Avian influenza or ‘bird flu’ is a disease that primarily affects birds, is highly infectious in some species and on rare occasions causes disease in people. There are several strains of the virus but the current strain causing concern is called avian influenza A (H5N1).

The H5N1 strain was first identified in 1997 in Hong Kong, where it caused poultry outbreaks. This outbreak was halted in Hong Kong by strict control measures in the poultry industry.

Although the H5N1 virus can cause severe and sometimes fatal infections in humans, the actual number of human cases around the world has been small relative to the number of outbreaks in birds. Human cases have almost all been in people who have had close contact with infected poultry, usually from their own farms.

Enquiries

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Alternative Formats


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Our Vision
Better health and active ageing for all Australians.

Our Role
Our role is to achieve the Government’s priorities (outcomes) for health and ageing. We do this by developing policies, managing programs, and undertaking research and regulation activities. We also lead and work with other government agencies, consumers and stakeholders. Discussion on our achievements and challenges in 2006-07 may be found in Part 2 – Performance Reporting.

Highlights of 2006-07
In working to achieve better health and active ageing for all Australians, the Department:

• administered a budget of $41.1 billion – nearly a fifth of the entire Federal Budget. This was a 7.1 per cent nominal increase over 2005-06 expenditure;

• distributed over 400,000 screening invitations to eligible Australians in all states and territories to raise awareness and enable early detection of bowel cancer (Outcome 1);

• improved the sustainability of the Pharmaceutical Benefits Scheme through changes to the pricing of certain listed medicines (Outcome 2);

• provided more opportunities for radiation oncology workforce training in public and private facilities (Outcome 3);

• increased the ratio of operational aged care places to 109.3 places for every 1,000 people aged 70 years or over (Outcome 4);

• increased access to mental health care through the introduction of new Medicare Benefits Schedule items as part of the Government’s contribution to the Council of Australian Governments Mental Health Package (Outcome 5);

• developed new funding arrangements to ensure the viability of the Royal Flying Doctor Service, which will enable the service to continue to deliver vital, often life-saving, health services to rural and remote communities (Outcome 6);

• assisted client access to the latest hearing aid technology through the review of device specifications (Outcome 7);

• replaced regular unleaded petrol with non-sniffable Opal fuel in 45 rural and regional sites, bringing the total number of sites receiving Opal fuel to 104 (Outcome 8);

• implemented a simplified legislative framework that enabled health insurers to expand their hospital products to cover a broader range of health care services such as chronic disease management and healthy lifestyle programs which may be provided outside the hospital (Outcome 9);

• enhanced Australia’s national health and research capacity through the administration of $435.8 million to 14 organisations (Outcome 10);

• improved services for people with a mental illness, their families and carers through the implementation of mental health care reforms (Outcome 11);

• supported the establishment of three new rural clinical schools, bringing the number of schools to 14 across the country (Outcome 12);

• negotiated Memoranda of Understanding and implementation plans for all states and territories to improve the care of older patients in public hospitals (Outcome 13); and

• successfully conducted Exercise Cumpston 06 – Australia’s largest ever health exercise and one of the first ‘whole-of-health system’ exercises on pandemic influenza (Outcome 15).
ABOUT THIS REPORT

This report is prepared in accordance with the Requirements for Annual Reports, as issued by the Department of the Prime Minister and Cabinet and approved by the Joint Committee of Public Accounts and Audit under subsections 63(2) and 70(2) of the Public Service Act 1999.

The report is a formal accountability document that details the Department’s activities during 2006–07 against the performance and financial information presented in Budget-related papers including: the 2006–07 Health and Ageing Portfolio Budget Statements; the 2006–07 Health and Ageing Portfolio Additional Estimates Statements; and the 2006–07 Health and Ageing Portfolio Supplementary Additional Estimates Statements.

Although the primary purpose of this report is to provide Members of Parliament and Senators with an accurate description of the Department’s activities during 2006–07, we recognise that it is also a valuable source of information for the community. We have endeavoured to provide readers with a useful and informative picture of the Department’s performance over the past twelve months.

STRUCTURE OF THE REPORT

The Department’s 2006–07 Annual Report is in six parts:

Part One – Overview

Part One explains the Department’s activities, broad strategic directions and priorities for the year, noting key issues and achievements. These are set out in the Secretary’s Review, the Chief Medical Officer’s Report and the Departmental Overview.

Part Two – Performance Reporting

Part Two discusses the main activities of the Department’s 15 outcomes in 2006–07, including major achievements and challenges. It also reports on the Department’s performance against specific targets detailed in the portfolio’s 2006–07 Budget-related papers. Performance targets for administered items and departmental output groups are reported by outcome.

Financial resource summary tables are also located within each outcome report, providing a summary of Budget estimates and actual expenses for 2006–07.

Part Three – Management Arrangements

Part Three provides details of the Department’s governance, people and financial management arrangements. The section also includes information on internal and external scrutiny activities, ministerial responsibilities and portfolio agencies.

Part Four – Accountability Reporting

Part Four provides a range of statistical and other information relating to the Department that is required under specific legislation.

Part Five – Financial Statements

Part Five contains the complete set of financial statements for the Department of Health and Ageing and the Therapeutic Goods Administration Trust Account.

Part Six – References

Part Six contains additional useful information such as our contact details, acronyms and a glossary, and the index.
LETTER OF TRANSMITTAL

Australian Government
Department of Health and Ageing

SECRETARY

The Hon Tony Abbott MHR
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Minister,

As required under section 63(1) of the Public Service Act 1999, I provide you with the 2006-07 Department of Health and Ageing Annual Report, for your presentation to the Parliament.

This report has been prepared in accordance with the Requirements for Annual Reports, approved on behalf of the Parliament by the Joint Committee of Public Accounts and Audit, as required under section 63 of the Public Service Act 1999.

I am satisfied that the Department of Health and Ageing has prepared fraud risk assessments and fraud control plans that meet the specific needs of the Department and comply with the Commonwealth Fraud Control Guidelines.

Yours sincerely,

[Signature]

Jane Halton PSM
Secretary

6 October 2007
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