

National Health Security Agreement

AN AGREEMENT made the day of between:

The COMMONWEALTH OF AUSTRALIA ('the Commonwealth'); and

the STATE of NEW SOUTH WALES,
the STATE of VICTORIA,
the STATE of QUEENSLAND,
the STATE of WESTERN AUSTRALIA,
the STATE of SOUTH AUSTRALIA,
the STATE of TASMANIA,
the AUSTRALIAN CAPITAL TERRITORY, and
the NORTHERN TERRITORY,

collectively called the States and Territories.

RECITALS

Noting:

- A. The national and international importance of effective, rapid, coordinated and cooperative health sector responses to significant public health events including:
 - (a) disease outbreaks with the potential to spread quickly through communities and across State and Territory and international borders;
 - (b) incidents involving the release of chemical, biological or radiological agents with the potential to cause widespread injury, illness or death; and
 - (c) natural disasters and other mass casualty events that may require repatriation of Australians or foreign nationals from overseas for treatment.
- B. Australia's accession to the International Health Regulations (2005) requiring Australia to develop multi-level capacities in the health sector to effectively manage public health threats and to develop, strengthen and maintain the capacity to detect, report and respond to public health events.
- C. The Commonwealth and the States and Territories agree there is a need to maintain a robust surveillance and reporting system with the capacity to:
 - (a) facilitate the sharing of information about communicable diseases between the Commonwealth, State and the Territory health sectors to enhance:
 - (i) understanding of the epidemiology of those diseases; and
 - (ii) understanding of the threats posed by those diseases; and
 - (iii) the ability within Australia to respond to those diseases;

- (b) facilitate the exchange of information on Public Health Events of National Significance, irrespective of cause, between Commonwealth, State and Territory governments where this is necessary to support effective responses to those events;
 - (c) facilitate the exchange of information on Public Health Emergencies of International Concern between Commonwealth, State and Territory governments and between the Commonwealth, the WHO and the governments of other countries, where this is necessary to support effective public health responses to those events; and
 - (d) facilitate the exchange of information on Overseas Mass Casualty Events to support the repatriation of Australians or foreign nationals for treatment.
- D. A surveillance and reporting system with these capacities will form the basis of a national coordination framework that will:
- (a) use existing structures, processes and resources wherever possible;
 - (b) be based on a cooperative national legislative framework, underpinned by the *National Health Security Act 2007* to enable the rapid sharing of surveillance information between Parties and with the WHO or other countries when required;
 - (c) operate in a seamless manner in conjunction with Commonwealth, State and Territory legislation and regulatory schemes relevant to public health;
 - (d) be supported by policy and administrative arrangements that enable Australia to comply with the IHR.
- E. The Parties have entered this Agreement as a policy and administrative agreement which is not intended to give rise to any legal or justiciable obligation whatsoever upon any of the Parties, either as between them or as between a Party and any other person.

LEGISLATION

This Agreement supports the *National Health Security Act 2007* which, amongst other things, supports the exchange of information about significant public health events, and authorises the disclosure of personal information when required to support an effective national or international response.

DEFINITIONS

Unless otherwise provided, terms used in this Agreement have the same meaning as in the Act.

In this Agreement:

Act means the *National Health Security Act 2007*.

Agreement means the National Health Security Agreement.

AHMAC means Australian Health Ministers' Advisory Council.

AHMC means the Australian Health Ministers' Conference.

AHPC means the Australian Health Protection Committee and its sub-committees.

CDI means the Communicable Diseases Intelligence quarterly journal which provides surveillance data and reports of research studies on the epidemiology and control of various communicable diseases.

CDNA means the Communicable Diseases Network Australia, a sub-committee of AHPC.

CMO means the Chief Medical Officer of the Commonwealth.

COAG means the Council of Australian Governments.

Commonwealth Minister means the Commonwealth Minister responsible for administering the Act.

Director-General means Director-General of the WHO.

DoHA website means the surveillance NNDSS data and summaries published by the CDNA on the Department of Health and Ageing website (<http://www.health.gov.au/internet/wcms/publishing.nsf/content/cda-cdna-index.htm>)

EnHealth means the Environmental Health Committee, a sub-committee of AHPC.

IHR means the International Health Regulations as defined in the Act.

National Focal Point (NFP) means the area or areas within the Department of Health and Ageing, designated under the Act, as the IHR National Focal Point to liaise with and facilitate actions by national and international bodies to prevent, protect against, control and respond to a Public Health Event of National Significance or a Public Health Emergency of International Concern.

NFP Protocols means operational procedures for the health sector made by the NFP to implement this Agreement and agreed by the AHPC.

NHEMRN means the National Health Emergency Media Response Network.

NIR means the National Incident Room within the NFP.

NNDL means the National Notifiable Disease List as defined in the Act. A communicable disease can be included on the NNDL if the Commonwealth Minister, having consulted State and Territory Ministers, considers that an outbreak would be a public health risk. The Act provides for diseases to be added to the NNDL in an

emergency where time does not permit consultation. The occurrence of a disease on the NNDL will constitute a public health event about which personal information can be exchanged, if required.

NNDSS means the National Notifiable Disease Surveillance System.

NSC means the National Surveillance Committee of the CDNA.

Party means a Party to this Agreement.

PHLN means the Public Health Laboratory Network, a sub-committee of AHPC.

Public Health Event of National Significance to be Reported to the NFP means:

- (a) one or more cases of the following diseases as defined on the National Notifiable Disease List:
 - (i) smallpox,
 - (ii) poliomyelitis due to wild-type poliovirus;
 - (iii) human influenza caused by a new subtype;
 - (iv) severe acute respiratory syndrome (SARS);
 - (v) pneumonic plague;
 - (vi) yellow fever;
 - (vii) viral haemorrhagic fevers;
 - (viii) cholera;
 - (ix) rabies; or
- (b) any other potential Public Health Event of National Significance or Public Health Emergency of International Concern, irrespective of cause:
 - (i) that may have a serious public health impact;
 - (ii) that is unusual or unexpected (causes, or creates the potential for, significant levels of disease, injury or death above the levels that would otherwise be expected for the time and place where the event occurs and may require a significant national response);
 - (iii) where there is a risk of spread across borders within Australia or internationally;
 - (iv) where there is a significant risk of national or international travel or trade restrictions; or
 - (v) that may require a coordinated national media response to manage public concern; or
- (c) an Overseas Mass Casualty Event where more than one person (whether Australian or otherwise) is affected by a disease, or is injured or dies and needs to come to Australia for treatment or for burial, and a Party may need to be involved in responding.

Public Health Emergency of International Concern means an event as defined in Annex 2 of the IHR: *Decision Instrument for the Assessment and Notification of Events that May Constitute a Public Health Emergency of International Concern*.

Responsible Body means a body nominated by a State or Territory Health Minister and designated by the Commonwealth Minister, with whom the NFP can share personal information.

WHO means the World Health Organization.

THE PARTIES AGREE AS FOLLOWS –

PART 1. OBJECTIVES

1. The primary policy objectives of this Agreement are to strengthen Australia's public health surveillance and reporting system in order to better equip the Commonwealth, State and Territory health sectors to prevent, protect against, control and respond to a Public Health Event of National Significance or Public Health Emergency of International Concern and to respond to Overseas Mass Casualty events.
2. In pursuing these objectives, the Parties will have regard to the following policy aims:
 - (a) To facilitate the sharing of communicable disease information between the Commonwealth, the States and the Territories to enhance understanding of the epidemiology of those diseases, the threats posed by those diseases and the ability to respond to those diseases.
 - (b) To create a consistent and effective means of defining reportable health events requiring a coordinated and cooperative national or international health sector response.
 - (c) To formalise Australia's national surveillance arrangements in order to facilitate the lawful, timely and consistent exchange of health surveillance information between the Commonwealth and the States and Territories, and with the WHO or other countries, where the information is necessary for health protection purposes.
 - (d) To establish a national coordination framework that facilitates rapid decision making and response by the health sector during significant public health and Overseas Mass Casualty events by:
 - (i) establishing trigger points for activation of the framework;
 - (ii) setting out the processes for consultation and cooperation when such events occur; and
 - (iii) formalising roles and responsibilities.

PART 2 – COMMUNICABLE DISEASE SURVEILLANCE

3. This Agreement acknowledges that communicable disease surveillance in Australia operates at the national, state and local levels, with the States and Territories having primary responsibility for the public health response to events identified by that surveillance.
4. At a national level, the Commonwealth's communicable disease surveillance responsibilities include:
 - (a) detecting outbreaks and identifying national trends;
 - (b) guiding policy development and resource allocation at a national level;
 - (c) monitoring the need for and impact of national disease control programs;
 - (d) coordinating a response to national or multi-jurisdictional outbreaks;
 - (e) providing descriptions of the epidemiology of rare diseases that may occur infrequently at State and Territory levels;
 - (f) complying with international reporting requirements, including the provision of disease statistics to the WHO; and
 - (g) supporting quarantine activities, which are the responsibility of the Commonwealth.
5. The States and Territories will:
 - (a) collect notifications of communicable diseases in accordance with relevant public health legislation; and
 - (b) forward to the Commonwealth, de-identified data on the national set of communicable diseases for the purposes of national communicable disease surveillance
6. The States and Territories will provide data on communicable diseases on the NNDL that are nationally notifiable and reported within their jurisdiction.
7. Data will be provided to the Commonwealth's NNDSS daily, or otherwise as agreed by the Parties.
8. The core data to be provided will include the following mandatory data:
 - (i) a unique record reference number;
 - (ii) the notifying State or Territory;
 - (iii) a disease code; and
 - (iv) notification receive date

Additional data may be provided as defined in the NNDSS Core and Enhanced Datafield Specifications.

9. Data quality will be monitored by the Commonwealth and the NSC.
10. The reporting arrangements described in this Part will be complemented by information provided via other disease surveillance arrangements.
11. Information from the communicable disease surveillance arrangements described in this Part will be disseminated through agreed dissemination arrangements, including:
 - (a) meetings of the CDNA;
 - (b) the DoHA website;
 - (c) CDI quarterly journal; and
 - (d) in response to requests, with the agreement of the CDNA.
12. The Parties will review the communicable disease surveillance arrangements described in this Part to support their on-going improvement.

PART 3 – PUBLIC HEALTH EVENT OF NATIONAL SIGNIFICANCE TO BE REPORTED TO THE NFP

National Coordination Framework

13. A coordinated national health sector response will only be required in relation to a Public Health Event of National Significance to be Reported to the NFP. This Part will operate in addition to, and does not replace, the routine reporting arrangements described in Part 2 of this Agreement.
14. A national health sector response will occur at the request of an affected, or potentially affected, State or Territory.
15. The Commonwealth will act unilaterally only in the national interest. It will advise the affected State or Territory and the AHPC, or its designated sub-committee, as soon as practicable of the event and action taken. The consultation and decision-making processes set out in this Agreement will commence as soon as practicable thereafter.
16. The AHPC will coordinate a national health sector response under the guidance of relevant sub committees and relevant technical advisory committees.
17. The national health sector response will be coordinated in accordance with relevant Commonwealth, State and Territory legislation and established national plans and protocols.
18. The level at which national decisions will be made, and the response required, will depend on the nature of the incident and the particular issues to be addressed.

The AHPC will include decision-making criteria in operational protocols developed for implementation of the Agreement.

19. Where a public health event involves issues beyond the responsibilities of the signatories to this Agreement, consultation will also be undertaken with relevant agencies and organisations by the NFP and/or AHPC via established consultation mechanisms.

20. Parallel to national coordinating activities, each State and Territory will undertake its own jurisdictional coordinating processes.

21. This Agreement recognises that the States and Territories have responsibility for responding to significant public health events within their jurisdictions. The framework to be used for national coordination of health sector responses to a Public Health Event of National Significance or a Public Health Emergency of International Concern or Overseas Mass Casualty Events augments arrangements under which the States and Territories have the primary responsibility for:

- (a) detecting and reporting events and providing data to the Commonwealth to support a national or international response, if required; and
- (b) responding to public health threats, and other emergency situations, within their jurisdictions in accordance with their own public health and emergency legislation and plans; and
- (c) responding to cross-border events which can be managed on a cooperative basis with neighbouring jurisdictions.

22. This Agreement recognises the Commonwealth has primary responsibility for international border surveillance and responding to public health events occurring at international borders. The national coordination framework is intended to facilitate consultation with the States and Territories and to support a national response if required.

Triggers for activation

23. The national coordination framework will be activated when:

- (a) a public health event that is potentially of national significance or international concern, as defined in this Agreement, is nominated by a State or Territory or the Commonwealth and/or identified through national or international surveillance systems or networks;
or
- (b) a mass casualty incident occurs overseas and one or more Australian citizens (or other persons) need to come to Australia for treatment.

24. The Commonwealth will assess the information, in accordance with the consultation arrangements set out in this Agreement to determine whether the event is

of national significance and requires a coordinated national health sector response, or of international concern and requires reporting to the WHO or other countries.

PART 4 – ROLE OF THE STATES AND TERRITORIES

25. The States and Territories will:

- (a) Develop, strengthen, and maintain the capacity of the health sector to detect, report, and respond to public health events.
- (b) Develop and maintain communication networks with agencies and organisations within their jurisdictions to ensure an effective response to public health events.
- (c) Develop and maintain arrangements with other agencies and organisations within their jurisdictions to receive information about events requiring a nationally coordinated public health response and forward that information to the NFP.
- (d) Request a nationally coordinated response to an event which is likely to overwhelm the resources of the affected, or potentially affected, State or Territory or requires activation or delegation of existing Commonwealth powers.
- (e) Designate Responsible Bodies for communicating with the NFP during a potential Public Health Event of National Significance or a Public Health Emergency of International Concern, or an Overseas Mass Casualty Event.
- (f) Notify the NFP of Public Health Events of National Significance to be Reported to the NFP, including a potential Public Health Emergency of International Concern, as defined in this Agreement, as soon as practicable, but within 12 hours of becoming aware of them.
- (g) Provide information about each event that will include:
 - (i) location;
 - (ii) date and time;
 - (iii) nature of the event;
 - (iv) details of persons affected, including personal information if required;
 - (v) nature of the medical condition(s) occurring or that will potentially result from the event;
 - (vi) number of known cases or description of the area where people are potentially exposed to illness or disease as a result of the event;
 - (vii) a statement that the event involves death or illness at a level higher than expected for the time and place, together with the reasons;
 - (viii) potential impact on other States or Territories;

- (ix) summary of the response undertaken to date; and
 - (x) nature of additional response elements that may be required.
- (h) Provide personal information in accordance with the Act.
 - (i) Respond to requests from the NFP for any additional information that is required to assess whether a reported event is of national significance or international concern.
 - (j) This Agreement is not intended to over-ride existing communication networks.

PART 5 – ROLE OF THE COMMONWEALTH - NATIONAL FOCAL POINT

26. The Commonwealth will:

- (a) Establish within the Commonwealth Department of Health and Ageing the NFP, able to perform designated functions in accordance with the Act and (if required) support a coordinated health sector response by the AHPC to public health events 24 hours per day, 7 days per week, 52 weeks a year.
- (b) Equip the NFP to perform the following functions:
 - (i) Collect information relating to public health events that are potentially of national significance or international concern.
 - (ii) Assess information collected to determine if the event may constitute a public health event requiring a national or international response in conjunction with the AHPC and affected States and Territories.
 - (iii) Facilitate the exchange of information with Responsible Bodies within Australia in relation to public health events requiring a national response, and with the WHO and other countries in relation to events requiring an international response.
 - (iv) Activate the NIR to support the AHPC in providing a coordinated national response to public health or Overseas Mass Casualty Events, where required.
 - (v) Assist the WHO with the operation of the IHR including by the provision of reports on the operation of the IHR and nomination of Australian experts to committees established by the Director-General for the purposes of the IHR.
 - (vi) Prepare an annual report on the use of personal information under this Agreement.

- (c) Where the functions of the NFP involve the exchange of personal information, ensure that it is handled in accordance with the Act and treated appropriately.
- (d) Ensure that appropriate protocols and procedures are in place to enable the NFP to perform its functions effectively in collaboration with Responsible Bodies and other relevant agencies and organisations within Australia and internationally.

5.1 Collecting information

27. The NFP will receive information relating to public health events that are of national significance or a potential Public Health Emergency of International Concern as defined in this Agreement. Potential sources include:

- (a) the States and Territories in relation to communicable diseases provided in a de-identified form via the surveillance arrangements described in Part 2 of this Agreement;
- (b) the States and Territories in relation to Public Health Events of National Significance to be Reported to the NFP, as defined in this Agreement;
- (c) Commonwealth Government agencies in relation to particular public health events;
- (d) the WHO or other countries; and
- (e) other informal sources.

5.2 Assessing information

28. The NFP will assess information, in consultation with an affected State or Territory, to determine if a reported public health event may be of national significance as defined in this Agreement and require a national response.

29. The NFP will assess information reported, in consultation with an affected State or Territory, to determine if a notified public health event may constitute a Public Health Emergency of International Concern. The assessment will be made in accordance with Annex 2 of the IHR: *Decision Instrument for the Assessment and Notification of Events that May Constitute a Public Health Emergency of International Concern* and any other criteria agreed by the AHPC and set out in the NFP Protocols.

30. In both cases the assessment will be made in consultation with the AHPC, or designated sub-committee, or other body agreed by the AHPC.

31. Where a public health event involves issues beyond the responsibilities of the Parties to this Agreement, consultation will also be undertaken by the NFP with relevant agencies and organisations via established consultation mechanisms.

32. Where time or circumstances do not permit consultation, the NFP will make an assessment and advise the AHPC as soon as practicable. In making an assessment, the NFP will consult affected Parties and AHPC members informally.

33. The consultation and decision-making procedures will be set out in the NFP Protocols agreed by the AHPC.

5.3 Exchanging information

5.3.1 Public health events requiring a national health sector response

34. Where the NFP determines that a reported public health event or Overseas Mass Casualty Event requires a national health sector response, the NFP's functions may include:

- (a) Advising affected States and Territories immediately.
- (b) Advising affected agencies and organisations that are not Parties to this Agreement immediately, where appropriate.
- (c) Activating the AHPC, or designated sub-committee, to coordinate a national response.
- (d) Activating the NIR to support a national response.
- (e) Providing information about the event that will include:
 - (i) location;
 - (ii) date and time;
 - (iii) nature of the event;
 - (iv) nature of the medical condition(s) occurring or that will potentially result from the event;
 - (v) number of known cases or description of the area where people are potentially exposed to illness or disease as a result of the event;
 - (vi) potential impact on other jurisdictions;
 - (vii) summary of the response undertaken to date; and
 - (viii) nature of the response that may be required.
- (f) Providing personal information in accordance with the Act.
- (g) Responding to requests from affected States and Territories for any additional information.

5.3.2 Public Health Emergency Of International Concern

35. Where the NFP determines that a reported public health event is a potential Public Health Event of International Concern, the NFP will:

- (a) Notify the WHO and affected countries within 24 hours of assessment of that event and furnish any information required by the WHO to assist the

WHO to assess whether that event is a Public Health Emergency of International Concern. The information to be provided to the WHO will include details of any health measures taken in response to that event.

- (b) Immediately after receipt of information, provide to the States and Territories details of any recommendations made by the WHO, and any other information received from the WHO and/or other Member States that the Commonwealth considers necessary to support the response by the States and Territories to a Public Health Emergency of International Concern.
- (c) Provide personal information in accordance with the Act.

36. In all cases information will be provided in accordance with procedures set out in the NFP Protocols agreed by the AHPC.

PART 6 – AUSTRALIAN HEALTH PROTECTION COMMITTEE

37. The principal mechanism for consultation will be the AHPC, reporting through the AHMAC to the AHMC. The AHPC will establish and maintain links with other emergency committees.

38. Specific roles for the AHPC and its sub-committees will include:

- (a) Reviewing the operation of, and suggesting improvements to, the communicable disease surveillance system described in Part 2 of this Agreement.
- (b) Reviewing and refining the health sector coordination framework, established under Part 3 of this Agreement, in relation to Public Health Events of National Significance to be Reported to the NFP.
- (c) Advising the Commonwealth on potential Public Health Emergencies of International Concern, consistent with the IHR, that should be notified to the WHO.
- (d) Providing a nationally coordinated response to public health events if required.
- (e) Providing advice to the Commonwealth on potential inclusions and/or deletions from the NNDL.
- (f) Providing advice on other matters relating to Australia's compliance with the IHR.

39. The role of the AHPC will complement, and not impede, the authority of Parties to act in accordance with relevant public health and emergency legislation.

PART 7 – COMPLYING WITH AUSTRALIA’S IHR OBLIGATIONS

40. The Commonwealth will use existing structures and resources to meet IHR core capacity requirements for surveillance, reporting, notification, verification, response and collaboration activities, and assess the ability of existing structures and resources to meet the minimum requirements of the IHR. It will report to the WHO on these matters as required by the IHR.

41. The States and Territories will continue to work cooperatively towards protection of public health nationally and Australia’s compliance with the IHR.

PART 8 - MINISTERIAL COUNCIL INVOLVEMENT

42. Health Ministers will sign the Agreement and the Parties will report to the AHMC on progress towards its implementation and on its effectiveness.

43. The AHMC will be responsible for:

- (a) Developing national policy on health sector emergency responses.
- (b) Oversighting the implementation of this Agreement and any future amendments.
- (c) Resolving any disputes arising from this Agreement.
- (d) Requesting and receiving information from Health Ministers concerning general administration of the Agreement.

44. The AHMC will, at the request of the Commonwealth Minister or as the Ministerial Council considers appropriate, make recommendations on specific decisions or matters arising, or on the general principles applied.

PART 9 - FUTURE LEGISLATIVE COMMITMENTS

45. The Parties will regularly review their respective legislation and regulations and procedures relating to significant public health events and Overseas Mass Casualty incidents to ensure they are:

- (a) adequate and nationally consistent;
- (b) supportive of timely and effective national responses to public health threats; and
- (c) continue to provide for Australia’s compliance with the IHR.

PART 10 - DISPUTE RESOLUTION PROCEDURES

46. Where a dispute arises under or in relation to this Agreement:

- (a) the members of the AHMC will negotiate to resolve the dispute; and
- (b) if negotiations fail, the AHMC will refer the dispute to the Parties or their nominated representatives to seek a resolution.

PART 11 - AMENDMENT OR VARIATION TO THE AGREEMENT PROVISIONS

47. Where a Party considers that amendment to this Agreement would be desirable, it may initiate consultations with the other Parties in relation to the amendment through the AHMC.

48. Any amendment to this Agreement will be made in writing and executed by all Parties, and will include the date on which the amendment will come into force.

PART 12 - WITHDRAWAL AND TERMINATION

49. Any Party that intends to withdraw from this Agreement must give at least 12 months notice in writing to each of the other Parties. At the expiration of that period, the Party may withdraw from the Agreement by giving written notice to all other Parties stating the date that the withdrawal will be effective.

PART 13 - REVIEW PROVISIONS

50. The Parties will review the implementation and effectiveness of this Agreement no later than 5 years after the IHR entered into force.

51. The AHMC will consider the findings of the review of this Agreement and decide upon any changes required to the arrangements established under this Agreement as a result of those findings.

52. Further reviews will be conducted at intervals of no more than 5 years, or as otherwise determined by the AHMC on the advice of the AHPC.

53. The AHMC on the advice of AHPC will determine the terms of reference, processes and administrative arrangements for the reviews, consider the findings of the reviews and decide upon any changes required to the arrangements established under this Agreement as a result of those findings.

PART 14 - PUBLICATION OF THE AGREEMENT

54. The Parties agree that this Agreement is to be made publicly available by the Commonwealth by publication on the relevant Commonwealth Government websites.

55. Any Party may make this Agreement publicly available.

SIGNATORIES

SIGNED for and on behalf of the COMMONWEALTH OF AUSTRALIA by

.....
(Signature) *(Date)*
The Hon Nicola Roxon MP
Minister for Health and Ageing

SIGNED for and on behalf of the STATE OF NEW SOUTH WALES by

.....
(Signature) *(Date)*
Reba Meagher MP
Minister for Health

SIGNED for and on behalf of the STATE OF VICTORIA by

.....
(Signature) *(Date)*
Hon Daniel Andrews MP
Minister for Health

SIGNED for and on behalf of the STATE OF QUEENSLAND by

.....
(Signature) *(Date)*
Stephen Robertson MP
Minister for Health

SIGNED for and on behalf of the STATE OF WESTERN AUSTRALIA by

.....
(Signature) (Date)
Jim McGinty MLA
Minister for Health

SIGNED for and on behalf of the STATE OF SOUTH AUSTRALIA by

.....
(Signature) (Date)
John Hill MP
Minister for Health

SIGNED for and on behalf of the STATE OF TASMANIA by

.....
(Signature) (Date)
Lara Giddings MP
Minister for Health and Human Services

SIGNED for and on behalf of the AUSTRALIAN CAPITAL TERRITORY by

.....
(Signature) (Date)
Katy Gallagher MLA
Minister for Health

SIGNED for and on behalf of the NORTHERN TERRITORY OF AUSTRALIA by

.....
(Signature) (Date)
Dr Chris Burns MLA
Minister for Health