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Meeting the global challenge of chronic disease

A comprehensive long-term strategy will be essential to address the rising trend in global mortality and the global burden of disease due to noncommunicable disease, participants were told at a recent international workshop organised by the National Public Health Partnership.

The International Workshop on Prevention and Control of Chronic Noncommunicable Diseases, *Chronic Disease Prevention – State of the Science, State of the Art*, was convened by the Partnership, in association with Queensland Health, the Asia Pacific Academic Consortium for Public Health and the International Society for Behavioural Medicine.

The Workshop was planned as a response to the call by the 53rd World Health Assembly for member states to share national experiences and to build capacity at regional, national and community levels for the development, implementation and evaluation of programs for the prevention and control of chronic, noncommunicable diseases.

The meeting, which was held in Brisbane as a satellite meeting of the 6th International Congress of Behavioural Medicine, attracted a wide range of representatives from international organisations, world experts in epidemiology, public health medicine and behavioural science, and senior decision makers.

Presentations were given by representatives of the World Health Organisation, the World Bank, AusAID, the International Obesity Task Force, the New Zealand, Chinese and Samoan Ministries of Health, and the Queensland Health Department. Dr Gillian Durham, who acted as the Workshop facilitator, also presented on chronic disease and health sector reform.

Based on current trends, the Workshop was told that the proportion of deaths in the world due to noncommunicable diseases is estimated to rise from 60% to 73% or higher by the year 2020 and the global disease burden to rise from 43% to more than 60% in the same period. However, while there now exists a vast body of knowledge and experience regarding the preventability of such diseases, the challenge facing Australia

and other countries in the Western Pacific Region is how to translate this knowledge into effective action.

To identify how best to meet this challenge, the Workshop was organised around the four themes of the World Health Organisation *Global Strategy for the Prevention and Control of Noncommunicable Diseases*, adopted by the 53rd World Health Assembly in May 2000.

These are:

- Generate an information base for action;
- Establish a national program for noncommunicable disease prevention;
- Address issues outside the health sector which influence noncommunicable disease control; and
- Ensure health sector reforms are responsive to the chronic noncommunicable disease challenge.

Small groups were formed around each of these themes, and in each group participants were asked to identify:

- 'Best buys';
- Workforce requirements and implications; and
- Strategies specifically focused on reducing health inequalities.

Professor Robert Beaglehole of the University of Auckland, currently working with the World Health Organisation, challenged the audience in his opening address with the question "Do we know enough to prevent chronic disease?" His answer was an emphatic "yes" and by the end of the day it seemed that most participants, at least in principle, agreed. There were many useful discussions of how to apply 'lessons learnt' from strategies which have already met with some success, such as tobacco control, to emerging issues such as obesity.

Professor Beaglehole noted the 'window of opportunity' which exists in many developing countries to act now based on current knowledge, while relatively low levels of some conventional risk factors exist. In these countries, he argued, "prevention in the first

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place" could make a real difference, particularly if accompanied and informed by the development of sustainable, timely surveillance systems, designed to gather essential quality data, and closely linked to policy and decision making.

Professor Harvey Whiteford, Professor of Psychiatry at the University of Queensland and Mental Health Consultant with the Human Development Network of the World Bank, highlighted the tremendous inequalities which remain between the wealthiest and the poorest nations in the world. He pointed out, for example, that the net worth of the world's 358 richest people is greater than the combined income of the poorest 45% of the world's population, 2.3 billion people, and discussed the implications of these levels of poverty for health and disease.

Participants showed considerable interest in a 'Health Policy Template' prepared by the International Consortium for Mental Health Policy and Services which Professor Whiteford used to illustrate the way a comprehensive approach to noncommunicable disease could be shaped. The Template provided a tool for analysis across the policy domains of Context, Resources, Service Provision and Outcomes.

Dr Shichuo Li, the World Health Organisation Representative for the South Pacific, set the context for noncommunicable disease control within the four strategic directions for the World Health Organisation:

- To reduce the excess mortality of poor and marginalised populations;
- To effectively deal with the leading risk factors;
- To strengthen sustainable health systems; and
- To place health at the centre of the broader development agenda.

Dr Li noted that stroke, chronic obstructive pulmonary disease, ischaemic heart disease, and lung cancer were in the top six leading causes of deaths in the Western Pacific Region. Over 30 million people in the Region have diabetes, but by 2025 it is predicted that this may increase to 56 million. Dr Li told the workshop that twelve countries and areas in the Region already estimate prevalence of diabetes at or above 8%. This will have a massive impact on the health budgets of developing countries in addition to the devastating impact on quality of life.

Dr Li gave many examples of the effectiveness of primary and secondary prevention in reducing the burden of chronic diseases. An intervention in DaQing, for example, had achieved a 46% decrease in progression from impaired glucose tolerance to diabetes; a study in Sweden showed a one-third reduction in blindness through routine eye screening. The Western Pacific Diabetes Declaration draws on the substantial evidence base to provide a template for planning and service development in the Region.

Dr Satupaita Viali, representing the Minister of Health for Samoa, gave a rich and lively presentation highlighting the widespread social changes in the Pacific Island Countries which are contributing to the diabetes epidemic. His explanation of the complex interaction of Samoan cultural traditions with Western lifestyle influences, for example the opening of the MacDonald's restaurant in Apia, was discussed and referred to throughout the day.

During the small group workshops many valuable recommendations were made which will be captured, along with the plenary papers, in a publication of the Workshop proceedings which is being prepared by the National Public Health Partnership Secretariat.

Professor Beaglehole suggested that participants should consider, in their own spheres of influence, how noncommunicable disease prevention could be given a higher priority, and how they might influence decisions made outside the health sector which have a significant impact on the major risk factors. Dr Durham and others argued that achieving these objectives would require a major investment in building leadership capacity and that this should be a high priority in workforce development.

In his closing remarks, the Chief Medical Officer of the Commonwealth Department of Health and Aged Care, Professor Richard Smallwood, told participants that the theme of the Workshop was a critically important one, for Australia and for all of the countries in the Western Pacific Region.

Professor Smallwood said that he hoped that in Australia the National Health Priority Action Council, and the National Public Health Partnership Group, could take things forward in a collaborative way. He also remarked that just as important was strengthening collaboration amongst countries in the Region, and in that, we have a lot to offer each other.

The last meeting of the Partnership Group in 2000 endorsed a workplan for its capacity building areas in 2001. This program will produce continued gains in some areas. In others, there will be a realisation of the investment of many individuals and organisations in collaborating to identify appropriate methods to improve infrastructure, and a refocus of effort strengthened by related developments at national and local levels.

A solid base for infrastructure development will be consolidated in the areas of legislative reform and information development. The existing guides to current best practice in public health laws will be expanded to underscore the role of local government in public health; the importance of effective laws impacting on the public health of remote and Aboriginal and Torres Strait Islander communities; the capacity to regulate to prevent non-intentional injuries in children; and the value of health impact assessment as part of environmental protection and planning legislative schemes.

A wide range of measures has been identified in the *National Public Health Information Development Plan* to improve and strengthen capacity. Work will continue on the development of a business case for a National Biomedical Risk Factor Survey to collect objective measures of chronic disease; input to the development of a performance measurement framework appropriate to population health; collection of information about the nature and extent of public health expenditure; and facilitation of a coordinated national program of public health collections. Priorities will be reviewed for 2001-2003 and include greater specificity in target areas.

Strategies coordination work, initially the focus of a single sub-group, has been increasingly taken up through a number of mechanisms. This is evident in the joint public health initiatives of the Partnership with mental health, General Practice and sexual health. Adolescent health issues, an area of particular interest to the Chairs of National Public Health Strategies, was the focus of a national forum convened by the Commonwealth late last year. In addition, the broader consultation under the auspice of the Partnership on chronic disease prevention and control in Australia has engaged the primary and acute health sectors and will be the subject of joint discussion at the next meeting of the Partnership Group with the National Health Priority Action Council. Guidelines on best practice in strategies coordination will be augmented by indicators of effectiveness for strategic coordination; best practice in integrated public health drawn from local experiences; and guidelines for public health strategy development, audit and evaluation with Aboriginal and Torres Strait Islander communities.

Specific areas of workforce development will continue to be progressed in partnership with relevant professional associations, government authorities, non-government organisations and academic groups. An impetus to this work will be provided by the implementation of a project that builds on the consensus of core functions of public health in Australia and is designed to clarify public health capacity and its relationship to the hazards, and determine existing or potential future weaknesses. Under the Public Health Leadership Project, a short course will be designed for delivery in the latter half of the year to assist leaders in public health in responding effectively to the challenges of improved population health outcomes.

Research and development focus is on guidelines for strengthening the evidence base for public health practice. More broadly, attention will continue to be given to the opportunities for promotion of public health research and development with a view to informing effective investment.

I encourage your contribution to the work of the Partnership, whether it is through the capacity building program or more specifically through its sub-groups with a focus on public health issues. There is considerable potential for public health gain through successful implementation of the work program for 2001. I hope you start the New Year with renewed enthusiasm.

Dr Andrew Wilson
Chair of the National Public Health Partnership Group

Partnership Group Meeting

NOVEMBER 2000 – BRISBANE

The Queensland Health Department hosted the Partnership Group meeting in Brisbane on 16 November 2000.

The meeting followed on from the Workshop titled *Chronic Disease Prevention — State of the Science, State of the Art* held the previous day, also in Brisbane.

Professor Robert Beaglehole, who had been a key international speaker at the Workshop joined the meeting along with Mr Colin Sindall from the Commonwealth Department of Health and Aged Care, to discuss the Workshop outcomes and future Partnership activity. It was agreed that a combined meeting of the National Public Health Partnership Group and the National Health Priority Action Council would be held early in 2001 to progress joint activity in the area of chronic disease prevention. The National Strategies Coordination Working Group will now oversee the finalisation of a chronic diseases prevention and control framework. It was noted that one of the top priorities that had emerged from the Workshop was the need for an effective surveillance system for noncommunicable diseases.

During the discussion, Professor Mark Harris, the Chair of the Joint Advisory Group on General Practice (JAG), briefed the meeting on progress with development of integrated approaches within General Practice to the management of chronic diseases risk factors of smoking, poor nutrition, physical inactivity and alcohol misuse. This work is being done in conjunction with the relevant national strategy Chairs. A draft framework is being developed addressing 10 key action areas with interventions at national, State, divisional/community, the practice and General Practice consultation level.

Dr John Scott and Ms Jackie Steele, Manager of the Queensland Public Health Service's Planning and Research Unit, gave a presentation on the Queensland approach to resource allocation within the Public Health Service.



The meeting noted that a draft revised *National Aboriginal and Torres Strait Islander Health Strategy* would be released in the near future. A 'whole of Partnership' response to this draft will be developed with the Aboriginal and Torres Strait Islander Working Group playing a major role in developing the response based on input from all working groups. The revised Strategy will be used to guide future work of the Partnership.

A paper on the *Role of Local Government in Public Health*, prepared by the Legislation Reform Working Group was endorsed for release for a period of comment until the end of March 2001. A *Model Regulatory Impact Statement for Notification of Immunisation Status* was endorsed and will now be included in the Legislators' Tool Kit on the Partnership's website (www.nphp.gov.au).

Under the Health Protection and Health Gain components of the Partnership's work, five documents were finalised and will now be forwarded to the Australian Health Ministers' Advisory Council and Australian Health Ministers' Conference for endorsement. These are:

- *National Injury Prevention Plan: Priorities 2001-2003 and the Implementation Plan for The National Injury Prevention Plan;*
- *Eat Well Australia: a Strategic Framework in Public Health Nutrition, 2000-2010;*
- *Eat Well Australia: an Agenda for Action in Public Health Nutrition, 2000-2010;*
- *The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010: a summary; and*
- *The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010.*

The Partnership Group noted progress with development of a Public Health Leadership short course that is expected to commence in mid 2001. This program will involve participants from all States and the non-government sector. The Partnership cosponsored the recent Leadership Workshop held in Canberra as part of the Public Health Association of Australia Annual Conference.

Following the meeting, National Public Health Partnership Group members met with the Queensland Public Health Forum. The Forum brings together a wide range of public health interest groups to progress public health initiatives across the State: a local partnership in public health.

The next meeting of the Partnership will be held in Hobart on 1 March 2001, following a joint meeting with the National Health Priority Action Council.

The National Public Health Partnership Group Members

New South Wales

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Chief Health Officer/Deputy Director General
Public Health,
New South Wales Health Department

Australian Capital Territory

Dr Paul Dugdale
Acting Chief Health Officer/Executive Director
Population Health Group, ACT Department
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Victoria

Prof. John Catford
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Victorian Department of Human Services

Western Australia

Dr Rowan Davidson
Acting General Manager
Public Health Services
Health Department of WA

South Australia

Prof. Brendon Kearney
Executive Director, Statewide Division
South Australian Department of Human Services

Tasmania

Dr Mark Jacobs
Director, Public and Environmental Health
Tasmanian Department of Health
and Human Services

Northern Territory

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Territory Health Services

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Dr John Scott
State Manager, Public Health Services
Queensland Department of Health

Commonwealth

Mr Brian Corcoran
First Assistant Secretary
Population Health Division
Commonwealth Department of Health
and Aged Care

National Health and Medical Research Council

Prof. Adele Green
Chair, Health Advisory Group
National Health and Medical Research Council

Australian Institute of Health and Welfare

Dr Richard Madden
Director
Australian Institute of Health and Welfare

New Zealand (observer)

Dr Don Matheson
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The next meeting of the National Public Health Partnership Group will be held on 1 March 2001 in Hobart.



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Assessing and Improving Public Health Infrastructure in the United States

A member of the National Public Health Partnership Secretariat, Gianfranco Spinoso, recently presented at the Annual Conference of the American Public Health Association on Australia's work to define and build public health infrastructure.¹ This article describes impressions gained during the conference on American initiatives in this area.

Back in 1988, the United States Institute of Medicine, in its report *The Future of Public Health* described public health infrastructure in America as being in "disarray". It found a fragmented system and public health agencies that were under-funded and poorly staffed. According to some commentators, the situation since then may have become even worse.

Cooperative efforts by United States public health organisations to address this dangerous trend seem to have redoubled of late. Some of these initiatives could be of interest to Australia. The current United States approach features a clear policy framework and a blend of top-down and locally based initiatives.

America has set measurable policy objectives for public health infrastructure. These can be found in the latest iteration of the United States prevention agenda – *Healthy People 2010*. These objectives, seventeen in all, cover the areas of: workforce; data and information systems; public health organisations; expenditure; and research.

The *Public Health Threats and Emergencies Act* has been designed to strengthen the nation's public health capacity

by requiring that State and local health officials "shall establish reasonable capacities ... for national, State, and local public health systems and ... workforces of such systems". The Act also requires that government make funds available to carry out assessments of State and local capacity, and improve this capacity where necessary.

A number of initiatives have been mounted to assist States and local authorities to achieve these policy objectives. For example, performance standards and measurement tools are being developed by a consortium of national public health bodies as drivers for public health infrastructure improvement. These standards will attempt to measure how well public health core functions, as expressed in the United States list of *10 Essential Public Health Services*, are being performed.

The Turning Point project is another key national strategy to reconstruct ailing public health infrastructure. The aim is to encourage strategic planning, partnerships and innovation at the local and State level. Five national collaboratives between interested States and counties have been formed to develop strategies on: the modernisation of public health law; performance management; information technology; social marketing; and leadership development.

There are obvious differences between the United States and Australian public health systems and our infrastructure, by most accounts, is in better condition. Nonetheless, many of the themes are common and it would not hurt to keep an eye on America as it tries to rebuild its public health infrastructure.

¹ The paper presented at the conference is available on the National Public Health Partnership Website at www.nphp.gov.au
Authors: Dr Jenny Lewis, Prof Tony Adams, Mr Gianfranco Spinoso.

National Response to Passive Smoking

The Australian Health Ministers' Advisory Council (AHMAC) recently endorsed the National Public Health Partnership's work on a National Response to Passive Smoking.

In 1997, the Federal Minister for Health and Aged Care announced that a national response to passive smoking was required given the increasing evidence for the adverse health effects of environmental tobacco smoke. Passive smoking is an issue that most jurisdictions are addressing in the context of introducing/reviewing legislation. As such, a national response is a timely resource for policy makers and legislators.

The national response to passive smoking undertaken by the Partnership's Legislation

Reform Working Group together with State and Territory Tobacco Policy Officers consists of a package of material to assist jurisdictions in developing appropriate legislation in relation to environmental tobacco smoke. The package of material includes:

* A *Background Paper* – which provides an analysis of the impact of passive smoking on public health and examines government responsibilities for public exposure to environmental tobacco smoke and community education;

* A *Statement of Guiding Principles* – which were agreed as the basis for developing legislation; and

* *Examples of Core Provisions* – which provide a guide for decision-makers and others wishing to develop new legislation or review existing legislative approaches to passive smoking.

A further piece of work, *Reference Material for Regulation Impact Analysis* which will provide background material and evidence which could assist in drafting of regulation impact statements is currently being finalised and is expected to be available in early 2001.

* These documents are now available on the National Public Health Partnership website at www.nphp.gov.au

Expenditure Project

The National Public Health Expenditure Project is a four-stage project with a work program over four years (1998/99 – 2001/02). It aims to develop a comprehensive and accurate picture of expenditure on public health activities in Australia.

The first stage of the National Public Health Expenditure Project was the defining of public health categories and agreement on a collection process. A Report was compiled in this first stage that discusses the state of play with regard to data on public health expenditure in 1997–98 and in earlier years. This Report is about to be issued as a Partnership/Australian Institute of Health and Welfare paper.

The *National Public Health Expenditure Report 1998-99*, which will be published in mid 2001, was compiled from the information gathered in the second stage of the National Public Health Expenditure Project and focuses on public health expenditure by the various health departments. It reports expenditure in 1998-99 across eight categories:

1. Communicable disease control;
2. Selected health promotion programs;
3. Immunisation;
4. Environmental health;
5. Food standards and hygiene;
6. Breast cancer screening;
7. Cervical screening; and
8. Other core public health.

The Report shows public health expenditure in Australia accounted for approximately 2% of recurrent health expenditure.

The National Public Health Expenditure Project is in the initial stages of the stage three collection. Public health expenditure information will be collected for 1999–00 from the various health departments and from non-government organisations. The public health definitions have been refined for stage three to include the two categories 'Hazardous and harmful drug use' and 'Research'.

The collection process is being refined with the objective of developing an essentially automated, routine and consistent collection that will derive from State health authorities' routine administrative collections.

Collecting accurate data with regard to public health expenditure will enable others to examine the link between public health inputs and outputs, so that cost-effectiveness analyses may be undertaken on public health interventions. Public health is a sector which has done more cost effective analyses (on a per dollar basis) than other sectors eg immunisation, AIDS prevention, breast cancer and cervical screening, fluoridation and quit smoking evaluations, but until the overall cost of public health is estimated it will not be possible to measure the overall cost/impact of public health measures.

National Injury Prevention Plan Implementation

Strategic Injury Prevention Partnership (SIPP)

The National Public Health Partnership Group has established an action oriented group to oversee the implementation of the *National Injury Prevention Plan: Priorities for 2001-2003*.

The group, known as the Strategic Injury Prevention Partnership, met for the first time in October 2000. The outcome of the meeting was the completion of an *Implementation Plan* that complements and supports the *National Injury Prevention Plan*. The aim of the Implementation Plan is to identify strategies for action in injury prevention and broadly outline the responsibilities of key stakeholders. The *National Injury Prevention Plan* and the Implementation Plan were formally endorsed by the National Public Health Partnership Group in late November 2000 and will now be forwarded to the Australian Health Ministers' Advisory Council and Health Ministers for their consideration.

The *National Injury Prevention Plan* was one of the key achievements of the former National Injury Prevention Advisory Council. The Plan identifies actions to be undertaken to reduce injury in four priority areas. These are falls in older people, falls in children, drowning and near-drowning, and poisoning in children 0-4 years. Action is also under way to develop an Indigenous Injury Prevention Plan in conjunction with Indigenous stakeholders.

The Strategic Injury Prevention Partnership has representation from all National Public Health Partnership Group members as well as the Australian Injury Prevention Network and the Consumer Affairs Division of Commonwealth Treasury. It will provide a forum for national leadership in injury prevention in Australia and strategic direction to the National Public Health Partnership, consistent with evidence on injury prevention. In conjunction with key stakeholders, the Strategic Injury Prevention Partnership will promote a consistent, integrated approach to injury prevention, including monitoring and evaluation across all areas of government.

The Strategic Injury Prevention Partnership is Chaired by Mr Brian Corcoran, First Assistant Secretary, Population Health Division, Commonwealth Department of Health and Aged Care.

Members are:

Ms Judy Blazow, Commonwealth Department of Health and Aged Care;

Mr Stan Bordeaux, Tasmania Department of Health and Human Services;

Ms Myree Rawsthorne, Australian Capital Territory Department of Health, Housing and Community Care;

Ms Pam Albany, New South Wales Health;

Dr Ron Somers, South Australian Department of Human Services;

Ms Amanda Croker, Queensland Health;

Ms Nicola Rabot, Victoria Department of Human Services;

Dr Tarun Weeramanthri, Territory Health Services;

Ms Nicole Bennett, Health Department of Western Australia;

Mr Richard Franklin, President, Australian Injury Prevention Network;

Assoc Prof Dr James Harrison, Australian Institute of Health and Welfare (National Injury Surveillance Unit);

Mr John Wunsch, Consumer Affairs Division, Commonwealth Treasury;

Ms Genevieve Cantwell, Office of the National Health and Medical Research Council; and

Representative from the New Zealand Ministry of Health (observer).

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Population Health Taskforce on Performance (PopToP)

The Population Health Taskforce on Performance (PopToP) was established as a joint committee of the National Public Health Partnership Group and the National Health Performance Committee. It grew out of the need for focussed work on the population health components of the National Health Performance Committee's proposed national health performance framework, recognising that population health was an underdeveloped area in national work on benchmarking.

The Taskforce is currently contributing to the production of the National Health Performance Committee's 2000 report – *Strategic directions for reporting – performance of the Australian health system*. This report introduces the proposed new *National Health Performance Framework* and sets out a process for moving towards reporting against this Framework. The new Framework consists of three tiers: health status and outcomes; determinants of health; and health system performance. For the Strategic Directions report, PopToP has developed examples of indicators for each of these tiers, which will serve to illustrate the way that indicators will be presented in future reports.

Developmental work for 2001 and beyond

In 2001, PopToP will coordinate a systematic process to develop performance indicators for public health for the new performance framework. These indicators will be based around the nine core functions for public health effort in Australia endorsed by the Australian Health Ministers' Advisory Council in June 2000 (available on the National Public Health Partnership website at www.nphp.gov.au/phprac/index.htm). Development of these indicators will facilitate quality improvement in public health and highlight areas for priority action. It is envisaged that this process will take 12 months to complete.

The key developmental steps will be:

1. Reach agreement among jurisdictions on a set of public health practice areas which best illustrate each core function;
2. Establish a series of technical task groups to develop performance indicators in each area consistent with the National Health Performance Committee criteria;
3. Consolidate the indicator set, including cross-referencing to check for duplication and standardisation of technical specifications; and
4. Establish a process for systematic review, refinement and reporting of the indicators.

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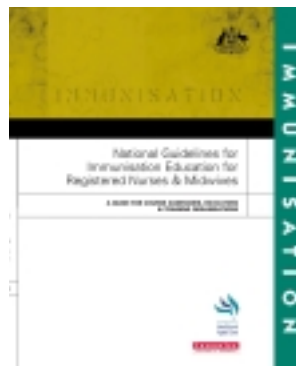
NATIONAL IMMUNISATION COMMITTEE

The National Immunisation Committee was established as a sub-committee of the Australian Health Ministers' Advisory Council in 1993 to oversee the implementation of the *1993 National Health and Medical Research Council National Immunisation Strategy* and to provide advice to the Australian Health Ministers' Advisory Council on immunisation and vaccine preventable disease issues. A realignment of the Australian Health Ministers' Advisory Council sub-committees repositioned the National Immunisation Committee under the auspices of the National Public Health Partnership Group in early 2000.

The original membership of State/Territory and Commonwealth immunisation program managers has been broadened over the years to include representatives of General Practice and the National Aboriginal Community Controlled Health Organisation. Around half of the current members have been associated with the National Immunisation Committee since its inception. The common thread among members is their many years of experience and a passionate commitment to the development and implementation of sound and sustainable immunisation policies and programs in Australia. The excellent rapport within the group has facilitated the sharing of ideas and local initiatives, and collaborative development of strategies and programs.



In its first few years, the National Immunisation Committee was instrumental in achieving a nationally coordinated childhood immunisation program in Australia including: the adoption of the first national immunisation schedule; implementation of the Australian Childhood Immunisation Register; and development of a national tendering and pricing arrangement for vaccines. More recently, the National Immunisation Committee has successfully managed the rapid expansion of the national childhood immunisation program to a whole-of-life immunisation regime.



The National Immunisation Committee has taken a lead role in the implementation of the *Immunise Australia Program*, including the *Seven Point Plan* and a range of related initiatives such as hepatitis B vaccination of infants and adolescents, influenza vaccination for older Australians, MMR (measles, mumps and rubella) for young adults and now Q fever. Throughout these challenges, the National Immunisation Committee has maintained a strong commitment to continuous improvement and best practice in immunisation programs in Australia.

Under the National Public Health Partnership Group's direction, the National Immunisation Committee recently established a working party to undertake a review of the current vaccine funding arrangements under the Public Health Outcome Funding Agreements.

This group comprises representatives of States and Territories and the Commonwealth and will make initial recommendations to the National Public Health Partnership Group in March 2001. The review will explore options around providing incentive funding to States and Territories to encourage and reward improved immunisation outcomes. The review will also examine the possibility of broadening the scope of funding that is currently restricted to purchase of vaccines, to include a range of other immunisation initiatives.

The future challenge for the National Immunisation Committee is to sustain recent successes in the decline of vaccine preventable diseases and parallel increases in immunisation coverage and to target hard to reach segments of the population to enable further improvements in the control of vaccine preventable disease in Australia.

The National Immunisation Committee has also published a broad range of educational resources for both immunisation service providers and consumers and is represented on a broad range of related immunisation and vaccine preventable disease committees. The National Immunisation Committee meets by teleconference each month and face-to-face three times per year.

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Other News

Commonwealth, State and Territory Strategy on Healthy Ageing

The *Commonwealth, State and Territory Strategy on Healthy Ageing*, a national response by the Commonwealth and the State and Territory Governments to Australia's ageing population, was developed by the Healthy Ageing Task Force under the auspices of Commonwealth, State and Territory Ministers responsible for ageing issues. The Strategy has been signed by Ministers from the Commonwealth and all States and Territories.

The Healthy Ageing Task Force was established by the Commonwealth, State and Territory Health and Community Services Ministers in October 1996 in recognition of the need for a strong focus on ageing, as well as improved planning and coordination across jurisdictions, in order to respond to the challenges of an ageing population. The Healthy Ageing Task Force consists of a member of the Commonwealth agency and each State and Territory agency responsible for ageing issues. The Task Force has undertaken extensive community consultations to ensure the *Commonwealth, State and Territory Strategy on Healthy Ageing* reflects the views of Australian society.

The Strategy on Healthy Ageing is a broad framework identifying areas for action. It provides a planning framework for the Commonwealth, State and Territory Governments and will form the basis of planning within and between individual jurisdictions over the next five years. It will also provide a national coordination point for the considerable work already undertaken in individual jurisdictions. The Strategy aims to foster identification of key opportunities for activities to be undertaken by jurisdictions and to maximise healthy ageing outcomes. It signals the commitment of all governments to work together with the Australian community to develop a planned response to the challenges of an ageing society and people living longer.

The Strategy demonstrates the strong partnership between the Commonwealth, State and Territory Ministers regarding the issue of healthy ageing in Australia. It also provides a vehicle through which healthy ageing and well-being will be promoted in Australia through a strategic Commonwealth, State and Territory approach.

Copies of the Strategy can be obtained by writing to:
Office for Older Australians
Commonwealth Department of Health
and Aged Care
MDP 10, GPO BOX 9848
CANBERRA ACT 2601
or facsimile: (02) 6282 4412.

The Strategy is also available on the Department's internet site: www.health.gov.au.



Public Health Happenings

Australian

28 – 31 March, 2001

Australian Infant, Child, Adolescent and Family Mental Health Association 4th National Conference
Carlton Crest Hotel, Brisbane

For more information:

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PO Box 1280 Milton, Queensland 4064, Australia
Tel: +61 (0) 7 3858 5563
Fax: +61 (0) 7 3858 5510
Email: mha2001@im.com.au
Website: www.aicafmha.net.au

1 – 2 April, 2001

Master of Applied Epidemiology Conference
Charting New Directions
and

2 – 3 April, 2001

Communicable Diseases Control Conference 2001
Harnessing New Technologies
Hyatt Hotel Canberra

For more information:

Conference Secretariat
ConSec – Conference Management
PO Box 3127
Belconnen Delivery Centre
ACT 2617
Ph: (02) 6251 0675
Fax: (02) 6251 0672
Email: diseases@consec.com.au
Website: www.health.gov.au/pubhlth/cdconf.htm

28 – 30 May, 2001

Diversity in Health: Sharing Global Perspectives
Conference on Multicultural Health and Well-being
Sydney Convention and Exhibition Centre
Darling Harbour, Sydney

For more information:

Tel: (02) 9518 9580
Fax: (02) 9518 9581
Email: diversity@pharaevents.com.au

International

15 – 20 July, 2001

Health: An Investment for a Just Society
The XVIIth World Conference on Health Promotion and Health Education
Paris, France

For more information:

Tel: +33 (1) 4645 0059
Fax: +33 (1) 4645 0045
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Website: <http://www.iuhpe.org>
Website: <http://www.akkc.dk/environment>

Grapevine Resources

Australian Capital Territory Department of Health, Housing and Community Care

The ACT Department of Health and Community Care Annual Report 1999 – 2000

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