessary cases of babies being born with HIV will be averted. Early detection of maternal HIV also has substantial benefits for the woman and communities, because modern medical treatment can substantially improve life expectancy and quality of life.

Internationally, routinely offering all pregnant women HIV screening is recommended by the World Health Organization, the US Preventive Services Taskforce, UK Department of Health, the Australasian College of Obstetricians and Gynaecologists and by states in Australia, such as New South Wales.

Purpose and role of the Group

The NSU is establishing the National Antenatal HIV Screening Implementation Advisory Group (NAHSIAG) to support the NSU to achieve its vision, namely:

Saving lives, reducing inequalities, and building the Nation's health by leading the delivery of screening programmes, uncompromising in their quality and trusted by the communities we serve.

The purpose of the Group is to:

- To provide multidisciplinary advice to the NSU on matters pertaining to the national implementation of universal offer (opt off) HIV screening in pregnancy

The role of the Group's Chair includes:

- Chairing meetings
- Assisting the NSU with preparing the agenda and advising on papers needed for each meeting
- Assisting the NSU, as required, with media matters relating to the NAHSIAG

Principles

The Group will:

- involve key stakeholder groups, including consumers
- use the best available evidence to inform its work
- identify relevant linkages to the Treaty of Waitangi where appropriate to inform its work
- have a strong focus on quality improvement and equity.

Treaty of Waitangi

The Group will operate in accordance with the Treaty of Waitangi principles of partnership, participation and protection.

Composition

The Group comprises members who collectively have wide knowledge and experience in antenatal care, infectious diseases and HIV. The following representation will be initially included:

- NZCOM endorsed Midwife(s)
- NZAIDS Epidemiology Group Representative
- NZ AIDS Foundation Nominee
- NZ AIDS Foundation African Health Promotions Programme
- Positive Women Inc Nominee
- Royal College of Pathologists of Australasia Nominee
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists Nominee
- Family Planning Association
- Royal Australasian College of Physicians Nominee(s) – Obstetric Medicine and Paediatrics
- Australasian Chapter of Sexual Health Medicine Nominee
- Royal New Zealand College of General Practitioners Nominee
- Infectious Disease Clinicians
- Consumer Representatives
- Provider funding and/or District Health Board Representatives
- Maori Advisory Group Representative
- National Screening Advisory Committee Representative
- P.A.C.I.F.I.C.A Nominee
- NSU Representative(s)

The NSU may co-opt other member(s) as required to address any gaps.

The Group reports to its sponsor, the Group Manager, National Screening Unit.

Term of office

It is anticipated membership of the group will be for three years, throughout the roll out of Antenatal HIV Screening.

If a vacancy arises, the Group Manager NSU will appoint a replacement after taking into account the advice of the NAHSIAG on desirable skills and experience.

Working arrangements of the Group

A Chair will be appointed to the Group. The Group will meet quarterly. Meetings will be held in either in Auckland or Wellington, based on accessibility for the majority of Group members, and will be held in Auckland in the first instance. Papers for the meetings will be disseminated in advance.

Teleconferences may be arranged if required to discuss particular issues.

The Group is not a decision making body but rather a forum at which advice can be given to the NSU and the programme. Final decisions rest with the NSU Group Manager.

The NSU will provide adequate funding and administrative support for the group.

The NSU Group Manager has the discretion to form sub-groups of this group for specific issues if required.

It may be necessary for Group members to consult back with their professional bodies, consumer groups, advisory groups and N.G.O's if a representative view is being sought.

Conflicts of interest protocol

Members should document their conflicts of interests and identify any conflict of interest prior to a discussion of a particular issue. The Chair will then decide what part the member may take in any relevant discussion. Further guidance can be found in the document "*Conflict of Interest Protocol for Ministry of Health Advisory Groups*". (Appendix 1)

Media Policy

Group members are not to represent themselves as agents of the Ministry of Health and by reason of their membership of the Group are not permitted to speak on behalf of the Group, the NSU or the Ministry of Health. However,

this does not restrict members from making media statements relating to their personal expertise and/or organisational role.

If a member receives a media request or enquiry relating to the NAHSIAG they must inform the NSU Group Manager or the Ministry of Health Communications Manager (Appendix 2). Any media enquiry relating to the strategic intent, funding or any activity which the Ministry of Health is responsible for, shall be directed to the NSU Group Manger of the Ministry of Health Communications Manager.

Review of the Terms of Reference

The Terms of Reference for the NAHSIAG are to be reviewed in February 2008.