

## **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 in Australia.<sup>1</sup> To achieve this, the Government will reform the health system to place a greater emphasis on prevention. Helping people to lead healthier lifestyles is a key component of health reform and the Government is providing unprecedented support to keep people healthy and out of hospital. This will improve the lives of Australians and reduce the pressure on the health and hospital system.

The National Preventative Health Taskforce's report, *Australia: The Healthiest Country by 2020*,<sup>2</sup> publicly released in September 2009, provides a blueprint for tackling lifestyle risk factors for chronic disease. In May 2010, the Government released its response to the report, *Taking Preventative Action*, which details the Government's strategy to put the prevention of chronic and preventable disease at the forefront of the nation's health system. The report identified a number of priority areas as the first stage of the Government's response to the National Preventative Health Taskforce's recommendations. These include: becoming the world's toughest regime on cutting smoking rates; establishing a national agency to guide investments in prevention<sup>3</sup>; providing funding for social marketing campaigns tackling tobacco, obesity and illicit drugs; helping Australians to participate in more sport and active recreation through a boost to sports funding; and delivering the most ambitious study of Australia's health ever conducted. These initiatives will build on an existing range of activities developed as part of the National Partnership Agreement on Preventive Health, National Health Reform activities and the *National Primary Health Care Strategy*.<sup>4</sup>

The Australian Government will undertake a number of activities in 2011-12 as part of a concerted effort to reduce smoking rates to 10 per cent by 2018. These include implementing legislation to mandate plain packaging, restricting the online advertising of tobacco products, and updating graphic health warnings on product packaging. Introducing plain packaging will remove one of the last key vehicles used to advertise and promote tobacco products in Australia. Evaluations have shown the importance of regularly updating graphic health warnings in

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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> Available at: <[www.preventativehealth.org.au](http://www.preventativehealth.org.au)>.

<sup>3</sup> The Australian National Preventive Health Agency (ANPHA). More information on ANPHA can be found in its chapter in these Portfolio Budget Statements.

<sup>4</sup> Available at: <[www.yourhealth.gov.au](http://www.yourhealth.gov.au)>.

order to maintain their effectiveness in providing information to consumers on the health effects of smoking tobacco.

With more than 60 per cent of Australians over 18 years of age classified as either overweight or obese, there has never been a more important time to tackle obesity and support Australians to make changes that will help them to lead healthier lifestyles. Under the National Partnership Agreement on Preventive Health, social marketing campaigns including mass media advertising and communications targeting culturally and linguistically diverse audiences will be used to encourage people to adopt healthier lifestyles.

The activities being undertaken to implement the recommendations of *Taking Preventative Action* and the National Partnership Agreement on Preventive Health, while key pillars in the Government's approach to keeping people healthy and out of hospital, do not represent the entirety of the Government's preventive health activities.

Cancer is a major cause of preventable mortality in Australia. In 2006, there were over 39,000 deaths from cancer and more than 100,000 new cases of cancer were diagnosed in Australia.<sup>5</sup> The Government will continue to support early detection of cancer and prevention activities to improve treatment outcomes and reduce the number of cancer-related deaths.

Reducing the rates of communicable disease is a key element of the Government's efforts to reduce the incidence of preventable mortality and morbidity in Australia. The Government will continue to implement a number of strategies to reduce the incidence and prevalence<sup>6</sup> of blood borne viruses and sexually transmissible infections in the community.

Immunisation is another important part of the Government's strategy to reduce preventable mortality and morbidity. As at 31 December 2010, national immunisation coverage rates for children 24-27 months of age and 12-15 months of age were more than 91 per cent. Through a range of targeted initiatives, the Government aims to increase immunisation coverage and thereby reduce the incidence of vaccine preventable diseases in Australia.

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

As a result of the Strategic Review, some programs have been consolidated into new flexible funds. Outcome 1 now includes the Chronic Disease Prevention and Service Improvement Fund (Program 1.1); the Communicable Disease Prevention and Service Improvement Grants Fund (Program 1.2); the Substance Misuse Prevention and Service Improvement Grants Fund, and the Substance Misuse Service Delivery Grants Fund (Program 1.3); and the Health Social Surveys Fund

<sup>5</sup> Australian Institute of Health and Welfare, 2010. *Australian Cancer Incidence and Mortality Books*, AIHW, Canberra.

<sup>6</sup> Total number of cases of an infection or disease in a population at a given time.

(Program 1.6). For further information on the outcomes of the Strategic Review, please refer to Section 1.4, page 47.

Outcome 1 is the responsibility of Population Health Division, Acute Care Division, Business Group, Mental Health and Chronic Disease 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**

## 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**

	2010-11 Estimated actual <sup>1</sup> \$'000	2011-12 Estimated expenses <sup>1</sup> \$'000
<b>Program 1.1: Prevention, early detection and service improvement<sup>2</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	87,837	101,662
Departmental expenses		
Departmental appropriation <sup>3</sup>	21,223	20,746
Expenses not requiring appropriation in the budget year <sup>4</sup>	530	657
<b>Total for Program 1.1</b>	<b>109,590</b>	<b>123,065</b>
<b>Program 1.2: Communicable disease control</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	12,922	10,567
Departmental expenses		
Departmental appropriation <sup>3</sup>	5,579	5,454
Expenses not requiring appropriation in the budget year <sup>4</sup>	139	173
<b>Total for Program 1.2</b>	<b>18,640</b>	<b>16,194</b>
<b>Program 1.3: Drug strategy</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	201,793	216,401
Departmental expenses		
Departmental appropriation <sup>3</sup>	26,735	26,134
Expenses not requiring appropriation in the budget year <sup>4</sup>	667	828
<b>Total for Program 1.3</b>	<b>229,195</b>	<b>243,363</b>
<b>Program 1.4: Regulatory policy</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	89	99
Departmental expenses		
Departmental appropriation <sup>3</sup> to special accounts	12,904 (9,998)	13,616 (10,775)
Expenses not requiring appropriation in the budget year <sup>4</sup>	73	90
Special accounts		
OGTR Special Account <sup>5</sup>	8,306	8,396
NICNAS Special Account <sup>6</sup>	11,498	9,687
TGA Special Account <sup>7</sup>	118,133	123,049
Expense adjustment <sup>8</sup>	(6,727)	(5,214)
<b>Total for Program 1.4</b>	<b>134,278</b>	<b>138,948</b>

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

	<b>2010-11 Estimated actual<sup>1</sup> \$'000</b>	<b>2011-12 Estimated expenses<sup>1</sup> \$'000</b>
<b>Program 1.5: Immunisation<sup>2</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1) to Australian Childhood Immunisation Register	16,600	18,473
Special Account	(5,779)	(4,595)
Special appropriations		
<i>National Health Act 1953</i> - essential vaccines	49,062	19,110
Special accounts		
Australian Childhood Immunisation Register Special Account	9,494	8,340
Departmental expenses		
Departmental appropriation <sup>3</sup>	5,171	5,055
Expenses not requiring appropriation in the budget year <sup>4</sup>	129	160
<b>Total for Program 1.5</b>	<b>74,677</b>	<b>46,543</b>
<b>Program 1.6: Public health<sup>2</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	21,937	20,666
Other services (Appropriation Bill No. 2)	7,841	25,793
Departmental expenses		
Departmental appropriation <sup>3</sup>	10,197	9,968
Expenses not requiring appropriation in the budget year <sup>4</sup>	254	316
<b>Total for Program 1.6</b>	<b>40,229</b>	<b>56,743</b>

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

<b>Outcome 1 totals by appropriation type</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	341,178	367,868
to special accounts	(5,779)	(4,595)
Other services (Appropriation Bill No. 2)	7,841	25,793
Special appropriations	49,062	19,110
Special accounts	9,494	8,340
Departmental expenses		
Departmental appropriation <sup>3</sup>	81,809	80,973
to special accounts	(9,998)	(10,775)
Expenses not requiring appropriation in the budget year <sup>4</sup>	1,792	2,224
Special accounts	131,210	135,918
<b>Total expenses for Outcome 1</b>	<b>606,609</b>	<b>624,856</b>
	<b>2010-11</b>	<b>2011-12</b>
<b>Average staffing level (number)</b>	1,202	1,179

<sup>1</sup> The 2010-11 estimated actual and the 2011-12 estimated expenses are based on the new program structure to be implemented 1 July 2011 by the department as part of the *Health and Ageing Portfolio - administrative efficiencies* measure.

<sup>2</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>3</sup> Departmental appropriation combines 'Ordinary annual services (Appropriation Bill No 1)' and 'Revenue from independent sources (s31)'.

<sup>4</sup> 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation expense, make good expense and audit fees.

<sup>5</sup> Office of the Gene Technology Regulator Special Account.

<sup>6</sup> National Industrial Chemicals Notification and Assessment Scheme Special Account.

<sup>7</sup> Therapeutic Goods Administration Special Account.

<sup>8</sup> Special accounts are reported on a cash basis. This adjustment reflects the differences between cash and expense, predominantly GST.

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

### **Program Objective**

Through Program 1.1, the Australian Government aims to:

- undertake activities through the Chronic Disease Prevention and Service Improvement Fund; and
- support other activities for the early detection and prevention of cancer through screening initiatives.<sup>7</sup>

### **Major Activities**

#### **Chronic Disease Prevention and Service Improvement Fund**

Following a review of administrative arrangements in the Health and Ageing portfolio, the Australian Government will establish the Chronic Disease Prevention and Service Improvement Fund. The fund consolidates activities from a number of chronic disease prevention and improvement programs, and will provide a larger, flexible funding pool for initiatives in chronic disease service improvement and prevention. The table on page 819 shows the movement of programs into funds as a result of the Strategic Review. The table identifies programs, as previously described in the 2010-11 Portfolio Budget Statements, and the new funds into which these programs have been consolidated. The department will work closely with the various sectors over the course of 2011 to develop guidelines to underpin the operation of the fund, which will clearly articulate the fund's policy objectives, operating parameters, eligibility criteria and compliance requirements.

#### *Promote the adoption of healthy lifestyles*

In 2011-12, the department will continue to participate in the Food and Health Dialogue, which provides a framework for government, industry and public health groups to work collaboratively, on a voluntary basis, to address poor dietary habits and promote healthier food choices for all Australians. As its primary activity, the dialogue is undertaking action on food reformulation. This is being supported by strategies to standardise and reduce portion sizes and improve consumer awareness of healthier food choices.

The department will also continue to review the 2003 Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, and in Children and Adolescents and the development of new Healthy Weight Guidelines to provide advice directly to consumers on how to achieve and maintain a healthy weight.

#### *Chronic disease management and support*

The Australian Government will continue to encourage quality improvements in general practice and will support doctors to make practice-level changes and promote best-practice in managing patients with, or at risk of developing, chronic disease. In 2011-12, the department will undertake activities to improve clinical

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<sup>7</sup> Cancer related initiatives in Outcome 10 also support this objective.

care for patients with diabetes and coronary heart disease and to improve access to a range of primary health care services offered in a general practice setting.

In 2011-12, the Australian Government will test ways to reduce the impacts of diabetes on patients and the broader community through a coordinated care pilot that is comprehensive, patient-centred, and allows for local flexibility to meet patient needs. Patients will be able to voluntarily enrol with their general practice and benefit from proactive management of their diabetes. In 2011-12, the department will implement the pilot to examine ways to support greater continuity and coordination of care, and improve access to a range of multidisciplinary services to meet the health needs of patients.

Throughout 2011-12, the department will continue to work closely with key stakeholders, including representatives from general practice, nursing, allied health, diabetes and health consumer organisations, through the Diabetes Advisory Group on the design, implementation and evaluation of the pilot. The department will also contract one or more external organisations to implement and evaluate the pilot.

In partnership with Baker IDI, a medical research institute focusing on the prevention and treatment of diabetes and cardiovascular disease, the Government will continue to support the development of the National Health and Medical Research Council endorsed, evidence-based clinical guidelines for the prevention, treatment and management of type 2 diabetes. These guidelines will specifically address the Diagnosis and Management of Hypertension, Prevention and Detection of Macrovascular Diseases, Lipid Control and Identification and Management of Diabetic Foot Disease. The publication and distribution of these guidelines, early in 2012, will assist health professionals to improve overall health outcomes through better diagnosis, control and management of type 2 diabetes in Australia.

The Australian Government aims to improve access to diabetes-related pathology testing by providing funding for external quality assurance of pathology testing undertaken at the point of care in Indigenous health care services that are enrolled under the Quality Assurance in Aboriginal and Torres Strait Islander Medical Services (QAAMS) support arrangements. Activities also include training and ongoing support for health care workers in QAAMS-enrolled services on safe and effective use of the testing devices.

The department will also continue to work through the National Eye Health Initiative to raise awareness of the risks of chronic disease and preventable blindness and vision loss. In 2011-12, these programs will provide information that aims to educate the community on maintaining eye health.

#### *Asthma management*

In 2011-12, the Australian Government will continue activities aimed at reducing the personal, social and economic impact of asthma and other related respiratory conditions. These activities will be broadened to include links between asthma and other chronic respiratory conditions, such as chronic obstructive pulmonary disease. This will be achieved by encouraging the proactive management and facilitating the best practice treatment of these conditions. The department will

continue to support the development of a skilled primary health care workforce that can deliver high quality, patient-centred, best practice asthma and respiratory care. The department will also continue to provide funding for community-based information and support for optimal self-management.

*Arthritis and osteoporosis support*

The Australian Government aims to improve prevention of arthritis and osteoporosis, facilitate early detection and improve management and quality of life for people with these conditions. In 2011-12, the department will continue activities to improve arthritis and osteoporosis care with a focus on developing workplace health promotion strategies, and increasing access to valid evidence-based information and self-management tools.

*Palliative care*

In 2011-12, the department will work to implement the updated National Palliative Care Strategy which was agreed by Australian health ministers in November 2010. The strategy has a broad scope, addressing palliative care provided in all specialist and general settings as well as end of life issues. The aim of the strategy is to continue to develop a quality national palliative care system that supports Australians to live well at the end of life. To implement the strategy, the Australian Government will work closely with its state and territory counterparts through the Palliative Care Working Group. The working group will bring together officials from all jurisdictions to promote a coordinated, national approach to palliative care. This will ensure that high quality palliative care is provided to all Australians when they need it.

In 2011-12, the department will work with state and territory governments and consumer representative groups, such as Palliative Care Australia and specialist palliative care services, to deliver a range of projects. These projects aim to build palliative care expertise in care providers, and to improve the public's knowledge of the palliative care services available.

*Cancer research and screening support activities*

During 2011-12, the department will continue to monitor Australian Government funded research conducted by the Epworth and Queensland University of Technology Prostate Cancer Research Centres. This research aims to develop improved diagnostic tests, screening tools and treatments for prostate cancer.

In 2011-12, the department will continue to provide policy advice to Government, and the Australian Institute of Health and Welfare will continue to collect the national data necessary to monitor and evaluate cancer screening activities.

**Other activities for early cancer detection through population based screening programs**

Cancer remains the leading cause of premature death in Australia. Although survival rates have improved dramatically for many cancers in the past 20 years, with more than 60 per cent of all cancer patients alive five years after their diagnosis, cancer is still placing an intolerable burden on our community. The Australian Government is committed to preventing cancer where possible and strengthening care for cancer patients where it is not. To achieve this, the

Government will deliver a world-class cancer care system, with population screening programs and education campaigns acting a central element of the Government's prevention strategy.

#### *The National Bowel Cancer Screening Program*

Following a pilot study, the National Bowel Cancer Screening Program was established in 2006 to improve the early diagnosis and treatment of bowel cancer. International randomised controlled trials have demonstrated that using faecal occult blood tests for screening can reduce mortality from bowel cancer by 15-30 per cent and reduce its incidence by 20 per cent.

Operating from 2006 to 2008, Phase 1 of the program offered free screening to people turning 55 and 65 years of age by sending them an invitation package in the mail and asking them to complete a faecal occult blood test in the privacy of their own home. Participants would then mail it to the program's contracted pathology laboratory for analysis. Phase 2 of the program extended invitations to people turning 50 years of age.

In 2011-12, the Australian Government will continue the National Bowel Cancer Screening Program, by inviting around one million Australians each year who turn 50, 55 and 65 years of age from 1 January 2011 to participate in the program.

Closing the gap<sup>8</sup> in bowel cancer screening rates for Aboriginal and Torres Strait Islander peoples presents a significant challenge for the Australian Government. In 2011-12, the Government will improve the availability of screening in regional and remote Aboriginal and Torres Strait Islander communities by working with state and territory governments to trial and evaluate alternative service delivery models.

#### *BreastScreen Australia*

In 2011-12, the Australian Government will continue to reduce breast cancer mortality through the BreastScreen Australia Program. The Australian Government funds this program jointly with the state and territory governments. The program provides free mammography screening to women in the target group of 50-69 years of age. Women 40-49 years of age and over 70 years of age are also eligible to attend. Since the introduction of BreastScreen Australia, breast cancer mortality has dropped from 31.3 per 100,000 women in 1991 to 22.1 per 100,000 women in 2007.<sup>9</sup> Also, through the Health and Hospitals Fund<sup>10</sup>, the Government will provide funding to upgrade BreastScreen Australia services from analogue to digital mammography technology by 2013. Digital mammography enables the electronic transfer of images from fixed and mobile sites to radiologists, reducing waiting times for results and unnecessary patient recalls, and eliminating the handling of chemicals for film processing.

<sup>8</sup> Under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

<sup>9</sup> Australian Institute of Health and Welfare, 2010. BreastScreen Australia monitoring report 2006-2007 and 2007-2008. Cancer series no. 55. Cat. No. CAN 51. AIHW, Canberra.

<sup>10</sup> For further information on the Health and Hospitals Fund, please see Outcome 10 located in these Portfolio Budget Statements.

### *Cervical cancer screening*

In 2011-12, the Australian Government will continue activities to reduce illness and deaths from cervical cancer. Activities include screening with Pap smears every two years for women 18-69 years of age. This is supported by the National Healthcare Agreements, the Medicare Benefits Schedule (through general practitioner consultations and cytology assessment) and state and territory cervical screening registers. Since the introduction of cervical cancer screening, cervical cancer mortality has decreased from 3.9 per 100,000 women in 1991 to 1.8 per 100,000 women in 2007.<sup>11</sup> A review of the activities will commence in 2011, including assessment of the evidence for screening tests and pathways, the screening interval and age range.

### *Cancer treatment and research*

As part of the Government's commitment to developing a world class cancer care system, the Government has committed funding from the Health and Hospitals Fund to support the Regional Cancer Centres Initiative. The aim of the Regional Cancer Centres Initiative is to help improve access and support for cancer patients in rural, regional and remote Australia, and to help close the gap in cancer outcomes between the city and the country. These centres will enable people with cancer to access the right care at the right time, as close as possible to home and family, irrespective of where they live or their social circumstances.

The department will also continue its work with the International Agency for Research on Cancer to ensure the prevention and early detection of cancer in Australia is in line with international best practice.

Program 1.1 is linked as follows:

- This Program includes National Partnerships payments for:
  - *National Bowel Cancer Screening; and*
  - *Victorian Cytology Service.*These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.
- The Department of Human Services (Medicare Australia) is funded to administer the National Bowel Cancer Screening Register and support cervical cancer screening through its Services to the Community (Program 1.1).

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<sup>11</sup> Australian Institute of Health and Welfare, 2010. *Cervical screening in Australia 2007-2008 (data report)*. Cancer series no. 54. Cat. No. CAN 50. AIHW, Canberra.

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

	2010-11 Estimated actual \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	87,837	101,662	94,213	99,293	85,350
Program support	21,753	21,403	19,498	19,467	18,783
<b>Total Program 1.1 expenses</b>	<b>109,590</b>	<b>123,065</b>	<b>113,711</b>	<b>118,760</b>	<b>104,133</b>

**Program 1.1: Deliverables<sup>12</sup>**

The department will produce the following 'deliverables' to achieve the objectives of Program 1.1.

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

Qualitative Deliverables	2011-12 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program/policy development	Stakeholders participate in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Chronic Disease Prevention and Service Improvement Fund</b>	
Consultation with stakeholders on implementation arrangements for the fund	Timely initial contact and follow up consultation where this is required
Establishment of administrative arrangements and operational guidelines for the fund	Administrative arrangements in place
Extension of relevant contracts to 30 June 2012, for funding recipients whose contracts expire prior to that date	Timely extension of relevant contracts for ongoing work
Announcement of the timing of future grant rounds through the fund	Funding recipients, future applicants and other key stakeholders are aware of the timing and arrangements for grants rounds

<sup>12</sup> As a result of the Strategic Review, deliverables may have changed from the 2011-12 Portfolio Budget Statements.

Qualitative Deliverables	2011-12 Reference Point or Target
Oversee implementation of the diabetes pilot to test a more comprehensive, patient-centred approach to improve the care of patients with diabetes	Key implementation activities completed in a timely manner and in consultation with the Diabetes Advisory Group
Produce quality, evidence-based clinical practice guidelines for type 2 diabetes	Guidelines to be completed in 2011-12
Support improved Aboriginal and Torres Strait Islander peoples' access to diabetes related pathology services	160 Indigenous health care sites participating in activities by July 2012
Provide information and resources through eye health activities	Information and resources will be delivered through targeted communication channels to health professionals and the community
Development of performance measures for the implementation of the palliative care activities	Performance measures are developed to monitor the implementation of palliative care activities within agreed timeframes
<b>Other activities for early cancer detection through population based screening programs</b>	
Women are provided with increased access to state-of-the art digital mammography services	The upgrade of BreastScreen Australia services nationally to digital mammography by June 2013

**Table 1.4: Quantitative Deliverables for Program 1.1**

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Chronic Disease Prevention and Service Improvement Fund</b>					
Number of general practices participating in Australian primary care collaborative activities <sup>13</sup>	600	650	N/A	N/A	N/A

<sup>13</sup> Current contractual arrangements expire on 30 June 2012. Future targets will be established as part of new contractual arrangements.

**Program 1.1: Key Performance Indicators<sup>14</sup>**

The following 'key performance indicators' measure the effectiveness of Program 1.1 in meeting its objectives thereby contributing to the outcome.

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

Qualitative Indicator	2011-12 Reference Point or Target
<b>Chronic Disease Prevention and Service Improvement Fund</b>	
Release of the draft Clinical Practice Guidelines for the Management of Overweight and Obesity for public comment	Draft Clinical Practice Guidelines for the Management of Overweight and Obesity approved by NHMRC and released within agreed timeframes
Effective implementation of coordinated care for diabetes activities	Regular progress reports on key milestones from contracted external organisation indicate that activities are being implemented effectively
Increased awareness and engagement of communities in asthma and respiratory management and treatment	Reports submitted by organisations funded to deliver asthma management activities demonstrate progress towards increased awareness and engagement on positive asthma and respiratory management and treatment activity across the community
Increased community access to arthritis and osteoporosis information and tools for self management	Reports submitted by organisations funded to deliver arthritis and osteoporosis activities demonstrate progress towards increased community access to arthritis and osteoporosis information and tools for self management
Successful funding of prostate cancer research with measurable outcomes	Demonstrated progress against agreed comprehensive research project plans
<b>Other activities for early cancer detection through population based screening programs</b>	
Cervical cancer screening activities are effective	Through a review of cervical cancer screening activities to be undertaken in 2011, the department will work with key stakeholders to assess the effectiveness of the current activities and inform future directions

<sup>14</sup> As a result of the Strategic Review, key performance indicators may have changed from the 2011-12 Portfolio Budget Statements.

**Table 1.6: Quantitative Key Performance Indicators for Program 1.1**

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Chronic Disease Prevention and Service Improvement Fund</b>					
Percentage of practices participating in primary care collaborative activities reporting improvements in patient care	90%	90%	N/A	N/A	N/A
Number of health services providing Aboriginal and Torres Strait Islander peoples access to diabetes related pathology services	150	160	170	170	170
Number of health professional training sessions for asthma and respiratory health management and treatment <sup>15</sup>	65	68	42	N/A	N/A
Percentage of prostate cancer research activities for which progress reports meet agreed requirements <sup>16</sup>	100%	100%	100%	N/A	N/A
Number of Healthy Eating and Physical Activity resources provided to the community <sup>17</sup>	3,000	2,000	N/A	N/A	N/A
Percentage of women in target groups participating in cervical cancer screening <sup>18</sup>	61.1%	61.2%	61.2%	61.2%	61.2%

<sup>15</sup> Targets for health professional training have been agreed until 2012-13. The number (42) of health professional training sessions scheduled in 2012-13 for asthma and respiratory health management and treatment are in line with the program funding cycle which has less funding for the final year.

<sup>16</sup> Funding of the Australian Prostate Cancer Research Centres measure ceases in 2012-13.

<sup>17</sup> Funding for this activity ends in 2011-12 and the majority of the target audience have received resources.

<sup>18</sup> Australian Institute of Health and Welfare, 2010. *Cervical screening in Australia 2007-2008* data report. Cancer series no. 54. Cat. No. CAN 50. AIHW, Canberra. The figure for 2011-2012 onwards reflects the most recent data on participation in the National Cervical Screening Program. Small changes in these figures are unlikely to be statistically significant.

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of women in target groups participating in the BreastScreen Australia Program <sup>19</sup>	56.9%	54.9%	54.9%	54.9%	54.9%
<b>Other activities for early cancer detection through population based screening programs</b>					
Percentage of people invited to take part in the in the National Bowel Cancer Screening Program who participated. <sup>20</sup>	39.3%	39.3%	41%	41%	41%

## Program 1.2: Communicable disease control

### Program Objective

Through Program 1.2, the Australian Government aims to:

- undertake activities through the Communicable Disease Prevention and Service Improvements Grants Fund.

### Major Activities

#### Communicable Disease Prevention and Service Improvement Grants Fund

Following a review of administrative arrangements in the Health and Ageing portfolio, the Australian Government will establish the Communicable Disease Prevention and Service Improvement Grants Fund. This fund consolidates the activities of four existing programs to respond to blood borne viruses and sexually transmissible infections, and will provide a flexible funding pool for the provision of grants aimed at preventing these communicable diseases and promoting appropriate treatment and management. The grants will support broad based health promotion activities as well as activities targeted at the specific population groups most affected by these diseases. Table x.x, on page x shows the movement of programs into funds as a result of the Strategic Review. The table identifies programs, as previously described in the 2010-11 Portfolio Budget Statements, and the new funds into which these programs have been consolidated. The department

<sup>19</sup> Australian Institute of Health and Welfare, 2010. *BreastScreen Australia monitoring report 2006-2007 and 2007-2008*. Cancer series no. 55. Cat. No. CAN 51. AIHW, Canberra. Whilst the number of women participating in BreastScreen Australia has increased, this indicator has changed as there is likely to be a slight decrease in the participation rate. This is due to an increasing number of women in the target age group.

<sup>20</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. Funding for this activity ends in 2010-11.

will work closely with the sector over the course of 2011 to develop comprehensive guidelines to underpin the operation of the fund, which will clearly articulate the fund's policy objectives, operating parameters, eligibility criteria and compliance requirements.

The National Strategies for HIV, hepatitis B and C, and sexually transmissible infections, as well as the *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Viruses Strategy*, have been developed in partnership with relevant community-based organisations. These strategies identify specific population groups within the Australian community who are at risk of infection. They also describe priority actions for governments, community-based organisations and the research sector to reduce the transmission of blood borne viruses and sexually transmissible infections; and the morbidity, mortality and personal and social impacts they cause.

The Australian Government will continue to work in partnership with state and territory jurisdictions and community-based organisations through the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and the relevant Principal Committee of the Australian Health Ministers Advisory Council. Through this partnership, the department will continue to implement the priority actions contained within the National Strategies and to monitor the progress of jurisdictions in implementing the strategies.

In 2011-12, the department will continue to support hepatitis B, hepatitis C, HIV and sexually transmissible infection education and prevention activities in line with the priority action areas identified in the National Strategies. The department funds community organisations to provide education on prevention, detection and treatment of viral hepatitis and blood borne viruses. These activities target young people, men who have sex with men, sex workers, injecting drug users, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

The Australian Government is committed to preventing the spread of sexually transmissible diseases. Over the last two years, the department has undertaken a range of activities to meet this objective including advertising, youth marketing, peer education, communication campaigns targeted at Indigenous communities, health promotion activities at youth music festivals and print advertising. In 2011-12, the department will assess the effectiveness of these activities and determine future policy directions and objectives.

In 2011-12, the department will continue to fund the National Serology Reference Laboratory (NRL) to provide comprehensive quality assurance for laboratories using in-vitro diagnostic devices for HIV, hepatitis B and hepatitis C viruses and to support the Australian Red Cross Blood Service's screening of fresh blood donations. The NRL plays an important role in protecting Australia's blood supply from contamination with HIV, hepatitis B and hepatitis C through ensuring the accuracy and reliability of tests on all blood and plasma donations prior to release by the Blood Service. This work will support Australia's commitment to a safe, high quality national blood supply.

**Program 1.2 Expenses****Table 1.7: Program Expenses**

	2010-11 Estimated actual \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	12,922	10,567	10,664	11,104	11,326
Program support	5,718	5,627	5,126	5,117	4,938
<b>Total Program 1.2 expenses</b>	<b>18,640</b>	<b>16,194</b>	<b>15,790</b>	<b>16,221</b>	<b>16,264</b>

**Program 1.2: Deliverables<sup>21</sup>**

The department will produce the following 'deliverables' to achieve the objectives of Program 1.2.

**Table 1.8: Qualitative Deliverables for Program 1.2**

Qualitative Deliverables	2011-12 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program/policy development	Stakeholders participate in program/policy development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Communicable Disease Prevention and Service Improvement Grants Fund</b>	
Consultation with stakeholders on implementation arrangements for the fund	Timely initial contact and follow up consultation where this is required
Establishment of administrative arrangements and operational guidelines for the fund	Administrative arrangements in place
Extension of relevant contracts to 30 June 2012, for funding recipients whose contracts expire prior to that date	Timely extension of relevant contracts for ongoing work
Announcement of the timing of future grant rounds through the fund	Funding recipients, future applicants and other key stakeholders are aware of the timing and arrangements for grants rounds
The Ministerial Advisory Committee on Blood Borne Viruses and Sexually transmissible infections provides advice to the Minister	The department will continue to provide secretariat functions for regular meetings to enable the committee to provide high quality advice to the Minister

<sup>21</sup> As a result of the Strategic Review, deliverables may have changed from the 2011-12 Portfolio Budget Statements.

Qualitative Deliverables	2011-12 Reference Point or Target
Monitor progress of communicable disease activities	Initial assessment of progress completed by December 2011

**Table 1.9: Quantitative Deliverables for Program 1.2**

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Communicable Disease Prevention and Service Improvement Grants Fund</b>					
Percentage of jurisdictions and stakeholders implementing priority action areas	100%	100%	100%	100%	100%

**Program 1.2: Key Performance Indicators<sup>22</sup>**

The following ‘key performance indicators’ measure the effectiveness of Program 1.2 in meeting its objectives thereby contributing to the outcome.

**Table 1.10: Qualitative Key Performance Indicators for Program 1.2**

Qualitative Indicator	2011-12 Reference Point or Target
<b>Communicable Disease Prevention and Service Improvement Grants Fund</b>	
Communicable disease prevention activities are in line with priorities and have an impact on infection rates	The Blood Borne Virus and Sexually Transmissible Infections Sub-committee of the Australian Population Health Development Principal Committee is currently developing indicators to monitor the implementation and impact of communicable disease activities
Community-based organisations deliver agreed outputs and outcomes for which they are funded	All outputs from community-based organisations are delivered to the agreed level of quality

<sup>22</sup> As a result of the Strategic Review, key performance indicators may have changed from the 2011-12 Portfolio Budget Statements.

**Table 1.11: Quantitative Key Performance Indicators for Program 1.2**

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Communicable Disease Prevention and Service Improvement Grants Fund</b>					
Percentage of laboratory tests which are positive for Chlamydia infection <sup>23</sup>	N/A	<12%	<12%	<12%	<12%
Number of newly diagnosed cases of HIV infection <sup>24</sup>	N/A	<1,100	<1,100	<1,100	<1,100
Number of newly diagnosed cases of hepatitis C infection <sup>25</sup>	N/A	<12,250	<12,250	<12,250	<12,250

### Program 1.3: Drug strategy

#### Program Objectives

Through Program 1.3, the Australian Government aims to:

- advance the objectives of the National Drug Strategy through the Substance Misuse Prevention and Service Improvement Grants Fund;
- support drug and alcohol treatment services and social marketing through the Substance Misuse Service Delivery Grants Fund;
- reduce the harmful effects of tobacco use; and
- reduce binge drinking and risky alcohol consumption.

#### Major Activities

The Australian Government aims to prevent and address the significant health and social harms caused by the use of drugs including alcohol, tobacco and illicit drugs and will continue to pursue this objective under Australia's National Drug Strategy.

#### Substance Misuse Prevention and Service Improvement Grants Fund

Following a review of administrative arrangements in the Health and Ageing portfolio, the Australian Government will establish the Substance Misuse Prevention and Service Improvement Grants Fund. The fund consolidates activities from a number of existing programs, and will provide a flexible funding pool for organisations supporting prevention of substance misuse and other national

<sup>23</sup> This key performance indicator replaces the 2010-11 indicator 'Number of newly diagnosed cases of Chlamydia infection'. The new indicator better measures the effectiveness of the department's activities.

<sup>24</sup> This is a new key performance indicator in 2011-12.

<sup>25</sup> This is a new key performance indicator in 2011-12.

activities under the National Drug Strategy. The table on page 819 shows the movement of programs into funds as a result of the Strategic Review. The table identifies programs, as previously described in the 2010-11 Portfolio Budget Statements, and the new funds into which these programs have been consolidated. The department will work closely with the sector over the course of 2011 to develop guidelines to underpin the operation of the fund, which will clearly articulate the fund's policy objectives, operating parameters, eligibility criteria and compliance requirements.

### **Substance Misuse Service Delivery Grants Fund**

In addition to the Substance Misuse *Prevention and Service Improvements* Grants Fund, the Australian Government will also establish the Substance Misuse *Service Delivery* Grants Fund. The fund consolidates activities from a number of existing programs, and will provide a flexible funding pool for services that treat substance misuse. The table on page 819 shows the movement of programs into funds as a result of the Strategic Review. The table identifies programs, as previously described in the 2010-11 Portfolio Budget Statements, and the new funds into which these programs have been consolidated. The department will work closely with the sector over the course of 2011 to develop guidelines to underpin the operation of the fund, which will clearly articulate the fund's policy objectives, operating parameters, eligibility criteria and compliance requirements.

The Australian Government will continue to fund activities that provide resources to the non-government drug and alcohol sector to deliver treatment services and build the sector's capacity to effectively address and treat coinciding mental illness and substance abuse. In 2011-12, the department will develop a new quality framework and funding model for future funding rounds for these activities.

The Australian Government aims to improve access for Aboriginal and Torres Strait Islander peoples in regional and remote areas to drug and alcohol treatment services. In 2011-12, the department will invest in infrastructure and service delivery to expand existing and establish new services in South Australia, Queensland, Western Australia, New South Wales and the Northern Territory.

The Australian Government is committed to tackling substance use issues in Indigenous communities that impact negatively on social and emotional wellbeing and general health. In 2011-12, the department will continue to expand the voluntary rollout of low aromatic Opal fuel to regional and remote Indigenous communities. The rollout of low aromatic fuel will help reduce the incidence and impact of petrol sniffing. The department will continue working with the fuel industry to establish new bulk storage facilities in Darwin and Northern Queensland. These facilities are expected to be operational in 2012-13.

In addition, the department will establish interim bulk storage arrangements in Darwin to enable low aromatic fuel to be provided to additional communities in the Northern Territory and Western Australia while the permanent storage facility is being completed. The rollout of Opal fuel will be accompanied by a comprehensive communication strategy.

In 2011-12, the department will continue to build on previous campaigns to reduce young Australians' motivation to use illicit drugs by reinforcing young people's

knowledge of the harms and risks associated with illicit drug use. The department will focus on emerging trends in illicit drug use, to be informed primarily by the National Drug Strategy Household Survey 2010, while continuing efforts to reduce overall illicit drug use. Activities will include delivery of preventative health messages through targeted placement of campaign materials including advertising, youth marketing, public relations and promotions, campaign resources and online communication activities. Strategies for these activities will be developed in conjunction with the Australian National Council on Drugs.

In addition, the More Targeted Approaches element of the National Tobacco Campaign will aim to reach people who are at risk, have high smoking rates, and/or who mainstream campaigns struggle to reach. In 2011-12, the department will continue to provide targeted education campaigns aimed at people from culturally and linguistically diverse backgrounds, people living in areas of social disadvantage, and pregnant women and their partners. Following developmental research, the department will further expand the scope of the campaign in 2011-12 by developing communications aimed at prisoners and people with mental illness.

In 2011-12, the effectiveness of the first phase of the new National Tobacco Campaign will be independently evaluated. The findings of the evaluation will help to guide future development of the National Tobacco Campaign, under the direction of the Australian National Preventative Health Agency (ANPHA).<sup>26</sup> The department will also work closely with ANPHA to ensure the More Targeted Approach and Indigenous campaign activities complement the national campaign where appropriate.

### **Reduce prevalence of smoking**

#### *Plain packaging*

The Australian Government is committed to the introduction of plain packaging for tobacco products in order to reduce the prevalence of smoking. The Preventive Health Taskforce reported that plain packaging would: reduce the attractiveness and 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.<sup>27</sup>

Legislation to implement plain packaging of tobacco products will be introduced in Parliament following a public consultation period on the draft legislation. Legislation is expected to be in place by 1 January 2012 and require full compliance by 1 July 2012.

In addition to plain packaging, graphic health warnings on tobacco products will be updated, with new warnings planned to coincide with the introduction of plain packaging. The purpose of graphic health warnings is to increase consumer knowledge of the health effects of smoking, encourage cessation of smoking and discourage uptake or relapse. Evaluations have shown the importance of regularly

<sup>26</sup> For more information on ANPHA, please refer to its chapter in these Portfolio Budget Statements.

<sup>27</sup> *Australia: the Healthiest Country by 2020 - National Preventative Health Strategy - the roadmap for action, 2009.*

updating this information in order to maintain its effectiveness.<sup>28</sup> In 2011-12, the department will finalise the new graphic health warnings, undertake consultation with key stakeholders and work with the Australian Competition and Consumer Commission in order to amend the relevant regulations.

#### *Tobacco campaigns*

In 2011-12, as part of the National Partnership Agreement on Preventive Health (NPAPH), the department will work with the ANPHA<sup>29</sup> to implement a number of targeted activities, all under the umbrella of the National Tobacco Campaign, aimed at encouraging a reduction in smoking. Campaign activities in 2010-11 included the launch of new television commercials, outdoor, radio, print and online advertisements and public relations activity. These are expected to be continued in 2011-12, following evaluation of this phase of campaign activity. For the first time, the campaign has moved to heightened emotional messages drawing on the link between smokers' cough and cancer.

Launched in January 2011, the NPAPH tobacco marketing campaign has been designed to work with other strategies including policies and legislative measures and is targeted at smokers and recent quitters 18-40 years of age. Previous experience has demonstrated that social marketing provides a structured method for achieving health improvements alongside legislative and environmental change. National and state and territory-based social marketing campaigns have been effective in preventing initiation and relapse, encouraging cessation, mobilising community support to legitimise the passage of tobacco control policies, and contributing towards shifting cultural and social norms.

#### **Curb excessive alcohol consumption**

The Australian Government will continue to work closely with state and territory governments, sporting bodies and community organisations to implement the National Binge Drinking Strategy announced in 2008. The strategy aims to change Australia's drinking culture and encourage young people to take personal responsibility for their drinking. A number of practical measures to help reduce alcohol misuse and binge drinking will continue under the strategy. These include: community level and sporting club initiatives; grants to community groups across Australia for local activities to address binge drinking; national expansion of the Australian Drug Foundation's Good Sports program; and an early intervention program with all states and territories targeted at under age drinkers. These activities will continue to be managed by the department until the conclusion of these projects.

Between 2010 and 2014, the Australian Government is expanding the National Binge Drinking Strategy to incorporate further measures to reduce the harms caused by excessive alcohol consumption.

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<sup>28</sup> Shanahan, P. and Elliott, D., *Evaluation of the Effectiveness of the Graphic Health Warnings on Tobacco Product Packaging 2008*, Australian Government Department of Health and Ageing, Canberra; Guidelines for implementation of Article 11 of the WHO Framework Convention on Tobacco Control (*Packaging and labelling of tobacco products*) (decision FCTC/COP3(10)).

<sup>29</sup> For further information on ANPHA, please refer to its chapter in these Portfolio Budget Statements.

These measures include: a fund to provide sponsorship to local community organisations that deliver sporting and cultural activities as an alternative to alcohol sponsorship; additional community grants for projects designed to tackle binge drinking; enhanced telephone counselling services; and alcohol and drug referrals.

The Government has agreed that ANPHA will take responsibility for the National Binge Drinking Strategy expansion measures once it has established sufficient capacity. The department is working closely with ANPHA to provide the necessary support, and effect a smooth transition of these measures.<sup>30</sup>

The third round of grants for community level initiatives will commence in 2011-12, providing support to projects that enable community organisations to work with local government, police and other involved parties to develop local solutions to reduce youth binge drinking. Project guidelines will encourage collaborative approaches and approaches that lead to long-term, sustainable solutions. Grants will be provided for a minimum of 25 innovative projects to be implemented in 2011-12.

In 2011-12, the first round of grants through the Community Sponsorship Fund will be disbursed. Using the information received through community and industry consultations, the fund will provide local community sporting and cultural organisations with funding support as an alternative to sponsorship from alcohol-related entities.

In order to support those seeking assistance with alcohol-related problems, the department, working closely with ANPHA, will work with state and territory governments to improve access to, and use of, telephone-based help. This will include facilitating the establishment of a national 1800 telephone alcohol and drug counselling and referral service, which will provide a single entry point to existing alcohol and drug information, referral and counselling helplines.<sup>31</sup> The department is also working closely with ANPHA to develop a set of national minimum standards for the provision of telephone counselling and referral services and support the development of a range of promotional materials for the new 1800 number.

The *National Alcohol Strategy 2006–11* continues to provide underpinning principles and priorities in addressing alcohol misuse. The strategy is a plan for action developed through collaboration between Australian governments, non-government organisations, industry partners and the broader community. It outlines priority areas for coordinated action to develop drinking cultures that support a reduction in alcohol-related harm in Australia. A new National Alcohol Strategy is scheduled to be developed during 2011 as a component of the National Drug Strategy 2010–2015. The department will work with ANPHA, the alcohol industry, and other stakeholders to ensure that alcohol advertising in Australia is consistent with community standards and complies with voluntary codes of practice.

<sup>30</sup> For more information on ANPHA, please refer to its chapter in these Portfolio Budget Statements.

<sup>31</sup> The projected operational date for this service is by the end of 2011.

Program 1.3 is linked as follows:

- The Department of Education, Employment and Workplace Relations (Program 2.10); and the Attorney-General’s Department (Program 1.1 – Access to justice and social inclusion) - for the Petrol Sniffing Strategy.

### Program 1.3 Expenses

**Table 1.12: Program Expenses**

	2010-11 Estimated actual \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	201,793	216,401	220,862	223,648	216,375
Program support	27,402	26,962	24,562	24,522	23,660
<b>Total Program 1.3 expenses</b>	<b>229,195</b>	<b>243,363</b>	<b>245,424</b>	<b>248,170</b>	<b>240,035</b>

### Program 1.3: Deliverables<sup>32</sup>

The department will produce the following ‘deliverables’ to achieve the objectives of Program 1.3.

**Table 1.13: Qualitative Deliverables for Program 1.3**

Qualitative Deliverables	2011-12 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program/policy development	Stakeholders participate in program/policy development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Substance Misuse Prevention and Service Improvement Grants Fund</b>	
Consultation with stakeholders on implementation arrangements for the fund	Timely initial contact and follow up consultation where this is required
Establishment of administrative arrangements and operational guidelines for the fund	Administrative arrangements in place
Extension of relevant contracts to 30 June 2012, for funding recipients whose contracts expire prior to that date	Timely extension of relevant contracts for ongoing work

<sup>32</sup> As a result of the Strategic Review, deliverables may have changed from the 2011-12 Portfolio Budget Statements.

Qualitative Deliverables	2011-12 Reference Point or Target
Announcement of the timing of future grant rounds through the fund	Funding recipients, future applicants and other key stakeholders are aware of the timing and arrangements for grants rounds
The Australian National Council on Drugs (ANCD) provides expert advice to Government, bringing whole of society perspective to substance misuse issues.	The ANCD holds regular community forums
<b>Substance Misuse Service Delivery Grants Fund</b>	
Consultation with stakeholders on implementation arrangements for the fund	Timely initial contact and follow up consultation where this is required
Establishment of administrative arrangements and operational guidelines for the fund	Administrative arrangements in place
Extension of relevant contracts to 30 June 2012, for funding recipients whose contracts expire prior to that date	Timely extension of relevant contracts for ongoing work
Announcement of the timing of future grant rounds through the fund	Funding recipients, future applicants and other key stakeholders are aware of the timing and arrangements for grants rounds
Develop new quality framework and funding model for drug and alcohol treatment activities	New quality framework and funding model for treatment activities developed to inform future funding round
Communication activities and materials are developed and implemented to support the rollout of Opal fuel in new regions	Communication activities and materials are developed and implemented prior to and in the weeks following the introduction of Opal fuel into new regions
Implement social marketing campaigns to raise awareness of the dangers of smoking and illicit drugs	Deliver the next phase of the National Drugs Campaign and the National Tobacco Campaign - More Targeted Approach
<b>Reduce prevalence of smoking</b>	
Implement legislation for plain packaging and finalisation of research for revised graphic health warnings	Research on revised graphic health warnings completed by mid-2011 and plain packaging legislation implemented in early 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 and Indigenous-specific anti-smoking social marketing campaigns within agreed timeframes

Qualitative Deliverables	2011-12 Reference Point or Target
<b>Curb excessive alcohol consumption</b>	
Work with the Australian National Preventive Health Agency (ANPHA), the alcohol industry, and other stakeholders to ensure that alcohol advertising in Australia is consistent with community standards and complies with voluntary codes of practice	Participate in regular meetings with ANPHA, alcohol industry and other stakeholders, including meetings of the Alcohol Beverages Advertising Code Management Committee
Establish a sponsorship fund to replace alcohol sponsorship with disbursements to local community organisations	Community Sponsorship Fund established, and first disbursements made to community-level sporting and cultural organisations across Australia
Provide additional community level grants for projects that address binge drinking by young people	Grants round advertised nationally, successful applicants selected, and grants made to community organisations
Provide enhanced telephone alcohol and drug counselling services and referrals	National 1800 number established in consultation with states and territories, national standards for services and promotional materials under development

**Table 1.14: Quantitative Deliverables for Program 1.3**

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Curb excessive alcohol consumption</b>					
Number of grants established under the 2008 National Binge Drinking Strategy community level initiatives <sup>33</sup>	38	19	N/A	N/A	N/A

<sup>33</sup> Funding for this activity ends in 2011-12. In 2010-11, 19 grants will be completed, with a further 19 grants to be completed in 2011-12.

**Program 1.3: Key Performance Indicators<sup>34</sup>**

The following 'key performance indicators' measure the effectiveness of Program 1.3 in meeting its objectives thereby contributing to the outcome.

**Table 1.15: Qualitative Key Performance Indicators for Program 1.3**

Qualitative Indicator	2011-12 Reference Point or Target
<b>Substance Misuse Prevention and Service Improvement Grants Fund</b>	
The National Cannabis Information and Prevention Centre activities raise awareness among target audiences of the dangers of cannabis	Evaluation finds that cannabis prevention activities has raised awareness among target audiences of the dangers of cannabis
<b>Substance Misuse Service Delivery Grants Fund</b>	
Campaign activities raise awareness among target audiences of the dangers of smoking and illicit drugs	Evaluations find that campaign activities has raised awareness among target audiences of the dangers of smoking and illicit drugs
The roll out of low aromatic fuel (Opal) leads to reduced petrol sniffing	Data collected from a sample of 20 Indigenous communities on the prevalence of petrol sniffing and the impact of low aromatic fuel and the broader Petrol Sniffing Strategy will be used to assess the effectiveness of the rollout
<b>Curb excessive alcohol consumption</b>	
Community grants allocated under the 2008 National Binge Drinking Strategy measure and the 2010 expansion of the strategy raise awareness of the dangers of binge drinking	Evaluation concludes that community grants meet their objectives in raising awareness of the dangers of binge drinking
Reduced reliance on alcohol advertising and promotions at community sporting and cultural events	Wide interest in, and disbursement of, the Community Sponsorship Fund

<sup>34</sup> As a result of the Strategic Review, key performance indicators may have changed from the 2011-12 Portfolio Budget Statements.

**Table 1.16: Quantitative Key Performance Indicators for Program 1.3**

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Substance Misuse Service Delivery Grants Fund</b>					
Number of sites receiving low aromatic fuel	110	120	135	145	145
Percentage of population 14 years of age and older recently (in the last 12 months) using an illicit drug <sup>35</sup>	<13.4%	<13.4%	<13.4%	<13.4%	<13.4%
<b>Reduce prevalence of smoking</b>					
Percentage of population aged 18 years of age who are daily smokers <sup>36</sup>	<19.6%	<17.1%	<16.4%	<15.6%	<14.9%
Number of sites covered by national network of Indigenous campaign coordinators	40	57	N/A	N/A	N/A
<b>Curb excessive alcohol consumption</b>					
Number of clubs participating in the Good Sports program <sup>37</sup>	3,934	4,000	N/A	N/A	N/A
Percentage of population 18 years of age and over at risk of long-term harm from alcohol <sup>38</sup>	<14.8%	<14.8%	<14.8%	<14.8%	<14.8%
Number of young people referred to counselling under innovative early intervention programs <sup>39</sup>	250	250	N/A	N/A	N/A

<sup>35</sup> Data on this target is currently taken from the National Drug Strategy Household Survey, which is published every three years.

<sup>36</sup> Figures from 2011-12 onwards have been adjusted to reflect targets against expected prevailing usage.

<sup>37</sup> Funding for this activity ends in 2011-12.

<sup>38</sup> This is a broad indicator of harm and does not relate to any specific activities. As such, it is not referred to in the activity section.

<sup>39</sup> Funding for this activity ends in 2011-12.

## Program 1.4: Regulatory policy

### Program Objectives

Through Program 1.4, the Australian Government aims to provide direction and national leadership in food regulation and policy issues, maintain and improve the therapeutic goods regulatory framework, provide for the safe and sustainable use of industrial chemicals, and enhance the efficient use of the gene technology regulatory system.

### Program 1.4 Expenses

Table 1.17: Program Expenses

	2010-11 Estimated actual \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	89	99	58	619	631
Program support	2,979	2,931	2,670	2,665	2,572
Departmental special accounts					
OGTR Special Account <sup>1</sup>	8,306	8,396	8,237	8,303	8,381
NICNAS Special Account <sup>2</sup>	11,498	9,687	10,024	9,951	9,882
TGA Special Account <sup>3</sup>	118,133	123,049	126,900	131,430	136,206
Expense adjustment <sup>4</sup>	(6,727)	(5,214)	(5,203)	(5,137)	(3,263)
<b>Total Program 1.4 expenses</b>	<b>134,278</b>	<b>138,948</b>	<b>142,686</b>	<b>147,831</b>	<b>154,409</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

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

- promote and support a consistent approach to the development of food standards and maintain and improve governance of the food regulatory system.

#### Major Activities

##### Facilitate food regulatory policy informed by evidence

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

will contribute to higher levels of trust and satisfaction among the community in the food regulatory system.

The food regulation system is a partnership between the Australian Government, state and territory governments and the New Zealand Government. An important feature of the system is the separation of policy decision making from the development of standards. The Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) develops domestic food regulation policy which forms the basis of food standards development, as used by Food Standards Australia New Zealand (FSANZ)<sup>40</sup>, the statutory authority.

The Ministerial Council is chaired by the Parliamentary Secretary for Health and Ageing and comprises Ministers from all Australian states and territories as well as the New Zealand Government. The relationship with New Zealand is established through a treaty.<sup>41</sup>

Within this partnership, the Australian Government continues to lead the Council of Australian Governments' (COAG) reforms on food regulation. In December 2009, COAG agreed to a number of steps towards achieving nationally consistent food regulation within Australia. This agreement was part of its microeconomic reform agenda under the *National Partnership to Deliver a Seamless National Economy* exploring regulation reform across a broad range of sectors, including the food sector.

As part of this reform agenda, from 1 July 2011, FSANZ will provide a centralised food standards interpretive advisory function. The advice developed will be adopted and applied by all states and territories in the course of their monitoring and enforcement activities. The department will support FSANZ through the establishment phase until 2013-14.

Further, the department will consider the 61 recommendations arising from the independent review of Food Labelling Law and Policy led by a panel chaired by Dr Neal Blewett. *Labelling Logic*, the report from the independent panel was publicly released on 28 January 2011. The department is working with other Government departments, including the Department of Agriculture Fisheries and Forestry and the Ministerial Council, to develop a whole-of-government response to the recommendations. This response will be provided to the Ministerial Council by the end of 2011 and forwarded to COAG in early 2012.

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

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<sup>40</sup> For further information about Food Standards Australia New Zealand, refer to the FSANZ chapter in these Portfolio Budget Statements.

<sup>41</sup> Agreement between the Government of Australia and the Government of New Zealand Concerning a Joint Food Standards System, Australian Treaty Series 1996 No.12 incorporating amendments in 2002 (ATS 13) and 2010 (ATS 15).

an opportunity to influence the development of food regulation at the international level.

### Sub-Program 1.4.1: Deliverables

The department will produce the following 'deliverables' to achieve the objectives of Sub-Program 1.4.1.

**Table 1.18: Qualitative Deliverables for Sub-Program 1.4.1**

Qualitative Deliverables	2011-12 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program/policy development	Stakeholders participate in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Facilitate food regulatory policy informed by evidence</b>	
Provide advice to Australia and New Zealand Food Regulation Ministerial Council	Advice provided is timely and relevant
Assist Food Standards Australia New Zealand to develop a centralised interpretive advisory function	Assistance and advice provided is timely and relevant
Coordinate and develop a response to the <i>Labelling Logic</i> report	Response provided to Ministerial Council by the end of 2011

**Table 1.19: Quantitative Deliverables for Sub-Program 1.4.1**

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Facilitate food regulatory policy informed by evidence</b>					
Percentage of Food Standards Assessment Report Notifications on which Minister is briefed	100%	100%	100%	100%	100%

### Sub-Program 1.4.1: Key Performance Indicators

The following 'key performance indicators' measure the effectiveness of Sub-Program 1.4.1 in meeting its objectives thereby contributing to the outcome.

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

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Facilitate food regulatory policy informed by evidence</b>					
Percentage of agenda papers sent out on time to the Ministerial Council and its subcommittees	>80%	>80%	>80%	>80%	>80%

### Sub-Program 1.4.2: Therapeutic goods

#### Sub-Program Objective

Through Sub-Program 1.4.2, the Australian Government aims to:

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

#### Major Activities

##### Therapeutic goods regulation

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.

##### *Implementation of transparency reforms*

In 2011-12, the Australian Government, through the TGA, will implement reforms following the independent review of the way it communicates its regulatory processes and decisions to industry and the public. The review panel was chaired by Professor Dennis Pearce AO, and encouraged input from a range of concerned parties including consumers, health practitioners, industry and the public. The review focused on improving the TGA's transparency and the public's knowledge of regulatory decision making processes. These improvements will help the TGA

to better demonstrate the benefits and risks of therapeutic goods and improve the Australian community's understanding of how the TGA operates and the reasons for its decisions.

The TGA reforms will be consistent with the Government's policy of reducing unnecessary regulatory burden and increasing transparency, in particular, changes to the *Freedom of Information Act 1982* will improve public access to decision making.

#### *Implementation of advertising reforms*

In 2011-12, the Australian Government, through the TGA, will implement reforms to the regulatory framework for the advertising of therapeutic goods. These reforms will be undertaken following consultation with consumers, health care practitioners and the advertising and therapeutic goods industries. The reforms aim to improve the efficiency, effectiveness and transparency of the regulatory framework for advertising of therapeutic goods. Improved advertising regulation of therapeutic goods will contribute to the quality use of medicines by ensuring that health care professionals and consumers receive accurate information about the quality, safety and efficacy of medicines. It is particularly important that consumers receive accurate information about the benefits and risks of those goods that they can safely access.

#### **Sub-Program 1.4.2: Deliverables**

The TGA will produce the following 'deliverables' to achieve the objectives of Sub-Program 1.4.2.

**Table 1.21: Qualitative Deliverables for Sub-Program 1.4.2**

<b>Qualitative Deliverables</b>	<b>2011-12 Reference Point or Target</b>
Stakeholders participate in program development	Stakeholders participate in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Therapeutic goods regulation</b>	
Implement TGA Transparency Reforms	The agreed reforms are implemented within the required timeframes
Implement Advertising Reforms	The agreed improvements are implemented within the required timeframes

**Table 1.22: Quantitative Deliverables for Sub-Program 1.4.2<sup>42</sup>**

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Therapeutic goods regulation</b>					
Percentage of alleged breaches are assessed within 10 working days and an appropriate response initiated <sup>43</sup>	100%	100%	100%	100%	100%
Number of licensing and surveillance audits performed: <sup>44</sup>					
• Domestic	300	300	300	300	300
• Overseas	125	125	125	125	125
Number of completed evaluations of prescription medicines: <sup>45</sup>					
• Category 1	478	475	475	475	475
• Category 3	1253	1250	1250	1250	1250

<sup>42</sup> The key performance indicator from the 2010-11 Portfolio Budget Statements 'Number of therapeutic good tested' has been deleted and will be replaced by more meaningful information in the future.

<sup>43</sup> The wording of this deliverable has been amended as an average assessment time was not considered the best measure of TGA's responsiveness.

<sup>44</sup> The 'Proportion of licensing and surveillance audits performed within agreed timeframes' has been replaced with this key performance indicator, which offers greater transparency.

<sup>45</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 1.4.2: Key Performance Indicators

The following 'key performance indicators' measure the effectiveness of Sub-Program 1.4.2 in meeting its objectives thereby contributing to the outcome.

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

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Therapeutic goods regulation</b>					
Percentage of evaluations and appeals regarding the entry of therapeutic goods onto the Australian Register of Therapeutic Goods made within legislated timeframes <sup>46</sup>	100%	100%	100%	100%	100%
Percentage of consumer information (AusPARs, CMI and PIs) <sup>47</sup> published on the TGA website within the target timeframe	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%

<sup>46</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>47</sup> AusPARs, CMI and PIs are Australian Public Assessment Reports, Consumer Medicines Information and Product Information documents for prescription medicines available through the TGA website at: <[www.tga.gov.au/pmeds/pmeds.htm](http://www.tga.gov.au/pmeds/pmeds.htm)>.

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of prescription medicine evaluations completed within target timeframes: <sup>48</sup>					
• Category 1	100%	100%	100%	100%	100%
• Category 3	100%	100%	100%	100%	100%

### Sub-Program 1.4.3: Industrial chemicals

#### Sub-Program Objective

Through Sub-Program 1.4.3, the Australian Government aims to:

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

#### Major Activities

##### Protect human health and the environment

The Australian Government promotes the safe and sustainable use of industrial chemicals through the national system of notification and assessment of industrial chemicals, and provision of information and recommendations about the safe use of industrial chemicals.

The National Industrial Chemicals Notification and Assessment Scheme (NICNAS) contributes to this by conducting high quality scientific assessments of the risks to human health and environment arising from industrial chemicals, providing advice about the assessed chemicals and giving effect to Australia's obligations under international agreements in relation to industrial chemicals of concern. Furthermore, NICNAS works with national and international partners to improve the efficiency of the scheme and to ensure it is aligned with recognised international approaches, as appropriate.

In 2011-12, NICNAS will continue the pre-market assessment system for industrial chemicals not previously used in Australia. NICNAS will promote the introduction of chemicals into Australia that are safer for human health and the environment, and will undertake risk assessments of new chemicals, including new

<sup>48</sup> 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.

nanomaterials.<sup>49</sup> NICNAS will also evaluate amendments to its new chemicals framework for industrial nanomaterials introduced on 1 January 2011. In addition, NICNAS will continue to focus on work share arrangements with other countries and facilitate the international alignment of requirements for notification of particular classes of chemicals, for example, polymers.<sup>50</sup> Streamlining new chemicals notification processes by sharing assessment information will increase efficiency by minimising duplication of effort between NICNAS and comparable overseas regulatory authorities.

Chemicals already in use in Australia are assessed on a priority basis in response to health and/or environmental concerns. As a key priority, NICNAS is reforming the assessment framework for existing chemicals to introduce a more flexible and responsive assessment program. The new assessment framework will also increase the amount of information available on the health and environmental impacts of existing chemicals. In 2011-12, NICNAS will finalise several major reviews of existing chemicals of concern, notably for several phthalates.<sup>51</sup>

The framework for identifying and assessing chemicals of concern will be finalised in 2011-12, and funding options will be considered through a cost recovery impact statement.

In 2011-12, NICNAS will finalise the periodic review of its cost recovery arrangements and, if required, commence implementation of outcomes. In addition, following a scoping exercise in 2010-11, the NICNAS website<sup>52</sup> will move to a content management system and be redesigned to improve accessibility and usability of its extensive chemical safety information. Finally, NICNAS will continue to develop a more user friendly public interface for its IT systems.

NICNAS will continue to work with overseas counterparts to take advantage of internationally accepted assessment methodologies and through sharing of assessment information. A bilateral arrangement with the European Chemicals Agency will be developed and existing bilateral arrangements with relevant Canadian agencies will be updated to include new activities. NICNAS will also continue to consult with stakeholders, such as the chemical industry, the community (including employees working with chemicals), the Australian Government and state and territory governments, through national standing committees, networks, advisory committees and information activities. These consultations will ensure consideration is taken of all stakeholder views in achieving NICNAS' objectives.

Sub-Program 1.4.3 is linked as follows:

- The Australian Customs and Border Protection Service (Attorney General's Department) for reviewing importation of industrial chemicals.

<sup>49</sup> Industrial nanomaterials are industrial materials intentionally produced, manufactured, or engineered to have specific properties or composition, with one or more dimensions typically between 1 and 100 nanometre - equal to one billionth of a metre.

<sup>50</sup> A polymer is a large molecule made by reacting a number of small molecules together, for example, plastic.

<sup>51</sup> Phthalates are industrial chemicals used as solvents and plasticers (plastic softeners) for a wide variety of consumer applications.

<sup>52</sup> Available at: <[www.nicnas.gov.au](http://www.nicnas.gov.au)>.

- The Australian Competition and Consumer Commission (Treasury) and Safe Work Australia (Department of Education, Employment and Workplace Relations) for managing risks arising from industrial chemicals.
- The Attorney General’s Department for managing chemicals of security concern.

### Sub-Program 1.4.3: Deliverables

NICNAS will produce the following ‘deliverables’ to achieve the objectives of Sub-Program 1.4.3.

**Table 1.24: Qualitative Deliverables for Sub-Program 1.4.3**

Qualitative Deliverables	2011-12 Reference Point or Target
Stakeholders participate in program/policy development	Stakeholders participate in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Protect human health and the environment</b>	
Finalise an accelerated assessment program for existing chemicals	Framework for assessing and prioritising chemicals of concern finalised
Implement a regulatory framework on industrial nanomaterials	Preferred option for existing chemicals finalised by 30 June 2012
Finalise several major reviews of existing chemicals of concern	Four reviews finalised by 30 June 2012
Conduct a review of NICNAS Cost recovery arrangements	Review of cost recovery arrangements finalised by 31 December 2011 and implementation commenced
Influence international assessments, regulatory approaches and methodologies for incorporation, as appropriate into Australian industrial chemicals assessment and management systems	Active participation in international harmonisation activities and progress bilateral relationships
Develop and sign cooperative arrangement with ECHA – European Chemicals Agency	Agreement developed and signed by 30 June 2012

Table 1.25: Quantitative Deliverables for Sub-Program 1.4.3

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Protect human health and the environment</b>					
Percentage of NICNAS Priority Existing Chemicals recommendations developed in consultation with relevant stakeholders	100%	100%	100%	100%	100%
Percentage of reports on assessed chemicals posted to the NICNAS website:					
• new chemicals	100%	100%	100%	100%	100%
• existing chemicals	100%	100%	100%	100%	100%
Percentage of inquiries to NICNAS responded to within 24 hours	95%	95%	95%	95%	95%
Percentage of new chemical assessment completed within legislated timeframes <sup>53</sup>	96%	96%	96%	96%	96%
Percentage of legislated timeframes adhered to for assessment of existing chemicals <sup>54</sup>	100%	100%	100%	100%	100%
Percentage of Australian Inventory of Chemical Substances - AICS searches completed within five working days	N/A	95%	95%	95%	95%

<sup>53</sup> In the 2010-11 Portfolio Budget Statements this deliverable was reported as a key performance indicator. It has been moved in 2011-12 as it is a better measure of the activities undertaken by NICNAS to achieve the program objective.

<sup>54</sup> In the 2010-11 Portfolio Budget Statements this deliverable was reported as a key performance indicator. It has been moved in 2011-12 as it is a better measure of the activities undertaken by NICNAS to achieve the program objective.

### Sub-Program 1.4.3: Key Performance Indicators

The following 'key performance indicators' measure the effectiveness of Sub-Program 1.4.3 in meeting its objectives thereby contributing to the outcome.

**Table 1.26: Qualitative Key Performance Indicators for Program 1.4.3**

Qualitative Indicator	2011-12 Reference Point or Target
<b>Protect human health and the environment</b>	
Effectiveness of regulatory and scientific advice	High level of uptake of NICNAS regulatory recommendations by government and industry
Improved new chemicals framework for industrial nanomaterials	Overall evaluation of new chemicals framework for industrial nanomaterials indicates that the 1 January 2011 amendments have contributed to improved outcomes

**Table 1.27: Quantitative Key Performance Indicators for Sub-Program 1.4.3<sup>55</sup>**

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Protect human health and the environment</b>					
Percentage of known industrial chemical introducers registered and compliant <sup>56</sup>	95%	95%	96%	96%	97%
Percentage of customers satisfied with NICNAS training	95%	95%	95%	95%	95%
Percentage increase in visitor sessions to NICNAS website	5%	5%	5%	5%	5%
Percentage uptake of options to introduce low risk new chemicals <sup>57</sup>	80%	80%	80%	80%	80%

<sup>55</sup> The key performance indicator 'Percentage of customer satisfaction with chemical safety information' has been removed from the 2011-12 Portfolio Budget Statements because the revised NICNAS stakeholder survey no longer captures this data.

<sup>56</sup> This key performance indicator replaces 'Percentage of chemical companies compliant with NICNAS registration obligations, payment of fees and annual reporting' as it better clarifies the impact of the NICNAS Compliance and Enforcement Program on NICNAS Registration activities.

<sup>57</sup> Indicator has been updated from 2010-11 Portfolio Budget Statements to provide greater clarity.

## Sub-Program 1.4.4: Gene technology regulation

### Sub-Program Objective

Through Sub-Program 1.4.4, the Australian Government aims to:

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

### Major Activities

#### Gene technology regulation

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 environment by regulating certain dealings with genetically modified organisms. 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 2011-12, OGTR will provide advice to the department in relation to the proposed review of operation of the *Gene Technology Act 2000*. In addition, OGTR will continue to review guidelines and processes, in consultation with stakeholders, to enhance the efficiency and effectiveness of the gene technology regulatory system. OGTR's key stakeholders are state and territory governments, Australian Government agencies, regulated communities (hospitals, universities and research organisations) and the biotechnology industry (including agricultural and medical companies).

To ensure that assessments are based on current science and represent international best practice, OGTR will engage in international harmonisation activities and continue to consult with experts and key stakeholders on licence applications for the release of GMOs into the environment. In addition, OGTR will consult with the general public to promote mutual understanding and timely resolution of issues of concern. In accordance with the requirements of gene technology legislation, OGTR will monitor the conduct of licensed dealings<sup>58</sup> with GMOs and maintain a comprehensive record of approved GMO dealings on OGTR's website<sup>59</sup> for the general public.

OGTR will conduct rolling reviews to ensure that the Regulations, guidelines and processes remain current with advances in gene technology and understanding of risks. In 2011-12, OGTR will complete implementation of changes arising from amendments to the Gene Technology Amendment Regulations 2011, including providing information and assistance to regulated organisations.

<sup>58</sup> The gene technology legislation requires that certain dealings or activities with genetically modified organisms (GMOs) must be licensed before they can be conducted. Organisations that intend to conduct such dealings (e.g. experiments, field trials etc) with GMOs must submit licence applications to the Regulator. The purpose of licensing is to protect human health and/or the environment by identifying and managing risks posed by GMOs. OGTR prepares risk assessment and risk management plans for all licence applications, which form the basis of Regulator's decisions on whether or not to issue licences and on conditions of each licence. This is one of the ongoing core activities of the OGTR.

<sup>59</sup> Available at: <[www.ogtr.gov.au](http://www.ogtr.gov.au)>.

In addition, OGTR will continue bilateral arrangements with other Australian Government regulators, such as Food Standards Australia New Zealand<sup>60</sup>, the Therapeutic Goods Administration<sup>61</sup>, the Australian Pesticides and Veterinary Medicines Authority, the Australian Quarantine and Inspection Service and the National Industrial Chemicals Notification Assessment Scheme<sup>62</sup>, to enhance coordinated decision-making and avoid duplication in regulation of GMOs and GM products. These activities will deliver a risk-based, responsive, efficient and effective regulatory system that protects Australian people and the environment.

**Sub-Program 1.4.4: Deliverables**

OGTR will produce the following ‘deliverables’ to achieve the objectives of Sub-Program 1.4.4.

**Table 1.28: Qualitative Deliverables for Sub-Program 1.4.4**

Qualitative Deliverables	2011-12 Reference Point or Target
<b>Gene technology regulation</b>	
Thoroughly assess and manage risks posed by GMOs or as a result of gene technology	Risks posed by GMOs or gene technology assessed and managed appropriately
Consult with key stakeholders on draft guidelines and on licence applications for intentional release of GMOs into the environment	Seek feedback from stakeholders on draft guidelines and intentional release licence applications in a timely and transparent manner in accordance with the legislation
Implement the Gene Technology Amendment Regulations 2011	Complete implementation of regulatory changes by end of 2011-12

**Table 1.29: Quantitative Deliverables for Sub-Program 1.4.4**

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%

<sup>60</sup> For further information on the activities of FSANZ, refer to the FSANZ chapter in these Portfolio Budget Statements.

<sup>61</sup> For further information on the activities of the TGA, refer to Program 1.4.2 in these Portfolio Budget Statements.

<sup>62</sup> For further information on the activities of NICNAS, refer to Program 1.4.3 in these Portfolio Budget Statements.

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Gene technology regulation</b>					
Percentage of GMO licences issued under the <i>Gene Technology Act 2000</i> that are entered onto a publicly accessible record on the OGTR website	100%	100%	100%	100%	100%
Percentage of field trial sites and higher level containment facilities inspected	20%	20%	20%	20%	20%

**Sub-Program 1.4.4: Key Performance Indicators**

The following 'key performance indicators' measure the effectiveness of Sub-Program 1.4.4 in meeting its objectives thereby contributing to the outcome.

**Table 1.30: Qualitative Key Performance Indicators for Program 1.4.4**

Qualitative Indicator	2011-12 Reference Point or Target
<b>Gene technology regulation</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 1.31: Quantitative Key Performance Indicators for Sub-Program 1.4.4**

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Gene technology regulation</b>					
Percentage of licence decisions made within statutory timeframes	100%	100%	100%	100%	100%

## **Program 1.5: Immunisation**

### **Program Objective**

Through Program 1.5, the Australian Government aims to:

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

### **Major Activities**

#### **Improve immunisation**

##### *Immunisation coverage rates*

The department, through the Immunise Australia program, will continue to support the provision of immunisation services to the Australian community and maintain a high level of immunisation coverage in 2011-12. This will ensure protection against major vaccine preventable diseases and reduce the incidence of these diseases in the community.

In 2011-12, under the National Partnership Agreement for Essential Vaccines, the Australian Government will work with the states and territories to increase immunisation coverage rates for all eligible Australians. The agreement outlines arrangements to maintain and improve effective immunisation for vaccine preventable diseases funded under the National Immunisation Program Schedule. The department will continue to fund and manage the purchase of vaccines. The department will also assess states and territories performance to ensure reward payments for increased immunisation coverage rates reflect performance outcomes. States and territories are assessed against four key benchmarks: vaccine coverage of Indigenous Australians; vaccination coverage for four year olds; coverage in agreed areas of low immunisation coverage; and maintaining or decreasing wastage and leakage.

In 2011-12, the department will also support the uptake of immunisation by continuing to develop and provide Immunise Australia program communications materials for providers and consumers, in hard copy and via the internet.

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

In 2011-12, the department will tender for vaccines for the National Immunisation Program. This will enable a more efficient and cost-effective system of vaccine purchasing for the National Immunisation Program through centralised arrangements for procurement, contract negotiations and establishment of agreements with, and payments to, pharmaceutical companies for vaccine supply. Improvements in pricing and value-for-money may arise because of a more competitive vaccine market environment.

##### *Essential Vaccines Procurement Strategy*

In 2011-12, the department will finalise an Essential Vaccine Procurement Strategy to implement the National Partnership Agreement for Essential Vaccines and

inform the future vaccine procurement process for the National Immunisation Program. The strategy will outline how the Australian Government intends to secure the ongoing supply of high quality vaccines for the National Immunisation Program at the best value-for-money.

#### *National Immunisation Strategy*

In 2011-12, the department, in consultation with stakeholders, will develop an implementation plan for the National Immunisation Strategy. The strategy guides Australia's approach to the prevention and control of vaccine preventable diseases. The National Immunisation Committee will oversee the development of the implementation plan for the strategy. The committee comprises all states and territories, consumer representatives and expert advisors from a range of peak organisations (including the Australian Medical Association, Australian General Practice Network and Rural Doctors Association Australia). The implementation plan will provide the detailed activities and responsibilities for implementing the priorities outlined in the strategy.

Program 1.5 is linked as follows:

- This program included National Partnerships payments for:
  - *Essential Vaccines*.  
These Partnerships payments are paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.
- The Department of Families, Housing, Community Services and Indigenous Affairs, which administers Maternity Immunisation Allowance to eligible parents; eligibility for which is linked to satisfying the requirements for age-related immunisation (Program 1.3).
- The Department of Human Services (Medicare Australia), which administers the Australian Childhood Immunisation Register through its Services to the Community (Program 1.1).
- The Department of Education, Employment and Workplace Relations, which administers Child Care Benefits to eligible parents; eligibility for which is linked to satisfying the requirements for age-related immunisation.

## Program 1.5 Expenses

Table 1.32: Program Expenses

	2010-11 Estimated actual \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services to Australian Childhood Immunisation Register Special Account	16,600 (5,779)	18,473 (4,595)	18,142 (4,655)	18,554 (4,718)	19,018 (4,770)
Special appropriations <i>National Health Act 1953</i> - essential vaccines	49,062	19,110	19,348	19,588	19,831
Special accounts Australian Childhood Immunisation Register Special Account	9,494	8,340	8,447	8,559	8,649
Program support	5,300	5,215	4,751	4,743	4,576
<b>Total Program 1.5 expenses</b>	<b>74,677</b>	<b>46,543</b>	<b>46,033</b>	<b>46,726</b>	<b>47,304</b>

## Program 1.5: Deliverables

The department will produce the following 'deliverables' to achieve the objectives of Program 1.5.

Table 1.33: Qualitative Deliverables for Program 1.5

Qualitative Deliverables	2011-12 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, tender evaluation processes, stakeholder engagement forums, surveys, submissions on departmental discussion papers and other meetings
<b>Improve immunisation</b>	
Develop the Essential Vaccines Procurement Strategy	Essential Vaccines Procurement strategy completed in 2011-12
Develop implementation plan for the National Immunisation Strategy	The implementation plan for the National Immunisation Strategy completed in 2011-12

**Table 1.34: Quantitative Deliverables for Program 1.5**

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Improve immunisation</b>					
Number of completed tenders under the National Partnership Agreement on Essential Vaccines (Essential Vaccines Procurement Strategy) <sup>63</sup>	1	3	3	4	2

<sup>63</sup> The number of completed tenders under the National Partnership Agreement on Essential Vaccines has been revised due to the finalisation of initial tenders being more technical and complex than anticipated. This has resulted in revised timelines for completion of future tenders.

### Program 1.5: Key Performance Indicators

The following 'key performance indicators' measure the effectiveness of Program 1.5 in meeting its objectives thereby contributing to the outcome.

**Table 1.35: Qualitative Key Performance Indicators for Program 1.5**

Qualitative Indicator	2011-12 Reference Point or Target
<b>Improve immunisation</b>	
National Partnership Agreement on Essential Vaccines operates effectively	Reporting against benchmarks, state and territory monthly and annual facilitation payments made on time  The performance benchmarks are used to assess state and territory performance and consist of: <ol style="list-style-type: none"> <li>1. maintaining or increasing vaccine coverage or 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; and</li> <li>4. maintaining or increasing vaccination coverage for four year olds. (this is a KPI, immunisation coverage rates at 60-63 months of age).</li> </ol>
Evaluate the effectiveness of immunisation programs	Notifications of vaccine preventable diseases are reduced

**Table 1.36: Quantitative Key Performance Indicators for Program 1.5**

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
<b>Improve immunisation</b>					
Improve the immunisation coverage rates among children 60-63 months of age <sup>64</sup>	88.0%	88.2%	88.5%	88.7%	89.0%

<sup>64</sup> The budget targets for the 60-63 month age group have been revised following a review of immunisation rates for the last five years. Note that the coverage rate for this age group is a performance benchmark for states and territories under the National Partnership Agreement on Essential Vaccines.

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Maintain the immunisation coverage rates among children 24-27 months of age	92.7%	92.7%	92.7%	92.7%	92.7%

## Program 1.6: Public health

### Program Objectives

Through Program 1.6, the Australian Government aims to:

- undertake activities under the Health Social Surveys Fund;
- improve child and youth health; and
- promote healthy lifestyle choices to improve public health outcomes.

### Major Activities

#### Health Social Surveys Fund

Following a review of administrative arrangements in the Health and Ageing portfolio, the Australian Government will establish the Health Social Surveys Fund. This fund will consolidate administrative and funding arrangements for the new Australian Health Survey, the Australian Longitudinal Study of Women's Health and the development of the Australian Longitudinal Study on Male Health. This fund will also provide flexibility to address social health data in a more considered way, ensuring complementary data to better support the evidence base for the development of health policy. The table on page 819 shows the movement of programs into funds as a result of the Strategic Review. The table identifies programs, as previously described in the 2010-11 Portfolio Budget Statements, and the new funds into which these programs have been consolidated.

The Australian Government aims to provide a sound evidence-base for health policy and program development to enhance the Australian health system and benefit the population.

National surveys on health and ageing issues are conducted by the Australian Bureau of Statistics (ABS) with funding from the Australian Government. These surveys provide high quality, relevant data that assist the department, other Australian Government agencies, state and territory government agencies, universities, research institutes and private researchers to investigate health and ageing issues and develop innovative and evidence-based policy responses. The department's financial contribution to the ABS enables key surveys, such as the forthcoming Australian Health Survey, which includes the National Health Survey and the National Aboriginal and Torres Strait Islander Health Survey, to ensure high quality and regular surveillance of Australia's health status and associated issues.

In 2011-12, the Australian Bureau of Statistics (ABS), in close consultation with the department, will continue to conduct the Australian Health Survey. The survey has two components - a survey of the general population which commenced in March 2011 and a survey of the Aboriginal and Torres Strait Islander population which commences in March 2012. The Australian Health Survey will combine the previous ABS National Health Survey and the National Aboriginal and Torres Strait Islander Health Survey<sup>65</sup> with new nutrition, physical activity, and biomedical components. The survey will gather nationally representative data including food consumption patterns, nutritional status, obesity, physical activity and chronic disease indicators from adults and children two years of age and above, including Aboriginal and Torres Strait Islander peoples. Survey findings will provide objective prevalence estimates for a number of health indicators, enable effective monitoring of health trends and will be used to guide the development of future preventive health policies and programs and to guide the work on preventive health to be undertaken by the department and the Australian National Preventive Health Agency (ANPHA).<sup>66</sup>

During 2011-12, the department and the ABS will continue to work with an Indigenous Technical Panel established by the department to provide advice on aspects of the Aboriginal and Torres Strait Islander survey. This work will ensure that data collected in the survey are culturally appropriate and of maximum value to Aboriginal and Torres Strait Islander peoples. The department will also work with the ABS to provide a comprehensive data output strategy to ensure that survey outputs meet stakeholder data requirements and that results are made freely available to stakeholders and the public. The department will support the ABS' implementation and promotion of the survey through regular communication with key stakeholders, including formal briefings and presentations for relevant government committees and other interested groups.

The first *National Male Health Policy* was released in May 2010. Under the policy, the first national longitudinal study on male health will be developed to examine the health and wellbeing of Australian males with a focus on the social, economic, environmental and behavioural factors that affect the length and quality of life of Australian men and boys.

Additional funding will also be provided to support the Australian Longitudinal Study on Women's Health, to support policy and effective research, data collection, and dissemination of this information to improve the evidence-base on women's health.

The study delivers quality information about the health and wellbeing of women and investigates health and ageing, rural, regional and remote health differences, and other issues of importance to women and health policy-makers. The additional funding will allow for a new, younger cohort of women to be added to the study. In 2011-12, the department will continue to use findings from the study to inform policy and program development.

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<sup>65</sup> For more information on this activity, please see Outcome 10 located in these Portfolio Budget Statements.

<sup>66</sup> For more information on ANPHA, please see its chapter in these Portfolio Budget Statements.

### Improve child and youth health

The Government recognises the importance developing specific programs and strategies to address the health needs of young people. In 2011-12, the department will work across government to inform health aspects of child and youth policy issues, including the Early Childhood Development Strategy, the National Strategy for Young Australians and other key national frameworks.

To give children a good start in life, the Government will focus on encouraging healthy eating and physical activity in this group. In 2011-12, the department will continue to implement the Stephanie Alexander Kitchen Garden national program in up to 190 eligible primary schools across Australia. The program teaches children in years three to six about growing, harvesting, preparing and sharing healthy food. Since the program commenced in 2008-09, the Australian Government has funded 129 primary schools across Australia. The department will manage the fourth and final funding round in 2011-12.

The Healthy Children Initiative under the Partnership Agreement on Preventive Health will provide funding over four years to state and territory governments in 2011-12 to deliver programs for children from birth to 16 years of age, to increase levels of physical activity and improve the intake of fruit and vegetables in settings such as child care centres, preschools and schools.

The Government will also endeavour to prevent harm in youth from illicit drugs and alcohol through a diverse range of activities including social marketing campaigns.<sup>67</sup>

### Promote the adoption of healthy lifestyles

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

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

The Australian Government will continue to combat the rising number of people classified as either overweight<sup>68</sup> or obese.<sup>69</sup> In 2011-12, the Government will continue the Measure Up campaign to raise awareness of the risks of being overweight or obese, including the risk of developing lifestyle related chronic diseases. The primary target group for the campaign is 25-50 year olds with

<sup>67</sup> Refer to activities under Program 1.3 for further detail.

<sup>68</sup> A person is considered overweight when the measurement ratio comparing their height with weight (Body Mass Index) is over 25kg/m<sup>2</sup>.

<sup>69</sup> A person is considered obese when the measurement ratio comparing their height with weight (Body Mass Index) is over 30kg/m<sup>2</sup>.

children, with a secondary target audience of 45-60 year olds and other at-risk groups. Activity will include mass media advertising supported by public relations activities and communications targeting culturally and linguistically diverse audiences.

Building on previous phases of activity, the Measure Up social marketing campaigns will continue in 2011-12 and encourage people to make positive choices in relation to nutrition, physical activity, and weight/waist and reinforce the reasons why change is necessary (i.e. the increased risk of chronic disease). The Measure Up social marketing campaigns will focus heavily on providing information on 'how' positive lifestyle changes can be achieved.

The Healthy Communities Initiative, developed as part of the National Partnership Agreement on Preventive Health, will fund local governments over four years to support community-based programs. These programs will promote beneficial lifestyle behaviours including physical activity and healthy eating. The initiative will predominantly target unemployed and socioeconomically disadvantaged adults who are at a high risk of developing chronic disease. The initiative commenced in 2009-10, when 12 pilot locations in local government areas across all states and territories were funded until 2010-11. The second funding round to support up to 33 local governments took place in 2010-11, and the third and final funding round for up to a further 47 locations will take place in 2011-12. Implementation will be supported through the concurrent funding of six National Program Grants to deliver proven and effective healthy lifestyles programs in each state and territory, a Quality Framework and an information portal.

A registration body to support program and provider registration against the Quality Framework was engaged in 2010-11. This organisation will deliver an information portal that will list registered programs and providers to assist local governments in gaining access to effective healthy lifestyle interventions.

The Healthy Workers Initiative of the Partnership Agreement on Preventive Health will fund state and territory governments over four years from 2011-12 to support workplace health programs that focus on decreasing rates of overweight and obesity, increasing levels of physical activity and intake of fruit and vegetables, smoking cessation and reducing harmful levels of alcohol consumption. The department will continue to support the implementation of state and territory programs through the development of national standards and benchmarking, a National Healthy Workplace Charter and national awards for best practice in workplace health programs.

Program 1.6 is linked as follows:

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

These Partnerships payments are paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the

program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

- The Australian Bureau of Statistics for the new nutrition, physical activity and biomedical components of the Australian Health Survey.

### Program 1.6 Expenses

Table 1.37: Program Expenses

	2010-11 Estimated actual \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	21,937	20,666	16,506	47,052	47,341
Other services	7,841	25,793	26,283	-	-
Program support	10,451	10,284	9,369	9,353	9,025
<b>Total Program 1.6 expenses</b>	<b>40,229</b>	<b>56,743</b>	<b>52,158</b>	<b>56,405</b>	<b>56,366</b>

### Program 1.6: Deliverables<sup>70</sup>

The department will produce the following 'deliverables' to achieve the objectives of Program 1.6.

Table 1.38: Qualitative Deliverables for Program 1.6

Qualitative Deliverables	2011-12 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program/policy development	Stakeholders participate in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Health Social Surveys Fund</b>	
Consultation with stakeholders on implementation arrangements for the fund	Timely initial contact and follow up consultation where this is required
Establishment of administrative arrangements for the fund	Administrative arrangements in place

<sup>70</sup> As a result of the Strategic Review, deliverables may have changed from the 2011-12 Portfolio Budget Statements.

Qualitative Deliverables	2011-12 Reference Point or Target
Conduct the Australian Health Survey	The Australian Health Survey is undertaken in two phases: initially in the general population in 2011-12 followed by the Aboriginal and Torres Strait Islander population in 2012-13
Undertake the Australian Longitudinal Study on Male Health	Design and establishment of the framework and methodology for the Australian Longitudinal Study on Male Health
Provide regular statistical bulletins on male health	Statistical bulletin on male health released in 2011-12
Australian Longitudinal Study on Women's Health	Major Australian Longitudinal Health Study on Rural, Remote and Regional Differences to be released in 2011  The department will continue to work closely with the Australian Longitudinal Study on Women's Health to identify the opportunities for using the Study's findings for the implementation of the <i>National Women's Health Policy 2010</i>
Release of the 2010 Australian National Infant feeding Survey Report and Infant feeding Guidelines for Health Workers	Infant feeding Guidelines for Health Workers endorsed by NHMRC. Both the 2010 Australian National Infant feeding Survey Report and Infant feeding Guidelines for Health Workers are released within agreed timeframes
The public health evidence base is strengthened by data collected in the Australian Health Survey	The Australian Health Survey provides nationally representative data for a range of health indicators
<b>Promote the adoption of healthy lifestyles</b>	
Launch elements of the Healthy Workers Initiative	National Healthy Workplace Charter, National Awards for Healthy Workplace Achievements, the National Healthy Workers Toolkit/Portal and the quality assurance/standards and benchmarking model are launched within agreed timeframes

Table 1.39: Quantitative Deliverables for Program 1.6

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Improve child and youth health</b>					
Number of government primary schools to implement the Stephanie Alexander Kitchen Garden National program <sup>71</sup>	50	50	N/A	N/A	N/A
<b>Promote the adoption of healthy lifestyles</b>					
Number of grants to local governments administered through the Healthy Communities Initiative <sup>72</sup>	45	92	92	N/A	N/A

**Program 1.6: Key Performance Indicators<sup>73</sup>**

The following 'key performance indicators' measure the effectiveness of Program 1.6 in meeting its objectives thereby contributing to the outcome.

Table 1.40: Qualitative Key Performance Indicators for Program 1.6

Qualitative Indicator	2011-12 Reference Point or Target
<b>Improve child and youth health</b>	
Conduct an independent evaluation of the process, impact and outcomes of the Stephanie Alexander Kitchen Garden National Program that takes into account relevant best practice and research and contributes to the evidence base on school health promotion	Evaluation completed by June 2012

<sup>71</sup> Funding for this activity ends in 2011-12.

<sup>72</sup> Funding for this activity ends in 2012-13.

<sup>73</sup> As a result of the Strategic Review, key performance indicators may have changed from the 2011-12 Portfolio Budget Statements.

