

## **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 of preventable mortality and morbidity throughout Australia.<sup>1</sup> To achieve this, the Department will implement a suite of population health initiatives spanning disease prevention, screening, disease control, regulatory policy, immunisation and public health.

Key initiatives in 2012-13 include addressing the report of the Preventative Health Taskforce<sup>2</sup> by aiming to introduce the world's toughest regime on smoking, funding social marketing campaigns tackling tobacco, obesity and illicit drugs, and delivering the inaugural Australian Health Survey.

Outcome 1 is the responsibility of Population Health Division, Mental Health and Drug Treatment Division, 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.

## Programs Contributing to Outcome 1

**Program 1.1: Prevention, early detection and service improvement**

**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**

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

<sup>2</sup> National Preventative Health Taskforce, *Taking Preventative Action - A Response to Australia: The Healthiest Country by 2020*, 2010.

## 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**

	2011-12 Estimated actual \$'000	2012-13 Estimated expenses \$'000
<b>Program 1.1: Prevention, early detection and service improvement<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	87,720	92,317
Departmental expenses		
Departmental appropriation <sup>2</sup>	14,868	11,919
Expenses not requiring appropriation in the budget year <sup>3</sup>	680	474
<b>Total for Program 1.1</b>	<b>103,268</b>	<b>104,710</b>
<b>Program 1.2: Communicable disease control</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	10,567	10,653
Departmental expenses		
Departmental appropriation <sup>2</sup>	2,994	2,939
Expenses not requiring appropriation in the budget year <sup>3</sup>	139	97
<b>Total for Program 1.2</b>	<b>13,700</b>	<b>13,689</b>
<b>Program 1.3: Drug strategy</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	212,444	219,761
Departmental expenses		
Departmental appropriation <sup>2</sup>	29,964	26,948
Expenses not requiring appropriation in the budget year <sup>3</sup>	1,425	993
<b>Total for Program 1.3</b>	<b>243,833</b>	<b>247,702</b>
<b>Program 1.4: Regulatory policy</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	99	5,177
Departmental expenses		
Departmental appropriation <sup>2</sup>	20,300	18,250
to special accounts	(14,727)	(10,819)
Expenses not requiring appropriation in the budget year <sup>3</sup>	273	190
Special accounts		
OGTR Special Account <sup>4</sup>	8,396	8,179
NICNAS Special Account <sup>5</sup>	10,465	11,869
TGA Special Account <sup>6</sup>	123,466	127,262
Expense adjustment <sup>7</sup>	(9,673)	(9,054)
<b>Total for Program 1.4</b>	<b>138,599</b>	<b>151,054</b>

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

	<b>2011-12 Estimated actual \$'000</b>	<b>2012-13 Estimated expenses \$'000</b>
<b>Program 1.5: Immunisation<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1) to Australian Childhood Immunisation Register Special Account	19,648	20,599
Special appropriations	(4,595)	(4,591)
<i>National Health Act 1953</i> - essential vaccines	50,936	51,102
Special accounts		
Australian Childhood Immunisation Register Special Account	8,340	8,317
Departmental expenses		
Departmental appropriation <sup>2</sup>	7,085	6,853
Expenses not requiring appropriation in the budget year <sup>3</sup>	324	226
<b>Total for Program 1.5</b>	<b>81,738</b>	<b>82,506</b>
<b>Program 1.6: Public health<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	20,186	16,009
Other services (Appropriation Bill No. 2)	25,792	15,226
Departmental expenses		
Departmental appropriation <sup>2</sup>	9,280	7,433
Expenses not requiring appropriation in the budget year <sup>3</sup>	424	295
<b>Total for Program 1.6</b>	<b>55,682</b>	<b>38,963</b>

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

	2011-12 Estimated actual \$'000	2012-13 Estimated expenses \$'000
<b>Outcome 1 totals by appropriation type</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	350,664	364,516
to special accounts	(4,595)	(4,591)
Other services (Appropriation Bill No. 2)	25,792	15,226
Special appropriations	50,936	51,102
Special accounts	8,340	8,317
Departmental expenses		
Departmental appropriation <sup>2</sup>	84,491	74,342
to special accounts	(14,727)	(10,819)
Expenses not requiring appropriation in the budget year <sup>3</sup>	3,265	2,275
Special accounts	132,654	138,256
<b>Total expenses for Outcome 1</b>	<b>636,820</b>	<b>638,624</b>
	<b>2011-12</b>	<b>2012-13</b>
<b>Average staffing level (number)</b>	<b>1,185</b>	<b>1,129</b>

<sup>1</sup> 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.

<sup>2</sup> Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".

<sup>3</sup> "Expenses not requiring appropriation in the budget year" is made up of depreciation expense, amortisation expense, makegood expense and audit fees. This estimate also includes approved operating losses - please refer to the departmental financial statements in section 3 for further information.

<sup>4</sup> Office of the Gene Technology Regulator Special Account.

<sup>5</sup> National Industrial Chemicals Notification and Assessment Scheme Special Account.

<sup>6</sup> Therapeutic Goods Administration Special Account.

<sup>7</sup> Special accounts are reported on a cash basis. This adjustment reflects the differences between cash and expense, and eliminates inter-entity transactions between the Core department and TGA.

## **Program 1.1: Prevention, early detection and service improvement**

### **Program Objective**

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

The Australian Government is committed to reducing the incidence of preventable mortality and morbidity in the community and encouraging Australians to lead healthy, active lives. In 2012-13, the Department will provide \$65.9 million through the Chronic Disease Prevention and Service Improvement Fund for a range of chronic disease prevention projects, particularly within the primary and community care sectors. These projects aim to reduce the incidence of preventable mortality and morbidity, maximise the wellbeing and quality of life of individuals affected by chronic disease from initial diagnosis to end of life, reduce the pressure on the health and hospital system including aged care, and support best practice in the prevention, detection, treatment and management of chronic disease.

*Support early detection and prevention of cancer through screening initiatives<sup>3</sup>*

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

The Australian Government will expand the National Bowel Cancer Screening Program from 2013-14, offering free bowel cancer screening using a faecal occult blood test (FOBT) to people turning 60 years of age from 1 January 2013 commencing in July 2013, and to people turning 70 years of age from 1 January 2015 commencing in July 2015. This will build on the existing program which currently invites people turning 50, 55 and 65 years of age to participate in bowel cancer screening. Biennial screening for Australians 50-74 years of age will be phased in commencing in 2017-18 with 72 year olds and be fully implemented by December 2034.

To reduce the rate of breast cancer mortality, the Commonwealth, state and territory governments jointly provide mammography screening through BreastScreen Australia. Women 50-69 years of age are invited every two years to receive free mammography screening, however all women all 40 years of age and older are eligible for this free service. BreastScreen Australia services are provided through a network of dedicated, accredited providers in 500 locations nationwide. In 2012-13, the Department will undertake work to enhance BreastScreen Australia's accreditation system to enhance governance and transparency, and further increase the capacity of BreastScreen Australia's radiography and radiology workforce.

The Australian Government and the state and territory governments also co-fund the National Cervical Screening Program. The program aims to reduce morbidity and deaths from cervical cancer by offering free screening with Pap smears every two years for women between 18 and 69 years of age.

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<sup>3</sup> Cancer related initiatives in Outcome 10 also support this objective.

*Chronic disease management and support*

In 2012-13, the Australian Government will continue to test ways to reduce the impact of diabetes on patients and the broader community through the Diabetes Care Project pilot. The project is piloting a new comprehensive, patient-centred model of care which allows for local flexibility and improved coordination of care and access to a range of multidisciplinary services to meet the health needs of patients. The project will involve up to 10,000 patients from around 150 practices in Queensland, Victoria and South Australia.

Program 1.1 is linked as follows:

- This Program includes National Partnership Payments for:
  - *National Bowel Cancer Screening Program*; and
  - *Victorian cytology service*.

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

- The Department of Human Services (Medicare Australia – Program 1.1) is funded to administer the National Bowel Cancer Screening Register and support cervical cancer screening.

**Program 1.1 Expenses****Table 1.2: Program Expenses**

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	87,720	92,317	107,209	93,731	105,054
Program support	15,548	12,393	12,016	11,972	12,082
<b>Total Program 1.1 expenses</b>	<b>103,268</b>	<b>104,710</b>	<b>119,225</b>	<b>105,703</b>	<b>117,136</b>

**Program 1.1: Deliverables<sup>4</sup>**

**Table 1.3: Qualitative Deliverables for Program 1.1**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Reduce the incidence of chronic disease and promote healthier lifestyles</b>	
Conduct a grants round under the Chronic Disease Prevention and Service Improvement Fund	Negotiation of new funding agreements to be completed by June 2013, to enable funding to commence from 2013-14
<b>Support early detection and prevention of cancer through screening initiatives</b>	
Implement new contract for the provision of faecal occult blood tests and pathology services for the National Bowel Cancer Screening Program following completion of Request for Tender process	Timely implementation of new contract by March 2013
Review and update BreastScreen Australia's accreditation system	Review completed by June 2013
Undertake a BreastScreen Australia project to improve workforce retention and recruitment of radiographers and radiologists through the provision of development and training opportunities	Project completed by June 2013
<b>Chronic disease management and support</b>	
Oversee implementation of the Diabetes Care Project to test a more comprehensive, patient-centred approach to improve the care of patients with diabetes	Implementation of the Diabetes Care Project in identified sites across three states - Queensland, South Australia and Victoria

<sup>4</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

**Program 1.1: Key Performance Indicators****Table 1.4: Qualitative Key Performance Indicators for Program 1.1**

Qualitative Indicator	2012-13 Reference Point or Target
<b>Reduce the incidence of chronic disease and promote healthier lifestyles</b>	
Effective implementation of the Chronic Disease Prevention and Service Improvement Fund activities	Regular progress reports on key milestones from contracted organisations indicate that activities are being implemented effectively in accordance with contractual arrangements

**Table 1.5: Quantitative Key Performance Indicators for Program 1.1**

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Support early detection and prevention of cancer through screening initiatives</b>					
Percentage of people invited to take part in the National Bowel Cancer Screening Program who participated <sup>5</sup>	39.3%	41.0%	41.0%	41.0%	41.0%
Percentage of women in target age groups participating in the BreastScreen Australia Program <sup>6</sup>	54.9%	55.2%	55.2%	55.2%	55.2%
Percentage of women in the target age group participating in the National Cervical Screening Program <sup>7</sup>	61.2%	58.6%	58.6%	58.6%	58.6%

<sup>5</sup> 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.

<sup>6</sup> AIHW 2011. *BreastScreen Australia Monitoring Report 2008-2009*. Cancer series no. 63. Cat. no. CAN 60. Canberra: AIHW. The figure for 2012-13 onwards reflects the most recent data (2008-2009) on participation in BreastScreen Australia Program. Small changes in these figures are unlikely to be statistically significant. Participation data for the program cannot be projected into the future.

<sup>7</sup> AIHW 2011. *Cervical screening in Australia 2008-2009*. Cancer series no. 61. Cat. no. CAN 57. Canberra: AIHW. The figure for 2012-13 onwards reflects the most recent data (2008-2009) on participation in the National Cervical Screening Program. Small changes in these figures are unlikely to be statistically significant. Participation data for the program cannot be projected into the future.

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Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Chronic disease management and support</b>					
Number of patients enrolled in the Diabetes Care Project <sup>8</sup>	N/A	10,000	10,000	N/A	N/A

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<sup>8</sup> This pilot project is funded until 30 June 2014.

## Program 1.2: Communicable disease control

### Program Objective

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

The Australian Government is committed to preventing the spread of blood borne viruses (BBVs) and sexually transmissible infections (STIs). The Government has established the Communicable Disease Prevention and Service Improvement Grants Fund to support non-government organisations to deliver a variety of education and prevention activities aimed at raising awareness of BBVs and STIs, encouraging safe sexual and injecting practices, improving access to testing and treatment of BBVs and STIs, reducing discrimination and improving the wellbeing of those living with BBVs and STIs. Grants provided through the fund will take account of the aims and objectives contained in nationally agreed strategies relating to BBVs and STIs, and other relevant guidelines.

The National Strategies for HIV, hepatitis B and C, and sexually transmissible infections, and the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Viruses Strategy, were developed in partnership with state and territory governments and relevant community-based organisations. These strategies will continue to guide the Government in the development of policies and programs related to the prevention, testing, management and treatment of BBVs and STIs. As the current set of National Strategies expire at the end of 2013, the Department, in conjunction with stakeholders, will review and update the National Strategies to ensure that they continue to reflect current evidence and guide Australia's response to BBVs and STIs.

The Communicable Disease Prevention and Service Improvement Grants Fund will also support the Government's efforts to ensure Australians continue to have access to a safe, high quality national blood supply. In 2012-13, the Department will support quality assurance programs for medical laboratories using in-vitro diagnostic devices, and the Australian Red Cross for the screening of fresh blood donations.

### Program 1.2 Expenses

**Table 1.6: Program Expenses**

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	10,567	10,653	11,093	11,304	11,520
Program support	3,133	3,036	3,051	3,040	3,062
<b>Total Program 1.2 expenses</b>	<b>13,700</b>	<b>13,689</b>	<b>14,144</b>	<b>14,344</b>	<b>14,582</b>

## Program 1.2: Deliverables<sup>9</sup>

**Table 1.7: Qualitative Deliverables for Program 1.2**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Reduce the incidence of blood borne viruses and sexually transmissible infections</b>	
The priority actions contained in the National BBV and STI Strategies 2010-2013 are being undertaken	Have completed or commenced 90% of all the priority actions contained in the National BBV and STI Strategies 2010-2013 as measured by the mid-term review

## Program 1.2: Key Performance Indicators

**Table 1.8: Qualitative Key Performance Indicators for Program 1.2**

Qualitative Indicator	2012-13 Reference Point or Target
<b>Reduce the incidence of blood borne viruses and sexually transmissible infections</b>	
Funding provided to non-government organisations under the Communicable Disease Prevention and Service Improvement Grants Fund supports programs which are effective in reducing the spread of communicable disease	Regular progress reports on key milestones from contracted organisations indicate that activities are being implemented effectively in accordance with contractual arrangements

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<sup>9</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

**Table 1.9: Quantitative Key Performance Indicators for Program 1.2**

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Reduce the incidence of blood borne viruses and sexually transmissible infections</b>					
Percentage of laboratory tests which are positive for Chlamydia infection	<12%	<12%	<12%	<12%	<12%
Number of newly diagnosed cases of HIV infection	<1,100	<1,100	<1,100	<1,100	<875
Number of newly diagnosed cases of hepatitis C infection	<12,250	<12,250	<12,250	<12,250	<12,250

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## **Program 1.3: Drug strategy**

### **Program Objectives**

#### *Reduce the harmful effects of tobacco use*

The Australian Government recognises that smoking continues to be one of the leading causes of preventable disease and premature death in Australia, especially among disadvantaged groups. In 2012-13, the Department will develop a new National Tobacco Strategy in partnership with states, territories and non-government organisations, which will provide the policy framework for activities aimed at reducing the health, social and economic costs caused by tobacco use.

In 2012-13 the Australian Government will begin enforcing the *Tobacco Plain Packaging Act 2011*. The legislation requires all tobacco products manufactured or packaged in Australia for domestic consumption from 1 October 2012 to be in plain packaging, and all tobacco products to be sold in plain packaging by 1 December 2012. Plain packaging aims to: reduce the appeal of tobacco products to consumers, particularly young people; reduce the ability of tobacco products to mislead consumers about the harms of smoking; and increase the visibility and effectiveness of mandated health warnings. The Department will undertake monitoring and compliance activities to ensure comprehensive and effective implementation of the legislation.

#### *Reduce harm to individuals and communities from excessive alcohol consumption*

Under the guidance of the National Drug Strategy 2010-2015, the Department will work with jurisdictions and communities to deliver services and education initiatives aimed at promoting safe alcohol consumption. These include messages targeted at high risks groups such as young people and Aboriginal and Torres Strait Islanders.

In particular, the Australian Government will promote evidence based messages about the harms of drinking alcohol during pregnancy and seek to link these messages to voluntary industry initiatives to promote warnings on alcohol labels about these harms, arising from the Labelling Logic review. These messages will complement other activities to reduce the prevalence and impact of Foetal Alcohol Spectrum Disorders in Australia.

Through the Substance Misuse Service Delivery Grants Fund, the Government will fund activities that promote and support drug and alcohol treatment services across Australia. These include programs that build the capacity of drug and alcohol treatment services to effectively identify and treat coinciding mental illness and substance misuse.

Through the Substance Misuse Prevention and Service Improvement Grants Fund, the Government will continue to invest in drug and alcohol research to support the development of a rigorous evidence base from which future drug and alcohol policies and programs can be based.

*Combat illicit drug use*

Through both the Substance Misuse Service Delivery Grants Fund and the Substance Misuse Prevention and Service Improvements Grants Fund, the Australian Government will support a range of programs and initiatives aimed at combating use of illicit drugs. One of these programs is the National Drugs Campaign, which aims to educate and reinforce young people's knowledge of the harms and risks associated with illicit drug use.

Program 1.3 is linked as follows:

- This Program includes National Partnership Payments for:
  - *Early intervention pilot 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's Portfolio Budget Statements.
- The Department of Families, Housing, Community Services and Indigenous Affairs (Program 7.4); the Department of Education, Employment and Workplace Relations (Program 2.10); and the Attorney-General's Department (Program 1.1) for the Petrol Sniffing Strategy.
- The Treasury (Australian Competition and Consumer Commission – Program 1.1) for graphic health warning measures.

**Program 1.3 Expenses****Table 1.10: Program Expenses**

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	212,444	219,761	209,351	215,951	220,200
Program support	31,389	27,941	26,316	26,119	26,349
<b>Total Program 1.3 expenses</b>	<b>243,833</b>	<b>247,702</b>	<b>235,667</b>	<b>242,070</b>	<b>246,549</b>

**Program 1.3: Deliverables<sup>10</sup>**

**Table 1.11: Qualitative Deliverables for Program 1.3**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Reduce the harmful effects of tobacco use</b>	
Develop new National Tobacco Strategy in conjunction with states and territories	New National Tobacco Strategy to be finalised by 30 June 2013
Implement public awareness activities for the introduction of tobacco plain packaging	Public awareness activities to be developed by mid-2012 and evaluation activities by late 2012
Implement social marketing campaigns to raise awareness of the dangers of smoking and encourage and support attempts to quit	Deliver the National Tobacco Campaign - More Targeted Approach within agreed timeframes
<b>Reduce harm to individuals and communities from excessive alcohol consumption</b>	
Fund and support drug and alcohol treatment services to strengthen the capacity of service providers across Australia	Drug and alcohol treatment service providers receive funding and support through the Substance Misuse Service Delivery Grants Fund
<b>Combat illicit drug use</b>	
Provide up-to-date information to young people on the risks and harms of illicit drug use	Dissemination of materials and delivery of the National Drugs Campaign and providing information through the National Cannabis Prevention and Information Centre on the risks and harms associated with cannabis use

<sup>10</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

**Program 1.3: Key Performance Indicators****Table 1.12: Qualitative Key Performance Indicators for Program 1.3**

Qualitative Indicator	2012-13 Reference Point or Target
<b>Reduce harm to individuals and communities from excessive alcohol consumption</b>	
Early Intervention Programs reduce reported re-offending rates of underage drinking	Reports from jurisdictions indicate there are less underage drinkers re-offending

**Table 1.13: Quantitative Key Performance Indicators for Program 1.3**

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Reduce prevalence of tobacco use</b>					
Percentage of population aged 18 years of age and over who are daily smokers	<17.1%	<16.4%	<15.6%	<14.9%	<13.7%
<b>Combat illicit drug use</b>					
Percentage of population 14 years of age and older recently (in the last 12 months) using an illicit drug <sup>11</sup>	<13.4%	<13.4%	<13.4%	<13.4%	<13.4%

<sup>11</sup> Data on this target is currently taken from the National Drug Strategy Household Survey, which is published every three years.

## Program 1.4: Regulatory policy

### Program Objectives

*Provide direction and national leadership in food and gene technology regulatory policy issues, maintain and improve the therapeutic goods regulatory framework, and provide for the safe and sustainable use of industrial chemicals.*

### Program 1.4 Expenses

**Table 1.14: Program Expenses**

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	99	5,177	1,404	882	857
Program support	5,846	7,621	4,161	3,893	3,939
Departmental special accounts					
OGTR Special Account <sup>1</sup>	8,396	8,179	8,237	8,291	8,382
NICNAS Special Account <sup>2</sup>	10,465	11,869	12,727	13,755	14,199
TGA Special Account <sup>3</sup>	123,466	127,262	130,311	132,081	141,039
Expense adjustment <sup>4</sup>	(9,673)	(9,054)	(8,627)	(6,935)	(12,254)
<b>Total Program 1.4 expenses</b>	<b>138,599</b>	<b>151,054</b>	<b>148,213</b>	<b>151,967</b>	<b>156,162</b>

<sup>1</sup> Office of the Gene Technology Regulator Special Account.

<sup>2</sup> National Industrial Chemicals Notification and Assessment Scheme Special Account.

<sup>3</sup> Therapeutic Goods Administration Special Account.

<sup>4</sup> 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

*Develop food standards and food regulatory policy*

The Australian Government will continue to provide a strong, evidence-based food regulatory system to ensure that food sold in Australia is safe. Australia's food regulatory system also supports the Government's preventative health agenda by contributing to the reduction in the risk of chronic, diet-related disease. The Department collaborates with the jurisdictions and New Zealand to develop robust policy to assist Food Standards Australia New Zealand to develop and implement the food standards necessary for the regulatory system.

Food labelling plays an integral role in informing healthy food purchasing decisions by consumers. In 2012-13, the Australian Government, in partnership with the states and territories and New Zealand, will commence implementing the outcomes of the independent report: *Labelling Logic: Review of Food Labelling Law and Policy*. Implementation over the next five years will endeavour to balance improving the information on food labelling to meet consumers' needs, with maintaining marketing flexibility and minimising the regulatory burden on industry and barriers to trade. A key task in 2012-13, in collaboration with

industry, public health and consumer stakeholders, will be the development of an agreed interpretive front-of-pack labelling system for foods.

In 2012-13, the Department will undertake broad consultation with food regulation stakeholders including industry, public health and consumer advocates to develop a Strategic Framework for Stakeholder Engagement. This framework will facilitate better collaboration with stakeholders to ensure the food regulatory system better meets the needs of all users.

### Sub-Program 1.4.1: Deliverables<sup>12</sup>

Table 1.15: Qualitative Deliverables for Sub-Program 1.4.1

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Develop food standards and food regulatory policy</b>	
Develop an interpretive front-of-pack labelling system for foods	New labelling system developed by December 2012
Develop advice and policy for the Australian Government on food regulatory issues	Relevant, evidence-based advice produced in timely manner

### Sub-Program 1.4.1: Key Performance Indicators

Table 1.16: Qualitative Key Performance Indicators for Sub-Program 1.4.1

Qualitative Indicator	2012-13 Reference Point or Target
<b>Develop food standards and food regulatory policy</b>	
Promote a nationally consistent approach to food policy and regulation	Consistent regulatory approach across Australia through nationally agreed policy and standards

<sup>12</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

## **Sub-Program 1.4.2: Therapeutic goods**

### **Sub-Program Objective**

*Ensure that therapeutic goods are safe, effective and of high quality*

The Australian Government, through the Therapeutic Goods Administration (TGA), will continue to regulate therapeutic goods under a national framework to ensure their quality, safety and efficacy. To do this, the TGA will use a risk management approach to carry out a range of 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, the TGA will ensure that the Australian community has access, within a reasonable time, to therapeutic advances.

*Implement the TGA Reform Blueprint*

In 2012-13, the TGA will implement a comprehensive reform agenda based on a plan of action to be published by 1 July 2012. The reforms will: improve the way that the TGA communicates with the public about the benefits and risks of therapeutic goods; clarify the TGA's processes used to assess different types of therapeutic goods, especially complementary medicines; increase the level of evaluation of higher risk medical devices; and strengthen the response to unsubstantiated advertising and other breaches of the requirements for advertising of therapeutic goods. The reforms are designed to enhance public trust in the safety and quality of therapeutic goods by addressing concerns raised by consumers and to improve post-market surveillance capacity.

*Establish the Australia New Zealand Therapeutic Products Agency*

The Australian and New Zealand Governments have agreed to proceed with a joint scheme for the regulation of therapeutic goods. A three staged approach over the next four years will be implemented to create a single regulatory framework to provide health benefits for consumers, reduced regulatory costs for industry and greater efficiency for governments.

The first stage of implementation will result in more efficient processes for the approval of therapeutic goods. This will provide efficiencies for industry in both countries and will ensure that consumers have access to safe, quality medicines brought to market through a single approval process.

**Sub-Program 1.4.2: Deliverables**<sup>13</sup>**Table 1.17: Qualitative Deliverables for Sub-Program 1.4.2**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Implement the TGA Reform Blueprint</b>	
Implement reforms that enhance TGA's current regulatory processes	Reforms implemented in accordance with the published plan
<b>Establish the Australia New Zealand Therapeutic Products Agency</b>	
Implement a program of work sharing and joint operations	Agree with Medsafe (New Zealand) to share scheduled Good Manufacturing Practice audit reports and coordinate audit schedules by January 2013

**Table 1.18: Quantitative Deliverables for Sub-Program 1.4.2**

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Ensure that therapeutic goods are safe, effective and of high quality</b>					
Percentage of alleged breaches received that are assessed within 10 working days and an appropriate response initiated	100%	100%	100%	100%	100%

<sup>13</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

## Sub-Program 1.4.2: Key Performance Indicators

**Table 1.19: Quantitative Key Performance Indicators for Sub-Program 1.4.2**

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Ensure that therapeutic goods are safe, effective and of high quality</b>					
Percentage of evaluations and appeals regarding the entry of therapeutic goods onto the Australian Register of Therapeutic Goods made within legislated timeframes <sup>14</sup>	100%	100%	100%	100%	100%
Percentage of licensing and surveillance audits completed within target timeframes:					
• Domestic	100%	100%	100%	100%	100%
• Overseas	90%	90%	90%	90%	90%
Percentage of prescription medicine evaluations completed within target timeframes: <sup>15</sup>					
• Category 1	100%	100%	100%	100%	100%
• Category 3	100%	100%	100%	100%	100%

<sup>14</sup> The Australian Register of Therapeutic Goods is available at: < [www.tga.gov.au/docs/html/artg.htm](http://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.

<sup>15</sup> 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 3 refers to an application involving changes to the quality data of medicines already registered and not involving clinical, non-clinical or bioequivalence data. Category 2 refers to an application to register a prescription medicine where two independent evaluation reports from acceptable countries are available. TGA no longer reports on Category 2 evaluations as they are extremely rare.

### **Sub-Program 1.4.3: Industrial chemicals**

#### **Sub-Program Objective**

*Protect human health and the environment*

The Australian Government, through the National Industrial Chemicals Notification and Assessment Scheme (NICNAS), will continue to assess industrial chemicals, including industrial nanomaterials, for their risks to human health and the environment as part of the Australian regulatory framework for industrial chemicals.

NICNAS will continue to facilitate the introduction of safer substitutes for industrial chemicals that present health and/or environmental concerns, such as perfluorinated chemicals. NICNAS, with other agencies, will also respond to community concerns about the health and environmental impacts of industrial chemicals used in hydraulic fracturing by undertaking a national risk assessment and providing advice on the safe use of these chemicals.

In 2012-13, NICNAS will introduce a new framework to streamline the assessment of previously unassessed chemicals on Australia's national inventory. Under the new arrangements, these chemicals will be assessed using the Inventory Multi-tiered Assessment and Prioritisation (IMAP) Framework developed by NICNAS and stakeholders. Over the next four years, around 3,000 industrial chemicals which may pose a risk to human health or the environment will be assessed, including chemicals used in high volumes, chemicals that are already risk-managed overseas and chemicals detected in human cord blood. A key challenge for NICNAS will be communicating the assessment outcomes for these chemicals with governments, industry and the community to empower them to make informed decisions.

NICNAS will continue to adopt and utilise best practice Australian and international approaches and practices to further improve the efficiency of its assessment processes. In 2012-13, NICNAS will focus on the Organisation for Economic Co-operation and Development (OECD) activities that will contribute to Australia's assessment methodologies for industrial nanomaterials, harmonisation of requirements for polymers of low concern, and streamlined international assessments and data provision for existing chemicals.

NICNAS will undertake enforcement and compliance activities focused on maintaining current levels of registered companies and high risk introducers of new chemicals. In 2012-13, NICNAS will also focus on strengthening the consistency and transparency of the risk-based compliance approach.

Sub-Program 1.4.3 is linked as follows:

- The Attorney General’s Department (Australian Customs and Border Protection Service – Program 1.2) for reviewing importation of industrial chemicals.
- The Department of Sustainability, Environment, Water, Population and Communities (Program 2.1), The Treasury (Australian Competition and Consumer Commission – Program 1.1) and Department of Education, Employment and Workplace Relations (Safe Work Australia – Program 1.1) for managing risks arising from industrial chemicals.

### Sub-Program 1.4.3: Deliverables<sup>16</sup>

Table 1.20: Qualitative Deliverables for Sub-Program 1.4.3

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Ensure that uses of industrial chemicals are safe for human health and the environment</b>	
Implement the Inventory Multi-tiered Assessment and Prioritisation framework	IMAP framework governance arrangements in place, ongoing stakeholder engagement and communication strategies are effectively implemented
Implement approach for introducing substitutes for perfluorinated chemicals	Framework for the assessment of new perfluorinated chemicals implemented
Contribute to the international harmonisation of assessments, regulatory approaches and methodologies by incorporating, as appropriate, into Australian industrial chemicals assessment and management systems	Review international assessments, regulatory approaches and methodologies for their application to NICNAS risk assessments from three key sub-committees of the OECD Chemicals Committee
Introducers of industrial chemicals aware of their obligations through NICNAS Registration	Registration of all identified introducers

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<sup>16</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

**Sub-Program 1.4.3: Key Performance Indicators****Table 1.21: Qualitative Key Performance Indicators for Program 1.4.3**

Qualitative Indicator	2012-13 Reference Point or Target
<b>Ensure that uses of industrial chemicals are safe for human health and the environment</b>	
Effective use of international information	For new chemicals: finalise lessons learnt from US bilateral agreement and explore options for further developing arrangements  For existing chemicals: through implementing the IMAP framework, developing guidance and training on the use of international information

**Table 1.22: Quantitative Key Performance Indicators for Sub-Program 1.4.3**

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Ensure that uses of industrial chemicals are safe for human health and the environment</b>					
Percentage of Stage One chemicals assessed through effective application of IMAP framework <sup>17</sup>	N/A	20%	50%	90%	95%
Percentage uptake by industry of options to introduce new chemicals that are a lower risk to human health or the environment	80%	80%	80%	80%	80%
Percentage of those introducing over \$500,000 of industrial chemicals assessed for compliance with new chemicals obligations	25%	30%	35%	40%	45%

<sup>17</sup> IMAP Framework introduced in 2012-13.

## **Sub-Program 1.4.4: Gene technology regulation**

### **Sub-Program Objective**

*Protect the health and safety of people and the environment by regulating dealings with genetically modified organisms*

The Australian Government, through the Gene Technology Regulator, will administer a national scheme for the regulation of gene technology to protect the health and safety of people and the environment by regulating certain dealings with genetically modified organisms (GMOs). The Office of the Gene Technology Regulator (OGTR) will keep pace with advances in scientific knowledge and international developments in regulatory practice to ensure it remains well equipped to undertake this role.

In 2012-13, the OGTR will begin to implement recommendations arising from the Australian Government response to the 2011 *Review of the Gene Technology Act 2000*. In addition, OGTR will review guidelines and processes, in consultation with stakeholders, to enhance the efficiency and effectiveness of the gene technology regulatory system.

To ensure that assessments are based on current scientific evidence and represent international best practice, OGTR will continue to engage in international harmonisation activities and to consult with experts and key stakeholders on the risk assessment of licence applications. OGTR will also consult with the general public to promote mutual understanding of risk assessment and regulation of GMOs in relation to licence applications for release of GMOs into the environment.

In accordance with the requirements of gene technology legislation, OGTR will monitor the conduct of licensed dealings<sup>18</sup> with GMOs and maintain a comprehensive record of approved GMO dealings on OGTR's website<sup>19</sup> for the general public. To ensure best practice processes are utilised, OGTR will review its Risk Analysis Framework supporting the assessment of licence applications for dealings with GMOs and conduct rolling reviews of the Regulations, guidelines and processes.

In addition, OGTR will continue bilateral arrangements with other Australian Government regulators to enhance coordinated decision-making and avoid duplication in regulation of GMOs and genetically modified products.

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<sup>18</sup> The gene technology legislation requires that certain dealings or activities (eg experiments and field trials) with GMOs must be licensed before they can be conducted. 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 the Regulator's decisions on whether or not to issue licences and on conditions of each licence.

<sup>19</sup> Available at: <[www.ogtr.gov.au](http://www.ogtr.gov.au)>.

**Sub-Program 1.4.4: Deliverables<sup>20</sup>**

**Table 1.23: Qualitative Deliverables for Sub-Program 1.4.4**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Protect the health and safety of people and the environment by regulating dealings with GMOs</b>	
Review Risk Analysis Framework to support the assessment of licence applications for the release of GMOs into the environment	Review completed by 30 June 2013
Risks posed by GMOs or gene technology assessed and managed appropriately	Risk assessment and risk management plans prepared for all applications for licensed dealings

**Table 1.24: Quantitative Deliverables for Sub-Program 1.4.4**

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Protect the health and safety of people and the environment by regulating dealings with GMOs</b>					
Percentage of field trial sites and higher level containment facilities inspected	20%	20%	20%	20%	20%

<sup>20</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

### Sub-Program 1.4.4: Key Performance Indicators

**Table 1.25: Qualitative Key Performance Indicators for Program 1.4.4**

Qualitative Indicator	2012-13 Reference Point or Target
<b>Protect the health and safety of people and the environment by regulating dealings with GMOs</b>	
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 1.26: Quantitative Key Performance Indicators for Sub-Program 1.4.4**

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Protect the health and safety of people and the environment by regulating dealings with GMOs</b>					
Percentage of licence decisions made within statutory timeframes	100%	100%	100%	100%	100%

## Program 1.5: Immunisation

### Program Objective

#### *Strengthen immunisation coverage*

The Australian Government recognises that vaccination is one of the most effective ways of preventing the spread of a number of communicable diseases. The Department, through the National Immunisation Program (NIP), will continue to support the provision of free vaccines to the Australian community.

In 2012-13, under the National Partnership Agreement on Essential Vaccines, the Australian Government will continue to work with states and territories in delivering the NIP. The Department will assess state and territory performance against four key benchmarks and make reward payments to reflect outcomes.

The National Immunisation Strategy, to be released in 2012-13, will build on the past successes of the NIP and identify areas for further improvement, such as enhancing communication to improve consumer confidence in immunisation. The Department will continue work in collaboration with the TGA and other stakeholders to implement the recommendations of the Horvath Review of the management of adverse events associated with Panvax and Fluvax.

During 2012-13, a new edition of the *Australian Immunisation Handbook* will be published. The handbook provides clinical guidelines for health professionals on the safest and most effective use of vaccines.

To ensure Australia continues to maintain high immunisation coverage rates, from 1 July 2012 the Government will strengthen immunisation for children by linking parents' eligibility for the Family Tax Benefit Part A (FTBA) supplement to vaccination status of their children at ages one, two and five years against diphtheria, tetanus, poliomyelitis, pertussis, *Haemophilus influenzae* type B, measles, mumps, rubella and hepatitis B.

#### *Improve the efficiency of the National Immunisation Program*

The Department continues to implement a centralised procurement process for all vaccines provided through the NIP to achieve a more cost-effective system. In 2012-13, the Department will complete and progress implementation of the Essential Vaccine Procurement Strategy.

Program 1.5 is linked as follows:

- This program included National Partnership payments for:
  - *Essential Vaccines*.

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.
- The Department of Families, Housing, Community Services and Indigenous Affairs (Program 1.3) to administer the FTBA supplement to eligible parents; eligibility for which is linked to satisfying the requirements for age-related immunisation.
- The Department of Human Services (Medicare Australia – Program 1.1) to administer the Australian Childhood Immunisation Register.
- The Department of Education, Employment and Workplace Relations (Program 1.2) to administer child care benefits to eligible parents; eligibility for which is linked to satisfying the requirements for age-related immunisation.

## Program 1.5 Expenses

Table 1.27: Program Expenses

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services to Australian Childhood Immunisation Register Special Account	19,648	20,599	18,610	19,055	19,416
Special appropriations <i>National Health Act 1953</i> - essential vaccines	(4,595)	(4,591)	(4,631)	(4,670)	(4,710)
Special accounts Australian Childhood Immunisation Register Special Account	50,936	51,102	58,779	60,381	60,128
Program support	8,340	8,317	8,389	8,461	8,533
	7,409	7,079	6,823	6,772	6,829
<b>Total Program 1.5 expenses</b>	<b>81,738</b>	<b>82,506</b>	<b>87,970</b>	<b>89,999</b>	<b>90,196</b>

**Program 1.5: Deliverables<sup>21</sup>****Table 1.28: Qualitative Deliverables for Program 1.5**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Strengthen immunisation coverage</b>	
Release the National Immunisation Strategy	Strategy released by 30 June 2013
Develop and disseminate information for health professionals, providers and consumers on immunisation programs	New edition of the <i>Australian Immunisation Handbook</i> released Inform parents about changes to eligibility for Family Tax Benefit Part A supplement related to immunisation Nationally agreed protocols for identifying and responding to adverse events following immunisation developed

**Table 1.29: Quantitative Deliverables for Program 1.5**

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Strengthen immunisation coverage</b>					
Number of completed tenders under the National Partnership Agreement on Essential Vaccines (Essential Vaccines Procurement Strategy) <sup>22</sup>	3	2	2	2	2

<sup>21</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

<sup>22</sup> These figures have changed from those printed in the 2011-12 Portfolio Budget Statements as the expected timelines for future tenders has been reviewed to reflect the complexities experienced in undertaking these activities and the resources available.

### Program 1.5: Key Performance Indicators

Table 1.30: Qualitative Key Performance Indicators for Program 1.5

Qualitative Indicator	2012-13 Reference Point or Target
<b>Strengthen immunisation coverage</b>	
States and territories meet requirements of the National Partnership Agreement on Essential Vaccines	<p>The performance benchmarks are used to assess state and territory performance and consist of:</p> <ol style="list-style-type: none"> <li>1. maintaining or increasing vaccine coverage for Indigenous Australians</li> <li>2. maintaining or increasing coverage in agreed areas of low immunisation coverage</li> <li>3. maintaining or decreasing wastage and leakage</li> <li>4. maintaining or increasing vaccination coverage for four year olds</li> </ol>

Table 1.31: Quantitative Key Performance Indicators for Program 1.5

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Strengthen immunisation coverage</b>					
Maintain the immunisation coverage rates among children 12-15 months of age	91.8%	91.8%	91.8%	91.8%	91.8%
Maintain the immunisation coverage rates among children 24-27 months of age	92.7%	92.7%	92.7%	92.7%	92.7%
Improve the immunisation coverage rates among children 60-63 months of age	88.2%	88.5%	88.7%	89.0%	89.2%

## Program 1.6: Public health

### Program Objectives

*Increase the evidence base for the development of targeted health programs*

The Australian Government is aware that a strong evidence base is vital for the development of health programs and policy. Through the Health Social Surveys Fund, the Department will collect, analyse, interpret and disseminate health social survey data and information. The fund supports three major health social surveys: the Australian Health Survey undertaken by the Australian Bureau of Statistics in close consultation with the Department; the Australian Longitudinal Study on Male Health; and the Australian Longitudinal Study on Women's Health.

*Improve child and youth health*

In 2012-13, the Department will work with the states and territories to develop a Universal Framework for Child and Family Health Services and a National Clinical Assessment Framework for Children in Out-of-Home Care. The framework provides a structure to strengthen effective services to ensure all Australian children and their families benefit from free, quality universal child and family health services.

The Department is also developing new Clinical Practice Guidelines for Antenatal Care in consultation with the states and territories to provide up-to-date evidence based guidance for health professionals to support pregnant women to give their babies the best start in life.

*Promote healthy lifestyle choices*

Based on the outcomes of *Labelling Logic: Review of Food Labelling Law and Policy*, in 2012-13 the Department will commence development of a national nutrition policy. The policy will provide a framework to identify, prioritise, drive and monitor nutrition initiatives.

The Department will continue to oversee and implement elements of the National Partnership Agreement on Preventive Health. For example, the Healthy Communities initiative will provide targeted, progressive roll-out of community-based healthy lifestyle programs that facilitate increased access to physical activity, healthy eating and healthy weight activities for disadvantaged adults predominantly not in the paid workforce.

The Department will also work closely with the Australian National Preventive Health Agency (ANPHA) who has responsibility for developing national awards for excellence in workplace health programs to support the Healthy Workers initiative and the National Tobacco and *Measure-Up* social marketing campaigns.

Program 1.6 is linked as follows:

- This Program includes National Partnership payments for:
  - Preventive health - Enabling infrastructure;
  - Preventive health - Healthy workers;
  - Preventive health - Healthy children; and
  - Preventive health - Social marketing.

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.

- The Treasury (Australian Bureau of Statistics – Program 1.1) for the new nutrition, physical activity and biomedical components of the Australian Health Survey.

### Program 1.6 Expenses

Table 1.32: Program Expenses

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	20,186	16,009	46,545	46,797	47,465
Other services	25,792	15,226	11,058	-	-
Program support	9,704	7,728	7,774	7,741	7,809
<b>Total Program 1.6 expenses</b>	<b>55,682</b>	<b>38,963</b>	<b>65,377</b>	<b>54,538</b>	<b>55,274</b>

**Program 1.6: Deliverables<sup>23</sup>****Table 1.33: Qualitative Deliverables for Program 1.6**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Increase the evidence base for the development of targeted health programs</b>	
Undertake the Australian Health Survey	High level results for the survey in the general population will be available in October 2012, with more detailed results available from May 2013 The survey in the Aboriginal and Torres Strait Islander population will be conducted throughout 2012-13: commencing in May 2012 and continuing to July 2013
Undertake the Australian Longitudinal Study on Male Health (ALSMH) and the Australian Longitudinal Study on Women's Health (ALSWH)	ALSWH: Recruitment of the new young women's cohort (born 1989-94) will commence in October 2012 ALSMH: A dress rehearsal of the ALSMH survey instruments will occur in late 2012. Wave 1 data collection will commence in early 2013 and be completed by June 2013
<b>Improve child and youth health</b>	
Completion of the Clinical Practice Guidelines for Antenatal Care	Module Two of the Guidelines (covering the second and third trimesters of pregnancy) will be completed by June 2013

**Table 1.34: Quantitative Deliverables for Program 1.6**

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Promote healthy lifestyle choices</b>					
Number of grants to local governments administered through the Healthy Communities Initiative <sup>24</sup>	92	92	92	N/A	N/A

<sup>23</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

<sup>24</sup> Funding for this activity ends in 2013-14.

### Program 1.6: Key Performance Indicators

Table 1.35: Qualitative Key Performance Indicators for Program 1.6

Qualitative Indicator	2012-13 Reference Point or Target
<b>Increase the evidence base for the development of targeted health programs</b>	
Strengthened evidence base to inform targeted health policy and program activities	Results from the Australian Health Survey, Australian Longitudinal Study on Women's Health and Australian Longitudinal Study on Male Health increase the amount of information available to researchers and policy makers
<b>Improve child and youth health</b>	
Delivery of health services for children in out-of-home care is consistent, evidence-based and appropriate	State and territory governments report on the successful implementation of the National Clinical Assessment Framework for Children in Out-of-Home care