

## Outcome 1

# POPULATION HEALTH

**A reduction in the incidence of preventable mortality and morbidity, including through national public health initiatives, promotion of healthy lifestyles, and approaches covering disease prevention, health screening and immunisation**

## Outcome Strategy

The Australian Government, through Outcome 1, aims to reduce the incidence of preventable mortality and morbidity in Australia.<sup>1</sup>

The health system is under pressure from the demands of the ageing population and the increasing prevalence of chronic disease. Expenditure on health care in Australia has increased by 122 per cent in the 10 years to 2011-12. One-third of Australia's burden of disease is due to lifestyle health risks such as poor diet, obesity, physical inactivity, smoking and alcohol misuse. More emphasis is needed on prevention to ensure our health system is sustainable for the long term.

To help improve sustainability and reduce the burden of chronic disease, the Government will invest in programmes and strategies aimed at preventing illness and encouraging people to lead healthier lifestyles. The Government will place a particular focus on disease prevention, screening, disease control, immunisation, public health and reducing the impact of substance misuse. The Government will also support a range of palliative and end of life care projects. This approach will improve the lives of many Australians and reduce pressure on the health system.

Key initiatives for 2014-15 include: implementing national blood borne virus and sexually transmissible infection strategies; developing a new National Diabetes Strategy; providing a range of cancer screening services; providing vaccines through the National Immunisation Programme; and delivering programmes and communication campaigns aimed at discouraging the use and misuse of alcohol, tobacco, prescription and illicit drugs.

In the 2014-15 Budget, the Government is fast-tracking the full implementation of biennial bowel cancer screening for all Australians aged 50 to 74. Around 4,000 Australians die each year from bowel cancer. It is the second most common cause of cancer-related deaths in Australia. Evidence has shown that regular screening can improve treatment outcomes and survival.

In 2014-15, the Government will finalise the National Diabetes Strategy to identify gaps in diabetes prevention and care, and outline strategies to more effectively address these gaps. It will include consideration of service coordination and integration as well as the particular needs of population groups.

To ensure a more efficient approach to prevention, and remove duplication, the essential functions of the Australian National Preventive Health Agency will be transferred to the Department of Health by 30 June 2014 with a view to closing the

<sup>1</sup> Mortality denotes the number of deaths in a given population. Morbidity denotes a condition causing poor health such as injury or illness.

agency. The components of the National Partnership Agreement on Preventive Health involving payments to States and Territories will be terminated.

Outcome 1 is the responsibility of Population Health Division, the Office of Health Protection, Acute Care Division and Primary and Mental Health Care Division.

## Programmes Contributing to Outcome 1

**Programme 1.1: Public Health, Chronic Disease and Palliative Care**

**Programme 1.2: Drug Strategy**

**Programme 1.3: Immunisation**

## Outcome 1 Budgeted Expenses and Resources

Table 1.1 provides an overview of the total expenses for Outcome 1 by Programme.

**Table 1.1: Budgeted Expenses and Resources for Outcome 1**

	2013-14 Estimated actual \$'000	2014-15 Estimated expenses \$'000
<b>Programme 1.1: Public health, chronic disease &amp; palliative care<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	170,054	168,909
Other services (Appropriation Bill No. 2)	11,058	-
Departmental expenses		
Departmental appropriation <sup>2</sup>	33,355	35,048
Expenses not requiring appropriation in the budget year <sup>3</sup>	2,423	2,376
<b>Total for Programme 1.1</b>	<b>216,890</b>	<b>206,333</b>
<b>Programme 1.2: Drug strategy<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	201,623	138,415
Departmental expenses		
Departmental appropriation <sup>2</sup>	21,100	21,012
Expenses not requiring appropriation in the budget year <sup>3</sup>	1,583	1,552
<b>Total for Programme 1.2</b>	<b>224,306</b>	<b>160,979</b>
<b>Programme 1.3: Immunisation<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1) to Australian Childhood Immunisation Register Special Account	20,515	20,137
Special appropriations <i>National Health Act 1953</i> - essential vaccines	(5,747)	(5,802)
Special accounts Australian Childhood Immunisation Register Special Account	134,994	134,309
Departmental expenses		
Departmental appropriation <sup>2</sup>	9,388	9,475
Expenses not requiring appropriation in the budget year <sup>3</sup>	7,456	7,258
Expenses not requiring appropriation in the budget year <sup>3</sup>	570	559
<b>Total for Programme 1.3</b>	<b>167,176</b>	<b>165,936</b>

Table 1.1: Budgeted Expenses and Resources for Outcome 1 (Cont.)

	2013-14 Estimated actual \$'000	2014-15 Estimated expenses \$'000
<b>Outcome 1 totals by appropriation type</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1) to special accounts	392,192 (5,747)	327,461 (5,802)
Other services (Appropriation Bill No. 2)	11,058	-
Special appropriations	134,994	134,309
Special accounts	9,388	9,475
Departmental expenses		
Departmental appropriation <sup>2</sup>	61,911	63,318
Expenses not requiring appropriation in the budget year <sup>3</sup>	4,576	4,487
<b>Total expenses for Outcome 1</b>	<b>608,372</b>	<b>533,248</b>
	<b>2013-14</b>	<b>2014-15</b>
<b>Average staffing level (number)</b>	390	388

- 1 This Programme 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 Programme. For budget estimates relating to the National Partnership component of the Programme, please refer to Budget Paper 3 or Programme 1.10 of the Treasury Portfolio Budget Statements.
- 2 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".
- 3 "Expenses not requiring appropriation in the Budget year" is made up of depreciation expense, amortisation expense, makegood expense and audit fees.

## Programme 1.1: Public Health, Chronic Disease and Palliative Care

### Programme Objectives

*Reduce the incidence of chronic disease and promote healthier lifestyles*

Chronic diseases are the leading cause of preventable death and disease in Australia, and present a major challenge for the sustainability of Australia's health care system. The Government will increase the capacity of the health system to prevent and better manage chronic disease in accordance with evidence-based best practice.

The Government has committed to develop a new National Diabetes Strategy to inform better targeted health spending in diabetes prevention and management. During 2014-15, a National Diabetes Strategy Advisory Group will work with the Department, and in consultation with stakeholders, to develop this strategy.

Complementing this work, in 2014-15 the Department will complete the Diabetes Care Project pilot, involving over 7,500 patients from around 150 general practices in Queensland, Victoria and South Australia. The pilot is evaluating a new, comprehensive, patient-centred model of care which allows for local flexibility, improved coordination of care and access to a range of multidisciplinary services.

The Government will also fund a range of chronic disease prevention projects, particularly in the primary and community care sectors.

*Develop evidence-based food regulatory policy*

The Australian Government will administer a strong, evidence-based food regulatory system to ensure that food sold in Australia is safe. The Department will ensure that all food regulatory policy is considered in the context of the Government's deregulation agenda and will promote the reduction of unnecessary regulatory burden and red tape. The Department collaborates with the Department of Agriculture, States and Territories and New Zealand to develop robust policy to assist Food Standards Australia New Zealand to develop, and the States and Territories to implement, the food standards necessary to ensure a safe food supply for Australia.

Food labelling plays an integral role in informing healthy food purchasing decisions by consumers. In 2014-15, the Australian Government will work with the States and Territories and New Zealand to implement the outcomes of the independent report: Labelling Logic: Review of Food Labelling Law and Policy. Implementation over the next three years will endeavour to balance improving the information on food labels to meet consumers' needs, while maintaining marketing flexibility and minimising the regulatory burden on industry and barriers to trade.

*Improve detection, treatment and survival outcomes for people with cancer*

The Australian Government recognises the importance of cancer screening in the early detection and treatment of cancer.

In 2014-15, the Australian Government is providing \$95.9 million over four years to expand the National Bowel Cancer Screening Program to a biennial screening interval for all Australians aged 50 to 74 years of age by 2020. This expansion will bring the programme in line with the National Health and Medical Research Council Guidelines. Over the next four years, up to 7.8 million Australians will be invited to undertake free bowel cancer screening as part of the programme. From 2015, people turning 70 and 74 years will commence screening through the program. 72 and 64 year olds will be added in 2016 and 68, 58 and 54 year olds in 2017. The remaining cohorts will be included from 2018 to 2020.

The Australian Government will also work with State and Territory Governments to provide breast and cervical cancer screening for women in the eligible age cohorts<sup>2</sup>. Funding for the McGrath Foundation will provide trained breast care nurses to assist and care for women diagnosed with breast cancer and their families.

*Reduce the incidence of blood borne viruses and sexually transmissible infections*

The Australian Government is committed to preventing the spread of blood borne viruses (BBVs) and sexually transmissible infections (STIs).

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<sup>2</sup> Further information available at: [Cancer Screening website](#)

In 2014-15, the Australian Government will commence the implementation of the 2014-17 National Strategies for HIV, hepatitis B, hepatitis C, STI, and Aboriginal and Torres Strait Islander BBVs and STIs. These strategies will guide policies and programmes related to the prevention, testing, management and treatment of BBVs and STIs.

In 2014-15, the Australian Government's support for the strategies includes investment in a prevention programme to address increasing rates of STIs and BBVs including HIV, hepatitis B and hepatitis C.

The Government will also support non-government organisations to deliver activities aimed at raising awareness of BBVs and STIs and encouraging an increase in diagnosis and treatment uptake. In 2014-15, the Department will continue to support quality assurance programmes for medical laboratories using in-vitro diagnostic devices, and the Australian Red Cross for the screening of fresh blood donations.

#### *Improve palliative care in Australia*

The Government will also seek to support a range of national palliative care projects, to improve the provision of high quality palliative care in Australia by supporting projects primarily focusing on education, training, quality improvement and advance care planning.

Programme 1.1 is linked as follows:

- This Programme includes National Partnership payments for:
  - *National bowel cancer screening;*
  - *Expansion of BreastScreen Australia Programme;* and
  - *Victorian Cytology Service.*

These Partnership 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 programme, please refer to Budget Paper No. 3 or Programme 1.10 of the Treasury's Portfolio Budget Statements.

- The Department of Human Services (Services to the Community - Programme 1.2) is funded to administer the National Bowel Cancer Screening Register and support cervical cancer screening.

## **Programme 1.1: Expenses**

**Table 1.2: Programme Expenses**

	<b>2013-14 Estimated actual \$'000</b>	<b>2014-15 Budget \$'000</b>	<b>2015-16 Forward Year 1 \$'000</b>	<b>2016-17 Forward Year 2 \$'000</b>	<b>2017-18 Forward Year 3 \$'000</b>
Annual administered expenses					
Ordinary annual services	170,054	168,909	168,212	182,527	196,680
Other services	11,058	-	-	-	-
Programme support	35,778	37,424	34,688	33,185	33,573
<b>Total Programme 1.1 expenses</b>	<b>216,890</b>	<b>206,333</b>	<b>202,900</b>	<b>215,712</b>	<b>230,253</b>

## Programme 1.1: Deliverables

### Qualitative Deliverables for Programme 1.1

#### Reduce the incidence of chronic disease and promote healthier lifestyles

Qualitative Deliverables	2014-15 Reference Point or Target
New National Diabetes Strategy in place to support better prevention and management of diabetes	National Diabetes Strategy finalised
Review the evaluation findings from the Diabetes Care Project pilot to test a more comprehensive, patient-centred approach to improve the care of patients with diabetes	Evaluation findings from the Diabetes Care Project are provided to the Australian Government

#### Develop evidence-based food regulatory policy

Qualitative Deliverable	2014-15 Reference Point or Target
Develop advice and policy for the Australian Government on food regulatory issues	Relevant, evidence-based advice produced in a timely manner

#### Improve detection, treatment and survival outcomes for people with cancer

Qualitative Deliverables	2014-15 Reference Point or Target
Implement the expansion of the National Bowel Cancer Screening Program to a biennial screening interval	Negotiation and execution of appropriate funding contracts and funding agreements to be completed by June 2015 to enable commencement of invitations to 70 and 74 year olds in 2015
Support the expansion of BreastScreen Australia to invite Australian women 70-74 years of age through the implementation of a nationally consistent communication strategy	Delivery of communication activities such as print, radio and online promotion

#### Reduce the incidence of blood borne viruses and sexually transmissible infections

Qualitative Deliverable	2014-15 Reference Point or Target
Implement priority actions contained in the National BBVs and STIs Strategies 2014-17	Commence implementation of programmes which support delivery of priority action areas to reduce BBVs and STIs

**Quantitative Deliverables for Programme 1.1****Improving detection, treatment and survival outcomes for people with cancer**

Quantitative Deliverable	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of breast care nurses employed through the McGrath Foundation	53	57	57	57	57

**Programme 1.1: Key Performance Indicators****Qualitative Key Performance Indicators for Programme 1.1****Develop evidence-based food regulatory policy**

Qualitative Indicator	2014-15 Reference Point or Target
Promote a nationally consistent, evidence-based approach to food policy and regulation	Consistent regulatory approach across Australia through nationally agreed evidence-based policies and standards

**Reduce the incidence of blood borne viruses and sexually transmissible infections**

Qualitative Indicator	2014-15 Reference Point or Target
Provide funding to non-government organisations to support programmes which are effective in reducing the spread of communicable disease and achieving the national strategy targets	Organisations funded in accordance with the priorities outlined in the National BBVs and STIs Strategies 2014-17 Progress reports from contracted organisations indicate that activities are being implemented in accordance with contractual arrangements and are achieving expected outcomes

**Quantitative Key Performance Indicators for Programme 1.1****Improve detection, treatment and survival outcomes for people with cancer**

Quantitative Indicators	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of people invited to take part in the National Bowel Cancer Screening Program who participated <sup>3</sup>	41.0%	41.0%	41.0%	41.0%	41.0%

<sup>3</sup> Australian Institute of Health and Welfare and the Australian Government Department of Health and Ageing, 2012. *National Bowel Cancer Screening Program: Monitoring Report Phase 2, July 2008-June*

Quantitative Indicators	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of women 50-69 years of age participating in BreastScreen Australia <sup>4</sup>	55.2%	55.2%	55.2%	55.2%	55.2%
Percentage of women 70-74 years of age participating in BreastScreen Australia <sup>5</sup>	34.0%	51.0%	53.0%	55.2%	55.2%
Percentage of women in the target age group participating in the National Cervical Screening Programme <sup>6</sup>	57%	57%	57%	57%	57%

## Programme 1.2: Drug Strategy

### Programme Objectives

*Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs*

In 2014-15, the Department will work with States and Territories, experts and communities under the guidance of the National Drug Strategy 2010-2015 to minimise the harms associated with alcohol, tobacco and other drug use.

The rapid emergence and widespread availability of new psychoactive substances (aka 'synthetic drugs') presents challenges for health regulation and law enforcement in Australia and overseas. The Department is working with other Commonwealth agencies, and State and Territory health and law enforcement agencies to implement a national framework for responding to new psychoactive drugs and introduce broad based bans on new substances. The Department will implement the next phase of the National Drugs Campaign, focusing on the range of currently prevalent drugs, including new psychoactive substances and illicit 'pills'.

The Government will support drug and alcohol misuse prevention and early intervention activities as well as treatment services to build, provide and deliver quality, evidence-based services.

<sup>2011</sup>. Cancer series no. 65. cat. no. CAN 61. Canberra, AIHW. These targets reflect the most recent data (2008-2011) on participation in the National Bowel Cancer Screening Programme.

<sup>4</sup> AIHW 2013. *BreastScreen Australia Monitoring Report 2010-2011*. Cancer series no. 72. cat. no. CAN 68. Canberra: AIHW. These targets reflect the most recent data (2010-2011) on participation in BreastScreen Australia Programme. Small changes in these figures are unlikely to be statistically significant. Participation data for the programme cannot be projected into the future.

<sup>5</sup> From 2013-14, the programme will start actively inviting women 70-74 years of age to participate in BreastScreen Australia. Estimated participation rates are expected to reach 55.2 per cent by 2016-17.

<sup>6</sup> AIHW 2014. *Cervical screening in Australia 2011-12*. Cancer series no. 82. cat. no. CAN 79. Canberra: AIHW. These targets reflect the most recent data (2011-2012) on participation in the National Cervical Screening Programme. Small changes in these figures are unlikely to be statistically significant. Participation data for the programme cannot be projected into the future.

A review of the drug and alcohol prevention and treatment services sector concludes in mid-2014. Commissioned by the Department and being conducted by the University of New South Wales, it is expected that the review's findings will help support better planning and targeting of funds to alcohol and drug treatment services.

The Department will also support service delivery and education initiatives promoting responsible alcohol consumption, including promotion of evidence-based messages about the harms of drinking alcohol during pregnancy, and undertake other activities to reduce the prevalence and impact of Fetal Alcohol Spectrum Disorders in Australia.

*Reduce the harmful effects of tobacco use*

The Australian Government recognises that smoking continues to be one of the leading causes of preventable disease and premature death in Australia. In 2014-15, the Government will continue to fund the defence of legal challenges to the tobacco plain packaging legislation in international forums. The Department will also undertake a post-implementation review of the tobacco plain packaging measure. The review will commence by December 2014.

The Government will also continue to support national social marketing campaigns to reduce smoking prevalence.

Programme 1.2 is linked as follows:

- This Programme includes National Partnership Payments for:
  - *National coronial information system.*
 Partnership 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 programme, refer to Budget Paper No. 3 or Programme 1.10 of the Treasury's Portfolio Budget Statements.

## Programme 1.2: Expenses

**Table 1.3: Programme Expenses**

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	201,623	138,415	114,815	109,818	110,691
Programme support	22,683	22,564	19,597	19,352	19,901
<b>Total Programme 1.2 expenses</b>	<b>224,306</b>	<b>160,979</b>	<b>134,412</b>	<b>129,170</b>	<b>130,592</b>

## Programme 1.2: Deliverables

### Qualitative Deliverables for Programme 1.2

**Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs**

Qualitative Deliverable	2014-15 Reference Point or Target
Provide up-to-date information to young people on the risks and harms of illicit drug use	Dissemination of materials and delivery of the National Drugs Campaign including provision of resources for parents, teachers and students

**Reduce the harmful effects of tobacco use**

Qualitative Deliverable	2014-15 Reference Point or Target
Implement social marketing campaigns to raise awareness of the dangers of smoking and encourage and support attempts to quit	Deliver a National Tobacco Campaign within agreed timeframes

## Programme 1.2: Key Performance Indicators

### Qualitative Key Performance Indicators for Programme 1.2

**Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs**

Qualitative Indicator	2014-15 Reference Point or Target
Availability of prevention and early intervention substance misuse resources for teachers, parents and students	Enhanced access to materials on the National Drugs Campaign website <sup>7</sup>

### Quantitative Key Performance Indicators for Programme 1.2

**Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs**

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of population 14 years of age and older recently (in the last 12 months) using an illicit drug <sup>8</sup>	<13.4%	<13.4%	<13.4%	<13.4%	<13.4%

<sup>7</sup> Further information available at: [National Drugs Campaign website](#)

<sup>8</sup> Data on this target is currently taken from the National Drug Strategy Household Survey, which is published every three years.

**Reduce the harmful effects of tobacco use**

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of population 18 years of age and over who are daily smokers <sup>9</sup>	15.2%	13.9%	12.6%	11.3%	10%

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**Programme 1.3: Immunisation****Programme Objectives***Strengthen immunisation coverage*

The National Immunisation Programme is a critical means of preventing disease across the population. In 2014-15, the Australian Government will work with States and Territories through the National Partnership Agreement on Essential Vaccines (NPEV) and implement priorities under the National Immunisation Strategy to monitor and increase already high immunisation coverage rates to reduce the incidence of vaccine preventable diseases, address any vaccine safety concerns that may arise, and use data to better monitor and evaluate programme outcomes, vaccine efficacy and safety.

A review of the NPEV was undertaken in 2013-14 which will inform discussions in partnership with the States and Territories, and ensure the cost-effective delivery of essential vaccines under the National Immunisation Programme.

In 2014-15, the Australian Government will undertake work to increase immunisation coverage rates especially to reduce the gap in one year immunisation rates between Indigenous and non-Indigenous children, and increase the rate for children aged five years to that of younger cohorts. The Government will also consider issues associated with incentives to reduce vaccine refusal. The Department will develop tools and communication materials to assist immunisation providers, such as general practitioners, having conversations with vaccine hesitant parents.

The Department will work with organisations providing primary health services to maintain and improve immunisation coverage at the local level in particular in pockets of low coverage.

*Improve the efficiency of the National Immunisation Programme*

In 2014-15, the Department will continue to work with States and Territories towards completing the Council of Australian Governments (COAG) agreed activity of transitioning to a centralised procurement process for the supply of vaccines under the NIP to ensure security of supply and value for money.

<sup>9</sup> Targets for 2013-14 onwards are based on a straight line projection to reach COAGs 10 per cent adult daily smoking prevalence by 2018, using the 2012-13 figures of 16.5 per cent from the Australian Health Survey 2011-13 (released October 2012) age standardised rate. On 30 July 2013, the ABS updated the previous age-standardised rate of 16.3 per cent.

Performance against contracts for those vaccines for which procurement processes have been completed will continue to be monitored and reviewed.

Programme 1.3 is linked as follows:

- This Programme includes National Partnership payments for:
  - *Essential vaccines.*
 Partnership 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 programme, refer to Budget Paper No. 3 or Programme 1.10 of the Treasury's Portfolio Budget Statements.
- The Department of Social Services to administer the FTB(A) supplement to eligible parents; eligibility is linked to satisfying the requirements for age-related immunisation.
- The Department of Human Services (Services to the Community - Programme 1.2) to administer the Australian Childhood Immunisation Register.
- The Department of Education (Support for the Child Care System - Programme 1.1) to support access to quality early childhood education and child care services; (Child Care Benefit - Programme 1.2) to administer child care benefits to eligible parents; eligibility for which is linked to satisfying the requirements for age-related immunisation; and (Child Care Rebate - Programme 1.3) to support low income families with the cost of child care.

### Programme 1.3: Expenses

Table 1.4: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	20,515	20,137	20,258	20,606	20,962
to Australian Childhood Immunisation Register Special Account	(5,747)	(5,802)	(5,858)	(5,913)	(5,966)
Special appropriations					
<i>National Health Act 1953</i>					
- essential vaccines	134,994	134,309	138,297	139,279	142,650
Special accounts					
Australian Childhood Immunisation Register Special Account	9,388	9,475	9,563	9,650	9,820
Programme support	8,026	7,817	7,631	7,541	7,737
<b>Total Programme 1.3 expenses</b>	<b>167,176</b>	<b>165,936</b>	<b>169,891</b>	<b>171,163</b>	<b>175,203</b>

**Programme 1.3: Deliverables****Qualitative Deliverables for Programme 1.3****Strengthen immunisation coverage**

Qualitative Deliverables	2014-15 Reference Point or Target
The priority actions contained in the National Immunisation Strategy are being undertaken	Implement priority actions in accordance with timeframes set out in the National Immunisation Strategy
Provide up-to-date information to health professionals, providers and consumers about the National Immunisation Programme (NIP)	Development of materials on the NIP and provide information through the Immunise Australia website and the Immunise Australia Information Line to encourage up-take of vaccines

**Quantitative Deliverables for Programme 1.3****Improve the efficiency of the National Immunisation Programme**

Quantitative Deliverable	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of completed tenders under the National Partnership Agreement on Essential Vaccines (Essential Vaccines Procurement Strategy)	2	2	2	2	1

**Programme 1.3: Key Performance Indicators****Qualitative Key Performance Indicators for Programme 1.3****Strengthen immunisation coverage**

Qualitative Indicator	2014-15 Reference Point or Target
States and Territories meet requirements of the National Partnership Agreement on Essential Vaccines	<p>The performance benchmarks are used to assess State and Territory performance and consist of:</p> <ul style="list-style-type: none"> <li>maintaining or increasing vaccine coverage for Indigenous Australians</li> <li>maintaining or increasing coverage in agreed areas of low immunisation coverage</li> <li>maintaining or decreasing wastage and leakage</li> <li>maintaining or increasing vaccination coverage for four year olds</li> </ul>

### Quantitative Key Performance Indicators for Programme 1.3

#### Strengthen immunisation coverage

Quantitative Indicators <sup>10</sup>	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Increase the immunisation coverage rates among children 12-15 months of age	91.8%	92.0%	92.3%	92.5%	92.8%
Increase the immunisation coverage rates among children 24-27 months of age	92.7%	92.9%	93.2%	93.4%	93.7%
Increase the immunisation coverage rates among children 60-63 months of age	90.0%	91.5%	91.7%	92.0%	92.2%

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<sup>10</sup> Forward targets may be revisited as part of the outcomes of the NPEV review conducted in 2013-14.