

# Memorandum of Understanding

*A Memorandum of Understanding for a National Public Health Partnership for Australia*

*between*

*the Commonwealth of Australia \* New South Wales \* Victoria \* Queensland \* Western Australia \* South Australia \* Tasmania \* Northern Territory \* Australian Capital Territory*

Senator The Hon Kay Patterson  
on behalf of the Commonwealth of  
Australia

The Hon Craig Knowles MP  
on behalf of New South Wales

The Hon Wendy Edmond MP  
on behalf of Queensland

The Hon Bronwyn Pike MP  
on behalf of Victoria

The Hon Lea Stevens MP  
on behalf of South Australia

The Hon David Llewellyn MHA  
on behalf of Tasmania

The Hon Jane Aagaard MLA  
on behalf of Northern Territory

Mr Simon Corbell MLA  
on behalf of Australian Capital Territory

The Hon Bob Kucera MLA  
on behalf of Western Australia

*Signed February 2003*

## **PREAMBLE**

1. The Commonwealth and the States and Territories acknowledge the importance of investment in public health activities and the longer-term social and economic benefits derived from that investment. Facilitating cooperation and planning of public health across both levels of government through the National Public Health Partnership, aims to improve the return on this investment.
2. The National Public Health Partnership, under the auspice of the Australian Health Ministers' Advisory Council, provides a multilateral inter-governmental framework between the Commonwealth and State/Territory Health Authorities to protect and improve the health of Australians. Continuation of the National Public Health Partnership was endorsed by Health Ministers on 19 July 2002.
3. The Australian Institute of Health and Welfare (AIHW) and the National Health and Medical Research Council (NHMRC) are non-voting members of the Partnership, reflecting their respective roles and expertise in public health and research.
4. This MOU and Schedules 1, 2 and 3 set out how the National Public Health Partnership operates.

## **OBJECTIVES**

5. The objectives for the National Public Health Partnership are to:
  - a. identify and develop strategic and integrated responses to public health priorities to guide and support governments and service providers;
  - b. establish two-way exchange with key stakeholders on the development of national public health priorities and strategies;
  - c. develop better coordination and increased sustainability of public health strategies; and
  - d. strengthen public health infrastructure and capacity nationally.

## **PRINCIPLES**

6. The following principles underpin the implementation of this MOU:
  - a. the National Public Health Partnership is subject to decisions of Health Ministers and the Australian Health Ministers' Advisory Council;
  - b. priority setting and decision making should be based on evidence and cost effectiveness of public health approaches and appropriate processes of consultation with key stakeholders;
  - c. optimising population health outcomes requires effective linkage between public health and the broader health system including recognition of other collaborative arrangements and agreements, such as those to address Aboriginal and Torres Strait Islander health;

- d. public health efforts must proceed in partnership with non-health sectors and in collaboration with international partners;
- e. nationally agreed public health standards and strategies should guide the development, implementation and review of the public health initiatives of the Commonwealth, States and Territories; and,
- f. development and implementation of national public health strategies is facilitated by effective communication encouraging sharing of information and expertise, and through collaboration with sectors other than health.
- e. foster innovation in population health programs and utilisation of evidence to inform policy and programs, in conjunction with States/Territories;
- f. facilitate and negotiate between Governments on national planning, implementation, monitoring and reporting in public health;
- g. implement decisions of the National Public Health Partnership consistent with Commonwealth priorities and funding decisions;
- h. facilitate development of national capacity in areas of workforce development, research, data and economic analysis, and development of national consistency in standards, legislation and regulation; and,
- i. conduct, in consultation with other partners, Australia's international responsibilities and obligations in public health.

#### **ROLES OF THE MEMBERS**

7. To give effect to the above principles and objectives, the **Commonwealth** brings to this MOU its role in public health, which is to:

- a. facilitate the development of national strategies and priorities in collaboration with government, non-government, professional, and community organisations.
- b. promote and facilitate cost-effective investment in national public health priorities;
- c. build and strengthen a population health constituency with key players and with the public;
- d. undertake specific inter-sectoral collaboration, particularly in facilitating whole-of-government approaches in key priority areas;

8. The **individual States and Territories** bring to this MOU their role in public health, which is to:

- a. collaborate in national policy and develop strategies for implementation within their jurisdictions;
- b. develop and implement State/Territory specific policy, programs and regulatory frameworks for public health;
- c. foster innovation in population health programs in collaboration with the National Public Health Partnership;

- d. apply public health knowledge and skills to health system development;
- e. participate in collaborative efforts at the national level and with other States/Territories, including leading specific projects, and conducting those elements of the National Public Health Partnership which the particular State/Territory might agree to undertake;
- f. monitor and respond to public health workforce issues within a national framework for workforce development; and,
- g. monitor health issues and outcomes and report on the performance of public health functions as agreed.

#### **ROLES OF THE OTHER MEMBERS**

- 9. The role of the **Australian Institute of Health and Welfare (AIHW)** in public health is to:
  - a. develop and collect public health data, set standards for data quality, produce public health statistics and undertake research and analysis to inform and improve public health policy and practice.
- 10. The role of the **National Health and Medical Research Council (NHMRC)** is to:
  - a. develop expert health advice;
  - b. identify best practice in public health interventions; and,
  - c. stimulate strategic research in public health.

#### **IMPLEMENTATION OF THE NATIONAL PUBLIC HEALTH PARTNERSHIP**

- 11. This MOU for a National Public Health Partnership operates through the National Public Health Partnership Group, which reports to the Commonwealth and State and Territory Health Ministers through the Australian Health Ministers' Advisory Council (AHMAC).
- 12. The National Public Health Partnership Group comprises one senior representative from: the Commonwealth, each of the States and Territories, AIHW, and the NHMRC and is chaired by a person appointed by AHMAC.
- 13. Acknowledging the important social and economic links with New Zealand and the value of exchanging information on public health developments, observer status on the National Public Health Partnership Group is extended to one senior representative from New Zealand.
- 14. The National Public Health Partnership Group receives advice and refers matters to its Advisory Group of national non-government agencies with an interest in public health. To support this arrangement, the Chair of the Advisory Group has an observer role on the National Public Health Partnership Group.
- 15. Implementation of the National Public Health Partnership is through a Work Program that addresses the agreed public health Priority Agenda.

**TERM, REVIEW AND AMENDMENT  
OF THE MOU**

16. The MOU will commence on the date it is signed by all parties, and, unless otherwise agreed between the Parties, continue for a five-year period.
  
17. The Parties will undertake a joint review of the operation of the National Public Health Partnership during year five of this MOU.
  
  
  
  
  
  
  
  
  
  
18. This MOU may be amended at any time by an agreement in writing between the Parties.
  
  
  
  
  
  
  
  
  
  
19. This MOU does not vary or affect existing rights and obligations under existing agreements between the Parties and their agencies.

**GLOSSARY OF TERMS**

**AHMAC** Australian Health Ministers' Advisory Council

**AIHW** Australian Institute of Health and Welfare.

**NHMRC** National Health and Medical Research Council.

**National Public Health Partnership Group**

The group of senior representatives from the Commonwealth, States, Territories and AIHW and NHMRC referred to in Schedule 2.

**The National Public Health Partnership**

The national public health policy and planning mechanism between the Parties pursuant to this MOU.

**The Advisory Group**

The Advisory Group to the National Public Health Partnership Group comprising national peak professional and community organisations with an interest in public health referred to in Schedule 2.

**Priority Agenda**

The Priority Agenda referred to in Schedule 3 and as agreed by AHMAC on a three-year basis.

**Public Health**

"Public health" is the organised response by society to protect and promote health, and to prevent illness, injury and disability.

**Public Health Interventions**

Developing policy, setting priorities for action, developing plans, implementing and coordinating services, strategies and interventions aimed at prevention, protection and promotion of the health of the community. This ranges from strengthening community capacity to manage and reduce health risks; through investigation of disease and risk factors; through management of contemporary regulatory approaches to ensure a healthy and safe environment; through organised population wide prevention or early detection; to informing optimal planning of health services delivery.

**SCHEDULE 2**

**ADMINISTRATIVE  
ARRANGEMENTS FOR  
OPERATION OF THE NATIONAL  
PUBLIC HEALTH PARTNERSHIP**

The National Public Health Partnership Group will, subject to any directions and approvals from AHMAC, have the following roles under this MOU:

- a. oversee the direction, development, implementation and review of the MOU;
- b. make recommendations to AHMAC on national priorities for public health and other strategic issues;
- c. report to Health Ministers through AHMAC on progress;
- d. consult and negotiate with other relevant agencies including its Advisory Group, on the development of national public health priorities and strategies; and,
- e. establish appropriate mechanisms, communication and working arrangements to support the implementation of the MOU.

The Advisory Group, subject to the direction and approvals of the National Public Health Partnership Group, will have the following roles:

- a. facilitate consultation;
- b. identify public health priorities;
- c. contribute to the work of the National Public Health Partnership by participation on Partnership working groups;

- d. assist in planning and implementing the National Public Health Partnership work program; and,
- e. assist in communicating the work of the National Public Health Partnership to the public health community and bringing the views of the public health community to the work of the National Public Health Partnership.

The Commonwealth Department of Health and Ageing will be responsible for:

- a. sharing the cost with States and Territories of providing secretariat assistance to the National Public Health Partnership Group;
- b. providing a representative on the National Public Health Partnership Group overseeing the MOU;
- c. costs associated with their representative's participation in the National Public Health Partnership Group; and
- d. acting as the responsible agency for specific Work Program areas as agreed.

Each State and Territory will be responsible for:

- a. sharing the cost with the Commonwealth and other States and Territories of providing secretariat assistance to the National Public Health Partnership Group;

- b. providing representatives on the National Public Health Partnership Group overseeing the MOU;
- c. costs associated with their representative's participation in the National Public Health Partnership Group; and
- d. acting as the responsible agency for specific Work Program areas as agreed.

The AIHW and NHMRC, consistent with their statutory functions, will be responsible for:

- a. providing representatives on the National Public Health Partnership Group overseeing the MOU; and,

- b. costs associated with their representative's participation in the National Public Health Partnership Group.

The role of AHMAC will be to take decisions in relation to:

- a. any directions to be given to the National Public Health Partnership Group;
- b. the priority agenda for public health;
- c. advice received from the National Public Health Partnership Group;
- d. interface of the National Public Health Partnership Group with other committees of AHMAC;
- e. administrative arrangements; and,
- f. the appointment of the Chair of the National Public Health Partnership Group.

**SCHEDULE 3**

**NATIONAL PUBLIC HEALTH  
PARTNERSHIP WORK PROGRAM**

The work program will be developed to implement the agreed Priority Agenda for public health, as endorsed by AHMAC. The current agreed agenda for 2002 – 2004 is appended to this Schedule.

<p><b>Agenda Category</b></p>	<p><b>National Public Health Partnership Agenda 2002 – 2004</b></p>	<p><b>Achieving Integration Through Common Themes Across NPHP Agenda Categories</b></p>		
<p>New initiatives and key strategic developments linking to major AHMAC agendas</p>	<ul style="list-style-type: none"> <li>• Child, Youth and Mothers' Health</li> <li>• Chronic Disease Prevention: implementation of Framework1</li> <li>• Aboriginal and Torres Strait <b>Islander Health:</b> <ul style="list-style-type: none"> <li>- taking a public health approach</li> <li>- working with key national bodies such as SCATSIH ensuring that Aboriginal and Torres Strait Islander issues are given priority in all areas of the work program</li> </ul> </li> <li>• <b>Health of Prisoners:</b> public health issues</li> <li>• <b>Genetics:</b> public health approach</li> <li>• <b>Healthy Ageing:</b> in partnership with the Healthy Ageing Task Force</li> <li>• <b>Primary Health and Community Care</b> Agenda: contribute to the ongoing agenda of AHMAC, for example through JAG and implementation of the SNAP Framework</li> <li>• <b>Workforce:</b> development of the public health workforce</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Addressing health inequalities through public health programs and interventions.</i></li> <li>• <i>Improving the quality of public health practice. (For example by extending the use of tools developed such as the Planning and Practice Framework and the Evidence Schema etc).</i></li> <li>• <i>Engaging effectively with key non-government organisations, key experts, major national structures and committees and key consumer groups. The NPHP Advisory Group will facilitate this activity.</i></li> </ul>		
<p>Implementation and ongoing policy development in priority areas of public health</p>	<ul style="list-style-type: none"> <li>• Controlling Communicable Diseases - through CDNA (including immunisation, HIV/AIDs and Hepatitis C)</li> <li>• Preparedness for and responsiveness to bio-terrorism</li> <li>• Environmental Health – through enHealth Council</li> <li>• Nutrition – through SIGNAL<sup>2</sup></li> <li>• Physical Activity – through SIGPAH<sup>2</sup></li> <li>• Injury Prevention– through SIPP</li> <li>• Public Health Information – through NPHIWG</li> <li>• Evaluation and performance of public health programs</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Strengthening the evidence for public health interventions and enhancing the economic arguments for public health.</i></li> <li>• <i>Integrating key risk groups, settings and priority areas into all work programs as appropriate, for example Aboriginal and Torres Strait Islander people, mental health and prevention, substance misuse and primary care and community health.</i></li> </ul>		
<p><b>Key partners and collaborations</b> achieved through mechanisms such as joint working groups, common membership, representation or joint projects</p>	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• SCATSIH</li> <li>• JAG – GPPAC/NPHPG</li> <li>• Mental Health Prevention and Promotion Working Group</li> <li>• AHMAC workforce group</li> <li>• HIRC</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• NHPAC</li> <li>• NHPC</li> <li>• NACOH</li> <li>• NHMRC</li> <li>• NHIMG</li> <li>• AHMAC Primary Health &amp; Community Care Group</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• SCATSIH</li> <li>• JAG – GPPAC/NPHPG</li> <li>• Mental Health Prevention and Promotion Working Group</li> <li>• AHMAC workforce group</li> <li>• HIRC</li> </ul>	<ul style="list-style-type: none"> <li>• NHPAC</li> <li>• NHPC</li> <li>• NACOH</li> <li>• NHMRC</li> <li>• NHIMG</li> <li>• AHMAC Primary Health &amp; Community Care Group</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Public health research – collaboration and priority setting.</i></li> <li>• <i>Regulatory reform.</i></li> </ul>
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<sup>1</sup> Initially to be through nutrition, physical activity, implementation of SNAP framework and child and youth work programs.

<sup>2</sup> Both SIGNAL & SIGPAH address obesity.