

Outcome 14

BIOSECURITY AND EMERGENCY RESPONSE

Preparedness to respond to national health emergencies and risks, including through surveillance, regulation, prevention, detection and leadership in national health coordination

Outcome Strategy

Through Outcome 14, the Australian Government aims to strengthen the nation's capacity to identify, monitor and implement effective and sustained responses to health threats or emergencies, thereby protecting public health. This includes mass casualty events, communicable disease outbreaks, terrorism, natural disasters and environmental hazards.

The Australian Government will continue to maintain its links with other Australian Government agencies, state and territory governments and international agencies, to obtain current information on the likelihood of a health emergency. The Government will also maintain a robust and timely communicable disease surveillance system to detect, assess and respond to communicable disease threats in Australia and to Australians overseas.

The Australian Government will undertake emergency response planning across the health system and will audit health system preparedness to respond to any emergency. In the event of a health emergency, the Government will use established and tested plans and protocols. The Government will provide national leadership by coordinating health care service provision across Australia through the Department's National Incident Room, chairing the Australian Health Protection Committee, assisting states and territories to prioritise the use of resources and providing a clearing house for information critical in managing an emergency response.

In addition, the Australian Government, through the Department, will continue to provide human health risk assessment advice on the regulation of agricultural and veterinary chemical products, drugs and poisons, and the import, export and manufacture of controlled drugs and chemicals.

Outcome 14 is the responsibility of the Office of Health Protection and the Regulatory Policy and Governance Division.

Programs Contributing to Outcome 14

Program 14.1: Health emergency planning and response

Program 14.2: Surveillance

Outcome 14 Budgeted Expenses and Resources

Table 14.1 provides an overview of the total expenses for Outcome 14 by Program.

Table 14.1: Budgeted Expenses and Resources for Outcome 14

| | 2009-10 | 2010-11 |
|---|-----------------------------|-------------------------------|
| | Estimated actual | Estimated expenses |
| | \$'000 | \$'000 |
| Program 14.1: Health emergency planning and response¹ | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 42,210 | 22,973 |
| Non cash expenses - write down of assets ² | 81,113 | 103,573 |
| Special accounts | | |
| Human Pituitary Hormones Special Account | 100 | 120 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 23,883 | 19,444 |
| Revenues from other sources (s31) | 2,495 | 2,411 |
| Unfunded depreciation expense | - | 985 |
| Total for Program 14.1 | 149,801 | 149,506 |
| Program 14.2: Surveillance¹ | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 6,833 | 3,868 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 10,167 | 8,277 |
| Revenues from other sources (s31) | 1,062 | 1,026 |
| Unfunded depreciation expense | - | 419 |
| Total for Program 14.2 | 18,062 | 13,590 |
| Outcome 14 totals by appropriation type | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 49,043 | 26,841 |
| Non cash expenses ¹ | 81,113 | 103,573 |
| Special accounts | 100 | 120 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 34,050 | 27,721 |
| Revenues from other sources (s31) | 3,557 | 3,437 |
| Unfunded depreciation expense | - | 1,404 |
| Total expenses for Outcome 14 | 167,863 | 163,096 |
| | 2009-10 | 2010-11 |
| Average staffing level (number) | 255 | 229 |

¹ This Program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National Partnerships are listed in this chapter under each Program. For budget estimates relating to the National Partnership component of the Program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

² Non cash expenses relate to the write down of drug stockpile inventory due to expiration, consumption and distribution.

Contributions to Outcome 14

Program 14.1: Health emergency planning and response

Program Objective

The Australian Government, through this Program, aims to:

- ensure that Australia's health system has integrated and coordinated arrangements in place to respond to national health emergencies and protect the community;
- build Australia's capability to respond to national health emergencies; and
- protect against potential misuse of biological material, including contributing to the safe use of pesticides and other chemicals in Australia.

Major Activities

Integrate and coordinate arrangements to protect the Australian community

In 2010-11, the Australian Government will update the Australian Health Management Plan for Pandemic Influenza (the Plan) to incorporate lessons learned from the 2009 influenza pandemic. This update will be informed by a range of stakeholders including state and territory health departments, expert advisory and operational committees, and the clinical community. The updated Plan will reflect the best evidence available, both nationally and internationally, on pandemic planning and response. The Plan will assist governments and health service providers to develop strategies to maintain health functions and services during an influenza pandemic. This work will result in a robust pandemic planning process for the Australian Government, health service providers and the community.

In 2010-11, the Australian Government, through the Department, will have regular meetings with health experts and state and territory governments, to establish a national health emergency response policy. Policy and operational matters relating to significant communicable disease outbreaks (including pandemic preparedness), potential bioterrorism and mass casualty incidents will be determined through these meetings.

Similarly, the Department will collaborate with health experts and state and territory governments to address other nationally significant health protection issues, such as mass trauma planning, chemical, biological and radiological planning and natural disaster responses. This will include increasing the capability and capacity of the health workforce and developing targeted guidance. For example, guidance will be developed for environmental health practitioners responsible for the management of a broad range of health protection issues, such as responding to dengue outbreaks, assessing contaminated sites and assisting in the recovery from natural disasters. Health practitioners will have access to the guidance and tools necessary to undertake human health risk assessments and manage significant threats.

During 2010-11, the Government, through the Department, will continue to replenish expired items in the National Medical Stockpile, as well as restock items used in the response to pandemic (H1N1) 2009 influenza. Pharmaceuticals and personal protection equipment from Australian and foreign commercial suppliers will be purchased for restocking.

The Australian Government also recognises that the Australian Red Cross Society (Red Cross) plays a major role in responding to disasters. In 2010-11, the Government will fund the Red Cross to support a broad range of health related humanitarian work and community activities, both nationally and in the Asia-Pacific region, including disaster preparedness, first aid, disaster response and refugee services.

National health emergency response

In 2010-11, the Department will participate in a range of coordinated national exercises for responding to mass casualty incidents. Australian Government agencies, such as the Australian Federal Police, the Department of the Prime Minister and Cabinet, the Attorney-General's Department, Emergency Management Australia and AusAID, as well as state and territory health departments, will participate in these joint exercises to ensure coordination and management protocols are in place to respond collectively to any mass casualty incidents.

In addition, the Department, through its membership of the Australian Health Protection Committee (AHPC), will consider matters relating to the management and coordination of national health emergencies, including through the new National Health Emergency Response Arrangements. The arrangements provide a nationally consistent approach to public health emergency prevention, preparation, response and recovery. As the peak health emergency management committee, AHPC is responsible for coordinating national health responses to emergencies. The committee includes senior representatives from the Department of Defence, state and territory health departments, Emergency Management Australia and the New Zealand Ministry of Health.

In 2010-11, the Department will continue to roll-out the pandemic (H1N1) 2009 influenza vaccination program. The health system response to the pandemic will be evaluated to improve the effectiveness of Australia's pandemic response arrangements. This evaluation will collect information from a range of stakeholders, including state and territory health departments, expert advisory and operational committees, and the clinical community involved in the pandemic response. The final report will be provided to the Minister for Health and Ageing for consideration.

Biosecurity, drug and chemical safety, and environmental health

A key priority for the Australian Government is the regulation of security sensitive biological agents that may be deliberately used by terrorists to harm human health or the Australian economy. These agents consist of bacteria and viruses, as well as toxins derived from plants or bacteria.

In 2010-11, the Department will continue to raise awareness among affected stakeholders, including universities, law enforcement agencies, public and private diagnostic laboratories and veterinary laboratories, to prevent potential misuse of security sensitive biological agents. The Department will raise awareness through a dedicated website¹, providing online and face-to-face training, and email distribution of a regular newsletter to stakeholders. The Office of the Gene Technology Regulator will also continue to conduct inspections on laboratories, in accordance with the requirements of the regulatory scheme. It is anticipated that a background checking scheme for personnel who handle security sensitive biological agents will also come into effect in 2010-11 following the development in 2009-10 of supporting policy and legislation for this activity.

¹ Accessible at: www.health.gov.au/SSBA

The Department will provide human health and safety risk assessments of chemicals, and participate in international reviews for the Australian Pesticide and Veterinary Medicines Authority, which regulates agricultural and veterinary products. The Department will support product labelling standards for drugs and chemicals, which impact community access. The Department will also continue to administer a licensing and permit regime for controlled drugs and chemicals under the *Customs (Prohibited Imports) Regulations*, *Customs (Prohibited Exports) Regulations* and the *Narcotic Drugs Act 1967* in line with obligations under the *International Narcotics Control Board Single Convention on Narcotic Drugs 1961*, the *International Narcotic Control Board Convention on Psychotropic Substances 1971* and the *United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988*.

Further, the Department will work with other Australian Government agencies, state and territory governments, and national stakeholder groups to build the health sector's capacity to manage environmental health threats. The threats include, but are not limited to, vector-borne disease outbreaks, contaminated air, water and land, extreme heat events, and threats arising from emergencies and disasters. This will be achieved by implementation of the fourth year of the *National Environmental Health Strategy 2007-2012*. The Government will fund the implementation of a variety of national projects developed through enHealth, the Environmental Health Committee (a subcommittee of the Australian Health Protection Committee). These projects include implementation of the National Health Workforce Action Plan, development of operational guidelines on a public health response to environmental lead contamination, a health impact assessment of the proposed amendments to the National (Ambient Air Quality) Environment Protection Measure and the development of national extreme heat event guidelines.

Program 14.1 is linked as follows:

- This program includes National Partnerships payments for:
 - *Royal Darwin hospital - equipped, prepared and ready.*These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.
- Department of Defence, Department of the Prime Minister and Cabinet, Department of Foreign Affairs and Trade, Australian Federal Police, AusAID, Department of Agriculture, Fisheries and Forestry, Attorney-General's Department and Australian Customs for national health emergency response activities.
- Australian Federal Police, Australian Pesticides and Veterinary Medicines Authority, and Attorney-General's Department for biosecurity, drug and chemical safety and environmental health.

Program 14.1: Expenses

Table 14.2: Program expenses

| | 2009-10 Estimated actual \$'000 | 2010-11 Budget \$'000 | 2011-12 Forward year 1 \$'000 | 2012-13 Forward year 2 \$'000 | 2013-14 Forward year 3 \$'000 |
|---|--|-----------------------------|--|--|--|
| Annual administered expenses | | | | | |
| Ordinary annual services | 42,210 | 22,973 | 16,829 | 17,133 | 17,040 |
| Non cash expenses ¹ | 81,113 | 103,573 | 139,725 | 3,791 | 27,918 |
| Special account expenses | | | | | |
| Human Pituitary Hormones Special Account | 100 | 120 | 120 | 120 | 120 |
| Program support | 26,378 | 22,840 | 22,910 | 23,001 | 23,700 |
| Total Program expenses | 149,801 | 149,506 | 179,584 | 44,045 | 68,778 |

¹ Non cash expenses relate to the write down of drug stockpile inventory due to expiration, consumption and distribution.

Program 14.1: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 14.3: Qualitative Deliverables for Program 14.1

| Qualitative Deliverables | 2010-11 Reference Point or Target |
|--|---|
| Produce relevant and timely evidence-based policy research | Relevant evidence-based policy research produced in a timely manner |
| Stakeholders participate in program development through a range of avenues | Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings |
| Integrate and coordinate arrangements to protect the Australian community | |
| Material in the National Medical Stockpile is replaced as it expires | Replacement items delivered to the National Medical Stockpile as close to the items' expiry date as possible |

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| Qualitative Deliverables | 2010-11 Reference Point or Target |
|---|---|
| National health emergency response | |
| Policy and operational matters relating to pandemic preparedness, potential bioterrorism and mass casualty incidents are addressed through consultation with other Australian Government agencies, the jurisdictions, and experts through key committees and working groups | The Department works actively with other Government agencies, jurisdictions and states and territories. This will be measured by the Department's participation in regular meetings of the Australian Health Protection Committee and its subcommittees |
| Biosecurity, drug and chemical safety, and environmental health | |
| Enhanced national approaches to environmental health hazards are developed | Measured by progress against the key performance indicators in the <i>National Environmental Health Strategy 2007-2012</i> |
| Ongoing human health and safety assessments completed to a quality standard, under the Service Level Agreement with the Australian Pesticides and Veterinary Medicines Authority | Completed within required timeframes and the satisfaction of the Australian Pesticides and Veterinary Medicines Authority |

Table 14.4: Quantitative Deliverables for Program 14.1²

| Quantitative Deliverables | 2009-10 Revised Budget | 2010-11 Budget | 2011-12 Forward Year 1 | 2012-13 Forward Year 2 | 2013-14 Forward Year 3 |
|--|------------------------|----------------|------------------------|------------------------|------------------------|
| Percentage of variance between actual and budgeted expenses | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% |
| Biosecurity, drug and chemical safety, and environmental health | | | | | |
| Percentage of applications for the import, export, and manufacture of controlled substances that are assessed and processed within agreed timeframes | 98% | 98% | 98% | 98% | 98% |

² The 2009-10 quantitative deliverable 'Number of Australian Health Management Plan for Pandemic Influenza annexes produced' has been deleted due to the Plan being reviewed in light of pandemic (H1N1) 2009 influenza.

Program 14.1: Key Performance Indicators

The following ‘Key Performance Indicators’ measure the impact of the Program.

Table 14.5: Qualitative Key Performance Indicators for Program 14.1

| Qualitative Indicator | 2010-11 Reference Point or Target |
|---|---|
| Integrate and coordinate arrangements to protect the Australian community | |
| Preparedness to respond to disease outbreaks or mass casualty incidents | Measured by the Government’s performance in exercises and possession of sufficient resources for deployment |
| Capacity for the timely deployment of the National Medical Stockpile | Measured by the deployment of the Stockpile, either through exercise or live deployment, meeting the six-hour response benchmark |
| Containment of disease outbreaks, mass casualty and biosecurity incidents through the timely engagement of national health coordination mechanisms and response plans | Measured by the impact of a disease outbreak, mass casualty or biosecurity incident, if it occurs |
| National health emergency response | |
| Timely response to health emergencies through coordination between jurisdictions | Minimisation of negative health impact on the Australian population |
| Biosecurity, drug and chemical safety, and environmental health | |
| Regulation of security sensitive biological agents | Access to biological agents for terrorist purposes is prevented, measured by the registration of facilities working with identified security sensitive biological agents, their compliance with mandatory standards, and the Department’s successful engagement with industry |
| Build Australian health sector capacity to manage environmental threats | Human health and the environment are protected from harmful chemicals and drugs measured by the Department’s timeliness, quality, and stakeholder acceptance of chemical assessments, setting standards and issuing authorisations |

Table 14.6: Quantitative Key Performance Indicators for Program 14.1

| Quantitative Indicators | 2009-10 Revised Budget | 2010-11 Budget Target | 2011-12 Forward Year 1 | 2012-13 Forward Year 2 | 2013-14 Forward Year 3 |
|--|------------------------|-----------------------|------------------------|------------------------|------------------------|
| Biosecurity, drug and chemical safety, and environmental health | | | | | |
| Percentage of human health and safety risk assessments for pesticides and veterinary medicines made within agreed timeframes and pass performance standards assessment | 100% | 100% | 100% | 100% | 100% |
| Percentage of recommendations for standards relating to the supply of human medicines, pesticides, veterinary medicines and other chemicals made within statutory timeframes | 100% | 100% | 100% | 100% | 100% |
| Percentage of facilities registered to handle security sensitive biological agents that are compliant with mandatory standards | 100% | 100% | 100% | 100% | 100% |

Program 14.2: Surveillance

Program Objective

The Australian Government, through this Program, aims to:

- strengthen communicable disease surveillance analysis and reporting, to enable effective detection, warning and response to communicable disease health threats;
- minimise the risks posed by communicable disease threats, and reduce their effect on society and the economy; and
- manage the human health risks posed by people, biological material, vessels (aircraft and ships) and vectors (organisms that act as carriers or transporters of infectious disease) entering Australia.

Major Activities

Communicable disease surveillance, analysis and reporting

Communicable diseases remain a significant public health priority in Australia and internationally. The communicable disease issues facing Australia are diverse and include foodborne diseases, antimicrobial resistant bacteria, sexually transmitted diseases, diseases transmitted by mosquitoes to humans, and vaccine preventable diseases. New and emerging diseases, and intentional release of biological agents, pose potential threats to public health. For example, Hendra virus can spread from horses to humans, and avian influenza or 'bird-flu' has the potential to become a human pandemic influenza strain. The Australian Government acknowledges that surveillance and the early detection of health threats are key components of its health protection framework.

In 2010-11, the Australian Government, through the Department, will analyse all relevant and accessible data, including from the National Notifiable Diseases Surveillance System, the World Health Organization (WHO), and international media outlets, to identify outbreaks and/or predict trends in the number of communicable diseases cases. Through the Communicable Diseases Network Australia and its subcommittees, the Department will collaborate with other Australian Government agencies, state and territory governments, and industry experts. This will inform Australia's preparedness strategies and determine the most appropriate response to reduce the risk of disease transmission in affected groups. In 2010-11, the Department will focus on enhancing influenza surveillance capacity to better understand seasonal outbreaks and to inform future responses to pandemics.

To assist in identifying and responding to diseases that are of concern to Aboriginal and Torres Strait Islander communities, the Department will work to improve the recording of Indigenous status when information about cases of communicable disease is collected. The Department will continue collaborating with states and territories through the National Surveillance Committee, on minimising health care associated infection and developing appropriate and targeted public health guidelines for communicable disease control. The latter will be through the development of a series of national guidelines with the Communicable Diseases Network of Australia. Communicable disease surveillance information will be disseminated through the Department's website.³ In addition, the Department will develop and disseminate reports to inform policy and decision-makers on the development and initiation of health protection responses.

Minimise risks posed by communicable diseases

The Australian Government aims to reduce the personal, social and economic impact of communicable diseases on the community. In 2010-11, the Government will implement a series of initiatives to address health protection issues relating to cross-border movement between Papua New Guinea and the Torres Strait Islands.

The Australian Government will continue to provide health services and protect Torres Strait Islander communities from the spread of communicable diseases, such as tuberculosis, HIV/AIDS and sexually transmitted infections arising from cross-border movements in the Torres Strait Treaty Zone. The Australian Government will also fund the detection, control and elimination of exotic mosquitoes in the Torres Strait, and prevent the spread of mosquito-borne diseases, such as dengue fever, from the Torres Strait Islands to the mainland.

³ Accessible at: www.health.gov.au

Furthermore, the Government will monitor domestic and international developments in vaccine preventable diseases, such as invasive pneumococcal disease, pertussis, measles, rotavirus and influenza. It will also monitor new and emerging technologies to respond to a range of disease threats, such as multi-drug resistant tuberculosis, anti-microbial resistance, antiviral resistant influenza and HIV. This information enables the Government to monitor disease spread nationally and internationally and informs the development of policy to respond to communicable disease threats. The Department's risk and decision analysis tools and protocols will assist in containing the spread of these threats, and skills in this area will be further developed across the Department to support evidence-based decision making and policy advice.

Protect Australia's biosecurity

The Department will continue to work closely with the Department of Agriculture, Fisheries and Forestry in the implementation of recommendations of *One Biosecurity: A Working Partnership - The Independent Review of Australia's Quarantine and Biosecurity Arrangements. Report to the Australian Government 2008* (Beale Report).

Another key activity is managing human health risks posed by people, biological material, and vessels and vectors entering Australia. This includes developing policy on human health measures at the border and providing support to the Director of Human Quarantine, Chief Quarantine Officers and Quarantine Officers in the performance of their roles under the *Quarantine Act 1908*. The program will collaborate with border agencies, such as the Australian Quarantine and Inspection Service and industry groups, to implement policies at the border, manage the response to emergencies and incidents requiring border health measures, and provide advice on the import requirements for biological materials and human remains. Policy advice on yellow fever vaccination requirements will also be provided to travellers and border agencies.

By June 2012, all member countries of the WHO are to demonstrate their compliance with the requirements of the *WHO International Health Regulations (2005)* (IHR). A two year program will be commenced by the Government in 2010-11 to assess Australia's status against those requirements and initiate actions to resolve any outstanding issues identified. A key activity will be interaction between the Department and Australia's international airports and seaports to assist them to meet IHR requirements for first points of entry.

Program 14.2 is linked as follows:

- This Program includes National Partnerships payments for:
 - *Human quarantine service*
 - *OzFoodNet;*
 - *Pneumococcal disease surveillance;*
 - *Torres Strait Islander health protection strategy; and*
 - *Vaccine- preventable diseases surveillance program.*

These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

- Australian Quarantine and Inspection Service (Department of Agriculture, Fisheries and Forestry) for Australia's biosecurity activities under Quarantine and Export Services (Program 2.1).

Program 14.2: Expenses

Table 14.7: Program expenses

| | 2009-10 Estimated actual \$'000 | 2010-11 Budget \$'000 | 2011-12 Forward year 1 \$'000 | 2012-13 Forward year 2 \$'000 | 2013-14 Forward year 3 \$'000 |
|-------------------------------|--|-----------------------------|--|--|--|
| Annual administered expenses | | | | | |
| Ordinary annual services | 6,833 | 3,868 | 3,300 | 3,791 | 3,405 |
| Program support | 11,229 | 9,722 | 9,753 | 9,791 | 10,089 |
| Total Program expenses | 18,062 | 13,590 | 13,053 | 13,582 | 13,494 |

Program 14.2: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 14.8: Qualitative Deliverables for Program 14.2

| Qualitative Deliverables | 2010-11 Reference Point or Target |
|---|---|
| Produce relevant and timely evidence-based policy research | Relevant evidence-based policy research produced in a timely manner |
| Stakeholders participate in program development through a range of avenues | Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings |
| Communicable disease surveillance, analysis and reporting | |
| Develop preparedness strategies informed by surveillance data | Appropriate data provided in a timely manner to inform strategy development |
| Appropriate health protection responses triggered/prompted by surveillance data | Timely communication of surveillance data to policy development and response planning areas, and decision-makers and expert bodies for further consideration |
| Minimise risks posed by communicable diseases | |
| Facilitate improved communication and coordination between Queensland Health and the Papua New Guinea Government to address cross border health issues to reduce the spread of communicable diseases into the Torres Strait and further to mainland Australia | Increased data sharing between Queensland Health and Papua New Guinea Health Services about the care that Papua New Guinea nationals receive in Australia will improve health care for patients returning home to Papua New Guinea, and reduce further care required in Australia |

| Qualitative Deliverables | 2010-11 Reference Point or Target |
|--|---|
| Participate in relevant national and international communicable disease preparedness and response fora | Departmental participation in appropriate national and international fora |
| Protect Australia's biosecurity | |
| Development of a risk assessment framework to support new biosecurity arrangements | The framework is developed prior to the commencement of new biosecurity legislation |
| Develop and disseminate policies in relation to border health and minimise the risks through a collaborative approach between Australian Government agencies, with state and territory government and the private sector | Risks to human health emanating from international travel and trade are minimised |

Table 14.9: Quantitative Deliverables for Program 14.2

| Quantitative Deliverables | 2009-10 Revised Budget | 2010-11 Budget | 2011-12 Forward Year 1 | 2012-13 Forward Year 2 | 2013-14 Forward Year 3 |
|---|------------------------|----------------|------------------------|------------------------|------------------------|
| Percentage of variance between actual and budgeted expenses | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% |
| Communicable disease surveillance, analysis and reporting | | | | | |
| Number of meetings with key advisory committees such as the Communicable Disease Network Australia, its subcommittees and other expert advisory bodies ⁴ | 52 | 52 | 52 | 52 | 52 |

⁴ Data caveat: Communicable Disease Network Australia meets 24 times per year, subcommittees meet approximately four times per year, and there are approximately 13 regularly active subcommittees, equalling 52 meetings. These will fluctuate as subcommittees and working groups are created and disbanded, and are time limited. The number of meetings also fluctuates as emergency meetings are called in response to disease outbreaks.

| Quantitative Deliverables | 2009-10 Revised Budget | 2010-11 Budget | 2011-12 Forward Year 1 | 2012-13 Forward Year 2 | 2013-14 Forward Year 3 |
|--|------------------------|----------------|------------------------|------------------------|------------------------|
| Protect Australia's biosecurity | | | | | |
| Percentage of international points of entry with health emergency plans ⁵ | 0% | 50% | 100% | 100% | 100% |

Program 14.2: Key Performance Indicators

The following 'Key Performance Indicators' measure the impact of the Program.

Table 14.10: Qualitative Key Performance Indicators for Program 14.2

| Qualitative Indicators | 2010-11 Reference Point or Target |
|--|--|
| Communicable disease surveillance, analysis and reporting | |
| Effective surveillance, analysis and management of domestic and international incidents and outbreaks of communicable and foodborne diseases | Incidents and outbreaks are reported within agreed protocols and timeframes |
| Reduce the impact of communicable and foodborne disease | Medium and long-term trend analysis of the National Notifiable Diseases Surveillance System and OzFoodNet data indicate a reduction |
| Strengthen national and international expert networks on health protection response | High level of collaborative partnerships amongst state and territory public health units and experts to enhance Australia's preparedness and health protection response to the global health environment |
| Minimise risks posed by communicable diseases | |
| Improve communication and surveillance between Australia and Papua New Guinea | Establish and maintain communication protocols and regular data reporting between Australia and Papua New Guinea |

⁵ By June 2012, all member countries of the WHO are to demonstrate their compliance with the requirements of the *WHO International Health Regulations (2005)*. A two year program will be commenced by the Government in 2010-11 to assess Australia's status against those requirements and initiate actions to resolve any outstanding issues identified.

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| Qualitative Indicators | 2010-11 Reference Point or Target |
|--|--|
| Protect Australia's biosecurity | |
| Use of risk assessment methodologies in policy development | Increase in the use of risk assessment outcomes in the development of human biosecurity policies |

Table 14.11: Quantitative Key Performance Indicators for Program 14.2

| Quantitative Indicators | 2009-10 Revised Budget | 2010-11 Budget Target | 2011-12 Forward Year 1 | 2012-13 Forward Year 2 | 2013-14 Forward Year 3 |
|--|------------------------|-----------------------|------------------------|------------------------|------------------------|
| Communicable diseases surveillance, analysis and reporting | | | | | |
| Percentage of nationally notifiable diseases reported to the National Notifiable Diseases Surveillance System, as measured by the success of daily monitoring ⁶ | 90% | 90% | 90% | 90% | 90% |
| Percentage of data completeness for priority non-mandatory data fields for select key indicators for which enhanced data is collected ⁷ | 80% | 80% | 85% | 85% | 85% |
| Percentage of communicable disease surveillance reports completed and disseminated according to schedule | 100% | 100% | 100% | 100% | 100% |

⁶ This KPI was reduced to reflect delays in the day to day provision of data to the Department, which is influenced by various factors. Notifications may be required from treating clinicians, diagnostic laboratories or hospitals. In addition, the mechanism of notification varies between states and territories, and in some cases different diseases are notifiable by different mechanisms.

⁷ Mandatory data field include: date of birth, sex, Indigenous status, death, serogroup / subtype. Select key indicators include: tuberculosis, invasive pneumococcal disease, sexually transmitted infections, Hepatitis C and Hepatitis B. Additional diseases have been added to this KPI since 2008-09, reflected by the 5% increase in 2011-12 and 2012-13, compared to the forward year estimates in the 2009-10 Portfolio Budget Statements.

Budget Statements – Department of Health and Ageing

| Quantitative Indicators | 2009-10 Revised Budget | 2010-11 Budget Target | 2011-12 Forward Year 1 | 2012-13 Forward Year 2 | 2013-14 Forward Year 3 |
|---|------------------------|-----------------------|------------------------|------------------------|------------------------|
| Minimise risks posed by communicable disease threats | | | | | |
| Number of regular reports to Australian committees on cross border activities within the Treaty Zone and improvements on communication links between Australia and Papua New Guinea | 4 | 4 | 4 | 4 | 4 |
| Protect Australia's biosecurity | | | | | |
| Number of state and territory government Chief Quarantine Officers who attend the annual face to face meeting | 8 | 8 | 8 | 8 | 8 |
| Number of Chief Quarantine Officers and Human Quarantine Officers who participate in training | 40 | 40 | 40 | 40 | 40 |