

10. *Memorandum of Understanding to establish a National Public Health Partnership for Australia (1996)*

MEMORANDUM OF UNDERSTANDING

between

*The Commonwealth of Australia • New South Wales • Victoria • Queensland
South Australia • Tasmania • Northern Territory • Australian Capital Territory
Western Australia*

TO ESTABLISH A NATIONAL PUBLIC HEALTH PARTNERSHIP FOR AUSTRALIA

The Hon Dr Michael Wooldridge MP
on behalf of the Commonwealth of Australia

The Hon Dr Andrew Refshauge MLA
on behalf of New South Wales

The Hon Michael Horan MLA
on behalf of Queensland

The Hon Robert Knowles MLC
on behalf of Victoria

The Hon Dr Michael Armitage MP
on behalf of South Australia

The Hon Peter McKay MLC
on behalf of Tasmania

The Hon Denis Burke MLA
on behalf of Northern Territory

Ms Kate Carnell MLA
on behalf of Australian Capital Territory

The Hon Kevin Prince MLA
on behalf of Western Australia

PREAMBLE

1. The Commonwealth and the States and Territories wish to introduce a new working arrangement to plan and coordinate national public health activities, provide a more systematic and strategic approach for addressing public health priorities and provide a vehicle through which major initiatives, new directions, and best practice can be assessed and implemented through a National Public Health Partnership.
2. The proposal for a National Public Health Partnership was endorsed by Health Ministers on 4 July 1996, and was noted as a significant step in the reform of Commonwealth and State/Territory relations and establishes, for the first time a multilateral inter-governmental framework between the Commonwealth and State/Territory Health Authorities to protect and improve the health of Australians.
3. This MOU and Schedules 1, 2 and 3 set out how this National Public Health Partnership will be established and operated.

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

OBJECTIVES

5. The objectives for the National Public Health Partnership are to:
 - a. improve the health status of Australians, in particular population groups most at risk;
 - b. improve collaboration in the national public health effort;
 - c. develop better coordination and
 - d. increased sustainability of public health strategies;
 - e. strengthen public health infrastructure and capacity nationally;
 - f. facilitate the contribution of all providers of public health services, such as Local Government, public health research and education programs, and relevant agencies from the States/Territories and the Commonwealth, including the Australian Institute of Health and Welfare (AIHW) and the National Health and Medical Research Council (NHMRC);
 - g. establish two-way exchange with key professional, community, consumer, educational, and industry interests on the development of national public health priorities and strategies; and,
 - h. enhance the capacity of States/Territories to respond to local priorities.

PRINCIPLES

6. The following shared principles will underpin the implementation of this MOU:
 - a. each community or population sub-group should have access to strategies, services and activities which optimise their health;
 - b. each community or population sub-group should have access to a healthy and safe environment including clean air and water, and adequate food and housing;
 - c. public health efforts must proceed in partnership with non-health sectors and in collaboration with international partners;
 - d. a supportive legal and political environment is integral to the public health effort;
 - e. improvements in knowledge about current and emerging health determinants and risks are vital to effective public health efforts;
 - f. priority setting and decision making should be based on scientific evidence as far as possible and on criteria that are open to public scrutiny and debate;
 - g. optimising population health outcomes requires effective linkage between public health and health system planning; and,
 - h. an ongoing capacity to scan and monitor the social and environmental trends likely to impact on future health status is essential for long term planning to prevent ill health.

ROLES AND RESPONSIBILITIES OF THE PARTNERS

7. To give effect to the above principles and objectives the responsibilities of the **Commonwealth** under this MOU are to:
 - a. facilitate the development of national public health policy in collaboration with government, non-government, professional, and community organisations.
 - b. advocate at the national level for public health and build and strengthen a population health constituency with key players and with the public;
 - c. facilitate ongoing negotiation and agreement between Governments on national policy, planning, monitoring, reporting, programs, research, training and evaluation in public health;
 - d. facilitate the development of national consistency in areas where there is agreement that it is needed (e.g. policy standards, legislation and regulation, workforce competencies, environmental protection, disease prevention and outbreak control methods);
 - e. act as the responsible agency for specific Work Program areas as agreed;

- f. foster innovation, and initially finance innovation, in population health programs, in conjunction with States/Territories;
- g. conduct national programs, in a coordinated fashion with States/Territories, where the need for such programs is agreed;
- h. monitor, evaluate and report on the performance of national public health strategies and programs, in collaboration with States/Territories;
- i. conduct, in consultation with other partners, Australia's international responsibilities and obligations in public health;
- j. through AIHW - develop and collect public health data, set standards for data quality, produce public health statistics and undertake research and analysis to inform and improve public health policy and practice; and,
- k. through the NHMRC - develop timely expert advice, assess best practice in public health interventions, and stimulate strategic research in public health.

8. The responsibilities of the **individual States and Territories under this MOU** are to:

- a. collaborate in national policy and strategy development and, within this framework determine State/Territory priorities, and develop strategies for implementation within their jurisdictions;
- b. develop and implement State/Territory specific policy, programs and regulatory frameworks for public health;
- c. foster innovation in population health programs in collaboration with the Partnership Group;
- d. apply public health knowledge and skills to health system development;
- e. undertake State/Territory specific intersectoral collaboration, particularly in facilitating whole of government approaches and in working with Local Government, State/Territory-based non-government organisations, and education and research institutions;
- f. participate in collaborative efforts at the national level and with other States/Territories, including leading specific projects, and conducting those elements of the National Public Health Partnership which the particular State/Territory might agree to undertake;
- g. act as the responsible agency for specific Work Program areas as agreed;
- h. monitor and respond to public health workforce issues within a national framework for workforce development; and,
- i. monitor health issues and outcomes and report on the performance of public health functions as agreed.

IMPLEMENTATION OF THE NATIONAL PUBLIC HEALTH PARTNERSHIP

- 9. The National Public Health Partnership will operate through the National Public Health Partnership Group; and the Commonwealth and State and Territory Health Ministers, working through the Australian Health Ministers Advisory Council (AHMAC).
- 10. The National Public Health Partnership Group shall comprise one senior representative from: the Commonwealth, each of the States and Territories, AIHW, and the NHMRC and will be chaired, in the first instance, by the Commonwealth Chief Medical Advisor. Subsequently the Chair may be a person appointed by AHMAC from the Partnership Group;
- 11. The National Public Health Partnership will be operationalised through a three year rolling Work Program to be implemented by the National Public Health Partnership Group.

TERM, REVIEW AND AMENDMENT OF THE MOU

- 12. The MOU will commence on the date it is signed by all parties, and, unless otherwise agreed between the Parties, continue for a five year period.
- 13. The National Public Health Partnership Group will work collaboratively to develop an

evaluation framework for the operation of the National Public Health Partnership under the MOU. This evaluation framework will focus on the:

- a. outputs achieved under the Work Program in relation to the objectives set out above;
- b. adequacy of the National Public Health Partnership administrative arrangements; and,
- c. necessity for amendments to this MOU.

This evaluation will report to the parties in Year 3 and Year 5.

14. The Parties will undertake a joint review of the operation of the National Public Health Partnership during year five of this MOU.
15. This MOU may be amended at any time by an agreement in writing between the Parties.
16. This MOU does not vary or affect existing rights and obligations under existing agreements between the Parties and their agencies.

GLOSSARY OF TERMS

AHMAC Australian Health Ministers' Advisory Council

AIHW Australian Institute of Health and Welfare.

NHMRC National Health and Medical Research Council.

National Public Health Partnership Group

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

The National Public Health Partnership

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

Work Program

The Work Program referred to in Schedule 3.

Public health

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

The scope of public health comprises activities and processes which can be grouped into three key areas:

Public Health Intelligence

Gathering and analysing information about the determinants of health, the causes of ill health and the patterns and trends of health and ill health in populations. This work

includes a variety of surveillance, intelligence and research activities to monitor and identify emerging issues and potential health threats, to monitor progress towards agreed goals, and to evaluate various interventions.

Public Health Interventions

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

Public Health Infrastructure

Identifying infrastructure needs such as workforce, training and development, and information systems. This also involves ensuring appropriate legislative and regulatory frameworks are in place.

SCHEDULE 2

ADMINISTRATIVE ARRANGEMENTS FOR OPERATION OF THE NATIONAL PUBLIC HEALTH PARTNERSHIP

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

- a. oversee the direction, development, implementation and review of the MOU and the agreed Work Program;
- b. make recommendations to AHMAC on national priorities for public health, the Work Program, and other policy issues;
- c. report to Health Ministers through AHMAC on progress against key result areas of the Work Program;
- d. consult and negotiate with other relevant agencies on the development of national public health priorities, strategies and the Work Program; and,
- e. establish appropriate mechanisms and working arrangements to support the implementation of the MOU and Work Program. These arrangements will include consultation mechanisms, arrangements for how members will undertake components of the Work Program, and the processes for review.

The Commonwealth Department of Health and Family Services will be responsible for:

- a. the cost of providing secretariat assistance to the National Public Health Partnership Group, and support for the Chair and the Partnership Group; and
- b. providing a representative on the National Public Health Partnership Group overseeing the MOU.

Each State and Territory will be responsible for :

- a. providing representatives on the National Public Health Partnership Group overseeing the MOU; and,
- b. costs associated with their representative's participation in the National Public Health Partnership Group.

The AIHW and NHMRC, consistent with their statutory functions and the agreed Work Program priorities, will be responsible for:

- a. providing representatives on the National Public Health Partnership Group overseeing the MOU; and,
- b. costs associated with their representative's participation in the National Public Health Partnership Group.

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

- a. any directions to be given to the National Public Health Partnership Group;
- b. the Work Program;
- c. administrative arrangements;

- d. evaluation of the framework for the National Public Health Partnership; and,
- e. the appointment of the Chair of the National Public Health Partnership Group from the membership of the Group.

SCHEDULE 3

NATIONAL PUBLIC HEALTH PARTNERSHIP WORK PROGRAM

The Work Program will:

- a. outline the public health priorities which will be addressed over the next three years. It will include a detailed program for the forthcoming year and details of the specific projects and the agencies responsible for coordination and management of each project;
- b. include, for cross-referencing, relevant work undertaken by other bodies;
- c. be submitted to AHMAC and Health Ministers for approval; and,
- d. be reviewed annually against specific performance criteria.

PRIORITIES FOR THE WORK PROGRAM

The following national public health priority areas will form the basis for the joint development of the Work Program:

- a. Improvement of public health practice by applications of techniques such as standards development, benchmarking and best practice;
- b. Development of public health information systems to enable more effective national monitoring of the health of the Australian population;
- c. Review, rationalisation and harmonisation, where appropriate, of public health regulatory/legislative arrangements.
- d. Development of a national public health workforce strategy to identify public health workforce development priorities capable of meeting practitioners, industry, research and public health policy needs;
- e. Development of mechanisms which improve public health planning and decision making (including resource allocation);
- f. Development of a national public health research and development strategy to identify public health research requirements, and their relationship to policy and practice; and,
- g. Establishment of a mechanism for coordinating across current and new national public health strategies, and a systematic approach to identifying priorities.

The order in which these priority areas will be dealt with under the Work Program will be recommended by the National Public Health Partnership Group and approved by AHMAC.