

## **Outcome 1:** Health System Policy, Design and Innovation



**Australia's health system is better equipped to meet current and future health needs by applying research, evaluation, innovation, and use of data to develop and implement integrated, evidence-based health policies, and through support for sustainable funding for health infrastructure**

## Analysis of performance

In 2016-17, the Government continued to increase investment in health and medical research through the Medical Research Future Fund and Biomedical Translation Fund. In addition, the Department completed the My Health Record participation trials which demonstrated that opt-out participation is the fastest way to realise the significant health and economic benefits of My Health Record. The Department also continued to work collaboratively with other Commonwealth entities, health peak and advisory groups, international health bodies, and States and Territories to ensure a nationally consistent approach to achieving better health outcomes for all Australians.

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

## Highlights

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### **Driving innovation through the first disbursements of \$65.9 million from the Medical Research Future Fund (MRFF)**

Disbursements will fund eight investments to improve health system efficiency, patient care and access, health outcomes, and innovation in health.

Refer *Program 1.1*



### **Harnessing the Second Australian Atlas of Healthcare Variation (the Atlas) to improve patient outcomes**

The Atlas, developed by the Australian Commission on Safety and Quality in Health Care in consultation with the Department and other relevant stakeholders, is a valuable resource for mapping and identifying variation in health care and understanding how care may be better provided to ensure quality, appropriateness and value of services.

Refer *Program 1.1*



### **Commencing national opt-out arrangements for My Health Record**

Following successful trials, national opt-out arrangements will begin in 2018 in order to bring forward the significant benefits offered by the My Health Record system to consumers and the health care system.

Refer *Program 1.2*



### **Promoting and learning from international best practice**

Actively participating in international engagements, such as the first ever G20 Health Minister's Meeting, ensures that Australia's global health agenda is promoted and information on international best practice is harnessed.

Refer *Program 1.5*

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## Looking ahead

- Administer \$119.1 million of MRFF disbursements in 2017-18 to further support innovative health and medical research that can be translated and commercialised into practice to improve health outcomes for Australians.
- Develop, with States and Territories, a forward looking implementation plan for the Haemopoietic Progenitor Cell sector, to ensure that Australian patients can continue to access matched stem cells for treatment.
- Review and update the current Intergovernmental Agreement on National Digital Health between the Commonwealth, and State and Territory Governments, which outlines the governance, function, performance and accountability of the Australian Digital Health Agency.
- Work with the Australian Digital Health Agency to implement national opt-out arrangements that will provide a My Health Record for every Australian by December 2018, unless they choose not to have one.
- The Government will provide \$68 million to establish Australia's first Proton Beam Therapy facility for advanced research and treatment of cancer in South Australia.

## Purpose, programs and program objectives contributing to Outcome 1

### 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.

#### Program 1.1: Health Policy Research and Analysis

Providing support to Council of Australian Governments' (COAG) Health Council and the Australian Health Ministers' Advisory Council (AHMAC)

Improving research capacity

Improving safety and quality in health care

Improving Australians' access to organ and tissue transplants

Supporting access to blood and blood products

Performance criteria from the 2016-17 Corporate Plan

#### Program 1.2: Health Innovation and Technology

Providing national digital health leadership

Performance criteria from the 2016-17 Corporate Plan

#### Program 1.3: Health Infrastructure

Improving primary health care infrastructure

Investing in other major health infrastructure

#### Program 1.4: Health Peak and Advisory Bodies

Supporting the Australian Government with informed policy advice and facilitating engagement with the health sector

#### Program 1.5: International Policy

Facilitating international engagement on health issues

Performance criteria from the 2016-17 Corporate Plan

## Program 1.1: Health Policy Research and Analysis

The Department met the majority of performance targets related to Program 1.1: Health Policy Research and Analysis.

In May 2017, as part of the 2016-17 Budget, the Government announced the first disbursements of \$65.9 million from the Medical Research Future Fund (MRFF). Disbursements will fund eight investments with a balance of long-term research and quick win programs which will improve health system efficiency, patient care and access, health outcomes, and innovation in health.

Complementing the investment through the MRFF, a further \$10 million from the Biomedical Translation Fund was committed in May 2017 to develop a promising new treatment for peanut allergies in children.

During 2016-17, the Department continued work to ensure that Australian patients requiring a stem cell transplant for therapeutic treatment were able to be matched with a donor or cord blood unit in Australia, and where a match was not available domestically, the Australian Bone Marrow Donor Registry conducted international searches for a match.

### Providing support to Council of Australian Governments' (COAG) Health Council and the Australian Health Ministers' Advisory Council (AHMAC)

**Work with States and Territories to facilitate a nationally consistent focus on achieving better health outcomes for all Australians.**

Source: 2016-17 Health Portfolio Budget Statements, p. 45

2016-17 Target	2016-17 Result
Australian Government health priorities are progressed through the COAG Health Council.	Priorities were agreed and progressed by AHMAC and endorsed by the COAG Health Council.
	<b>Result: Met</b>

The COAG Health Council, supported by its advisory body AHMAC, focussed on progressing a broad range of issues in 2016-17 including: long-term reform of the health system; Health Care Homes; mental health and suicide prevention; Aboriginal and Torres Strait Islander Health; digital health; health workforce; safety and quality; advancing the clinical trial environment; and health promotion and prevention.

## Improving research capacity

### Investment in medical research supports sustainability for the health system and drives innovation.

Source: 2016-17 Health Portfolio Budget Statements, p. 45

2016-17 Target	2016-17 Result
Strategic investment of total available funding in 2016-17.	Strategic investment of the first disbursements from the Medical Research Future Fund (MRFF) were announced in the 2017-18 Budget context. The total package includes \$60.9 million available for 2016-17 disbursement and an extra \$5 million over the out years. <b>Result: Substantially met</b>

Strategic investment of the first disbursements of \$65.9 million from the MRFF was announced in May 2017 as part of the 2017-18 Budget. Disbursements will fund eight investments, aligned with the *Australian Medical Research and Innovation Strategy 2016–2021* and related *Priorities 2016–2018*, prepared by the independent Australian Medical Research Advisory Board. This balance of long-term research and quick win programs will improve health system efficiency, patient care and access, health outcomes, and innovation in health. The initiatives include:

- \$20 million for preventive health and research translation projects, including \$10 million for Advanced Health Translation Centres and \$10 million for the Australian Prevention Partnership Centre.
- \$33 million for clinical trials and to build on Australia's world class strengths to ensure Australia is a preferred destination for clinical trial research.
- \$12.9 million for breakthrough research investments to drive cutting edge science and accelerate research for better treatments and cures.

### The disbursement of funds from the Medical Research Future Fund is guided by the Australian Medical Research and Innovation Strategy, and the Australian Medical Research and Innovation Priorities.

Source: 2016-17 Health Portfolio Budget Statements, p. 45

2016-17 Target	2016-17 Result
The <i>Australian Medical Research and Innovation Strategy 2016–2021</i> , and the <i>Australian Medical Research and Innovation Priorities 2016–2018</i> delivered to Government in 2016.	Both inaugural documents were delivered to Government and launched by the Prime Minister on 9 November 2016. <b>Result: Met</b>

The *Australian Medical Research and Innovation Strategy 2016–2021*, and related *Priorities 2016–2018* were developed following extensive consultation with the health and medical research sector, health service clinicians and managers, patients and the general public during May and August 2016. In accordance with the *Medical Research Future Fund Act 2015*, these documents were used to guide the Government decisions on the 2016-17 Medical Research Future Fund strategic investments disbursements.

### The Biomedical Translation Fund is established to support commercialisation of Australian health and medical research.

Source: 2016-17 Health Portfolio Budget Statements, p. 45

2016-17 Target	2016-17 Result
Fund established in 2016.	Fund established in 2016. <b>Result: Met</b>

The Government has established a \$500 million Biomedical Translation Fund (BTF), with \$250 million of Commonwealth funding that has been matched by private sector investors. The BTF will be used to make for-profit venture capital investments to support the development and commercialisation of biomedical discoveries in Australia, for the health and economic wellbeing of Australians. The Government has licensed three experienced venture capital fund managers to manage the fund. The first investment under the fund of \$10 million was announced on 27 May 2017, and will focus on researching new ways to treat peanut allergies in children.

## Improving safety and quality in health care

### Relevant evidence-based resources are available to help reduce unwarranted health care variation by changing clinical practice.

Source: 2016-17 Health Portfolio Budget Statements, p. 46

2016-17 Target	2016-17 Result
Information is available to consumers, clinicians and health services to promote adoption of clinical best practice.	Information to promote adoption of clinical best practice is available for consumers, clinicians and health services. <b>Result: Met</b>

The Department worked collaboratively with the Australian Commission on Safety and Quality in Health Care and other relevant stakeholders to develop the *Second Australian Atlas of Healthcare Variation* (The Atlas). The Atlas highlights variation by mapping the use of health care according to where people live. Mapping variation is an invaluable tool for understanding how our health care system is providing care and how to develop tools and resources to improve the quality, value and appropriateness of health care.

### Potential unwarranted health care variation has been identified.

Source: 2016-17 Health Portfolio Budget Statements, p. 46

2016-17 Target	2016-17 Result
Agreement with relevant stakeholders on unwarranted health care variation for further investigation.	Relevant stakeholders agreed on unwarranted health care variation for further investigation. <b>Result: Met</b>

The Department has worked collaboratively with the Australian Commission on Safety and Quality in Health Care and other relevant stakeholders, such as jurisdictional health department officials and clinical experts, to identify 18 clinical items for examination in the development of the *Second Australian Atlas of Healthcare Variation*. The 18 items relate to potentially preventable hospitalisations for select chronic conditions, including diabetes complications, interventions related to women's health and maternity, and hospitalisations for cardiovascular conditions, cataract surgery and knee replacement.

## Improving Australians' access to organ and tissue transplants

### Support the Australian Bone Marrow Donor Registry and the National Cord Blood Collection Network to identify matched donors and stem cells for transplant.

Source: 2016-17 Health Portfolio Budget Statements, p. 47

2016-17 Target	2016-17 Result
Increased diversity of tissue types of donors and cord blood units available for transplant.	The Australian Bone Marrow Donor Registry and National Cord Blood Collection Network reported an increased diversity of tissue types of donors and cord blood units available for transplant in 2016-17. <b>Result: Met</b>

### Support provided to the Australian Bone Marrow Donor Registry to search for (and transport) matched donors and stem cells internationally, when a domestic match is unavailable for transplant, to meet the needs of eligible Australian patients.

Source: 2016-17 Health Portfolio Budget Statements, p. 47

2016-17 Target	2016-17 Result
Funding is provided to meet the Commonwealth's agreement with the Australian Bone Marrow Donor Registry, and through that, meet the needs of patients requiring a stem cell transplant.	The Australian Bone Marrow Donor Registry has been fully funded as per the Commonwealth's agreement. All Australian patients that applied for assistance to access an international donor or cord blood unit for the purposes of stem cell transplantation, through the Bone Marrow Transplant Program, have received assistance. <b>Result: Met</b>

The Australian Bone Marrow Donor Registry has developed a strategy to further improve the ethnic diversity of the Registry, which is being reviewed. Whilst the diversity of both donors and banked cord blood units has improved, further improvements are required to better meet the population profile of Australia.

The Australian Bone Marrow Donor Registry continued to conduct searches of international registries as required, for matched donors and cord blood for Australian patients who were unable to find a match domestically.

**Number of searchable Indigenous cord blood units.**

Source: 2016-17 Health Portfolio Budget Statements, p. 47

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
70	82	N/A	N/A	N/A	N/A
	<b>Result: Met</b>				

**Percentage of searchable cord blood units where one or both parents claim ancestry that is not North-West European.**

Source: 2016-17 Health Portfolio Budget Statements, p. 47

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
50%	62%	N/A	N/A	N/A	N/A
	<b>Result: Met</b>				

**Number of banked<sup>1</sup> cord blood units**

- Total
- Indigenous

Source: 2016-17 Health Portfolio Budget Statements, p. 47

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
1,600	1,557	1,700	1,765	1,957	523
50	68	60	119	101	64
	<b>Result: Substantially Met</b>				

The Department continued to ensure Australian patients are able to access Australian donors/cord blood units, or matched international donors/cord blood units, for stem cell transplant purposes, as part of lifesaving treatment for cancer and other serious conditions.

Sufficient numbers of cord blood units continue to be banked by the three public cord blood banks in Australia to be made available for transplantation. The trend of delayed cord clamping<sup>2</sup> has not adversely affected the collection of cord blood. Ethnically diverse cord blood units continue to be collected and made available for transplant in the three public cord blood banks. The result was significantly above the target due to children with one or two parents of ancestry other than North-Western European being targeted in collection areas. Indigenous cord blood units continue to be collected and made available for transplantation.

The performance result of 'substantially met' is based on meeting 98% of the target.

<sup>1</sup> After collection, a cord blood unit is processed and a sample sent for tissue typing. The unit is considered 'banked' when it has been recorded and placed in cryogenic storage. The unit is considered 'searchable' when the tissue typing information is recorded, all regulatory requirements met and it is available for use by patients.

<sup>2</sup> Delayed cord clamping is when a baby's umbilical cord is not clamped or cut until it has stopped pulsing or until the placenta has been delivered.

## Supporting access to blood and blood products

### Effective planning of the annual blood supply through the National Supply Plan and Budget.

Source: 2016-17 Health Portfolio Budget Statements, p. 48

2016-17 Target	2016-17 Result
Implementation of the 2016-17 National Supply Plan and Budget that was agreed by all Health Ministers in 2015-16.	National Supply Plan and Budget was implemented during 2016-17. <b>Result: Met</b>

The National Supply Plan and Budget ensured there was sufficient blood and blood products budgeted for each State and Territory. Funding was paid quarterly in advance to ensure there was an uninterrupted supply to meet clinical need.

### The supply of blood and essential blood products are effectively supported in order to meet Australia's clinical need.

Source: 2016-17 Health Portfolio Budget Statements, p. 48

2016-17 Target	2016-17 Result
Funding is provided to meet the Commonwealth's contribution under the National Blood Agreement.	All Commonwealth funding was provided as per the National Blood Agreement. <b>Result: Met</b>

The supply of blood and essential blood products was fully funded as per the National Blood Agreement to ensure that there is a sufficient supply of blood and blood products and services in all the States and covered Territories.<sup>3</sup> The Commonwealth met funding of 63% of the supply of blood and a range of essential blood products as agreed under the National Blood Agreement.

## Performance criteria from the 2016-17 Corporate Plan

### Australian Government health priorities are progressed through the COAG Health Council.

Source 2016-17 Department of Health Corporate Plan, p. 25

Refer p. 43 for performance criterion addressing progress of health priorities through the COAG Health Council.

### Australian hospitals and health services meet National Safety and Quality Health Service Standards, and adequate systems are in place to monitor and report on health products safety.

Source: 2016-17 Department of Health Corporate Plan, p. 26

As part of the legislative function of the Australian Commission on Safety and Quality in Health Care (ACSQHC), the Commission reports on the state of safety and quality in the Australian health system.

The National Safety and Quality Health Service (NSQHS) Standards are making a difference by enhancing leadership for safety and quality; clinical engagement; and effective systems.

A full report on the key safety and quality themes can be found in the ACSQHC's publication *Vital signs 2016: the state of safety and quality in Australian health care*.

As at 30 June 2016, 98% of all hospitals and day procedure services in Australia have been assessed against the NSQHS Standards.<sup>4</sup>

<sup>3</sup> Several Territories are considered as covered under the National Blood Agreement. Further information on covered Territories is available at: [www.legislation.gov.au/Details/C2016C00846](http://www.legislation.gov.au/Details/C2016C00846)

<sup>4</sup> Source: *Australian Commission on Safety and Quality in Health Care Annual Report 2015-16*.

# Program 1.2: Health Innovation and Technology

The Department met the performance target related to Program 1.2: Health Innovation and Technology.

In 2016-17, the Department continued to support a national shared electronic health record system. The final evaluation report for the My Health Record participation trials was released in May 2017. The report provided evidence from all four trial sites to inform Government about the participation arrangements and implementation approaches that will be most effective for bringing forward the benefits of My Health Record nationally. The evaluation report found that implementation of opt-out arrangements nationally was the best way to deliver the benefits of the system.

## Providing national digital health leadership

**Trials of new participation arrangements are undertaken, including for an opt-out system.**  
 Source: 2016-17 Health Portfolio Budget Statements, p. 49

2016-17 Target	2016-17 Result
Trials to be completed by 31 October 2016.	The trials of new participation arrangements for My Health Record (opt-in and opt-out) were completed by 31 October 2016.  <b>Result: Met</b>

Trials of opt-in and opt-out participation arrangements were conducted at four trial sites: opt-out in Northern Queensland and the Nepean Blue Mountains of New South Wales, and opt-in in Western Australia and Ballarat. These trials delivered an evidence-base to inform Government about the most effective participation arrangements and implementation approaches to bring forward the benefits of My Health Record nationally. The trials demonstrated that opt-out participation is the fastest way to realise the significant health and economic benefits of My Health Record for all Australians. This has enabled the design of initiatives that will increase participation in and use of the My Health Record system across the nation.

Funding to implement the national rollout of the opt-out model was provided in the 2017-18 Budget, which will deliver a My Health Record for every Australian by December 2018, unless they choose not to have one.

## Performance criteria from the 2016-17 Corporate Plan

### **Increase in the number of consumers and providers using My Health Record.**

Source: 2016-17 Department of Health Corporate Plan, p. 24

During 2016-17 the Department saw an overall increase in the use of the My Health Record system. In total:

- 664,278 people accessed their own records in the My Health Record system;
- 2,217 health care providers viewed records in the My Health Record system; and
- 4,538 health care providers uploaded records to the My Health Record.

During 2016-17, health care providers uploaded a total of 218,776,890 documents.

### **Participation (opt-out and opt-in) trial findings inform future recommendations to Government to increase participation in, and meaningful use of, My Health Record.**

Source: 2016-17 Department of Health Corporate Plan, p. 24

Refer p. 49 for performance criterion addressing participation in My Health Record.

# Program 1.3: Health Infrastructure

The Department met all performance targets related to Program 1.3: Health Infrastructure.

In 2016-17, the Department supported improvements to the health system through investment in health infrastructure that provides increased opportunities for training and teaching of health practitioners.

During 2016-17, funding agreements for 52 Rural General Practice Grants were established. The program will deliver improved health services through additional infrastructure, increased levels of teaching and training for health practitioners, and more opportunities to deliver healthy living education to local communities.

The Department continued to monitor health infrastructure projects to ensure projects were compliant and meeting agreed milestones.

## Improving primary health care infrastructure

### Number of Rural General Practice Grants (RGPG) supporting additional infrastructure to enable increased levels of teaching and training for health practitioners.

Source: 2016-17 Health Portfolio Budget Statements, p. 50

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
30	52 <b>Result: Met</b>	N/A	N/A	N/A	N/A

The Department made 67 grant funding offers to applicants through the RGPG Program. Of the 67 offers, 52 funding agreements were in place by 30 June 2017, the remaining offers will be finalised in 2017-18.

## Investing in other major health infrastructure

### Effective monitoring of health infrastructure projects for compliance with agreed outputs.

Source: 2016-17 Health Portfolio Budget Statements, p. 50

2016-17 Target	2016-17 Result
Reports are received for all projects in the required timeframe and remedial action taken as required.	Reports for the relevant infrastructure projects have been received by the Department within the required timeframes and where required, remedial action has been taken. <b>Result: Met</b>

The majority of projects were compliant in providing project reports and achieving agreed project outputs within the required timeframes. Where projects were found to be non-compliant, the Department undertook remedial action in a timely manner.

## Program 1.4: Health Peak and Advisory Bodies

The Department met the performance target related to Program 1.4: Health Peak and Advisory Bodies.

In 2016-17, the Department actively engaged with national peak and advisory bodies on a range of issues contributing to the Government's health agenda.

In 2016-17, the Department funded organisations to provide advice on a range of issues including the National Digital Health Strategy, Medicare Benefits Schedule reviews, the Fifth National Mental Health and Suicide Prevention Plan, Health Care Homes, and the Practice Incentives Program.

The Department aims to ensure that sector and community views on health issues are represented in the development of Government policies and programs, and support the dissemination of information on Government policies and programs.

### Supporting the Australian Government with informed policy advice and facilitating engagement with the health sector

#### Advice obtained from national peak and advisory bodies informs policy and program development.

Source: 2016-17 Health Portfolio Budget Statements, p. 51

2016-17 Target	2016-17 Result
Funding agreements with a range of national peak and advisory bodies commencing from 1 July 2016.	The Department had funding agreements in place with a range of national peak and advisory bodies, which commenced from 1 January 2016. <b>Result: Met</b>

The Department funds health peak and advisory organisations to consult with members on policy and program issues, to provide the Government with informed and impartial advice, and to share information on Government health policies and programs. Community consultation can be undertaken by organisations in addition to members, however this is not mandatory. Advice was provided via formal written submissions and participation in Government meetings and forums.

The Department received advice on health matters from 21 funded health peak and advisory bodies throughout 2016-17. These organisations consulted with their members on matters such as: the Medicare Benefits Schedule Review; the redesign of the Practice Incentives Program; the Fifth National Mental Health and Suicide Prevention Plan; and Primary Health Networks.

During the development of the Fifth National Mental Health and Suicide Prevention Plan, there was strong engagement with peak bodies and key stakeholders, with extensive feedback being received. Recommendations from peak bodies and key stakeholders were considered with many incorporated. The advice provided by these organisations was considered by Senior Governance Committees and plays a vital role in ensuring that programs and policies are developed to address community needs and concerns.

## Program 1.5: International Policy

The Department met all performance targets related to Program 1.5: International Policy.

In 2016-17, the Department continued to participate in international engagements, maintaining partnerships and harnessing information on international best practice in health.

Australia is recognised as having a world-class health system, and is well regarded in international health fora. Australia is considered a leader on a range of health issues including: health emergency preparedness and response; antimicrobial resistance; universal health coverage; health technology assessments; and tobacco control.

In January 2017, the Department led Australia's representation at the Organisation for Economic Co-operation and Development (OECD) High-level Policy Forum and Ministerial meeting in Paris. Australia participated in discussions with OECD Ministers about their views on the future of health and health care. Health welcomed the OECD Council Recommendation on Health Data Governance and endorsed a Ministerial Statement setting out future priorities.

In May 2017, Australia participated in the first ever G20 Health Ministers' Meeting, hosted by Germany. The delegation contributed to G20 discussions on key global health issues including antimicrobial resistance, and preventing and responding to global health emergencies.

### Facilitating international engagement on health issues

#### Reform of the World Health Organization (WHO) continues to improve global and regional capacity to prevent and respond to health emergencies.

Source: 2016-17 Health Portfolio Budget Statements, p. 52

2016-17 Target	2016-17 Result
Australia contributes to debate on WHO reform in regional and global governing bodies.	The Department continues to engage through formal and informal channels to further the WHO reform agenda across all levels of the WHO. <b>Result: Met</b>

The Department continues to engage both formally and informally in discussions to advocate for a continued and strengthened focus on the program, governance and managerial reforms of the WHO. The Department has spoken in strong support of the alignment of the WHO's work with the 2030 Sustainable Development Agenda, including the need for an assessment of how the WHO's capabilities and comparative advantage would assist in defining a more strategic positioning of the WHO.

#### Number of international health delegation visits facilitated by the Department.

Source: 2016-17 Health Portfolio Budget Statements, p. 52

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
15-20	22 <b>Result: Met</b>	16	20	20	25

Hosting visits from overseas delegations that are interested in learning more about various parts of Australia's health system are an important means of engaging with other countries. Hosting these delegations assists the Department to build networks and professional linkages between individuals and organisations, exchange ideas and experiences, and facilitate international discussions on health issues. In 2016-17, the Department hosted delegations from Bangladesh, Canada, India, Iran, Japan, the Netherlands, the Philippines, Singapore, South Korea, Sweden, Taiwan, Timor-Leste and the United States of America. Areas of discussion across these delegations varied, with many focussed on issues such as health technology assessment, medical data, pharmaceuticals, health security, health workforce, health system financing and innovation in health care.

### Australia's interests secured at relevant meetings of key international health bodies and organisations.

Source: 2016-17 Health Portfolio Budget Statements, p. 52

2016-17 Target	2016-17 Result
Departmental representatives will have actively engaged in meetings of the WHO governing bodies, OECD Health Committee, APEC Health Working Group and other international fora.	The Department actively engaged and led Australia's participation in meetings of the WHO governing bodies, Organisation for Economic Co-operation and Development (OECD) Health Committee, Asia-Pacific Economic Cooperation (APEC) Health Working Group and other international fora.
	<b>Result: Met</b>

In 2016-17, the Department continued to lead Australia's delegations to WHO governing body meetings, World Health Assembly, meetings of the WHO Executive Boards and the WHO Western Pacific Regional Committee Meeting. Participation in these meetings ensures Australia's domestic, regional and global interests are promoted and protected, and all decisions or resolutions adopted during the meetings are aligned with, or not contrary to, Australia's domestic and foreign policies. Examples of active engagement are included below.

Under the APEC Health Working Group, which meets twice a year, the Department currently chairs a sub-working group to implement the Healthy Asia-Pacific 2020 Initiative – APEC's key plan for promoting health and wellbeing in the region and encouraging APEC economies to develop sustainable and high performing health systems.

Australia's delegation was highly active in the lead up to and during the 70th World Health Assembly in May 2016. The Chief Medical Officer delivered Australia's plenary statement which reinforced our commitment to universal health coverage and addressed the importance of ensuring sustainable health financing. Australia hosted a side event in partnership with the Fred Hollows Foundation on universal eye health and co-sponsored a further five official side events on health security, essential surgery, world no tobacco day, strengthening regulation and human rights. In addition, members of the delegation participated in and attended a range of other events and meetings on issues including non-communicable diseases, mental health, health security and health workforce.

In November 2016, Australia (represented by the Department) was appointed to the bureau of the OECD Health Committee, a key platform of influence in the governance of the forum. The then Secretary, Martin Bowles, delivered the keynote speech at the Commonwealth Fund International Symposium on Health Care Policy in December 2016.

At the Heads of Health meeting in April, the Department made interventions during sessions on Universal Health Coverage, non-communicable diseases and Pacific Health Security. These interventions supported continued efforts into these important regional health issues. Attendance at this meeting also helped inform Australia's position on the May elections of a new Director-General for the WHO.

### Performance criteria from the 2016-17 Corporate Plan

**Departmental representatives actively engage in meetings of the World Health Organization (WHO) governing bodies, Organisation for Economic Co-operation and Development (OECD) Health Committee, Asia-Pacific Economic Cooperation (APEC) Health Working Group and other international forums.**

Source: 2016-17 Department of Health Corporate Plan, p. 25

Refer above on this page for performance criterion addressing engagement in meetings of the WHO, OECD, APEC and international forums.

## First G20 Health Ministers' meeting

In Berlin in May 2017, Australia joined its 19 counterparts in the first ever meeting of G20 Health Ministers. The meeting brought together decision makers from G20 member nations to share information and better plan for collaboration during international health crises.

The Hon Ken Wyatt AM, MP, Minister for Aged Care and Minister for Indigenous Health represented Australia at the meeting. Minister Wyatt was joined by representatives of the other members of the G20 – Argentina, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Republic of Korea, Mexico, Russia, Saudi Arabia, South Africa, Turkey, United Kingdom, United States, and the European Union.



Global health risks, such as infectious disease outbreaks and antimicrobial resistance, have a severe impact on the lives and wellbeing of millions of people, as well as on the global economy. These challenges cannot be addressed by any one country or sector alone, and need a coordinated and integrated response. As the premier forum for international economic cooperation, the G20 can make a real contribution to tackling global health challenges.

Health Ministers at the meeting took part in a global health emergency simulation exercise – a first for senior political leaders. The exercise helped develop Ministers' awareness of global health crisis management, and encouraged countries to improve their epidemic preparedness and response capacities.

Australia's participation at the meeting was an opportunity for us to share our national experiences in responding to health emergencies and to encourage other countries to strengthen their health systems, to make the world a healthier and safer place for all.

Following the exercise, Minister Wyatt announced that Australia will provide \$2 million to support the Coalition for Epidemic Preparedness Innovations (CEPI) to develop vaccines to fight emerging infectious diseases.

***“It is better to be prepared, rather than react to epidemics. Australia’s support for CEPI will work to fuel an end-to-end approach to vaccine development, with vaccine development platforms ready for deployment before the epidemic begins.”***

***“This investment complements Australia’s commitment to global health and will build global innovative partnerships and create opportunities for global research collaboration.”***



## Outcome 1 – Budgeted expenses and resources

	Budget estimate 2016-17 \$'000 (A)	Actual 2016-17 \$'000 (B)	Variation \$'000 (B) - (A)
<b>Program 1.1: Health Policy Research and Analysis<sup>1</sup></b>			
Administered expenses			
Ordinary annual services ( <i>Appropriation Act No. 1</i> )	55,191	50,336	(4,855)
Special Accounts			
Medical Research Future Fund	60,876	17,960	(42,916)
Special appropriations			
<i>National Health Act 1953</i> – blood fractionation, products and blood related products to National Blood Authority	664,802	657,785	(7,017)
<i>Public Governance, Performance and Accountability Act 2013</i> s77 – repayments	2,000	576	(1,424)
Other Services ( <i>Appropriation Act No. 2</i> )	-	3,169	3,169
Departmental expenses			
Departmental appropriation <sup>2</sup>	63,732	61,848	(1,884)
Expenses not requiring appropriation in the budget year <sup>3</sup>	3,966	7,804	3,838
<b>Total for Program 1.1</b>	<b>850,567</b>	<b>799,478</b>	<b>(51,089)</b>
<b>Program 1.2: Health Innovation and Technology</b>			
Administered expenses			
Ordinary annual services ( <i>Appropriation Act No. 1</i> )	41,363	38,894	(2,469)
Departmental expenses			
Departmental appropriation <sup>2</sup>	11,627	10,675	(952)
Expenses not requiring appropriation in the budget year <sup>3</sup>	733	1,230	497
<b>Total for Program 1.2</b>	<b>53,723</b>	<b>50,799</b>	<b>(2,924)</b>
<b>Program 1.3: Health Infrastructure<sup>1</sup></b>			
Administered expenses			
Ordinary annual services ( <i>Appropriation Act No. 1</i> )	5,797	4,921	(876)
Special appropriations			
<i>Health Insurance Act 1973</i> – payments relating to the former Health and Hospitals Fund	37,321	17,554	(19,767)
Departmental expenses			
Departmental appropriation <sup>2</sup>	2,787	2,944	157
Expenses not requiring appropriation in the budget year <sup>3</sup>	194	336	142
<b>Total for Program 1.3</b>	<b>46,099</b>	<b>25,755</b>	<b>(20,344)</b>

## Outcome 1 – Budgeted expenses and resources (continued)

	Budget estimate 2016-17 \$'000 (A)	Actual 2016-17 \$'000 (B)	Variation \$'000 (B) - (A)
<b>Program 1.4: Health Peak and Advisory Bodies</b>			
Administered expenses			
Ordinary annual services ( <i>Appropriation Act No. 1</i> )	7,983	8,098	115
Departmental expenses			
Departmental appropriation <sup>2</sup>	1,504	1,528	24
Expenses not requiring appropriation in the budget year <sup>3</sup>	121	170	49
<b>Total for Program 1.4</b>	<b>9,608</b>	<b>9,796</b>	<b>188</b>
<b>Program 1.5: International Policy</b>			
Administered expenses			
Ordinary annual services ( <i>Appropriation Act No. 1</i> )	14,340	13,038	(1,302)
Departmental expenses			
Departmental appropriation <sup>2</sup>	7,471	7,835	364
Expenses not requiring appropriation in the budget year <sup>3</sup>	586	872	286
<b>Total for Program 1.5</b>	<b>22,397</b>	<b>21,745</b>	<b>(652)</b>
<b>Outcome 1 totals by appropriation type</b>			
Administered expenses			
Ordinary annual services ( <i>Appropriation Act No. 1</i> )	124,674	115,287	(9,387)
Special Accounts	60,876	17,960	(42,916)
Special appropriations	704,123	675,915	(28,208)
Other Services ( <i>Appropriation Act No. 2</i> )	-	3,169	3,169
Departmental expenses			
Departmental appropriation <sup>2</sup>	87,121	84,830	(2,291)
Expenses not requiring appropriation in the budget year <sup>3</sup>	5,600	10,412	4,812
<b>Total expenses for Outcome 1</b>	<b>982,394</b>	<b>907,573</b>	<b>(74,821)</b>
<b>Average staffing level (number)</b>	<b>505</b>	<b>510</b>	<b>5</b>

Note: Budget estimate represents estimated actual from 2017-18 Health Portfolio Budget Statements.

<sup>1</sup> This program excludes National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework.

<sup>2</sup> Departmental appropriation combines 'Ordinary annual services (*Appropriation Act No. 1*)' and 'Revenue from independent sources (s74)'.

<sup>3</sup> Expenses not requiring appropriation in the budget year are made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.