



OUTCOME 01

POPULATION HEALTH AND SAFETY

*To promote and protect the health of all Australians
and minimise the incidence of preventable
mortality, illness, injury and disability.*

OUTCOME 1: POPULATION HEALTH AND SAFETY

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OUTCOME

PART 1: OUTCOME PERFORMANCE REPORT

Outcome 1 was managed in 2004-05 by the Population Health Division, Portfolio Strategies Division, Primary Care Division, Business Group and the Therapeutic Goods Administration group of regulators (comprising the Therapeutic Goods Administration, the Office of Chemical Safety and the Office of the Gene Technology Regulator). For ease of reporting, the activities managed by the Department are reported separately from those managed by the Therapeutic Goods Administration group of regulators (refer to page 61).

Contributions to this outcome were also made by the Department's State and Territory Offices, along with the Australian Radiation Protection and Nuclear Safety Agency and Food Standards Australia New Zealand, both of which produce their own annual reports.

Major Achievements

- Effective coordination of emergency health assistance for countries affected by the 2004 Boxing Day Indian Ocean earthquake and tsunami.
- Launch of the Australian Management Plan for Pandemic Influenza on 6 June 2005.
- Launch of the National HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies.
- Implementation of the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for Older Australians.
- Negotiation and signing of the third Public Health Outcome Funding Agreements (PHOFAs) (2004-05 to 2008-09) and new Australian Immunisation Agreements (AIAs) by all State and Territory governments.
- An ongoing, national focus on tobacco control initiatives resulting in smoking prevalence rates dropping to 17.4 per cent in 2004, compared to 19.5 per cent in 2001.
- Implementation of the Prime Minister's 'Healthy and Active Australia Initiative' including the national 'Go for 2 & 5TM' fruit

and vegetable promotion campaign and the Healthy School Communities Grant Program.

- Establishment of the Pacific Senior Health Officials Network.

Challenges

- The development of the Biosecurity Surveillance System has required additional consultation with jurisdictions to ensure that it achieves wide acceptance.
- The previous National Alcohol Strategy identified youth as a target population, however, despite this focus, data from the Australian National Household Survey 2004 indicated youth drinking remains a problem.

KEY STRATEGIC DIRECTIONS FOR 2004-05

Australia's Preparedness and Response Capability in the Event of a National Health Emergency

Tsunami – Effective Health Coordination

The Department played an important role in providing emergency assistance to countries affected by the Indian Ocean earthquake and tsunami on Boxing Day 2004. The Department worked in partnership with State and Territory health departments through the Australian Health Disaster Management and Policy Committee, and in conjunction with Emergency Management Australia to coordinate the deployment of nine civilian medical teams to affected countries to conduct emergency surgery, run primary care clinics and provide public health assistance and laboratory diagnosis. These teams comprised 128 doctors, nurses, paramedics and other emergency aid personnel. The Department will continue to play a role in the Australian Government's on-going and long-term reconstruction programs in affected countries by providing expert advice to the coordinating agency, AusAID.



Providing emergency assistance to our regional neighbours affected by the 2004 Boxing Day Indian Ocean earthquake and tsunami.

Influenza Pandemic Preparedness

During 2004-05, the Department continued to monitor the avian influenza virus outbreaks in Asia. The National Incident Room remained activated and further developed its communication and response capabilities in the event of an influenza pandemic or other health disaster. On 6 June 2005, the Department released the Australian Management Plan for Pandemic Influenza. The Department further increased the range of items in the National Medicine Stockpile and developed detailed arrangements for the rapid deployment of stockpile items during an incident or disaster, in consultation with State and Territory governments and with other relevant agencies. The Department maintains one of the largest stockpiles of antiviral medicines per capita in the world, for use in the event of an influenza pandemic. The national stockpile also contains essential medicines and antidotes to be used in the event of a deliberate or accidental chemical, biological or radiological incident or disaster.

Communicable Disease Surveillance

The Department commenced the development of the Biosecurity Surveillance System to improve national communicable disease surveillance. Detailed scoping and analysis work was undertaken to engage stakeholders and ensure the success and effectiveness of a system suitable for both emergencies and routine surveillance. The system will be completed by 2008 and will incorporate:

- a secure Outbreak Case Reporting System;
- improvements to the National Notifiable Disease Surveillance System;

- redevelopment of the Sentinel GP Surveillance System; and
- facilities and infrastructure to support secure communications for the public health community (Health Alert Network).

An interim solution for the Outbreak Case Reporting System was trialled and implemented in 2005. This interim system was used for the investigation of national foodborne disease outbreaks, and is available should an emerging communicable disease outbreak occur, such as pandemic influenza or Severe Acute Respiratory Syndrome.

Laboratory Capacity Enhancement

In 2004-05, the Department enhanced Australia's public health diagnostic laboratory capacity including detection of biological agents that could be used in a bioterrorist attack. This has included the purchase and distribution of equipment and rapid diagnostic test kits to key public health laboratories in each State and Territory. The Department has also worked with State and Territory governments to enhance security at Australia's highest containment laboratories which handle high risk biological agents, and is investigating the development of a national registration and auditing regime for all laboratories handling high risk biological agents. This initiative is closely aligned with, and has informed, the Council of Australian Governments' (COAG) Review of Hazardous Materials, which is examining existing controls on biological laboratories.

New Public Health Outcome Funding Agreements

In 2004-05, the Department successfully negotiated new PHOFAs with all State and Territory governments. These agreements provide significant resources for the administration and delivery of major population health strategies and programs.

The public health outcome areas targeted under the PHOFAs include HIV/AIDS and related sexually transmissible and blood borne diseases, breast and cervical cancer screening, and health risk factors including alcohol and tobacco programs, women's health, and sexual and reproductive health.

The Australian Government contribution to the new PHOFAs totals \$812 million (adjusted annually for indexation) over five years (2004-05 to 2008-09). A key feature of the PHOFAs is that funding is broadbanded, allowing each State and Territory some flexibility in making service funding decisions in line with local needs and priorities.

New National HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies 2005-2008

During 2004-05, the Department worked with the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis, State and Territory governments, community organisations, medical professionals and researchers to develop the fifth National HIV/AIDS Strategy 2005-2008, the second National Hepatitis C Strategy 2005-2008 and the first National Sexually Transmissible Infections Strategy 2005-2008. The Minister for Health and Ageing launched the three strategies during June 2005. They are being implemented from 1 July 2005.

The new National HIV/AIDS Strategy will revitalise Australia's response and continue to build upon partnerships with affected communities, governments and medical, scientific and health care professionals. The new Hepatitis C Strategy will focus on education and prevention in key target groups, increasing rates of treatment of people with hepatitis C and improving surveillance of hepatitis C. The new National Sexually Transmissible Infections Strategy recognises that other Sexually Transmitted Infections (STIs) also cause substantial morbidity and mortality in Australia and sets a framework for continued national action.

With the launch of the strategies, the Minister announced a number of new initiatives. These include:

- continuation of funding until the end of June 2008 of \$8 million per year for the national research centres for research in HIV, hepatitis C and STIs;
- HIV diagnostic testing to be available under the Medicare Benefits Schedule;
- funding of \$12.5 million over four years for increased awareness, improved surveillance and a pilot national testing program for chlamydia; and
- funding of \$1.8 million for improved surveillance of hepatitis C.

The National Immunisation Program

Under the National Immunisation Program (NIP), free vaccines are provided to the Australian community to protect against 12 vaccine preventable diseases.

In November 2004, the Department concluded negotiations on the new Australian Immunisation Agreements 2004-09 (AIAs) which provide

\$671 million over five years to State and Territory governments for the purchase of NIP vaccines. In addition, the Australian Government directly purchased \$161 million of childhood pneumococcal vaccine for distribution to State and Territory governments for the first two years of this ongoing program.

Two new vaccination programs developed by the Department successfully commenced on 1 January 2005:

- the National Childhood Pneumococcal Vaccination Program which provides free vaccine for all children born after 1 January 2005 at two, four and six months of age, plus catch-up vaccinations in 2005 for all children born between 1 January 2003 and 31 December 2004; and
- the National Pneumococcal Vaccination Program for Older Australians which provides free vaccine for all Australians aged 65 years or older.

Further activities by the Department in 2004-05 included:

- initial work to implement revised immunisation policy advisory arrangements announced in the 2005-06 Federal Budget, including the revision of membership, terms of reference and standard operating procedures for the Australian Technical Advisory Group on Immunisation and preparing the legislative changes to allow the Pharmaceutical Benefits Advisory Committee to make recommendations on the funding of vaccines under the NIP;
- ongoing support for NIP Support Activities, including additional funding for the National Centre for Immunisation Research and Surveillance to undertake research and evaluation of immunisation programs and surveillance of vaccine preventable diseases, and also funding for the Australian Childhood Immunisation Register to collect and report on the vaccination status of Australian children;
- development of new programs for free chickenpox vaccine and the replacement of oral with injectable polio vaccine which will commence on 1 November 2005; and
- development of a four year funding agreement with the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases to

provide technical support to the Australian Technical Advisory Group on Immunisation and the National Immunisation Committee, and undertake research in the field of immunisation.

Tackling Obesity

The Department continued to support the work of the National Obesity Taskforce, through provision of secretariat services, and implementation of initiatives from the Taskforce's national action plan: *Healthy Weight 2008: Australia's Future – the National Action Agenda for Children and Young People and Their Families*.

In 2004-05, the Department focussed on implementing a number of strategies from *Healthy Weight 2008* including:

- new physical activity recommendations for children and young people;
- redesigned *Physical Activity Guidelines for adults*; and
- a resource kit for schools to promote healthy eating and physical activity.

The Department has also contributed work on:

- the promotion of Healthy School Canteens;
- the establishment of a network of Whole-of-Community Healthy Weight Demonstration Sites; and
- a review of the evidence for actions to reduce obesity in adults and older Australians.

On 29 June 2004, the Prime Minister announced funding of \$116 million to 2008, for the Healthy and Active Australia Initiative, to address childhood obesity. On 23 July 2004, the Department sent out over 9,600 Healthy School Communities application kits to all schools in Australia. Non-government organisations associated with the school (such as the Parents and Citizens Association or School Canteen) were invited to apply for a grant of \$1,500, to initiate healthy eating activities. On 25 May 2005, the Department issued a further 8,000 reminder letters and application forms to schools. As at 30 June 2005, a total of 2,492 applications had been received by the Department.

The Prime Minister's initiative also included funding for a national fruit and vegetable promotion campaign. The Department coordinated the development and implementation of the national campaign, which is based on the Western Australia Department of Health's 'Go for 2 & 5TM' initiative.

The national campaign was launched in April 2005. The campaign aimed to encourage Australians to increase their consumption to two serves of fruit and five serves of vegetables each day, as outlined in the Australian Dietary Guidelines.

The National Drug Strategy 2004–09

National Tobacco Strategy 2004-09

Australia has had a National Tobacco Strategy since 1999. The revised National Tobacco Strategy 2004-09, which builds on initiatives undertaken by the Department in the previous strategy was endorsed by the Ministerial Council on Drug Strategy at its meeting on 12 November 2004. The Strategy reflects evidence about the health effects of tobacco and the views of experts about the best ways to reduce those effects in society. The strategy also reflects common agreement between the Australian Government and the States and Territories as to the broad policy directions that are needed to reduce tobacco related disease. This includes a balance of educational effort together with essential regulations such as advertising bans and health warnings on tobacco products.

New Graphic Health Warnings on Tobacco Products

Regulations were gazetted by the Treasury on 26 August 2004 requiring new graphic health warning labels to appear on all manufactured and imported tobacco product packaging from 1 March 2006. The Department worked with the Treasury in developing the new health warnings. The Department has policy responsibility for the health warnings, while the warnings are administered by the Australian Competition and Consumer Commission. Amendments to the *Trade Practices (Consumer Product Information Standard) (Tobacco) Regulations 2004* enable the introduction of the new graphic health warnings. From 1 March 2006, all manufactured and imported tobacco product packaging must be printed with the new graphic health warning labels. Until then, tobacco products can carry either the current warning messages or the new graphic messages.

Key features of new health warnings measures include:

- a new set of 14 health warnings developed by the Department comprising graphic images and explanatory messages which

cover 30 per cent of the front and 90 per cent of the back of the pack, with graphics to appear on both the front and back of cigarette packets;

- inclusion of the national number and website address on the back of packs to provide a contact for smokers for assistance with quitting; and
- a new rotation system developed by the Department for health warnings in order to optimise consumer learning and awareness of the health effects of smoking. This involves the rotation of each set of 7 warnings alternatively, every 12 months.

Focusing on Youth and Illicit Drug Use Across Australia

The Department developed the current phase of the National Illicit Drugs Campaign Youth Initiative in 2004-05 which aimed to educate young people about the risks and negative consequences of illicit drug use. It also encouraged and reinforced protective factors in young people's lives including parental involvement and engagement with support services for those with greatest need. Key outputs included concept testing of creative material with youth and parents; a major print and electronic media campaign; production and dissemination of resource material for parents and youth, people from non-English speaking backgrounds and Aboriginal and Torres Strait Islander audiences, service providers and stakeholders; and responding to 5,000 calls to the campaign information line.

Youth Alcohol Use Trends

The 2004 National Drug Strategy Household Survey¹ found that young people aged 14-17 years continue to show risky alcohol use patterns. About one third of young people consumed alcohol at a risky or high risk level at least once in the last 12 months. About 80 per cent of all the alcohol young people drink is consumed at risky or high

risk levels as defined by the *Australian Alcohol Guidelines* for adults. Compared to adults, young people are at a much greater risk of alcohol-related harm due to their smaller physical size, and their emotional and intellectual inexperience.

International Health

The Department continued to increase its engagement in the Asia Pacific region. This has been driven by Australia's interests in supporting its regional neighbours and the whole-of-government agenda to promote and protect Australia's health interests in the region.

In November 2004, the Torres Strait Health Issues Committee was established and is chaired by the Department. The Committee is adopting a combined agency approach to reduce the risk of communicable disease in the Torres Strait arising from the increased movement of traditional inhabitants through the Torres Strait Treaty Zone. The Committee has agreed to the development of a capacity building program between the Western Province and Far North Queensland which is expected to commence in October 2005.

The first meeting of the Pacific Senior Health Officials Network took place in November 2004. The Network provides a unique opportunity to strengthen senior level linkages between the Department and Pacific Ministries of Health with the aim of supporting governance in the region. The first meeting was held in November 2004 covering a wide range of health topics. Follow-up activities on safety, quality and nutrition are expected to take place in 2005.

In March 2005, the Department accompanied AusAID on a joint China Country Program Health Scoping Mission. A range of areas for collaboration were identified in the health sector, with a particular focus on communicable diseases.

In May 2005, the 58th World Health Assembly adopted the revised *International Health Regulations* (IHRs). The Department negotiated a whole-of-government response to inform Australia's participation, as a collaborating country in the revision of the IHRs. The IHRs are a World Health Organization (WHO) Treaty, and the primary global, legally binding framework to manage public health emergencies of international concern. The intention of the revised IHRs is to prevent,



¹ Accessible online at <www.aihw.gov.au/publications/phe/ndshs04/ndshs04.pdf>.

protect against, control and provide a public health response to the international spread of disease, while minimising interference with world travel and trade. Australia played a leading role in the negotiations, representing the Western Pacific region on the bureau established to manage the negotiation process.

The Department hosted the annual Australia-Indonesia Ministerial Forum Health Working Group Meeting in March 2005. During the meeting, future capacity building activities were explored with the Indonesian Ministry of Health under the Plan of Action. It was agreed that a joint secretariat would be established to manage Plan of Action activities with a particular focus on communicable disease surveillance and control.

The Organisation for Economic Co-operation and Development is conducting a two

year project that builds on previous work to address some of the key challenges in improving the performance of member countries health and long term care systems. The Department is a major contributor, with the Secretary co-chairing a group to manage the project. The studies address policy issues important to Australia including cost of long term care, economics of preventive health, efficiency of hospital services, pharmaceutical pricing, health related technologies and the development of quality health care indicators.

The Department has also provided input on the health related aspects of Australia's Free Trade Agreements consistent with domestic policies and regulations to ensure access to safe and affordable health services and products.

PERFORMANCE INDICATORS (EFFECTIVENESS INDICATORS)

The Department of Health and Ageing is responsible, and accountable, for contributing to the achievement of nine outcomes. Effectiveness indicators are used to measure the progress the Department is making in achieving our outcomes.

Listed below are the effectiveness indicators for Outcome 1 followed by a brief description of the Department's performance in meeting these targets.

Indicator 1. Incidence, prevalence and mortality rates of preventable diseases or conditions addressed in national programs	
<p><i>Target:</i></p> <p>Reduction in the incidence, prevalence and mortality rates of diseases or conditions addressed in national programs, especially in relation to the agreed national health priority areas.²</p>	<p><i>Information source/reporting frequency:</i></p> <p>Incidence data obtained from:</p> <ul style="list-style-type: none"> - National Notifiable Diseases Surveillance System; - National Injury Surveillance Unit; - Australian Institute of Health and Welfare; - State and Territory collections; - Chronic Disease Surveillance – Computer Assisted Telephone Interview Surveys; and - Hospital Separations records. <p>Prevalence data obtained through a range of surveys. Annual/intermittent reporting, dependent on survey timing.</p> <p>Mortality data obtained from:</p> <ul style="list-style-type: none"> - Australian Bureau of Statistics; - National Coronial Information Service; - Australian Institute of Health and Welfare; and - State and Territory registers.

² The nationally agreed health priority areas are: cardiovascular health, cancer control, diabetes, mental health, asthma, injury prevention and arthritis and musculoskeletal conditions.

In 2004-05, the Department contributed to a reduction in incidence, prevalence and mortality rates of diseases and conditions by implementing programs and strategies that address risk factors and promote the early detection of diseases and conditions. For example:

- tobacco consumption is recognised as a risk factor for heart and vascular diseases, cancer and respiratory diseases such as asthma. According to the 2004 National Drug Strategy Household Survey, there had been a decline in the proportion of the population aged 14 and over who smoke daily, of two percentage points between 2001 and 2004, to 17.4 per cent. The Department has undertaken sustained health promotion, education and program initiatives under the National Tobacco Strategy and collaborated with State and Territory governments to contribute to this decline;
- complex interactions between mental health and substance use, such as illicit drug use, are recognised under the National Drug Strategy. The 2004 National Drug Strategy Household Survey found there had been a decrease in the number of people who had recently used illicit drugs from 16.9 per cent in 2001 to 15.3 per cent in 2004. The continued implementation and ongoing development of activities addressing the use of illicit drugs, through departmental funding of the National Illicit Drug Strategy and the National Illicit Drugs Campaign has contributed to this decrease;
- in 2004, measles cases were reported at a rate of 0.2 cases per 100,000 population, down from a peak in 1999 of 27.3 cases per 100,000, and meningococcal disease cases were reported at a rate of 2.0 cases per 100,000 population, down from a peak of 4.2 cases per 100,000 in 1999. The Department's ongoing implementation of the National Immunisation Program has contributed to the lowest rates of measles recorded since national notification commenced in 1991 and a decrease in the reported rate of meningococcal disease; and
- incidence rates of cervical cancer for women from 20 to 69 years have fallen from 17.2 cases per 100,000 population in 1991 to 9.5 cases per 100,000 population in 2000, a reduction of approximately 40 per cent. The Department's ongoing support of the National Cervical Screening Program has made a sustained impact on these rates since its inception in 1991.

Indicator 2. Knowledge, attitudes and behaviour, in specific target populations, in relation to preventable diseases and health risks addressed through health promotion and disease prevention measures

Target:

Improvements in knowledge, attitudes and behaviours, in specific target populations, in relation to diseases and health risks addressed through health promotion and disease prevention campaigns, including sexual and reproductive health, smoking, excessive alcohol consumption and illicit drug use, that will promote health and prevent illness over time (2-5 years).

Information source/reporting frequency:

- Commissioned surveys of knowledge, attitudes and behaviour;
- feedback by Divisions of General Practitioners and practices about preventive interventions; and
- evaluating the effectiveness of social marketing campaigns.

In 2004-05, the Department funded and implemented a wide range of health promotion and disease prevention measures aimed at improving consumer knowledge, attitudes and behaviours for health risks. Examples of health promotion and prevention campaigns undertaken in 2004-05 that address health risks include:

- the Bowel Cancer Screening Pilot was completed in 2004-05. Published in September 2004, the pilot's *Knowledge, Attitudes and Practices Survey* found that participants in the pilot were likely to have a better understanding of the signs, symptoms and likelihood of developing bowel cancer, as well as a greater interest in participating in future screening for bowel cancer. The survey will inform the development of the new national Bowel Cancer Screening Program that is commencing in 2005-06;
- an evaluation conducted by the Department of the existing health warnings for tobacco products showed that the existing warnings had lost their impact and visibility, and needed to be renewed. A range of options for new health warnings was then developed and market tested by the Department. The new health warnings are based on the findings of this research and public consultation;
- the development of new graphic health warnings on tobacco product packaging following amendments made to the *Trade Practices (Consumer Product Information Standard) (Tobacco) Regulations 2004* in August 2004. From 1 March 2006, all manufactured and imported tobacco product packaging must be printed with the new health warning labels;
- informing and educating the public and health care providers about the negative health and social consequences of risky and high risk drinking. In 2004-05, health promotion projects targeted alcohol consumers through specially designed materials and activities based on the Australian Alcohol Guidelines.³ Results from preliminary evaluations of the material and the dissemination process showed over 90 per cent acceptance rates by recipients of the materials;
- the second phase of the National Illicit Drugs Campaign managed by the Department was launched in April 2005. The social marketing campaign, which educates young people about the risks and negative consequences of illicit drug use, also encourages and reinforces protective factors in young people's lives including parental involvement and engagement with support services for those with the greatest need;
- the National 'Go for 2 & 5TM' fruit and vegetable promotion campaign launched in April 2005. This campaign was part of the Government's \$116 million Building a Healthy, Active Australia initiative which tackles the rising problem of childhood obesity. The campaign aimed to encourage Australians to increase their consumption of fruit and vegetables to two serves of fruit and five serves of vegetables per day, as outlined in the Australian Dietary Guidelines;
- promotion of World AIDS Day in Australia on 1 December 2004. The annual event raises awareness in the community about HIV/AIDS issues, including the need for support and understanding for people living with HIV/AIDS, and the development of education and prevention initiatives; and
- funding of the Food Safety Information Council's Food Safety Week in November 2004. The aim of the event is to raise consumer awareness of food safety, in order to reduce the number of Australians becoming ill through food poisoning. Key messages reached an estimated 16 million people in Food Safety Week 2004.

³ Accessible online at <www.alcohol.gov.au/guidelines/index.htm>.

Indicator 3. The adoption and effective use of best practice approaches, including nationally recommended screening and immunisation policies, agreed guidelines and participation targets, across strategies

<i>Targets:</i>	<i>Information source/reporting frequency:</i>
<p>Progress towards the effective use of best practice, recommended policies and guidelines and the achievement of program targets. Program guidelines and targets include, for example:</p> <ul style="list-style-type: none"> - progress towards 70% participation in breast screening amongst women aged 50-69 years; - progress towards 95% coverage for childhood immunisation; and - increase the percentage of older Australians immunised with flu vaccine. 	<p>Data obtained from:</p> <ul style="list-style-type: none"> - State and Territory data registries; - jurisdiction reports against the Public Health Outcome Funding Agreements; - Australian Childhood Immunisation Register; - child and youth health reports; and - local government reports.

The Department is committed to ensuring that best practice approaches, relevant guidelines and appropriate participation targets are built into its programs. Progress has been made towards the achievement of program targets including:

- 57.1 per cent of women in the target age group of 50-69 participated in screening through BreastScreen Australia in the two years 2001-02, an increase from 56.9 per cent in 2000-01. In addition, the participation rate for women in outer regional areas (60.7 per cent) and in remote areas (60.9 per cent) was significantly higher than the national average;
- 91 per cent of children aged 12 to 15 months were fully immunised by 30 June 2005, which is an increase of 16.1 percentage points from June 1997. 91.8 per cent of children aged 24 to 27 months were fully immunised, which is an increase of 28 percentage points since June 1998; and
- a continued increase in the number of people aged 65 and over vaccinated under the National Influenza Vaccine Program for Older Australians. Coverage has increased from 69 per cent in 1999 to 79 per cent in 2004.

In addition, in 2004-05 a number of best practice policies and guidelines were adopted, for example:

- the Department coordinated the revision and integration of two existing National Health and Medical Research Council (NHMRC) infection control publications to produce the *Revised Infection Control Guidelines (ICG)*.⁴ The Revised ICGs were endorsed by the Communicable Disease Network of Australia, the National Public Health Partnership and the Australian Health Ministers' Advisory Council in early 2004 and released in June 2004. Rollout of the Revised ICGs occurred in 2004-05 and is ongoing. The Department arranged for copies of the Revised ICGs to be distributed to every hospital and aged care facility nationally and for the first time all States and Territories have committed to implement the Revised ICGs which will help prevent the transmission of infectious diseases in the health care setting; and
- in 2004, the Department managed the second round of consultation with experts, professional medical bodies, and women on draft revised guidelines for cervical screening. The guidelines, *Screening to prevent cervical cancer: Guidelines for the management of asymptomatic women*

⁴ Accessible online at <www.icg.health.gov.au>.

with screen detected abnormalities were approved by the NHMRC in June 2005, and will be used in the National Cervical Screening Program to assist women and health professionals to achieve the best outcomes in the management of women with abnormal Pap test results.

Indicator 4. Proportion of national population health strategies that take account of the needs of specified high need groups including regional and rural Australians, Aboriginal and Torres Strait Islander peoples, people of lower socioeconomic level - particularly children and young people

<i>Target:</i>	<i>Information source/reporting frequency:</i>
Strategies take account of the needs of specified high needs groups and report information where available.	Data obtained from: <ul style="list-style-type: none"> - analysis of national health strategy documentation; - reports on the health and wellbeing of children and youth through the AIHW; and - jurisdiction reports against the Public Health Outcome Funding Agreements.

Specific high needs groups such as Aboriginal and Torres Strait Islander peoples, people of lower socioeconomic level, children and young people are considered in all population health strategies. Examples of the strategies and activities that incorporate the needs of these groups include:

- the new Sexually Transmissible Infections Strategy 2005-2008 has as one of three priority areas, the issue of Sexually Transmitted Infections in Aboriginal and Torres Strait Islander communities;
- the new National HIV/AIDS Strategy 2005-2008 and the new National Hepatitis C Strategy 2005-2008 recognise Aboriginal and Torres Strait Islander people as a priority group for prevention education, access to testing, and treatments. The National Hepatitis C Strategy 2005-2008 also recognises young people as a priority group. The implementation plans for these strategies include reporting on these priority groups through performance indicators;
- In addition, there is a National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008. All of these Strategies are complementary and identify Aboriginal and Torres Strait Islander people as key target groups;
- the Public Health Outcome Funding Agreements 2004-05 to 2008-09 require the State and Territory governments to report against a national set of performance indicators, including outcomes for specific health issues for Aboriginal and Torres Strait Islander people;
- the National Childhood Pneumococcal Vaccination Program continues to provide free pneumococcal vaccine for Aboriginal and Torres Strait Islander children under 5 years of age living in Central Australia or any other region likely to have a similar high incidence of pneumococcal infection;
- the National Child Nutrition Program's 109 community projects were delivered in childcare centres, schools, and health care centres to improve the nutrition and long term eating patterns of children, adolescents and pregnant women in high need communities. In 2004-05, 104 of these projects were completed; and
- the draft National Injury Prevention and Safety Promotion Plans were completed in December 2004 in conjunction with State and Territory governments. The draft plans have three key areas on which to develop strategies targeting children; young people; people living in regional, rural and remote areas; Aboriginal and Torres Strait Islander peoples; and falls prevention for older people. Progress and results of activities under the plans will be reported to Health Ministers through the National Public Health Partnership.

PART 2: PERFORMANCE INFORMATION

Performance Information for Administered Items

Administered Item 1. Population health, including:

- an infrastructure to support evidence-based prevention activities progressed through collaborations, such as the National Public Health Partnership (NPHP) and its sub-committees, the National Health and Medical Research Council (NHMRC), national non-government health organisations, the Australian Institute of Health and Welfare (AIHW) and the Australian Network of Academic Public Health Institutions, in the following areas:
 - research and development;
 - economic analysis and evaluation;
 - information planning, development and coordination;
 - education, research, training and workforce development;

Target: *Quantity:* Research funding provided to 9 national research centres and 1 research foundation in the areas of HIV/AIDS, men's and women's health, immunisation, alcohol and other drugs.

Result: Target met. In 2004-05, core funding of \$8 million was provided to:

- the National Centre in HIV Epidemiology and Clinical Research;
- the Australian Centre in Hepatitis C and HIV Virology Research;
- the National Centre in HIV Social Research; and
- the Australian Research Centre in Sex, Health and Society.

Core funding was also provided to:

- Andrology Australia (\$4.3 million to continue research on issues of male reproductive health);
- the University of Newcastle and the University of Queensland (to continue the Australian Longitudinal Study on Women's Health);
- the National Centre for Immunisation Research and Surveillance of vaccine preventable diseases;
- the National Drug and Alcohol Research Centre;
- the National Drug Research Institute; and
- the National Centre for Education and Training on Addiction.

In addition, funding was provided to the National Drug and Law Enforcement Research Fund and the Australian Institute for Health and Welfare.

Target: *Quality:* Implementation of a formal mechanism for evaluating population health interventions, oversighted by the Interdepartmental Committee for the National Public Health Program.

Result: Target met. The Priority Setting Mechanism for Prevention has continued as a tool that utilises economic analysis to inform health sector decision making.

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Target:	<i>Quantity:</i> Number of economic evaluations and reviews undertaken by, or on the behalf of the Department.	
Result:	No target number specified in 2004-05.	<p>In 2004-05, economic evaluations included:</p> <ul style="list-style-type: none"> • a study examining 20 interventions targeting tobacco smoking, poor nutrition, alcohol misuse and physical inactivity; • a study estimating the contribution of lifestyle to the burden of disease in Australia; • an evaluation of the economic costs and benefits of the Government funded Hepatitis C Education and Prevention Initiatives implemented between 1999-2000 and 2004-05; • an evaluation of the economic costs and benefits of introducing retractable needle and syringe technology into needle and syringe programs; • a cost effectiveness study on bowel cancer screening; and • a project designed to capture the economic costs and health burden of foodborne illness in Australia.
Target:	<i>Quality:</i> Implementation of the NPHP National Public Health Information Development Plan.	
Result:	Target met.	A range of projects were implemented in 2004-05 under the National Public Health Information Development Plan including a best practice assessment of methods for small area data analysis and a review of Indigenous identification in communicable diseases data. In addition, the development of a National Chronic Disease Surveillance Strategy is near completion.
Target:	<i>Quantity:</i> Between 400 and 600 completions per annum of public health awards across all universities funded under the Public Health Education and Research Program (PHERP).	
Result:	Target met.	Preliminary analysis indicates 2004 student completions will be 761.
Target:	<i>Quality:</i> Implementation of a quality outcomes program for the PHERP.	
Result:	Target met.	The Department continued to implement the quality outcomes program for the PHERP. This target was met as all universities funded under PHERP in 2004-05 participated in the quality outcomes program. This enabled the Department to monitor the quality outcomes of PHERP through universities submitting annual reports, analysing student and employment surveys conducting case studies on the impact of PHERP and initiating a National Indigenous Public Health Curriculum Audit.
Target:	<i>Quality:</i> Scheduled review of PHERP to commence during 2004.	
Result:	Target met.	A review of PHERP by the Department was undertaken between August 2004 and April 2005 with a comprehensive national consultation process to engage universities, State and Territory health departments and other organisations. Implementation of the review's main findings will commence in 2005-06.

- communicable disease surveillance;

Target:	<i>Quality:</i> Improved notification and quality of communicable disease data.	
Result:	Target met.	Improvements have been achieved in the quality of communicable disease data. Data is transmitted on a daily basis from the State and Territories into a national data acquisition system, and standard case definitions for notifiable disease have been adopted by all jurisdictions. The Department also reports fortnightly to the Communicable Diseases Network Australia regarding national notifiable diseases data. This supercedes previous individual State and Territory reports and is a refinement of the notification process.

- strategic health protection initiatives (including development, implementation, monitoring and evaluation of programs) particularly in the following Communicable Disease clusters:
 - immunisation programs;
 - HIV/AIDS and hepatitis C; and
 - safe needle and syringe use and disposal.

Target:	<i>Quantity:</i> Rates of childhood immunisation coverage, as recorded by the Australian Childhood Immunisation Register.	
Result:	No target number was specified in 2004-05.	The immunisation coverage rate, as notified by the Australian Childhood Immunisation Register (ACIR), for infants at 12 months of age was 91% as at 30 June 2005.
Target:	<i>Quality:</i> Development and evaluation of initiatives, under the National Immunisation Program, to continue to improve immunisation coverage and to reduce the incidence of vaccine preventable diseases.	
Result:	Target met.	In addition to the ongoing program monitoring and evaluation under the National Immunisation Program, the universal National Childhood Pneumococcal Vaccination Program and National Pneumococcal Vaccination Program for Older Australians successfully commenced on 1 January 2005. New initiatives developed in 2004-05 were announced in the 2005-06 Budget including the revision of immunisation advisory arrangements and ongoing and additional funding for National Immunisation Program Support Activities. In March 2005, two new programs for injectable polio vaccine and chicken pox vaccine were announced and will commence on 1 November 2005. Evaluations of the National Q Fever Management Program, the Young Adult MMR (measles-mumps-rubella) Program, and the Influenza Vaccination Program for Older Australians were completed in 2004-05.

Target:	<i>Quality:</i> Improved management and quality of information notified to the Australian Childhood Immunisation Register.	
Result:	Target met.	The Department funded the ACIR Field Officer's Initiative during the first six months of 2004-05. The field officers worked with general practitioners and other local providers to improve the capture, management and quality of data supplied to the ACIR.
Target:	<i>Quality:</i> Limiting the spread of HIV/AIDS and hepatitis C and minimising the social and personal impact of these diseases through improved responsiveness under the new strategies.	
Result:	Target met.	The fifth National HIV/AIDS Strategy and the second National Hepatitis C Strategy were completed by June 2005. The Department developed these strategies following extensive consultation with other Australian Government agencies, State and Territory governments and other key stakeholders. The new strategies will provide a framework for improved responsiveness through continued national action focussing on education, prevention and collaboration.
Target:	<i>Quality:</i> Implement initiatives that continue to reduce transmission of blood-borne viruses.	
Result:	Target met.	<p>Initiatives that have been implemented in 2004-05 by the Department to reduce the transmission of blood-borne viruses include:</p> <ul style="list-style-type: none"> • the provision of education grants to peak community-based organisations and professional associations to implement initiatives aimed at reducing the transmission of HIV/AIDS; • the provision of funding by the Hepatitis C Education and Prevention Initiative to peak organisations and State and Territory governments to undertake activities focusing on prevention of spread of hepatitis C, and education for those living with hepatitis C and their health care providers; • the development and dissemination of a range of education resources for needle and syringe programs and pharmacy workers; • increased operating hours for a range of needle and syringe programs; and • increased education and counselling services.

- projects to support new Food Safety Standards to provide more effective protection of consumers from foodborne pathogens and other food caused illness;
- enhancement of foodborne illness surveillance and monitoring arrangements for Australia;

Target:	<i>Quality:</i> Management of projects to support Food Safety Standards to the satisfaction of stakeholders.	
Result:	Target met.	In 2004-05, the Department: <ul style="list-style-type: none"> • funded a wide range of projects to assist businesses in upgrading their food safety management systems, including implementing food safety programs; and • contributed to the development of primary production and processing standards by reviewing epidemiological data on diseases from consumption of poultry, seafood, eggs and dairy foods.
Target:	<i>Quality:</i> Improved data on foodborne illness using OzFoodNet which provides accurate information on extent and causes of foodborne illness.	
Result:	Target met.	In 2004-05, the OzFoodNet network managed by the Department continued to investigate and improve surveillance of foodborne illness around Australia. The <i>Foodborne Illness in Australia</i> report was published, providing the most comprehensive and accurate data currently available on the incidence and causes of foodborne illness in Australia. The Department played an integral role in editing, producing, publishing and funding this report. To support the Biosecurity Surveillance System, OzFoodNet trialled a web-based database used to capture information on patients during outbreaks of foodborne illness affecting multiple jurisdictions. The system significantly reduced the time taken to gather national information during outbreaks.

- central national stockpile of chemical antidotes and vaccines;

Target:	<i>Quality:</i> Effective response to requests for antidotes and vaccines.	
Result:	Not applicable.	There are response mechanisms in place for handling requests for antidotes and vaccines. However, there were no requests in 2004-05 for any stockpile components.
Target:	<i>Quality:</i> Time taken to establish a stockpile.	
Result:	Target met.	The Department continues to develop a comprehensive National Medical Stockpile along with plans for deployment of the stockpile. New items for acquisition have been identified based on national threat assessments.

- initiatives to address risk factors:
 - illicit drugs;
 - alcohol;
 - tobacco;
 - poor nutrition; and
 - obesity.

Target:	<i>Quality:</i> Implementation of the Non-Government Organisation Treatment Grants Program with funding for new, or the expansion of existing, treatment services.	
Result:	Target met.	The Non-Government Organisation Treatment Grants Program continues to be implemented through 177 drug treatment service organisations. The Department has contracts with these organisations until 30 June 2006.
Target:	<i>Quality:</i> Ongoing evaluation of the National Drug Strategic Framework.	
Result:	Target met.	The National Drug Strategic Framework was externally evaluated in 2003 and this informed the development of the National Drug Strategy (NDS) 2004-09. The NDS 2004-09 will be subject to a robust evaluation and monitoring process, as agreed to by the Ministerial Council on Drugs Strategy in May 2005.
Target:	<i>Quality:</i> Health promotion activities to address misuse of alcohol through information dissemination and awareness raising strategies.	
Result:	Target met.	The <i>Australian Alcohol Guidelines</i> and the concept of a 'Standard Drink' were used to address this target in 2004-05. The Department distributed health promotion resource materials, such as the standard drink measuring glasses, coasters and posters, to licensed venues, government and non-government organisations, and consumers. The <i>Indigenous Alcohol Guidelines</i> ⁵ were also funded as part of this target.
Target:	<i>Quality:</i> Further development of the National Tobacco Strategy, including plans for national policy post June 2004, in line with a sound evidence base and the need to respond to new and emerging trends in tobacco control.	
Result:	Target met.	Following extensive stakeholder consultation, a new five year National Tobacco Strategy was developed and endorsed by the Ministerial Council on Drugs Strategy on 12 November 2004. The National Tobacco Strategy 2004-09 builds on existing tobacco control efforts and achievements by the Australian Government and State and Territory governments, and is further enhanced by research into effective international tobacco control strategies. It is a long-term framework which builds on initiatives undertaken by the Department in the previous National Drug Strategy 1999-2003-04. In May 2005, two new initiatives were announced: Strengthening Cancer Care – quitting smoking during pregnancy; and the National Tobacco Youth Campaign.

⁵ Accessible online at <www.adac.org.au/guidelines.html>.

Target:	<i>Quality:</i> Specific Australian Government activities under Eat Well Australia implemented in a timely manner.
Result:	<p>Target met. Specific activities under Eat Well Australia in 2004-05 included:</p> <ul style="list-style-type: none"> • implementation of the national 'Go for 2 & 5TM' fruit and vegetable campaign, in collaboration with State and Territory governments, to promote increased consumption of fruit and vegetables; • implementation of the National Child Nutrition Program; • the continued promotion of breastfeeding through funding agreements with the Australian Breastfeeding Association and the Australian College of Midwives Incorporated; • provision of funding for a collaborative project for a food and nutrition monitoring and surveillance framework including a business case; and • provision of funding to the NHMRC to undertake a review of Australia's recommended dietary intake publication. <p>Programs were implemented as planned. Some projects under the National Child Nutrition Program were extended because some recipients of grants did not complete their projects to the expected timetable.</p>
Target:	<i>Quality:</i> Continued dissemination and promotion of the Australian Dietary Guidelines.
Result:	<p>Target met. The Department continued to widely disseminate and promote the <i>Australian Dietary Guidelines</i>⁶ across Australia. All resources associated with the dietary guidelines, such as scientific background papers and <i>Food for Health</i> consumer packages, have been promoted. On average 28,000 <i>Food for Health</i> resources are distributed each month.</p> <p>The national 'Go for 2 & 5TM' fruit and vegetable campaign to promote increased consumption of fruit and vegetables launched in April 2005 includes campaign materials which are based on the <i>Australian Dietary Guidelines</i>.</p>
Target:	<i>Quality:</i> Develop and implement a national approach to obesity, Healthy Weight 2008, through the National Obesity Taskforce, for children and their parents, adults and older people.
Result:	<p>Target met. In 2004-05, the National Obesity Taskforce continued to implement strategies for children and young people, and six initiatives were announced by Health Ministers in July 2004. This year the Department developed:</p> <ul style="list-style-type: none"> • new physical activity recommendations for children and young people; • redesigned <i>National Physical Activity Guidelines for Adults</i>; and • a resource kit for schools to promote healthy eating and physical activity. <p>In March 2005, the Department commenced research into strategies to reduce the prevalence of obesity in adults and older people. This work is being undertaken on behalf of the National Obesity Taskforce.</p>

⁶ Accessible online at <www.nhmrc.gov.au/publications/synopses/dietsyn.htm>.

- the development, implementation and evaluation of communication and social marketing programs in key population health areas, based on optimum practice models;

Target:	<i>Quality:</i> Initiatives had a positive impact and achieved their objectives (as evidenced by program evaluations).	
Result:	Target met.	In 2004-05, health promotion projects were designed by the Department with the goal of reducing alcohol related harm. The projects target alcohol consumers through specially designed materials and activities that are based on the <i>Australian Alcohol Guidelines</i> . Results from preliminary evaluations of the material and the dissemination process showed over 90% acceptance rates by the recipients of the materials.
Target:	<i>Quality:</i> The development, implementation and/or evaluation of social marketing programs in key population health areas, such as alcohol, illicit drugs, cancer screening and immunisation.	
Result:	Target met.	The development by the Department of the second phase of the National Illicit Drugs Campaign which targets youth with illicit drug prevention messages and the national 'Go for 2 & 5 TM ' campaign were strongly guided by market research to ensure they met the communications objectives established for each initiative.
Target:	<i>Quality:</i> Implementation of a broader communication strategy using collaborative bodies and partnership arrangements as well as web-based tools to convey population health research, data and information, particularly in regard to lifestyle risk factors.	
Result:	Target met.	The Healthy and Active website ⁷ is a vehicle to access information on the national 'Go for 2 & 5 TM ' fruit and vegetable promotion campaign, and Healthy School Communities Grant Program. In addition, the website provides evidence-based information for consumers and health professionals on healthy eating and physical activity. The second phase of the National Illicit Drugs Campaign, a prevention campaign targeting youth, was launched in April 2005. The campaign aims to educate young people and their parents about the risks and negative consequences of illicit drug use through print, television and cinema advertising, website resource materials and other communication activities.
Target:	<i>Quantity:</i> At least 2 social marketing programs in key population health areas.	
Result:	Target met.	National social marketing programs supporting the prevention of illicit drug use amongst young people and encouraging the increased consumption of fruit and vegetables were implemented in April 2005.

⁷ Accessible online at <www.healthyactive.gov.au>.

- prevention and reduction of injury;

Target:	<i>Quality:</i> Evaluation of the National Injury Prevention Plan to measure the progress in implementation of strategies and programs that aim to contribute to a reduction in the incidence and severity of injuries in the Plan's four priority areas: falls in the elderly, falls in children, poisoning and drowning/near drowning. Evaluation will report in late 2004.
Result:	Target met. A process evaluation of the National Injury Prevention Plan: Priorities for 2001-03 and the National Injury Prevention Plan: Priorities for 2001-03 Implementation Plan was undertaken by the Department between April and August 2004. The evaluation report has informed the development of the National Injury Prevention and Safety Promotion Plan 2004-2014, which continues to include the same four priority areas.
Target:	<i>Quality:</i> Development of the National Aboriginal and Torres Strait Islander Injury Prevention Plan to implement strategies and programs designed to reduce the incidence and severity of injuries in Aboriginal and Torres Strait Islander communities, and minimising the impact of injuries to the health and well-being of those communities.
Result:	Target met. In 2004-05, the Aboriginal and Torres Strait Islander Safety Promotion Strategy (formerly known as the National Aboriginal and Torres Strait Injury Prevention Plan) was completed following an extensive consultation process. This is expected to be endorsed by Health Ministers during 2005-06.
Target:	<i>Quality:</i> The extent to which strategies and programs under the National Injury Prevention Plan have been implemented.
Result:	Target met. In 2004-05, a range of programs and projects that support the strategies identified under the National Injury Prevention and Safety Promotion Plan 2004-2014 were developed and implemented, including: <ul style="list-style-type: none"> • the Child Safety on Farms Strategy – the development of key education materials and identified best practice models for rural communities; • the Poisons Project on Child Resistant Packaging – research and advice on appropriate packaging for the Therapeutic Goods Administration Standards Committee; and • the Kidsafe Playgrounds Project – the development of a playground safety training package for Kidsafe offices across Australia.

- provision of preventive health care services;

Target:	<i>Quantity:</i> Number of people participating in the Bowel Cancer Screening Pilot by site.
Result:	Target met. The Bowel Cancer Screening Pilot Program ran from November 2002 to June 2004. 56,907 invitations were sent to people eligible to participate in the Bowel Cancer Screening Pilot. These were sent to 11,045 people from Mackay, 18,431 people from Adelaide and 27,431 people from Melbourne. A total of 25,840 invitees responded by returning a completed Faecal Occult Blood Test, giving an overall participation rate of 45.4%.

Target:	<i>Quality:</i> To promote choice and access to a range of sexual and reproductive health services.	
Result:	Target met.	<p>The Family Planning Program provides access to differing perspectives, resources and tools to help all Australians make informed decisions about sexual health, reproductive health and family planning.</p> <p>In 2004-05, funding for State and Territory Family Planning Organisations was incorporated into the new Public Health Outcome Funding Agreements (PHOFAs).</p>
Target:	<i>Quality:</i> Completion of demonstration projects in chronic disease self-management and progress towards completion of evaluation.	
Result:	Target met.	<p>Demonstration projects were completed on 30 June 2004.</p> <p>National evaluation of the demonstration projects were completed and a report was provided to the Department in March 2005.</p> <p>Key findings included improvements in health status and symptom control, reductions in up to 2 GP visits and up to 2 overnight hospital stays per person per year.</p>
Target:	<i>Quality:</i> Raise awareness of the use of lifestyle scripts in primary care.	
Result:	Target met.	<p>In 2004-05, a set of lifestyle script resources for use in the primary care setting, were developed and tested by the Department. The process of developing these resources, particularly the consultations, provided a unique opportunity to ensure Divisions of General Practice and other health professional organisations were made aware of the key elements of this initiative. These resources for health care providers and consumers will be distributed to participating practices in August and September 2005.</p>
Target:	<i>Quality:</i> Dissemination and utilisation by GPs of guidelines relating to lifestyle risk factors.	
Result:	Target met.	<p>In 2004-05, the Department disseminated a range of guidelines relating to lifestyle risk factors:</p> <ul style="list-style-type: none"> • the <i>Royal Australian College of General Practitioners Smoking Nutrition Alcohol Physical Activity Guidelines</i> were distributed to all GPs in Australia via <i>Australian Family Physician</i> magazine and to all Divisions of General Practice; • in the period to May 2005, 1,000 <i>Clinical Practice Guidelines</i> for the management of overweight and obesity kits were disseminated; and • ongoing dissemination of the <i>Clinical Guidelines for the Treatment of Alcohol Problems</i> and related materials.

- international health policies and standard setting which support and inform best practice in Australia and accord with Australia's health objectives:
 - primary carriage and coordination of Australia's whole-of-government response to the Framework Convention on Tobacco Control (FCTC), including a leadership role in the Western Pacific Region; and
- compliance with treaty obligations to support the World Health Organization (WHO).

Target:	<i>Quality:</i> Effective carriage of remaining processes for negotiation and finalisation of the FCTC, in accordance with the whole-of-government position.	
Result:	Target met.	Australia formally ratified the FCTC on 27 October 2004. The FCTC came into effect on 27 February 2005, making the provisions of the Treaty legally binding for contracting parties. Australia currently meets all the FCTC requirements.
Target:	<i>Quality:</i> Timely payment of contributions to international organisations including the WHO and the International Agency for Research on Cancer to which Australia is under treaty and MoU obligations to pay an assessed contribution.	
Result:	Target met.	All payments were made on time to the WHO and its subsidiary organisations: the International Agency for Research on Cancer and the International Program for Chemical Safety.

Performance Information for Departmental Outputs

Output Group 1. Policy advice, in relation to:

- population health issues and strategic directions;
- National Public Health Partnership activities;
- public health law;
- progress and impact of the national population health strategies;
- national and international trends which pose a challenge to population health and safety and coordinated responses to disease outbreaks;
- relations with the World Health Organization (WHO), the Organisation for Economic Cooperation and Development (OECD), the Australian Government Fund and other international agencies concerning health matters;
- management of Council of Australian Governments (COAG) food reforms and development of national food policy framework; and
- fostering collaboration with States and Territories, consumers and industry to reduce foodborne illness in Australia.

Target:	<i>Quality:</i> A high level of satisfaction of the Ministers, Parliamentary Secretary and Ministers' Offices with the relevance, quality and timeliness of policy advice, Question Time Briefs, Parliamentary Questions on Notice and briefings.	
Result:	Target met.	The Minister and Minister's Office were satisfied with the relevance, quality and timeliness of policy advice, Question Time Briefs, Parliamentary Questions on Notice and briefings.
Target:	<i>Quantity:</i> 95% of requests for information on public health issues are successfully responded to.	
Result:	Target met.	For example, in the quarter ending 30 June 2005, Population Health Division's Frontdesk received 287 email enquiries. Of those enquiries, 276 (96%) were responded to and resolved satisfactorily within 21 days.

Target:	<i>Quality:</i> Positive feedback from international organisations and other countries on Australian contributions.
Result:	Target met. The Department received notes of thanks from the Secretariats and other Member States of the WHO and OECD for its contribution to meetings and working groups.
Target:	<i>Quality:</i> Responses contribute to the work of each organisation.
Result:	Target met. Effective contributions resulting in successful outcomes consistent with Australia's priorities. Resolutions adopted by the WHO and decisions by governing bodies of the OECD are consistent with Australia's international health objectives.
Target:	<i>Quality:</i> Positive feedback from stakeholders regarding implementation of COAG food reforms and ongoing food policy development.
Result:	Target met. In 2004-05, positive feedback in the form of submissions and discussions were received from stakeholders regarding the implementation of COAG food reforms and ongoing food policy development, including the implementation of outcomes from two stakeholder consultation processes. The Department provides a leadership role at a national level in the coordination of policy advice on the regulation of food.
Target:	<i>Quality:</i> Positive feedback from stakeholders regarding work undertaken to reduce foodborne illness in Australia.
Result:	Target met. The Department manages OzFoodNet which assists in reducing foodborne illness. OzFoodNet received positive feedback from stakeholders at a Strategic Planning Meeting held in August 2004. Participants at the meeting reinforced the key role that OzFoodNet plays at a national level in the investigation, surveillance and control of foodborne illness. An OzFoodNet Advanced Foodborne Disease Investigation Workshop also received positive feedback regarding epidemiologist training sessions held in Australia in May 2005. Participants put the principles learnt at the workshop into practice during a multistate investigation into an outbreak of Salmonella Hvittingfoss.
Target:	<i>Quality:</i> Timely production of evidence-based policy research.
Result:	Target met. In 2004-05, research activities included: <ul style="list-style-type: none"> • a range of alcohol and other drug use research, including the latest Australian Secondary Students' Alcohol and Drugs Survey and the National Drug Strategy Household Survey. First results were published in 2004-05;⁸ • research funding was provided to the National Drug Research Institute, the National Drug and Alcohol Research Centre and the National Centre for Education and Training on Addiction; • data requests on foodborne illness, which were addressed by OzFoodNet in a timely manner. OzFoodNet produced 23 reports in 2004-05 and also produced timely quarterly reports, fortnightly cluster reports and an annual report; and • the third edition of the report <i>A Picture of Australia's Children</i>,⁹ released in May 2005, was prepared by the Australian Institute of Health and Welfare and funded by the Department. The report provided a national statistical report on the health, development and wellbeing of Australia's children aged 0-14 years.

⁸ Accessible online at <www.aihw.gov.au/publications/phe/ndshs04/ndshs04.pdf>. and <www.nationaldrugstrategy.gov.au/publications/monographs.htm>.
⁹ Accessible online at <www.aihw.gov.au/publications/index.cfm/title/10127>.

Target: *Quality:* Opportunity for stakeholders to participate in policy and program development.

Result: Target met. The following are examples of stakeholder participation in policy and program development:

- stakeholder expertise was utilised in the evaluation of the Bowel Cancer Screening Pilot, facilitated through a range of mechanisms including workshops and working groups;
- two national consultation forums, held in November 2004 informed the development of the new National HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies 2005-2008;
- consultation on the implementation of the National Drug Strategy occurred through peak bodies such as the Australian National Council on Drugs, the Intergovernmental Committee on Drugs, the Alcohol and Other Drugs Council of Australia and the three National Drug Strategy Research Centres;
- in 2004-05 the Australian Health Disaster Management Policy Committee held a Clinical Stakeholder Forum. The Forum provided the opportunity to engage clinical colleges and specialist groups on health disaster management issues. Workshops were conducted on influenza pandemic planning, mass casualty triage standards and disaster medicine workforce issues; and
- the National Obesity Taskforce established a Consultative Forum including representatives from the food industry, the sports and recreation industry, advertisers, nutritionists, urban planners and public health organisations.

Output Group 2. Program management, including:

- financial management and reporting on population health programs;
- collection, use and dissemination of quality health information to support the development and implementation of evidence-based population health strategies and programs;
- placement of WHO fellows; and
- administration of grants and contracts.

Target: *Quality:* A high level of stakeholder satisfaction with the timely development and implementation of national strategies.

Result: Target met. The Department received positive feedback from stakeholders in 2004-05, examples included:

- clinical groups welcomed the announcement of the phase in of a national bowel cancer screening program based on the successful Bowel Cancer Screening Pilot, through media statements; and
- stakeholders, including State and Territory governments through their involvement in the Ministerial Council on Drug Strategy and the Intergovernmental Committee on Drugs, continued to support and express satisfaction with the development and implementation of national drug and alcohol strategies, including:
 - the identified priorities in the National Drug Strategy;
 - the agreed priority setting under the National Drug Complementary Action Plan;
 - the National Tobacco Strategy;
 - the National Alcohol Strategy; and
 - the National Cannabis Strategy.

Target:	<i>Quality:</i> Budget predictions are met and actual expenses vary less than 5% from budgeted expenses.
Result:	Target met. Reviews confirm that targets have been achieved.
Target:	<i>Quality:</i> 100% of payments are made accurately and in accordance with negotiated service standards.
Result:	Target met. Reviews confirm that targets have been achieved.
Target:	<i>Quality:</i> A high level of stakeholder satisfaction with the relevance, quality and timeliness of information and education services.
Result:	Target met. The Department received positive responses from stakeholders in response to: <ul style="list-style-type: none"> • consumer resources on physical activity recommendations for children and young people sent to all schools in Australia during the first term in 2005. On request, the Department sent over 100,000 extra brochures to schools and other organisations; and • educational material promoting healthy eating, following the launch of the 'Go for 2 & 5TM' fruit and vegetable campaign in April 2005.
Target:	<i>Quality:</i> Placements arranged to achieve optimum development of WHO fellows.
Result:	Target met. In 2004-05, 193 placements were arranged by the Department for all fellows referred to Australian Institutions. The Department also supported the WHO in evaluations to ensure optimum outcomes from the program.
Target:	<i>Quantity:</i> In the order of 860 grants and contracts administered.
Result:	Target met. The Department administered over 1,000 grants and contracts in 2004-05.
Target:	<i>Quality:</i> Ongoing administration of the eight Public Health Outcome Funding Agreements agreed with each State and Territory.
Result:	Target met. All State and Territory governments have signed the new PHOFAs for the period 2004-05 to 2008-09. The PHOFAs are consistent with the Australian Government's guidelines on Specific Purpose Payments and were signed within the required timeframe. All State and Territory governments are paid on a monthly basis under the agreements. The State and Territory governments are required to provide annual financial acquittal statements and performance reports against the nationally agreed performance indicators to the Australian Government. The first financial statements and performance reports under the new PHOFAs are due by 30 November 2005.

PERFORMANCE ASSESSMENT: EVALUATIONS AND REVIEWS

Evaluation/Review:	National Illicit Drug Strategy Non-Government Organisation Treatment Grants Program.
Timeframe:	This evaluation was not undertaken due to uncertainty about ongoing Budget funding post 30 June 2006. As this issue was resolved in the 2005-06 Budget, the evaluation will be undertaken as a priority in 2005-06.
Related Performance Indicator:	Indicator 2.
URL/Web Address for published results:	Not applicable.
Evaluation/Review:	Review of the Public Health Education and Research Program.
Timeframe:	Commencement date: August 2004 End date: April 2005
Related Performance Indicator:	Indicator 3.
URL/Web Address for published results:	< www.health.gov.au/internet/WCMS/Publishing.nsf/content/Pherp-review-pdf-review-report-cnt.htm >