

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.¹

The Government is committed to investing in programmes and strategies that encourage Australians to lead healthier and more active lifestyles. Lack of physical activity, unhealthy eating, obesity, smoking, and alcohol misuse continue to be major causes of disease. The increasing prevalence of chronic disease, higher costs often associated with new technologies and an ageing population continue to put pressure on the health system. To address this, the Government will work to reduce the cost of chronic disease and continue to strengthen the health system in a coordinated and sustainable way, to meet the changing needs of the Australian community.

Key initiatives for 2015-16 include: developing new strategies for chronic conditions, diabetes and asthma; finalising data collection for the National Eye Health Survey; continuing to assist consumers to make healthy choices through the Health Star Rating system; providing a range of enhanced cancer screening services; providing vaccines through the National Immunisation Program; delivering programmes and communication campaigns aimed at discouraging the use and misuse of alcohol, tobacco, prescription and illicit drugs; and continuing to implement priority actions identified in the Implementation and Evaluation Plan for the National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies 2014-17.

Outcome 1 is the responsibility of Population Health Division, the Office of Health Protection, 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

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

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

	2014-15 Estimated actual expenses \$'000	2015-16 Estimated expenses \$'000
Programme 1.1: Public Health, Chronic Disease & Palliative Care¹		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	166,738	164,728
Special appropriations		
<i>Public Governance, Performance and Accountability Act 2013 s77 - repayments</i>	500	500
Departmental expenses		
Departmental appropriation ²	31,384	28,896
Expenses not requiring appropriation in the budget year ³	1,497	737
Total for Programme 1.1	200,119	194,861
Programme 1.2: Drug Strategy¹		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	138,415	124,798
Departmental expenses		
Departmental appropriation ²	21,131	17,435
Expenses not requiring appropriation in the budget year ³	1,001	493
Total for Programme 1.2	160,547	142,726
Programme 1.3: Immunisation¹		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1) to Australian Childhood Immunisation Register Special Account	20,444	31,019
Special Account	(5,802)	(5,858)
Special appropriations		
<i>National Health Act 1953 - essential vaccines</i>	159,905	242,028
Special Accounts		
Australian Childhood Immunisation Register Special Account	9,475	9,563
Departmental expenses		
Departmental appropriation ²	9,418	9,064
Expenses not requiring appropriation in the budget year ³	466	229
Total for Programme 1.3	193,906	286,045

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

	2014-15 Estimated actual expenses \$'000	2015-16 Estimated expenses \$'000
Outcome 1 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1) to Special Accounts	325,597 (5,802)	320,545 (5,858)
Other services (Appropriation Bill No. 2)	-	-
Special appropriations	160,405	242,528
Special Accounts	9,475	9,563
Departmental expenses		
Departmental appropriation ²	61,933	55,395
Expenses not requiring appropriation in the budget year ³	2,964	1,459
Total expenses for Outcome 1	554,572	623,632
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	2014-15	2015-16
Average staffing level (number)	335	327

- 1 This programme includes National Partnerships paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations 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 1.9 of the Treasury Portfolio Budget Statements.
- 2 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s74)".
- 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, presenting a major challenge to Australia's health care system. The Government is committed to strengthening the health care system to ensure the changing needs of the community are met in a coordinated and sustainable way.

The Government will work with State and Territory Governments to develop the National Strategic Framework for Chronic Conditions (the Framework). The Framework will consider shared health determinants, risk factors and multimorbidities across a broad range of chronic conditions, and provide national direction for improving chronic disease prevention and care across Australia.

In addition, in 2015-16, the Government, through the COAG Health Council, will finalise the new National Diabetes Strategy, to inform better targeted health spending in diabetes prevention and management.

The Government will also develop the National Asthma Strategy, aiming to further reduce the impact of asthma on the community and economy by identifying effective and efficient ways to prevent, treat and manage the condition.

The Australian Government recognises the importance of improving the efficiency and effectiveness of eye health and vision care services across Australia. Around 75 per cent of vision loss in Australia is preventable or treatable. In 2015-16, the Department will continue to implement the actions in the Government's Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss. A key priority is improving the evidence base, including the 2015-16 National Eye Health Survey.

Support the development and implementation of evidence-based food regulatory policy

The Australian Government administers a strong, evidence-based food regulatory system to ensure that food sold in Australia is safe. The Department ensures that all food regulatory policy is considered in the context of the Government's deregulation agenda and promotes 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 (FSANZ) to develop, and the States and Territories to implement, the food standards necessary to ensure a safe food supply for Australia.²

Food labelling plays an integral role in assisting consumers to make informed healthy food purchasing decisions. In 2015-16, the Australian Government will continue to work with the States and Territories and New Zealand, and the food

² For further information on the work of FSANZ, refer to the FSANZ chapter in these Portfolio Budget Statements.

industry to implement the outcomes of the independent report: *Labelling Logic: Review of Food Labelling Law and Policy*. Implementation endeavours aim 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.

The Government will also continue to undertake promotional activities in partnership with the States and Territories to raise awareness of the Health Star Rating system and support industry's adoption of the system.

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 2015-16, the Australian Government will continue to expand the National Bowel Cancer Screening Program to a biennial screening interval for Australians 50-74 years of age by 2020. Free bowel cancer screening using a faecal occult blood test will be offered to people turning 64 and 72 years old in 2016. This will build on the programme which currently invites people turning 50, 55, 60, 65, 70 and 74 years of age to participate. The remaining cohorts will be included from 2017 to 2020.

Breast cancer is the most common cancer in Australian women. In 2015-16, the Australian Government will continue to work with State and Territory Governments to provide breast and cervical cancer screening for women in the eligible age cohorts.³ Breast care nurses funded through the McGrath Foundation will provide vital information, care and support to women diagnosed with breast cancer and their families.

Since the introduction of the National Cervical Screening Program in 1991, the incidence and mortality from cervical cancer in Australia have both halved. In 2015-16, the Australian Government will work with State and Territory Governments to commence implementation of the Medical Services Advisory Committee's recommendation to replace the current two yearly Pap test with a five yearly Human Papillomavirus test, anticipated to commence from 1 May 2017. Work will also commence to establish a single National Cancer Screening Register to support the changes to the National Cervical Screening Program and the expansion of the National Bowel Cancer Screening Program.

Reduce the incidence of blood borne viruses and sexually transmissible infections

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

In 2015-16, the Australian Government will continue to implement the National Strategies 2014-2017 for HIV, hepatitis B, hepatitis C, STI, and Aboriginal and Torres Strait Islander BBV and STI. The National Strategies guide policies and programmes related to the prevention, testing, management and treatment of BBV and STI.

³ Further information available at: www.cancerscreening.gov.au

In 2015-16, the Australian Government will work with States and Territories to encourage increased testing and uptake of treatment for STI and BBV among priority populations.

The Department will support improved access to treatment for HIV through implementing community prescribing and dispensing of antiretroviral treatment for HIV, commencing on 1 July 2015. In 2015-16, 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 access to high quality palliative care services

The Government will continue to support State and Territory Government palliative care activities, as well as activities within the primary and aged care sectors, aimed at improving access to high quality palliative care for all Australians as they require it. The Government will fund national palliative care projects that focus on education, training, quality standards, and advance care planning to enhance the quality of palliative care service delivery and increase support for people who are dying, their families and carers.

Programme 1.1 is linked as follows:

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

National Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework. For Budget estimates relating to the National Partnership component of the programme, please refer to Budget Paper No. 3 or Programme 1.9 of the Treasury's Portfolio Budget Statements.

- The Department of Human Services (Services to the Community – Health 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

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	166,738	164,728	177,457	187,741	194,914
Special appropriations					
<i>Public Governance, Performance and Accountability Act 2013</i>					
s77 - repayments	500	500	500	500	500
Programme support	32,881	29,633	26,767	26,206	26,610
Total Programme 1.1 expenses	200,119	194,861	204,724	214,447	222,024

Programme 1.1: Deliverables

Qualitative Deliverables for Programme 1.1

Reduce the incidence of chronic disease and promote healthier lifestyles

Qualitative Deliverable	2015-16 Reference Point or Target
New National Diabetes Strategy in place to support better prevention and management of diabetes.	National Diabetes Strategy finalised and publicly released.

Support the development and implementation of evidence-based food regulatory policy

Qualitative Deliverable	2015-16 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	2015-16 Reference Point or Target
Implement the expansion of the National Bowel Cancer Screening Program to a biennial screening interval.	Commencement of invitations to 64 and 72 year olds in 2016 and the continued delivery of communication and programme enhancement activities.
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	2015-16 Reference Point or Target
Implement priority actions contained in the National BBV and STI Strategies 2014-17.	Ongoing implementation of programmes which support delivery of priority action areas to reduce BBV and STI.

Improve access to high quality palliative care services

Qualitative Deliverable	2015-16 Reference Point or Target
Implement national palliative care quality improvement activities consistent with the National Palliative Care Strategy 2010.	Implementation of national projects that support quality improvement in palliative care priority areas including education, training, quality standards and advance care planning.

Quantitative Deliverables for Programme 1.1

Improve detection, treatment and survival outcomes for people with cancer

Quantitative Deliverable	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of breast care nurses employed through the McGrath Foundation.	57	57	57	N/A	N/A

Programme 1.1: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 1.1

Reduce the incidence of chronic disease and promote healthier lifestyles

Qualitative Indicator	2015-16 Reference Point or Target
Key chronic disease policy activities (National Strategic Framework for Chronic Conditions and National Asthma Strategy) are informed by appropriate expertise, knowledge and evidence.	Experts and the public are consulted through a variety of means, including: working groups, focused workshops, and online processes.

Support the development and implementation of evidence-based food regulatory policy

Qualitative Indicator	2015-16 Reference Point or Target
Promote a nationally consistent, evidence-based approach to food policy and regulation.	Develop and implement nationally agreed evidence-based policies and standards.

Reduce the incidence of blood borne viruses and sexually transmissible infections

Qualitative Indicator	2015-16 Reference Point or Target
Support programmes which are effective in reducing the spread of communicable disease and working towards the national strategy targets.	Reporting on progress of programmes that support the National BBV and STI Strategies 2014-2017 is undertaken according to the evaluation framework in the Implementation and Evaluation Plan.

Improve access to high quality palliative care services

Qualitative Indicator	2015-16 Reference Point or Target
Support effective quality improvements to palliative care priority areas through funding of national projects.	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	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Percentage of people invited to take part in the National Bowel Cancer Screening Program who participated. ⁴	41%	41%	41%	41%	41%
Percentage of women 50-69 years of age participating in BreastScreen Australia. ⁵	55%	55%	55%	55%	55%
Percentage of women 70-74 years of age participating in BreastScreen Australia. ⁶	51%	53%	55%	55%	55%

⁴ Australian Institute of Health and Welfare and the Australian Government Department of Health 2014, *National Bowel Cancer Screening Program: monitoring report 2012-2013*, Cancer series no. 84, cat. no. CAN 81, AIHW, Canberra. These targets reference the most recent data (2012-2013) on participation in the National Bowel Cancer Screening Program.

⁵ Australian Institute of Health and Welfare 2014, *BreastScreen Australia monitoring report 2011-2012*, Cancer series no. 86, cat. no. CAN 83, AIHW, Canberra. These targets reflect the most recent data (2011-2012) 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.

⁶ From 2013-14, the programme started 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.

Quantitative Indicators	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Percentage of women in the target age group participating in the National Cervical Screening Program. ⁷	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

The Australian Government will continue working to reduce harms associated with the misuse of alcohol, pharmaceuticals and the use of illicit drugs. This will include: renewed approaches to social marketing through the National Drugs Campaign; supporting the work of the National Ice Taskforce and the development of a National Ice Action Strategy; and working closely with experts through the Australian National Advisory Council on Alcohol and Drugs to identify opportunities for action; and continuing to work collaboratively with State and Territories through the Intergovernmental Committee on Drugs (including work to support the next iterations of the National Drug Strategy and the National Alcohol Strategy).

The Commonwealth will continue to work with all jurisdictions on the development and monitoring of the next iterations of the National Drug Strategy and National Alcohol Strategy, through its continued involvement with, and support of, the Intergovernmental Committee on Drugs.

Reduce the harmful effects of tobacco use

The Government recognises that smoking continues to be one of the leading causes of preventable disease and premature death in Australia. In 2015-16, the Government will continue to fund the defence of legal challenges to the tobacco plain packaging legislation in international forums.

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

⁷ Australian Institute of Health and Welfare 2014, *Cervical screening in Australia 2011-12*, Cancer series no. 82, cat. no. CAN 79, AIHW, Canberra. These targets reflect the most recent data (2011-2012) on participation in the National Cervical Screening Program. Small changes in these figures are unlikely to be statistically significant. Participation data for the programme cannot be projected into the future.

Programme 1.2 is linked as follows:

- This Programme includes National Partnership payments for:
 - *National coronial information system.*

National Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework.

For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No. 3 or Programme 1.9 of the Treasury's Portfolio Budget Statements.

Programme 1.2: Expenses

Table 1.3: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	138,415	124,798	109,744	98,876	104,459
Programme support	22,132	17,928	16,201	16,162	16,432
Total Programme 1.2 expenses	160,547	142,726	125,945	115,038	120,891

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	2015-16 Reference Point or Target
Provide up-to-date information to young people on the risks and harms of illicit drug use.	Continue 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	2015-16 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 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	2015-16 Reference Point or Target
Availability of prevention and early intervention substance misuse resources for teachers, parents and students.	Increasing access to new material through the National Drugs Campaign website as measured by an increase in site visits. ⁸

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	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Percentage of population 14 years of age and older recently (in the last 12 months) using an illicit drug. ⁹	<13.4%	<13.4%	<13.4%	<13.4%	<13.4%

Reduce the harmful effects of tobacco use

Quantitative Indicator	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Percentage of population 18 years of age and over who are daily smokers.	13.9%	12.6%	11.3%	10%	10%

⁸ Available at: www.drugs.health.gov.au

⁹ Data on this target is currently taken from the 2013 National Drug Strategy Household Survey, which is published every three years.

Programme 1.3: Immunisation

Programme Objectives

Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program

The Australian Government recognises that immunisation is an effective way of protecting individuals and the Australian community, by reducing the spread of vaccine preventable disease. The Department implements the National Immunisation Program (NIP) which provides free vaccination programmes, in partnership with States and Territories, through the National Partnership Agreement on Essential Vaccines (NPEV).

In 2015-16, key activities will include implementation of National Immunisation Strategy 2013-2018 key actions to increase vaccination coverage rates. This includes a focus on Aboriginal and Torres Strait Islander children who are one year of age, as the coverage rates for this cohort lag behind non-Indigenous children.

The Department, in conjunction with States and Territories, will also continue its transition to a centralised procurement process for the supply of vaccines under the NIP. The Department remains committed to undertaking the procurement of vaccines for new cohorts or new vaccine preventable diseases added to the NIP schedule as a priority, in accordance with the NPEV. The Department will work with States and Territories to implement two recent additions to the NIP. From October 2015, an additional vaccine will be available for children who are 18 months old, to give extra protection against pertussis (whooping cough). From November 2016, a vaccine to protect against shingles will be provided to 70 year olds, which will include a five-year catch-up programme for people aged 71-79 years old.

In 2015-16, the Government will give a financial incentive for GPs and other immunisation providers to administer and record catch-up vaccinations to children who are overdue for immunisation; fund a new Australian School Vaccination Register to allow better follow-up of young adolescents who have missed vaccine doses under the national programme; and develop a new information programme which will increase awareness and understanding of the National Immunisation Program, including supporting immunisation providers to address parents' concerns and dispel common myths about immunisation.

Programme 1.3 is linked as follows:

- This Programme includes National Partnership payments for:

- *Essential vaccines.*

National Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework.

For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No. 3 or Programme 1.9 of the Treasury's Portfolio Budget Statements.

- The Department of Social Services (Family Tax Benefit – Programme 1.1) to administer the Family Tax Benefit 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 – Health Programme 1.2) to administer the Australian Childhood Immunisation Register.
- The Department of Social Services (Support for the Child Care System – Programme 2.4) to support access to quality early childhood education and child care services; (Child Care Benefit – Programme 2.5) to administer child care benefits to eligible parents; eligibility is linked to satisfying the requirements for age-related immunisation; and (Child Care Rebate – Programme 2.6) to support low income families with the cost of child care.

Programme 1.3: Expenses

Table 1.4: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services to Australian Childhood Immunisation Register Special Account	20,444	31,019	27,399	27,346	26,101
Special appropriations <i>National Health Act 1953</i> - essential vaccines	(5,802)	(5,858)	(5,913)	(5,966)	(5,966)
Special Accounts Australian Childhood Immunisation Register Special Account	159,905	242,028	281,826	287,994	288,022
Programme support	9,475	9,563	9,650	9,820	9,820
	9,884	9,293	8,471	8,452	8,578
Total Programme 1.3 expenses	193,906	286,045	321,433	327,646	326,555

Programme 1.3: Deliverables

Qualitative Deliverables for Programme 1.3

Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program

Qualitative Deliverable	2015-16 Reference Point or Target
Key actions of the National Immunisation Strategy 2013-2018 (NIS) are implemented.	NIS actions to improve vaccination coverage rates are undertaken in accordance with the NIS Implementation Plan.

Quantitative Deliverables for Programme 1.3

Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program

Quantitative Deliverable	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of completed tenders under the National Partnership Agreement on Essential Vaccines (Essential Vaccines Procurement Strategy).	2	2	2	1	1

Programme 1.3: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 1.3

Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program

Qualitative Indicator	2015-16 Reference Point or Target
States and Territories meet the requirements of the National Partnership Agreement on Essential Vaccines (NPEV).	Analysis of data from the Australian Childhood Immunisation Register confirms that the performance benchmarks to improve vaccination coverage rates are achieved in the NPEV.

Quantitative Key Performance Indicators for Programme 1.3

Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program

Quantitative Indicators	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Increase the immunisation coverage rates among children 12-15 months of age.	91.0%	91.5%	92.0%	92.5%	93.0%
Increase the immunisation coverage rates among children 24-27 months of age.	91.0%	91.5%	92.0%	92.5%	93.0%
Increase the immunisation coverage rates among children 60-63 months of age.	91.5%	92.0%	92.5%	93.0%	93.5%
Increase the immunisation coverage rates among 12-15 months of age Aboriginal and Torres Strait Islander children.	86.5%	87.0%	88.5%	89.0%	90.0%