



## Our Purpose



Lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation



**In 2015-16, we undertook activities which contributed to achieving Our Purpose, including under Outcome 9**

## Outcome 9

# Biosecurity and Emergency Response



Preparedness to respond to national health emergencies and risks, including through surveillance, regulation, prevention, detection and leadership in national health coordination

## Analysis of performance – **Outcome 9** Biosecurity and Emergency Response

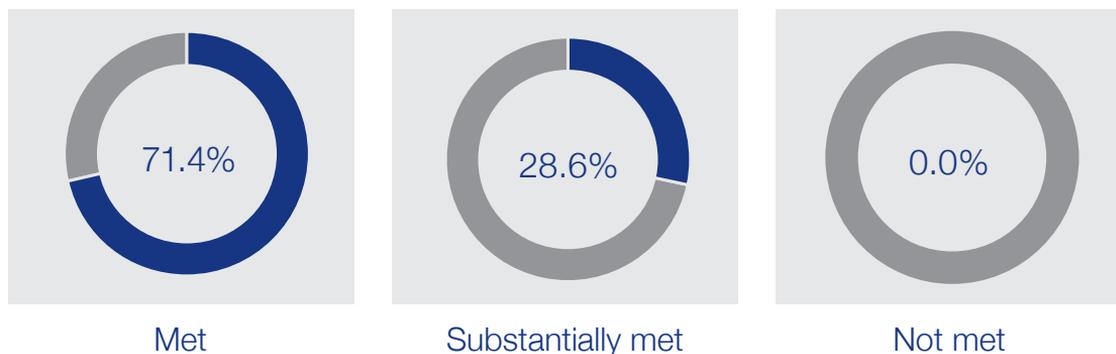
In 2015-16, the Department continued its commitment to Biosecurity and Emergency Response. Working in collaboration with stakeholders, the Department led Australia's preparedness measures to effectively respond to the Zika virus outbreak and supported Australia's response to Tropical Cyclone Winston in Fiji. The Department also continued working with stakeholders to prevent the introduction of mosquito-borne illnesses borne by exotic mosquitoes. The Department continued to lead the charge against antimicrobial resistance (AMR), within Australia and significantly contributing to the international effort.

These activities have contributed to the Department's achievement of objectives under Outcome 9 and Our Purpose.

## Key community benefits for Outcome 9 in 2015-16

	<p><b>Ensured the Australian public is well protected from international outbreaks and disasters</b></p> <p>Maintained Australia’s readiness to respond to national health emergencies.</p>
	<p><b>Protected the public from mosquito-borne illness</b></p> <p>Intensive control and monitoring of exotic mosquito <i>Aedes albopictus</i> in the Torres Strait ensured that it did not spread to the mainland of North Queensland.</p>
	<p><b>Australia led the way in addressing antimicrobial resistance</b></p> <p>Monitoring AMR allowed health system stakeholders to continue to minimise the development and spread of AMR and its impact on the health of Australians.</p>

## Summary of performance criteria results for Outcome 9



## Looking ahead

- The focus on combatting AMR will continue in 2016-17. The Department will continue to work with national and international stakeholders to monitor levels of resistance, identify emerging issues, and collaborate to implement effective solutions.
- In 2016-17, the Government will continue to prioritise readiness to respond to national health emergencies, by providing \$25.5 million for the National Medical Stockpile, ensuring it holds the necessary reserve of essential pharmaceuticals and protective equipment, and \$15.7 million for the National Critical Care and Trauma Response Centre.

## Programs and program objectives contributing to **Outcome 9**

### Program 9.1: Health Emergency Planning and Response

- Provide a comprehensive and effective response to a national health emergency
- Improve biosecurity and minimise the risks posed by communicable diseases
- Replenishment and reform of the National Medical Stockpile

## Analysis of performance – Program 9.1: Health Emergency Planning and Response

The Department met or substantially met all its performance targets for Program 9.1: Health Emergency Planning and Response. Working with other Commonwealth entities and State and Territory counterparts, the Department undertook several activities to strengthen preparedness for a national health emergency. In addition to emergency response activities, the Department invested significantly in the replenishment and reform of the National Medical Stockpile, a key component of ensuring an effective response to health emergencies.

The Department also continued to focus on improvements to biosecurity and minimising risks posed by communicable diseases.

In addition to working with key stakeholders at the National AMR Forum and with the Australian Strategic and Technical Advisory Group on AMR, the Department is finalising the National AMR Implementation Plan which is expected to be available in September 2016. Further to this, the national surveillance system for AMR and antimicrobial usage in human health released its first annual report in June 2016. The report provides an important baseline measure of AMR in Australia, as well as providing international comparisons and identifies priority areas for future action.

## Combatting antimicrobial resistance



Antimicrobial resistance (AMR) is one of the main global health challenges facing our generation, according to the World Health Organization (WHO). AMR occurs when a microorganism develops resistance to an antimicrobial (such as an antibiotic) that was previously an effective treatment. Resistant infections can have serious consequences for human health, as well as for animal health and agriculture.

To guide Australia's response, the Government has released its first *National AMR Strategy 2015-2019*. This strategy draws upon expert views across animal and human health, food and agriculture sectors, and outlines how best to combat AMR in Australia. Secretaries of the Departments of Health and Agriculture and Water Resources, the Chief Medical Officer and Chief Veterinary Officer all form part of a group that oversees the implementation of the AMR strategy.

Surveillance is recognised as a critical element of any effective response to AMR. Surveillance is necessary to understand the magnitude, distribution and impact of resistant organisms and antimicrobial usage, and identifying emerging resistance and trends. The Australian Commission

on Safety and Quality in Health Care, through funding provided by the Government, established a National AMR and Antimicrobial Usage surveillance system (referred to as the AURA Surveillance System). *AURA 2016: first Australian report on antimicrobial use and resistance in human health* was released in June 2016, and provides the most comprehensive picture of AMR, antimicrobial usage and appropriateness of prescribing in Australia to date.

Increasing globalisation provides opportunities for AMR to spread faster and further than ever before. Given this, no country can act in isolation and significant momentum is building through international fora to ensure a coordinated global response to AMR. The Australian Government is working with the international community to reduce the spread of AMR globally. We are actively involved in the WHO Global Action Plan, the Global Health Security Agenda Action Package on AMR and the Ministerial-level Alliance of Champions on AMR.

## Provide a comprehensive and effective response to a national health emergency

### Develop, exercise and refine national health emergency policy under the National Health Emergency Response Arrangements.

Source: 2015-16 Health Portfolio Budget Statements, p. 153

2015-16 Target	2015-16 Result
National Health Emergency Response Arrangements will be exercised and revised and an emergency response plan for communicable diseases and environmental health threats of national significance will be developed.	Two pillars of the National Health Emergency Response Arrangements were exercised and significant work was undertaken in progressing the communicable disease and the chemical, biological, radiological and nuclear response plans.  <b>Result: Substantially met</b> 

In July 2015, the Department brought together stakeholders from Commonwealth, State and Territory Government entities for a discussion exercise – Exercise CURIEosity. This Exercise was used to increase preparedness for a radiological emergency and to contribute to the review of the Domestic Health Response Plan for Chemical, Biological, Radiological and Nuclear Incidents of National Consequence.

The Department also participated in a national maritime counter-terrorism exercise, whole-of-government and jurisdictional exercises to manage food incident emergencies and a jurisdictional mass casualty exercise designed to evaluate notification, escalation and response to an emergency of state significance.

The Department is currently finalising a plan to guide the health sector response to a communicable disease incident of national significance. The plan is expected to be available by December 2016.

The Department’s Smallpox Plan provides guidance in relation to the national health sector response on the management of a deliberate release of smallpox and outlines the role of the Department and the States and Territories in the emergency. A review of the Smallpox Plan has commenced.

The Abrin and Ricin Plan will provide guidance in relation to the national health sector response to a bioterrorism event involving these toxins and the clinical management of cases if poisoning occurs. Development of the Abrin and Ricin Plan has commenced.

In February 2016, the Department contracted a Prime Vendor to manage the National Medical Stockpile. Under this contract the Prime Vendor must conduct a minimum of two deployment drills per year. The first deployment drill was conducted in July 2016.

### Containment of national health emergencies through the timely engagement of national health coordination mechanisms and response plans.

Source: 2015-16 Health Portfolio Budget Statements, p. 154

2015-16 Target	2015-16 Result
National responses to health emergencies are successfully managed.	<p>Responded to 150 health-related incidents and established effective responses to significant international incidents of concern, including Middle Eastern Respiratory Syndrome (MERS-CoV) and Zika virus.</p> <p><b>Result: Met</b> </p>

The Department has continued to fulfil Australia's obligations under the International Health Regulations through the maintenance of the National Focal Point in the National Incident Room (NIR), with the NIR responding to 150 health-related incidents in 2015-16. The most frequent type of response was to assist States and Territories and other National Focal Points conduct contact tracing of travellers exposed to disease through contact with an infected person. Tuberculosis was the most common disease that triggered contact tracing in 2015-16, followed by measles.

The Department continues to closely monitor international and national health emergencies such as MERS-CoV and Zika virus. The Department is working with the World Health Organization and Australian Government entities to ensure appropriate action is taken, including the development of effective public communications campaigns to reduce the risk of infection from communicable diseases.

### Improve biosecurity and minimise the risks posed by communicable diseases

#### Collect and disseminate data in the National Notifiable Diseases Surveillance System and monitor data quality in accordance with the *National Health Security Act 2007*.

Source: 2015-16 Health Portfolio Budget Statements, p. 153

2015-16 Target	2015-16 Result
Data is collected and available for regular reporting by the Commonwealth and ad hoc requests by stakeholders, including publishing in the Department's journal <i>Communicable Diseases Intelligence</i> .	<p>The National Notifiable Diseases Surveillance System received notifications of 326,395 cases of diseases diagnosed in 2015-16. Data was collected on a daily basis and made available to the public via the Department of Health's website, through 22 data requests from stakeholders and in four issues of <i>Communicable Diseases Intelligence</i>.</p> <p><b>Result: Met</b> </p>

Quality data is provided regularly to the National Notifiable Diseases Surveillance System from States and Territories. Throughout 2015-16, this data was made available to stakeholders upon request and published in *Communicable Diseases Intelligence*. Enhanced data sets for Invasive Pneumococcal Disease, Influenza and Meningococcal disease were also made publicly available.

In March 2016, *Australia's notifiable disease status, 2014: Annual Report of the National Diseases Surveillance System* was published in *Communicable Diseases Intelligence*.

**Manage and control exotic mosquito populations to reduce the risk of disease transmission in the Torres Strait and mainland Australia.**

Source: 2015-16 Health Portfolio Budget Statements, p. 153

2015-16 Target	2015-16 Result
Regular mosquito surveillance to indicate whether the mosquito population has reduced in the target areas in the Torres Strait and not spread to the mainland.	Regular surveillance was maintained. <b>Result: Met</b> ✓

Results continued to demonstrate the effectiveness of ongoing State and Territory control strategies as comprehensive surveillance detected only one adult *Aedes albopictus* on each of Thursday and Horn islands up to the end of April 2016. There has been no detection of *Aedes albopictus* in surveys conducted on the mainland of North Queensland.

**Commence implementation of actions under the National Antimicrobial Resistance (AMR) Strategy.**

Source: 2015-16 Health Portfolio Budget Statements, p. 153

2015-16 Target	2015-16 Result
National AMR Implementation Plan is developed by 30 June 2016.	The Implementation Plan was developed by 30 June 2016, and will be provided to the Minister for Health and the Minister for Agriculture and Water Resources for noting in August 2016. <b>Result: Met</b> ✓

The National AMR Forum was held in November 2015 with over 170 stakeholders from human and animal health, food and agriculture, academic sectors and all levels of government in attendance.

Stakeholder consultation through the National AMR Forum and the Australian Strategic and Technical Advisory Group on AMR has informed the development of the Implementation Plan for the National AMR Strategy.

The Implementation Plan for the National AMR Strategy will be provided to the Australian Government in August 2016.

The national surveillance system for AMR and antimicrobial usage has been established and the first annual national report was released in June 2016.

### The development and spread of antimicrobial resistance (AMR) is minimised.

Source: 2015-16 Health Portfolio Budget Statements, p. 154

2015-16 Target	2015-16 Result
Progress reports indicate that actions to minimise the development and spread of AMR are being implemented in accordance with the National AMR Implementation Plan.	<p>The development of the Implementation Plan has included a comprehensive review of current activities being undertaken by both government and non-government stakeholders to support the achievement of the National AMR Strategy.</p> <p>The national surveillance system for AMR and antimicrobial usage (through the Antimicrobial Use and Resistance in Australia surveillance project) was established, and the first comprehensive surveillance report published in June 2016.</p> <p><b>Result: Substantially met</b> </p>

The development of the Implementation Plan confirmed that Australia has a significant number of initiatives that are supporting efforts to minimise the development and spread of AMR, providing a good foundation for the future.

The first national comprehensive surveillance report released by the Antimicrobial Use and Resistance in Australia surveillance project in June 2016 highlights where further effort is needed to minimise the development and spread of AMR in Australia. These results will be used to target future initiatives in line with the National AMR Strategy.

### Percentage of designated points of entry into Australia capable of responding to public health events, as defined in the *International Health Regulations (2005)*.

Source: 2015-16 Health Portfolio Budget Statements, p 154

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100%	100%	100%	100%	100%
	<b>Result: Met</b> 				

Australia has eight international airports and six international seaports that are compliant with the International Health Regulations. The Regulations require designated ports and airports to have a range of capabilities to ensure safe transit of travellers and the ability to respond to public health events, including health emergencies.

A desktop review of designation status is scheduled for completion in 2016.

## Replenishment and reform of the National Medical Stockpile

There were no performance criteria for this program objective in 2015-16.

## Outcome 9 – Budgeted expenses and resources

	Budget Estimate <sup>1</sup> 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
<b>Program 9.1: Health Emergency Planning and Response<sup>2</sup></b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	79,951	53,070	(26,881)
Non cash expenses - write down of assets <sup>3</sup>	105,379	105,319	(60)
Special accounts			
Human Pituitary Hormone Special Account	160	105	(55)
<i>Departmental expenses</i>			
Departmental appropriation <sup>4</sup>	22,110	20,811	(1,299)
Expenses not requiring appropriation in the current year <sup>5</sup>	694	1,456	762
<b>Total for Program 9.1</b>	<b>208,294</b>	<b>180,761</b>	<b>(27,533)</b>
<b>Outcome 9 Totals by appropriation type</b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	79,951	53,070	(26,881)
Non cash expenses	105,379	105,319	(60)
Special accounts	160	105	(55)
<i>Departmental expenses</i>			
Departmental appropriation <sup>4</sup>	22,110	20,811	(1,299)
Expenses not requiring appropriation in the current year <sup>5</sup>	694	1,456	762
<b>Total expenses for Outcome 9</b>	<b>208,294</b>	<b>180,761</b>	<b>(27,533)</b>
<b>Average staffing level (number)</b>	<b>105</b>	<b>103</b>	<b>(2)</b>

<sup>1</sup> Budgeted appropriation taken from the 2016-17 Health Portfolio Budget Statements and re-aligned to the 2015-16 outcome structure.

<sup>2</sup> This Program excludes National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework.

<sup>3</sup> 'Non cash expenses' relate to the write down of the drug stockpile inventory due to expiration, consumption and distribution.

<sup>4</sup> Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)' and 'Revenue from independent sources (s74)'.

<sup>5</sup> 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.