**Regional Health Security Initiative**
**Technical Reference Group (TRG) – Terms of Reference**

**Background:** The overarching goal of the Regional Health Security Initiative (the Initiative) is for health security to be improved as a result of increased leadership and stronger health systems.   Stronger health systems are essential to reducing the health security risks of existing and emerging infectious disease threats.  Reducing the risks and impacts of infectious diseases will help protect the safety, prosperity and wellbeing of Australia and our partner countries in the Indo-Pacific region.

**Purpose:** To provide strategic advice to inform the Initiative's priorities, policy and investment decisions.

**Key roles and responsibilities:**
1. Review six monthly progress and advise on future directions, including identifying areas of opportunity for the Initiative.
2. Contribute insights on the global and regional health security context, including the health architecture and policy context.
3. Advise on how prospective investments align with current or future initiatives and programs operating in the Indo-Pacific, and advise on potential synergies with related initiatives in the region.
4. To extend the reach of the Initiative with health security stakeholders in the region through members' professional networks.   These linkages may include potential partners, the global or regional health architecture, individual governments, universities, civil society and the private sector.
5. To contribute thinking on innovative ways to design and deliver approaches to addressing health security risks in the region.
6. To be advocates for the Initiative.

**Membership Criteria:**
1. Members must be prominent and well regarded in their respective fields.
2. TRG will have a breadth of experience and expertise across fields relevant to the Initiative. These include:
    - health research
    - infectious diseases
    - health policy and health systems
    - development
    - Indo-Pacific and international experience, including with the World Health Organization and the World Bank Group.
3. The TRG will have a breadth of regional networks and expertise, across health security priority areas, drawn from experience in development, financial innovation, academia/research, private sector or civil society.
4. DFAT will ensure that the TRG includes a balance across technical expertise, gender and geographic locations.

**Arrangements:**

1. The TRG will meet twice a year and be available to provide ad hoc advice out of session at other times.
2. There will be between five to seven members to maintain flexibility with respect to scheduling meetings, while ensuring sufficient breadth of knowledge and experience.
3. The Deputy Secretary (McDonald) or The Ambassador for Health Security will Chair the meetings, the Principal Sector Specialist (Health) and the CEO of the Centre will also attend.
4. TRG positions are honorary, unpaid positions. DFAT will pay for travel and associated costs of attending TRG meetings.
5. Members will be invited to participate for an initial period of 12 months, with the possibility of extension should it be mutually agreeable.

**Conflict of Interest**

DFAT recognises that TRG members may have real or perceived conflicts of interest.  A conflict of interest is as any interest or relationship which may impact on a members' impartiality.  In the interests of transparency, DFAT will request that TRG members disclose any financial and professional relationships with other people or organisations that could represent actual conflicts prior to the first meeting.

In advance of all meetings TRG members will be informed of any individual investments that the TRG may be asked to advise on.  TRG members will be expected to declare any further real or potential conflicts which may impinge on their impartiality related to those investments.  If DFAT judges the conflict to be significant enough, the individual will be asked to exclude themselves from those discussions.