Section 2: Department Outcomes and Planned Performance

2.1 Outcome and Performance Information

Government Outcomes are the intended results, impacts or consequences of actions by the Government on the Australian community. Agencies deliver Programs, which are the Government actions taken to deliver the stated Outcomes. Agencies are required to identify the Programs which contribute to Government Outcomes over the Budget and forward years.

Each Outcome is described below together with its related Programs, specifying the indicators and targets used to assess and monitor the performance of the Department of Health and Ageing in achieving Government Outcomes.

Outcome 1

POPULATION HEALTH

A reduction in the incidence of preventable mortality and morbidity in Australia, including through regulation and national initiatives that support healthy lifestyles and disease prevention

Outcome Strategy

The Australian Government, through Outcome 1, aims to reduce the incidence[1] of preventable mortality[2] and morbidity[3] in Australia. To achieve this, the Government will reform the health system to place a greater emphasis on the importance of keeping people healthy and out of hospital, and implement its response to the report of the Preventative Health Taskforce.[4]

The Preventative Health Taskforce's report, which was publicly released in September 2009, provides a blueprint for tackling the modifiable lifestyle risk factors for chronic disease. The Government's response to the report, *Preventative Health Action*, which was released in May 2010, will build on health reform activities such as the National Partnership Agreement on Preventive Health, the *National Health and Hospitals Network*[5] and the *National Primary Health Care Strategy*.[6] The Government will work in partnership with the new Australian National Preventive Health Agency to help combat the challenges of preventable chronic conditions.

The Government will also develop a range of national education activities, social marketing campaigns and population health initiatives aimed at supporting healthy lifestyles, such as

[1] Number of new cases of infection or disease within a specified period of time.

[2] Mortality denotes the number of deaths in a given population.

[3] Morbidity denotes a condition causing poor health, such as injury or illness.

[4] Accessible at: www.preventativehealth.org.au

[5] At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

[6] Accessible at: www.yourhealth.gov.au

the Healthy Communities Initiative and other initiatives under the National Partnership Agreement on Preventive Health.

Lifestyle risks, such as tobacco smoking, alcohol misuse, poor diet, lack of physical activity and unhealthy body weight, account for one third of the total burden of disease in Australia.[7]

In particular, smoking continues to be one of the leading causes of preventable disease and premature deaths in Australia. The Government will act to further reduce the adult daily smoking rate to the target of 10 per cent by 2018, agreed in the National Healthcare Agreement. The Government will develop and implement legislation to mandate plain packaging of tobacco products, which will remove one of the last key forms of tobacco advertising permitted in Australia. This will be implemented alongside the coordinated actions of a 25 per cent tobacco excise increase and major anti-smoking campaigns targeting high-need and hard to reach groups.

Alcohol misuse, particularly binge drinking, causes significant health and social harms in Australia. In 2010-11, the Department will implement the $50 million next phase of the National Binge Drinking Strategy announced in the Budget including: a Community Sponsorship Fund to provide an alternative to alcohol sponsorship for local community sporting and cultural organisations; further rounds of community-level initiative grants; enhancements to alcohol helplines; and possible further social marketing activity building on the 'Don't Turn a Night Out into a Nightmare' campaign.

There has been a significant increase in the prevalence of overweight and obesity in Australia over the last 20-30 years. Obesity is a serious public health issue, and a significant factor in the number of chronic diseases including type 2 diabetes, cardiovascular and musculoskeletal problems. In recognition of this issue, obesity was labelled a National Health Priority Area by the Australian Government in April 2008. The Government has made a significant investment towards prevention of obesity as part of its $872 million commitment over six years, through the National Partnership Agreement for Preventive Health.

The Government is establishing the necessary infrastructure to guide prevention initiatives, including the establishment of the Australian National Preventive Health Agency (ANPHA) and conducting the most comprehensive study of the health of Australians ever undertaken. Once established, ANPHA will be responsible for providing evidence-based policy advice to the Australian Health Ministers' Conference. This will inform national efforts to tackle the lifestyle risks of chronic disease, including obesity, smoking and excessive alcohol consumption.[8]

Cancer is a major cause of preventable mortality in Australia. In 2006, there were over 39,000 deaths from cancer and more than 100,000 new cases of cancer were diagnosed in Australia.[9] The Government will support early detection of cancer and prevention activities to improve treatment outcomes and reduce the number of cancer-related deaths. In addition to the measures reported under this Outcome, the Government has committed $560 million from the Health and Hospitals Fund to the Regional Cancer Centres Initiative reported under Outcome 10. The Department will also work collaboratively with Victoria to lead

[7] Australian Institute of Health and Welfare, 2007. *The Burden of Disease and Injury In Australia 2003*, AIHW, Canberra.

[8] For more information on ANPHA, refer to Program 1.6 in these Portfolio Budget Statements.

[9] Australian Institute of Health and Welfare, 2010. *Australian Cancer Incidence and Mortality Books*, AIHW, Canberra.

work, under the auspices of Health Ministers, to report to the Council of Australian Governments (COAG) in 2011, on the most effective cancer diagnosis, treatment and referral protocols. This work will be developed with expert clinical input. The Department's engagement with the International Agency for Research on Cancer, also reported under Outcome 10, will be important in informing the prevention and early detection of cancer in Australia with international best practice. Together, the cancer measures reported in Outcomes 1 and 10 will greatly strengthen the framework for prevention, early detection and treatment of cancer in Australia, drawing on national networks reaching into both regional and metropolitan populations and supported by national centres of excellence.

Reducing the rates of communicable disease is another key element of the Government's efforts to reduce the incidence of preventable mortality and morbidity in Australia. The Government will continue to implement a number of strategies to reduce the incidence and prevalence[10] of blood borne viruses and sexually transmissible infections in the community.

Immunisation is an important part of the Government's strategy to reduce preventable mortality and morbidity. As at 31 December 2009, national immunisation coverage rates for children 24-27 months of age and 12-15 years of age were more than 91 per cent. Through a range of targeted initiatives, the Government aims to increase immunisation coverage and thereby reduce the incidence of vaccine preventable diseases in Australia.

The Government will also continue to develop regulatory policy for food, radiation protection and nuclear safety, therapeutic goods, industrial chemicals and gene technology to protect public health and safety. The Government will work with state and territory governments and international partners to safeguard Australia from unintended consequences, such as importation of foods posing a risk to public health, or risks of radiation from common appliances.

Finally, the Government recognises the varying health needs of adult men and women, youth and children. The Government will work on the need to incorporate gender-specific considerations in health programs through its male and women's health policies. To give children a good start in life, the Government will focus on encouraging healthy eating and physical activity in this group. The Government will also endeavour to prevent harm in youth from illicit drugs and alcohol through a diverse range of activities including social marketing campaigns.

The Government will work to improve male health through establishing a male health longitudinal study as well as increasing its support for men's sheds. In addition, the Government will invest $6 million over three years to support access to male-inclusive antenatal and early childhood development services for Aboriginal and Torres Strait Islander fathers, partners, grandfathers and uncles.

Outcome 1 is the responsibility of the Population Health Division, the Acute Care Division, Business Group, the Mental Health and Chronic Disease Division, the Regulatory Policy and Governance Division, the Office of Health Protection, the Therapeutic Goods Administration, the National Industrial Chemicals Notification and Assessment Scheme, and the Office of the Gene Technology Regulator.

[10] Total number of cases of an infection or disease in a population at a given time.

The Australian National Preventive Health Agency (ANPHA) will also contribute to this outcome, and is expected to be established in 2010. Funding set aside for activities to be carried out by ANPHA will be transferred once it becomes operational.

Programs Contributing to Outcome 1

Program 1.1: Chronic disease – early detection and prevention

Program 1.2: Communicable disease control

Program 1.3: Drug strategy

Program 1.4: Regulatory policy

Program 1.5: Immunisation

Program 1.6: Public health

Outcome 1 Budgeted Expenses and Resources

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

Table 1.1: Budgeted Expenses and Resources for Outcome 1

	2009-10 Estimated actual $'000	2010-11 Estimated expenses $'000
Program 1.1: Chronic disease - early detection and prevention[1]		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	35,662	51,889
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	5,435	4,980
Revenues from other sources (s31)	139	144
Unfunded depreciation expense	-	112
Total for Program 1.1	**41,236**	**57,125**
Program 1.2: Communicable disease control		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	24,242	24,092
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	2,771	2,539
Revenues from other sources (s31)	71	73
Unfunded depreciation expense	-	57
Total for Program 1.2	**27,084**	**26,761**
Program 1.3: Drug strategy		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	128,656	162,348
Expenses not requiring appropriation in the budget year	-	-
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	17,456	15,994
Revenues from other sources (s31)	447	462
Unfunded depreciation expense		358
Total for Program 1.3	**146,559**	**179,162**
Program 1.4: Regulatory policy		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	307	589
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	12,925	12,205
to special accounts	(10,252)	(9,757)
Revenues from other sources (s31)	71	73
Unfunded depreciation expense	-	55
Special accounts		
OGTR Special Account[2]	8,412	8,398
NICNAS Special Account[3]	9,322	9,821
TGA Special Account[4]	103,284	106,163
Expense adjustment[5]	(3,749)	(3,888)
Unfunded depreciation expense	-	12
Approved loss	1,200	-
Total for Program 1.4	**121,520**	**123,671**

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

	2009-10 Estimated actual $'000	2010-11 Estimated expenses $'000
Program 1.5: Immunisation[1]		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	22,405	16,600
to Australian Childhood Immunisation Register		
Special Account	(5,688)	(5,779)
Special appropriations		
National Health Act 1953 - essential vaccines	17,450	19,314
Special accounts		
Australian Childhood Immunisation Register Special Account	9,200	9,433
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,379	4,013
Revenues from other sources (s31)	112	116
Unfunded depreciation expense	-	90
Total for Program 1.5	**47,858**	**43,787**
Program 1.6: Public health[1]		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	70,227	52,338
Other services (Appropriation Bill No. 2)	1,620	7,841
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	18,850	17,272
Revenues from other sources (s31)	483	499
Unfunded depreciation expense	-	386
Total for Program 1.6	**91,180**	**78,336**
Outcome 1 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	281,499	307,856
to special accounts	(15,940)	(15,536)
Other services (Appropriation Bill No. 2)	1,620	7,841
Special appropriations	17,450	19,314
Special accounts	9,200	9,433
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	61,816	57,003
Revenues from other sources (s31)	1,323	1,367
Unfunded depreciation expense	-	1,058
Special accounts	118,469	120,506
Total expenses for Outcome 1	**475,437**	**508,842**

	2009-10	2010-11
Average staffing level (number)	1,023	1,003

[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] Office of the Gene Technology Regulator Special Account

[3] National Industrial Chemicals Notification and Assessment Scheme Special Account

[4] Therapeutic Goods Administration Special Account

[5] Special accounts are reported on a cash basis. This adjustment reflects the differences between cash and expense, predominantly GST

Contributions to Outcome 1

Program 1.1: Chronic disease – early detection and prevention

Program Objective

Through this Program, the Australian Government, with state and territory governments, aims to reduce chronic disease by:

- supporting early detection and prevention of cancer through screening initiatives (cancer related initiatives in Outcome 10 also support this objective); and
- promoting healthy lifestyle choices to reduce the risk of diabetes.

Major Activities

Early cancer detection through population based screening programs

The Australian Government's commitment to a world-class cancer care system will be further achieved through population screening programs and education campaigns.

The Department will continue to deliver the National Bowel Cancer Screening program. Up to 2.5 million Australians will be screened between 1 January 2008 and 30 June 2011. People who turn 50, 55 and 65 years of age during this period will receive an invitation to participate in the program. Bowel cancer mortality dropped from 19.4 per 100,000 persons in 2005 to 17.2 per 100,000 persons in 2006.[11] 'Closing the gap'[12] in bowel cancer screening rates for Aboriginal and Torres Strait Islander peoples presents a significant challenge for the Australian Government. To help improve the availability of screening in regional and remote Aboriginal and Torres Strait Islander communities, the Australian Government will work with state and territory governments to trial alternative service delivery models for the program.

In 2010-11, the Australian Government will continue to reduce breast cancer mortality through the BreastScreen Australia program. The program provides free mammography screening to women in the target group of 50-69 years of age. Women 40-49 years of age and over 70 years of age are also eligible to attend. The strategic direction of the program in 2010-11 will be informed by the outcomes of the BreastScreen Australia evaluation. The findings of this evaluation are expected to be considered by the Australian Health Ministers' Advisory Council during 2010. Since the introduction of the BreastScreen Australia program, breast cancer mortality has dropped from 30.6 per 100,000 women in 1991 to 22.1 per 100,000 women in 2006.[13] Also, through the Health and Hospitals Fund[14], the Government will update all mammography machines in the BreastScreen Australia program from analogue to digital technology by 2013. This will result in improved efficiency by addressing some of the program's current capacity constraints.

The Australian Government will support the National Cervical Screening program to reduce illness and deaths from cervical cancer through an organised approach to screening.

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[11] Australian Institute of Health and Welfare and the Australian Government Department of Health and Ageing, 2009. *National Bowel Cancer Screening Program: Annual monitoring report 2009.* Cancer series no. 49. Cat. No. CAN 45. AIHW, Canberra.

[12] Under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

[13] Australian Institute of Health and Welfare, 2009. BreastScreen Australia monitoring report 2005-2006. Cancer series no. 48. Cat. No. CAN 44. AIHW, Canberra.

[14] For further information on this Government initiative, please see Outcome 10 located in these Portfolio Budget Statements.

The program offers a routine Papanicola test (pap smear) every two years for women 18-69 years of age. The program is cost-shared between the Australian Government and state and territory governments, with the states and territories responsible for implementing the program. The program is also supported by the National Healthcare Agreements and the Medicare Benefits Schedule, through general practitioner (GP) consultations and cytology assessment. Funding for the register is provided through the National Healthcare Agreements. Since the introduction of the National Cervical Screening program, cervical cancer mortality has dropped from 4.0 per 100,000 women in 1991 to 1.9 per 100,000 women in 2006.[15] A review of the program will commence in 2010.

The Australian Government will continue to work with states and territories to promote cancer screening and to provide relevant, gender specific information to assist people to make informed choices about screening. In 2010-11, the Department will continue to provide policy advice to Government and the Australian Institute of Health and Welfare will collect the national data necessary to monitor and evaluate cancer screening programs.

Promote lifestyle modifications to reduce the risk of diabetes

In 2010-11, the Department will continue to work with the Australian General Practice Network (AGPN) to boost uptake of the COAG Reducing the Risk of Type 2 Diabetes initiative. This initiative aims to delay or possibly prevent onset of type 2 diabetes by targeting lifestyle risk factors. Subsidised lifestyle modification programs are available to people 40-49 years of age and Aboriginal and Torres Strait Islander peoples 15-54 years of age. These people are at high risk of developing type 2 diabetes and have been referred by a GP. The Government funds the AGPN to administer the delivery of the initiative through the Divisions of General Practice.

This initiative to reduce the risk of diabetes will be complemented by the Australian Government's new initiative under the National Health and Hospitals Network, announced on 31 March 2010, to deliver coordinated care for people who are diagnosed with diabetes, to commence from 2012-2013.[16] These two initiatives will be integrated to ensure preventive efforts for diabetes risk reduction work alongside this new program for improved management for people with diabetes.

Program 1.1 is linked as follows:

- This program includes National Partnerships payments for:
  - *National bowel cancer screening program.*

  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 program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.
- Medicare Australia (Department of Human Services) to administer the National Bowel Cancer Screening Register and the National Cervical Screening program, under the Delivery of Medical Benefits and Services (Program 1.1).

[15] Australian Institute of Health and Welfare, 2009. *Cervical screening in Australia 2006-2007*. Cancer series no. 47. Cat. No. CAN 43. AIHW, Canberra.

[16] For more information on this initiative, refer to Program 5.2 in these Portfolio Budget Statements.

Program 1.1: Expenses

Table 1.2: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	35,662	51,889	18,618	18,862	19,196
Program support	5,574	5,236	5,100	4,962	5,044
Total Program expenses	**41,236**	**57,125**	**23,718**	**23,824**	**24,240**

Program 1.1: Deliverables

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

Table 1.3: Qualitative Deliverables for Program 1.1

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
Early cancer detection through population based screening programs	
A quality colonoscopy workforce to support the National Bowel Cancer Screening program	Work with key stakeholders to make available additional training for practitioners conducting colonoscopies

Table 1.4: Quantitative Deliverables for Program 1.1

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%

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Early cancer detection through population based screening programs					
Percentage of up to 2.5 million eligible Australians sent invitations and likely to participate in the second phase of the National Bowel Cancer Screening program[17]	27%	38%	N/A	N/A	N/A

Program 1.1: Key Performance Indicators

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

Table 1.5: Quantitative Key Performance Indicators for Program 1.1

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Early cancer detection through population based screening programs					
Percentage of women in target groups participating in the BreastScreen Australia program[18]	56.2%	56.9%	56.9%	56.9%	56.9%
Percentage of women in target groups participating in the National Cervical Screening program[19]	60.6%	61.1%	61.1%	61.1%	61.1%
Percentage of people participating in the National Bowel Cancer Screening program[20]	39.3%	39.3%	N/A	N/A	N/A

[17] The last invitations will be issued in December 2010. The figures for this deliverable have changed from the 2009-10 Portfolio Budget Statements due to invitations being delayed, because of the temporary suspension of the program.

[18] Australian Institute of Health and Welfare, 2009. *BreastScreen Australia monitoring report 2005-2006.* Cancer series no. 48. Cat. No. CAN 44. AIHW, Canberra.

[19] Australian Institute of Health and Welfare, 2009. *Cervical screening in Australia* 2006-2007. Cancer series no. 47. Cat. No. CAN 43. AIHW, Canberra.

[20] Australian Institute of Health and Welfare and the Australian Government Department of Health and Ageing, 2009. *National Bowel Cancer Screening Program: Annual monitoring report 2009.* Cancer series no. 49. Cat. No. CAN 45. AIHW, Canberra. Funding for this activity ends in 2010-11.

Program 1.2: Communicable disease control

Program Objective

Through this Program, the Australian Government aims to:

- reduce the incidence of blood borne viruses and sexually transmissible infections, including human immunodeficiency virus (HIV), chlamydia, syphilis, gonorrhoea and viral hepatitis.

This will be achieved through education and awareness activities, including social marketing campaigns and targeted health promotions, pilot screening of target populations, relevant research and surveillance, and quality assurance programs to maintain a safe blood supply.

Major Activities

Reduce the prevalence of blood borne viruses and sexually transmissible infections

Implement National Strategies

The National Strategies for HIV and Acquired Immunodeficiency Syndrome (AIDS), hepatitis B and C, and sexually transmissible infections, as well as the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Viruses Strategy, have been developed in partnership with relevant community-based organisations. These strategies outline specific population groups within the Australian community who are at risk of infection. It also articulates priority actions for governments, community-based organisations and the research sector, to decrease the incidence of blood borne viruses and sexually transmissible infections. The development of revised National Strategies commenced in mid-2009 and were agreed by the Australian Health Ministers' Conference on 22 April 2010.

The Australian Government will continue to work in partnership with the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections, and the relevant Principal Committee of the Australian Health Ministers Advisory Council. The Australian Government, with the Committee and states and territories, will develop a national implementation plan to redirect resources to identified prevention, education, treatment, support and research.

Education and awareness

In 2010-11, the Department will evaluate the National Sexually Transmissible Infections Prevention program's Sexual Health Campaign, implemented in 2009-10. The evaluation will track attitudes, beliefs and behaviours among people 15 to 29 years of age.
By comparing the results of the evaluation against benchmarks established in 2008, the Department will assess the success of the campaign in increasing awareness of sexually transmissible infections and their prevention in the target age group.

The Department will support community organisations by funding activities that provide education programs on prevention, detection and treatment of viral hepatitis and blood borne viruses. These programs will target young people, people in correctional facilities, Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse backgrounds.

The Department will also continue to fund four national research centres to undertake research and surveillance of blood borne viruses, sexually transmissible infections, social determinants contributing to behavioural change, and virology. These research centres are the Australian Centre for HIV and Hepatitis Virology Research, National Centre in HIV Social Research (University of New South Wales), National Centre in HIV Epidemiology and Clinical Research (NCHECR – University of New South Wales), and the Australian Research Centre in Sex, Health and Society (La Trobe University). The research centres collect and publish surveillance data, and research and analyse behavioural data. The data collected by these research centres, including the NCHECR Annual Surveillance report, are critical to identify trends in infection patterns and assist in guiding governments' responses to blood borne viruses and sexually transmissible infections. Research also targets the development of new treatments for viral infections of national and international public health importance including HIV, hepatitis B and C, human papilloma virus and herpes simplex virus.

Pilot chlamydia testing for target populations

In response to a rising number of chlamydia infections, the Department will continue to implement the Chlamydia Pilot Testing program in general practice settings to increase awareness, and improve testing and surveillance. The pilot testing program, which is due to be completed in June 2011, will be provided in approximately 140 general practices across six Divisions of General Practice to ensure the statistical integrity of the pilot program. An evaluation of the pilot program will identify whether the introduction of a national chlamydia testing program is feasible, acceptable, and cost-effective.

Ensure the safety and quality of test kits used to detect HIV and Hepatitis C

The Department will continue to fund the National Serology Reference Laboratory to monitor the quality of HIV and hepatitis C virus test kits, and provide a comprehensive quality assurance program for laboratories using these test kits. This work will support Australia's commitment to a safe, high quality national blood supply.

Program 1.2: Expenses

Table 1.6: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	24,242	24,092	22,327	22,681	23,043
Program support	2,842	2,669	2,600	2,530	2,571
Total Program expenses	**27,084**	**26,761**	**24,927**	**25,211**	**25,614**

Program 1.2: Deliverables

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

Table 1.7: Qualitative Deliverables for Program 1.2

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
Reduce the prevalence of blood borne viruses and sexually transmissible infections	
Implementation plans for revised National Strategies completed	Plans completed by December 2010
The Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections provides advice to the Minister	Advice provided is timely and of a high quality
The National Sexually Transmissible Infections Prevention program's Sexual Health Campaign undergoes its major evaluation	The major evaluation of the Sexual Health Campaign is completed by June 2011
The Chlamydia Pilot Testing program is evaluated	Evaluation completed by June 2011

Table 1.8: Quantitative Deliverables for Program 1.2[21]

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%

[21] The new quantitative deliverables listed provide improved linkages to Program Objectives under Program 1.2, and have been revised from the 2009-10 Portfolio Budget Statements.

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Reduce the prevalence of blood borne viruses and sexually transmissible infections					
Percentage of jurisdictions and stakeholders implementing priority action areas[22]	N/A	100%	100%	100%	100%
Number of General Practice Divisions participating in pilot testing of Chlamydia screening in general practice[23]	6	6	N/A	N/A	N/A

Program 1.2: Key Performance Indicators

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

Table 1.9: Qualitative Key Performance Indicators for Program 1.2

Qualitative Indicator	2010-11 Reference Point or Target
Reduce the prevalence of blood borne viruses and sexually transmissible infections	
Funded activities are in line with priority actions outlined in the National Strategies[24]	Implementation of new strategies accepted by all stakeholders Effective communicable disease prevention and detection in accordance with sound evidence base, measured through a positive impact on notification rates of Blood Borne Viruses and Sexually Transmissible Infections

[22] Plans, including actions and timeframes, were developed in 2009-10 for implementation in 2010-11.

[23] Funding for this activity ends in 2010-11. The numbers have been revised from the 2009-10 Portfolio Budget Statements from 4 to 6.

[24] Indicators are outlined in the National Strategies and targets include improvements in rates of testing and access to treatment. Changes in those rates may lead to fewer cases due to better access to treatment or more cases due to increases in the number of people tested. This will vary depending on the disease.

Table 1.10: Quantitative Key Performance Indicators for Program 1.2

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Reduce the prevalence of blood borne viruses and sexually transmissible infections					
Number of newly diagnosed cases of Chlamydia infection	65,000-70,000	70,000-75,000	70,000-75,000	70,000-75,000	70,000-75,000

Program 1.3 Drug strategy

Program Objective

Through this Program, the Australian Government aims to:

- reduce binge drinking and risky alcohol consumption;
- reduce the harmful effects of tobacco use; and
- reduce the demand, supply and harm caused by illicit drug use and other substance misuse.

Major Activities

Curb excessive alcohol consumption

From 2010 to 2014, the National Binge Drinking Strategy will be expanded to include further measures to reduce the harms caused by excessive alcohol consumption. This will include: a fund to provide sponsorship to local community organisations that deliver sporting and cultural activities as an alternative to other forms of sponsorship; additional community level initiatives designed to tackle binge drinking; and enhanced telephone counselling services and alcohol referrals. A possible expansion of the existing social marketing campaign will also be considered.

The Australian Government will continue to work closely with state and territory governments, sporting bodies and community organisations, to implement the existing National Binge Drinking Strategy to deal with high rates of drinking, particularly among young people. A number of practical measures to help reduce alcohol misuse and binge drinking will continue under the strategy. These include the increase in the excise on ready-to-drink beverages known as 'alcopops' introduced in April 2008, community level and sporting club initiatives, grants to community groups across Australia for local activities to address binge drinking, national expansion of the Australian Drug Foundation's Good Sports program, and an early intervention program with all states and territories targeted at under-age drinkers. Through these measures, the strategy seeks to change Australia's drinking culture and encourage young people to take personal responsibility for their drinking.

The Ministerial Council on Drug Strategy has extended the *National Alcohol Strategy 2006–09* to 2011, reflecting the continued relevance of current principles and priorities in

addressing alcohol misuse. It complements the National Binge Drinking Strategy and *Preventative Health Action.*[25]

COAG's National Partnership Agreement on Preventive Health provides another forum for the Australian Government and state and territory governments to work together to achieve reductions in the excessive consumption of alcohol. The Agreement will support efforts in this area by funding interventions in workplaces and communities to help individuals avoid the lifestyle risks of chronic disease, including excessive alcohol consumption, and to identify and modify such risks where they already exist. These interventions will help to address the short and long-term harms associated with excessive alcohol consumption.

Reduce prevalence of smoking

In 2010-11, work to reinvigorate the National Tobacco Strategy will come to fruition with the implementation of measures included in *Preventative Health Action*. The price of tobacco products will be significantly increased with the 25 per cent increase in tobacco excise. This will raise the average price of a packet of 30 cigarettes by about $2.16, raising the barrier to young people taking up smoking and encouraging quitting by existing smokers. This will be complemented by world-leading regulatory and public education measures.

In 2010-11, as part of the *National Health and Hospitals Network*, the Australian Government will develop legislation to introduce plain packaging of tobacco products, removing one of the last remaining media used to advertise and promote tobacco products in Australia, with almost all other tobacco advertising banned. Consultation with stakeholders and the community on this measure will be conducted in the latter half of 2010, with a view to the introduction of legislation in 2011. Removing the influence, particularly on young people, of advertising and promotion on packaging, is a critical step in order to reach the target set in the National Healthcare Agreement to reduce the adult daily smoking rate to 10 per cent by 2018. The introduction of plain packaging of tobacco products will be a major reform to tobacco policy both in Australia and internationally.

The new $61 million tobacco social marketing campaign activity will commence under the National Partnership Agreement on Preventive Health, which provides record levels of investment from the Australian Government.

In 2010-11, the successful National Tobacco Youth Campaign, which focused on reducing youth smoking rates, will be renamed the National Tobacco Campaign – More Targeted Approach. The campaign will aim to reduce smoking prevalence among high-need and hard to reach groups. These include people who are at risk, have high smoking rates, and/or whom mainstream campaigns struggle to reach, such as pregnant women, people from culturally and linguistically diverse backgrounds, and people living in socially disadvantaged areas. This activity will complement tobacco social marketing campaign activity under the National Partnership Agreement on Preventive Health and aligns with other action areas in the National Preventative Health Strategy, which recommends a target reduction in smoking prevalence to 10 per cent by 2020.

The National Tobacco Strategy will be redrafted, in consultation with state and territory governments and expert groups, to map a way forward for the years 2010-15. The strategy provides a framework for all Australian governments to work together with stakeholders to reduce the harms caused by tobacco smoking in Australia and sets out a number of

[25] For further information on the *National Preventative Health Strategy*, refer to Program 1.6 in these Portfolio Budget Statements.

priorities, against which all governments are required to report annually to the Ministerial Council on Drug Strategy.

In addition, the $100 million Tackling Smoking measure of the Australian Government's Indigenous Chronic Disease Package, announced in November 2008, will build on the four year Indigenous Tobacco Control Initiative by funding practical community based initiatives and interventions. These will be developed specifically for, and by, Aboriginal and Torres Strait Islander peoples to reduce smoking rates. This measure will fund a trained Indigenous tobacco action workforce to conduct local anti-smoking campaigns in Indigenous communities and deliver smoking cessation services. Quitline[26] services will also be improved to make them more accessible for Aboriginal and Torres Strait Islander peoples.

Target illicit drug use

The Australian Government aims to prevent and respond to the significant health and social harms caused by the use of illicit drugs, and will continue to pursue this objective under Australia's National Drug Strategy. Programs already established by the Government will continue to tackle the onset of drug use and its associated harms.

In 2010-11, the National Drugs Campaign will continue to build on previous campaigns, aiming to reinforce young people's knowledge of the harms and risks associated with illicit drug use. The campaign will focus on emerging trends in illicit drug use, including the rising use of ecstasy within the Australian community, while efforts will continue to reduce the use of methamphetamine (speed and ice) and cannabis. The campaign will deliver preventative messages through targeted placement of campaign materials. Strategies and materials for the campaign will be developed in conjunction with the Australian National Council on Drugs.

The Government's continued investment in the Non-Government Organisation Treatment Grants program (Grants program) and the Improved Services for People with Drug and Alcohol Problems and Mental Illness initiative will provide resources to the non-government drug and alcohol sector. This will enable the sector to deliver treatment services and build its capacity to effectively target and treat coinciding mental illness and substance abuse. An external evaluation of the Grants program is being conducted in 2010 which will inform improved program management and performance.

Program 1.3 is linked as follows:

- The Treasury, for payments under the Preventative Health National Partnership Agreement, for the National Tobacco Social Marketing Campaign and the Tackling Indigenous Smoking program.

[26] Accessible on: 13 18 48 or 13 78 48.

Program 1.3: Expenses

Table 1.11: 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	128,656	162,348	175,612	177,837	179,990
Expenses not requiring appropriation in the budget year	-	-			
Program support	17,903	16,814	16,380	15,935	16,198
Total Program expenses	**146,559**	**179,162**	**191,992**	**193,772**	**196,188**

Program 1.3: Deliverables

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

Table 1.12: Qualitative Deliverables for Program 1.3

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
Curb excessive alcohol consumption	
Establish a sponsorship fund to include alcohol sponsorship replacement grants to local community organisations, support additional community level initiatives and provide enhanced telephone counselling services and alcohol referrals	Establishment of sponsorship fund by the end of 2010
Reduce prevalence of smoking	
Implement social marketing campaign to raise awareness of the dangers of smoking and encourage and support attempts to quit	Social marketing campaigns commencing by early to mid 2011
Complete research on the most appropriate specifications for plain packaging and develop the Regulatory Impact Statement	Research and Regulatory Impact Statement commenced by end 2010

Qualitative Deliverables	2010-11 Reference Point or Target
Target illicit drug use	
Provide up-to-date information to young people on the risks and harms of illicit drug use	The production of new creative materials and the delivery of Phase Five of the National Drugs Campaign with a renewed focus on ecstasy

Table 1.13: Quantitative Deliverables for Program 1.3

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%
Curb excessive alcohol consumption					
Number of grants established under the expanded National Binge Drinking Strategy community level initiatives[27]	N/A	20	20	20	20
Reduce prevalence of smoking					
Number of regions in which Indigenous tobacco workforce recruited[28]	N/A	20	40	57	N/A
Target illicit drug use					
Number of services funded to deliver the Non-Government Organisation Treatment Grants program[29]	197	197	N/A	N/A	N/A

[27] This activity commences in 2010-11.

[28] Funding for this activity does not commence until 2010-11. Figures are cumulative in line with reporting requirements.

[29] Current contracts cease in 2010-11. A tender process will be conducted for the forward years.

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of services funded under the capacity building grants component of the Improved Services initiative[30]	122	122	N/A	N/A	N/A

Program 1.3: Key Performance Indicators

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

Table 1.14: Qualitative Key Performance Indicators for Program 1.3

Qualitative Indicators	2010-11 Reference Point or Target
Curb excessive alcohol consumption	
Community Level Initiative grants raise awareness of the dangers of binge drinking	Evaluation concludes that the Community Level Initiative grants meet their objectives in raising awareness of the dangers of binge drinking
Reduce prevalence of smoking	
The National Tobacco Campaign raises awareness among target audience of the dangers of smoking	An evaluation scheduled for August 2010 finds that the National Tobacco Campaign has raised awareness among target audiences of the dangers of smoking
Plain packaging of tobacco products reduces the attractiveness and appeal of tobacco products; reduces the ability of the pack to mislead consumers about the harms of smoking and increases the visibility of mandated health warnings	Research to be undertaken in 2010-11 finds that plain packaging will meet objectives
Target illicit drug use	
The National Drugs Campaign raises awareness among target audiences of the dangers of drugs	An evaluation scheduled for August 2010 finds that the National Drugs Campaign has raised awareness among target audiences of the dangers of drugs

[30] Current contracts cease in 2010-11.

Table 1.15: Quantitative Key Performance Indicators for Program 1.3

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
Curb excessive alcohol consumption					
Number of clubs participating in the Good Sports program[31]	2,862	3,390	3,920	N/A	N/A
Number of young people referred to counselling under innovative early intervention programs[32]	250	250	250	N/A	N/A
Number of sites covered by regional national network of Indigenous campaign coordinators[33]	20	40	57	N/A	N/A
Percentage of population 18 years of age and over at risk of long-term harm from alcohol[34]	N/A	<14.8%	<14.8%	<14.8%	<14.8%
Reduce prevalence of smoking					
Percentage of population 18 years of age and older who are daily smokers[34]	N/A	<19.6%	<19.6%	<19.6%	<19.6%
Target illicit drug use					
Percentage of population 14 years of age and older recently (in the last 12 months) using an illicit drug	N/A	<13.4%	<13.4%	<13.4%	<13.4%

[31] Funding for this activity ends in 2011-12.

[32] Funding for this activity ends in 2011-12.

[33] Funding for this activity ends in 2011-12. Figures are cumulative in line with reporting requirements.

[34] This is a new Indicator.

Program 1.4 Regulatory policy

Through this Program, the Australian Government aims to provide direction and national leadership in food regulation and policy issues, maintain and improve the therapeutic goods regulatory framework, provide for the safe and sustainable use of industrial chemicals, and enhance the efficient use of the gene technology regulatory system.

Program 1.4: Expenses

Table 1.16: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	307	589	598	606	616
Program support	2,744	2,576	2,509	2,441	2,481
Departmental special accounts					
OGTR Special Account[1]	8,412	8,398	8,418	8,267	8,337
NICNAS Special Account[2]	9,322	9,821	9,425	9,469	9,692
TGA Special Account[3]	103,284	106,163	109,122	112,988	112,988
Expense adjustment[4]	(3,749)	(3,876)	(3,201)	(3,122)	(3,129)
Approved loss	1,200	-	-	-	-
Total Program expenses	**121,520**	**123,671**	**126,871**	**130,649**	**130,985**

[1] Office of the Gene Technology Regulator Special Account.
[2] National Industrial Chemicals Notification and Assessment Scheme Special Account
[3] Therapeutic Goods Administration Special Account
[5] Special accounts are reported on a cash basis. This adjustment reflects the differences between cash and expense, predominantly GST

Sub-Program 1.4.1: Food regulation policy

Sub-Program Objective

Through this Sub-Program, the Australian Government aims to provide responsible national and international leadership in food regulation policy by:

- promoting and supporting a consistent approach to development of food standards and food regulation.

Major Activities

Develop food standards and food regulatory policy

The Australian Government will continue to protect the health and safety of the population by ensuring that the food regulatory system is supported by a system based on evidence and high level policy direction. The Government will continue to respond to advances in scientific knowledge and evidence, stakeholder feedback, and developments in food regulatory practice nationally and internationally. This will lead to a high level of trust and satisfaction among the community in the food regulatory system.

The food regulation system is a partnership between the Australian Government, state and territory governments and the New Zealand Government. An important feature of the system is the separation of policy decision making from the development of standards.

The Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) develops domestic food regulation policy which forms the basis of food standards development, as used by Food Standards Australia New Zealand (FSANZ)[35], the statutory authority.

The Ministerial Council is chaired by the Australian Government Minister for Health and Ageing (or delegate) and comprises Ministers from all Australian states and territories as well as the New Zealand Government. The relationship with New Zealand is established through a treaty.[36]

Within this partnership, the Australian Government is leading the COAG reforms on food regulation. In December 2009, COAG agreed to a number of steps towards achieving nationally consistent food regulation within Australia. This decision was part of its microeconomic reform agenda under the *National Partnership to Deliver a Seamless National Economy* exploring regulation reform across a broad range of sectors, including the food sector. These reforms include:

- the development of options, for COAG consideration in 2010, to enable a centralised interpretive advisory function to be provided, on a primarily cost shared basis, in relation to food standards which would be adopted and applied by all states and territories in the course of their monitoring and enforcement activities relating to food standards. The Department is leading this development work; and
- a review of all food labelling law and policy being led by an independent expert review panel. The panel will report to COAG in early 2011. The review is cost shared across the Australian Government, the New Zealand Government, and all states and territories, with the Department providing secretariat services under a cost recovery arrangement.

The Department will provide high level policy advice and direction, at both a domestic and international level, to the Australian Government. The Government contributes actively to the development of regulatory policy at an international level through the Department's membership of the Codex Committee on Food Labelling and the Codex Committee for Nutrition and Foods for Special Dietary Uses. Membership at these committees provides the Australian Government with an opportunity to influence the development of food regulation at the international level.

[35] For further information about Food Standards Australia New Zealand, refer to the FSANZ chapter in these Portfolio Budget Statements.

[36] Agreement between the governments of Australia and New Zealand to establish a system for the development of joint food standards (Australian Treaty Series 1996 No.12).

Sub-Program 1.4.1: Deliverables

The Department will produce the following 'Deliverables' to achieve the Sub-Program objectives.

Table 1.17: Qualitative Deliverables for Sub-Program 1.4.1

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
Develop food standards and food regulatory policy	
Provide advice to Australia and New Zealand Food Regulation Ministerial Council	Advice provided is timely and relevant
Provide advice to Food Standards Australia New Zealand and stakeholders	Advice provided is timely and relevant

Table 1.18: Quantitative Deliverables for Sub-Program 1.4.1

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%
Develop food standards and food regulatory policy					
Percentage of Food Standards Assessment Report Notifications on which Minister is briefed	100%	100%	100%	100%	100%

Sub-Program 1.4.1: Key Performance Indicators

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

Table 1.19: Qualitative Key Performance Indicators for Sub-Program 1.4.1

Qualitative Indicator	2010-11 Reference Point or Target
Develop food standards and food regulatory policy	
Effective provision of advice to stakeholders	Stakeholder satisfaction measured through acceptance of advice

Table 1.20: Quantitative Key Performance Indicators for Sub-Program 1.4.1

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Develop food standards and food regulatory policy					
Percentage of agenda papers sent out on time to the Ministerial Council and its subcommittees	>80%	>80%	>80%	>80%	>80%

Sub-Program 1.4.2: Therapeutic goods

Sub-Program Objective

The Australian Government, through the Therapeutic Goods Administration (TGA), aims to:

- ensure that therapeutic goods manufactured or supplied in, or exported from, Australia are of high quality, and are safe and effective to use for their intended purpose, and to implement further reforms to Australia's regulatory framework.

TGA applies a risk management approach to administering the national framework for regulating the quality, safety and efficacy, and performance of therapeutic goods for human use in Australia.

Major Activities

Therapeutic goods regulation

The Australian Government, through TGA, will continue to regulate therapeutic goods under a national framework to ensure their quality, safety and efficacy. To do this, TGA carries out assessment and monitoring activities to ensure therapeutic goods available in Australia are of an acceptable standard, and manufactured in accordance with the principles of Good Manufacturing Practice. At the same time, TGA will ensure that the Australian community has access, within a reasonable time, to therapeutic advances.

Revise scheduling arrangements for medicines and other chemicals

The Australian Government aims to ensure the safety of poisons such as medicines and other chemicals, including agricultural, veterinary, domestic and industrial chemicals. This is achieved through a number of mechanisms, including a national system that determines appropriate levels of control on public access to poisons, where there is a potential risk to public health and safety. This system is called scheduling, and the *Therapeutic Goods Act 1989* and its associated regulations provide a national legislative framework, while state and territory governments impose legislative controls on the supply of poisons.

In 2010-11, TGA will implement revised scheduling arrangements, which will move the responsibility of decision-making for scheduling from a committee to the Secretary of the Department of Health and Ageing. The Secretary may seek the advice of expert advisory committees, where required. The revised arrangements will improve the timeliness of scheduling decisions, and allow for closer integration with Commonwealth regulatory schemes for therapeutic goods, agricultural and veterinary chemicals, and domestic and industrial chemicals.

New regulatory frameworks for in-vitro diagnostic devices and for biologicals

During 2010-11, in response to new and emerging technology in therapeutic goods, the Australian Government will implement regulatory frameworks for in-vitro diagnostic (IVD) medical devices, such as cholesterol or blood sugar level test kits; and for human cell and tissue therapy products (biologicals), such as skin used to treat severe burns.

The new frameworks will ensure that these therapeutic products are regulated appropriately to reflect the specific nature of each product. This will be achieved through assessment and approval of higher risk products before they can be made available in Australia. Following approval, ongoing monitoring of the products and usage, will ensure they continue to be safe for their approved use. The new frameworks will help to ensure adequate protection of public and personal health.

Sub-Program1.4.2: Deliverables

The TGA will produce the following 'Deliverables' to achieve the Sub-Program Objective.

Table 1.21: Qualitative Deliverables for Sub-Program 1.4.2

Qualitative Deliverables	2010-11 Reference Point or Target
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

Qualitative Deliverables	2010-11 Reference Point or Target
Therapeutic goods regulation	
Revised scheduling arrangements for medicines and other chemicals implemented	The revised regulatory and administrative arrangements for scheduling are implemented within the required timeframes
New regulatory frameworks for in-vitro diagnostic (IVDs) and for biologicals implemented	In-vitro diagnostic and biologicals frameworks are implemented within required timeframes

Table 1.22: Quantitative Deliverables for Sub-Program 1.4.2

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%
Therapeutic goods regulation					
Number of therapeutic goods tested	≥800	≥800	≥800	≥800	≥800
Average number of working days taken to assess reports of alleged breaches and initiate an appropriate response	10	10	10	10	10
Number of licensing and surveillance audits performed:[37]					
• Domestic	300	300	300	300	300
• Overseas	125	125	125	125	125

[37] The 'Proportion of licensing and surveillance audits performed within agreed timeframes' has been replaced with this key performance indicator, which offers greater transparency.

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of completed evaluations of prescription medicines:[38]					
• Category 1	414	420	420	420	420
• Category 2	0	0	0	0	0
• Category 3	1174	1350	1350	1350	1350

Sub-Program 1.4.2: Key Performance Indicators

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

Table 1.23: Quantitative Key Performance Indicators for Sub-Program 1.4.2

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
Therapeutic goods regulation					
Percentage of evaluations and appeals regarding the entry of therapeutic goods onto the Australian Register of Therapeutic Goods made within legislated timeframes[39]	100%	100%	100%	100%	100%
Percentage of consumer information (AusPARS, CMI and PIs)[40] published on the TGA website within the target timeframe	100%	100%	100%	100%	100%

[38] The number of applications received by the TGA is dependent on each company's consideration of the market for medicines in Australia and their necessity to vary aspects of registration, and cannot be controlled by the TGA. Category 1 refers to an application to register a new prescription medicine or change to a medicine not meeting the requirements for Category 2 or Category 3 applications. Category 2 refers to an application to register a prescription medicine where two independent evaluation reports from acceptable countries are available. Category 3 refers to an application involving changes to the quality data of medicines already registered and not involving clinical, non-clinical or bioequivalence data.

[39] The Australian Register of Therapeutic Goods is available at: www.tga.gov.au/docs/html/artg.htm. Legislated timeframes relates to 255 day legislative timeframe for Design Examination Conformity Assessments for medical devices and for category 1 prescription medicines applications.

[40] AusPARs, CMI and PIs are Australian Public Assessment Reports, Consumer Medicines Information and Product Information documents for prescription medicines available through the TGA website at: www.tga.gov.au/pmeds/pmeds.htm

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
Percentage of licensing and surveillance audits completed within target timeframes:					
• Domestic	95%	100%	100%	100%	100%
• Overseas	90%	90%	90%	90%	90%
Percentage of prescription medicine evaluations completed within target timeframes:[41]					
• Category 1	100%	100%	100%	100%	100%
• Category 2	100%	100%	100%	100%	100%
• Category 3	100%	100%	100%	100%	100%

Sub-Program 1.4.3: Industrial chemicals

Sub-Program Objective

Through this Sub-Program, the Australian Government aims to:

- ensure that uses of industrial chemicals are safe for human health and the environment, and to further improve the efficiency of the regulatory framework, for industry and the community.

To achieve this, the National Industrial Chemicals Notification Assessment Scheme (NICNAS) will focus on scientific excellence and regulatory efficiency, and work actively with national and international partners.

Major Activities

Protect human health and the environment

The Australian Government aims to protect human health and the environment through maintenance and further development of the pre-market assessment system for industrial chemicals not previously used in Australia. This assessment system will promote the introduction of chemicals into Australia that are safer for human health and the environment and reduce the regulatory burden for introducing safer chemicals.

Chemicals already in use in Australia are assessed on a priority basis in response to health and/or environmental concerns. The Government is implementing recommendations to

[41] Category 1 refers to an application to register a new prescription medicine or change to a medicine not meeting the requirements for Category 2 or Category 3 applications. Category 2 refers to an application to register a prescription medicine where two independent evaluation reports from acceptable countries are available. Category 3 refers to an application involving changes to the quality data of medicines already registered and not involving clinical, non-clinical or bioequivalence data.

reform the chemicals review program to improve its flexibility and responsiveness. The Government will further enhance the framework for managing cosmetics and hard surface disinfectants through a legislative change during 2010-11, and will implement a scientifically robust and consistent regulatory framework on industrial nanomaterials.[42]

In 2010-11, NICNAS will complete risk assessments of new chemicals and will promote the introduction of chemicals of low regulatory concern. NICNAS will also finalise several major reviews of existing chemicals of concern, including two flame retardants. It will also progress the framework for prioritising chemicals of concern. NICNAS will also meet challenges from emerging technologies by adjusting its regulatory framework to manage potential risks posed by industrial nanomaterials, thereby protecting human health and the environment.

In 2010-11, NICNAS will continue to leverage international linkages and developments by taking advantage of internationally endorsed assessment methodologies and through work share arrangements. It will also enhance its efficiency and effectiveness by reducing duplication of effort, for example, if work is already conducted elsewhere, NICNAS could seek to use that information.

To improve accessibility and useability of chemical safety information by industry, community and government agencies, the NICNAS website[43] will be revised and updated. In 2010-11, NICNAS will also roll out online registration for importers and manufacturers of industrial chemicals thereby streamlining the current paper based system.

NICNAS will continue to consult with stakeholders, such as the chemical industry, the community (including employees working with chemicals), the Australian Government and state and territory governments, through national networks, advisory committees and information activities. A key challenge in 2010-11 will be implementing the Cost Recovery Impact Statement. To ensure appropriate and useable recommendations are developed, NICNAS will follow the Government's cost recovery guidelines, implement a comprehensive stakeholder engagement process, and engage an independent consultant to develop a suitable costing methodology.

[42] Industrial nanomaterials (working definition) are industrial materials intentionally produced, manufactured, or engineered to have specific properties or composition, with one or more dimensions typically between 1 and 100 nanometre (equal to one billionth of a metre).

[43] Accessible at: www.nicnas.gov.au

Sub-Program 1.4.3: Deliverables

NICNAS will produce the following 'Deliverables' to achieve the Sub-Program Objectives.

Table 1.24: Qualitative Deliverables for Sub-Program 1.4.3

Qualitative Deliverables	2010-11 Reference Point or Target
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
Protect human health and the environment	
Assess hazards and risks of industrial chemicals to public health, occupational health and safety and the environment based on the best available scientific knowledge and evidence	Assessments completed within legislated timeframes
Implementation of regulatory framework on industrial nanomaterials	Framework for new chemicals implemented by 30 June 2011 Framework options for existing chemicals progressed during 2010-11
Several major reviews of existing chemicals of concern finalised	Five reviews finalised by 30 June 2011
Influence international assessments, regulatory approaches, and methodologies for incorporation, as appropriate into Australian industrial chemicals assessment and management systems	Active participation in international harmonisation activities and progression of bilateral relationships

Table 1.25: Quantitative Deliverables for Sub-Program 1.4.3

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%
Protect human health and the environment					
Percentage of NICNAS Priority Existing Chemicals recommendations developed in consultation with relevant stakeholders	100%	100%	100%	100%	100%
Percentage of reports on assessed chemicals posted to the NICNAS website:					
• new chemicals	100%	100%	100%	100%	100%
• existing chemicals	100%	100%	100%	100%	100%

Sub-Program 1.4.3: Key Performance Indicators

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

Table 1.26: Qualitative Key Performance Indicators for Sub-Program 1.4.3

Qualitative Indicator	2010-11 Reference Point or Target
Protect human health and the environment	
Effectiveness of regulatory and scientific advice	High level uptake of NICNAS regulatory recommendations by stakeholders

Table 1.27: Quantitative Key Performance Indicators for Sub-Program 1.4.3

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
Protect human health and the environment					
Percentage of chemical companies compliant with NICNAS registration obligations, payment of fees and annual reporting	50%	55%	60%	65%	70%
Percentage of customers satisfied with NICNAS training	95%	95%	95%	95%	95%
Percentage increase in visitor sessions to NICNAS website	5%	5%	5%	5%	5%
Percentage of customer satisfaction with chemical safety information	95%	95%	95%	95%	95%
Percentage of new chemicals assessed which are safer and less hazardous	80%	80%	80%	80%	80%
Percentage of new chemical assessment considered within legislated timeframes	96%	96%	96%	96%	96%
Percentage of legislated timeframes adhered to for assessment of existing chemicals	100%	100%	100%	100%	100%

Sub-Program 1.4.4: Gene technology regulation

Sub-Program Objective

Through this Sub-Program, the Australian Government aims to:

- protect the health and safety of people and the environment by regulating dealings with genetically modified organisms (GMOs).

The Gene Technology Regulator, supported by the Office of the Gene Technology Regulator (OGTR), will achieve this by administering a responsive, efficient, effective and science-based national scheme for the regulation of gene technology that revolves around a system of prohibitions and approvals.

Major Activities

Gene technology regulation

The Australian Government, through OGTR, will administer gene technology legislation. OGTR will review regulations, guidelines and processes, in consultation with stakeholders, to enhance the efficiency and effectiveness of the gene technology regulatory system. It will continue to keep pace with advances in scientific knowledge and international developments in regulatory practice. OGTR's key stakeholders are state and territory governments, Australian Government agencies, regulated communities (hospitals, universities and research organisations) and the biotechnology industry (including agricultural and medical companies).

To ensure that assessments are based on current science and represent international best practice, OGTR will continue to consult with experts and the wider community, and engage in international harmonisation activities. In accordance with the requirements of gene technology legislation, OGTR will monitor the conduct of licensed dealings[44] with genetically modified organisms (GMOs) and maintain a comprehensive record of approved GMO dealings on OGTR's website[45] for the general public.

OGTR will conduct rolling reviews to ensure that the *Gene Technology Regulations 2001*, guidelines and processes remain current with advances in gene technology and understanding of risks. In 2010-11, OGTR will implement expected amendments to the Gene Technology Regulations. Additionally, OGTR will continue bilateral arrangements with other Australian Government regulators, such as FSANZ, TGA, the Australian Pesticides and Veterinary Medicines Authority, the Australian Quarantine and Inspection Service and NICNAS, to enhance coordinated decision-making and avoid duplication in regulation of GMOs and GM products. These activities will deliver a risk-based, responsive, efficient and effective regulatory system that protects Australian people and the environment.

[44] The gene technology legislation requires that certain dealings or activities with genetically modified organisms (GMOs) must be licensed before they can be conducted. Organisations that intend to conduct such dealings (e.g. experiments, field trials etc.) with GMOs must submit licence applications to the Regulator. The purpose of licensing is to protect human health and/or the environment by identifying and managing risks posed by GMOs. OGTR prepares risk assessment and risk management plans for all licence applications, which form the basis of Regulator's decisions on whether or not to issue licences and on conditions of each licence. This is one of the ongoing core activities of the OGTR.

[45] Accessible at: www.ogtr.gov.au

Sub-Program 1.4.4: Deliverables

OGTR will produce the following 'Deliverables' to achieve the Sub-Program Objectives.

Table 1.28: Qualitative Deliverables for Sub-Program 1.4.4

Qualitative Deliverables	2010-11 Reference Point or Target
Gene technology regulation	
Thorough assessment and management of risks posed by GMOs or as a result of gene technology	Risks posed by GMOs or gene technology managed appropriately
Consultation with key stakeholders on draft guidelines and on licence applications for intentional release of GMOs into the environment	Seek feedback from stakeholders on draft guidelines and intentional release licence applications in a timely and transparent manner in accordance with the legislation
Review of the *Gene Technology Regulations 2001*	Finalise amendments in mid 2010-11 and implement the revised regulations by end of 2010-11

Table 1.29: Quantitative Deliverables for Sub-Program 1.4.4[46]

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%
Gene technology regulation					
Percentage of GMO licences issued under the *Gene Technology Act 2000* that are entered onto a publicly accessible record on the OGTR website	100%	100%	100%	100%	100%

[46] Deliverables contained in the 2009-10 PB Statements have been amended, as the estimates for the number of assessments done in response to various categories of applications (for licences, variation to licences and other instruments, certifications, accreditations etc.) and the number of these applications received in forward years are not able to be controlled by the OGTR. These application numbers are highly variable and depend on external factors such as research direction, funding or financial viability and commercial decisions of applicant organisations.

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 field trial sites and higher level containment facilities inspected	20%	20%	20%	20%	20%

Sub-Program 1.4.4: Key Performance Indicators

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

Table 1.30: Qualitative Key Performance Indicators for Sub-Program 1.4.4

Qualitative Indicators	2010-11 Reference Point or Target
Gene technology regulation	
Protect people and the environment through identification and management of risks from GMOs	High level of compliance with the gene technology legislation and no adverse effect on human health or environment from GMOs
Facilitate cooperation and prevent duplication in the implementation of GMO regulation	High degree of cooperation with relevant regulatory agencies

Table 1.31: Quantitative Key Performance Indicators for Sub-Program 1.4.4[47]

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Gene technology regulation					
Percentage of licence decisions made within statutory timeframes	100%	100%	100%	100%	100%

[47] Quantitative key performance indicators contained in the 2009-10 PB Statements have been amended to better report on program performance.

Program 1.5: Immunisation

Program Objective

Through this Program, the Australian Government, in collaboration with state and territory governments, aims to:

- reduce the incidence of vaccine preventable disease and ensure optimal immunisation coverage rates by improving the efficiency and effectiveness of the Immunise Australia program.

Major Activities

Improve immunisation

Immunisation coverage rates

The Department, through the Immunise Australia program, will continue to support the provision of immunisation services to the Australian community and maintain a high level of immunisation coverage in 2010-11. This will ensure protection against major vaccine preventable diseases and reduce the incidence of these diseases in the community.

Under the National Partnership Agreement for Essential Vaccines, the Australian Government will work with the states and territories to increase immunisation coverage rates for all eligible Australians. The Agreement outlines the arrangements to maintain and improve effective immunisation for vaccine preventable diseases funded under the National Immunisation Program Schedule. In 2010-11, the Department will fund the purchase of vaccines and manage these arrangements and reporting requirements to ensure reward payments for increased immunisation coverage rates appropriately reflect performance outcomes. The Department will also conduct activities to support uptake of immunisation.

National Immunisation Strategy

In 2010-11, the Department, in consultation with stakeholders, will develop a National Immunisation Strategy to reduce vaccine preventable diseases. The strategy will guide Australia's approach to the prevention and control of vaccine preventable diseases. The National Immunisation Committee will oversee the development of the strategy and an implementation plan. The committee comprises all states and territories, consumer representatives and expert advisors from a range of peak organisations (including the Australian Medical Association, Australian General Practice Network and Rural Doctors Association Australia). The strategy will: set the benchmark for 'best practice'; identify current and emerging priorities; and provide a planning framework for future directions and initiatives in immunisation and vaccine preventable disease surveillance at the national level.

Efficiency of National Immunisation Program

In 2010-11, the Department will continue to tender for vaccines for the National Immunisation Program. This will enable a more efficient and cost-effective system of vaccine purchasing for the National Immunisation Program, through centralised arrangements for procurement, contract negotiations and establishment of agreements with, and payments to, pharmaceutical companies for vaccine supply. Further efficiencies may arise through improved pricing and value for money, because of a more competitive vaccine market environment.

Program 1.5 is linked as follows:

- This program includes National Partnerships payments for:
  - *Essential vaccines*.

  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.
- The Department of Families, Housing, Community Services and Indigenous Affairs, for administering Family Assistance Payments, Child Care Benefit and Maternity Immunisation Allowance (Program 1.3).
- Medicare Australia (Department of Human Services), to administer the Australian Childhood Immunisation Register under Delivery of Medical Benefits and Services (Program 1.1).
- The Department of Education, Employment and Workplace Relations, for administering Child Care Benefits.

Program 1.5: Expenses

Table 1.32: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services to Australian Childhood Immunisation Register	22,405	16,600	14,288	14,516	14,748
Special Account	(5,688)	(5,779)	(5,871)	(5,965)	(6,060)
Special appropriations					
Appropriations National Health Act 1953 - essential vaccines	17,450	19,314	19,110	19,348	19,588
Special accounts					
Australian Childhood Immunisation Register Special Account	9,200	9,433	9,598	9,768	9,863
Program support	4,491	4,219	4,109	3,998	4,064
Total Program expenses	**47,858**	**43,787**	**41,234**	**41,665**	**42,203**

Program 1.5: Deliverables

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

Table 1.33: Qualitative Deliverables for Program 1.5

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
Improve immunisation	
Develop the National Immunisation Strategy	National Immunisation Strategy completed in 2010-11

Table 1.34: Quantitative Deliverables for Program 1.5

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%
Improve immunisation					
Number of completed tenders under the Commonwealth Own Purpose Expense arrangements	1	3	3	3	3

Program 1.5: Key Performance Indicators

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

Table 1.35: Qualitative Key Performance Indicators for Program 1.5

Qualitative Indicator	2010-11 Reference Point or Target
Improve immunisation	
Implementation of the Commonwealth Own Purpose Expense arrangements are effective	Positive feedback is received through the Stage 1 implementation evaluation

Table 1.36: Quantitative Key Performance Indicators for Program 1.5

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
Improve immunisation					
Improve the immunisation coverage rates among children 60-63 months of age	89.0%	90.0%	91.0%	92.0%	92.5%
Maintain the immunisation coverage rates among children 24-27 months of age	92.7%	92.7%	92.7%	92.7%	92.7%

Program 1.6: Public health

Program Objective

Through this Program, the Australian Government aims to:

- reduce pressure on the health system by building a public health workforce capacity;
- improve child, youth, women's and men's health; and
- promote healthy lifestyle choices to improve public health outcomes.

Major Activities

Build capacity and improve the health of target groups

Strengthen the public health evidence base

In 2010-11, the Department will develop the national infrastructure required to assess and quantify the prevalence of lifestyle risk factors known to cause chronic conditions. The Department will also gather evidence on effective public health interventions.

To achieve this, the COAG National Partnership Agreement on Preventive Health is seeking to establish ANPHA in 2010-11.

ANPHA will undertake three key activities in this area. Firstly, ANPHA will provide evidence-based policy advice to the Australian Health Ministers' Conference, engage with key stakeholders, build new partnerships across states and territories and the public health sector, and manage national social marketing activities. Secondly, ANPHA will manage a research fund focusing on translational research, i.e. the translation of evidence into policy and programs, to build evidence on effective interventions. Finally, ANPHA will conduct an audit of the preventive health workforce to identify any gaps or issues that may hinder the roll-out of preventive health programs in the National Partnership Agreement on Preventive Health. The findings of this audit will inform a strategy for the long-term improvement of the preventive health workforce.

In addition, the Australian Bureau of Statistics will conduct two surveys: a National Nutrition and Physical Activity Survey and a National Health Measures Survey (incorporating the former National Health Risk Survey) as part of the first Australian Health Survey for COAG. The surveys will gather representative data from adults, Aboriginal and Torres Strait Islander peoples and children on a six-yearly cycle. The survey data will include food consumption patterns, nutritional status, obesity, physical activity and chronic disease indicators. The Australian Health Survey also includes the National Health Survey and the National Aboriginal and Torres Strait Islander Health Survey.[48] Survey findings will enable effective monitoring of trends and will be used to guide the development of future preventative health policies and programs.

Improve child, youth, women's and men's health

In collaboration with the states and territories, the Australian Government will lead the implementation of the *Australian National Breastfeeding Strategy 2010-2015*. Implementation activities will focus on protecting, promoting, supporting and monitoring breastfeeding in Australia. The Government will continue to support the operation of the Breastfeeding Helpline by the Australian Breastfeeding Association.[49] The helpline provides breastfeeding mothers and their family's access to expert breastfeeding advice and support. Breastfeeding is a healthy way to feed infants and helps protect children against a range of conditions, including diarrhoea, respiratory and ear infections in infants, and obesity and chronic diseases in later life. Breastfeeding also benefits maternal health by reducing risks for breast cancer, ovarian cancer, type 2 diabetes and osteoporosis.[50]

A priority for the Government is to develop national, evidence-based antenatal care guidelines on best practice, and facilitate improved pregnancy and early childhood outcomes for mothers and babies. In 2010-11, the Department will manage the development of the guidelines by an Expert Advisory Committee, on behalf of the Australian Health Ministers' Advisory Council.

Following the release in 2009-10 of the first Male Health Policy, the Government will establish a male health longitudinal study. The Government will also commission regular

[48] For more information on this activity, please see Outcome 10 located in these Portfolio Budget Statements.

[49] The phone number for the Breastfeeding Helpline is: 1800 mum 2 mum (1800 686 2 686). Information regarding the helpline can be accessed at: www.breastfeeding.asn.au/products/counselling.asp#phone

[50] National Health and Medical Research Council, 2003. *Dietary Guidelines for Children and Adolescents in Australia*, NHMRC, Canberra, pp 5-8.House of Representatives Standing Committee on Health and Ageing 2007, *The Best Start: Report on the inquiry into the health benefits of breastfeeding*, Australian Parliament House, Canberra, pp 40-43.

statistical bulletins on male health. These initiatives will provide sound data and evidence for future health policy and program development. The Government will implement an Indigenous male health initiative to support fathers, partners, grandfathers and uncles to play a stronger role in their children's and family's lives. The Strong Fathers Strong Families program will increase access by Indigenous males to culturally appropriate health services and antenatal, parenting and other related programs and health messages within the context of local community needs and cultural practices.

The Government will increase its support of men's sheds and build their capacity across Australia. Men's sheds are important in helping to alleviate social isolation through providing a setting where men can get together to talk and work in areas of interest, such as carpentry or gardening. The funding will be provided to the Australian Men's Sheds Association, which currently has over 400 member sheds. The Association will develop national infrastructure including guidelines and management plans to assist its member sheds, and will work to establish new sheds in areas of high need. The Government will develop health information that targets males at different stages in their lives to be distributed through sheds and other settings.

The new Women's Health Policy will be released this year. The Government will continue to support the Australian Longitudinal Study on Women's Health to deliver quality information about the health and wellbeing of women. During 2010-13, the study will investigate health and ageing, rural, regional and remote health differences, and other issues of importance to women. The Department, in 2010-11, will use findings from the study to inform policy and program development in these areas.

The Jean Hailes Foundation will continue to receive Government support to provide education for women on a range of health issues, particularly women over 35 years of age. The Foundation also delivers evidence-based education programs on women's health for health professionals. The Foundation will collaborate with the Polycystic Ovarian Syndrome Alliance to develop evidence-based and up-to-date guidelines for doctors and other health professionals, and education resources for women affected by the condition. Polycystic Ovarian Syndrome is one of the most common conditions faced by women of reproductive age in Australia, and can cause infertility and other medical problems including diabetes and heart disease.

Promote the adoption of healthy lifestyles

The Australian Government is committed to focusing the health system on prevention to curb the growth in chronic disease, and its associated costs to the broader economy.

Through the National Partnership Agreement on Preventive Health, the Australian Government will address lifestyle risk factors that cause chronic conditions.
The Government will collaborate with state and territory governments, and work in partnership with local governments, communities and industry to achieve this. Under the Agreement, the Government will invest in social marketing campaigns and interventions in preschools, schools, workplaces and communities. These activities will encourage behavioural changes in individuals leading to good nutrition, physical activity and maintaining a healthy body weight and smoking cessation.

The Australian Government will continue to combat the rising number of people classified as either overweight[51] or obese.[52] In 2010-11, the Department will continue the Measure

[51] A person is considered overweight when the measurement ratio comparing their height with weight (Body Mass Index) is over 25kg/m^2.

Up campaign to raise awareness of the risks of being overweight or obese, including the risk of developing lifestyle related chronic diseases. The primary target group for the campaign is 25-50 year olds with children, with a secondary target audience of 45-60 year olds and other at-risk groups.

In 2010-11, the Department will continue to implement the Stephanie Alexander Kitchen Garden national program in up to 190 government primary schools across Australia. The program teaches children, in years three to six, about growing, harvesting, preparing and sharing healthy food. Since the program commenced in 2008-09, the Government has provided a total of $4.8 million to 88 government primary schools across Australia, and will continue to fund successful government primary schools until 2011-12.

The Healthy Communities Initiative, developed as part of the National Partnership Agreement on Preventive Health, will provide funding to local governments over four years to support community-based programs. These programs will promote beneficial lifestyle behaviours including physical activity and healthy eating. The initiative will predominantly target unemployed, and socio-economically disadvantaged adults who are at a high risk of developing chronic disease. The initiative commenced in 2009-10, when 12 pilot locations in local government areas across all states and territories were funded until 2010-11. An additional two funding rounds will support up to 33 locations in 2010-11, and a further 59 locations in 2011-12. Implementation will be supported through the development and funding of National Program Grants, a Quality Assurance Framework and an information portal. This portal will list services that have met quality standards under the program as well as other relevant information and resources.

In 2010-11, The Department will participate in the Food and Health Dialogue, which provides a framework for government, industry and public health groups to work collaboratively, on a voluntary basis, to address poor dietary habits and promote healthier food choices for all Australians. Key activities will include food reformulation, standardising and establishing appropriate portions sizes and consumer awareness activities that promote healthy eating patterns and food choices.

The Department, in 2010-11, will also work with the planned ANPHA to help people modify their lifestyles through education and awareness campaigns, and provide advice to the Australian Health Ministers' Conference on policy and program development.

Program 1.6 is linked as follows:

- This Program includes National Partnerships payments for:
  - *Preventive health - Enabling infrastructure;*
  - *Preventive health - Health workers;*
  - *Preventive health - Healthy children;*
  - *Preventive health - Social marketing;* and
  - *Victorian cytology service.*

  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.

[52] A person is considered obese when the measurement ratio comparing their height with weight (Body Mass Index) is over 30kg/m^2.

Program 1.6: Expenses

Table 1.37: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	70,227	52,338	48,156	43,417	75,580
Other services	1,620	7,841	25,793	26,283	-
Program support	19,333	18,157	17,688	17,208	17,492
Total Program expenses	**91,180**	**78,336**	**91,637**	**86,908**	**93,072**

Program 1.6: Deliverables

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

Table 1.38: Qualitative Deliverables for Program 1.6

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
Build capacity and improve the health of target groups	
Support the Australian National Preventive Health Agency as it builds capacity to undertake its core functions	Agency is established and able to provide evidence-based advice to Health Ministers, manage a research fund and oversee national preventive health surveillance
Promote the adoption of healthy lifestyles	
Roll-out two major advertising activities promoting healthy body weight under the Measure Up campaign	Phase 2 advertising materials, based on Phase 1 evaluation recommendations to strengthen the 'how' message, launched by late 2010 and repeated early to mid 2011. Advertising activities may include the use of television, radio, print, online and outdoor media to disseminate key messages to target audiences

Table 1.39: Quantitative Deliverables for Program 1.6

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%
Build capacity and improve the health of target groups					
Number of Healthy Eating and Physical Activity resources provided to the community[53]	9,000	3,000	2,000	N/A	N/A
Promote the adoption of healthy lifestyles					
Number of participants in lifestyle modification programs[54]	45,500	54,000	N/A	N/A	N/A
Number of government primary schools to implement the Stephanie Alexander Kitchen Garden National program[55]	50	50	50	N/A	N/A
Number of grants to local governments administered through the Healthy Communities Initiative[56]	12	45	92	92	N/A

[53] Funding for this activity ends in 2011-12.

[54] Funding for this activity ends in 2010-11.

[55] Funding for this activity ends in 2011-12.

[56] Funding for this activity ends in 2012-13.

Program 1.6: Key Performance Indicators

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

Table 1.40: Qualitative Key Performance Indicators for Program 1.6

Qualitative Indicators	2010-11 Reference Point or Target
Build capacity and improve the health of target groups	
National audit of preventive health workforce provides useful guidance for policy	National audit of preventive health workforce provides a basis for the development strategies to limit deficits in workforce capacity
Promote the adoption of healthy lifestyles	
Social marketing campaign messages reach adults at key life stages and high risk groups and demonstrate: • increased awareness of the link between lifestyle risk factors and some chronic disease (poor nutrition, physical inactivity, unhealthy weight) • increased appreciation that lifestyle change is an urgent priority • improved attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight • increased confidence in achieving the desired changes and appreciation of the significant benefits of achieving these changes	Research and evaluation using National Computer-Assisted Telephone Interviewing (CATI) tracking surveys demonstrate campaign messages have reached adults at key life stages and high risk groups

Table 1.41: Quantitative Key Performance Indicators for Program 1.6

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Build capacity and improve the health of target groups					
Number of people to contact the National Breastfeeding Helpline	70,000	72,000	74,000	75,000	75,000