



## Our Purpose



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



**In 2015-16, we undertook activities which contributed to achieving Our Purpose, including under Outcome 1**

## Outcome 1

# Population Health



A reduction in the incidence of preventable mortality and morbidity, including through national public health initiatives, promotion of healthy lifestyles, and approaches covering disease prevention, health screening and immunisation

## Analysis of performance – **Outcome 1** Population Health

In 2015-16, the Department implemented key public health initiatives that contributed to the reduction of the incidence of chronic disease and encouraged Australians to lead healthier and more active lifestyles. These included the development of strategies for asthma, diabetes and chronic conditions. In addition, continuation and expansion of the national cervical, bowel and breast screening programs will ensure more Australians are screened, increasing the chances of detecting cancers early and saving more lives.

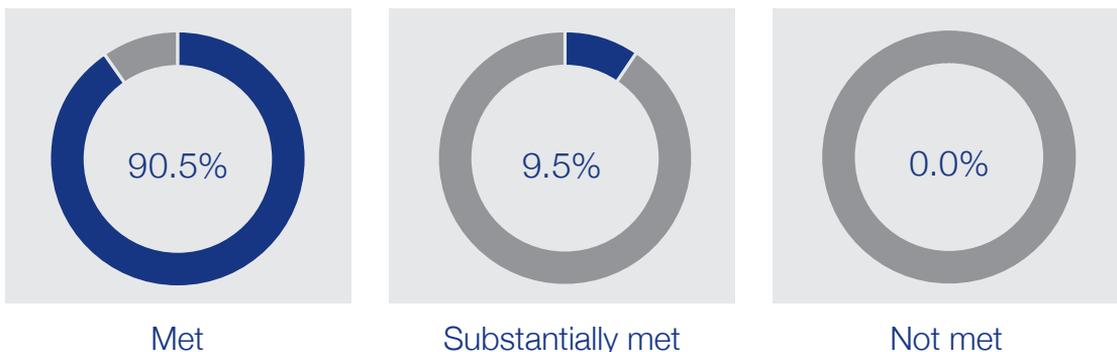
The Department also continued to deliver programs and communication campaigns aimed at discouraging the use and misuse of alcohol, tobacco, prescription and illicit drugs. Through the delivery of the National Immunisation Program, childhood immunisation rates continued to be high, indicating a high level of protection in the Australian community.

These activities have contributed to the Department's achievement of the objectives under Outcome 1 and Our Purpose.

## Key community benefits for Outcome 1 in 2015-16

	<p><b>Improved detection and survival outcomes for people with cancer</b></p> <p>The National Bowel Cancer Screening Program expanded to include 64 and 72 year olds. When fully implemented in 2020, four million Australians aged 50–74 will be invited to participate every two years.</p>
	<p><b>Continued to reduce tobacco use in the community through education</b></p> <p>On 1 May 2016, a new national media campaign targeting Aboriginal and Torres Strait Islander smokers was launched. The campaign, <i>Don't Make Smokes Your Story</i>, encourages smokers to make a serious quit attempt, not just for themselves but also for the health and wellbeing of their families.</p>
	<p><b>Increased national immunisation coverage rates and improved the efficiency of the National Immunisation Program</b></p> <p>Childhood vaccination coverage rates have been maintained or improved in 2015-16, particularly among Aboriginal and Torres Strait Islander children.</p>
	<p><b>Combatted the decline in physical activity among young women aged 12–19 years</b></p> <p>The <i>Girls Make Your Move</i> campaign was launched to increase positive attitudes among young women towards being physically active and provide information about different ways to participate in physical activity and sport. In particular, there have been improvements in perceptions about the importance of being active for young women, that activity is good for both mental and physical health and that it is fun.</p>

## Summary of performance criteria results for Outcome 1



## Looking ahead

- In 2016-17, the Department will support the renewal of the National Cervical Screening Program and expansion of the National Bowel Cancer Screening Program. Implementation of the National Cancer Screening Register is expected to commence in early 2017.
- The next Australian National Drug Strategy Household Survey will be conducted in 2016-17.
- From September 2016, the Australian Childhood Immunisation Register will expand to become the Australian Immunisation Register, and will collect immunisation data for all Australians where vaccinations have been provided through general practice and community clinics.
- In 2016-17, an evaluation of the ongoing effectiveness of the current suite of health warnings on tobacco products will be initiated.

## Programs and program objectives contributing to **Outcome 1**

### Program 1.1: Public Health, Chronic Disease and Palliative Care

- Reduce the incidence of chronic disease and promote healthier lifestyles
- Support the development and implementation of evidence-based food regulatory policy
- Improve detection, treatment and survival outcomes for people with cancer
- Reduce the incidence of blood-borne viruses and sexually transmissible infections
- Improve access to high quality palliative care services

### Program 1.2: Drug Strategy

- Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs
- Reduce the harmful effects of tobacco use

### Program 1.3: Immunisation

- Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program

## Analysis of performance – Program 1.1: Public Health, Chronic Disease and Palliative Care

The Department has met all performance targets for Program 1.1: Public Health, Chronic Disease and Palliative Care, for criteria for which data is currently available.

Chronic diseases are the leading cause of preventable death and disease in Australia, presenting a major challenge to Australia's health care system. In 2015-16, the Department continued efforts to reduce the incidence of chronic disease in the community, through the finalisation of the *Australian National Diabetes Strategy 2016–2020*, and the development of a National Asthma Strategy, and the National Strategic Framework for Chronic Conditions. A cross-jurisdictional working group comprising State and Territory health department representatives will develop an Implementation Plan for the Australian National Diabetes Strategy.

In 2015-16, the Department continued efforts to maintain and increase cancer screening rates for eligible Australians. Recognising the importance of cancer screening in the early detection and treatment of cancer, the Department continued expansion of the National Bowel Cancer Screening Program and BreastScreen Australia, and commenced implementing changes to the National Cervical Screening Program. Continuing to actively invite Australians to participate in cancer screening programs will ensure that more Australians are screened, increasing the chances of detecting cancer early and saving more lives. In some cases, early detection also means less invasive treatment.

A key challenge to increasing participation in cancer screening programs is effectively and efficiently supporting equitable access, particularly for harder to reach groups, including Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse people. In 2015-16, the Department implemented communication strategies to improve participation in cancer screening.

In 2015-16, the Department continued to implement priority actions of the National Blood-borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies 2014–2017. Although these actions focus on a reduction in transmission of BBV and STI in priority populations, the flow-on effect is a decreased risk of transmission in the broader community. Through regular progress reporting, the Department ensures a comprehensive approach to increasing BBV and STI testing and treatment, helping to identify and respond to any gaps that increase the risk of transmission in the community.

Through development and implementation of evidence-based food regulatory policy, the community continues to benefit from confidence in the safety of the food supply chain, and consumers are able to make informed choices about food.

## Girls Make Your Move – inspiring, energising and empowering young women to be more active



Launched in February 2016, the *Girls Make Your Move* campaign is about inspiring, energising and empowering young women and girls aged 12–19 years to be more active. It reinforces the many benefits of an active life, whether through recreation, incidental physical activity or sport.

The campaign was in response to 2014-15 research that identified 55.9% of girls aged 15–17 years reported no or low exercise levels, compared to boys at 38.3%. Young women also tend to reduce their participation in sport and physical activity levels at a faster rate than boys.

The campaign addresses this by encouraging young girls' participation in physical activity

and sport by reducing perceived barriers, generating positive perceptions towards exercise and generating intentions to be more active.

The campaign encourages sport and physical activity to be a natural part of young women's lives – it's about having fun and feeling good:

*"...it makes me feel good about myself, and being active and not just going home and watching T.V., and being proud of what I've done or accomplished."* – Selam, 16 years

*"...it helps with my mental state as well as my physical. I feel like it's a big achievement in my life."* – Taesha, 17 years

This campaign encourages young women in their teenage years to lay down the foundations for the rest of their lives as they are setting up good habits and their muscles and bones are growing.

Being active has many physical, social, emotional and economic benefits for individuals and the community. Regular physical activity can help with managing stress, alleviating depression and anxiety, strengthening self-esteem, enhancing mood and boosting mental alertness. It also provides social benefits through increased social interaction and integration.

Comprising a website,<sup>13</sup> Instagram presence with over 7,000 followers, advertising across traditional and social media, events and public relations, the campaign has reached over 80% of girls aged 12–19 years. The campaign has been positively received, with more than one in five (23%) girls surveyed indicating they had done more physical activity or sport as a result of the campaign.

<sup>13</sup> Available at: [www.health.gov.au/internet/girlsmove/publishing.nsf/content/home](http://www.health.gov.au/internet/girlsmove/publishing.nsf/content/home)

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

### New National Diabetes Strategy in place to support better prevention and management of diabetes.

Source: 2015-16 Health Portfolio Budget Statements, p. 43

2015-16 Target	2015-16 Result
National Diabetes Strategy finalised and publicly released.	The <i>Australian National Diabetes Strategy 2016–2020</i> (the Strategy) was publicly released on 13 November 2015.  <b>Result: Met</b> 

The Strategy is a high-level document that contains seven goals and potential areas for action. It identifies the most effective and appropriate interventions to reduce the impact of diabetes in the community and lead the way internationally in diabetes prevention, management and research. The Strategy is available on the Department’s website at: [www.health.gov.au/internet/main/publishing.nsf/Content/nds-2016-2020](http://www.health.gov.au/internet/main/publishing.nsf/Content/nds-2016-2020)

The Commonwealth, State and Territory Governments will each have a role in supporting strategic investments that enable development and delivery of policies, programs and initiatives to address diabetes and support the goals of the Strategy.

### Key chronic disease policy activities (National Strategic Framework for Chronic Conditions and National Asthma Strategy) are informed by appropriate expertise, knowledge and evidence.

Source: 2015-16 Health Portfolio Budget Statements, p. 44

2015-16 Target	2015-16 Result
Experts and the public are consulted through a variety of means, including: working groups, focussed workshops, and online processes.	Experts and the public were consulted in the development of chronic disease policies and strategies.  <b>Result: Met</b> 

The development of the National Strategic Framework for Chronic Conditions has been informed by a variety of means, including: a Jurisdictional Working Group; relevant external experts; a Roundtable Workshop; and targeted and public consultation processes. These processes have provided opportunities for feedback from a range of stakeholders including peak bodies, key stakeholders including State Government representatives, clinical experts, health professionals, academics and consumer representatives. Thirteen targeted consultations were held in nine locations across Australia between September to November 2015 and a six-week online public consultation process concluded in June 2016 with 159 submissions received.

The development of a National Asthma Strategy has been informed by: an Advisory Group; a roundtable of experts and interested persons/organisations; and an online public consultation process. The Strategy is being managed by the National Asthma Council with funding from the Australian Government, and is expected to be completed in 2017.

## Support the development and implementation of evidence-based food regulatory policy

### Develop advice and policy for the Australian Government on food regulatory issues.

Source: 2015-16 Health Portfolio Budget Statements, p. 43

2015-16 Target	2015-16 Result
Relevant, evidence-based advice produced in a timely manner.	Relevant, evidence-based advice was produced in a timely manner.  <b>Result: Met</b> 

The Department provided advice to the Australian Government in relation to food regulation issues such as country of origin labelling, maternal and infant nutrition, front-of-pack labelling, low tetrahydrocannabinol hemp in food, and labelling of food including health claims.

### Promote a nationally consistent, evidence-based approach to food policy and regulation.

Source: 2015-16 Health Portfolio Budget Statements, p. 44 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result
Develop and implement nationally agreed evidence-based policies and standards.	A consistent regulatory approach was applied across Australia through nationally agreed evidence-based policies and standards.  <b>Result: Met</b> 

In 2015-16, the Department continued to work with the Australia and New Zealand Ministerial Forum on Food Regulation, the Food Regulation Standing Committee and the Implementation Subcommittee for Food Regulation to develop and implement consistent food policies and regulations.

## Improve detection, treatment and survival outcomes for people with cancer

### Implement the expansion of the National Bowel Cancer Screening Program to a biennial screening interval.

Source: 2015-16 Health Portfolio Budget Statements, p. 43

2015-16 Target	2015-16 Result
Commencement of invitations to 64 and 72 year olds in 2016 and the continued delivery of communication and program enhancement activities.	64 and 72 year olds are being invited as scheduled. Phase two of the Communications Campaign and associated public relations activities supporting the National Bowel Cancer Screening Program was also undertaken in March 2016.  <b>Result: Met</b> 

As a consequence of expanding the National Bowel Cancer Screening Program to include 64 and 72 year olds, around 40,000 invitations per week are being sent out. By 2020, when the expanded program is fully implemented, it is anticipated that around four million invitations will be sent out each year.

In addition to the Communications Campaign, additional promotional activities, such as an event with Culturally and Linguistically Diverse (CALD) clinicians was held in Sydney, hosted by Anton Enus, from the SBS television network. A regional radio promotional activity was also undertaken.

Other program enhancement activities are progressing well. These activities include a strategy and plan focussing on GP engagement to support increased participation and confidence in the program, and an Alternative Pathways Pilot to support increased participation of Aboriginal and Torres Strait Islander people.

### Percentage of people invited to take part in the National Bowel Cancer Screening Program who participated.

Source: 2015-16 Health Portfolio Budget Statements, p. 45

2015-16 Target	2015-16 Result	Jan 2013 – Dec 2014	Jan 2012 – Dec 2013
41.0%	Data not available	37.0% <sup>14</sup>	36.0%

As there is a time lag between an invitation being sent, test results and collection of data from the cancer registry, participation rates for 2015 and 2016 will not be available until mid-2017.

A participation rate of 37% has been recorded for January 2013 to December 2014, an increase from 36% for January 2012 to December 2013.

To date, program participation has been hindered by the difficulty in promoting regular screening as the program moves from a five year to a two year screening interval. With the program on track to be fully implemented by 2020, when all eligible people aged 50–74 years will be invited to screen every two years, participation is expected to increase noticeably. A range of measures are being implemented to help increase program participation.

<sup>14</sup> AIHW 2016. National Bowel Cancer Screening Program: monitoring report 2016. Cancer series no. 98. Cat. no. CAN 97. Canberra: AIHW.

### Support the expansion of BreastScreen Australia to invite Australian women 70-74 years of age through the implementation of a nationally consistent communication strategy.

Source: 2015-16 Health Portfolio Budget Statements, p. 43

2015-16 Target	2015-16 Result
Delivery of communication activities such as print, radio and online promotion.	Phase two of communication activities to support the expansion of BreastScreen Australia was launched in February 2016.  <b>Result: Met</b> ✓

In February 2016, the Australian Government launched phase two of the campaign *An invitation that could save your life*, to support the expansion of the BreastScreen Australia program target age to include women aged 70–74.

Media activities included print (national, regional, community press and consumer magazines), radio (metro and regional), and out-of-home and online media activities. Media activities were also adapted for Aboriginal and Torres Strait Islander and CALD audiences by specialist agencies.

### Number of breast care nurses employed through the McGrath Foundation.

Source: 2015-16 Health Portfolio Budget Statements, p. 44

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
57	57 <b>Result: Met</b> ✓	57	53	44	30

There are 57 Commonwealth-supported breast care nurses located across Australia, with around 86% of these nurses situated in regional and remote communities. Breast care nurses funded through the McGrath Foundation provide vital information, care and support to women diagnosed with breast cancer and their families.

In 2015-16, 4,286 women diagnosed with breast cancer, and their families, were supported by the McGrath Foundation breast care nurses.

### Percentage of women 50-69 years of age participating in BreastScreen Australia.

Source: 2015-16 Health Portfolio Budget Statements, p. 45

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
55.0%	Data not available	54.0%	53.7%	54.4%	54.6%

In 2015-16, the Australian Government continued to work with the States and Territories to provide free screening to ensure more Australian women participate in the BreastScreen program.

As there is a time lag between an invitation being sent, test results and collection of data from registries, participation rates for 2015 and 2016 are not yet available. These participation rates will not be available until 2017.

From 2014 to 2015, 54.0% of women aged 50–69 years participated in the program. This compares to 53.7% in 2013 and 2014, and 54.4% in 2012 and 2013.

Age is the biggest risk factor in developing breast cancer, with most breast cancers occurring in women over the age of 50.

### Percentage of women 70–74 years of age participating in BreastScreen Australia.

Source: 2015-16 Health Portfolio Budget Statements, p. 45

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
51.0%	Data not available	48.7%	N/A	N/A	N/A

In 2015-16, BreastScreen Australia continued to actively invite women 70–74 years of age to participate in the program.

As there is a time lag between an invitation being sent, test results and collection of data from registries, participation rates for 2015 and 2016 are not yet available. These participation rates will not be available until 2017.

From 2014 to 2015, 48.7% of women aged 70–74 years participated in the program.

### Percentage of women in the target age group participating in the National Cervical Screening Program.

Source: 2015-16 Health Portfolio Budget Statements, p. 46

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
57.0%	Data not available	56.9%	57.0%	57.7%	57.3%

As there is a time lag between reminders being sent, test results and collection of data from registries, participation rates for 2015-16 are not yet available. In 2014 and 2015, 56.9% of women aged 20–69 participated in the National Cervical Screening Program (NCSP).

In 2014 and 2015, more than 3.83 million women participated in the NCSP. Currently 56.9% of women participate in the NCSP every two years, which increases to 70.2% every three years and 83.0% every five years.

The Australian Government has now accepted the evidence-based recommendations of the Medical Services Advisory Committee (MSAC) that a five-yearly primary human papillomavirus (HPV) test should replace the current biennial Pap test for cervical screening. This will ensure Australian women will have access to a cervical screening program that is safe, effective, efficient, and is based on current evidence.

The renewed NCSP will commence on 1 May 2017 when the HPV screening test will become available on the Medicare Benefits Schedule and the National Cancer Screening Register will be in place to support the renewed clinical pathway.

## Reduce the incidence of blood-borne viruses and sexually transmissible infections

### Implement priority actions contained in the National BBV and STI Strategies 2014–17.

Source: 2015-16 Health Portfolio Budget Statements, p. 44

2015-16 Target	2015-16 Result
Ongoing implementation of programs which support delivery of priority action areas to reduce BBV and STI.	Implementation of priority programs continued through 2015-16. <b>Result: Met</b> ✓

Priority actions contained in the National BBV and STI Strategies 2014–2017 and the Implementation Plan continued throughout 2015-16. To achieve this goal, the Department worked with non-Government organisations representing and targeting communities affected by HIV, hepatitis B, hepatitis C and sexually transmissible infections.

### Support programs which are effective in reducing the spread of communicable disease and working towards the national strategy targets.

Source: 2015-16 Health Portfolio Budget Statements, p. 45 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result
Reporting on progress of programs that support the National BBV and STI Strategies 2014–2017 is undertaken according to the evaluation framework in the Implementation and Evaluation Plan.	Reporting against the progress of programs is being undertaken in accordance with the Implementation Plan. <b>Result: Met</b> ✓

The Commonwealth, together with partners to the National BBV and STI Strategies 2014–2017, reports regularly on progress of programs. This process is ongoing through the life of the strategies.

## Improve access to high quality palliative care services

### Implement national palliative care quality improvement activities consistent with the National Palliative Care Strategy 2010.

Source: 2015-16 Health Portfolio Budget Statements, p. 44

2015-16 Target	2015-16 Result
Implementation of national projects that support quality improvement in palliative care priority areas including education, training, quality standards and advance care planning.	Implementation of all national projects that support quality improvement in palliative care continued in 2015-16. <b>Result: Met</b> ✓

National palliative care projects continued to be implemented in 2015-16. These projects continued to be consistent with the National Palliative Care Strategy 2010 and the objective of assisting Australians to live well at the end of life.

**Support effective quality improvements to palliative care priority areas through funding of national projects.**

Source: 2015-16 Health Portfolio Budget Statements, p. 45

2015-16 Target	2015-16 Result
<p>Progress reports from contracted organisations indicate that activities are being implemented in accordance with contractual arrangements and are achieving expected outcomes.</p>	<p>All progress reports from contracted organisations indicate that national palliative care projects are achieving expected outcomes in 2015-16.</p> <p><b>Result: Met</b> </p>

National palliative care projects continue to submit progress reports that indicate activities are being implemented in accordance with contractual arrangements. These national projects address three key objectives:

- improve access to high quality palliative care for all Australians as they require it;
- enhance the quality of palliative care service delivery; and
- provide support for people who are dying, their families and carers.

## Analysis of performance – Program 1.2: Drug Strategy

The Department has met all performance targets for Program 1.2: Drug Strategy, for criteria for which data is currently available. In December 2015, the Department launched the Positive Choices web portal. The web portal provides a national access point for evidence-based information, tools, and school-based programs on illicit drugs and related harms. It is targeted at teachers, parents and students. It raises awareness about harms associated with illegal drug use, and improves access to evidence-based drug prevention resources.

In response to the National Ice Taskforce Final Report, the new National Ice Action Strategy was agreed at the 11 December 2015 meeting of the Council of Australian Governments. The National Ice Action Strategy includes funding targeted at strengthening education, prevention, treatment, support and community engagement. The Strategy includes a range of achievable actions that will help governments, service providers and communities to work together to reduce the use and supply of ice in Australia, and the harm it causes.

Tobacco smoking is one of the leading causes of preventable death and disease in Australia. The Department continues efforts to reduce the harmful effects of tobacco use among Australians. In 2015-16, this included a new media campaign, *Don't Make Smokes Your Story*, which encourages Aboriginal and Torres Strait Islander smokers to quit, but is also resonating well with non-Indigenous smokers. For more information about initiatives targeted at reducing smoking rates among Aboriginal and Torres Strait Islander people, see Program 5.3: Aboriginal and Torres Strait Islander Health and the case study below.

The Department also concluded a Post-Implementation Review (PIR) of tobacco plain packaging, which became fully effective on 1 December 2012. The PIR concluded that the tobacco plain packaging measure is achieving its public health objectives of reducing smoking and exposure to tobacco smoke in Australia, and it is expected to continue to do so into the future.

An expert analysis commissioned by the Department found that tobacco plain packaging, in combination with updated and enlarged graphic health warnings (the 2012 packaging changes), was associated with a statistically significant estimated decline in smoking prevalence. The analysis estimated that the 2012 packaging changes accounted for about one quarter of the total drop in smoking prevalence, during the 34 month post-implementation period from 1 December 2012 to 30 September 2015, which equates to more than 108,000 fewer smokers.

The Government continued to fund the defence of legal challenges to tobacco plain packaging in two international fora. On 18 December 2015, the arbitral tribunal that heard Philip Morris Asia's (PM Asia) claim regarding Australia's tobacco plain packaging measure, unanimously agreed with the Australian Government's position that the tribunal had no jurisdiction to hear the merits of PM Asia's claim.

In 2015-16, compliance and enforcement activities under the *Tobacco Plain Packaging Act 2011* (the Act) continued. The Department is required to report on contraventions of the Act. The 2015-16 report is included under Part 3.2: *External Scrutiny* of this Annual Report.

## Working towards a tobacco-free future

Australia's smoking rates are among the lowest in the world, but this is by no means due to chance.

Over the last few decades, the Australian Government has worked hard to reduce Australia's smoking rates. We have introduced tobacco plain packaging; new and larger graphic health warnings on tobacco products; increased tobacco taxes; restricted tobacco advertising and promotion, including on the internet; continued developing new anti-smoking social marketing campaigns to educate Australians about the health impacts of smoking; and subsidised smoking aids and nicotine replacement therapies through the Pharmaceutical Benefits Scheme.

In 2014-15, 14.5% of adults aged 18 years and over smoked daily (approximately 2.6 million smokers), a decrease from 16.1% in 2011-2012.<sup>15</sup> In April 2016, the Australian Bureau of Statistics released the 2014-15 National Aboriginal Torres Islander Social Survey, which showed that 40.6% of Aboriginal and Torres Strait Islanders aged 18 years and over were daily smokers, down from 44.4% in 2012-13.<sup>16</sup>

The Council of Australian Governments target is that by 2018, the adult daily smoking rate will be reduced to 10%, and the Aboriginal and Torres Strait Islander adult daily smoking rate will be halved from 47.7% within the same period.



*Don't Make Smokes Your Story* is the latest phase of the National Tobacco Campaign which uses an empowering and positive approach to encourage quit attempts among Aboriginal and Torres Strait Islander smokers.

The campaign tells the story of a young dad, "Ted", played by a former smoker alongside his real family. The storyline tells how Ted quits smoking for his family - two young children, his pregnant wife, mum and aunts. He has lost his father to smoking-related illnesses and has experienced his own health scares. A range of extension videos demonstrate Ted's quitting journey, including Ted actively refusing

smokes in common trigger environments and accessing a range of support services such as speaking to an Aboriginal counsellor from the Quitline and using the *My QuitBuddy* mobile app.

This story ran alongside the other existing advertisements, *Break the Chain* and *Quit for You, Quit for Two*, as part of an integrated strategy utilising mainstream mass media, local and targeted channels, digital and social media, and below the line activities.

Quitting resources available include – *My QuitBuddy* and *Quit for You, Quit for Two* mobile phone apps, that are free and can be downloaded to an iPhone or iPad from the Apple iTunes online store<sup>17</sup> or an android phone from Google Play store.<sup>18</sup>

<sup>15</sup> ABS, National Health Survey: First Results 2014-15. Released 8 December 2015.  
Available at: [www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument)

<sup>16</sup> ABS, National Aboriginal and Torres Strait Islander Social Survey, 2014-15 – Australia. Released 28 April 2016.  
Available at: [www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument)

<sup>17</sup> Available at: [itunes.apple.com/au/app/quit-for-you-quit-for-two/id549772042](http://itunes.apple.com/au/app/quit-for-you-quit-for-two/id549772042)

<sup>18</sup> Available at: [play.google.com/store/apps/details?id=au.com.bcm.quitfortwo](http://play.google.com/store/apps/details?id=au.com.bcm.quitfortwo)

## Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs

### Provide up-to-date information to young people on the risks and harms of illicit drug use.

Source: 2015-16 Health Portfolio Budget Statements, p. 47

2015-16 Target	2015-16 Result
Continue dissemination of materials and delivery of the National Drugs Campaign including provision of resources for parents, teachers and students.	Material continued to be disseminated supporting the National Drugs Campaign, including the launch of the Positive Choices web portal in December 2015.  <b>Result: Met</b> ✓

The Positive Choices web portal was developed to provide curriculum-specific materials aimed at preventing drug and alcohol harms, which can be used by schools in an Australian context. It raises awareness about harms associated with illegal drug use, and improves access to evidence-based drug prevention resources and programs. The website includes a menu of age-appropriate options for school teachers, students and their parents. It enables parents and teachers to provide their children and students with credible and up-to-date information.

The web portal and any related materials developed are promoted on the National Drugs Campaign website.<sup>19</sup>

While the portal has only been accessible since December 2015, there are early indications that it is being accessed regularly and visitor numbers are growing.

### Availability of prevention and early intervention substance misuse resources for teachers, parents and students.

Source: 2015-16 Health Portfolio Budget Statements, p. 48

2015-16 Target	2015-16 Result
Increasing access to new material through the National Drugs Campaign website as measured by an increase in site visits.	2015-16 saw a 9.9% increase in the number of visitors to the National Drugs Campaign website.  <b>Result: Met</b> ✓

The National Drugs Campaign website was updated during 2015-16 to include information on activities relating to:

- the National Ice Taskforce, including promotion of the final report of the Taskforce and the National Ice Action Strategy; and
- promotion of links for the Positive Choices web portal and state-based help and support services.

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

### Percentage of population 14 years of age and older recently (in the last 12 months) using an illicit drug.

Source: 2015-16 Health Portfolio Budget Statements, p. 48 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result	2013	2010	2007	2004
<13.4%	Data not available	15.0%	14.7%	13.4%	15.3%

The National Drug Strategy Household Survey (NDSHS) is undertaken every three years and is the primary data source used to report on this criterion.

The most recent NDSHS undertaken in 2013 found that the prevalence of recent use of illicit drugs was relatively stable between 2004 and 2013. The next NDSHS will be conducted during 2016, and results for the 2016 NDSHS will be available in 2017.

NDSHS data is available at: [www.aihw.gov.au/alcohol-and-other-drugs/ndshs/](http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/)

## Reduce the harmful effects of tobacco use

### Implement social marketing campaigns to raise awareness of the dangers of smoking and encourage and support attempts to quit.

Source: 2015-16 Health Portfolio Budget Statements, p. 47

2015-16 Target	2015-16 Result
Deliver a campaign within agreed timeframes.	National Tobacco Campaign launched 1 May 2016. <b>Result: Met</b> ✓

A new national campaign primarily targeting Aboriginal and Torres Strait Islander smokers 18–40 years of age was launched on 1 May 2016. The campaign, *Don't Make Smokes Your Story*, included media placement across television, print, radio, cinema, out-of-home and digital/social media channels, as well local level community activities.

During the campaign period of 1 May to 18 June 2016 there were 32,760 downloads of the *My Quit Buddy* mobile phone app and a total of 234,698 visits to the QuitNow website. During 2015-16, there were 48,487 calls to Quitline counsellors.

### Percentage of population 18 years of age and over who are daily smokers.

Source: 2015-16 Health Portfolio Budget Statements, p. 48 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result	2014-15	2011-12	2007-08
12.6%	Data not available	14.5%	16.1%	18.9%

In December 2015, the Australian Bureau of Statistics (ABS) released the *National Health Survey: First Results, 2014-15*, which showed that 14.5% of adults aged 18 years and over were daily smokers (2.6 million adults), down from 16.1% in 2011-12. The report also showed that a further 1.5% of adults smoked less often than daily, 31.4% were ex-smokers, and just over half, 52.6%, had never smoked. The ABS National Health Survey is undertaken every three years, therefore updated information from this survey will be available in 2018.

## Analysis of performance – Program 1.3: Immunisation

The Department has either met or substantially met all performance targets for Program 1.3: Immunisation.

High immunisation rates were maintained in 2015-16, with over 90 per cent of children fully immunised at one, two and five years of age. High coverage rates indicate a high level of protection against vaccine preventable diseases for individuals, which reduces transmission of infection within the Australian community, resulting in fewer outbreaks and stronger protection for those unable to immunise.

However, the rate achieved is below the aspirational target of 95 per cent set by the Chief Medical Officer and the State and Territory Chief Health Officers in 2014. During the previous 12 months of reporting, immunisation coverage rates have continued to increase. This trend is expected to continue towards the 95 per cent target. The Department will continue to work with States and Territories to achieve this target over coming years, noting that geographic variation in coverage will need to be addressed to achieve this aspirational target.

Local level analysis has found significant regional variation in coverage rates, which can create vulnerability to local outbreaks. The Department is conducting further work to address this, including investigating the immunisation information needs of Australians, and options for addressing vaccine hesitancy.<sup>20</sup>

In 2015-16, the Department completed four tenders under the Essential Vaccines Procurement Strategy. Sourcing vaccines under this strategy enables the Department to continue working with States and Territories to secure the continual supply of high quality, safe and efficacious vaccines at value for money for the Australian community.

### Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program

**Key actions of the National Immunisation Strategy 2013-2018 (NIS) are implemented.**

Source: 2015-16 Health Portfolio Budget Statements, p. 51

2015-16 Target	2015-16 Result
NIS actions to improve vaccination coverage rates are undertaken in accordance with the NIS Implementation Plan.	<p>Implementation of key actions under priority one of the NIS was ongoing in 2015-16.</p> <p>Vaccine coverage rates for human papilloma virus improved amongst girls and boys (currently 77% and 66% respectively in 2015, up from 73% and 61% in 2014).</p> <p><b>Result: Substantially met</b> </p>

Key activities in 2015-16 include provision of free catch up vaccines for children aged 10 to 19 years of age, additional incentives for vaccination providers to catch up children more than two months overdue for vaccines, and dissemination of materials to support vaccination providers engaging with parents with concerns about vaccination.

In 2015-16, phased expansion of the Australian Childhood Immunisation Register to the whole-of-life Australian Immunisation Register (AIR) commenced. From 1 January 2016, immunisation data collection was expanded to include individuals up to 20 years of age (up from 7 years of age).

From September 2016, the AIR will collect immunisation data for all Australians where vaccinations have been provided through general practice and community clinics. This improved data capture will, for the first time, enable understanding of immunisation rates in adolescents and adults at the national level.

<sup>20</sup> Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence. Further information is available at: [www.who.int/immunization/programmes\\_systems/vaccine\\_hesitancy/en/](http://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/)

**Number of completed tenders under the National Partnership Agreement on Essential Vaccines (Essential Vaccines Procurement Strategy).**

Source: 2015-16 Health Portfolio Budget Statements, p. 51

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
2	4 <b>Result: Met</b> ✓	1	0	3	1

As part of the Department’s transition to centralised purchasing arrangements for essential vaccines funded under the National Immunisation Program (NIP), four tenders were completed in the 2015-16 financial year for the supply of:

- human papillomavirus (HPV) vaccine to adolescents aged 12 to 13 years;
- hepatitis A vaccine to Aboriginal and Torres Strait Islander children in high risk areas;
- diphtheria-tetanus-acellular-pertussis (DTPa) vaccine to infants aged 18 months; and
- pneumococcal vaccine to medically at risk four year olds, medically at risk Aboriginal and Torres Strait Islander people aged 15 years and over, Aboriginal and Torres Strait Islander people aged 50 years and over, and people aged 65 years and over.

During 2015-16, the Department also procured catch-up vaccines for the *No Jab, No Pay* Budget measure to enable adolescents aged 10–19 years in receipt of family payments to access free catch up vaccines.

**States and Territories meet the requirements of the National Partnership Agreement on Essential Vaccines (NPEV).**

Source: 2015-16 Health Portfolio Budget Statements, p. 51

2015-16 Target	2015-16 Result
Analysis of data from the Australian Childhood Immunisation Register confirms that the performance benchmarks to improve vaccination coverage rates are achieved in the NPEV.	Preliminary analysis of State and Territory performance for 2015-16 shows that States and Territories have met the required NPEV benchmarks. <b>Result: Met</b> ✓

Childhood vaccination coverage rates have been maintained or improved in 2015-16.

- All States and Territories met benchmark 1 – maintain or increase coverage rates for Indigenous Australian children registered aged: 12–15 months; 24–27 months; and 60–63 months.
- All States and Territories met benchmark 2 – maintain or increase coverage in areas of low immunisation.
- All States and Territories met benchmark 3 – maintain or decrease vaccine wastage and leakage to 10% or below.
- All States and Territories met benchmark 4 – maintain or increase coverage rates for four year olds.

### Increase the immunisation coverage rates among children 12–15 months of age.

Source: 2015-16 Health Portfolio Budget Statements, p. 52 & 2015-16 Corporate Plan, p. 15  
(aggregated performance criteria)

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
91.5%	93.0%	91.3%	90.4%	91.3%	91.8%
	<b>Result: Met</b> ✓				

### Increase the immunisation coverage rates among children 24–27 months of age.

Source: 2015-16 Health Portfolio Budget Statements, p. 52 & 2015-16 Corporate Plan, p. 15  
(aggregated performance criteria)

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
91.5%	90.7%	89.2%	92.4%	92.4%	92.6%
	<b>Result: Substantially met</b> ✓				

### Increase the immunisation coverage rates among children 60–63 months of age.

Source: 2015-16 Health Portfolio Budget Statements, p. 52 & 2015-16 Corporate Plan, p. 15  
(aggregated performance criteria)

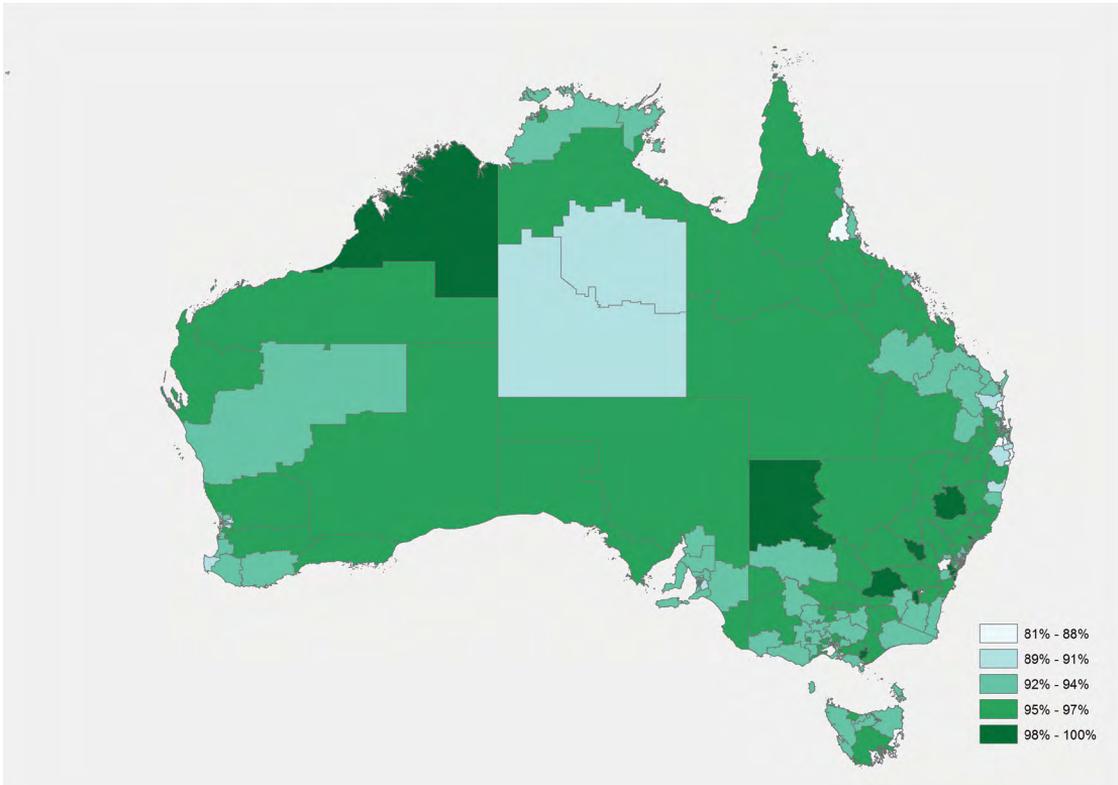
2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
92.0%	92.9%	92.3%	92.0%	91.5%	90.0%
	<b>Result: Met</b> ✓				

In December 2014, the definition of fully immunised was updated to include meningococcal C (given at 12 months), and dose 2 measles, mumps, rubella (MMR) and dose 1 varicella (given as MMRV at 18 months). This caused a drop in the 24–27 month coverage rates. The more vaccines that are included in the assessment of full immunisation, the higher the likelihood of reduced coverage rates. This usually resolves over time, as the changes become routine.

While there was a drop in coverage rates after December 2014, coverage rates have recently been increasing, and it is expected that coverage for 2015-16 will come closer to meeting the target.

Exceeding the national target is a good outcome, and all States and Territories experienced increased immunisation rates for children 12–15 months and 60–63 months of age.

**Figure 1.1: Percentage of five year olds fully immunised by Statistical Area Level 3 (1 July 2015 – 30 June 2016)<sup>21</sup>**



**Increase the immunisation coverage rates among 12–15 months of age Aboriginal and Torres Strait Islander children.**

Source: 2015-16 Health Portfolio Budget Statements, p. 52

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
87.0%	89.8%	N/A	N/A	N/A	N/A
	<b>Result: Met</b> ✓				

Exceeding the national target is a good outcome, and all States and Territories experienced increased immunisation rates.

By five years of age Aboriginal and Torres Strait Islander children have very high vaccination rates, with coverage at 94.2%. The lower rates at one year of age (89.8%) show that these children are getting vaccinated but are doing so late. The Department will continue to work with States and Territories to improve vaccination timeliness in this cohort.

These high coverage rates provide Aboriginal and Torres Strait Islander children better protection against vaccine preventable diseases circulating within the community.

<sup>21</sup> Data source: Australian Childhood Immunisation Register. Statistical Area Level 3 is a designated reporting level that provides a geographic breakdown of Australia. It generally contains a population of between 20,000 and 130,000 people.

## Outcome 1 – Budgeted expenses and resources

	Budget Estimate <sup>1</sup> 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
<b>Program 1.1: Public Health, Chronic Disease and Palliative Care<sup>2</sup></b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	165,074	155,205	(9,869)
Special appropriations			
<i>Public Governance, Performance and Accountability Act 2013 s77 - repayments</i>	2,000	8,107	6,107
<i>Departmental expenses</i>			
Departmental appropriation <sup>3</sup>	23,369	26,196	2,827
Expenses not requiring appropriation in the current year <sup>4</sup>	609	1,724	1,115
<b>Total for Program 1.1</b>	<b>191,052</b>	<b>191,232</b>	<b>180</b>
<b>Program 1.2: Drug Strategy<sup>2</sup></b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	122,232	121,806	(426)
<i>Departmental expenses</i>			
Departmental appropriation <sup>3</sup>	18,101	18,536	435
Expenses not requiring appropriation in the current year <sup>4</sup>	467	1,197	730
<b>Total for Program 1.2</b>	<b>140,800</b>	<b>141,539</b>	<b>739</b>
<b>Program 1.3: Immunisation<sup>2</sup></b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	53,696	42,590	(11,106)
to Australian Childhood Immunisation Register Special Account	(5,858)	(7,270)	(1,412)
Special appropriations			
<i>National Health Act 1953 - essential vaccines</i>	240,150	234,738	(5,412)
Special account			
Australian Childhood Immunisation Register Special Account	9,563	9,712	149
<i>Departmental expenses</i>			
Departmental appropriation <sup>3</sup>	9,960	9,862	(98)
Expenses not requiring appropriation in the current year <sup>4</sup>	257	614	357
<b>Total for Program 1.3</b>	<b>307,768</b>	<b>290,246</b>	<b>(17,522)</b>

	Budget Estimate <sup>1</sup> 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
<b>Outcome 1 Totals by appropriation type</b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	341,002	319,601	(21,401)
to Special accounts	(5,858)	(7,270)	(1,412)
Special appropriations	242,150	242,845	695
Special accounts	9,563	9,712	149
<i>Departmental Expenses</i>			
Departmental appropriation <sup>3</sup>	51,430	54,594	3,164
Expenses not requiring appropriation in the current year <sup>4</sup>	1,333	3,535	2,202
<b>Total expenses for Outcome 1</b>	<b>639,620</b>	<b>623,017</b>	<b>(16,603)</b>
<b>Average staffing level (number)</b>	<b>309</b>	<b>325</b>	<b>16</b>

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

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

<sup>3</sup> Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)' and 'Revenue from independent sources (s74)'.  
<sup>4</sup> 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.