

Issue 5 October 1998

Inside the 5th edition of the National Public Health Partnership Newsletter you will find reports on recent activities of the Partnership Group and updates from some of the Partnership Working Groups. Special features include articles on immunisation around Australia, public health in New Zealand and an interview with Dr Ron Tomlins, Chief Executive Officer of the Royal Australian College of General Practitioners.

## Emerging and Re-emerging Infections:<sup>1</sup> How are we doing?

Globally, HIV/AIDS is probably the most devastating emerging infection with estimates of 16,000 new cases transmitted daily world wide. Tuberculosis has re-emerged with such severe consequences that the World Health Organisation (WHO) proclaimed it to be a global emergency. Malaria, another re-emerging disease is the subject of a major initiative by the new Director-General of WHO, Professor Gro Harlem Brundtland through the 'Roll Back Malaria' campaign. The development of resistance to antimicrobials is a major issue in the re-emergence of some infectious diseases.

### Australia's record in responding to emerging infections

By world standards our response to Tuberculosis and HIV/AIDS has been excellent. The Australian response to HIV/AIDS is frequently cited as a major success story.

Rates of tuberculosis in Australia remain at a very low rate. Similarly, we compare well for Hepatitis C, though communities and groups affected by Hepatitis C are concerned about the response.

Australia has experienced some unique and fascinating new infections over the last few years including the pig paramyxovirus, equine morbillivirus, and the Australian Bat Lyssavirus. The latter provided a unique opportunity to test our capacity to respond to a new infection with potentially significant public health implications and a high level of community concern.

### Australian Bat Lyssavirus



Grey Headed Flying Fox. Courtesy Frank Filippi - CSIRO Australian Animal Health Laboratory.

In May 1996, a flying fox found in northern NSW was shown to have encephalitis due to a lyssavirus very closely related to classical rabies. Material from the bat was sent to Center for Disease Control (CDC) in Atlanta for further examination. In October, the CDC advised that rabies vaccination was protective against this virus. At about the same time, a woman from North Queensland became unwell, developing symptoms consistent with classical rabies. It was subsequently discovered that the virus which caused her death was the same virus which affected the NSW flying fox. The virus was later found in most other States and in other species of bats.

As events unfolded, The Communicable Diseases Network Australia New Zealand (CDNANZ - 'the Network')<sup>2</sup> acted quickly to set up a Bat Lyssavirus Expert Group - involving key players from Agriculture and Primary

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# Message from the Chair

Since the last newsletter, the Partnership has been particularly productive with its first progress report to the Australian Health Ministers; a Partnership Group meeting in Darwin; and finalisation of key papers for wider distribution. At their July meeting, Australian Health Ministers noted the progress of the Partnership Group and endorsed its Strategic Directions 1998-2000 - a copy of which is available on our website.

Needless to say, the support of Australian Health Ministers for the work being undertaken by the Partnership Group and its Working Groups is crucial to strengthening public health effort across Australia.

Also important to the development of a national partnership approach to public health is the Partnership's ability to identify and promote innovation and quality in public health practice. At the Partnership Group's August meeting, held in Darwin, members were briefed on a number of significant developments in public health in the Northern Territory - including that jurisdiction's Chronic Disease Strategy. The Chronic Disease Strategy aims to improve communication across sectors, an aim that is consistent with the overall objectives of the National Public Health Partnership. Partnership dissemination of information about such programs can assist jurisdictions to take up innovative responses and adapt them to local circumstances, or where appropriate, it can provide the basis for the development of national approaches to particular public health issues. I am sure members of the Partnership Group would join me in thanking Dr Shirley Hendy and her staff for putting together a highly informative and interesting afternoon session.

The Partnership Group will hold its final meeting for 1998 in late November. At that meeting members will receive updates from Partnership Working Groups, including the report of the first joint meeting of the Advisory Group, the National Strategy Coordination Working Group, and the Chairs of National Strategies. Bringing together such key people from Australia's public health sector, to facilitate the sharing of information and ideas, is an integral role of the Partnership. I look forward to participating in more forums like this, as well as other innovative and collaborative projects, as the Partnership Group enters its third year of existence in 1999.



Liz Furler  
Interim Chair, National Public Health Partnership Group

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Industries across the States. A key element of the response developed by the Expert Group was the establishment of a research program at the Australian Animal Health Laboratory (AAHL) in Geelong, Victoria. The AAHL was funded to undertake a molecular virological study of the virus and its occurrence in flying foxes and other animals. The contribution of the AAHL in building a capability to work with flying foxes was a major factor in the success of the response.

Informing the public without raising alarm and dealing with the media is crucial to the successful management of infectious diseases. The Lyssavirus saga was particularly important in this respect because very little was known about the virus. It was important to avoid demonising Australian wildlife and to ensure that while bats were not to be approached or handled unnecessarily nor should anyone seek to destroy bat colonies. The Expert Group developed a policy on the use of rabies immunoglobulin and rabies vaccine using the expertise of 'bat handlers' - a group of committed individuals who work in close contact with bats.

## Japanese Encephalitis

The recent appearance of Japanese Encephalitis in the Torres Strait and far north Queensland is another emerging disease for Australia although it has been endemic in many parts of Asia for a long time. Establishment of appropriate surveillance in a remote part of Australia is a challenge that has been taken up by the Australian Quarantine Inspection Service and Queensland Health.

## Cooperation across States and Sectors - the key to success

A significant number of episodes of emerging infectious diseases have occurred in Australia in the last decade. While our response to them has been successful to date, it is clear that nurturing a capacity to respond quickly and comprehensively to as yet unknown infectious disease threats is an important part of building and maintaining public health infrastructure.

Elements of this response capacity include a workforce well trained in field epidemiology, laboratory capacity for diagnosis and research and capacity to mobilise and resource a rapid response. Previous episodes have shown that we can be confident of our ability to coordinate a wide range of players and to ensure excellent communication between agencies and with the community.

Overall we have responded well but we need to improve our early warning capacity, maintain and enhance our links with international surveillance systems and make the best use of information and communication technology.

<sup>1</sup> 'Emerging and Re-emerging Infections' is used to describe newly recognised infectious diseases or those infectious diseases which were previously thought to be 'conquered' and are now increasing in incidence.

<sup>2</sup> The Communicable Diseases Network Australia New Zealand (CDNANZ) - 'the Network', is the key coordinating body in the response to outbreaks of infectious diseases. The Network is an affiliation of States and Territories and key surveillance institutions. The National Centre for Disease Control (NCDC) in the Department of Health and Family Services provides the supporting and coordinating function for the Network.

## CDNANZ Members

Dr Graham Rouch (Chair)  
Chief Health Officer  
Public Health and Development Division  
Department of Human Services - Victoria

Ms Helen Bedford  
Director  
Communicable Disease Control Unit  
ACT Department of Health Community Care

Ms Mary Beers  
Director, MAE  
National Centre for Epidemiology & Population Health  
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Dr Chris Bunn  
Principal Veterinary Officer  
Animal Health & Welfare Branch  
Department of Primary Industries and Energy

Assoc Prof Margaret Burgess  
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Dr John Carnie  
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Ms Elizabeth Flynn  
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Prof Lyn Gilbert  
Director  
Department of Microbiology  
Institute of Clinical Pathology & Medical Research

Dr Robert Hall  
Director  
Communicable Disease Control Branch  
Department of Human Services - South Australia

Mrs Jenny Hargreaves  
Head  
Patient Morbidity & Services Unit  
Australian Institute of Health and Welfare

# Partnership Group meets in Darwin

The National Public Health Partnership Group (the Partnership Group) last met in Darwin in August. Mr Joseph O'Reilly, Deputy Chair of the Partnership Group's Advisory Group was welcomed as an observer. The meeting began with stimulating presentations on public health issues in the Northern Territory, including the development of the chronic disease strategy, analysis of financing issues, work on 'health benefit groups', and policy and operational directions in indigenous health.

As the Australian Health Ministers' Conference had recently endorsed the Partnership Group's strategic directions, the meeting was able to progress a number of developments. These included:

- the commissioning of the evaluation of the Partnership, assisted by a reference panel of national and international public health experts;
- the strategic importance of child and youth health issues and the need to develop a supportive public health agenda;
- the need to ensure a public health voice in current consideration of rural health issues and of information technology and telehealth;
- the current and impending investment by the Commonwealth Public Health Division on burden of disease analysis and on socioeconomic status and health.

A focal point of the meeting was a discussion with Mr Peter Wills of the Strategic Review of National Medical and Health Research and the Director of its Secretariat, Mr Peter Conde. In a broad ranging discussion with Mr Wills, the Partnership Group was heartened to hear of support for public health and health services research, as well as the recognition of the need for 'critical mass' in public health research and a mechanism for the strategic management of the research agenda. The Partnership Group agreed to provide a supplementary paper to the Review on expenditure on public health research in all jurisdictions, vignettes to illustrate the value and outcomes of public health research, and ways to enhance research transfer.

Another highlight of the meeting was the decision to release for consultation a discussion paper on the development of a national environmental health strategy. The paper had been developed by the Directors of Environmental Health from all jurisdictions with consultation with a range of key stakeholders. Consultation is expected to be undertaken over the next 3 months, leading to the development of a national strategy in early 1999.

The next meeting for the Partnership Group (and the final one for 1998) will be held on 26-27 November in Canberra.

Dr Bronwen Harvey  
Medical Advisor  
National Centre for Disease Control  
Commonwealth Department of Health  
and Family Services

Prof John Kaldor  
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National Centre in HIV Epidemiology  
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Dr Alison Roberts  
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Dr Linda Selvey  
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Communicable Diseases Unit  
Queensland Department of Health

Dr Tony Watson  
Medical Coordinator  
Communicable Disease Control Program  
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## New NPHP Papers:

NPHP Papers available from the Secretariat or by visiting the Website:

- Public Health in Australia (Second Edition)
- Issues for Consideration in Industry Partnerships for Public Health Initiatives (September 1998)
- National Public Health Information Development Plan
- NPHP Strategic Directions 1998-2000
- Environmental Health in Australia - Towards a National Strategy (Joint NPHP and National Environmental Health Forum publication)

Website address: <http://hna.ffh.vic.gov.au/nphp/>

## Diary

- 23 October** National Strategies Coordination Working Group meeting
- 30 October** Legislation Review Working Group meeting
- 2 November** Planning & Practice Improvement Working Group meeting
- Workforce Development Working Group meeting
- 9 November** Advisory Group meeting/planning session
- 26-27 November** NPHPG meeting, Canberra

# Reports from NPHP Legislation Reform Working Group (LRWG)

A major milestone for the LRWG was reached on 30 July 1998 when Health Ministers endorsed the work plan of the Group to the year 2000. In short, the work plan can be described in three main groups: a companion volume to the Bidmeade and Reynolds report; a Legislators' Toolkit; and establishment of the Working Group as a reference point for expertise in public health law.

## **Legislators' Toolkit**

The objective of the Toolkit is to provide practical guidance for public health policy makers and legislators in addressing current public health legislative policy issues. Each component of the Toolkit is being developed through the network of Legislation Policy Officers appointed in each jurisdiction specifically to undertake work for the LRWG. The components include:

- *National Legislative Schemes project* - tenders have been called for the project which will produce guidelines and options for implementing national legislative schemes;
- *Guidelines for the Conduct of Cost-Benefit Assessments of Restrictions on Competition in Public Health Legislation* - tenders for the project are currently being assessed with a successful tenderer expected to be engaged in late September;
- *Notifiable diseases* - the LRWG is participating in a project team convened by the National Centre for Disease Control which aims to develop a set of consistent notifiable diseases, case definitions and notification requirements;
- *Certification of Immunisation Status on Entry to Schools and Child Care Centres* - the LRWG is proceeding to develop model provisions for certification based on key principles which have been endorsed by the Partnership Group;

- *Transfer of confidential data across jurisdictions for the purposes of public health surveillance* - the LRWG is working on a draft paper on this issue which will ultimately form the basis of model provisions to be included in the Toolkit;

- *Model provisions for skin penetrating procedures* - the LRWG is also considering a draft research paper on this issue.

## **Reference Point for Expertise in Public Health Law**

The LRWG is continuing to explore linkages and to engage other key groups such as ANZFA and the TGA and organisations involved in public health legislation policy, with a view to establishing the Group as a reference point for expertise in public health law.

The LRWG is also auspicing the work of the National Tobacco Control Officers Group, which is, amongst other things, formulating model provisions to minimise the health effects of passive smoking.

The National Review of Drugs, Poisons and Controlled Substance Legislation continues to move toward establishment. Decisions with respect to the Terms of Reference, the Chair, and the location of the Secretariat have been finalised but establishment will be delayed while the Federal government is in caretaker mode.

For further information, contact Mr Scott Harlum, Secretariat for the LRWG on telephone: (07) 323 41804, fax: (07) 322 17535 or e-mail: harlums@health.qld.gov.au

# Other NPHP News

## Victorian Information Session on the Partnership

The first state based information session targeting community, non-government and other interested organisations was recently run in Victoria. Held in the Reception Room of the Melbourne Town Hall under the auspices of the National Public Health Partnership Advisory Group, the session attracted over 50 participants representing local government, Divisions of General Practice, community health and a range of other community based organisations and interested individuals.

The session was facilitated by Mr Joseph O'Reilly, the Consumers' Health Forum's representative on the Advisory Group and the Group's Deputy Chairperson, with the Partnership's Executive Officer, Professor Vivian Lin presenting an overview of the Partnership and its work program.

Lively debate ranged throughout the session. Two themes of interest to participants were

the difference between the National Public Health Partnership and the Public Health Outcome Funding Agreements (these have evolved at a similar time, but are distinct and separate developments) and how locally based organisations can raise issues for the Partnership Group's consideration. State-based organisations can engage the Commonwealth through their national peak bodies, or at a local level, can contact their local Chief Health Officer or Director of Public Health in the relevant State Department.

Questions were also raised about the different components of the Partnership's work program. On the topic of coordination of national strategies, both at the national and state level, it was suggested that the introduction of competitive tendering and competition policy may mitigate against coordination. On the issue of public health law reform, members of the audience emphasised the need for sound consultation and input from the non-government sector in the early formative stages of review processes. In planning and practice improvement, there was a need to identify optimal models for local service delivery and to link the ideas in the Planning and Practice Framework to work undertaken in the



*Mr Joseph O'Reilly, representative of the Consumers' Health Forum on the NPHP Advisory Group and Prof Vivian Lin of the NPHP Secretariat presenting at a forum on the NPHP in Melbourne.*

workforce development component of the Partnership's work program. The complex issue of being able to provide public health data in a useable manner for ethnic community organisations was raised in the context of discussion around work on public health information.

Evaluation forms indicated the session was well received overall and the Partnership Advisory Group will be considering its capacity to run further state based sessions in the future.

## Public Health Partnerships in Queensland A Symposium

One of the major challenges facing organisations with significant public health roles is to develop and sustain effective partnerships. It is increasingly evident that we need to move beyond individual enthusiasm (a few good people) to strengthening organisational commitment which can support the current collaborative working arrangements at the local or operational level.

To help achieve this a symposium on Public Health Partnerships in Queensland was conducted in July 1998 at the Griffith University Gold Coast Campus. Its aim was to identify the key elements of a Queensland partnership approach and to develop a strategy for moving forward. The focus of the

Symposium was firmly fixed on partnerships and their potential to improve service delivery. A total of 242 people attended the Symposium representing organisations such as Divisions of General Practice, local government, state government, Commonwealth government, private industry, universities, professional associations and non-government organisations.

Over the two days, participants listened to keynote addresses from health, legal, business and education sector representatives and took part in workshops to discuss partnerships and identify future activities. As part of the program, Prof Vivian Lin talked about the role of the National Public Health Partnership in developing an infrastructure to help sustain partnerships across sectors.

A major outcome of the Symposium was widespread agreement to establish a core group of key stakeholders to further explore strategies and processes to enhance partnership arrangements. This group, to be known as the Queensland Public Health Forum, will focus on strategic alignment between

organisations, while recognising that practical implementation of partnerships occurs at statewide, zonal and local levels. It will be critical that any approaches which are developed are both workable and focus on improving health. Membership will include senior representatives from key Commonwealth, state and local government organisations, non-government, tertiary and private sectors and professional associations and specialist advisers in the areas of public health, partnerships and strategic planning.

The Symposium was sponsored by Queensland Health, the Commonwealth Department of Health and Family Services, the Queensland Centre for Public Health (University of Queensland, Griffith University, Queensland University of Technology), the Public Health Association of Australia - Qld Branch and the Queensland Divisions of General Practice Inc.

For more information contact Ms Debra Blumel, Manager, Public Health Planning and Research Unit on telephone 07 3234 1803 or fax 07 3220 0708.

The Immunise Australia Program is a joint Commonwealth/State program which aims to increase childhood immunisation rates. Its initiatives seek to promote vaccination activity as well as education, data and research activities. Major initiatives under the Program are:

- **Immunise Australia: The Seven Point Plan.**

Initiatives contained in the seven point plan include:

- parent incentives;
- the General Practice Immunisation Incentive Scheme;
- monitoring immunisation targets;
- immunisation days;
- an enhanced measles control program;
- a mass media campaign; and
- school entry requirements.

- **provision of free vaccine.** The Commonwealth provides funds to the State and Territories to purchase essential vaccines. Funds are provided via Public Health Outcome Funding Agreements (PHOFAs). The vaccines are generally those specified in the National Health and Medical Research Council (NHMRC) Standard Vaccination Schedule.

- **establishment of an Australian Childhood Immunisation Register (ACIR).** The Commonwealth funds the Health Insurance Commission to administer the ACIR. The register aims to provide comprehensive information on the immunisation status of children under seven years of age.

- **implementation of a National Immunisation Education Strategy.** The education strategy targets both service providers and the community.

- **establishment of the Australian Technical Advisory Group on Immunisation (ATAGI).** ATAGI has been established to advise on technical and scientific issues and develop future policies and procedures. ATAGI operates cooperatively with the NHMRC Health and Advisory Committee and the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases.

The Immunise Australia Program is overseen by the National Immunisation Committee (NIC). The NIC comprises representatives of the Commonwealth, State and Territory health authorities, Royal Australian College of General Practitioners (RACGP) and National Aboriginal Community Controlled Health Organisation (NACCHO) and is chaired by Dr Cathy Mead, National Centre for Disease Control (NCDC), Commonwealth Department of Health and Family Services.

# Immunise Australia

The recent National Measles campaign is an initiative of the Immunise Australia Program. This article provides an overview of the Program and highlights some immunisation activities around the Country.

## New South Wales

NSW Health has recently established an Immunisation Unit within the AIDS & Infectious Diseases Branch. The Unit will develop a strategic plan to improve dissemination of information about immunisation, vaccination coverage rates, the cold chain and advice on vaccines.

As an ongoing program, NSW Health is involved in the Australian Childhood Immunisation Register. Some Public Health Units have improved their vaccination coverage rates by actively following up children allegedly not up-to-date with their vaccines, to encourage either vaccination or the sending of data back to the registry.

Future initiatives will include: the development of a system to improve the distribution of vaccines; the redesign of the school entry immunisation certificate; the introduction of the adolescent hepatitis B program; and involvement in the influenza and/or pneumococcal vaccination programs for certain at risk groups.

For further information, contact Dr Margaret Ashwell on telephone 02 9391 9196.

## Victoria

The Department of Human Services (DHS) in Victoria is funding a number of immunisation initiatives including a Mobile Immunisation Service (MIS) which aims to make immunisation accessible to 'hard to reach' groups and promote the importance of immunisation. Special immunisation programs at the Royal Children's Hospital and Monash Medical Centre in Melbourne have also been introduced. These programs consist of an immunisation referral clinic for children for whom immunisation may be a problem, a telephone advice line for immunisation providers and parents, and opportunistic immunisation of the hospital's inpatients, outpatients and emergency clinic attendees. Funding has also been provided to the Deafness Foundation (Victoria) to employ a Rubella Education

Officer to reduce the incidence of maternal rubella infection in Chinese women to prevent Congenital Rubella Syndrome. Data from the Mercy Hospital for Women has indicated that women of Chinese/Asian ethnicity are particularly susceptible to rubella due to low or absent immunity. In 1997, Victoria acted as the pilot state for the funding of free influenza immunisation to people aged 65 years and over - in one year, coverage increased from 65% in 1996 to 71%. Free pneumococcal vaccine for this age group was implemented in 1998.

For further information, contact Dr Melissa Morgan on telephone 03 9637 4139.

## Tasmania

Increased community awareness in Tasmania about immunisation has resulted in a great deal of interest amongst parents, students, professional groups and the media - our 'Immunisation Hot Line' has been busy providing advice and information to a whole range of interested people. An important initiative which is part of our fully implemented Tasmanian Immunisation Strategy was the implementation in February this year of the provisions in the *Public Health Act 1997* requiring school and child care entry documentation on immunisation. This not only encourages immunisation, but also enables exclusion of unimmunised children and adolescents during a declared outbreak of a vaccine preventable disease.

Tasmania is also involved in a Public Health Demonstration Project which will look at improving immunisation access to services in rural and remote areas of Tasmania. This project will employ and train staff to provide childhood immunisation services in rural and remote communities identified as having inadequate immunisation services or coverage. Such outreach services will provide, where necessary, additional urgent clinics during outbreaks of vaccine preventable diseases.

For further information, contact Dr Avner Misrachi on telephone 03 6233 3775.

## South Australia

The SA Immunisation Coordination Unit (SAICU) provides leadership and coordination for the SA Immunisation Program through

close collaboration with all service providers. SAICU manages a wide range of ventures including: the Local Immunisation Coordinators Project; enhanced immunisation programs for high risk groups (including migrants and indigenous populations); further development of rigorous cold-chain monitoring and feedback systems to all providers; introduction of a university-based immunisation course for vaccine providers (concentrating on nurse providers); collaboration with RACGP, Divisions of General Practice and public sector organisations to offer education updates.

The Local Immunisation Coordinators Project employs five registered nurses within the Divisions of General Practice, and aims to improve vaccine uptake and quality of immunisation services. The coordinators work closely with both general practitioners and public sector organisations using innovative approaches relevant to local needs. The project is based on the UK and NZ model and SAICU is actively involved in the training of the coordinators. The project is jointly funded by SAICU and the Public Health Outcome Funding Agreement.

*For further information, contact Ms Ann Kempe on telephone 08 8226 7192.*

## Western Australia

The Health Department of Western Australia has recently published the 2nd edition of its Best Practice Immunisation Handbook for General Practitioners and Community Nurses. In addition, the Department is promoting opportunistic immunisation in general practice by participating in the Australian Medical Association's Practice Manager and Receptionist Training Program and providing materials to the Divisions of General Practice for dissemination. The materials consist of a guide book and Prompt Cards which are handed out by administration staff to parents. The Department has also funded a GP Liaison Officer, in partnership with the GP Division of WA, to promulgate public health programs with general practice organisations.

*For further information, contact Dr Jag Gill on telephone 08 9388 4800.*



## Australian Capital Territory

The ACT Department of Health and Community Care was recently awarded a Public Relations Institute of Australia award for Marketing and Communication for the SPOT (Simply Protecting Our Tots) strategy. SPOT is seen as a landmark public access campaign to improve the ACT's childhood immunisation rates and has resulted in increased awareness of immunisation among parents, and greater numbers of children in the key target groups being immunised. The flagship of SPOT is a specially modified mobile home which, in a period of eight months delivered immunisations to 1174 children in the target age bracket.

*For further information, contact Ms Yvonne Epping on telephone 02 6205 0860.*

## Queensland

Central to the immunisation program in Queensland is the Vaccination Information Administration System (VIVAS). The system is a database for all ages; enables the production of reminder lists of children overdue for vaccination events to service providers; the matching of notifiable diseases with vaccination status; validation of data on vaccine notifications with data on vaccine usage; identification and follow up of (in collaboration with service provider organisations), service quality issues and is a computerised vaccine distribution system. The success of VIVAS is largely due to the cooperation of vaccination service providers, and the support of key organisations in immunisation.

*For further information, contact Ms Karen Peterson on telephone 07 3234 0098.*

## Northern Territory

Territory Health Services has recently commenced a 6-16 School Age Hepatitis B Vaccination Program. The program will run for one year and aims to accelerate moves toward Hepatitis B elimination by complementing the universal infant Hepatitis B program running since 1990. In urban areas, the majority of immunisations have been given within the school environment whilst, in rural and remote communities, a more opportunistic approach has been adopted. Community Care/Health Centres report large numbers of clients attending for vaccination as part of the program.

Hepatitis B vaccination is a three dose schedule with the three injections being administered over 4-6 months. The target is 85% or greater coverage for all three doses by June 1999. This level of coverage would effectively stop transmission of hepatitis B in the target group. The progress of this program to date is a tribute to the hard work and dedication of all Northern Territory vaccinating staff.

*For further information, contact Ms Nan Miller on telephone 08 8922 8564.*

**For further information on the Immunise Australia Program, contact Mr Greg Sam, Immunisation Section, National Centre for Disease Control, Commonwealth Department of Health and Family Services on telephone 02 6289 6859.**

# Public Health in New Zealand



Dr Gillian Durham, Director of Public Health and Deputy Director-General, Public Health.

The New Zealand Ministry of Health participates as an observer on the National Public Health Partnership Group, and is represented by Dr Gillian Durham, Director of Public Health and Deputy Director-General, Public Health.

New Zealand has taken a strategic approach to public health in the last decade. This approach has focused on:

- reconfiguration of the public health function
- establishing and implementing an enabling health goals framework
- improving the analysis and dissemination of evidence
- developing comprehensive state of public health reporting
- strengthening public health action.

## Reconfiguration of the public health function

The configuration of the public health function has evolved over the last two decades. In the early 1980s, public health activities were undertaken in district offices of the Department of Health. Later, with the establishment of area health boards, these functions were combined with hospital boards. However, public health activities were considered to have fared poorly in this configuration. As was recognised by the Government, '...much lip-service is paid to the importance of public health functions, but when money gets tight, disease prevention and health promotion programmes frequently fall victim to area health board cost-saving drives.' (Upton 1991)

As part of its reforms, the Government decided to separate the funding and management of population-based health strategies from personal health services, separate the purchaser and provider roles in public health services, and establish contestable contracting arrangements (Upton 1991). Under this arrangement, public health policy advice was isolated from the mainstream of health policy advice. This information is essential to set public health policy advice within an appropriate context, so that it is timely, relevant, analytically robust, and thus can have impact. Subsequently in 1996, the Government set up a Public Health Group within the Ministry of Health.

The next challenge that New Zealand is embarking on, is the further mainstreaming

of the public health function with a focus on population health outcomes across the health and disability sector supported by a modern regulatory framework to assure safety.

## Health goals framework

New Zealand has an aspirational, intersectoral, and enabling health goals framework, which includes criteria for setting priorities. These criteria focus on health impact, the effectiveness of interventions, the capacity to reduce inequalities in health status, and value for money. Within this framework, stakeholders are encouraged to set their own priorities based on the needs of their community, the resources they have available, and the context within which they work. It was intended that this approach would result in greater ownership of the goal-setting process and its subsequent implementation.

The current New Zealand health goals are to ensure a social and physical environment which improves, promotes and protects:

- public health and whanau health
- Māori health status so that in the future Māori will have the opportunity to enjoy at least the same level of health as non-Māori
- the health of Pacific people
- the health of children/tamariki
- the health of young people/rangatahi
- the health of adults/pakeke/matua
- the health of older people/kaumātua.

Forty one objectives related to these goals have been identified. These encompass a wide range of population-based health activities including: unintentional injuries, smoking, diabetes, nutrition, and reducing the adverse effects of income inequalities. A full list of the targets set to measure progress in meeting these objectives can be found in the annual report on the state of the public health, *Progress on Health Outcome Targets* (Ministry of Health 1997a).

## Evidence-based approach

The health goals framework is supported by the analysis of the evidence required to achieve progress on the objectives and targets. Information and research needs have also been identified. A series of 31 issues-based papers have been published since 1994.



Implementation is also supported by evidence-based guidelines. Reference to these publications can be found at the Ministry of Health website at <http://www.moh.govt.nz>.

### State of the public health reporting

The state of public health reporting cycle consists of an annual report on the state of public health and five yearly reviews of health status and health determinants which are timed to follow the five yearly New Zealand Census. The sixth annual report will be released before the end of the year and work is underway on the first health status and health determinants reviews. The annual report monitors progress on the 102 health targets. The state of public health reporting is supported by national data collections, a periodic survey program, and data collected by other sectors or non-government organisations eg. 2nd national health survey, 1st national nutrition survey.

### Strengthening public health action

A review of New Zealand's strategic direction for public health was completed in 1997 (Ministry of Health 1997b). The review resulted in relatively minor adjustments to the framework but led to a change in focus in the implementation of the framework. Previously implementation had focused on building the evidence base which underpins public health in New Zealand, filling the gaps in policy, establishing the state of the public health reporting cycle, and setting up the purchasing mechanisms to support the separation of the purchasing and provision of public health services.

As a result of the review of the framework, implementation is now aimed at strengthening public health action by focusing on the determinants of health, building strategic alliances, implementing comprehensive programmes, and building the public health infrastructure.

A number of intersectoral initiatives are underway. Two examples of these are:

- *Strengthening Families* which aims to provide support to families at risk, in order to improve the health, education and welfare outcomes for the children in these families. It is a joint initiative of the health, education and welfare sectors.
- *The National Drug Policy* with priorities related to harm minimisation and reduction in the prevalence of use of drugs and tobacco. It is a joint initiative of the health, education, transport, border control and justice sectors.

The Ministry of Health is leading an initiative, *Action for Health and Independence*, to refocus the role of the entire health and disability sector to achieve population health outcomes, within the context of the health goals framework described above. The initiative includes a working conference in October this year. Invited participants from the health and disability sector will explore how to catalyse action to achieve population health outcomes. Five streams have been identified: information for action, changing the culture, incentives for action, engaging the community, and integration of complementary actions across the sector.

The 50 year-old regulatory framework for public health (Ministry of Health 1998) is being radically revised so that it is flexible, focused on outcomes, and adopts a risk management approach. The administration of food regulation is also being reviewed (Ministry of Agriculture and Forestry and Ministry of Health 1998).



*New Zealand Ministry of Health poster campaign aimed at teenagers: 'Meningitis is serious. If you are sick, or a friend is sick, go to the doctor'*

### Conclusion

New Zealand is making mixed progress on improving the health status of the population. Good progress has been made in a number of areas, including heart disease, road traffic injuries, alcohol-related harm and cervical cancer. Areas of concern are the significant gap between Māori and non-Māori for some measures of health status, increasing incidence of melanoma, increased mortality from youth suicide and increased morbidity from obesity and sexually transmitted diseases. We believe that progress on improving health status will only be achieved by strengthening and coordinating action across all sectors of government.



MANATU HAUORA

**For further information on public health activities in New Zealand, contact Dr Gillian Durham on telephone +64 4 496 2000.**

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# Conversations with Advisory Group Members

## The Royal Australian College of General Practitioners (RACGP)



Dr Ron Tomlins, Chief Executive Officer, RACGP

Continuing with the series of interviews with members of the National Public Health Partnership Advisory Group, NPHP News spoke with Dr Ron Tomlins, Chief Executive Officer of the RACGP. Ron discusses the history of the RACGP; outcomes of the Strategy Review for GPs and the role of GPs in public health.

**NPHP News:** *"Tell us how the Royal Australian College of General Practitioners evolved?"*

**Ron:** "Australian GPs initially joined the Royal College of General Practitioners in the UK to develop and maintain their tradition of service. In 1953 a small group decided to form a faculty of the Royal College in NSW. Over the next five years other states followed and, in 1958, the Australian College was founded. It is now the biggest GP organisation in Australia, as well as the largest clinical college with over 10,000 members - more than half of all GPs in Australia. It is recognised by all clinical colleges, the Australian Medical Association and governments as the arbiter of standards of general practice and has a prime responsibility for the vocational training of GPs."

**NPHP News:** *"What are some of the current key issues for the RACGP?"*

**Ron:** "The General Practice Strategy Review and Training Review has been a major focus of the College in recent months. The late 1980s and 1990s have been a time of significant reform in general practice with an emphasis on defining and rewarding quality practice - GPs, consumers and government have all played a part. The first step in 1989 was the introduction of vocational registration, which required a GP to commit to ongoing medical education. In 1992, the College, the AMA and the Federal Government agreed on a key policy framework for general practice, including professional recognition of general practice as a distinct discipline. The 1998 GP Strategy Review and the Review of GP Education were released this year."

**NPHP News:** *"What are the expected outcomes of the Strategy Review for GPs?"*

**Ron:** "Options for the future of general practice will be better defined, taking into account international health and health service trends. The Review provides a vision for general practice, with GPs playing the main role in primary health care in collaboration with other providers, consumers and government. A broad group of representatives of general practice will advise the Federal Government on future strategies. It also looks at rewarding GPs for quality service, better links with the wider health system, improving rural services, more emphasis on education and training, and greater support for GPs working in indigenous health, as well as public health issues."

**NPHP News:** *"Did the Strategy look at public health?"*

**Ron:** "The Strategy report recognises the need to expand the public health role of GPs. The National Public Health Partnership (NPHP) was one of the policy initiatives which formed the background to the Strategy Review. One of the aims of the NPHP is to develop the infrastructure to support more integration of general practice and public health. Last year, the College carried out a consultancy for the Federal Government on future Commonwealth roles in public health from the point of view of general practice. The report of that consultancy emphasised the roles of GPs in public health at the practice, local community and division of general practice levels, linking into State and national initiatives. It recommended that the NPHP involve general practice at Commonwealth and

State level and, where possible, encourage the States to include GPs and GP organisations, such as divisions of general practice, in public health agreements and initiatives."

**NPHP News:** *"What key roles do GPs play in public health?"*

**Ron:** "GPs have an essential role in disease prevention and health promotion. They do this through evidence-based screening, using opportunistic health promotion with patients, involvement in their local community and links with their local division of general practice. Divisions support GPs to take up more effective roles in public health, both within their practice and on a local population basis."

**NPHP News:** *"Can you expand on the role of the Divisions in public health?"*

**Ron:** "The RACGP and the AMA proposed the formation of GP Divisions in 1992 to bring GPs out of the isolation of their surgeries. They are now a vital part of the scene. Divisions undertake a range of public health activities as part of their core business and can facilitate close working relationships with public health networks. Divisions have the potential to carry out surveys in particular population groups on risk factors and diseases which present to general practice. They can also pool information from projects which are relevant to prevention or better management of diseases. GP interventions can be coordinated through Divisions, including targeting particular geographic regions. Divisions also provide input into the planning and implementation of goals and target strategies by State health authorities and promote better practice which is relevant to achieving those goals and strategies, such as better exchange of information between hospitals and GPs."

**NPHP News:** *"What initiatives has the College taken to further the role of GPs in public health?"*

**Ron:** "The College has an active Preventive and Community Medicine Committee to develop and recommend policy to the College Council and to develop and manage projects it approves. The College also provides evidence-based advice on preventive strategies in general practice and is producing an evidence-based guide for GPs on effective ways to implement preventive strategies within their practice. The College has taken part in a range of Commonwealth funded projects to enhance GPs' roles in areas such as HIV, hepatitis C and the early detection and management of breast cancer."

**NPHP News:** *"What has been the Government's response to the Review?"*

**Ron:** "The Federal Government has accepted the Strategy Review recommendations relating to public health in principle and has agreed to explore ways of implementing them, including a funding package to help GPs develop and apply skills in public health initiatives. This will also involve looking at different methods of remunerating GPs for this work, such as on a sessional or hourly basis. We also need to introduce information systems, such as an electronic health record or 'prompting' software that will assist GPs to implement screening of their practice population."

**NPHP News:** *"Thank you very much for your time, Ron. It is clear from your comments that the RACGP considers GPs have a critical role to play in maximising public health effort."*



For more information on the RACGP, telephone 02 9577 6655 or fax 02 9577 6600.

## Public Health Happenings

4-5 November 1998

**Immunisation: Beyond 2000.** 6th Annual PHA Conference of Immunisation, Hilton on the Park, Melbourne. Phone (02) 6283 2373 or email: [conference@pha.org.au](mailto:conference@pha.org.au) for details.

10 November 1998

**Control of Communicable Diseases in Australia,** Becker House (The Dome) ANU, Canberra. Contact Alison Milton on (02) 6289 8245 or email: [ccd.conf@health.gov.au](mailto:ccd.conf@health.gov.au)

11-12 November 1998

**Getting Health Development into Policy.** National Centre for Epidemiology and Population Health, ANU, Canberra. Contact Valda Gallagher on (02) 6249 5627 or email: [dev.health@nceph.anu.edu.au](mailto:dev.health@nceph.anu.edu.au)

**VicHealth Research Seminar series.** Victorian Health Promotion Foundation, Suite 2, 1st Flr 333 Drummond St, Carlton. Contact VicHealth Research and Program staff on (03) 9345 3245

19 November 1998

**Sample Size & Power Calculations.** Chaired by Assoc Prof John Hopper, Director of the Australian NHMRC Twin Registry, University of Melbourne.

10 December 1998

**Ethical Issues in Research.** Chaired by Dr Jeanne Daly, Senior Lecturer, School of Public Health La Trobe University.

## Grapevine Resources

### Tasmanian Department of Community and Health Services - Partnership Framework

The Human Resource Development Unit of the Tasmanian Department of Community and Health Services (DCHS) has developed a draft resource kit to assist its managers in the establishment of partnership arrangements. The draft kit provides a framework for working across organisational boundaries and is intended to be used internally by the Department and externally, to improve its working relationships with other public sector agencies, and organisations from the private and community sectors.

The draft kit is currently undergoing piloting prior to its acceptance as a departmental strategy. As part of the peer review process, it has been evaluated by the Department of Public Health, School of Medicine at Flinders University. As a result, the University is currently negotiating with DCHS for its use as part of one of their Masters programs.

*Copies are available from Ms Jasmine Potter, Strategic and Corporate Services Division, DCHS on (03) 6233 3784, Fax (03) 6233 4843 or E-mail: [jasmine.potter@dchs.tas.gov.au](mailto:jasmine.potter@dchs.tas.gov.au)*

### New Zealand Ministry of Health Publications:

**Modelling Measles - predicting and preventing measles epidemic in NZ: application of a mathematical model**

**Meningococcal Disease - Information for Health Professionals**

**Our Children's Health - key findings on the health of NZ children**

**Public Health Legislation Review (Discussion document)**

*Publications available on the Ministry of Health website: <http://www.moh.govt.nz>*

### Commonwealth Department of Health and Family Services, Public Health Division Publications Page:

<http://www.health.gov.au/pubhlth/publicat/index.htm>

The Commonwealth Department of Health and Family Services produces a large number of publications on a variety of health related issues, campaigns and projects. Material can be used for educational and research purposes. Many recently produced documents are listed therein, some of which are available for downloading.

### Database of Expertise in Product Safety and Safe Product Design

The Monash University Accident Research Centre was commissioned by the Victorian Office of Fair Trading and Business Affairs and the Victorian Department of Human Services to establish an electronic, Australasia-wide database of persons and organisations with expertise in consumer product safety and safe design of products. For example, included in the database are national and international experts with knowledge in: children's toys; buildings; electrical appliances; medical equipment; medications/drugs and motor vehicles/parts. The database is aimed at government, industry, researchers and all others involved in: the design of consumer products; the setting of Standards; quality control; "accident" investigation and injury research and prevention.

*For information or inclusion in the database contact Ms Shauna Sherker on (03) 9905 1860, Fax (03) 9905 1809 or E-mail: [shauna.sherker@general.monash.edu.au](mailto:shauna.sherker@general.monash.edu.au)*

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