National public health expenditure report 2005–06

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Preface

Public health activities undertaken or funded by governments are important components of the Australian health care system. Such activities are aimed at preventing illness and enhancing the wellbeing and quality of life of a nation's population.

This is the sixth in a series of reports that has published expenditure data on public health activities in Australia. Each of these reports has been compiled by the Australian Institute of Health and Welfare with the cooperation of the Australian Government and state and territory health authorities. Like the other reports in the series, this report has been funded by the Population Health Division of the Australian Government Department of Health and Ageing.

This publication presents the most recent estimates of funding and recurrent expenditure on public health activities—for the financial year 2005–06—along with selected time series data back to 1999–00. As there have been no substantial changes made to the public health expenditure activity classification, there is a high degree of consistency and comparability of estimates over the last 7 years.

These statistics are an important source of information on public health expenditure. They are of interest to governments, health analysts, academics and the wider community in the formulation of policy and in the planning and management of public health.

Because of the revisions to previously published estimates, any comparisons of expenditure over time should be based on the funding and expenditure information provided in this publication rather than by reference to earlier publications.

A review of the national public health expenditure data collection is currently under way. This review is considering how the data should be disseminated, and ways to enhance the value of the data by perhaps publishing it in conjunction with other public health information.

Penny Allbon
Director
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Thanks are extended to the Australian, state and territory governments and members of the Technical Advisory Group (TAG) for the National Public Health Expenditure Project. Members of the TAG have worked with the project team in providing these annual public health estimates and the supporting information on public health programs in their jurisdictions. Members of the TAG and additional contributors to this report are listed below.

In addition, thanks are extended to the individual jurisdictions for compiling the public health expenditure estimates and to the Australian Government Department of Health and Ageing for funding the National Public Health Expenditure Project.

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIAs	Australian Immunisation Agreements
AIDS	Acquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
AODP	Alcohol and Other Drugs Program (Northern Territory)
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
BEACH	Bettering the Evaluation and Care of Health (survey of general practice activity)
COAG	Council of Australian Governments
DH	(South Australian) Department of Health
DHHS	Department of Health and Human Services (Tasmania)
DHS	Department of Human Services (Victoria)
DOH	Department of Health (Western Australia)
DoHA	(Australian Government) Department of Health and Ageing
FSANZ	Food Standards Australia New Zealand
GP	General practitioner
HIV	human immunodeficiency virus
HSRIP	Human Services Research and Innovation Program (South Australia)
LGA	Local government authority
NGO	Non-government organisation
NPHEP	National Public Health Expenditure Project
NPHP	National Public Health Partnership
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
NT DHCS	Northern Territory Department of Health and Community Services
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PHOFA	Public Health Outcome Funding Agreement
QCSP	Queensland Cervical Screening Program
RAWWS	Remote Area Well Women Screening Program (Northern Territory)
SA	South Australia
STI	Sexually transmitted infection

Symbols

Figures in tables and the text have sometimes been rounded. Discrepancies between totals and sums of components are due to rounding.

The following symbols are used in tables:

n.a.	not available
. .	not applicable
—	nil or rounded to zero
r	data revised (since the release of the previous report)

Executive summary

Government expenditure on public health activities

It is estimated that governments spent a total of $1,468 million on public health activities in Australia in 2005–06. State and territory health departments spent $1,029 million (or 70.1% of total government expenditure) and the remaining $439 million (29.9%) was spent by the Australian Government on health programs and activities for which it was directly responsible (Table 1.1).

The highest level of expenditure in 2005–06 was on *Organised immunisation* which amounted to $321 million or 21.9% of total public health expenditure by jurisdictions. Other significant expenditures were reported for *Selected health promotion* ($252 million or 17.2%) and *Communicable disease control* ($248 million or 16.9%) (Table 1.3).

Total government expenditure on public health activities, current prices, by activity, 2005–06

Activity	Expenditure ($ million)	Proportion of total public health expenditure (per cent)	Real growth[(a)] in expenditure 1999–00 to 2005–06
Communicable disease control	247.7	16.9	4.8
Selected health promotion	251.9	17.2	3.2
Organised immunisation	320.7	21.9	9.5
Environmental health	84.8	5.8	3.0
Food standards and hygiene	34.2	2.3	1.8
Breast cancer screening	123.2	8.4	0.7
Cervical screening	104.5	7.1	0.4
Prevention of hazardous and harmful drug use	176.8	12.0	3.3
Public health research	123.7	8.4	7.4
PHOFA administration[(b)]	0.3	—	–6.5
Total	**1,467.9**	**100.0**	**4.5**

(a) Real growth is calculated using constant prices expressed in terms of 2004–05 dollars.

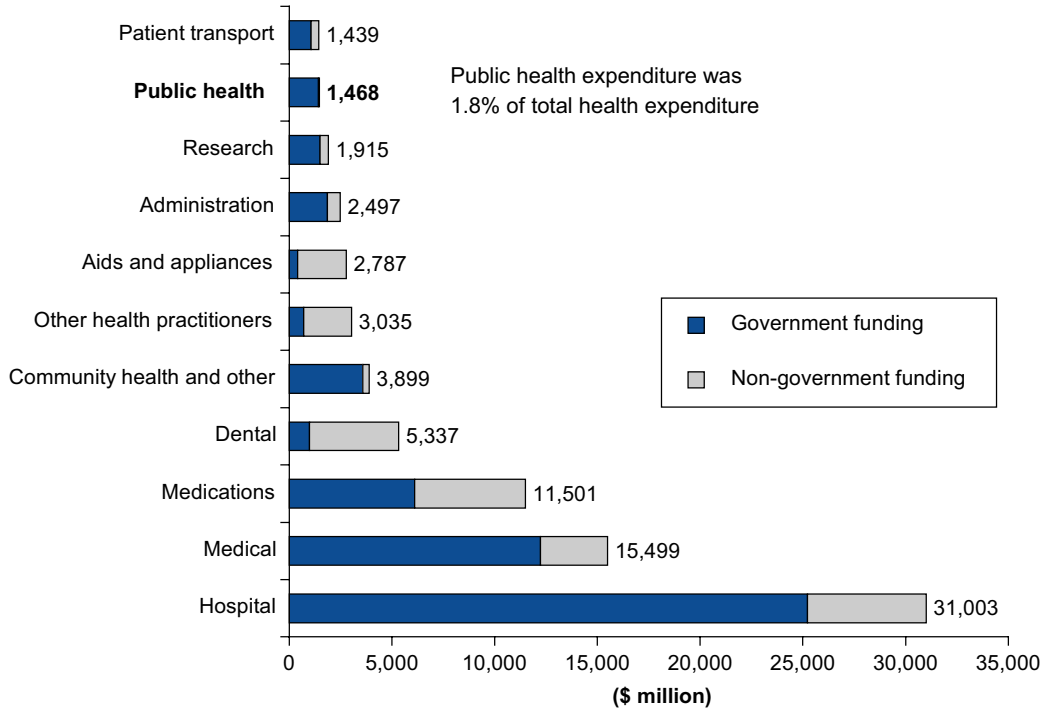
(b) Expenditure incurred by the Australian Government in the administration of the Public Health Outcome Funding Agreements.

Public health expenditure as a proportion of recurrent health expenditure

Recurrent expenditure on health in 2005–06 was estimated at $80,389 million. Expenditure on public health activities of $1,468 million represents 1.8% of recurrent health expenditure (Table 1.5).

This proportion has remained virtually constant over the last 7 years—public health expenditure as a proportion of recurrent health expenditure has been 1.8% or 1.9% in each year since 1999–00 (Table 1.5).

The areas of health comprising the largest proportion of recurrent health expenditure in 2005–06 were hospitals ($31,003 million or 38.6% of total), medical services ($15,499 million or 19.3%), and medications ($11,501 million or 14.3%).



Source: AIHW 2007b, and AIHW public health expenditure database.

Total health expenditure in Australia, current prices, by area of expenditure and source of funds, 2005–06 ($ million)

Whereas most areas of health are funded by both government and non-government sources, public health expenditure is almost exclusively funded by governments. Government funded recurrent health expenditure in 2005–06 was estimated at $55,143 million and public health expenditure represents 2.7% of recurrent government expenditure on health. This proportion has remained at either 2.7% or 2.8% in each year since 1999–00 (Table 1.5).

On a state and territory basis, expenditure on public health activities as a proportion of total recurrent health expenditure varied considerably across jurisdictions in 2005–06, ranging from 5.8% in the Northern Territory to 1.6% in New South Wales (Table 1.6).

Similarly, expenditure on public health activities as a proportion of recurrent government health expenditure, varied considerably across jurisdictions in 2005–06, ranging from 7.1% in the Northern Territory to 2.4% in New South Wales (Table 1.6).

Growth in expenditure on public health

Real expenditure on public health increased by 33.0% over the period 1999–00 to 2004–05, then fell by 2.3% in real terms in 2005–06. This gave an overall increase in the period 1999–00 to 2005–06 of 29.9%, or an average increase of 4.5% per year. The total increase in real

expenditure on public health activities over the period 1999–00 to 2005–06 was $324 million (Table 1.9).

The real decline in expenditure in 2005–06 is attributable to a reduction in expenditure on *Organised immunisation* (down 9.1%) and *Prevention of hazardous and harmful drug use* (down 12.8%).

Real spending on *Organised immunisation* increased by $129 million over the period 1999–00 to 2005–06, and increased every year prior to 2005–06 (Table 1.9). In 2004–05 in particular, there was a significant jump in expenditure which was the result of the introduction of two new pneumococcal vaccination programs requiring higher initial funding to provide catch-up delivery. The subsequent reduction in 2005–06 reflects the typical trend in immunisation expenditure in years following the introduction of new vaccines.

Similarly, real expenditure on *Prevention of hazardous and harmful drug use* increased in each year prior to 2005–06, except one, and rose by a total of $30 million over the period 1999–00 to 2005–06 (Table 1.9). The main reason for the decline in 2005–06 was the fulfilment of a 4-year Australian Government grant given to establish the Alcohol Education and Rehabilitation Foundation.

The public health activities recording the highest average annual real growth over the period 1999–00 to 2005–06 were:

- *Organised immunisation* (9.5%)
- *Public health research* (7.4%)
- *Communicable disease control* (4.8%).

At a jurisdictional level, the highest growth in real terms over the period 1999–00 to 2005–06 was recorded by Queensland (6.9%), the Australian Government (5.2%) and Western Australia (4.9%) (Table 1.10).

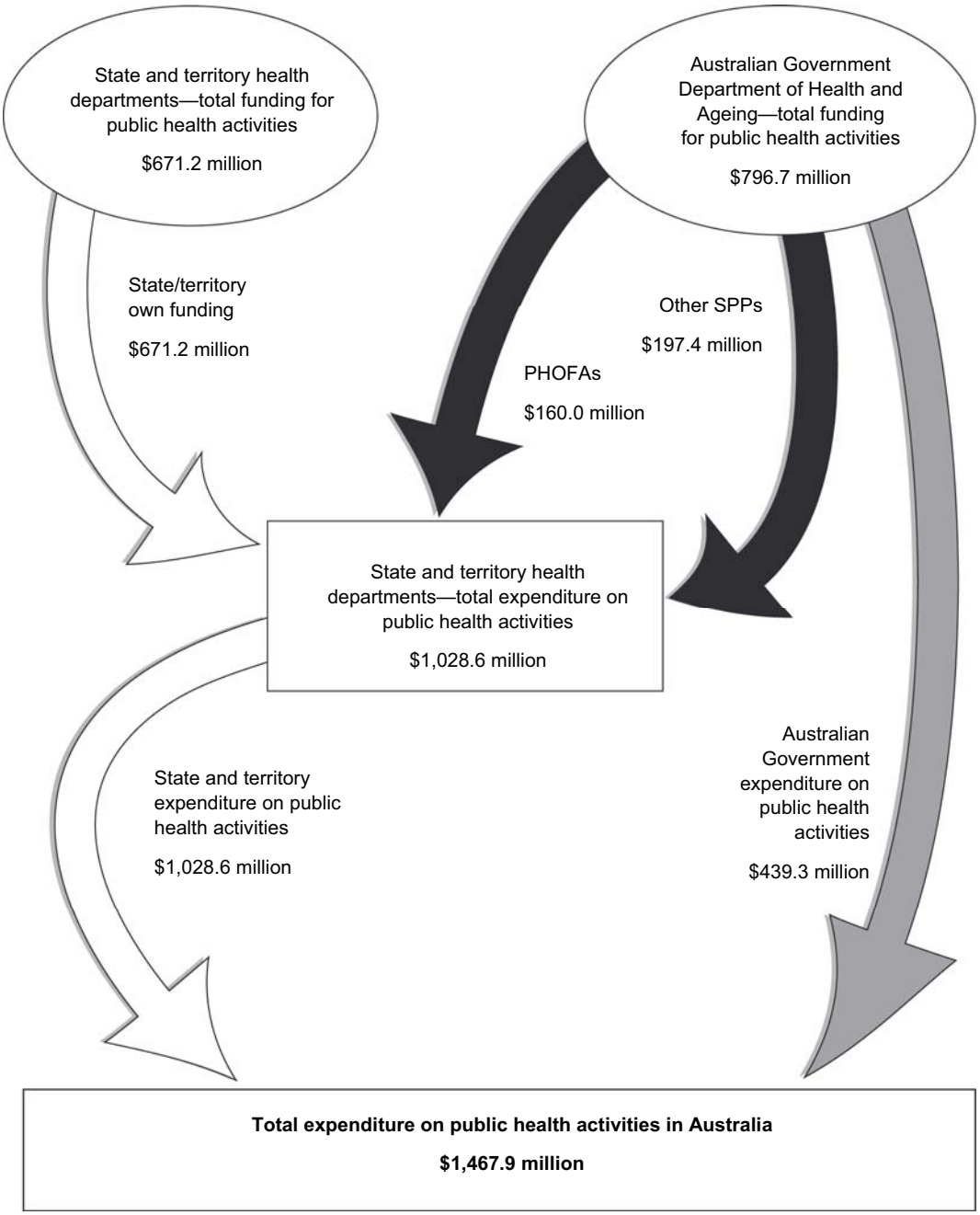
Government funding of public health activities

Of the total $1,468 million spent on public health during 2005–06, the Australian Government's share of funding was estimated at $797 million (54.3%). The state and territory governments' share was $671 million (45.7%). Funding is reported on the basis of who actually provides the funds that are used to pay for public health expenditure.

The Australian Government funded $357 million (24.3%) in the form of Specific Purpose Payments (SPPs) to support state and territory government programs aimed at achieving agreed public health outcomes. The balance of Australian Government funding of $439 million was in the form of direct expenditure to support public health outcomes across jurisdictions.

The share of funding for public health activities between the Australian Government and the states and territories has fluctuated considerably since 2000–01 (Table A1). One of the main drivers of the proportion of funding is *Organised immunisation*.

For example, in 2002–03 when the National Meningococcal C Vaccination Program was introduced, the Australian Government—which funds the majority of immunisation programs—funded 58.8% of expenditure on public health activities. The Australian Government share of funding was 60.2% in 2004–05, mainly due to the introduction of two new pneumococcal vaccination programs. In all other years since 2000–01, the Australian Government share of funding has been between 52.1% and 54.3%.



Note: PHOFAs = Public Health Outcome Funding Agreements; SPPs = Specific Purpose Payments.

Source: Tables 1.1 and 2.2.

Funding and expenditure on public health activities in Australia, 2005–06

1 Expenditure on public health activities in Australia

1.1 Background

Government-funded public health activity is an important part of the Australian health care system. Public health activities generally can be viewed as a form of investment in the overall health status of the nation.

Public health is defined in this report as the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population subgroups.

Public health is characterised by planning and intervening for better health in populations rather than focusing on the health of the individual. These efforts are usually aimed at addressing the factors that determine health and the causes of illness, rather than their consequences, with the aim of protecting or promoting health, or preventing illness.

This publication reports estimates for 2005–06 of recurrent expenditure (referred to as 'expenditure' throughout the report) on public health activities in Australia that were funded by the Australian Government and state and territory health departments, and sources of funds. In addition, some previously published and revised estimates covering the years 1999–00 to 2004–05 are included in selected tables. (See Box 1 for the distinction between funding and expenditure.)

As well as funding its own expenditures on public health, the Australian Government provides funding to support the public health activities of state and territory governments through Specific Purpose Payments (SPPs). Consequently, the estimates of funding by the Australian Government are higher than the related expenditure estimates. On the other hand, the estimates of net funding by individual states and territories, which have been derived by deducting their estimated receipts of public health SPPs from their reported total expenditure, are lower than the expenditures directly incurred.

Box 1: Defining health funding and expenditure

Health funding

Health funding is reported on the basis of who provides the funds that are used to pay for health expenditure. In the case of public health, although states and territories incur around 70% of the total expenditure through programs for which they are mainly responsible, they provide less than half of all funding for public health from their own resources.

The Australian Government, on the other hand, as well as funding all expenditures incurred through its own programs, provides Specific Purpose Payments to states and territories (most notably payments under the Public Health Outcome Funding Agreements (PHOFAs)). Those payments help fund programs for which the states and territories are mainly responsible. The Australian Government's contribution to total funding of public health activities in Australia in 2005–06 was estimated at 54%.

Health expenditure

Health expenditure is reported in terms of who incurs the expenditure, rather than who ultimately pays for that expenditure. In the case of public health services for which the states and territories are mainly responsible, all related expenditure is incurred by the state and territory governments although a considerable proportion of the funding for those expenditures is provided by the Australian Government through Specific Purpose Payments to the states and territories for public health.

1.2 Structure of report

The first chapter provides a picture of Australia-wide expenditure and is followed by chapters describing expenditure in the nine jurisdictions—one chapter for the Australian Government Health and Ageing portfolio and one chapter each for the states and territories.

Each jurisdiction's chapter reports recurrent expenditure against the nine public health activities that have been defined for this series. It also includes information about particular programs within those activities, where it is considered important to the understanding of the composition of expenditure. In addition, most jurisdictions have provided estimates of expenditure they have incurred in respect of programs and activities that they consider to have some purpose related to public health but are not within the nine activity categories defined for this report.

Information on the deflators used in compiling constant price estimates for measuring real change in expenditure on public health activities is provided in Chapter 11, along with a broad overview of the data collection methods used by jurisdictions.

Definitions of the public health activities included in this data collection are set out in Appendix B. There is also a glossary that provides descriptions of concepts that may not be familiar to readers.

1.3 Introduction

Public health activity categories

The framework adopted by the National Public Health Expenditure Project (NPHEP) for reporting expenditure on public health activities since 1999–00 is made up of nine activity categories:

- *Communicable disease control*
- *Selected health promotion*
- *Organised immunisation*
- *Environmental health*
- *Food standards and hygiene*
- *Breast cancer screening*
- *Cervical screening*
- *Prevention of hazardous and harmful drug use*
- *Public health research*.

Jurisdictions were asked to estimate expenditure for these nine core activities.

As well as the estimates of expenditure on the public health activities, most jurisdictions provided estimates of expenditure on other activities that they considered related to public health and important in explaining their overall expenditure. Such expenditures are reported separately in this publication under the heading 'Expenditure on other activities related to public health', but are not included in the overall estimates of expenditure on public health activities in Australia. These estimates are reported on a voluntary basis by jurisdictions, and not all jurisdictions have reported this information.

Indirect expenditure

As well as the amounts that each state and territory estimated were spent directly on the public health activities themselves, the estimates include notional allocations of corporate overheads and other 'on-costs' incurred in providing and supporting those activities. These include such things as human resources management, legal and industrial relations activities, staff development and finance expenses, development and maintenance of information systems, disease surveillance and epidemiology, and a range of other corporate activities (refer to Glossary for details). Although these 'indirect' expenditures have been incorporated in the estimates, they have not been separately identified in the report.

In the case of expenditure by the Australian Government, estimates have been separately identified as being either 'administered expenses' or 'departmental expenses'. The former are essentially monies specifically appropriated in respect of the public health programs and activities that are administered by the Department of Health and Ageing (DoHA); the latter are expenses incurred by DoHA in administering those programs and activities and include wages and salaries of employees and departmental overheads (refer to Glossary for details).

Expenditure and funding sources in scope

The public health expenditure estimates reported here relate only to those incurred or funded by the key health departments and agencies in the various jurisdictions (see diagram on page xiv). They do not include funding of public health activities by non-health government departments, non-government organisations or households.

The only part of expenditure incurred by local government authorities (LGAs) that has been included in the report relates to the funding provided by the key health departments and agencies. Thus, the report does not include any LGA expenditures that were funded from their own funding sources or from fees charged to users of the services. For example, if a particular program was jointly funded by a key health department and a local council in a particular jurisdiction, only the relevant state government's contribution would be included and it would be identified as state government expenditure and funding. The same applies in respect of expenditure undertaken by non-government organisations.

The report does not include estimates of additional expenditures incurred by households, for example in complying with public health legislation, nor does it include the contribution made by them in preventing injury and illness and promoting healthy environments within the family and the wider community. Although these are important contributions to public health in Australia, they are out of scope for this particular study.

1.4 Government funding of public health activities

Total funding of public health activities during 2005–06 was estimated, in current price terms, at $1,467.9 million. This was an increase of $27.8 million over the previous year.

The Australian Government contributed an estimated $796.7 million (54.3%) of the total funding in 2005–06, compared with $866.4 million or 60.2% in 2004–05 (Table 1.1). This decrease of $69.7 million was largely due to a decrease in funding for *Organised immunisation* (down $67.4 million) and *Prevention of hazardous and harmful drug use* (down $30.8 million). This decrease was somewhat offset by increased funding for *Public health research* (up $14.8 million) and through the Public Health Outcome Funding Agreements (PHOFAs) (up $13.4 million) (see Table A2).

Of the total funding by the Australian Government in 2005–06, $439.3 million was direct expenditure. The remaining $357.4 million was funding to states and territories through SPPs. Of the total SPP funding, $160.0 million (44.8%) was through the PHOFAs between the Australian Government and the states and territories (see Figure 2.1). The remaining $197.4 million (55.2%) was funding for the purchase of essential vaccines and the provision of other public health activities by the state and territory governments.

Table 1.1: Funding of expenditure on public health activities, current prices, by source of funds, 2004–05 and 2005–06

	2004–05		2005–06	
Source of funds	**Amount ($ million)**	**Share of total (per cent)**	**Amount ($ million)**	**Share of total (per cent)**
Funding by the Australian Government				
Direct expenditure	r471.1	32.7	439.3	29.9
Plus SPPs	395.3	27.5	357.4	24.3
Australian Government funding	*866.4*	*60.2*	*796.7*	*54.3*
Funding by state and territory governments				
Gross expenditure	r969.0	67.3	1,028.6	70.1
Less SPPs	395.3	27.5	357.4	24.3
Net funding by the states and territories	*573.7*	*39.8*	*671.2*	*45.7*
Total funding/expenditure	**r1,440.1**	**100.0**	**1,467.9**	**100.0**

Note: Components may not add to totals due to rounding. 'r' indicates that the data have been revised since the last publication.

Funding by states and territories from their own sources was estimated at $671.2 million in 2005–06, compared with $573.7 million in the previous financial year. Of this, approximately 50% was provided by New South Wales and Victoria (Table 1.2).

Table 1.2: Net funding for public health activities by states and territories[(a)(b)], current prices, and shares of the total funding by states and territories, 2004–05 and 2005–06

	2004–05		2005–06	
State/territory	**$ million**	**Proportion of total (per cent)**	**$ million**	**Proportion of total (per cent)**
New South Wales	138.0	24.1	169.6	25.3
Victoria	144.0	25.1	155.2	23.1
Queensland	93.7	16.3	119.2	17.8
Western Australia	r65.4	11.4	81.3	12.1
South Australia	50.6	8.8	55.7	8.3
Tasmania	14.9	2.6	18.7	2.8
Australian Capital Territory	20.4	3.6	20.2	3.0
Northern Territory	46.7	8.1	48.4	7.2
Total	**r573.7**	**100.0**	**671.2**	**100.0**

(a) Does not include funding to states and territories by the Australian Government through the SPPs.

(b) Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 11 and 12 of this report. Refer to the individual jurisdictions' chapters for more information on expenditures incurred.

Note: Components may not add to totals due to rounding. 'r' indicates that the data have been revised since the last publication.

1.5 Government expenditure on public health activities

Public health expenditure

Of the total $1,467.9 million spent on public health activities in 2005–06, $1,028.6 million (70.1%) was incurred by the state and territory governments. The balance of $439.3 million (29.9%) related to programs and activities for which the Australian Government was directly responsible (Table 1.3).

Organised immunisation accounted for $320.7 million or 21.9% of estimated expenditure on all public health activities by all jurisdictions during 2005–06 (Table 1.3) and reflected the largest single area of public health expenditure. Other major activities, in terms of their share of total expenditure, were:

- *Selected health promotion*—$251.9 million (17.2% of total expenditure on public health activities)
- *Communicable disease control*—$247.7 million (16.9% of total expenditure on public health activities).

Table 1.3: Total expenditure on public health activities by the Australian Government and states and territories, current prices, by activity, 2004–05 and 2005–06

	2004–05				2005–06			
Activity	Australian Government[a] ($ million)	States and territories[b] ($ million)	Total ($ million)	Proportion of total public health expenditure (per cent)	Australian Government[a] ($ million)	States and territories[b] ($ million)	Total ($ million)	Proportion of total public health expenditure (per cent)
Communicable disease control	38.6	r193.3	r231.9	16.1	35.9	211.8	247.7	16.9
Selected health promotion	40.4	192.4	232.8	16.2	41.6	210.3	251.9	17.2
Organised immunisation	136.2	202.1	338.3	r23.5	132.5	188.2	320.7	21.9
Environmental health	17.0	66.3	83.3	5.8	15.1	69.7	84.8	5.8
Food standards and hygiene	14.0	18.6	32.6	2.3	15.0	19.2	34.2	2.3
Breast cancer screening	2.0	116.3	118.3	8.2	1.9	121.3	123.2	8.4
Cervical screening	77.1	r26.3	r103.4	r7.2	76.9	27.6	104.5	7.1
Prevention of hazardous and harmful drug use	68.0	126.2	194.2	13.5	27.5	149.3	176.8	12.0
Public health research	r77.5	27.4	r104.9	r7.3	92.6	31.1	123.7	8.4
PHOFA administration[c]	0.3	—	0.3	—	0.3	—	0.3	—
Total expenditure	**r471.1**	**r969.0**	**r1,440.1**	**100.0**	**439.3**	**1,028.6**	**1,467.9**	**100.0**
Proportion of total public health expenditure (per cent)	r32.7	r67.3	100.0	. .	29.9	70.1	100.0	. .

(a) Australian Government direct expenditure reported here does not include its funding of state/territory expenditures through SPPs.

(b) Relates to activity-specific, program-wide and agency-wide expenditures incurred by state and territory governments, including expenditures that are wholly or partly funded through Australian Government SPPs to states and territories (see Glossary for an explanation of these terms).

(c) Relates to expenditure incurred by the Australian Government in administering funding under the PHOFAs.

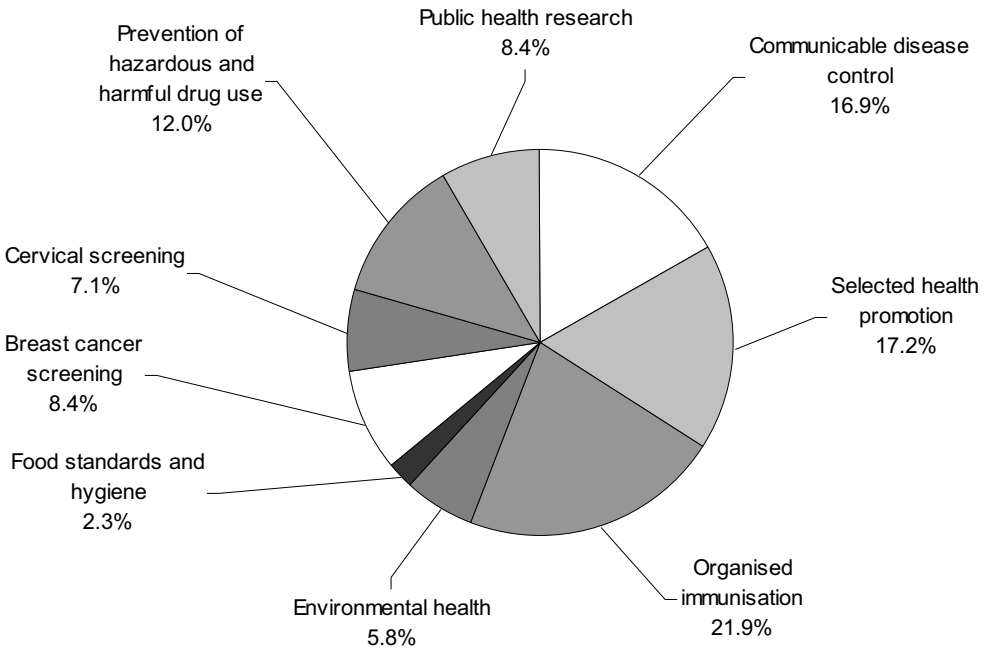
Note: Components may not add to totals due to rounding. 'r' indicates that the data have been revised since the last publication.

Table 1.4: Growth in expenditure on public health activities by the Australian Government and states and territories, current prices, by activity, 2004–05 to 2005–06 (per cent)

Activity	Australian Government	States and territories	Total
Communicable disease control	–7.0	9.6	6.8
Selected health promotion	3.0	9.3	8.2
Organised immunisation	–2.7	–6.8	–5.2
Environmental health	–11.2	5.0	1.7
Food standards and hygiene	7.1	3.2	4.9
Breast cancer screening	–5.0	4.3	4.1
Cervical screening	–0.3	4.9	1.0
Prevention of hazardous and harmful drug use	–59.6	18.3	–9.0
Public health research	19.5	13.4	17.9
Total expenditure	**–6.8**	**6.1**	**1.9**

Note: Components may not add to totals due to rounding.

Source: Table 1.3.



Source: Table 1.3.

Figure 1.1: Proportion of total government expenditure on public health activities, by activity, 2005–06

Compared with 2004–05, total expenditure on public health activities in 2005–06, in current price terms, was up $27.8 million or 1.9% (Tables 1.3 and 1.4). In absolute terms, the highest increases between 2004–05 and 2005–06 were recorded in *Selected health promotion* (up $19.1 million) and *Public health research* (up $18.8 million). The activities which reported the largest decreases were *Organised immunisation* (down $17.6 million) and *Prevention of hazardous and harmful drug use* (down $17.4 million).

Public health expenditure as a proportion of total recurrent health expenditure

Total recurrent expenditure on health in 2005–06 was estimated at $80,389 million (Table 1.5). Of this, $55,143 million was funded by governments, the balance being funded by private sources.

Total government expenditure on public health in Australia during 2005–06 was estimated at $1,467.9 million. This represented 1.8% of total recurrent expenditure on health and 2.7% of recurrent government expenditure on health in that year. Although expenditure on public health activities has increased over the past 7 years (1999–00 to 2005–06), its share of total recurrent health expenditure has remained relatively stable (Table 1.5).

Table 1.5: Total government expenditure on public health activities and total recurrent health expenditure, current prices, Australia, 1999–00 to 2005–06

Year	Total government public health expenditure ($ million)	Total recurrent health expenditure[a] ($ million)		Public health as a proportion of total recurrent expenditure (per cent)	
		All funding sources[b]	Government funding	All funding sources	Government funding
1999–00	914	r48,528	r33,663	1.88	2.72
2000–01	1,014	r53,810	r36,682	1.88	2.76
2001–02	r1,091	r58,792	r39,466	1.86	2.76
2002–03	r1,201	r63,941	r43,604	1.88	2.75
2003–04	1,263	r68,682	r46,843	1.84	2.70
2004–05	r1,440	r75,196	r51,579	1.92	2.79
2005–06	1,468	80,389	55,143	1.83	2.66

(a) Refers to the expenditure by the public and private sectors on a recurring basis for the provision of health goods and services. It excludes capital expenditure but includes indirect expenditure.

(b) Includes government and non-government sources of funds.

Note: 'r' indicates that the data have been revised since the last publication. Estimates of total recurrent health expenditure for previous years have all been revised because of the reclassification of high-level aged residential care from health to welfare expenditure. As a result, public health expenditure as a proportion of total recurrent health expenditure has been affected.

Source: AIHW 2007b, and AIHW health expenditure database.

State and territory expenditure as a proportion of total recurrent health expenditure

In order to estimate the overall levels of public health expenditure in each state and territory, it is necessary to allocate the Australian Government funding in supporting public health programs on a state and territory basis.

The Australian Government funds expenditure on public health activities through:

- its own direct expenditure in supporting public health programs
- the provision of SPPs to states and territories.

The Australian Government's SPPs can readily be allocated on a state and territory basis. As its direct expenditures are generally not available on this basis, other indicators need to be used to allocate these expenditures.

Except for the purchases of essential vaccines by the Australian Government on behalf of the state and territory governments, direct expenditure by the Australian Government has been apportioned across state and territories in this report, using population measures which directly relate to the recipients or the people who are direct beneficiaries of the expenditure. For example, direct expenditure on *Organised immunisation* has been split according to the specific target populations in each state and territory (e.g. children, adults). Alternatively, where the specific populations are not readily identifiable, then the total populations for each state and territory have been used.

Table 1.6 shows estimated total government expenditure on public health in each state and territory as a proportion of the total recurrent health expenditure in each state and territory (see Glossary for definition). The table shows that the public health share of total recurrent health expenditure in 2005–06 varied considerably across jurisdictions, ranging from 5.8% in the Northern Territory to 1.6% in New South Wales. For the more populous states (New South Wales, Victoria and Queensland), their proportions were relatively stable over the period 1999–00 to 2005–06, but generally marginally lower than the national average in each year (Tables 1.5 and 1.6). With regard to the other states and territories, their proportions were above the national average, with the highest being recorded by the two territories.

Similarly, the public health share of government-funded recurrent health expenditure in 2005–06 varied across jurisdictions, ranging from 7.1% in the Northern Territory to 2.4% in New South Wales.

Table 1.6: Estimated total government expenditure on public health activities in each state and territory[(a)(b)] as a proportion of total recurrent health expenditure[(c)] for each state and territory, current prices, 1999–00 to 2005–06 (per cent)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					All funding sources				
1999–00	1.69	1.73	1.75	2.16	2.08	2.17	2.71	7.15	1.88
2000–01	1.67	1.84	1.70	2.10	2.10	2.20	2.90	6.43	1.88
2001–02	1.65	1.77	1.77	2.11	2.04	2.01	2.65	6.08	1.86
2002–03	1.61	1.84	1.84	2.07	2.12	2.40	2.56	5.27	1.88
2003–04	1.63	1.78	1.80	2.01	1.93	2.30	2.45	5.64	1.84
2004–05	1.74	1.78	1.92	2.03	1.97	2.28	2.58	6.41	1.92
2005–06	1.64	1.73	1.83	2.01	1.81	2.31	2.32	5.76	1.83
					Government funding sources				
1999–00	2.43	2.67	2.46	3.11	2.77	3.09	3.56	8.93	2.72
2000–01	2.44	2.87	2.40	3.09	2.93	3.18	4.17	8.16	2.76
2001–02	2.45	2.75	2.55	3.25	2.93	2.85	3.82	7.84	2.76
2002–03	2.38	2.78	2.65	3.05	3.00	3.48	3.62	6.57	2.75
2003–04	2.36	2.75	2.59	2.94	2.74	3.31	3.56	6.90	2.70
2004–05	2.52	2.73	2.76	2.97	2.74	3.22	3.70	7.86	2.79
2005–06	2.37	2.66	2.60	2.96	2.51	3.28	3.30	7.14	2.66

(a) Total direct expenditure by the Australian Government has been apportioned to states and territories. For information on the methods used, see Chapter 11 (pages 134–5).

(b) Estimates and comparisons across states and territories need to be interpreted with care. For further information, see section below. Refer to the individual jurisdiction chapters for more information on expenditures incurred.

(c) Includes government and non-government sources of funds.

Source: Table A11 and Table A12.

Care must be exercised when comparing estimates of expenditure on public health across jurisdictions. The levels of expenditure on public health activities may vary, because different jurisdictions often need to direct more effort and resources to particular activities to meet needs that are of primary concern to their populations. These are sometimes determined by factors such as their geographic location in relation to known or perceived risks to public health.

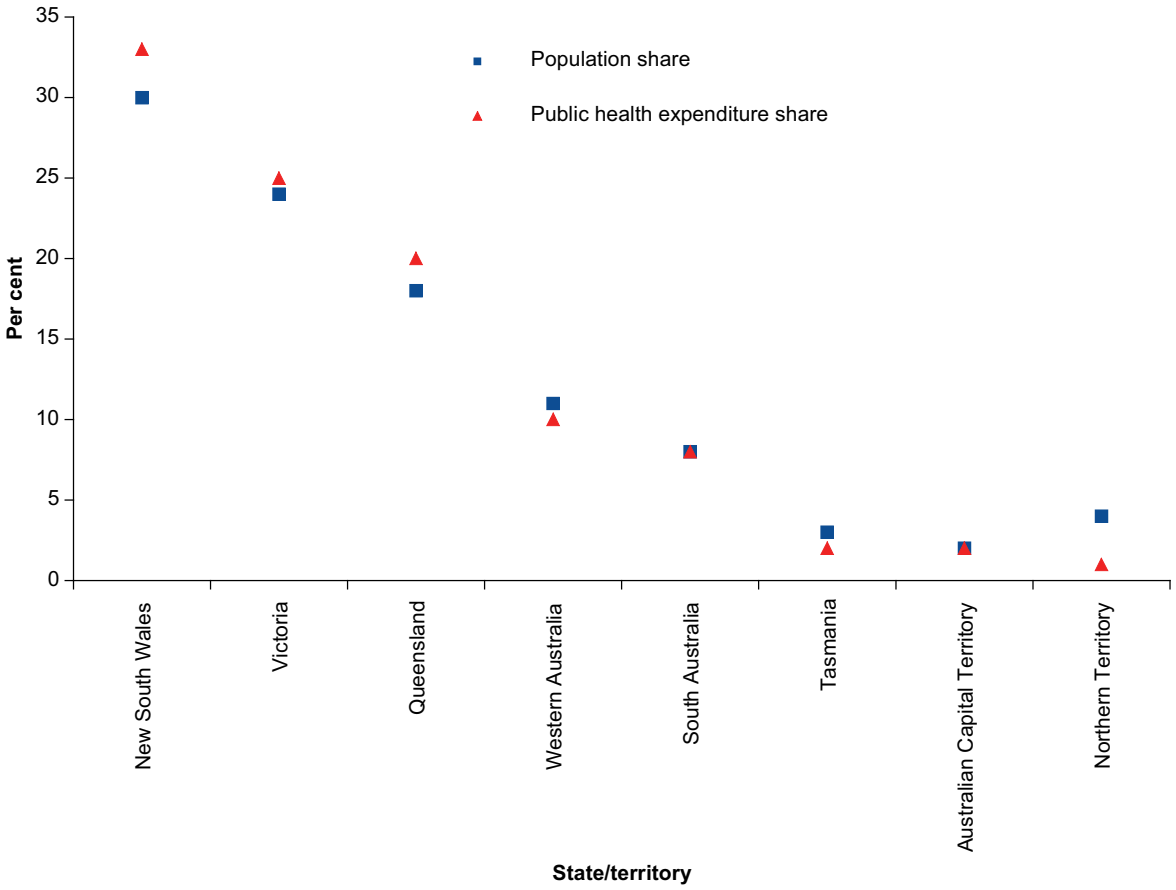
In addition, the relevance and levels of expenditure on public health activities by individual states and territories are influenced by 'non-public health' factors, such as:

- population demographics (that is, age–sex structure and geographic distribution)
- relative economies of scale in the delivery of particular activities
- the need to cater for some populations in other states and territories
- the public health roles assigned to other agencies, such as LGAs, within jurisdictions.

Furthermore, although every effort has been taken to minimise differences in the methods used to estimate expenditures, there remain some methodological differences that render comparisons across jurisdictions a little problematic. These include:

- some differences arising from the different data collection processes across jurisdictions
- differences in the treatment of some overheads in the health expenditure estimates.

This second group of differences, however, are probably less likely to affect comparability of the estimates of expenditure by the different jurisdictions.



Note: Estimates and comparisons across states and jurisdictions need to be interpreted with care. Direct expenditure by the Australian Government has been allocated to states and territories in order to estimate total public health expenditure in each state and territory.

Source: Table 1.7 and AIHW health expenditure database.

Figure 1.2: Relative shares of expenditure on public health activities and population, current prices, by state and territory, 2005–06

Table 1.7: Total government expenditure[(a)(b)] on public health activities in each state and territory[(c)], current prices, 2005–06

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Expenditure ($ million)				
Communicable disease control	87.6	55.1	37.7	22.3	18.5	4.8	6.5	15.1	247.7
Selected health promotion	56.8	84.1	42.2	28.9	17.4	6.6	8.0	8.0	251.9
Organised immunisation	113.4	72.1	56.2	30.9	19.6	8.8	6.2	13.6	320.7
Environmental health	22.1	12.3	18.8	12.6	7.2	3.2	3.0	5.6	84.8
Food standards and hygiene	12.0	5.7	6.7	3.4	2.4	0.6	2.5	0.8	34.2
Breast cancer screening	45.1	26.4	26.0	9.7	8.3	4.4	2.0	1.1	123.2
Cervical screening	30.1	23.6	21.5	10.3	10.3	2.9	1.7	4.0	104.5
Prevention of hazardous and harmful drug use	31.5	35.0	41.3	28.5	20.8	7.2	3.4	9.1	176.8
Public health research	42.5	31.9	19.9	13.0	10.4	2.5	1.6	2.1	123.7
PHOFA administration	0.1	0.1	0.1	—	—	—	—	—	0.3
Total	**441.2**	**346.3**	**270.5**	**159.7**	**114.8**	**40.9**	**34.9**	**59.5**	**1,467.9**
					Proportion of total government expenditure in each state and territory (per cent)				
Communicable disease control	19.9	15.9	13.9	14.0	16.1	11.6	18.7	25.4	16.9
Selected health promotion	12.9	24.3	15.6	18.1	15.1	16.2	22.8	13.4	17.2
Organised immunisation	25.7	20.8	20.8	19.3	17.1	21.5	17.8	22.9	21.9
Environmental health	5.0	3.5	6.9	7.9	6.3	7.8	8.5	9.4	5.8
Food standards and hygiene	2.7	1.7	2.5	2.2	2.1	1.5	7.2	1.4	2.3
Breast cancer screening	10.2	7.6	9.6	6.1	7.3	10.8	5.7	1.9	8.4
Cervical screening	6.8	6.8	8.0	6.5	9.0	7.1	5.0	6.7	7.1
Prevention of hazardous and harmful drug use	7.1	10.1	15.3	17.9	18.1	17.5	9.6	15.4	12.0
Public health research	9.6	9.2	7.3	8.1	9.0	6.0	4.7	3.6	8.4
PHOFA administration	—	—	—	—	—	—	—	—	—
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes expenditures incurred by state and territory governments that are wholly or partly funded by Australian Government SPPs to states and territories.

(b) Includes estimates of direct expenditure incurred by the Australian Government on its own public health programs, which have been apportioned across states and territories. For information on the methods used, see Chapter 11 (pages 134–5)

(c) Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 11 and 12 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on public health activities.

Note: Components may not add to totals due to rounding.

On an activity basis, New South Wales, Queensland, Western Australia and Tasmania all recorded the highest proportion of expenditure on *Organised immunisation*, ranging from 19.3% in Western Australia to 25.7% in New South Wales. In the case of Victoria and the

Australian Capital Territory the highest proportion was on *Selected health promotion* (24.3% and 22.8% respectively), whereas in South Australia the highest proportion was on *Prevention of hazardous and harmful drug use* (18.1%) (Table 1.7).

Average state and territory expenditure, per person

Estimates of average expenditures on a per person basis are often useful in enabling comparative assessments to be made across different-sized populations.

The figures presented here are simple per person averages, based on the total target populations within particular jurisdictions. For example, per person expenditure on *Cervical screening* and *Breast cancer screening* is estimated for the adult female populations within particular age categories that are targeted by these programs. Readers should bear in mind that the method for deriving the state and territory government public health expenditure per person has been revised from previous reports. Table 11.2 shows the population groups within each jurisdiction used to calculate per person expenditure.

Bearing in mind these qualifications (including those set out on pages 11 and 12), the estimates of per person expenditure for 2005–06 (Table 1.8) show that the highest average expenditure per person during 2005–06 occurred in the Northern Territory and the Australian Capital Territory. Average expenditure on public health activities occurring within these jurisdictions was estimated at $284.94 and $104.91 per person respectively, compared with the national average of $71.40 per person. This average expenditure per person equates to a per person index of 399.1 in the Northern Territory and 146.9 in the Australian Capital Territory when compared with a reference index of 100 being the average national expenditure per person. This may reflect small populations and the associated diseconomies of scale the territories face in delivering the range of public health activities to those small populations. To some extent, the same could be said of Tasmania which has a population that is slightly larger than the Australian Capital Territory. However, for the two territories, there are other non-public health factors that also could influence their estimated average expenditures.

In the case of the Northern Territory, these are:

- the relative isolation of the population
- the relatively higher proportion of Indigenous people within the population, who have a much poorer average health status.

In the case of the Australian Capital Territory, although the expenditures are averaged across the Territory's population, some of the activities covered by those expenditures are used by the population in the surrounding regions of New South Wales.

At the other end of the scale, the lowest average expenditure per person occurred in New South Wales and Queensland ($64.98 and $66.80 per person respectively), which was lower than that incurred in Victoria ($68.01).

Table 1.8: Estimated total government expenditure[(a)(b)] per person[(c)(d)] on public health activities in each state and territory, current prices, 2005–06

Activity		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	Average per person ($)	12.90	10.83	9.32	10.94	11.83	9.73	19.66	72.29	12.04
	Per person index	*107.1*	*89.9*	*77.4*	*90.9*	*98.2*	*80.8*	*163.2*	*600.2*	*100.0*
Selected health promotion	Average per person ($)	8.37	16.52	10.43	14.17	11.14	13.58	23.95	38.11	12.26
	Per person index	*68.3*	*134.8*	*85.1*	*115.7*	*90.9*	*110.8*	*195.4*	*311.0*	*100.0*
Organised immunisation	Average per person ($)	16.71	14.15	13.89	15.14	12.57	17.99	18.63	65.21	15.60
	Per person index	*107.1*	*90.7*	*89.0*	*97.0*	*80.6*	*115.3*	*119.4*	*417.9*	*100.0*
Environmental health	Average per person ($)	3.25	2.41	4.64	6.18	4.61	6.57	8.91	26.91	4.12
	Per person index	*78.9*	*58.4*	*112.6*	*150.0*	*112.0*	*159.4*	*216.3*	*653.2*	*100.0*
Food standards and hygiene	Average per person ($)	1.77	1.13	1.66	1.69	1.52	1.29	7.57	3.92	1.67
	Per person index	*106.2*	*67.7*	*99.8*	*101.2*	*91.2*	*77.2*	*454.0*	*235.1*	*100.0*
Breast cancer screening	Average per person ($)	6.64	5.19	6.43	4.78	5.34	9.03	5.96	5.34	5.99
	Per person index	*110.8*	*86.7*	*107.3*	*79.8*	*89.2*	*150.7*	*99.4*	*89.2*	*100.0*
Cervical screening	Average per person ($)	4.43	4.63	5.32	5.06	6.61	5.94	5.21	19.19	5.08
	Per person index	*87.2*	*91.1*	*104.7*	*99.6*	*130.1*	*116.9*	*102.5*	*377.6*	*100.0*
Prevention of hazardous and harmful drug use	Average per person ($)	4.64	6.88	10.19	13.98	13.30	14.65	10.10	43.75	8.59
	Per person index	*54.0*	*80.0*	*118.6*	*162.7*	*154.7*	*170.5*	*117.5*	*509.0*	*100.0*
Public health research	Average per person ($)	6.26	6.26	4.90	6.36	6.65	5.07	4.92	10.20	6.02
	Per person index	*104.0*	*103.9*	*81.4*	*105.6*	*110.5*	*84.1*	*81.6*	*169.3*	*100.0*
Total for the nine activities	**Average per person ($)**	**64.98**	**68.01**	**66.80**	**78.33**	**73.60**	**83.85**	**104.91**	**284.94**	**71.40**
	Per person index	***91.0***	***95.3***	***93.6***	***109.7***	***103.1***	***117.4***	***146.9***	***399.1***	***100.0***

(a) Includes expenditures incurred by state and territory governments that are wholly or partly funded by the Australian Government through SPPs to states and territories.

(b) Includes estimates of direct expenditure incurred by the Australian Government on its own public health programs which have been apportioned across states and territories. For information on the methods used, see Chapter 11 (pages 134–5).

(c) The 'per person' estimate for each activity is based on the total population for the jurisdiction concerned. See Chapter 11 for further details.

(d) The 'per person' index for each category is referenced to the national per person expenditure = 100.0.

Note: Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 11 and 12 of this report.

1.6 Growth in expenditure on public health activities

In this part of the analysis, expenditure during different years is expressed in terms of 2004–05 prices. The method used in converting current expenditure to constant prices is outlined in Chapter 11.

Total expenditure estimates

Between 1999–00 and 2005–06, estimated expenditure in constant price terms grew at an average rate of 4.5% per year. All activities showed real increases in expenditure over the 7 years, with the highest average annual growth rates being recorded for expenditure on *Organised immunisation* (9.5%) and *Public health research* (7.4%) (Table 1.9).

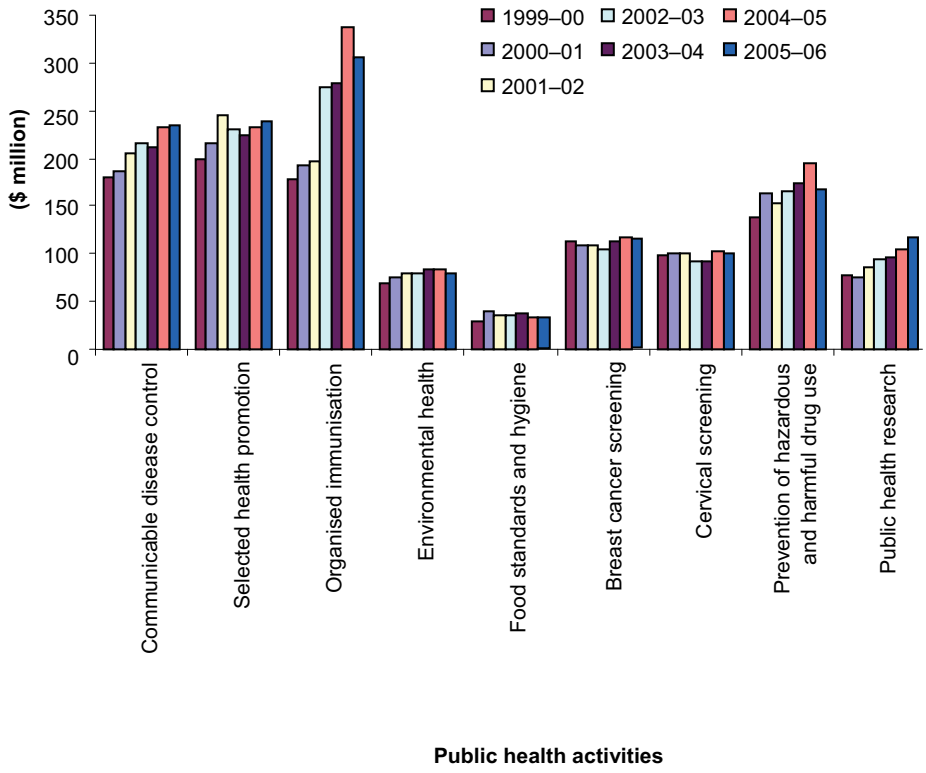
Over the period 1999–00 to 2005–06, *Organised immunisation* ($252.3 million) reflected the highest average annual real expenditure, followed by *Selected health promotion* ($227.2 million) and *Communicable disease control* ($209.8 million) (Table 1.9; Figure 1.3).

Table 1.9: Total government expenditure on public health activities, constant prices[a], 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	PHOFA adminis-tration	Total public health
					Amount ($ million)						
1999–00	179.3	199.5	178.4	68.2	29.5	113.1	97.9	139.4	77.4	0.3	**1,083.0**
2000–01	187.5	216.7	193.7	74.7	40.3	109.9	101.2	163.4	74.5	0.3	**1,162.2**
2001–02	206.3	244.9	196.6	80.3	36.6	108.2	100.6	153.5	85.1	0.3	**1,212.4**
2002–03	214.9	230.3	274.3	79.4	36.5	104.8	91.4	164.9	93.9	0.3	**1,290.6**
2003–04	211.4	224.4	277.8	82.9	36.7	112.4	92.6	173.9	96.7	0.3	**1,308.9**
2004–05	231.9	232.8	338.3	83.3	32.6	118.3	103.4	194.2	104.9	0.3	**1,440.1**
2005–06	237.5	241.6	307.3	81.2	32.8	118.1	100.2	169.4	118.5	0.2	**1,406.8**
Average annual expenditure ($ million)											
1999–00 to 2005–06	209.8	227.2	252.3	78.6	35.0	112.1	98.2	165.5	93.0	0.3	1,272.0
Annual growth rate[b] (per cent)											
2004–05 to 2005–06	2.4	3.8	–9.1	–2.5	0.6	–0.2	–3.1	–12.8	12.9	–33.3	–2.3
Average annual growth rate[b] (per cent)											
1999–00 to 2005–06	4.8	3.2	9.5	3.0	1.8	0.7	0.4	3.3	7.4	–6.5	4.5

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.



Source: Table 1.9.

Figure 1.3: Total government expenditure on public health activities, constant 2004–05 prices, 1999–00 to 2005–06

Jurisdictional expenditure estimates

At a jurisdictional level, the highest average real growth in estimated expenditure over the period 1999–00 to 2005–06 was recorded by Queensland (6.9%) followed by the Australian Government (5.2%) and Western Australia (4.9%). Other jurisdictions had average real growth rates ranging from 2.2% in South Australia and the Northern Territory to 4.4% in Victoria. The Australian Capital Territory actually showed a small decline of 0.2% (Table 1.10).

The highest annual real growth between 2004–05 and 2005–06 was recorded by Tasmania (9.6%), Western Australia (7.9%), Queensland (6.3%) and Victoria (2.1%). The other five jurisdictions recorded a decline in their annual real expenditure (Table 1.10).

Average real expenditure per person for Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory was above the national average over the period 2003–04 to 2005–06 (Table A7; Figure 1.4). The remaining jurisdictions' expenditures were generally just below the national average.

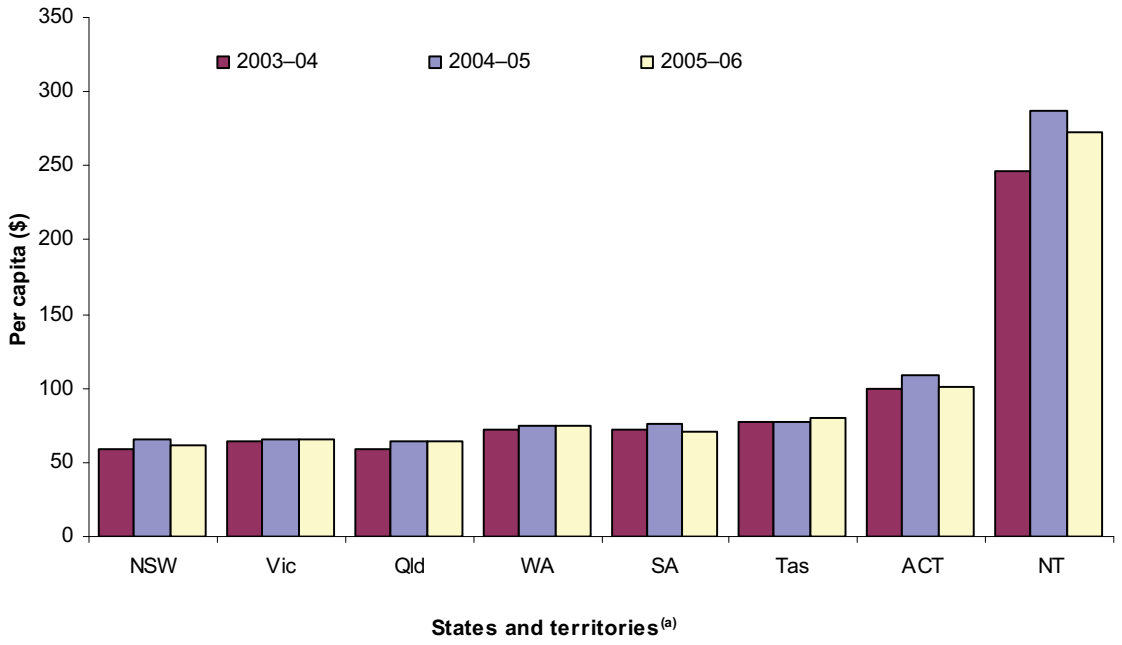
Table 1.10: Total government expenditure on public health activities, constant prices[a], by jurisdiction, 1999–00 to 2005–06

Year	Australian Government	New South Wales	Victoria	Queensland	Western Australia	South Australia	Tasmania	Australian Capital Territory	Northern Territory	Total public health
					Amount ($ million)					
1999–00	309.7	224.3	180.0	117.9	84.2	69.8	23.5	27.2	46.4	**1,083.0**
2000–01	336.0	229.3	216.0	125.8	88.6	73.5	24.9	25.5	42.6	**1,162.2**
2001–02	347.4	243.8	219.9	137.1	95.1	75.2	26.4	25.3	42.2	**1,212.4**
2002–03	343.5	250.6	252.7	155.8	104.0	87.9	29.9	26.5	39.8	**1,290.6**
2003–04	358.6	270.3	235.3	157.6	105.1	81.9	27.9	26.4	45.7	**1,308.9**
2004–05	471.1	280.3	227.8	165.8	103.9	81.9	26.2	28.4	54.7	**1,440.1**
2005–06	420.6	277.1	232.6	176.2	112.1	79.7	28.8	26.9	52.8	**1,406.8**
Average annual expenditure ($ million)										
1999–00 to 2005–06	369.6	253.7	223.5	148.0	99.0	78.6	26.8	26.6	46.3	**1,272.0**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	–10.7	–1.1	2.1	6.3	7.9	–2.7	9.6	–5.1	–3.5	**–2.3**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	5.2	3.6	4.4	6.9	4.9	2.2	3.5	–0.2	2.2	**4.5**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



(a) Comparisons across states and territories need to be interpreted with care. For further information see pages 11 and 12 of the report.

Source: Tables A5, A6 and A7.

Figure 1.4: Average total government expenditure per person, incurred by state and territory governments on public health activities, constant 2004–05 prices, 2003–04 to 2005–06

2 Australian Government Health and Ageing portfolio

2.1 Introduction

Funding and expenditure by the Australian Government relate to activities and responsibilities of the Department of Health and Ageing (DoHA) and other agencies within the Health and Ageing portfolio.

The major agencies that contributed to total portfolio expenditure on public health were:

- DoHA
- the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)
- Food Standards Australia New Zealand (FSANZ)
- the National Health and Medical Research Council (NHMRC)
- the Therapeutic Goods Administration (TGA)
- the Australian Institute of Health and Welfare (AIHW).

The Australian Government funds public health activities in two ways:

- through direct expenditure incurred by the Australian Government in supporting public health programs
- through Specific Purpose Payments (SPPs) to state and territory governments (Figure 2.1).

2.2 Overview of results

Funding by the Australian Government

Total portfolio funding of public health activities in 2005–06 was $796.7 million, compared with $866.5 million in 2004–05 and $657.4 million in 2003–04 (Table 2.1).

Of the 2005–06 total funding, $439.3 million (55.1%) was direct expenditure incurred by the Australian Government. The remaining was in the form of SPPs to state and territory governments (Figure 2.1) which decreased from $395.4 million in 2004–05 to $357.4 million in 2005–06 (down 9.6%).

Of the SPP funding, $197.4 million (55.2%) was for the purchase of essential vaccines and other public health services. The remaining $160.0 million (44.8%) was for payments to state and territory governments under the Public Health Outcome Funding Agreements (PHOFAs).

Funding of *Organised immunisation* accounted for $256.0 million (or 32.1% of all Australian Government funding on public health activities) during 2005–06 and was the largest single area of funding (Table 2.2), followed by the PHOFAs ($160.3 million or 20.1%), *Public health*

research ($92.6 million or 11.6%) and *Prevention of hazardous and harmful drug use* ($92.2 million or 11.6%).

Table 2.1: Total funding by the Australian Government for expenditure on public health activities, current prices, 1999–00 to 2005–06 ($ million)

Period	Direct expenditure	SPPs to state and territory governments	Total
1999–00	262.2	189.5	451.7
2000–01	293.2	252.5	545.7
2001–02	312.9	260.2	573.1
2002–03	320.3	386.3	706.6
2003–04	346.2	311.3	657.4
2004–05	471.1	395.4	r866.5
2005–06	439.3	357.4	796.7

Note: Components may not add to totals due to rounding. 'r' denotes revised since last report.

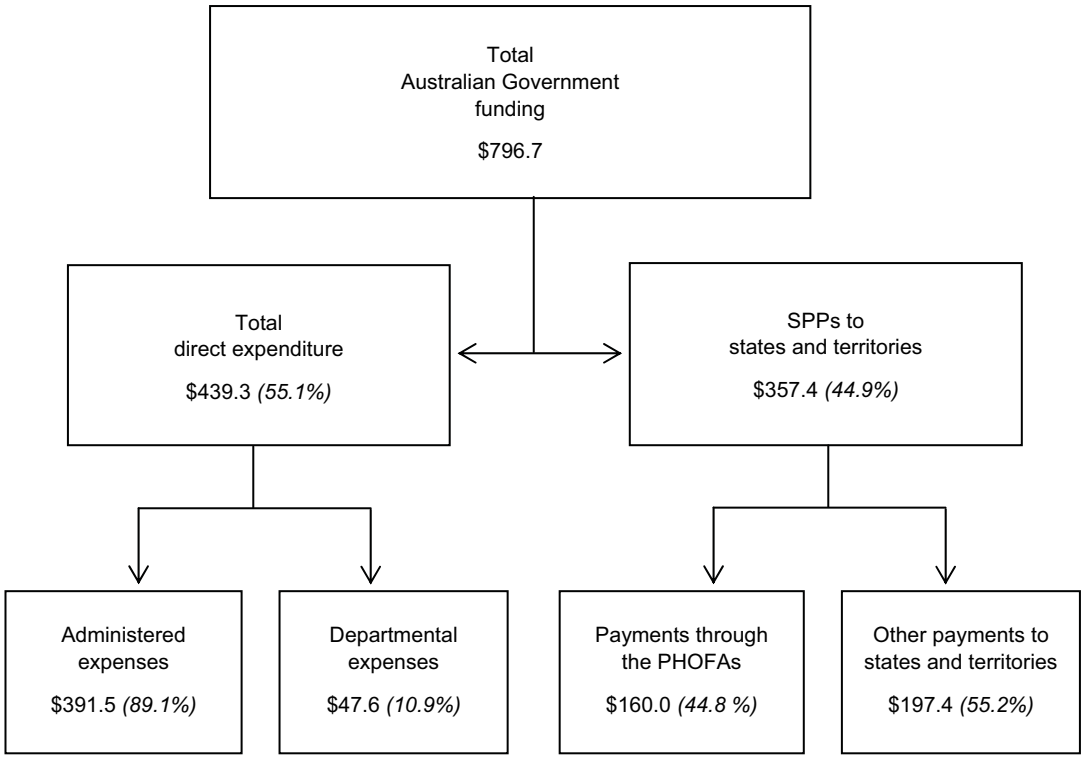
Source: Table A1.

Direct expenditure

The estimated $439.3 million in direct expenditure by the Australian Government in 2005–06 was made up of:

- expenditure administered by the DoHA portfolio on activities and programs for which it was mainly responsible ($391.5 million)
- departmental expenses incurred in administering its public health expenditure and funding responsibilities ($47.6 million) (Figure 2.1).

A high proportion of the Australian Government's direct expenditure has been in areas that support public health outcomes across jurisdictions. These include *Organised immunisation* ($132.5 million or 30.2%), *Public health research* ($92.6 million or 21.1%) and *Cervical screening* ($76.9 million or 17.5%) (Table 2.3).



Notes
1. PHOFAs = Public Health Outcome Funding Agreements.
2. SPPs = Specific Purpose Payments.
3. Components may not add to totals due to rounding.

Figure 2.1: Australian Government Health and Ageing portfolio, distribution of expenditure, current prices, 2005–06 ($ million)

Table 2.2: Total funding by the Australian Government for expenditure on public health activities, current prices, 2005–06 ($ million)

Activity	Direct expenditure	SPPs to state and territory governments	Total	Proportion of total funding on core public health activities (per cent)
Communicable disease control	35.9	9.2	45.1	5.7
Selected health promotion	41.6	—	41.6	5.2
Organised immunisation	132.5	123.5	256.0	32.1
Environmental health	15.1	—	15.1	1.9
Food standards and hygiene	15.0	—	15.0	1.9
Breast cancer screening	1.9	—	1.9	0.2
Cervical screening	76.9	—	76.9	9.7
Prevention of hazardous and harmful drug use	27.5	64.7	92.2	11.6
Public health research	92.6	—	92.6	11.6
PHOFAs	0.3	160.0	160.3	20.1
Total public health	**439.3**	**357.4**	**796.7**	**100.0**

Note: Because PHOFA funding cannot be disaggregated to the individual core public health categories, SPPs to state and territory governments for core public health categories exclude funding provided through the PHOFAs that was used to support state and territory public health programs. Components may not add to totals due to rounding. Data for years prior to 2005–06 are shown in Table A1.

Source: Table A1.

Table 2.3: Australian Government direct expenditure on public health activities, by expenditure type and activity, 2005–06 ($ million)

	Administered expenses[(a)]	Departmental expenses	Total	Proportion of total direct expenditure (per cent)
Communicable disease control	30.0	5.9	35.9	8.2
Selected health promotion	36.6	5.0	41.6	9.5
Organised immunisation	130.7	1.8	132.5	30.2
Environmental health[(b)]	0.9	14.1	15.1	3.4
Food standards and hygiene[(b)]	0.9	14.1	15.0	3.4
Breast cancer screening	1.0	0.9	1.9	0.4
Cervical screening	75.9	0.9	76.9	17.5
Prevention of hazardous and harmful drug use	26.0	1.4	27.5	6.3
Public health research	89.4	3.2	92.6	21.1
PHOFAs	0.0	0.3	0.3	0.1
Total public health	**391.4**	**47.6**	**439.3**	**100.0**

(a) Does not include SPPs to state and territory governments.

(b) Departmental expenses on *Environmental health* and *Food standards and hygiene* are relatively higher than for other activities because they include operational expenditure for ARPANSA and FSANZ respectively.

Note: Components may not add to totals due to rounding.

SPPs to state and territory governments

Total public health funding to state and territory governments through SPPs in 2005–06 was estimated at $357.4 million, compared with $395.3 million in 2004–05 and $311.3 million in 2003–04 (Tables 2.4 and A2).

Of 2005–06 funding, $197.4 million (55.2%) was for the direct purchase of essential vaccines and expenditure on other public health activities. The remaining $160.0 million (44.8%) was for the funding of health programs by states and territories under the PHOFAs (Figure 2.1; Table 2.4).

Before 2004–05, funding to states and territories for the purchase of essential vaccines was through the PHOFAs. From 2004–05, these purchases were funded under separate arrangements with the state and territory governments through the Australian Immunisation Agreements (AIAs) and are now reported under 'Other payments to states and territories' (see Figure 2.1).

Funding under the Public Health Outcome Funding Agreements

The PHOFAs are funding agreements between the Australian Government and each state and territory government. The PHOFAs discussed here cover the period 1 July 2004 to 30 June 2009. The agreements include funding to achieve outcomes in respect of the following broad areas of public health:

- communicable diseases
- cancer screening
- health risk factors.

The PHOFAs also provide funding to implement programs in such areas as women's health, alternative birthing, female genital mutilation prevention and harm minimisation services, and some programs under the National Drug Strategy.

Under the PHOFAs, the state and territory governments are required to report annually against a range of outcome-based performance indicators.

The Australian Government has committed a total of $812 million over the period 2004–05 to 2008–09 under the PHOFAs.

It is not possible to disaggregate the PHOFA funding to individual core public health activities, as the state and territory governments have flexibility in using these funds to achieve nationally agreed outcomes. In 2005–06, payments of $160.0 million were made to states and territories, compared with $146.6 million the previous financial year (Figure 2.1; Table 2.4, Table A2).

Table 2.4: SPPs for public health, current prices, by state and territory, 2005–06 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PHOFA funding	50.7	38.7	30.9	14.3	12.3	5.7	3.4	4.0	160.0
Communicable disease control	1.9	0.8	3.4	1.0	0.9	0.5	0.4	0.4	9.2
Selected health promotion	..	..	—	..	..	..	..	..	..
Organised immunisation[(a)]	42.8	30.4	21.2	13.1	9.0	3.4	1.9	1.7	123.5
Prevention of hazardous and harmful drug use	23.0	17.5	7.3	7.3	5.2	1.8	1.9	0.7	64.7
Total payments	**118.4**	**87.4**	**62.8**	**35.6**	**27.3**	**11.4**	**7.7**	**6.9**	**357.4**

(a) Includes funding for the purchase of essential vaccines provided under the AIAs with state and territory governments.

Note: Components may not add to totals due to rounding. Data for years prior to 2005–06 are shown in Table A2.

2.3 Funding of public health activities

Communicable disease control

The Australian Government funding for *Communicable disease control* was in the form of both direct expenditure and SPPs. Total funding in 2005–06 was estimated at $45.1 million (Table 2.5).

Table 2.5: Australian Government funding of *Communicable disease control*, current prices, 2005–06 ($ million)

Category	HIV/AIDS, hepatitis C and STIs	Needle and syringe programs	Other communicable disease control	Total communicable disease control
Direct expenditure	6.0	0.1	29.8	35.9
SPPs[(a)]	1.9	3.7	3.6	9.2
Total funding	**7.9**	**3.8**	**33.4**	**45.1**

(a) Does not include SPP funding under the PHOFAs.

Direct expenditure

Total direct expenditure in 2005–06 was $35.9 million (Tables 2.5 and 2.6). This represented 8.2% of total direct expenditure on public health activities in 2005–06 (Table 2.3).

HIV/AIDS, hepatitis C and sexually transmitted infections

The Australian Government provided funding to peak community and professional bodies tackling issues surrounding HIV/AIDS, hepatitis C and related diseases. Its funding in 2005–06 was estimated at $6.0 million.

Needle and syringe programs

Funding for needle and syringe programs was estimated at $0.1 million in 2005–06. This funding was directed to educational and review purposes.

Other communicable disease control

Estimated funding on other communicable disease control was $29.8 million in 2005–06. The expenditure included $19.7 million funding for surveillance and management activities, biosecurity and pandemic preparedness, along with the provision of information and referral services. A further $10.1 million was provided for activities under the National Indigenous Australians' Sexual Health Strategy.

Table 2.6: Direct expenditure on *Communicable disease control* by the Australian Government, current prices, 2005–06 ($ million)

Category	Expenditure
Administered expenses	30.0
Departmental expenses	5.9
Total expenditure	**35.9**

Funding through SPPs

SPPs for *Communicable disease control* amounted to $9.2 million in 2005–06 (Table 2.7).

The SPPs in 2005–06 were for the Council of Australian Governments' (COAG) illicit drug diversion measures relating to the needle and syringe programs (NSPs) ($3.7 million) and the Hepatitis C Education and Prevention Program ($1.9 million). Further grants were provided to states and territories for health surveillance work ($0.8 million), biosecurity ($2.0 million) and the control of rabies and mosquitoes in Queensland ($0.8 million).

Australian Government funding of the COAG illicit drug diversion measures supports two specific initiatives:

- education, counselling and referral services through NSPs
- diversification of NSPs through pharmacies and other outlets.

The management of NSPs is a state and territory responsibility. There are no direct activities by the Australian Government in relation to NSP service delivery or in the provision of injecting equipment.

Table 2.7: SPPs for *Communicable disease control*[(a)], current prices, by state and territory, 2005–06 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
COAG needle and syringe programs	1.1	0.0	1.5	0.4	0.4	0.1	0.1	0.1	3.7
Hepatitis C Education and Prevention Program	0.5	0.5	0.4	0.3	0.1	0.1	0.1	0.0	1.9
Surveillance grants	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.0	0.8
Pandemic flu exercise	0.2	0.2	0.6	0.2	0.2	0.2	0.2	0.2	2.0
Rabies/mosquito control programs	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.8
Total	**1.9**	**0.8**	**3.4**	**1.0**	**0.9**	**0.5**	**0.4**	**0.4**	**9.2**

(a) Excludes any funding provided through the PHOFAs that was used to support state and territory public health programs.

Note: Components may not add to totals due to rounding.

Selected health promotion

The Australian Government funds *Selected health promotion* through its own direct expenditure and through SPPs to states and territories. Total funding for *Selected health promotion* in 2005–06 was $41.6 million (Table 2.8).

Table 2.8: Australian Government funding of *Selected health promotion*, current prices, 2005–06 ($ million)

Category	Expenditure
Direct expenditure	41.6
SPPs to the states and territories	—
Total funding	**41.6**

Direct expenditure

In 2005–06, total direct expenditure by the Australian Government for *Selected health promotion* activities was $41.6 million (Tables 2.8 and 2.9). This represented 9.5% of total direct expenditure on public health activities during 2005–06 (Table 2.3).

Total expenditure included $8.6 million for work associated with the National Suicide Prevention Strategy, $7.7 million for the National Mental Health Program, $6.8 million on obesity prevention, and $6.2 million on school-based health promotion programs. A further $7.3 million was spent on a diverse range of other prevention and health promotion programs (e.g. asthma, falls prevention, bowel cancer detection). The balance related to departmental expenditures incurred by DoHA in administering the above programs.

Table 2.9: Direct expenditure by the Australian Government on *Selected health promotion*, current prices, 2005–06 ($ million)

Category	Expenditure
Administered expenses	36.6
Departmental expenses	5.0
Total expenditure	**41.6**

Funding through SPPs

Funding of $20,000 was provided to the Queensland Public Health Forum for advice on public health.

Organised immunisation

The Australian Government funds *Organised immunisation* through its own expenditure and through SPPs. Total funding in 2005–06 was estimated at $256.0 million (Table 2.10).

Table 2.10: Australian Government funding of *Organised immunisation*, current prices, 2005–06 ($ million)

Category	Organised childhood immunisation	Organised pneumococcal and influenza immunisation for older Australians	All other organised immunisation	Total organised immunisation
Direct expenditure[(a)]	130.7	—	1.7	132.5
SPPs to the states and territories	88.3	35.2	—	**123.5**
Total funding	**219.0**	**35.2**	**1.7**	**256.0**

(a) Excludes any funding provided through the PHOFAs that is used to support state and territory governments' organised immunisation programs. For further details see Table 2.12.

Note: Components may not add to totals due to rounding.

Direct expenditure

Direct expenditure on *Organised immunisation* in 2005–06 was estimated at $132.5 million (Tables 2.10 and 2.11). This represented 30.2% of total direct expenditure on public health activities in 2005–06 (Table 2.3).

The majority of the expenditure was on *Organised childhood immunisation* ($130.7 million). Of this, $86.2 million was spent on the Universal Childhood Pneumococcal Vaccination Program. This program provides free vaccine for all children born after 1 January 2005 at 2, 4 and 6 months of age. Under this program the Australian Government directly purchases childhood pneumococcal vaccine for distribution to the states and territories.

A further $35.1 million was spent through the General Practice Immunisation Incentives scheme. Of this, some $18.7 million was distributed to general practitioners (GPs) through service incentive payments during 2005–06. An additional $16.3 million was paid to GPs as outcome payments—these are paid to practices that achieved 90% immunisation of children under 7 years of age attending their practice.

A combination of immunisation infrastructure funding to the Divisions of General Practice, state-based organisations and the National GP Immunisation Coordinator contributed to further expenditure of $9.4 million in 2005–06.

Table 2.11: Direct expenditure by the Australian Government on *Organised immunisation*, current prices, 2005–06 ($ million)

Category	Organised childhood immunisation	Organised pneumococcal and influenza immunisation	All other organised immunisation	Total organised immunisation
Administered expenses	130.7	—	—	130.7
Departmental expenses[(a)]	n.a.	n.a.	n.a.	1.8
Total expenditure	**130.7**	n.a.	n.a.	**132.5**

(a) Departmental expenditure could not be allocated across the expenditure categories.

Funding through SPPs

Total funding through SPPs for *Organised immunisation* was estimated at $123.5 million in 2005–06 (Table 2.12).

Immunise Australia Program

The Immunise Australia Program aims at reducing the incidence of vaccine-preventable diseases and their associated mortality and morbidity by maintaining and increasing high immunisation coverage in Australia. The program is a joint initiative of the Australian Government and state and territory governments, with the involvement of immunisation providers.

The Australian Government's major role is to provide funding to state and territory governments for the purchase of essential vaccines through the AIAs. The state and territory governments are responsible for service delivery, including the purchase and distribution of vaccines to immunisation providers.

In 2005-06, the Australian Government provided $207.5 million for the purchase of vaccines under the National Immunisation Program ($121.4 million provided to states and territories and $86.2 million purchased directly by the Australian Government). The AIAs provide $1.5 billion over 5 years (2004–05 to 2008–09) and continue the arrangements established under the previous PHOFAs (1 July 1999 to 30 June 2004), with very similar terms and conditions. In addition to funding for vaccine purchases, the AIAs provide some assistance for delivery of school-based vaccination programs and financial incentives for controlling vaccine wastage and leakage.

National Meningococcal C Vaccination Program

In 2003, the National Meningococcal C Vaccination Program, a collaborative national program between the Australian Government and states and territories, was implemented at a cost of $298 million over 4 years. It provides free meningococcal C vaccine for all those aged 1 to 19 years through GPs, immunisation clinics and school-based programs.

The Australian Government provided a total $106.7 million in 2002–03 and $62.2 million in 2003–04 to state and territory governments for the purchase of vaccine and the provision of school-based delivery programs. In 2004–05, a further $61.9 million was provided for a catch-up program of children in the 7–15 years age group who had not been previously vaccinated.

In 2005–06, the Australia Government provided $9.8 million under the National Meningococcal C Vaccination Program for the ongoing program targeting children aged 12 months. The decline in funding since the program started is typical of trends in funding for new vaccines involving a catch-up program targeting previously unvaccinated cohorts of the population.

National Influenza Vaccination Program for Older Australians

Under this program, free influenza (flu) vaccine is made available to all Australians aged 65 and over. Expenditure amounted to $25.6 million during 2005–06 (Table 2.12).

National Pneumococcal Vaccination Program for Older Australians

Under this program, free vaccine is made available to all Australians aged 65 and over. Funding for this program amounted to $7.5 million in 2005–06 (Table 2.12). This represents a decline in funding of $42.1 million since 2004–05, which is attributable to a greater number of

older Australians receiving the vaccine in 2004–05 when it first became freely available. A booster dose is not required for 5 years.

National Indigenous Pneumococcal and Influenza Immunisation Program

In 2005–06, the Australian Government provided $2.1 million to state and territory governments under the National Indigenous Pneumococcal and Influenza Immunisation Program (Table 2.12). This funding provides for free annual influenza vaccine and pneumococcal vaccine every 5 years to all Aboriginal and Torres Strait Islander peoples aged 50 years and over, and those who are in the age group 15–49 years who are at high risk due to heart disease, kidney or lung disease, asthma, diabetes, or immuno-compromising conditions such as HIV infection or cancer, or because they are heavy drinkers or tobacco smokers.

Table 2.12: SPPs for *Organised immunisation*[(a)], current prices, by state and territory, 2005–06 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Immunisation program									
Essential vaccine purchases[(b)]	31.8	19.8	15.1	9.9	6.3	2.5	1.5	1.4	88.3
National Influenza Vaccination Program for Older Australians[(b)]	8.9	6.5	4.6	2.3	2.2	0.7	0.3	0.1	25.6
National Pneumococcal Vaccination Program for Older Australians[(b)]	1.6	3.9	0.9	0.4	0.4	0.1	0.1	0.0	7.5
National Indigenous Pneumococcal and Influenza Immunisation Program	0.5	0.2	0.5	0.5	0.1	0.1	0.0	0.2	2.1
Total	**42.8**	**30.4**	**21.2**	**13.1**	**9.0**	**3.4**	**1.9**	**1.7**	**123.5**

(a) Excludes any funding provided through the PHOFAs that is used to support state and territory governments' public health programs.

(b) Funded through the AIAs with states and territories.

Note: Components may not add to totals due to rounding.

Environmental health

The Australian Government's estimated funding for *Environmental health* in 2005–06 was $15.1 million (Table 2.13). All of this was funding for its own direct expenditures. This constituted 3.4% of the Australian Government's estimated own expenditure on public health in the year (Table 2.3).

Most of this funding ($11.8 million) was for the operations of ARPANSA which is responsible for protecting the health and safety of people and the environment from the harmful effects of ionising and non-ionising radiation.

Table 2.13: Direct expenditure on *Environmental health*, current prices, 2005–06 ($ million)

Category	Expenditure
Administered expenses	0.9
Departmental expenses	
Population Health Division	2.3
ARPANSA	11.8
Total departmental expenses	*14.1*
Total expenditure	**15.1**

Note: Components may not add to totals due to rounding.

Food standards and hygiene

The Australian Government funds expenditure on *Food standards and hygiene* through its own direct expenditure. Total funding was estimated at $15.0 million in 2005–06.

Direct expenditure

Total direct expenditure in 2005–06 was estimated at $15.0 million (Table 2.14). This represented 3.4% of the Australian Government's total direct expenditure on public health (Table 2.3).

Most of this expenditure related to the operations of FSANZ, which totalled $13.8 million.

The remaining expenditure covered areas such as food regulation reform, safety, surveillance and other food management activities.

Table 2.14: Direct expenditure on *Food standards and hygiene*, current prices, 2005–06 ($ million)

Category	2005–06
Administered expenses	0.9
Departmental expenses	
Population Health Division	0.3
FSANZ	13.8
Total departmental expenses	*14.1*
Total expenditure	**15.0**

Breast cancer screening

All funding by the Australian Government reported here as *Breast cancer screening* is in respect of its own expenditure. Funding provided to state and territory governments for this purpose has been included under the PHOFAs. As the PHOFA funding is not allocated to specific public health activities, it is not possible to estimate how much of that PHOFA funding has been allocated to *Breast cancer screening* activities.

Direct expenditure

Total direct expenditure for *Breast cancer screening* in 2005–06 was estimated at $1.9 million (Table 2.15) or approximately 0.4% of the Government's direct expenditure on all public health activities (Table 2.3).

Most expenditure reported under this activity was for the national administration of the BreastScreen Australia program and the screening-related functions of the National Breast Cancer Centre. It does not include any funding to the state and territory governments through the PHOFAs that may have been used to fund breast cancer screening activities.

Table 2.15: Direct expenditure[(a)] on *Breast cancer screening*, current prices, 2005–06 ($ million)

Category	Expenditure
Administered expenses	1.0
Departmental expenses	0.9
Total expenditure	**1.9**

(a) Does not include the breast screening component of PHOFA payments to state and territory governments.

Cervical screening

All funding by the Australian Government reported here as *Cervical screening* is in respect of its own expenditure. Funding provided to states and territories for this purpose has been included under the PHOFAs. As the PHOFA funding is not allocated to specific public health activities, it is not possible to estimate how much of that PHOFA funding has been allocated to cervical screening activities.

Direct expenditure

Direct expenditure on *Cervical screening* in 2005–06 was estimated at $76.9 million (Table 2.16). This represented 17.5% of total direct expenditure on public health activities and was the third most significant area of Australian Government expenditure (Table 2.3).

Most of the expenditure was funded by Medicare benefits ($62.8 million). This was made up of $33.1 million in benefits for GP consultations, $22.9 million for pathology testing and $6.8 million for benefits associated with collecting samples. The incentive costs associated with the cervical screening program amounted to approximately $13 million in 2005–06. Most of this is in the form of incentive payments to support general practices for screening women between 20 and 69 years who have not had a cervical smear in the last 4 years. The balance related to departmental expenditures incurred by DoHA in administering the program.

Only expenditure on cervical screening for asymptomatic women is reported here. A further $20.1 million was estimated to be spent in 2005–06 on Medicare benefits for personal health services provided to women presenting with symptoms. That funding is not regarded as expenditure on public health. It is reported below in Section 2.5.

Table 2.16: Direct expenditure[a][b] on *Cervical screening*, current prices, 2005–06 ($ million)

Category	Expenditure
Administered expenses	75.9
Departmental expenses	0.9
Total expenditure	**76.9**

(a) Does not include the cervical screening component of PHOFA payments to state and territory governments.

(b) Does not include MBS payments on cervical testing for symptomatic women.

Note: Components may not add to total due to rounding.

Prevention of hazardous and harmful drug use

The Australian Government funds *Prevention of hazardous and harmful drug use* through its own direct expenditure and by way of SPPs to state and territory governments. Total funding for *Prevention of hazardous and harmful drug use* was $92.2 million in 2005–06 (Table 2.17). This was made up of $27.5 million in funding for the Australian Government's own expenditure programs and $64.7 million in SPPs.

Table 2.17: Australian Government funding of *Prevention of hazardous and harmful drug use*, current prices, 2005–06 ($ million)

Category	Alcohol	Tobacco	Illicit and other drugs of dependence	Mixed	Total
Direct expenditure	1.2	3.6	10.7	11.9	27.5
SPPs to the states and territories	—	—	50.4	14.4	64.7
Total funding	**1.2**	**3.6**	**61.1**	**26.4**	**92.2**

Note: Components may not add to totals due to rounding.

Direct expenditure

The Australian Government's own expenditure on *Prevention of hazardous and harmful drug use* in 2005–06 was estimated at $27.5 million, and represented 6.3% of its total direct expenditure on public health activities in that year (Table 2.3).

Alcohol

An estimated $1.2 million was spent on national initiatives to reduce alcohol-related harm in 2005–06 (Table 2.18). This funding represented a decrease of approximately $29.2 million since 2004–05. This main reason for the decline was the fulfilment of funding given to establish the Alcohol Education and Rehabilitation Foundation (AERF) which addresses prevention, treatment, research and rehabilitation for the misuse of alcohol and other substances. The Australian Government provided $115 million to AERF over a 4–year period from 2001 using funds from the excise on beer. The period of Australian Government funding ended in June 2005. The AERF continues to operate as a self-funded, not-for-profit organisation.

Tobacco

An estimated $3.6 million was spent on tobacco-related programs in 2005–06 (Table 2.18). Most of this was spent by DoHA on the Tobacco Harm Minimisation Program.

Illicit and other drugs of dependence

An estimated $10.7 million was spent on illicit and other drugs of dependence programs in 2005–06 (Table 2.18). This expenditure covered funding of the National Illicit Drugs Community Education and Information Campaign ($2.5 million) and Community Partnership Initiative ($2.3 million), and $5.9 million was spent on a range of other education, counselling and referral programs under the National Illicit Drugs Strategy.

Mixed

This category relates to activities that covered the whole range of hazardous and harmful drug types, but which could not be separately allocated to the three previous categories. They largely relate to expenditures directly incurred by the Australian Government in the implementation, monitoring and evaluation of programs which aimed at reducing demand for hazardous and harmful drug use, through prevention and early intervention. Overall, expenditure amounted to $11.9 million in 2005–06 (Table 2.18). Most of this was spent on research and policy development work ($5.8 million) and the Australian National Council of Drugs ($2.3 million).

Table 2.18: Direct expenditure on *Prevention of hazardous and harmful drug use*, current prices, 2005–06 ($ million)

Category	Alcohol	Tobacco	Illicit and other drugs of dependence	Mixed	Total
Administered expenses	—	3.6	10.7	11.7	26.0
Departmental expenses	1.2	—	—	0.2	1.4
Total expenditure	**1.2**	**3.6**	**10.7**	**11.9**	**27.5**

Note: Components may not add to totals due to rounding.

Funding through SPPs

SPPs for *Prevention of hazardous and harmful drug use* during 2005–06 amounted to $64.7 million (Table 2.19). Most of this expenditure ($45.1 million) was on the Illicit Drugs Diversion Initiative which aimed at increasing incentives for drug users to identify and treat their illicit drug use early and decrease the social impact of illicit drug use within the community. In addition, $11.9 million was spent on the NGO Treatment Grants Program. However, this represents only half of the total spending under the program, with the remainder reported as 'Expenditure on other activities related to public health'. A further $5.3 million was spent on counselling and referral programs operating under the National Illicit Drugs Strategy.

Table 2.19: SPPs for *Prevention of hazardous and harmful drug use*[(a)], by state and territory, current prices, 2005–06 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Illicit Drug Diversion Initiative	17.0	14.2	2.7	5.2	3.6	1.2	1.2	—	45.1
NGO Treatment Grants Program	3.6	2.7	2.0	1.3	0.9	0.4	0.5	0.5	11.9
Education, counselling and referral program	1.6	0.2	2.2	0.6	0.5	0.2	0.2	0.2	5.3
Innovative Health Services for Homeless Youth	0.8	0.6	0.4	0.2	0.2	0.1	0.1	0.1	2.5
Total	**23.0**	**17.6**	**7.3**	**7.3**	**5.2**	**1.8**	**1.9**	**0.7**	**64.7**

(a) Does not include any funding through the PHOFAs that was used to support the state and territory governments' public health programs.

Note: Components may not add to totals due to rounding.

Public health research

The Australian Government's funding for *Public health research* related to its own direct expenditure (Table 2.20).

Direct expenditure

The Australian Government's direct expenditure on *Public health research* in 2005–06 was estimated at $92.6 million (Table 2.20). This represented 21.1% of its total expenditure on public health activities in that year and was the second largest area of direct expenditure by the Australian Government on public health activities (see Table 2.3).

Over three-quarters of the Australian Government's expenditure in 2005–06 was in the form of public health grants by the National Health and Medical Research Council ($74.9 million). A further $9 million was incurred by the Public Health Education and Research Program.

Table 2.20: Direct expenditure by the Australian Government Health and Ageing portfolio on *Public health research*, current prices, 2005–06 ($ million)

Category	Expenditure
Administered expenses	89.4
Departmental expenses	3.2
Total expenditure	**92.6**

2.4 Growth in expenditure on public health activities

The Australian Government's direct expenditure on public health activities decreased, in real terms, by 10.7% between 2004–05 and 2005–06 (Table 2.21; Figure 2.2). The public health activities that showed the largest declines in real terms were:

- *Prevention of hazardous and harmful drug use* (down 61.3%)
- *Environmental health* (down 15.3%)
- *Communicable disease control* (down 10.9%).

Over the period 1999–00 to 2005–06, direct expenditure rose at an average rate of 5.2% per annum. The public health activities which recorded the highest average annual real growth rates were:

- *Organised immunisation* (13.9%)
- *Selected health promotion* (9.3%)
- *Communicable disease control* (5.7%).

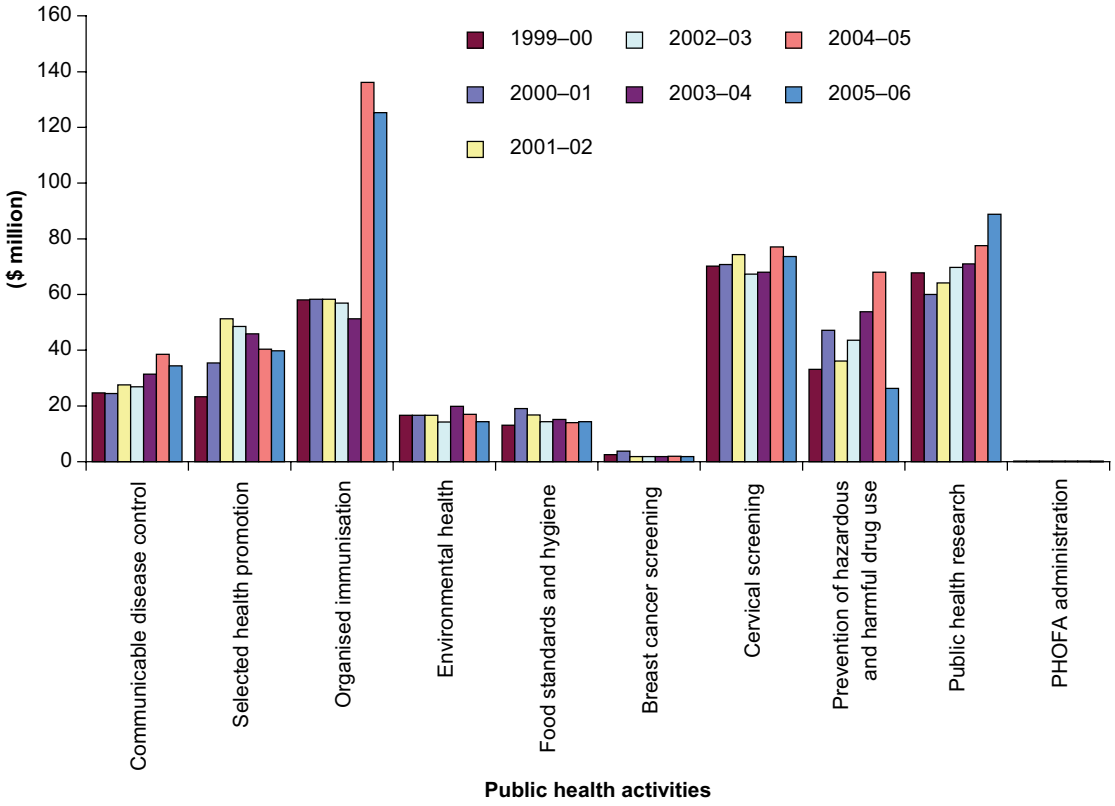
From 1999–00 to 2005–06, *Organised immunisation* ($78.0 million) reflected the highest average annual real direct expenditure by the Australian Government, followed by *Cervical screening* and *Public health research*—$71.6 million and $71.3 million respectively.

Table 2.21: Australian government direct expenditure on public health activities, constant prices[a], 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	PHOFA adminis-tration	Total public health
					Amount ($ million)						
1999–00	24.7	23.3	58.0	16.6	13.1	2.5	70.2	33.2	67.8	0.3	**309.7**
2000–01	24.4	35.4	58.3	16.7	19.1	3.8	70.8	47.2	60.0	0.3	**336.0**
2001–02	27.6	51.3	58.3	16.7	16.8	1.8	74.3	36.2	64.1	0.3	**347.4**
2002–03	26.9	48.5	56.9	14.2	14.3	1.8	67.3	43.6	69.7	0.3	**343.5**
2003–04	31.5	45.9	51.3	19.9	15.1	1.8	68.0	53.8	71.0	0.3	**358.6**
2004–05	38.6	40.4	136.2	17.0	14.0	2.0	77.1	68.0	77.5	0.3	**471.1**
2005–06	34.4	39.8	126.9	14.4	14.4	1.8	73.6	26.3	88.8	0.2	**420.6**
Average annual expenditure ($ million)											
1999–00 to 2005–06	29.7	40.7	78.0	16.5	15.3	2.2	71.6	44.0	71.3	0.3	**369.6**
Annual growth rate[b] (per cent)											
2004–05 to 2005–06	–10.9	–1.5	–6.8	–15.3	2.9	–10.0	–4.5	–61.3	14.6	–33.3	**–10.7**
Average annual growth rate[b] (per cent)											
1999–00 to 2005–06	5.7	9.3	13.9	–2.3	1.6	–5.3	0.8	–3.8	4.6	–6.5	**5.2**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.



Source: Table 2.21.

Figure 2.2: Direct expenditure on public health activities by the Australian Government, constant 2004–05 prices, 1999–00 to 2005–06

2.5 Expenditure on other activities related to public health

There are a number of health expenditures funded by the Australian Government that have a public health outcome or contribute to the prevention of disease that could not be allocated to any of the core public health activities. In 2005–06 it was estimated that the Australian Government spent a total of $32.8 million on such activities.

These expenditures were mainly made up of:

- cervical examinations for women presenting with symptoms indicative of cancer ($20.1 million)
- non-public health aspects of the NGO Treatment Grants Program (estimated at $11.9 million)
- family planning services ($0.8 million).

3 Expenditure by the New South Wales health authorities

3.1 Introduction

New South Wales is the most populous of Australia's states and territories with one-third of the total Australian population. Most of the state's population of approximately 6.8 million is located in and around the three major urban centres of Sydney, Newcastle, and Wollongong.

Over 2005–06 state government health services in New South Wales were arranged into eight area health services, each covering a distinct geographic region of the state. Each area health service is responsible for, among other things, the provision of major public health services within its region. The New South Wales Department of Health (NSW Health), on the other hand, has major state-wide responsibilities for:

- policy development
- system-wide planning
- health and health system performance monitoring
- management of public health issues.

Within NSW Health, the Population Health Division and other areas work with communities and organisations to contribute to the achievement of the state's public health goals.

The Cancer Institute NSW is a statutory authority with responsibility for overseeing the state's cancer control effort.

Expenditures, including funding, by NSW Health and the Cancer Institute NSW on public health activities have been included in this report.

3.2 Overview of results

Total expenditure by the New South Wales Government on public health activities during 2005–06, in current prices, was estimated at $289.1 million (Table 3.1). Overall, expenditure was up $8.8 million or 3.1% on that for the previous financial year. The major contributors to this increase were expenditure on *Prevention of hazardous and harmful drug use* (up $7.7 million) and *Public health research* (up $5.3 million).

Approximately 80% of the expenditure during 2005–06 was directed towards four public health activities:

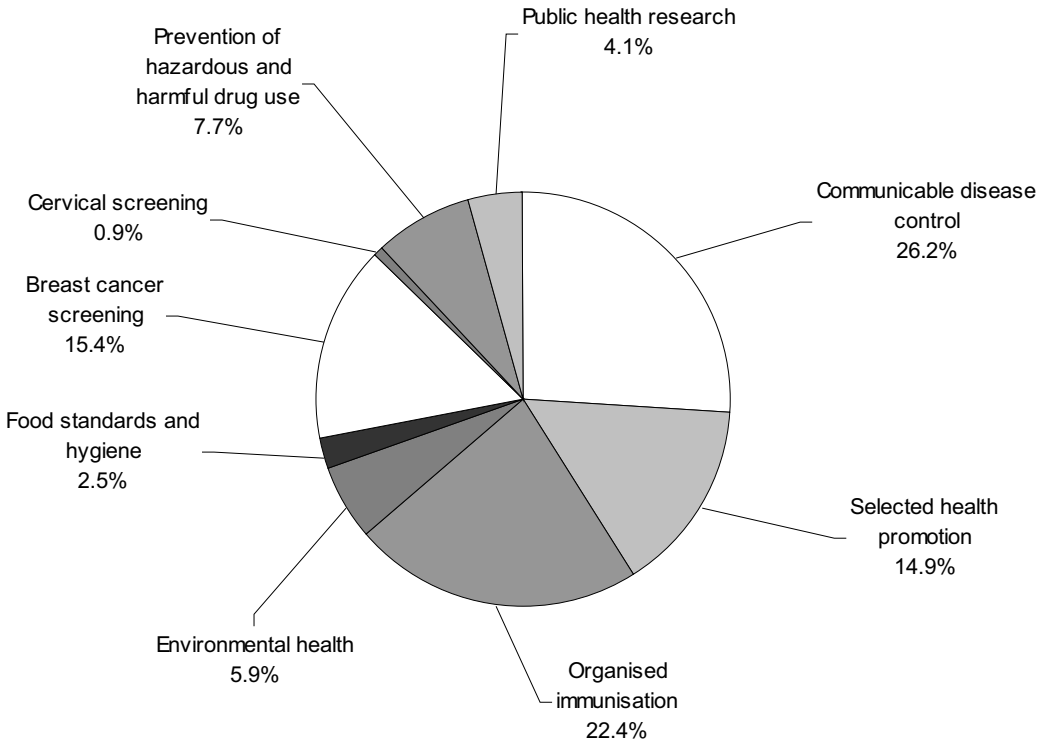
- *Communicable disease control* (26.2%)
- *Organised immunisation* (22.4%)
- *Breast cancer screening* (15.4%)
- *Selected health promotion* (14.9%).

Table 3.1: State government expenditure on public health activities, current prices, New South Wales, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	54.3	28.7	32.1	4.4	7.3	35.7	5.0	19.3	2.4	**189.2**
2000–01	54.0	36.1	38.0	10.8	7.3	32.1	3.8	17.2	0.6	**199.9**
2001–02	67.0	35.4	41.1	15.1	7.2	33.5	4.5	13.8	1.8	**219.4**
2002–03	69.4	35.1	56.5	14.7	7.7	30.5	2.8	14.1	2.2	**233.0**
2003–04	58.3	37.2	84.6	12.3	7.6	36.7	2.3	19.6	2.1	**260.7**
2004–05	70.9	43.1	79.2	14.4	4.9	43.2	3.3	14.7	6.6	**280.3**
2005–06	75.8	43.1	64.8	17.1	7.1	44.4	2.5	22.4	11.9	**289.1**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	28.7	15.2	17.0	3.9	2.3	18.9	2.6	10.2	1.3	**100.0**
2000–01	27.0	18.1	19.0	5.4	3.7	16.1	1.9	8.6	0.3	**100.0**
2001–02	30.5	16.1	18.7	6.9	3.3	15.3	2.1	6.3	0.8	**100.0**
2002–03	29.8	15.1	24.2	6.3	3.3	13.1	1.2	6.1	0.9	**100.0**
2003–04	22.4	14.3	32.5	4.7	2.9	14.1	0.9	7.5	0.8	**100.0**
2004–05	25.3	15.4	28.3	5.1	1.7	15.4	1.2	5.2	2.4	**100.0**
2005–06	26.2	14.9	22.4	5.9	2.5	15.4	0.9	7.7	4.1	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 3.1.

Figure 3.1: Proportion of state government public health expenditure, by activity, New South Wales, 2005–06

3.3 Expenditure on public health activities

This section of the report looks at New South Wales' level of expenditure in relation to each of the public health activities. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Expenditure on *Communicable disease control* by NSW Health in 2005–06 was estimated at $75.8 million, up $4.9 million or 6.9% on the previous financial year (Table 3.1).

The 2005–06 expenditure accounted for 26.2% of the total public health expenditure and was the highest area of expenditure incurred by NSW Health during that year (Figure 3.1). The major elements of the spending are shown in Table 3.2.

Table 3.2: State government expenditure on *Communicable disease control*, current prices, New South Wales, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	54.6
Needle and syringe programs	9.7
Other communicable disease control	11.4
Total	**75.8**

Note: Components may not add to totals due to rounding.

Some of key achievements over the 2005–06 period included:

- the NSW Health media campaign called Safe Sex—No Regrets
- coordinated interagency response to significant increase in HIV diagnoses among gay and other homosexually active men
- conduct of routine school-based hepatitis B vaccination for Year 7 students
- conduct of the high school pertussis vaccination program with the aim of interrupting the epidemic cycle
- a significant reduction in notifications of measles over previous years.

Selected health promotion

Total expenditure on *Selected health promotion* in 2005–06 was $43.1million—the same as it was the previous financial year. This represented 14.9% of total expenditure on public health activities and was one of the more significant areas of public health expenditure by NSW Health in 2005–06 (Table 3.1; Figure 3.1).

Two broad areas of activity covered by expenditure on selected health promotion were:

- general health promotion and education
- injury prevention.

Some of the major spending by NSW Health under this activity was aimed at prevention of injurious falls in older adults, and prevention of childhood obesity. This last area of spending was undertaken in collaboration with a range of intersectoral partners, most notably the New South Wales Department of Education and Training.

Organised immunisation

Total estimated expenditure on *Organised immunisation* in 2005–06 was $64.8 million. This represented 22.4% of the total expenditure on public health activities in the year and was the second most significant area of public health expenditure incurred by NSW Health (Table 3.1; Figure 3.1).

The major elements of the spending for 2005–06 are shown in Table 3.3.

Table 3.3: State government expenditure on *Organised immunisation*, current prices, New South Wales, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	45.0
Organised pneumococcal and influenza immunisation	11.0
All other organised immunisation	8.8
Total	**64.8**

(a) Reported expenditure excludes purchases of essential vaccines for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Note: Components may not add to total due to rounding.

Overall, expenditure in 2005–06 was down $14.4 million or 18.2% on 2004–05. This largely reflected the lumpy nature of expenditure with the introduction of new national immunisation programs.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2004. Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditure in 2002–03 and subsequent years reflect the introduction of the National Meningococcal C Vaccination Program by the Australian Government in January 2003, involving immunisation of all those aged 1 to 19 years in New South Wales. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure on *Environmental health* in 2005–06 was $17.1 million, up $2.7 million or 18.8% on expenditure in 2004–05. The 2005–06 expenditure represented 5.9% of the total public health expenditure incurred by NSW Health for that year (Table 3.1; Figure 3.1).

The expenditure under this activity mainly related to:

- health impact assessment of major developments
- health risk assessment of environmental hazards
- protection of metropolitan and rural water quality
- Indigenous environmental health including initiatives under the Aboriginal Community Development Program
- environmental health regulatory activity under the New South Wales Public Health Act
- other environmental health programs managed by Area Health Services.

Food standards and hygiene

The expenditure on *Food standards and hygiene* during 2005–06 was estimated at $7.1 million, up $2.2 million, or 44.9% on the previous financial year. This constituted 2.5% of the total expenditure by NSW Health on public health activities during 2005–06 (Table 3.1; Figure 3.1).

Breast cancer screening

The expenditure for *Breast cancer screening* during 2005–06 was estimated at $44.4 million, up $1.2 million or 2.8% on the previous financial year. The 2005–06 expenditure constituted 15.4% of the total public health expenditure and was the third most significant area of expenditure incurred by NSW Health during that year (Table 3.1; Figure 3.1).

The provision of a breast cancer screening service is achieved through NSW Health's funding of BreastScreen New South Wales. Funding for this program is provided under a joint arrangement with the Australian Government through the PHOFAs. From 1 July 2004, the Cancer Institute NSW has assumed responsibility for BreastScreen New South Wales.

Cervical screening

The expenditure on *Cervical screening* by the state government during 2005–06 was estimated at $2.5 million, down $0.8 million or 24.2% on that in 2004–05. This represented 0.9% of the total public health expenditure by NSW Health during the year (Table 3.1; Figure 3.1).

Prevention of hazardous and harmful drug use

Expenditure on *Prevention of hazardous and harmful drug use* by NSW Health in 2005–06 was estimated at $22.4 million (Table 3.1). This expenditure does not include drug prevention monies allocated to non-health state government departments that undertake drug and alcohol prevention activities, and therefore does not represent total expenditure in this area by the NSW Government.

The 2005–06 expenditure constituted 7.7% of the total expenditure on public health activities by NSW Health during that year (Figure 3.1). The major elements of this expenditure are shown in Table 3.4.

Table 3.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, New South Wales, 2005–06 ($ million)

Category	Expenditure
Alcohol	2.7
Tobacco	13.9
Illicit and other drugs of dependence	4.1
Mixed	1.8
Total	**22.4**

Overall, expenditure in 2005–06 was up $7.7 million or 52.4% on the previous year. This increase was due to the higher expenditure recorded in 2005–06 on tobacco education and preventative programs by the Cancer Institute as part of the National Illicit Drugs Campaign.

Some of the major activities covered by spending in this area were:

- reducing alcohol-related harms among young adults
- issues of importance to Indigenous Australians
- reducing exposure of children to environmental tobacco smoke
- reducing smoking in licensed premises (clubs and hotels)
- discouraging smoking by high school students
- reducing heroin overdose levels
- reducing harms associated with use of psychostimulant drugs.

Public health research

Total expenditure on *Public health research* in 2005–06 was estimated at $11.9 million, up $5.3 million on that incurred in the previous financial year. This higher expenditure for the past 2 years largely reflects improved capture and classification of expenditure on public health research, rather than major new research funding programs.

Expenditure on *Public health research* activities represented 4.1% of the total expenditure on public health activities during 2005–06 (Table 3.1; Figure 3.1). The majority of this expenditure took the form of infrastructure grants to public health research organisations to cover costs such as salaries of senior researchers and administrative staff, as well as physical infrastructure (e.g. power, furniture, and computers). Also included was funding to the Sax Institute to support its collaborative research programs, including the 45 and Up Study, a longitudinal study of 250,000 NSW residents aged 45 years and over.

Note that it is likely that other expenditure on specific public health research projects was captured under the relevant activity area, for example *Selected health promotion*, rather than included under *Public health research*.

3.4 Growth in expenditure on public health activities

Total expenditure on public health activities decreased, in real terms, from $280.3 million in 2004–05 to $277.1 million in 2005–06, representing a decrease of 1.1% on the previous financial year.

Public health research (up 72.7%), *Prevention of hazardous and harmful drug use* (up 46.3%) and *Foods standards and hygiene* (up 38.8%) recorded the highest annual real growth rates.

From 1999–00 to 2005–06, expenditure grew an average rate of 3.6% per annum (Table 3.5). The highest annual growth was in *Public health research*, which averaged 25.6% over the period, followed by *Environmental health* (11.1%) and *Organised immunisation* (8.5%).

Over the period 1999–00 to 2005–06, *Communicable disease control* ($68.5 million) reflected the highest average annual real expenditure, followed by *Organised immunisation* ($59.6 million) and *Selected health promotion* ($39.3 million) (Table 3.5; Figure 3.3).

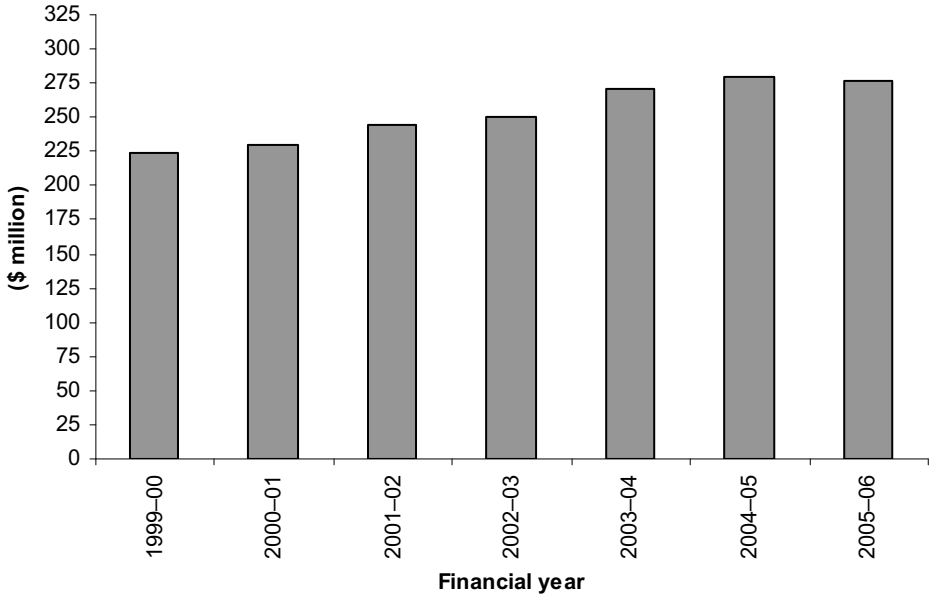
Table 3.5: State government expenditure on public health activities, constant prices[a], New South Wales, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	64.3	34.0	38.0	8.7	5.3	42.3	5.9	22.9	2.9	**224.3**
2000–01	61.9	41.4	43.6	12.4	8.4	36.8	4.3	19.8	0.7	**229.3**
2001–02	74.4	39.3	45.6	16.8	8.0	37.3	5.0	15.4	2.0	**243.8**
2002–03	74.6	37.7	60.7	15.8	8.3	32.8	3.1	15.2	2.4	**250.6**
2003–04	60.5	38.5	87.7	12.8	7.8	38.1	2.4	20.4	2.1	**270.3**
2004–05	70.9	43.1	79.2	14.4	4.9	43.2	3.3	14.7	6.6	**280.3**
2005–06	72.6	41.3	62.1	16.4	6.8	42.6	2.4	21.5	11.4	**277.1**
Average annual expenditure ($ million)										
1999–00 to 2005–06	68.5	39.3	59.6	13.9	7.1	39.0	3.8	18.6	4.0	**253.7**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	2.4	-4.2	-21.6	9.0	38.8	-1.4	-27.3	46.3	72.7	**-1.1**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	2.0	3.3	8.5	11.1	4.2	0.1	-13.9	-1.0	25.6	**3.6**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

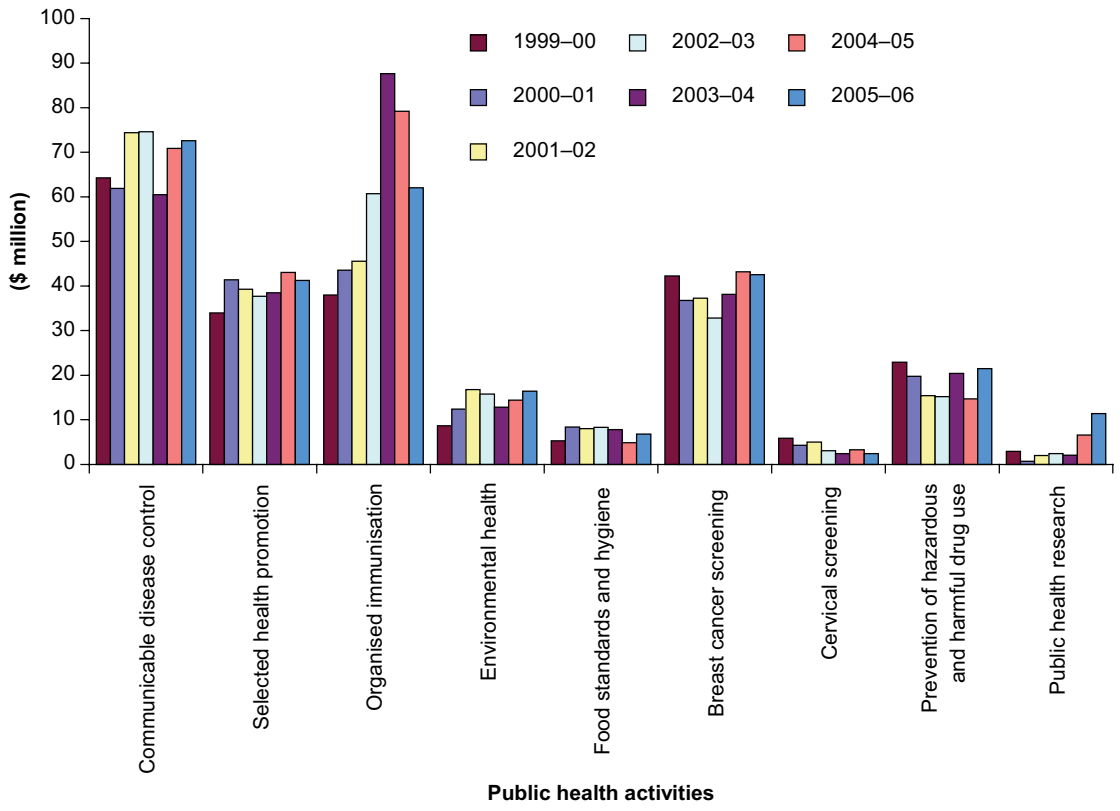
(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 3.5.

Figure 3.2: State government expenditure on public health activities, constant 2004–05 prices, New South Wales, 1999–00 to 2005–06



Source: Table 3.5.

Figure 3.3: State government expenditure on public health activities, constant 2004–05 prices, New South Wales, 1999–00 to 2005–06

4 Expenditure by the Victorian Department of Human Services

4.1 Introduction

Victoria is the second largest state, in terms of population, and the second smallest geographically, of the six Australian states. Consequently, Victoria is the most densely populated of the states. In 2005–06 its total population was 5.1 million.

The Public Health and Drugs Output Groups of the Department of Human Services (DHS) administers most of the state government's public health activities in Victoria.

During 2005–06, approximately 72% of the department's public health expenditure was on services provided by agencies under service agreements with DHS. These include agreements both with non-government organisations and with government agencies, such as public hospitals, metropolitan health services, kindergartens, LGAs, community health centres and ambulance services.

DHS's main public health activities included developing partnerships with the community to tackle drug-related issues; raising immunisation rates, particularly among children; minimising the transmission of communicable diseases; promoting healthy lifestyles; and improving food handling and hygiene processes.

4.2 Overview of results

Total expenditure by the Victorian Government on public health activities during 2005–06, in current price terms, was $242.6 million, up $14.8 million or 6.5% on the previous financial year (Table 4.1). This increase was largely due to the rise in expenditure on *Selected health promotion* (up $5.5 million), *Communicable disease control* (up $4.5 million), *Prevention of hazardous and harmful drug use* (up $3.6 million) and *Environmental health* (up $3.0 million). These increases were partially offset by reductions in expenditure on *Public health research* (down $2.1 million) and *Food standards and hygiene* (down $1.0 million).

Almost 65% of the expenditure during 2005–06 was directed towards three public health activities (Table 4.1; Figure 4.1). These were:

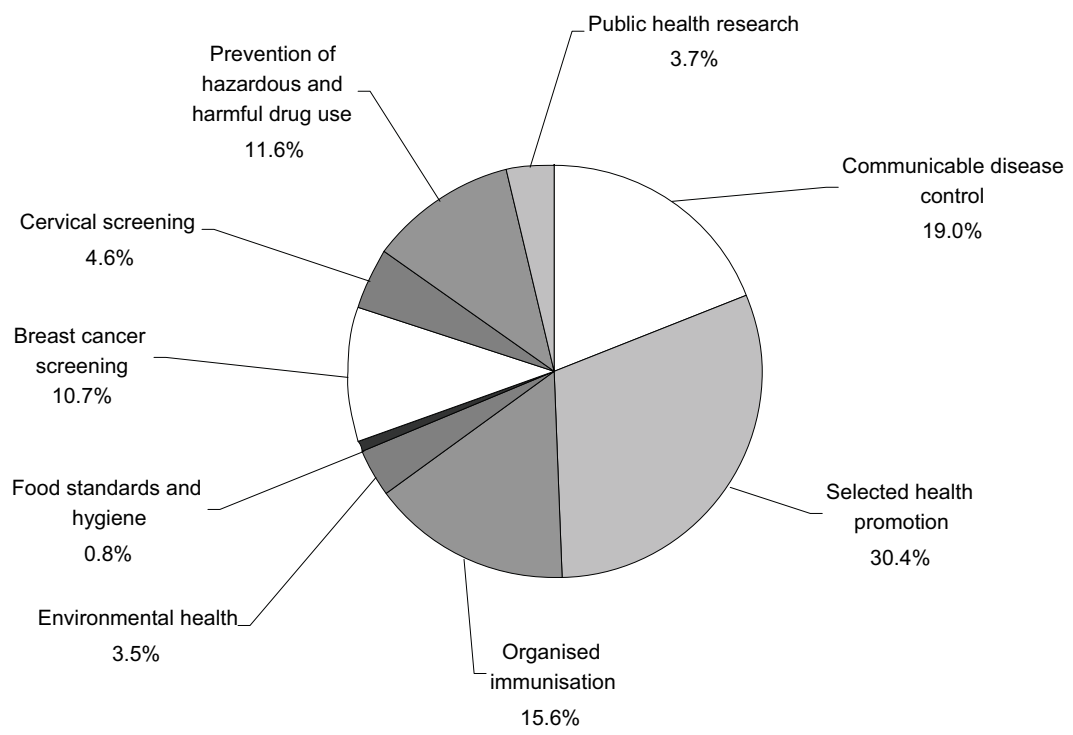
- *Selected health promotion* (30.4%)
- *Communicable disease control* (19.0%)
- *Organised immunisation* (15.6%).

Table 4.1: State government expenditure on public health activities, current prices, Victoria, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	23.7	58.2	23.4	2.9	2.3	19.0	7.3	11.9	2.2	**150.9**
2000–01	31.0	60.0	27.0	3.2	3.1	19.4	11.0	25.3	7.0	**187.0**
2001–02	r31.8	65.3	28.1	3.5	2.4	19.8	9.5	25.5	r10.4	r**196.3**
2002–03	r34.2	65.5	58.6	4.4	2.8	21.4	9.9	r25.4	r11.4	r**233.6**
2003–04	r40.3	64.1	43.7	4.9	3.2	23.5	10.9	23.0	12.6	r**226.2**
2004–05	r41.7	68.3	37.6	5.5	3.0	25.4	10.7	24.6	11.0	r**227.8**
2005–06	46.2	73.8	37.8	8.5	2.0	26.0	11.2	28.2	8.9	**242.6**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	15.7	38.6	15.5	1.9	1.5	12.6	4.8	7.9	1.5	**100.0**
2000–01	16.6	32.1	14.4	1.7	1.7	10.4	5.9	13.5	3.7	**100.0**
2001–02	16.2	33.3	14.3	1.8	1.2	10.1	4.8	13.0	5.3	**100.0**
2002–03	14.6	28.0	25.1	1.9	1.2	9.2	4.2	10.9	4.9	**100.0**
2003–04	17.8	28.3	19.3	2.2	1.4	10.4	4.8	10.2	5.6	**100.0**
2004–05	18.3	30.0	16.5	2.4	1.3	11.2	4.7	10.8	4.8	**100.0**
2005–06	19.0	30.4	15.6	3.5	0.8	10.7	4.6	11.6	3.7	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding. 'r' indicates revised since last report.



Source: Table 4.1.

Figure 4.1: Proportion of state government public health expenditure, by activity, Victoria, 2005–06

4.3 Expenditure on public health activities

This section of the report looks at Victoria's level of activity in relation to each of the public health activities. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total expenditure for *Communicable disease control* by DHS in 2005–06 was $46.2 million, up $4.5 million or 10.8% on expenditure in 2004–05 (Table 4.1).

The 2005–06 expenditure accounted for 19.0% of the total public health expenditure and was the second most significant area of public health expenditure by DHS during that year (Figure 4.1). The major elements of this spending are shown in Table 4.2.

Table 4.2: State government expenditure on *Communicable disease control*, current prices, Victoria, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	14.7
Needle and syringe programs	5.2
Other communicable disease control	26.3
Total	**46.2**

Funding is provided to a range of agencies, including hospitals, some non-government agencies and public health laboratories, to provide a range of tests including HIV and associated testing. Funding was also provided for health promotion (prevention strategies), counselling and support services.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2005–06 was estimated at $73.8 million, which was up $5.5 million or 8.1% on expenditure during 2004–05. This constituted 30.4% of total expenditure on public health activities in 2005–06 and reflected the most significant area of public health expenditure by DHS during that year (Table 4.1; Figure 4.1).

DHS, the Victorian Health Promotion Foundation (VicHealth) and a broad range of funded sectors jointly undertake the promotion of healthy lifestyles in Victoria. Programs exclusively administered by the DHS support developmental projects that enhance health promotion in health and community agencies, schools and LGAs.

DHS also provides grants for projects that aim at improving health promotion practice and increasing awareness and knowledge of physical activity in the general community and in vulnerable groups.

The funding was also aimed at:

- increasing the skills of health professionals and other workers in planning, promoting and evaluating health promotion programs
- developing and disseminating the Integrated Health Promotion Resource Kit, and the development of the DHS health promotion website — <www.health.vic.gov.au/healthpromotion>.

Some of the key achievements during the course of the year included such programs as:

- 'Go for your life'
- 'Well for life'
- Community-based obesity prevention including 'Be Active Eat Well' in Colac; 'Fun 'n' healthy' in Moreland; and 'It's your move' in East Geelong
- Kids—'Go for your life'.

Organised immunisation

Total expenditure on *Organised immunisation* in 2005–06 was $37.8 million, which was marginally up ($0.2 million) on expenditure in the previous financial year. It constituted 15.6% of the total public health expenditure and was the third most significant area of public health expenditure by DHS during that year (Table 4.1; Figure 4.1).

The major elements of the spending for 2005–06 are shown in Table 4.3.

Table 4.3: State government expenditure on *Organised immunisation*, current prices, Victoria, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	22.0
Organised pneumococcal and influenza immunisation	7.9
All other organised immunisation	7.8
Total	**37.8**

(a) Reported expenditure excludes purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Note: Components may not add to total due to rounding.

The above expenditure also includes spending on interventions delivered or purchased by DHS that are aimed at preventing disease or responding to disease outbreaks. Funding comes from a combination of state appropriations and the Australian Government through the AIA.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2004 (see Table 4.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditure in 2002–03 reflects the higher initial implementation costs associated with the introduction of the National Meningococcal C Vaccination Program by the Australian Government in August 2003, involving immunisation of all those aged 1 to 19 years in Victoria. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians—which contributed to higher expenditure for that year.

Environmental health

Total expenditure on *Environmental health* was $8.5 million in 2005–06, up $3.0 million or 54.5% on the previous financial year. This constituted 3.5% of total expenditure by DHS on public health activities during 2005–06 (Table 4.1; Figure 4.1).

Environmental health focused on the protection of the community from environmental dangers arising from air, land or water, as well as radiation and other poisonous substances.

The expenditure under this activity included:

- development of state-wide environmental health policies
- provision of effective regulatory control

- responses to emergency situations
- provision of information and advice to consumers
- ongoing research into environmental health issues.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2005–06 was $2.0 million, down $1.0 million or 33.3% on the previous financial year. This constituted 0.8% of the total public health expenditure incurred by DHS during the year (Table 4.1; Figure 4.1).

Some of the major activities covered by spending in this area were implementation of legislation, surveillance and provision of advice, food safety and legislation issues, representation on national bodies and responses to emergency situations.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2005–06 was estimated at $26.0 million, up $0.6 million or 2.4% on the previous financial year. This constituted 10.7% of the total public health expenditure and was one of the more significant areas of public health expenditure incurred by DHS during the year (Table 4.1; Figure 4.1).

The provision of a breast cancer screening service is achieved through DHS's funding of BreastScreen Victoria. Funding for this program is provided under a joint arrangement with the Australian Government through the PHOFAs.

BreastScreen Victoria provides a free breast cancer screening service for women without related symptoms or breast problems aged between 40 and 69 years. The program specifically targets women in the age group 50–69 years, although women aged 40–49 and over 69 years can use the service.

The program has a network of services across the state, involving eight assessment centres and 38 screening centres. These sites are specially designated centres and operate to strictly controlled national standards. A comprehensive recruitment and education strategy is in place to maximise participation in the program. The program has two mobile vans to cater for women in outer metropolitan and rural areas. BreastScreen Victoria also manages a breast screen registry that records and monitors the number of women screened and the cancers detected.

Cervical screening

Total expenditure on *Cervical screening* by DHS during 2005–06 was $11.2 million, which was up approximately $0.5 million or 4.7% on expenditure in the previous financial year. This was equivalent to 4.6% of total expenditure on public health activities by DHS during 2005–06 (Table 4.1; Figure 4.1).

Cervical screening expenditure includes the costs associated with the provision of a public sector cervical smear testing service; a state-wide cervical cytology register that records program participation and outcomes, and provides a reminder to women when they are due for their next Pap smear; education projects to ensure Pap smear providers have accurate information and skills; and recruitment strategies aimed at encouraging Victorian women to have regular Pap smears.

The main goal of the Victorian Cervical Screening Program is to achieve the best possible reduction in the incidence, morbidity and mortality associated with cervical cancer at an acceptable cost through an organised approach.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by DHS in 2005–06 was $28.2 million, up $3.6 million or 14.6% on the previous financial year (Table 4.1).

The 2005–06 expenditure constituted 11.6% of total public health expenditure by DHS during that year and was one of the more significant areas of public health expenditure by DHS during the year (Figure 4.1). The major elements of this spending are shown in Table 4.4.

Table 4.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Victoria, 2005–06 ($ million)

Category	Expenditure
Alcohol	2.0
Tobacco	2.5
Illicit and other drugs of dependence	11.4
Mixed	12.2
Total	**28.2**

Note: Components may not add to total due to rounding.

Some of the major activities covered by spending in this area were educational programs and a range of prevention and health activities aimed at enhancing community awareness of the harmful effects of alcohol, tobacco, and licit and illicit drugs.

Public health research

Total expenditure on *Public health research* during 2005–06 was $8.9 million, down $2.1 million or 19.1% on the previous financial year. This represented 3.7% of the total public health expenditure incurred by DHS during 2005–06 (Table 4.1; Figure 4.1).

Expenditure under this activity mainly included:

- targeted research projects in the priority areas of injury prevention and environmental health
- public health research capacity-building in public health organisations, including representation on national and state bodies and support for public events
- research to determine the most effective drug prevention interventions.

4.4 Growth in expenditure on public health activities

Expenditure on public health activities by DHS during 2005–06, in real terms, was estimated at $232.6 million, compared with $227.8 million in 2004–05 (Table 4.5). This was an increase of 2.1% on 2004–05. *Environmental health* (up 49.1%) recorded the highest annual real growth,

followed by *Prevention of hazardous and harmful drug use* (up 9.8%) and *Communicable disease control* (up 6.2%).

From 1999–00 to 2005–06 expenditure grew at an average annual rate of 4.4%. The public health activities which recorded the highest average annual growth rates over this period were *Public health research* (21.8%), *Environmental health* (15.2%) and *Prevention of hazardous and harmful drug use* (11.4%).

Over the period 1999–00 to 2005–06, *Selected health promotion* ($69.8 million) reflected the highest average real expenditure , followed by *Organised immunisation* ($39.0 million) and *Communicable disease control* ($37.8 million) (Table 4.5: Figure 4.3).

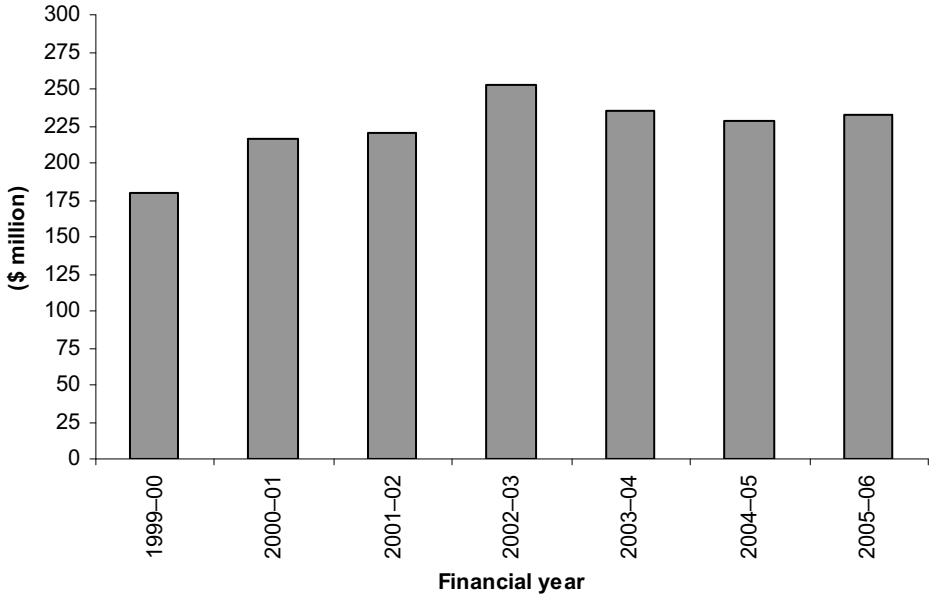
Table 4.5: State government expenditure on public health activities, constant prices[a], Victoria, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	28.2	69.4	27.9	3.5	2.8	22.7	8.8	14.1	2.6	**180.0**
2000–01	35.8	69.3	31.2	3.7	3.6	22.4	12.7	29.2	8.1	**216.0**
2001–02	35.6	73.1	31.5	3.9	2.7	22.2	10.7	28.5	11.7	**219.9**
2002–03	37.0	70.8	63.4	4.7	3.1	23.2	10.7	27.5	12.3	**252.7**
2003–04	41.9	66.7	45.4	5.1	3.4	24.4	11.4	23.9	13.1	**235.3**
2004–05	41.7	68.3	37.6	5.5	3.0	25.4	10.7	24.6	11.0	**227.8**
2005–06	44.3	70.8	36.2	8.2	1.9	24.9	10.8	27.0	8.5	**232.6**
Average annual expenditure ($ million)										
1999–00 to 2005–06	37.8	69.8	39.0	4.9	2.9	23.6	10.8	25.0	9.6	**223.5**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	6.2	3.7	–3.7	49.1	–36.7	–2.0	0.9	9.8	–22.7	**2.1**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	7.8	0.3	4.4	15.2	–6.3	1.6	3.5	11.4	21.8	**4.4**

(a) Constant price expenditure has been expressed in 2005–06 prices (see Section 11.1).

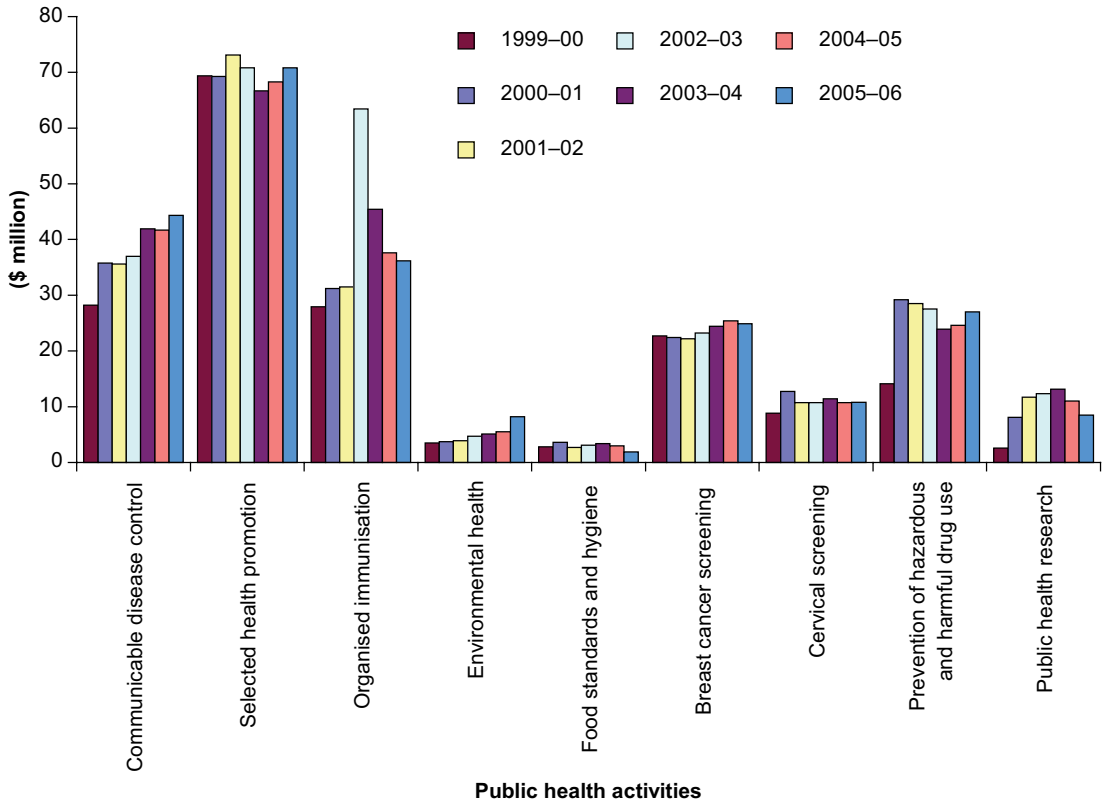
(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 4.5.

Figure 4.2: State government expenditure on public health activities, constant 2004–05 prices, Victoria, 1999–00 to 2005–06



Source: Table 4.5.

Figure 4.3: State government expenditure on public health activities, constant 2004–05 prices, Victoria, 1999–00 to 2005–06

4.5 Expenditure on other activities related to public health

In addition to its expenditure on public health, the Victorian Government spent an estimated $126.8 million on personal health care activities and programs and community programs that were related to achieving public health goals in 2005–06. These mainly related to:

- drug treatment services
- drug welfare and support services
- biomedical research
- research infrastructure
- neonatal and genetic screening services
- community support and counselling programs
- community education and training.

5 Expenditure by Queensland Health

5.1 Introduction

The Queensland population in June 2005 was estimated at approximately 4.1 million. The proportion of people aged 65 years and over has grown steadily over the past 5 years, from 11.6% to 12.2%.

Queensland Health is the largest provider of public health services in the state. In 2005–06, the public health programs were provided through the Public Health Services Branch, 37 health service districts, and through funding non-government and community organisations.

In addition to the direct service providers, Queensland Health Pathology and Scientific Services provide essential support in the delivery of public health activities, including specimen collection, analytical testing, results interpretation, clinical consultation, teaching and research.

5.2 Overview of results

Total public health expenditure by Queensland Health in 2005–06, in current price terms, was estimated at $183.6 million, up $17.8 million or 10.7% on the previous financial year (Table 5.1). The increased expenditure was largely due to a rise in expenditure on *Communicable disease control* (up $7.5 million), *Selected health promotion* (up $4.4 million) and *Prevention of hazardous and harmful drug use* (up $4.1 million). All other activities showed smaller increases in expenditure except *Organised immunisation*, which showed a decline of $4.1 million on 2004–05 because of the implementation of new national immunisation programs in the previous financial year which had high start-up costs.

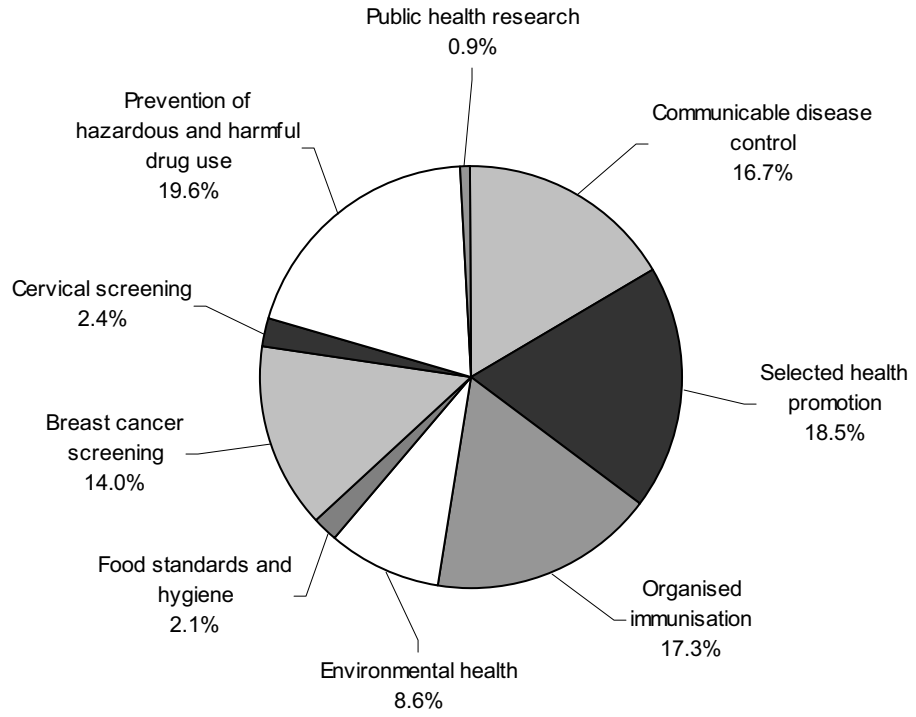
The largest expenditure incurred during 2005–06 was on *Prevention of hazardous and harmful drug use*, which amounted to $35.9 million or 19.6% of the expenditure on public health activities. The next largest areas of expenditure were *Selected health promotion* ($34.0 million or 18.5%), *Organised immunisation* ($31.7 million or 17.3%) and *Communicable disease control* (30.7 million or 16.7%) (Table 5.1; Figure 5.1).

Table 5.1: State government expenditure on public health activities, current prices, Queensland, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	16.0	18.0	16.2	9.9	1.5	18.6	3.4	15.4	0.4	**99.4**
2000–01	17.4	18.7	18.9	11.6	1.9	19.6	3.6	17.9	0.1	**109.7**
2001–02	20.1	25.8	17.6	11.6	2.0	21.1	3.1	22.3	—	**123.6**
2002–03	22.0	26.3	32.8	13.1	2.9	21.1	3.2	23.5	0.2	**145.1**
2003–04	23.0	25.2	37.7	13.3	3.1	22.2	3.4	23.6	0.5	**152.0**
2004–05	23.2	29.6	35.8	14.3	3.7	23.2	3.6	31.8	0.6	**165.8**
2005–06	30.7	34.0	31.7	15.8	3.8	25.7	4.4	35.9	1.6	**183.6**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	16.1	18.1	16.3	10.0	1.5	18.7	3.4	15.5	0.4	**100.0**
2000–01	15.9	17.0	17.2	10.6	1.7	17.9	3.3	16.3	0.1	**100.0**
2001–02	16.3	20.9	14.2	9.4	1.6	17.1	2.5	18.0	—	**100.0**
2002–03	15.2	18.1	22.6	9.0	2.0	14.5	2.2	16.2	0.1	**100.0**
2003–04	15.1	16.6	24.8	8.8	2.0	14.6	2.2	15.5	0.3	**100.0**
2004–05	14.0	17.9	21.6	8.6	2.2	14.0	2.2	19.2	0.4	**100.0**
2005–06	16.7	18.5	17.3	8.6	2.1	14.0	2.4	19.6	0.9	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 5.1.

Figure 5.1: Proportion of state government public health expenditure, by activity, Queensland, 2005–06

5.3 Expenditure on public health activities

This section of the report looks at Queensland's level of activity in relation to each of the public health activities. It discusses in more detail particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total expenditure for *Communicable disease control* by Queensland Health in 2005–06 was estimated at $30.7 million, up $7.5 million on expenditure in 2004–05 (Table 5.1).

The 2005–06 expenditure constituted 16.7% of the total expenditure on public health activities incurred by Queensland Health (Figure 5.1). The major elements of the spending are shown in Table 5.2.

Table 5.2: State government expenditure on *Communicable disease control*, current prices, Queensland, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	8.2
Needle and syringe programs	3.5
Other communicable disease control	18.9
Total	**30.7**

Note: Components may not add to total due to rounding.

The majority of HIV/AIDS, hepatitis C and STI program funds supported sexual health clinical services across the state, workforce development, professional training activities and community-based organisations for the delivery of education and prevention programs.

Some key achievements during the course of 2005–06 included:

- completion of the first year of implementation and annual progress reporting of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011, including:
  - funding of $1.6 million to support implementation of a best practice model of shared care for the treatment and care needs of people with hepatitis C
  - development of a new combined polymerase chain reaction (PCR) test for chlamydia, gonorrhoea and trichomonas
  - additional initiatives to tackle rising HIV notifications with key stakeholders.
- continued collaboration with community partners on the development and resourcing of additional initiatives to tackle rising HIV notifications under the Queensland HIV Action Plan 2005–06
- funding of the 2006 Sexual Health Clinicians Meeting
- development of the Interim Queensland Health Pandemic Influenza Plan and draft sub-plans (stockpile antiviral sub-plan, mass vaccination sub-plan and home management guidelines) to improve preparedness in the health sector and enhance overall capacity to respond effectively to the threat of an influenza pandemic
- establishment of an antiviral stockpile ($1 million) to enable rapid treatment and prophylaxis of people with or exposed to pandemic influenza in Queensland
- development and state-wide implementation of a health care worker training program ($65,000) in infection control requirements during an influenza pandemic, including development and distribution of supporting resources
- maintenance of state-wide surveillance systems for monitoring notifiable conditions, sexually transmitted diseases and vaccine uptake across the age-groups
- successful investigation of water supply contamination in a central Queensland region
- development of the Amphetamine Education Resources for dissemination through needle and syringe programs
- completion of the After-Hours Needle and Syringe Dispensing Machine Pilot Project Evaluation.

Selected health promotion

Total expenditure on *Selected health promotion* during 2005–06 was $34.0 million, up $4.4 million or 14.9% on 2004–05 (Table 5.1). This constituted 18.5% of total expenditure on public health activities and was the second most significant areas of expenditure incurred by Queensland Health during the year.

Some main achievements during 2005–06 were:

- completion of the first stage of Phase 1 of the Go for 2 and 5® fruit and vegetable social marketing campaign
- development of 'Eat Well, Be Active—Healthy Kids for Life' Action Plan 2005–08 through the Chief Executive Officer Sub Committee on Healthy Weight
- development of the 'Smart Choices, Healthy Food and Drink Supply Strategy for Queensland Schools' and the 'Smart Choices Tool Kit' with Education Queensland
- development of the pilot 'Be Kind to Your Mind' social marketing campaign to promote mental health in North Queensland
- qualitative research into sun-safe attitudes and behaviours of male outdoor workers and young people (12–24 years)
- the Premier's Obesity Summit held in May 2006 which included expert delegates who helped guide and affirm the Queensland Government's future moves to tackle the obesity epidemic
- recruitment of six public health nutritionists, one Indigenous nutrition promotion officer, six community nutritionists and seven advanced health workers (nutrition) to strengthen and increase access to nutrition and healthy weight services
- the collaborative development of an Indigenous resource booklet from the Child Injury Prevention Project in Mount Isa, which was the winner of a National Community Safety Award.

Organised immunisation

Expenditure on *Organised immunisation* during 2005–06 was $31.7 million, down $4.1 million or 11.5% on the previous financial year (Table 5.1). This decrease largely reflects the nature of expenditure on vaccination programs, which has higher start-up costs in the initial year and lower ongoing costs. Consequently, the level of expenditure on immunisation programs can fluctuate from year to year.

The 2005–06 expenditure represented 17.3% of the total public health expenditure and was one of the more significant areas of expenditure incurred by Queensland Health during the year (Figure 5.1). The major elements of the spending for 2005–06 are shown in Table 5.3.

Table 5.3: State government expenditure on *Organised immunisation*, current prices, Queensland, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	23.4
Organised pneumococcal and influenza immunisation	4.0
All other organised immunisation	4.2
Total	**31.7**

(a) Reported expenditure excludes purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Note: Components may not add to total due to rounding.

Some of the key achievements during the course of 2005–06 included:

- continued implementation of the National Meningococcal C Vaccination Program, to be completed by June 2007
- successful implementation of the new National Immunisation Program Schedule
- completion of the National Vaccine Storage Guidelines.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2004 (see Table 5.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditures in 2002–03 and subsequent years reflect the introduction of the National Meningococcal C Vaccination Program by the Australian Government in January 2003, involving immunisation of all those aged 1 to 19 years in Queensland. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure on *Environmental health* in Queensland during 2005–06 was estimated at $15.8 million, up $1.5 million or 10.5% on 2004–05 (Table 5.1). This constituted 8.6% of total expenditure on public health activities by Queensland Health during 2005–06 (Figure 5.1).

Expenditure on *Environmental health* covers a wide range of activities, including policy and technical leadership for environmental health in Queensland and supporting local government authorities and other state departments and agencies in delivering environmental health initiatives, such as water management and water quality. In addition, it covers areas such as control of poisons, therapeutic goods, pest control, fumigation, and toxicology and radiation health.

Main achievements under *Environmental health* during the course of the year included:

- continued implementation of a new information system to assist in the management of licences and approvals issued by Queensland Health in the areas of radiation health, drugs and poisons, pest management and food auditors

- introduction of the Public Health Act that provides a contemporary regulatory framework for the management and control of public health risks, including notifiable conditions, infection control, child abuse and neglect, and responding to public health emergencies
- recruitment of Environmental Health Workers in 30 Indigenous communities
- commencement of the animal management program in selected Indigenous communities to manage domestic and feral animals in collaboration with the Department of Primary Industries and the Department of Natural Resources and Mines
- Indigenous Environmental Health Infrastructure Capital Grants Program for the provision of water, sewerage and waste management infrastructure to communities.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2005–06 was $3.8 million, up marginally ($0.1 million) on the previous financial year (Table 5.1). This constituted 2.1% of the total expenditure on public health activities by Queensland Health during 2005–06 (Figure 5.1).

Queensland Health is the lead agency in Queensland for food safety policy and regulation. Some of the major activities covered by the spending were aimed at undertaking regulatory activity, providing assistance and advice on food issues, and developing and implementing legislation to improve food safety, including national food safety reforms.

Major activities include:

- the development of new food safety policy and regulation for Queensland (Food Act and Food Regulation)
- provision of guidelines, policies, procedures and advice on the implementation and enforcement of the Food Act, including a state-wide roadshow
- development, design, publication and dissemination of resources for industry to assist in compliance with the legislation
- coordinating a whole-of-government contribution to the development of national food policy and standards
- key contribution to the development of the National Food Safety Audit Policy
- the development of a new complaints management system.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2005–06 was $25.7 million, which was up $2.5 million or 10.8% on 2004–05 (Table 5.1). This constituted 14.0% of total public health expenditure by Queensland Health during 2005–06 (Figure 5.1).

Breast cancer screening services are provided through BreastScreen Queensland, the state component of BreastScreen Australia. Funding for this program is provided under a joint arrangement with the Australian Government through the PHOFAs. The services were provided at a local level through the health service districts.

The key achievements were:

- establishment of new BreastScreen Queensland satellite services at Taringa and Keperra, and relocation of the BreastScreen Queensland Services at Nambour and Hervey Bay to increase service capacity
- continued implementation of the BreastScreen Queensland State Plan 2001–06 with an additional 10,000 women screened in 2005–06 compared with 2004–05
- an increase in the participation rate for women aged 50–69 years from 57.8% in the 2–year period from 2003–2004, to 58.7% in the 2–year period from 2004–2005
- completion of data collection and reporting in accordance with the Australian Government and state government reporting requirements, including calculation of interval cancer data and production of the BreastScreen Queensland—a decade of achievement 1991–2001 report
- the continued implementation of the BreastScreen Queensland Policy and Protocol Manual in order to achieve consistent, high-quality practices within BreastScreen Queensland services
- accreditation of BreastScreen Queensland services in accordance with the BreastScreen Queensland National Accreditation Standards.

Cervical screening

Total expenditure on *Cervical screening* by Queensland Health during 2005–06 was $4.4 million, which was up $0.8 million or 22.4% on that incurred during 2004–05. This constituted 2.4% of total expenditure on public health activities by Queensland Health during 2005–06 (Table 5.1; Figure 5.1).

The Queensland Cervical Screening Program (QCSP) is a component of the Australian Government-funded National Cervical Screening Program. Approximately 35% of the funding under the QCSP is provided to health service districts to implement the Mobile Women's Health Service, which provides outreach screening services to women in rural and remote areas. An additional 41% of expenditure for the QCSP is incurred in the maintenance and operation of the Pap Smear Register.

Some key achievements under this activity included:

- establishment of two additional Mobile Women's Health Nurses and implementation of recommendations from a Mobile Women's Health Service review to increase rural and remote women's access to cervical screening
- development of the Aboriginal and Torres Strait Islander Women's Cervical Screening Strategy 2006–2010 and an Aboriginal and Torres Strait Islander Cervical Screening Community Education Kit
- funding and implementation of the Healthy Women's Initiative in Cape York, Mount Isa and Charleville Health Service Districts to promote and encourage Aboriginal and Torres Strait Islander women's participation in cervical screening and sexual health
- a Computer Assisted Telephone Interview (CATI) survey was undertaken to gain further understanding of the issues and barriers which affect women's participation in regular cervical screening to help with the development of a social marketing campaign planned for 2006–07.

Prevention of hazardous and harmful drug use

Expenditure on *Prevention of hazardous and harmful drug use* in 2005–06 was estimated at $35.9 million (Table 5.1). This constituted 19.6% of total expenditure on public health activities and was the most significant area of public health expenditure incurred by Queensland Health in 2005–06 (Figure 5.1).

The major elements of the expenditure for 2005–06 are shown in Table 5.4.

Table 5.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Queensland, 2005–06 ($ million)

Category	Expenditure
Alcohol and tobacco programs	14.3
Illicit drugs and methadone program	8.1
Other drug-related programs	13.5
Total	**35.9**

Overall, expenditure in 2005–06 was up ($4.1 million or 12.9%) on the previous year. This increase largely reflects increased investment in a range of strategies to reduce tobacco smoking, as described below.

Queensland Health offers a comprehensive range of alcohol, tobacco and other drug services through public health services, community health centres and hospitals, and funding to the non-government sector.

Some of the key achievements included:

- implementation of the Drug Court Pilot Project, including $1.7 million enhancement to a range of alcohol and drug assessment, treatment and rehabilitation services
- investment of an additional $4.5 million (as part of the Cancer Package of $62.5 million over 4 years) in a range of strategies to tackle tobacco smoking and reduce exposure to environmental tobacco smoke, including the:
  - 'Nobody Smokes Here Anymore' public and industry education campaign, and enforcement of new Queensland tobacco legislation
  - 'Feeling Good' social marketing campaign to encourage young women (18–24 years) to quit smoking
  - Queensland Health Smoking Management Policy 2006 to restrict smoking in public hospitals, provide nicotine replacement therapy for inpatients and a program for staff to help them quit smoking
- development of a new illicit drug diversion program—the Queensland Magistrates' Early Referral into Treatment (QMERIT) program—in two pilot locations
- delivery of SmokeCheck Tobacco Brief Intervention Program training to 100 health workers (400 health workers since January 2005) to enable them to provide support to their Indigenous clients in quitting smoking
- funding and support to 80 Indigenous sporting and cultural events through the Event Support Program to promote culturally effective smoke-free messages

- implementation of the second phase of the young women and alcohol campaign (18–22 years) which aims to reduce harmful consumption of alcohol and highlights an individual's right to choose not to drink.

Public health research

Total expenditure on *Public health research* for 2005–06 was estimated at $1.6 million. The majority of this expenditure related to applied research projects to inform health promotion projects ($1.1 million), the rest of the expenditure ($0.5 million) was associated with the bowel cancer screening pilot program which was conducted in partnership with the Australian Government.

Only expenditure on activities that were mainly investigative have been included under this activity. Expenditure on research and/or investigative activities associated with the ongoing planning or management of public health activities have been included under the associated public health activity. For example, the reported expenditure under *Communicable disease control* included substantial investment in research aimed at managing communicable diseases, such as investigating diseases such as Hendra virus, Australian bat lyssavirus and Japanese encephalitis.

5.4 Growth in expenditure on public health activities

Expenditure on public health activities by Queensland Health during 2005–06, in real terms, was estimated at $176.2 million. This was an increase of 6.3% on the 2004–05 expenditure, with *Public health research* (up 150.0%), *Communicable disease control* (up 27.2%), and *Cervical screening* (up 16.7%) recording the highest real growth rates (Table 5.5; Figure 5.2).

From 1999–00 to 2005–06, expenditure grew at an average rate of 6.9% per annum. The highest average annual real growth was in expenditure on *Public health research* (20.1%), *Food standards and hygiene* (12.2%), and *Prevention of hazardous and harmful drug use* (11.2%).

Over the period 1999–00 to 2005–06, *Organised immunisation* ($28.7 million) reflected the highest average annual expenditure in real terms, followed by *Selected health promotion* ($26.9 million) and *Prevention of hazardous and harmful drug use* ($25.6 million) (Table 5.5; Figure 5.2).

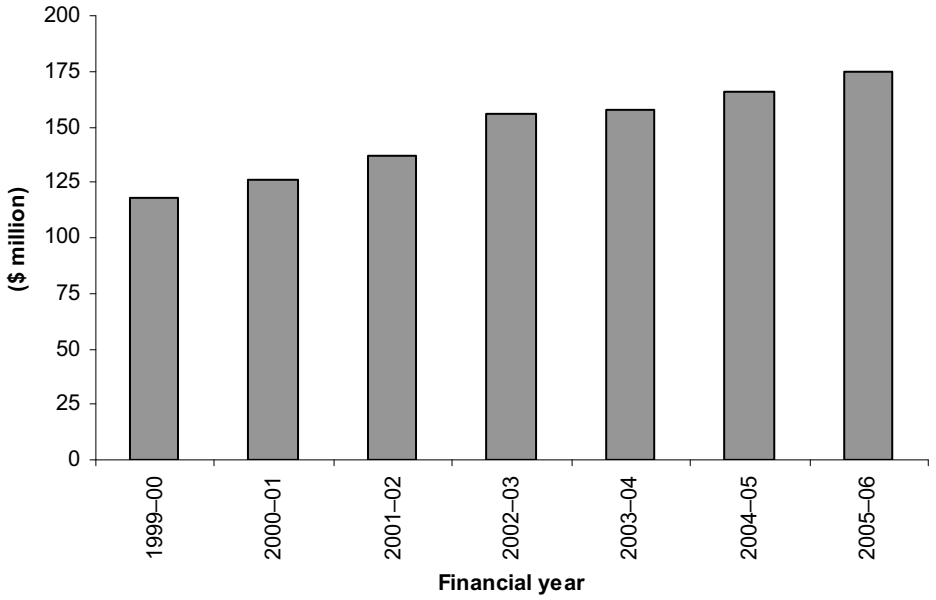
Table 5.5: State government expenditure on public health activities, constant prices[a], Queensland, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	19.0	21.4	19.2	11.7	1.8	22.0	4.1	18.2	0.5	**117.9**
2000–01	19.9	21.5	21.6	13.3	2.2	22.5	4.2	20.5	0.1	**125.8**
2001–02	22.3	28.6	19.5	12.9	2.3	23.4	3.4	24.7	—	**137.1**
2002–03	23.6	28.2	35.2	14.0	3.2	22.6	3.5	25.3	0.2	**155.8**
2003–04	23.9	26.1	39.0	13.8	3.2	23.0	3.6	24.5	0.5	**157.6**
2004–05	23.2	29.6	35.8	14.3	3.7	23.2	3.6	31.8	0.6	**165.8**
2005–06	29.5	32.7	30.4	15.2	3.6	24.6	4.2	34.5	1.5	**176.2**
Average annual expenditure ($ million)										
1999–00 to 2005–06	23.1	26.9	28.7	13.6	2.9	23.0	3.8	25.6	0.5	**148.0**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	27.2	10.5	–15.1	6.3	–2.7	6.0	16.7	8.5	150.0	**6.3**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	7.6	7.3	8.0	4.5	12.2	1.9	0.4	11.2	20.1	**6.9**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

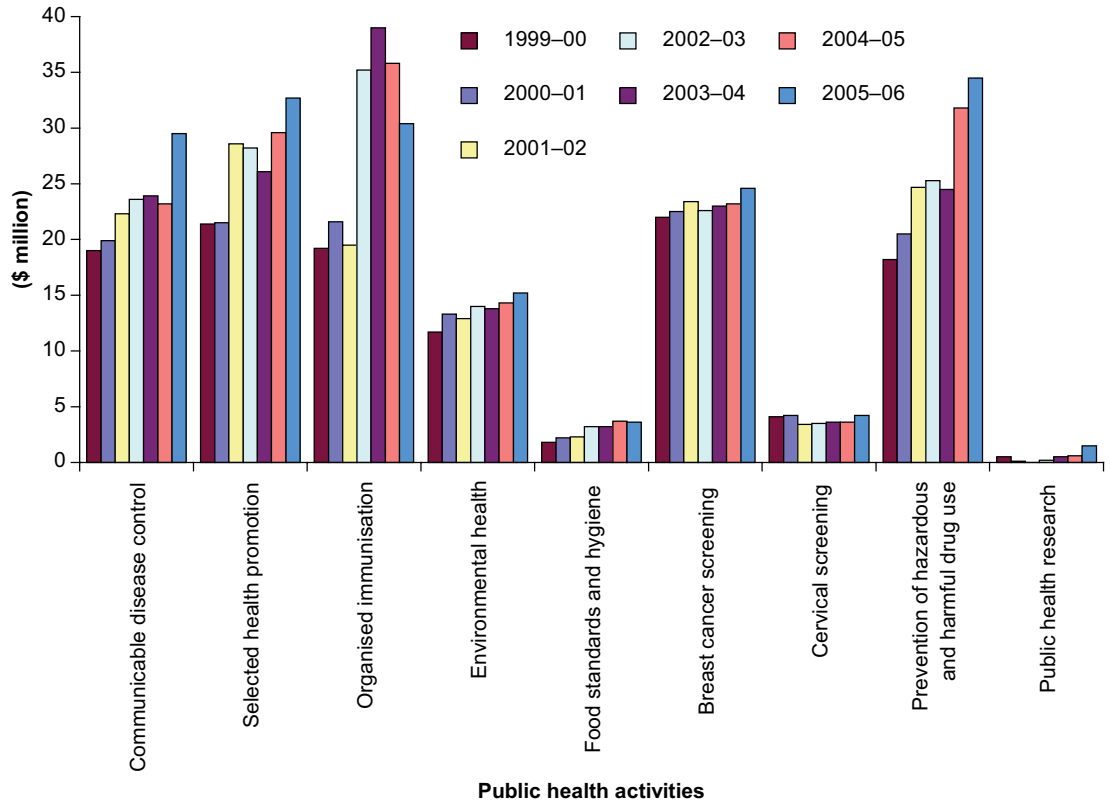
(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 5.5.

Figure 5.2: State government expenditure on public health activities, constant 2004–05 prices, Queensland, 1999–00 to 2005–06



Source: Table 5.5.

Figure 5.3: State government expenditure on public health activities, constant 2004–05 prices, Queensland, 1999–00 to 2005–06

5.5 Expenditure on other activities related to public health

Total expenditure on other activities related to public health during 2005–06 was estimated at $57.5 million. This expenditure was related to school dental services ($36.4 million), primary health centres and outpatient services ($7.5 million) and other public health-related activities ($13.5 million).

6 Expenditure by Western Australian health authorities

6.1 Introduction

Western Australia, with over 32% of the land area of Australia and a total population of approximately 2.0 million, is the largest and most sparsely populated of the Australian states. About 73% of its total population is located within the Perth metropolitan area (1.4 million). Bunbury is the only regional centre with a population greater than 50,000. Approximately 10% of Western Australians live in regions that are classified as remote.

The agencies with primary responsibility for public health services for Western Australians are the Department of Health Western Australia (DOH) and the Western Australian Health Promotion Foundation (Healthway). Public health expenditure for both these organisations is reported in this chapter.

The DOH is the state's principal health authority, with overall responsibility for public health policy development through its Health Policy and Clinical Reform Division, the Office of Aboriginal Health, and the Drug and Alcohol Division. Public health services are delivered through area health services or NGOs such as community-controlled Aboriginal Medical Services.

Healthway is a statutory organisation that provides grants to health and research organisations, as well as sponsorships to sport, arts, racing, and community groups that encourage healthy lifestyles and advance health promotion programs. The sponsorship program operates in partnership with government and NGOs to promote health in new and diverse ways.

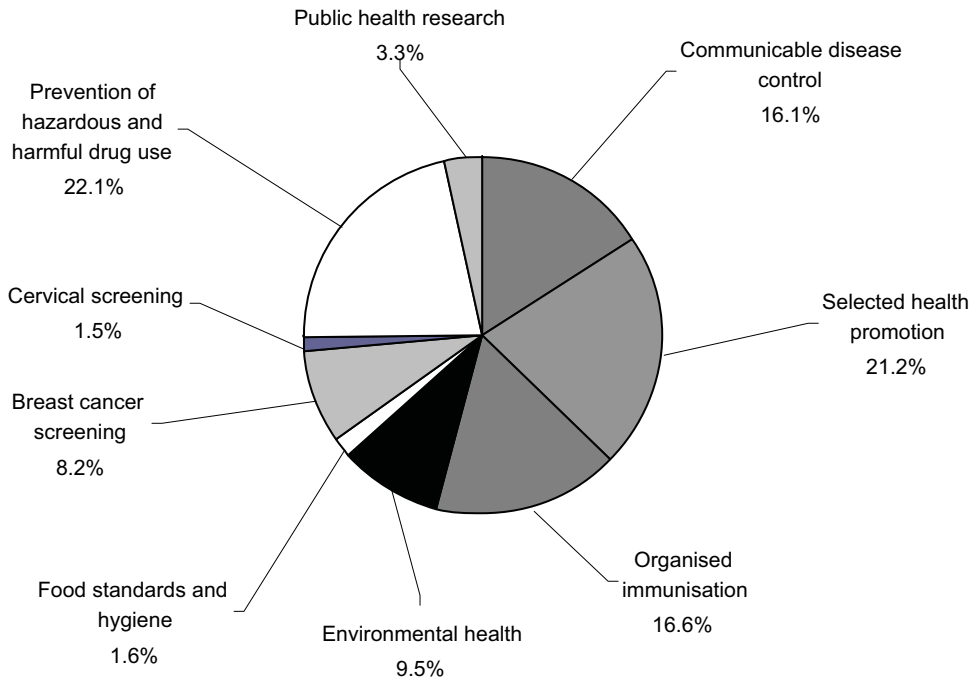
Public health services in rural Western Australia are delivered through the WA Country Health Service with population health units based in the Kimberley, Pilbara Gascoyne, Midwest Murchison, Goldfields South East, Wheatbelt and Great Southern regions and through the South West Area Health Service. A further two population health units are based in the metropolitan area health services. Population health units, together with community health services, deliver services across all of the population health categories, but often with a focus on issues of particular concern in their region.

6.2 Overview of results

Total expenditure on public health activities by DOH and Healthway for 2005–06, in current price terms, was estimated as $116.9 million, up $13.0 million on the previous financial year (Table 6.1).

In 2005–06, approximately 76% of the expenditure was directed towards four public health activities:

- *Prevention of hazardous and harmful drug use* (22.1%)
- *Selected health promotion* (21.2%)
- *Organised immunisation* (16.6%)
- *Communicable disease contro*l (16.1%).



Source: Table 6.1.

Figure 6.1: Proportion of state government public health expenditure, by activity, Western Australia, 2005–06

Table 6.1: State government expenditure on public health activities, current prices, Western Australia, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	11.5	15.0	8.8	10.4	1.6	7.2	1.3	13.9	1.7	**71.4**
2000–01	12.2	15.8	10.3	11.0	1.7	7.5	1.5	14.5	3.2	**77.7**
2001–02	12.8	16.5	13.3	12.1	1.9	8.5	1.7	16.1	3.3	**86.2**
2002–03	13.0	17.5	20.7	12.2	2.0	9.0	1.7	17.2	4.1	**97.4**
2003–04	13.6	18.9	20.7	12.4	2.1	9.7	1.8	18.1	4.5	**101.8**
2004–05	15.8	24.1	15.6	11.5	2.2	9.9	1.5	19.2	4.1	**103.9**
2005–06	18.8	24.8	19.4	11.1	1.9	9.6	1.7	25.8	3.8	**116.9**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	16.1	21.0	12.3	14.6	2.2	10.1	1.8	19.5	2.4	**100.0**
2000–01	15.7	20.3	13.3	14.2	2.2	9.7	1.9	18.7	4.1	**100.0**
2001–02	14.8	19.1	15.4	14.0	2.2	9.9	2.0	18.7	3.8	**100.0**
2002–03	13.3	18.0	21.3	12.5	2.1	9.2	1.7	17.7	4.2	**100.0**
2003–04	13.4	18.6	20.3	12.2	2.1	9.5	1.8	17.8	4.4	**100.0**
2004–05	15.2	23.2	15.0	11.1	2.1	9.5	1.4	18.5	3.9	**100.0**
2005–06	16.1	21.2	16.6	9.5	1.6	8.2	1.5	22.1	3.3	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.

6.3 Expenditure on public health activities

This section of the report looks at Western Australia's level of spending on each of the public health activities. It discusses in more detail the particular programs within each health activity and their related expenditure.

Communicable disease control

Total expenditure on *Communicable disease control* by DOH in 2005–06 was estimated at $18.8 million, up $3.0 million or 19.0% on the previous financial year (Table 6.1). It constituted 16.1% of the total public health expenditure by DOH in that year.

The major elements of the expenditure for 2005–06 are shown in Table 6.2.

Table 6.2: State government expenditure on *Communicable disease control*, current prices, Western Australia, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	4.6
Needle and syringe programs	5.3
Other communicable disease control	8.9
Total	**18.8**

The majority of expenditure associated with this category is coordinated through the Communicable Disease Control Branch. Expenditure on this activity involved:

- disease surveillance
- case and outbreak investigation and management
- management of communicable disease issues, including information and advice
- management of the state-wide tuberculosis control program
- NGO expenditure associated with provision of sexual health services
- refugee/humanitarian migrant health screening.

Progress included an increased focus on Indigenous sexual health programs, and enhancement of the systems for tracking notifiable diseases, and ensuring better surveillance.

Selected health promotion

The total expenditure for *Selected health promotion* by DOH and Healthway in 2005–06 was $24.8 million, up $0.7 million or 2.9% on expenditure during 2004–05 (Table 6.1).

The 2005–06 expenditure represented 21.2% of the total expenditure on public health activities and was the second most significant area of expenditure incurred by DOH during that year (Figure 6.1). Features of the *Selected health promotion* activity over the year included a range of training initiatives to improve the knowledge and skills of health promotion workers, along with support of projects and media campaigns publicising preventable

chronic disease in the priority areas of smoking, nutrition and physical activity. Some of the major health promotion programs were:

- Quit
- Go for 2 & 5
- Find 30
- Stay On Your Feet.

Organised immunisation

The total expenditure for *Organised immunisation* by DOH in 2005–06 was $19.4 million. This expenditure represented 16.6% of total public health expenditure and was one of the more significant areas of expenditure during 2005–06 (Table 6.1; Figure 6.1).

The major elements of the expenditure for 2005–06 are shown in Table 6.3.

Table 6.3: State government expenditure on *Organised immunisation*, current prices, Western Australia, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	12.0
Organised pneumococcal and influenza immunisation	3.8
All other organised immunisation	3.6
Total	**19.4**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Overall, expenditure in 2005–06 was up (approximately $3.8 million) on that incurred in 2004–05. Most of the expenditure associated with this activity related to programs conducted by the State Immunisation Clinic, including:

- distribution, packaging and reporting of vaccines for the state
- provision of a clinical and advisory immunisation service
- provision of immunisation and travel consultation services
- enhancement of the measles program
- provision of lectures and training to immunisation providers.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2004 (see Table 6.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher levels of expenditures in 2002–03 and subsequent years reflect the introduction of the National Meningococcal C Vaccination Program by the Australian Government in January 2003, involving immunisation of all those aged 1 to 19 years in Western Australia. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure on *Environmental health* during 2005–06 was estimated at $11.1 million, down $0.4 million or 3.5% on expenditure in the previous financial year (Table 6.1). The 2005–06 expenditure represented 9.5% of total public health expenditure by DOH (Figure 6.1; Table 6.1).

Most of the expenditure associated with this activity is coordinated through the Environmental Health Branch. It is responsible for monitoring many of the state-wide programs in environmental health.

Expenditures under this activity during the course of the year related to:

- improvement of environmental health in remote communities
- monitoring and assessment of the safety of drinking water, recreational water facilities and natural water bodies
- drugs, poisons and therapeutic goods control
- mosquito-borne disease control, including environmental surveillance and control
- pesticide safety, including issue of licences
- radiation health, including monitoring, compliance and advice
- assessment and management of contaminated land
- wastewater management, including administering policy and legislation
- establishment of an air-quality program.

Food standards and hygiene

The total expenditure for *Food standards and hygiene* in 2005–06 was $1.9 million, which was down $0.3 million or 13.6% on expenditure in the previous financial year. The 2005–06 expenditure constituted 1.6% of total DOH public health expenditure for that year (Figure 6.1; Table 6.1).

Expenditure under this activity related to:

- food monitoring (including meat)
- food-related infectious disease surveillance
- food hygiene legislation review, monitoring and education
- investigations associated with defective labelling
- food safety promotion.

Breast cancer screening

The total expenditure for *Breast cancer screening* in 2005–06 was estimated at $9.6 million. The 2005–06 expenditure constituted 8.2% of total DOH public health expenditure for that year (Table 6.1; Figure 6.1). Overall, expenditure in 2005–06 was down $0.3 million or 3.0% on expenditure in the previous financial year. Some of this reduction is explained by the establishment of a permanent clinic in Rockingham to replace the mobile service that previously provided screening in the area.

Most of the expenditure associated with this category is coordinated through BreastScreen WA. BreastScreen WA forms part of the national program, which is funded under a joint arrangement with the Australian Government through the PHOFAs. It performs state-wide screening using fixed and mobile units, as well as dedicated assessment sites at metropolitan teaching hospitals.

Cervical screening

The total expenditure for *Cervical screening* by DOH in 2005–06 was $1.7 million, up $0.2 million or 13.3% on the previous financial year. The 2005–06 expenditure represented 1.5% of total public health expenditure incurred during that year (Table 6.1; Figure 6.1).

Most of the expenditure associated with this category is coordinated through the Western Australian Cervical Cancer Prevention Program. This program aims at achieving the best possible reduction in the incidence of, and morbidity and mortality attributed to, cervical disease, at an acceptable cost to the community. Major aspects of this program include the maintenance of a cervical cytology register and the development of primary recruitment programs, including support of national education campaigns.

Prevention of hazardous and harmful drug use

The total expenditure for *Prevention of hazardous and harmful drug use* by DOH and Healthway in 2005–06 was estimated at $25.8 million (Table 6.1).

The 2005–06 expenditure represented 22.1% of total expenditure on public health activities and was most significant area of expenditure incurred by DOH during the course of that year (Figure 6.1).

The major elements of the expenditure are shown in Table 6.4.

Table 6.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Western Australia, 2005–06 ($ million)

Category	Expenditure
Alcohol	4.9
Tobacco	7.1
Illicit and other drugs of dependence	8.2
Mixed	5.5
Total	**25.8**

Note: Components may not add to total due to rounding.

Overall, expenditure in 2005–06 was up $6.6 million or 34.4% on the previous financial year. The increase in expenditure was due to the inclusion of funding for non-government alcohol and drug agencies funded by the Drug and Alcohol Office, which was not included in previous reports.

Healthway, the Drug and Alcohol Office and the Health Promotions Directorate were the main contributors to expenditure on activities relating to alcohol and other drugs. The majority of the expenditure was incurred on:

- state-wide drug and alcohol campaigns and community education programs
- metropolitan and regional drug and alcohol treatment services
- school drug education and community-based local action to prevent and reduce drug and alcohol misuse and harm.

Public health research

The total expenditure for *Public health research* by DOH in 2005–06 was $3.8 million, down $0.3 million or 7.3% on 2004–05 (Table 6.1).

The 2005–06 expenditure represented 3.3% of total expenditure on public health activities for that year (Figure 6.1). It included expenditure on research on issues related to childhood diseases, and maternal, child and youth health. In addition, it included expenditure on research activities associated with Healthway.

6.4 Growth in expenditure on public health activities

Total public health expenditure, in constant price terms, increased from $103.9 million in 2004–05 to $112.0 million in 2005–06, an increase of 7.8% (Table 6.5; Figure 6.2). Over the same period, the highest real growth rates were recorded in *Prevention of hazardous and harmful drug use* (up 28.6%), *Organised immunisation* (up 19.2%) and *Communicable disease control* (up 13.9%).

From 1999–00 to 2005–06, expenditure grew at an average rate of 4.9% per annum. The highest average annual real growth rates were in *Organised immunisation* (10.4%), *Public health research* (10.3%), and *Prevention of hazardous and harmful drug use* (up 7.1%).

Over the period 1999–00 to 2005–06, the public health activities that recorded the highest average annual expenditure in real terms were *Selected health promotion* ($20.0 million), *Prevention of hazardous and harmful drug use* ($18.8 million) and *Organised immunisation* ($16.3 million) (Table 6.5; Figure 6.3).

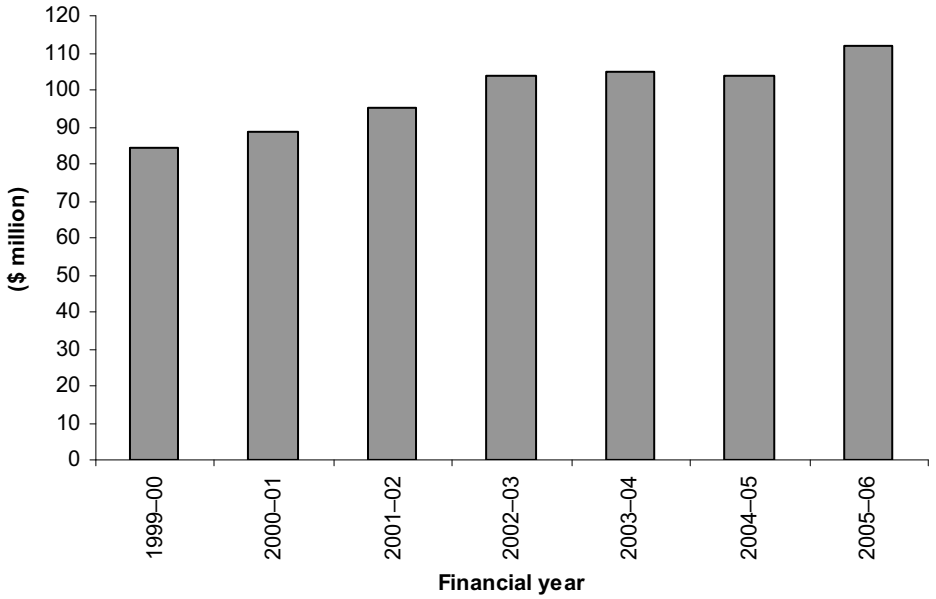
Table 6.5: State government expenditure on public health activities, constant prices[a], Western Australia, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	13.6	17.7	10.3	12.2	1.9	8.5	1.6	16.4	2.0	**84.2**
2000–01	13.9	18.0	11.7	12.5	2.0	8.5	1.8	16.5	3.7	**88.6**
2001–02	14.1	18.2	14.6	13.4	2.1	9.4	1.8	17.8	3.7	**95.1**
2002–03	13.9	18.7	22.1	13.0	2.1	9.6	1.8	18.4	4.4	**104.0**
2003–04	14.1	19.5	21.3	12.8	2.2	10.0	1.9	18.7	4.6	**105.1**
2004–05	15.8	24.1	15.6	11.5	2.2	9.9	1.5	19.2	4.1	**103.9**
2005–06	18.0	23.8	18.6	10.7	1.9	9.2	1.6	24.7	3.6	**112.0**
Average annual expenditure ($ million)										
1999–00 to 2005–06	14.8	20.0	16.3	12.3	2.1	9.3	1.7	18.8	3.7	**99.0**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	13.9	–1.2	19.2	–7.0	–13.6	–7.1	6.7	28.6	–12.2	**7.8**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	4.8	5.1	10.4	–2.2	—	1.3	—	7.1	10.3	**4.9**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

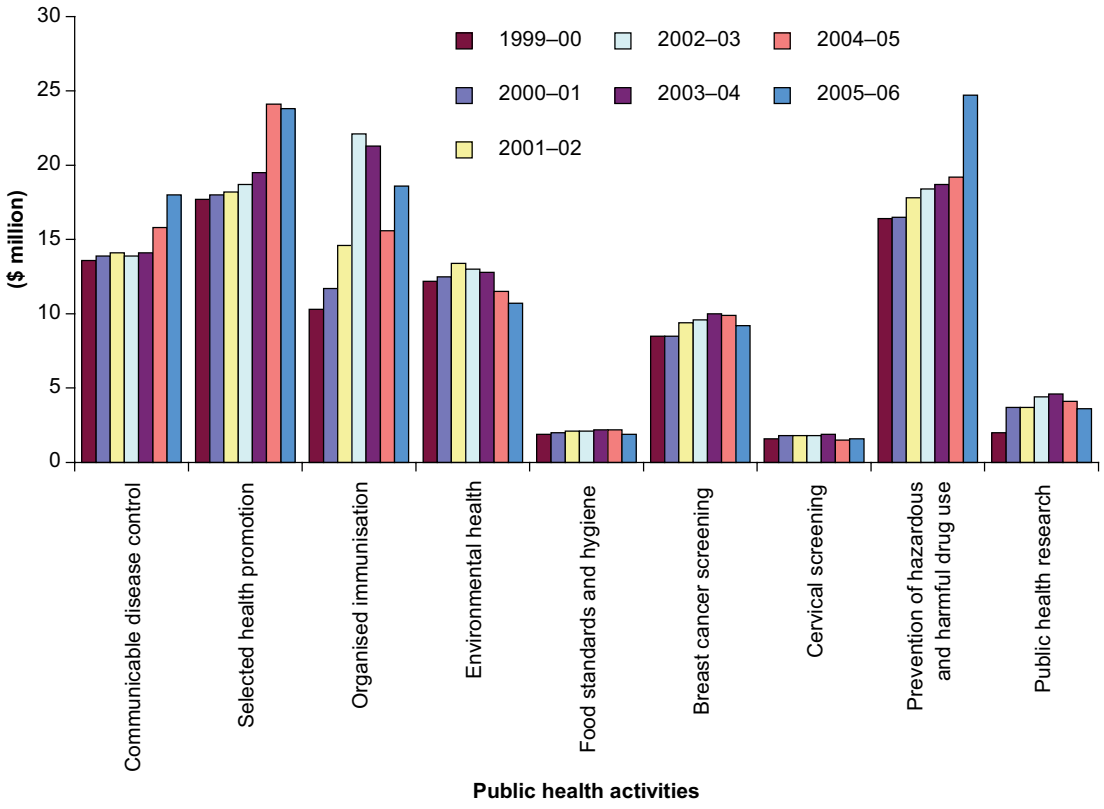
(b) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 6.5.

Figure 6.2: State government expenditure on public health activities, constant 2004–05 prices, Western Australia, 1999–00 to 2005–06



Source: Table 6.5.

Figure 6.3: State government expenditure on public health activities, constant 2004–05 prices, Western Australia, 1999–00 to 2005–06

6.5 Expenditure on other activities related to public health

Total expenditure on other activities related to public health in 2005–06 was estimated at $23.8 million, compared with $31.9 million in 2004–05. Included in this category were health information and epidemiological expenditure related to public health.

7 Expenditure by the South Australian Department of Health

7.1 Introduction

South Australia is Australia's fifth largest state in terms of population. In June 2006 its population was estimated at 1.6 million, of whom approximately 0.2 million or 15.3% of the population were aged 65 years and over. This is higher than the national population average of 13.3% for this age group.

The South Australian Department of Health (DH) is involved in a wide range of activities which support the promotion and protection of the health of the population. These public health activities are funded through DH and administered either directly by DH, mainly by the Public Health and Clinical Coordination Division, or through the health regions. South Australia has the following health regions which all report to DH: two metropolitan health regions, Central Northern Adelaide Health Service and Southern Adelaide Health Service; a country region, Country Health SA; and Children, Youth and Women's Health Service, which has a state-wide responsibility.

7.2 Overview of results

Total public health expenditure by DH in 2005–06 was estimated, in current price terms, at $83.1 million, up $1.2 million or 1.5% on the previous financial year (Table 7.1). In absolute terms, the largest increases in expenditure were recorded for *Prevention of hazardous and harmful drug use* ($1.5 million), *Communicable disease control* ($0.5 million) and *Breast cancer screening* ($0.5 million).

In 2005–06, approximately 73% of the expenditure was directed towards four health activities (Table 7.1):

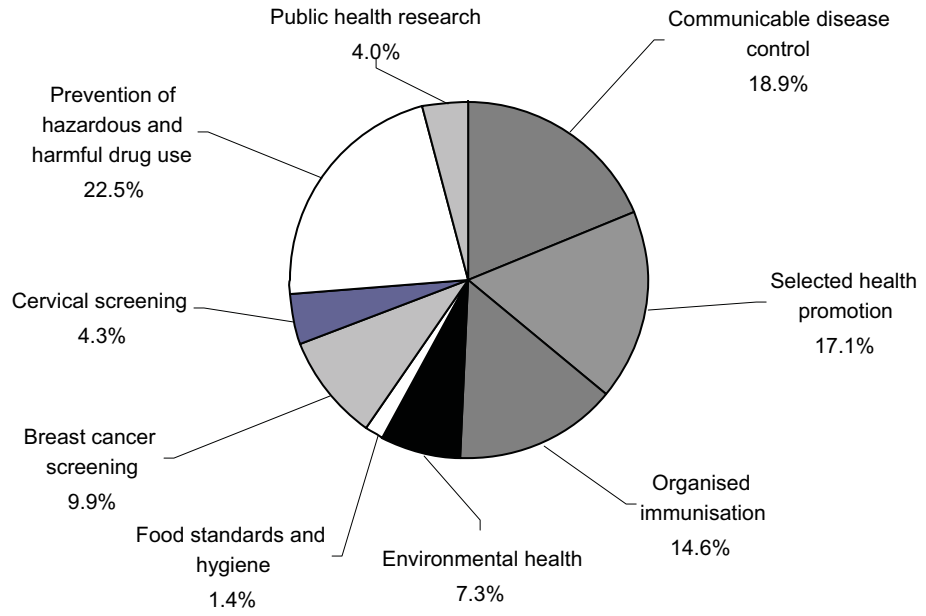
- *Prevention of hazardous and harmful drug use* (22.5%)
- *Communicable disease control* (18.9 %)
- *Selected health promotion* (17.1%)
- *Organised immunisation* (14.6%).

Table 7.1: State government expenditure on public health activities, current prices, South Australia, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	11.5	9.7	8.6	5.5	1.2	7.1	2.8	12.0	0.6	**59.0**
2000–01	12.5	9.8	9.1	6.0	1.5	7.8	3.2	13.9	0.7	**64.5**
2001–02	13.6	12.4	9.7	6.4	1.2	7.3	2.1	12.8	2.4	**67.9**
2002–03	15.4	13.1	17.4	6.6	1.8	7.5	2.2	14.4	3.6	**82.0**
2003–04	14.8	14.2	14.0	5.8	1.4	8.1	2.1	14.6	4.0	**79.0**
2004–05	15.2	13.9	13.5	6.0	1.3	7.7	r3.3	17.2	3.8	r**81.9**
2005–06	15.7	14.2	12.1	6.1	1.2	8.2	3.6	18.7	3.3	**83.1**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	19.5	16.4	14.6	9.3	2.0	12.0	4.7	20.3	1.0	**100.0**
2000–01	19.4	15.2	14.1	9.3	2.3	12.1	5.0	21.6	1.1	**100.0**
2001–02	20.0	18.3	14.3	9.4	1.8	10.8	3.1	18.9	3.5	**100.0**
2002–03	18.8	16.0	21.2	8.0	2.2	9.1	2.7	17.6	4.4	**100.0**
2003–04	18.7	18.0	17.7	7.3	1.8	10.3	2.7	18.5	5.1	**100.0**
2004–05	r18.6	r17.0	r16.5	r7.3	1.6	r9.4	r4.0	r21.0	r4.6	**100.0**
2005–06	18.9	17.1	14.6	7.3	1.4	9.9	4.3	22.5	4.0	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding. 'r' indicates that the data were revised since the last report.



Source: Table 7.1.

Figure 7.1: Proportion of state government public health expenditure, by activity, South Australia, 2005–06

7.3 Expenditure on public health activities

This section of the report looks at South Australia's level of activity in relation to each of the public health activities. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total expenditure for *Communicable disease control* by DH in 2005–06 was $15.7 million. It accounted for 18.9% of the total expenditure on public health activities and was the second most significant area of expenditure by DH during the year (Table 7.1; Figure 7.1).

Overall, expenditure, in nominal terms, was up $0.5 million or 3.3% on the previous financial year. The major elements of the expenditure for 2005–06 are shown in Table 7.2.

Table 7.2: State government expenditure on *Communicable disease control*, current prices, South Australia, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	9.3
Needle and syringe programs	1.9
Other communicable disease control	4.6
Total	**15.7**

Note: Components may not add to total due to rounding.

Communicable disease control aims at reducing the transmission of communicable diseases and minimising the personal and social impact of these diseases. In South Australia, the Communicable Disease Control Branch within DH is responsible for the majority of this work. The branch meets its responsibilities through surveillance and investigation of communicable diseases, coordination of immunisation across the state, and programs focusing on HIV/AIDS, hepatitis C and sexually transmitted infection control.

Other significant expenditure was reported for the Central Northern Adelaide Health Service for HIV/AIDS and tuberculosis; Drug and Alcohol Services SA for clean needle programs; and the Institute of Medical and Veterinary Science.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2005–06 was estimated at $14.2 million, up $0.3 million or 2.2% on the previous financial year. This represented 17.1% of total expenditure on public health activities in 2005–06 and was one of the more significant areas of expenditure by DH during that year (Table 7.1; Figure 7.1).

Within South Australia, health promotion is coordinated by the Health Promotion Branch of DH. Some of the expenditure was aimed at overweight and obesity prevention, physical activity, nutrition and mental health. In addition, metropolitan and country regional health services, public hospitals and community health services also recorded expenditure on a range of health promotion activities.

Organised immunisation

Expenditure on *Organised immunisation* by DH in 2005–06 was $12.1 million, down $1.4 million or 10.4% on 2004–05. This represented 14.6% of total expenditure on public health activities by DH during that year (Table 7.1; Figure 7.1). The major elements of the expenditure are shown in Table 7.3.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2004 (see Table 7.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditures in 2002–03 and subsequent years reflect the introduction of the National Meningococcal C Vaccination Program by the Australian Government in January 2003, involving immunisation of all those aged 1 to 19 years in South Australia. In addition, two new programs were introduced in

January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Table 7.3: State government expenditure on *Organised immunisation*, current prices, South Australia, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	8.9
Organised pneumococcal and influenza immunisation	2.9
All other organised immunisation	0.4
Total	**12.1**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Note: Components may not add to total due to rounding.

Environmental health

Total expenditure for *Environmental health* by DH in 2005–06 was estimated at $6.1 million, up $0.1 million or 1.7% on 2004–05. This constituted 7.3% of the total expenditure on public health activities incurred by DH during the year (Table 7.1; Figure 7.1).

Some of the major activities covered by spending in this area were in prevention and management strategies for infants with elevated lead levels by the Port Pirie Environmental Health Centre; monitoring of contaminated sites and water-quality testing; environmental health service delivery to outback communities; and development of policy and legislation pertaining to a range of health-related matters including access to and safe use of pharmaceuticals and other chemicals, wastewater management and public health pests.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by DH in 2005–06 was estimated at $1.2 million, compared with $1.3 million in the previous financial year. The 2005–06 expenditure constituted 1.4% of total expenditure on public health activities by DH during that year (Table 7.1; Figure 7.1).

Expenditure under this activity related mainly to surveillance of food products, food poisoning investigations, and the development and planning of related policy and legislation. The year 2005–06 saw the completion of the roll-out of Stage 1 of the national food safety reform which had received New Initiative Funds over the previous 4 years.

The majority of the activities reported for this area are the responsibility of the Food Programs Branch in DH; however, expenditure was also reported by the Institute of Medical and Veterinary Science and regional and Aboriginal health services.

Breast cancer screening

Total expenditure for *Breast cancer screening* by DH in 2005–06 was $8.2 million, up $0.5 million or 6.5% on the previous financial year. This represented 9.9% of the total public health expenditure during 2005–06 (Table 7.1; Figure 7.1).

BreastScreen SA, within Central Northern Adelaide Health Service, aims at reducing mortality and morbidity attributable to breast cancer through a free government screening mammography service. The service is provided mainly to asymptomatic women in the target group (women aged 50 to 69 years), on a state-wide basis. However, women 40 years and over are eligible to attend. BreastScreen SA provides the free government breast cancer screening program on behalf of the government in South Australia, as part of the national program. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

In addition to the breast cancer screening program, costs were incurred for:

- breast cancer cytological screens through the Institute of Medical and Veterinary Science
- preliminary breast checks by community health nurses in regional health services.

Cervical screening

Total expenditure for *Cervical screening* by DH for 2005–06 was $3.6 million, up $0.3 million or 9.1% on the previous financial year. This accounted for 4.3% of total expenditure on public health activities during 2005–06 (Table 7.1; Figure 7.1).

The SA Cervix Screening Program, part of the National Cervical Screening Program, aims at achieving the best possible reduction in the incidence of, and morbidity and mortality attributed to, cervical cancer, at an acceptable cost to the community. The Institute of Medical and Veterinary Science, and regional and community health services also recorded expenditure on cervical screening.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by DH in 2005–06 was estimated at $18.7 million, up $1.5 million or 8.7% on 2004–05 (Table 7.1).

The 2005–06 expenditure constituted 22.5% of total public health expenditure and was the most significant area of expenditure on public health activities by DH during that year (Figure 7.1). The major elements of the expenditure are shown in Table 7.4.

Table 7.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, South Australia, 2005–06 ($ million)

Category	Expenditure
Alcohol	0.4
Tobacco	4.2
Illicit and other drugs of dependence	9.7
Mixed	4.4
Total	**18.7**

DH is responsible for providing funds for programs that aim at reducing the overuse and abuse of alcohol and drugs in South Australia. Drug and Alcohol Services SA (DASSA) is responsible for coordinating and developing those programs to provide the best outcomes for individuals and the community. DASSA was responsible for the majority of the activities reported in this area; however, expenditure was also recorded by regional, Aboriginal and mental health services.

Some of the major activities covered by expenditure in this area during the course of the year were tobacco control initiatives and a range of programs aimed at alcohol, illicit and other drug issues.

Public health research

Total expenditure for *Public health research* by DH in 2005–06 was estimated at $3.3 million, down $0.5 million on the previous year. This constituted 4.0% of total expenditure on public health activities during 2005–06 (Table 7.1; Figure 7.1).

A significant proportion of the expenditure related to funding by DASSA to support research in areas relating to alcohol and drug use and prevention. Also included is public health research funding by DH for population health research and epidemiology; community health research; and public health research undertaken in public hospitals and regional health services.

In part, the decrease in funding for *Public health research* is the result of one research program funded by DH being revised. Most projects funded through the original program were completed in 2004–05, and the revised program—which is aligned to the priorities of the SA Strategic Plan—will begin funding research in 2006–07.

7.4 Growth in expenditure on public health activities

Total expenditure on public health activities by DH decreased, in real terms, from $81.9 million in 2004–05 to $79.7 million in 2005–06, a decrease of 2.7% (Table 7.5; Figure 7.2).

On an activity basis, the largest decreases in real growth between 2004–05 and 2005–06 were recorded by *Public health research* (down 15.8%), *Organised immunisation* (down 14.1%) and *Food standards and hygiene* (down 7.7%).

However, estimates of expenditure on public health activities increased, in real terms, between 1999–00 to 2005–06, an average annual rate of 2.2%. Over this period, expenditure on *Public health research* (up 28.8%), *Prevention of hazardous and harmful drug use* (up 3.9%) and *Selected health promotion* (up 2.8%) recorded the highest increases in average annual real expenditure.

Over the period 1999–00 to 2005–06, *Prevention of hazardous and harmful drug use* ($15.7 million) recorded the highest average annual expenditure in real terms, followed by *Communicable disease control* ($15.0 million) and *Selected health promotion* ($13.2 million) (Table 7.5; Figure 7.3).

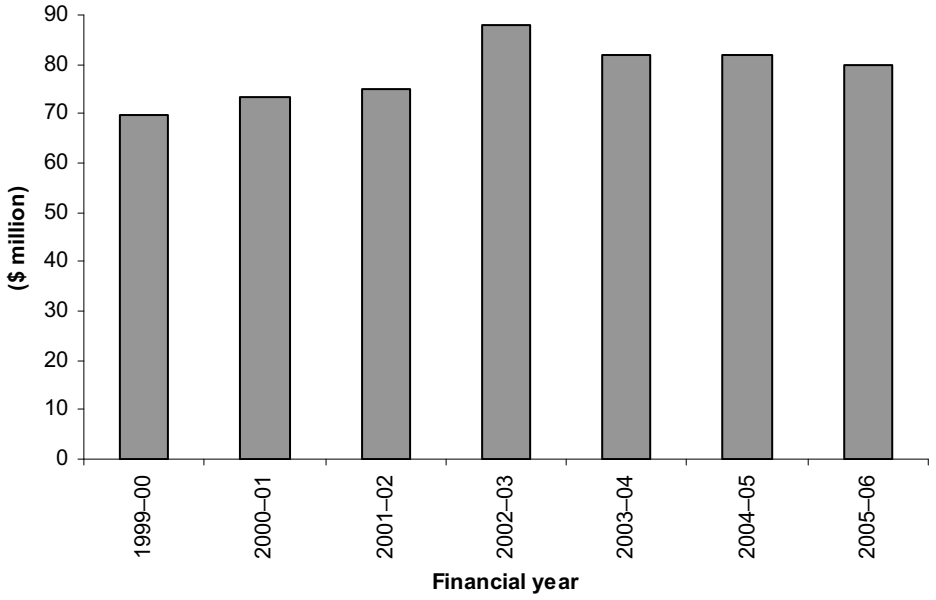
Table 7.5: State government expenditure on public health activities, constant prices[a], South Australia, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	13.6	11.5	10.2	6.5	1.4	8.4	3.3	14.2	0.7	**69.8**
2000–01	14.2	11.2	10.5	6.8	1.7	8.9	3.6	15.8	0.8	**73.5**
2001–02	15.1	13.8	10.7	7.1	1.3	8.1	2.3	14.2	2.6	**75.2**
2002–03	16.5	14.0	18.6	7.1	1.9	8.1	2.3	15.5	3.9	**87.9**
2003–04	15.3	14.7	14.5	6.0	1.5	8.4	2.2	15.1	4.2	**81.9**
2004–05	15.2	13.9	13.5	6.0	1.3	7.7	3.3	17.2	3.8	**81.9**
2005–06	15.1	13.6	11.6	5.8	1.2	7.8	3.5	17.9	3.2	**79.7**
Average annual expenditure ($ million)										
1999–00 to 2005–06	15.0	13.2	12.8	6.5	1.5	8.2	2.9	15.7	2.7	**78.6**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	–0.7	–2.2	–14.1	–3.3	–7.7	1.3	6.1	4.1	–15.8	**–2.7**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	1.8	2.8	2.2	–1.9	–2.5	–1.2	1.0	3.9	28.8	**2.2**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

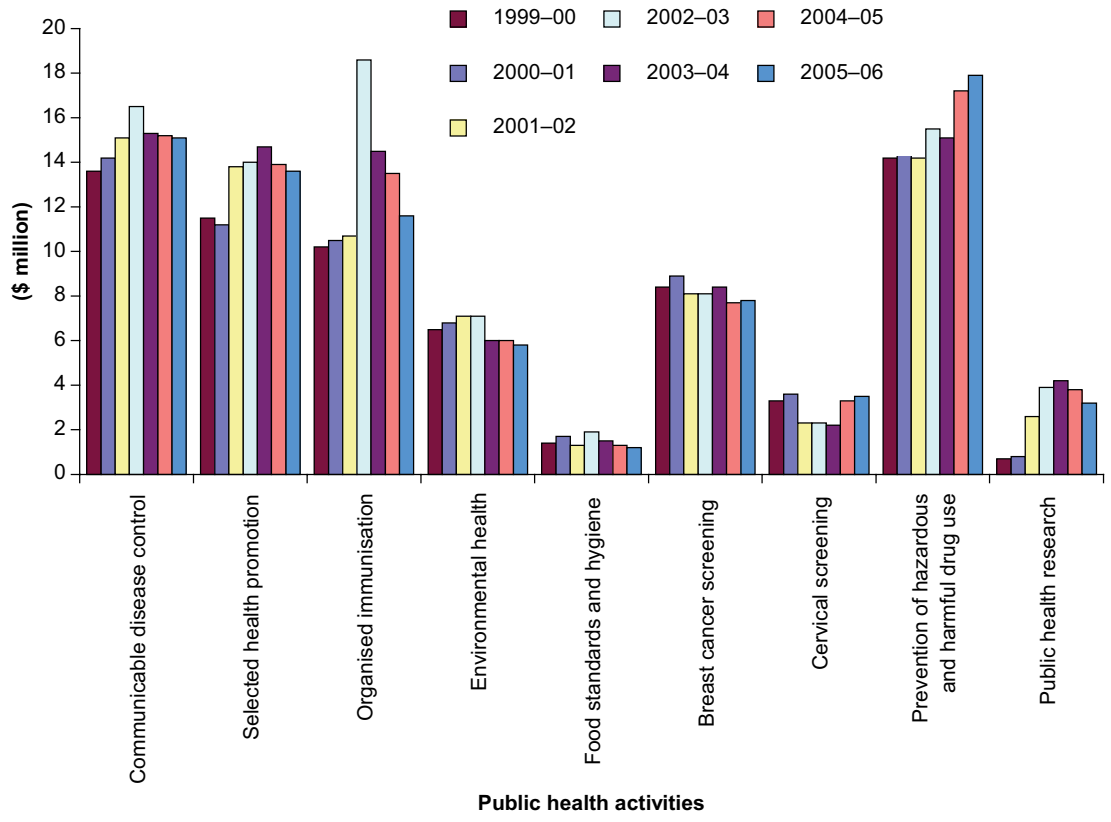
(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 7.5.

Figure 7.2: State government expenditure on public health activities, constant 2004–05 prices, South Australia, 1999–00 to 2005–06



Source: Table 7.5.

Figure 7.3: State government expenditure on public health activities, constant 2004–05 prices, South Australia, 1999–00 to 2005–06

7.5 Expenditure on other activities related to public health

Total expenditure on other activities related to public health in 2005–06 was estimated at $89.0 million, up approximately $6.7 million or 8.1% on the previous year.

The major programs included for 2005–06 were:

- dental health services, including school, community and public dental programs ($52.2 million)
- primary health care programs providing generic health services, as well as projects relating to migrant health, women's health, youth health, Aboriginal health and violence and abuse ($19.5 million)
- alcohol and other drug treatment programs ($8.3 million)
- epidemiology and population health research ($3.2 million)
- sexual health programs ($1.1 million).

8 Expenditure by the Tasmanian Department of Health and Human Services

8.1 Introduction

Tasmania, with an estimated population of 488,948 at June 2006, is Australia's smallest state, in both its geographic area and its total population. However, its population is greater than both the Territories. Some 14.7% of Tasmania's population are aged 65 years and over, which is higher than the national average of 13.3%.

The Department of Health and Human Services (DHHS) is Tasmania's largest government department and is involved in a wide range of activities that support the promotion and protection of the health and wellbeing of Tasmanians. Its public health role incorporates monitoring quality and performance in key areas of health protection, and chronic and communicable disease prevention; developing public health policy; providing advice on public health issues; and undertaking ongoing surveillance of social, economic, public and environmental health indicators.

Within the department, the Division of Community, Population & Rural Health (CPRH) has the main responsibility for public health, through the key areas of:

- public and environmental health
- population and health priorities
- alcohol and drug services
- cancer screening and control services.

8.2 Overview of results

Total expenditure by the DHHS on public health activities in Tasmania during 2005–06, in current price terms, was estimated at $30.1 million, up $3.8 million or 14.6% on the previous financial year (Table 8.1). Note however, that this figure includes expenditure on programs that was not reported before 2005–06 (see Chapter 11).

In 2005–06, 87% of public health expenditure was directed towards the following public health activities:

- *Prevention of hazardous and harmful drug use* (21.6%)
- *Organised immunisation* (19.1%)
- *Selected health promotion* (18.8%)
- *Breast cancer screening* (14.5%)
- *Communicable disease control* (13.0%).

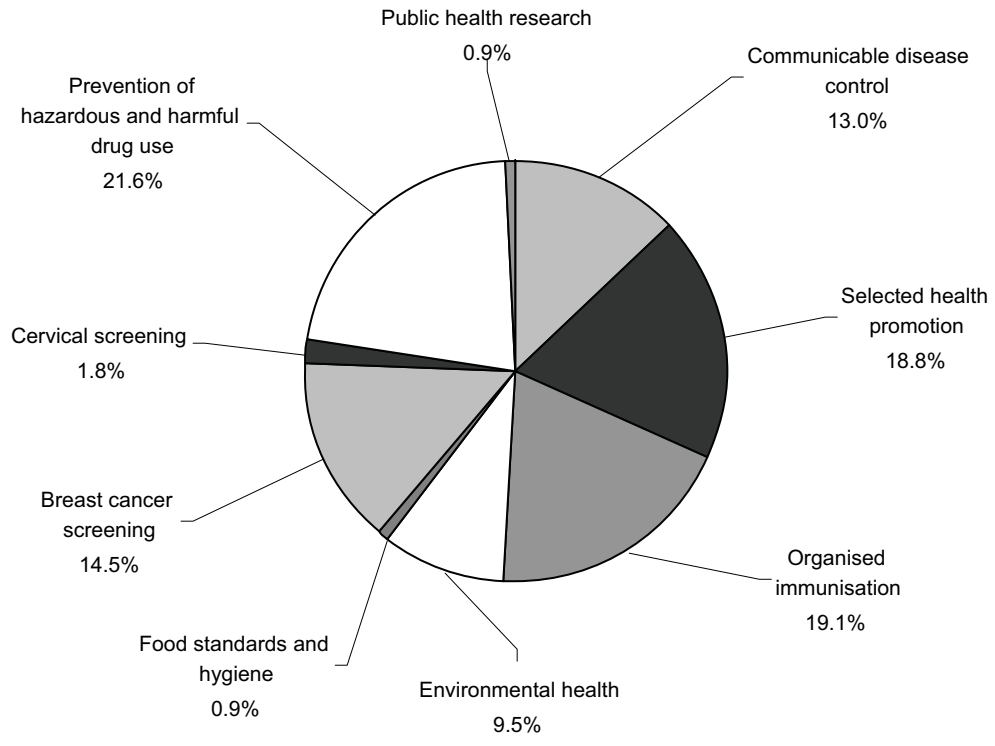
Table 8.1 shows expenditure for financial years 1999–00 to 2005–06. Care should be used in interpreting the expenditure because of the continual refinement of Tasmania's collection methods.

Table 8.1: State government expenditure on public health activities, current prices, Tasmania, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	2.3	4.0	3.0	2.5	0.1	2.6	0.7	4.4	0.3	**19.9**
2000–01	2.5	4.5	3.6	2.6	0.1	3.1	0.7	4.4	0.4	**21.9**
2001–02	2.5	6.7	2.6	2.9	0.3	2.7	0.5	5.4	0.2	**23.8**
2002–03	3.2	6.4	4.7	3.1	0.3	3.8	0.5	5.7	0.2	**27.9**
2003–04	2.4	6.1	4.3	4.0	0.2	3.7	0.5	5.5	0.3	**27.0**
2004–05	3.0	3.9	4.9	4.8	0.2	4.1	0.6	4.4	0.3	**26.2**
2005–06	3.9	5.6	5.7	2.9	0.3	4.4	0.5	6.5	0.3	**30.1**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	11.8	19.9	15.3	12.8	0.4	12.9	3.5	22.0	1.5	**100.0**
2000–01	11.5	20.4	16.4	11.7	0.7	14.3	3.2	20.1	1.7	**100.0**
2001–02	10.7	28.3	10.8	12.1	1.1	11.4	2.2	22.5	0.9	**100.0**
2002–03	11.5	22.8	17.0	11.0	1.0	13.6	1.7	20.6	0.9	**100.0**
2003–04	8.8	22.6	16.1	14.7	0.6	13.8	1.9	20.4	1.2	**100.0**
2004–05	11.3	15.0	18.6	18.2	0.9	15.5	2.3	16.9	1.2	**100.0**
2005–06	13.0	18.8	19.1	9.5	0.9	14.5	1.8	21.6	0.9	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 8.1.

Figure 8.1: Proportion of state government public health expenditure, by activity, Tasmania, 2005–06

8.3 Expenditure on public health activities

This section of the report examines Tasmania's expenditure on each of the public health activities. It discusses in more detail particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total reported expenditure for *Communicable disease control* in 2005–06 was $3.9 million, an increase of $0.9 million or 31.3% on the previous financial year (Table 8.1). This increase is partly due to the reallocation of expenditure previously reported in *Environmental health* ($0.6 million), and the inclusion of Population Health grants ($0.5 million) that were not previously reported.

The major elements of the expenditure are shown in Table 8.2.

Table 8.2: State government expenditure on *Communicable disease control*, current prices, Tasmania, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	1.4
Needle and syringe programs	1.1
Other communicable disease control	1.4
Total	**3.9**

The HIV/AIDS section of *Communicable disease control* is located within the Hospital and Ambulance Division (HAS)—Diagnostic and Pharmacy Services. The balance of expenditure under this category is within CPRH and a small portion in Corporate Services Grants and Contracts.

Activities funded include voluntary counselling and testing for HIV, provision of advocacy and supportive counselling for those infected and affected with HIV, policy development, needle and syringe program services, communicable disease education and prevention initiatives, monitoring and surveillance activities, and the investigation of notifiable diseases.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2005–06 was estimated at $5.6 million, up $1.7 million or 43.2% on the previous financial year. It constituted 18.8% of the total expenditure by DHHS during the year (Table 8.1; Figure 8.1).

The increase in expenditure for 2005–06 is largely due to a change in the method used in compiling these estimates. A review of health expenditure to be included under this category was undertaken to better align these expenditures with the 2005–06 public health categories. This review resulted in a difference in how reporting occurs for this category and thus 2005–06 estimates are not directly comparable with the data reported for previous years. In particular, $1.4 million for the activities listed below has been reallocated from 'Expenditure on other activities related to public health' to this category. Population Health grants totalling $0.8 million have also been included.

Activities funded include provision of services in the areas of community nutrition, women's health, chronic disease self-management, physical activity health promotion, and policy and project activities for multicultural health, Aboriginal and Torres Strait Islander health, men's health, injury, diabetes and cardiovascular disease and youth health.

Organised immunisation

Expenditure by DHHS on *Organised immunisation* in 2005–06 was estimated at $5.7 million, up $0.9 million or 17.5% on the previous year (Table 8.1; Figure 8.1). This increase is due to a refinement in the procedure for reporting expenditure on *Organised immunisation* —stock on hand ($1.7 million) has been included but was not reported in previous years.

The 2005–06 expenditure constituted 19.1% of total expenditure on public health activities and reflected the second most significant area of expenditure by DHHS during that year. The major elements of the expenditure are shown in Table 8.3.

Table 8.3: State government expenditure on *Organised immunisation*, current prices, Tasmania, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	4.0
Organised pneumococcal and influenza immunisation	0.8
All other organised immunisation	1.0
Total	**5.7**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Note: Components may not add to total due to rounding.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIAs from 1 July 2004 (see Table 8.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure on *Environmental health* during 2005–06 was estimated at $2.9 million, down $1.9 million or 40.4% on the previous financial year. This was 9.5% of the total expenditure on public health activities during 2005–06.

Expenditures incurred under this activity related mainly to ongoing provision of environmental health advice and support, performance monitoring of drinking and recreational water quality, shellfish quality assurance, fluoridation plant and chemicals, and supervising Legionella control measures and radiation safety.

The decrease in 2005–06 expenditure was largely due to the reallocation of selected expenditures from this category to *Communicable disease control* and the reclassification of pharmaceutical services expenditure ($0.4 million) to the *Prevention of hazardous and harmful drug use* category. Consequently, the 2005–06 estimates are not strictly comparable with those for previous years.

Food standards and hygiene

Tasmania spent approximately $0.3 million on *Food standards and hygiene* activities during 2005–06. This constituted 0.9% of the total expenditure on public health activities in 2005–06 (Table 8.1; Figure 8.1).

The Public and Environmental Health Service's Environmental Health Branch recorded expenditure on food standards and hygiene regulation. In addition, other expenditures included:

- continued support to the Eat Well Tasmania education strategy
- provision of expertise, training and support to non-government and community sector providers to implement a series of projects to improve nutrition for young children in Tasmania under the National Child Nutrition Program.

Breast cancer screening

Total expenditure on *Breast cancer screening* by DHHS during 2005–06 was estimated at $4.4 million, up $0.3 million or 7.2% on 2004–05. This constituted 14.5% of total expenditure on public health activities during the year (Table 8.1).

Breast cancer screening is conducted by the BreastScreen Tasmania program, which includes a mobile unit and other fixed sites. It provides a free government breast cancer screening and assessment program for women aged 40 years and over throughout Tasmania. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

Tasmania's ageing population is seeing an increased number of women in the target age range, causing continued increased demand on the program.

Tasmania continues to experience difficulties in recruiting radiographers and radiologists and is consistently incurring interstate locum costs which add to the cost of service provision.

BreastScreen Tasmania includes in its reporting, the costs of transporting and accommodating women recalled to Hobart for further assessment of screen detected abnormalities.

Cervical screening

Total expenditure on *Cervical screening* during 2005–06 was approximately $0.5 million, down approximately $0.1 million on the previous year. This constituted 1.8% of the total expenditure on public health activities during 2005–06 (Table 8.1).

Major areas of expenditure for *Cervical screening* were the maintenance of the cytology register, unit coordination, education, promotion and recruitment. Other areas of expenditure reported in this category were quality assurance and special screening services.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* in 2005–06 was $6.5 million, up $2.1 million or 46.6% on the previous year (Table 8.1).

The 2005–06 expenditure was 21.6% of the total expenditure on public health activities. The major elements of the expenditure are shown in Table 8.4.

Table 8.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Tasmania, 2005–06 ($ million)

Category	Expenditure
Alcohol	0.5
Tobacco	0.7
Illicit and other drugs of dependence	1.6
Mixed	3.7
Total	**6.5**

Expenditure under this activity related mainly to:

- diversion programs
- tobacco control
- methadone program
- GP advisory service
- pharmaceutical services, including regulation of prescribing for drugs of dependence.

The increase in this category is attributable mainly to the reclassification of pharmaceutical services expenditure of $0.4 million from *Environmental health* to this activity and the inclusion of grants to non-government organisations ($1.3 million) that were not previously reported.

Public health research

Total expenditure during 2005–06 was estimated at approximately $0.3 million, which was similar to the level of expenditure in 2004–05. This was 0.9% of total public health expenditure during 2005–06 (Table 8.1; Figure 8.1).

The expenditure reported under *Public health research* was for grants to the Menzies Centre for selected population health research into such areas as physical activity, obesity and the effects of parental smoking and environmental tobacco exposure on childhood asthma.

8.4 Growth in expenditure on public health activities

Total public health expenditure reported here by DHHS increased, in real terms, from $26.2 million in 2004–05 to $28.8 million in 2005–06, an increase of 9.6% (Table 8.5; Figure 8.3).

From 1999–00 to 2005–06, expenditure grew at an average rate of 3.5% per annum (Table 8.5). The highest annual real growth was in expenditure on *Food standards and hygiene* (21.1%) and *Organised immunisation* (7.3%).

Over the period 1999–00 to 2005–06, *Selected health promotion* ($5.7 million) and *Prevention of hazardous and harmful drug use* ($5.5 million) reflected the highest average real expenditure (Table 8.5; Figure 8.3), followed by *Organised immunisation* ($4.3 million).

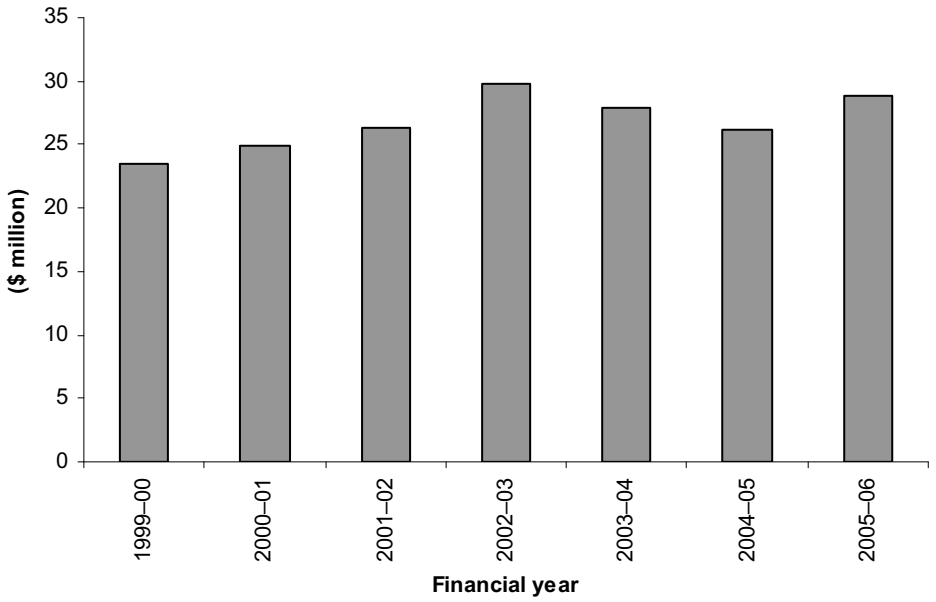
Table 8.5: State government expenditure on public health activities, constant prices[a], Tasmania, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	2.8	4.7	3.6	3.0	0.1	3.0	0.8	5.2	0.4	**23.5**
2000–01	2.9	5.1	4.1	2.9	0.2	3.6	0.8	5.0	0.4	**24.9**
2001–02	2.8	7.5	2.8	3.2	0.3	3.0	0.6	5.9	0.2	**26.4**
2002–03	3.4	6.8	5.1	3.3	0.3	4.1	0.5	6.1	0.3	**29.9**
2003–04	2.5	6.3	4.5	4.1	0.2	3.8	0.5	5.7	0.3	**27.9**
2004–05	3.0	3.9	4.9	4.8	0.2	4.1	0.6	4.4	0.3	**26.2**
2005–06	3.7	5.4	5.5	2.7	0.3	4.2	0.5	6.2	0.3	**28.8**
Average annual expenditure ($ million)										
1999–00 to 2005–06	3.0	5.7	4.3	3.4	0.2	3.7	0.6	5.5	0.3	**26.8**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	25.6	37.1	12.5	–43.0	6.4	2.6	–17.5	40.3	–14.5	**9.6**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	5.1	2.5	7.3	–1.5	21.1	5.5	–7.6	3.2	–4.9	**3.5**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

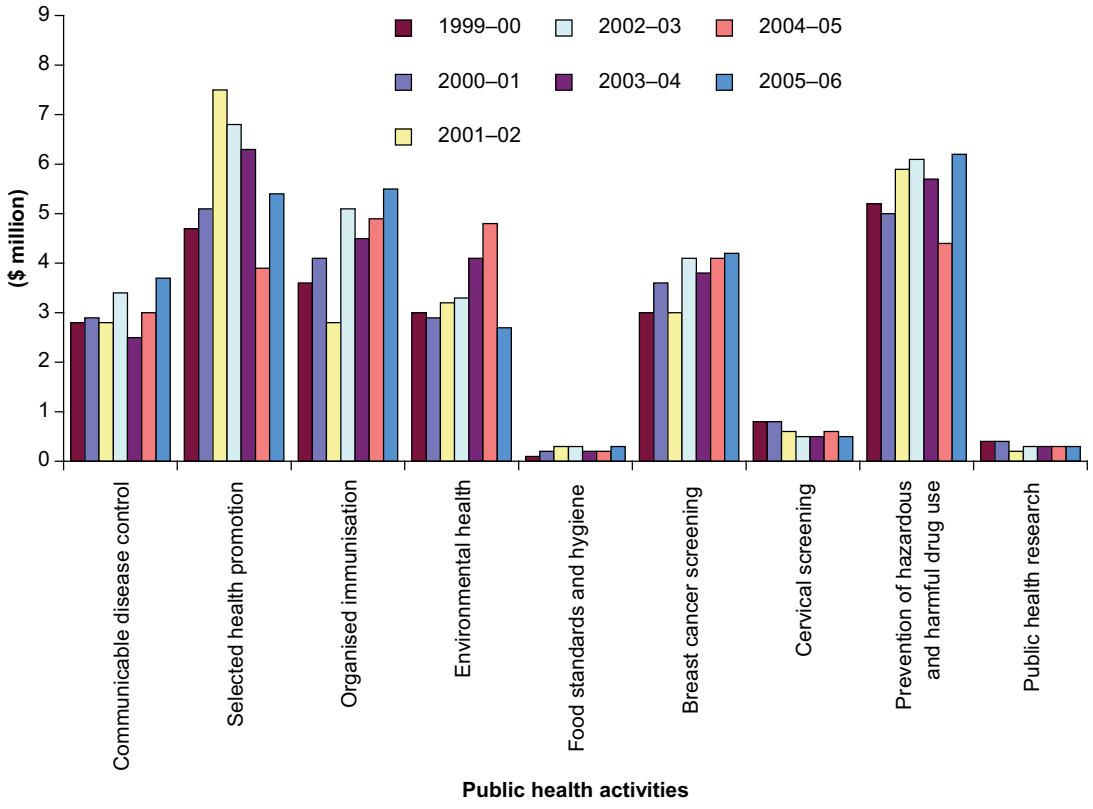
(b) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 8.5.

Figure 8.2: State government expenditure on public health activities, constant 2004–05 prices, Tasmania, 1999–00 to 2005–06



Source: Table 8.5.

Figure 8.3: State government expenditure on public health activities, constant 2004–05 prices, Tasmania, 1999–00 to 2005–06

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory is a self-governing territory that is located wholly within the boundaries of New South Wales. It has a population of approximately 329,000. None of the population resides in a remote area.

As well as providing for the needs of its own population, many of the territory's health services also cater for the needs of the surrounding regions of New South Wales. For example, as well as being the territory's principal hospital, the Canberra Hospital is the major regional hospital serving the Far South Coast, Southern Tablelands and South-West Slopes of New South Wales. Approximately one-quarter of acute hospital services provided by public hospitals in the Australian Capital Territory were supplied to persons who were not residents there.

ACT Health is the territory's principal health authority, with overall responsibility for public health policy and planning. Within ACT Health, the Population Health Division is responsible for delivering public health services and for assessing population-based health outcomes, communicable disease surveillance and health protection. In addition, population health services are provided by other areas of ACT Health such as community, cancer and mental health services.

Healthpact is a statutory authority with responsibility for providing grants to health and research organisations. Healthpact works with communities to identify and rank health promotion and prevention concerns, and facilitate whole-of-government and whole-of-community responses to those needs.

9.2 Overview of results

Total expenditure on public health activities by ACT Health for 2005–06 was estimated at $28.0 million (Table 9.1). This was a decrease of $0.4 million (or 1.4%) on the previous financial year.

Approximately 63% of the expenditure was directed towards three health activities (Figure 9.1). These were:

- *Selected health promotion* (26.0%)
- *Communicable disease control* (21.3%)
- *Organised immunisation* (15.8%).

Table 9.1: Territory government expenditure on public health activities, current prices, Australian Capital Territory, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion[a]	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use[b]	Public health research	Total public health
					Amount ($ million)					
1999–00[c]	2.6	4.9	3.3	1.5	1.6	2.0	0.6	6.4	—	**22.9**
2000–01	3.7	3.4	4.0	2.0	1.8	2.1	0.6	4.6	0.1	**22.2**
2001–02	4.0	2.9	3.7	2.1	1.9	1.8	0.2	6.0	0.1	**22.7**
2002–03	4.0	3.3	4.3	2.4	2.3	1.7	0.2	6.3	0.1	**24.6**
2003–04	5.1	4.0	5.5	2.9	2.4	1.7	0.3	3.4	0.2	**25.5**
2004–05	5.7	6.4	5.2	2.8	2.4	1.7	0.4	3.8	0.1	**28.4**
2005–06	6.0	7.3	4.4	2.7	2.3	1.9	0.4	2.9	0.1	**28.0**
					Proportion of public health expenditure[d] (per cent)					
1999–00	11.3	21.6	14.3	6.4	7.1	8.8	2.4	27.9	0.1	**100.0**
2000–01	16.6	15.2	18.2	8.9	8.1	9.4	2.6	20.6	0.5	**100.0**
2001–02	17.6	12.8	16.3	9.2	8.5	7.9	0.9	26.5	0.3	**100.0**
2002–03	16.2	13.6	17.5	9.8	9.3	6.8	0.9	25.4	0.6	**100.0**
2003–04	20.2	15.7	21.6	11.2	9.6	6.5	1.2	13.2	1.0	**100.0**
2004–05	20.0	22.5	18.4	9.7	8.5	5.8	1.4	13.3	0.5	**100.0**
2005–06	21.3	26.0	15.8	9.7	8.1	7.0	1.3	10.4	0.5	**100.0**

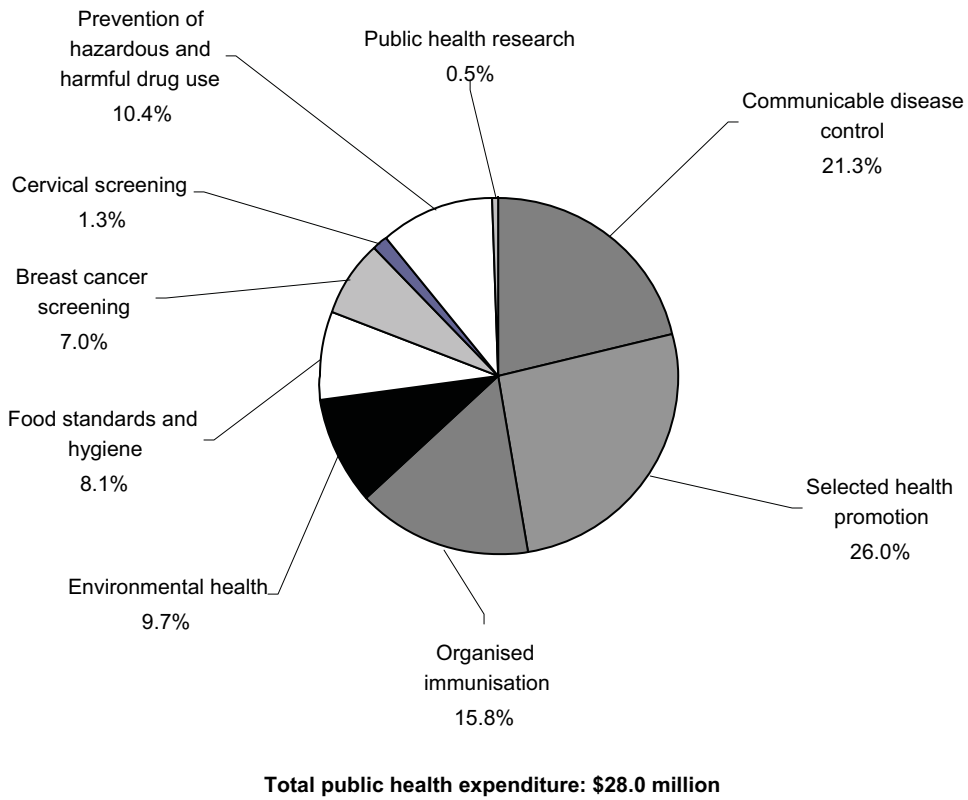
(a) Expenditure on mental health promotion has been included from 2004–05.

(b) Prior to 2004–05 the expenditure estimates included some treatment services.

(c) The 1999–00 data are compiled using a different methodology from that used for 2000–01 onwards. Therefore, the 1999–00 data are not strictly comparable with those for subsequent years.

(d) The proportions are calculated using public expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 9.1.

Figure 9.1: Proportion of territory government public health expenditure, by activity, Australian Capital Territory, 2005–06

9.3 Expenditure on public health activities

This section of the report looks at the Australian Capital Territory's level of spending on each of the public health activities. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total reported expenditure for *Communicable disease control* in 2005–06 was $6.0 million. This accounted for 21.3% of total expenditure on public health activities in 2005–06 and was the second most significant area of expenditure by ACT Health in that year (Table 9.1; Figure 9.1).

The major elements of the 2005–06 expenditure are shown in Table 9.2. Overall, expenditure was up $0.3 million or 4.6% on the previous year.

Table 9.2: Territory government expenditure on *Communicable disease control*, current prices, Australian Capital Territory, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	2.5
Needle and syringe programs	1.1
Other communicable disease control	2.3
Total	**6.0**

Note: Components may not add to total due to rounding.

Some of the key achievements over the year included:

- provision of sexual health promotion and education through the non-government and community sector (including expanded cinema advertising) and further expansion of outreach sexual health information and testing programs in non-clinical settings
- provision of support programs and education and awareness-raising for those affected by and at risk of hepatitis C through the non-government and community sector
- continued support of treatment and care programs for people with HIV/AIDS through the non-government and community sector
- provision of secretariat support to ACT Health and Medical Research Council, ACT Health and Medical Research Support Program, and Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases.

Selected health promotion

Total reported expenditure on *Selected health promotion* was $7.3 million, up $0.9 million (or 14.0%) on the previous financial year. This represented 26.0% of total expenditure on public health activities during 2005–06 (Table 9.1; Figure 9.1) and was the most significant area of expenditure by ACT Health.

Expenditure over the year included health promotion in a range of activities, notably the implementation of the national fruit and vegetable campaign 'Go for 2 & 5' across the territory.

Healthpact Secretariat continued supporting innovative, health-promoting outcomes through the ACT Health Promotion Board including:

- SunSmart
- physical activity
- nutrition
- falls prevention in older persons
- community wellbeing (including mental health)
- Healthy Lifestyle Program.

Organised immunisation

Total expenditure for *Organised immunisation* by ACT Health in 2005–06 was estimated at $4.4 million. This represented 15.8% of total expenditure on public health activities and was

the third most significant area of expenditure by ACT Health during that year (Table 9.1; Figure 9.1).

The major elements of the expenditure for 2005–06 are shown in Table 9.3. Overall, expenditure was down $0.8 million or 15.2% on the previous year. The drop in expenditure reflects the completion of the Meningococcal C and Pneumococcal Vaccination catch-up programs by 2005–06.

Table 9.3: Territory government expenditure on *Organised immunisation*, current prices, Australian Capital Territory, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	3.3
Organised pneumococcal and influenza immunisation	0.7
All other organised immunisation	0.4
Total	**4.4**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIAs from 1 July 2004 (see Table 9.1). Changes in funding along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditure in 2003–04 and 2004–05 reflects the introduction of the National Meningococcal C Vaccination Program by the Australian Government in August 2003, involving immunisation of all those aged 1 to 19 years. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 comes from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure for *Environmental health* by ACT Health in 2005–06 was estimated at $2.7 million, down marginally on that incurred in 2004–05 (Table 9.1).

The expenditure in 2005–06 constituted 9.7% of the total expenditure on public health activities (Figure 9.1). Expenditure included mainly policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Laboratory and Radiation Safety Section.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by ACT Health in 2005–06 was $2.3 million, which was down marginally on the previous year. It constituted 8.1% of total expenditure on public health activities in 2005–06 (Table 9.1; Figure 9.1).

Expenditure under this activity was related mainly to standardisation and regulatory and safety issues such as food safety surveillance, food premises fit-out approval, food handler

education, food safety enforcement, and policy and legislation development. A range of safety and sampling activities, such as food testing, was also undertaken.

Breast cancer screening

Total expenditure on *Breast cancer screening* was $1.9 million in 2005–06, which was up $0.3 million or 17.6% on 2004–05. The 2005–06 expenditure constituted 7.0% of the total expenditure on public health activities by ACT Health during that year (Table 9.1; Figure 9.1). The higher expenditure reflects the increased number of women screened during the course of 2005–06 as a result of recruitment activities.

As part of a national funded program, BreastScreen ACT provides free screening services to all women aged over 50 years. Funding for the program is provided under a joint arrangement with the Australia Government through the PHOFAs.

Cervical screening

Total expenditure on *Cervical screening* during 2005–06 was estimated at $0.4 million. This constituted 1.3% of total public health expenditure by ACT Health during the year (Table 9.1; Figure 9.1).

Expenditure was largely on promotion and education services and the maintenance and upgrading of the Cervical Cytology Register to comply with 2006 NHMRC guidelines.

Prevention of hazardous and harmful drug use

The total expenditure on *Prevention of hazardous and harmful drug use* was $2.9 million in 2005–06 (Table 9.1). The 2005–06 expenditure represented 10.4% of the total expenditure on public health activities (Figure 9.1). The major elements of the expenditure are shown in Table 9.4.

Table 9.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Australian Capital Territory, 2005–06 ($ million)

Category	Expenditure
Alcohol	0.2
Tobacco	0.5
Illicit and other drugs of dependence	0.7
Mixed	1.5
Total	**2.9**

There was a decrease of $0.9 million (or 22.6%) on the previous year's expenditure. This was largely due to a decrease in expenditure on the mixed drugs programs, down from $2.3 million in 2004–05 to $1.5 in 2005–06. This decrease was due to the rechannelling of grants from the Australian Government directly to non-government organisations.

Expenditure was directed towards a wide range of activities aimed at the prevention of harmful drug use, such as:

- provision of accurate information, support and referral to the community, individuals and groups
- promotion of community awareness through health promotion activities
- training programs provided to health professionals
- regulatory control of illicit and other drugs of dependence such as monitoring of legislated controls in the sale of tobacco products to minors, laboratory services and pharmaceutical regulatory services
- amendments to existing, and development of new, legislation relating to the control of illicit drugs and other drugs of dependence
- improved access to hepatitis B vaccinations for injecting drug users.

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2005–06 was approximately $0.1 million. This constituted 0.5% of the total public health expenditure by ACT Health for that year and was directed mainly towards research into health promotion (Table 9.1; Figure 9.1).

9.4 Growth in expenditure on public health activities

Total public health expenditure by the ACT Government decreased, in real terms, from $28.4 million in 2004–05 to $26.9 million in 2005–06, a decrease of 5.1% (Table 9.5; Figure 9.2). Over this period only three public health activities recorded increases in real expenditure, *Breast cancer screening* (up 13.1%), *Selected health promotion* (up 9.7%) and *Communicable disease control* (up 0.7%).

Estimates of expenditure on public health activities decreased, in real terms, between 1999–00 and 2005–06, at an average annual rate of 0.2% (Table 9.5) with expenditure on *Prevention of hazardous and harmful drug use* and *Cervical screening* recording the highest average decreases (15.3% and 9.7% respectively).

Over the period 1990–00 to 2005–06, the public health activities which recorded the highest average annual expenditure in real terms were *Prevention of hazardous and harmful drug use* ($5.2 million), *Selected health promotion* ($4.9 million), *Communicable disease control* ($4.7 million) and *Organised immunisatio*n ($4.6 million) (Table 9.5; Figure 9.3).

Table 9.5: Territory government expenditure on public health activities, constant prices[a], Australian Capital Territory, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion[b]	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use[c]	Public health research	Total public health
					Amount ($ million)					
1999–00[d]	3.1	5.9	3.9	1.7	1.9	2.4	0.7	7.6	—	**27.2**
2000–01	4.2	3.9	4.6	2.3	2.1	2.4	0.7	5.2	0.1	**25.5**
2001–02	4.5	3.2	4.1	2.3	2.2	2.0	0.2	6.7	0.1	**25.3**
2002–03	4.3	3.6	4.6	2.6	2.5	1.8	0.2	6.7	0.1	**26.5**
2003–04	5.3	4.1	5.7	3.0	2.5	1.7	0.3	3.5	0.3	**26.4**
2004–05	5.7	6.4	5.2	2.8	2.4	1.7	0.4	3.8	0.1	**28.4**
2005–06	5.7	7.0	4.3	2.6	2.2	1.9	0.4	2.8	0.1	**26.9**
Average annual expenditure ($ million)										
1999–00 to 2005–06	4.7	4.9	4.6	2.5	2.2	2.0	0.4	5.2	0.1	**26.6**
Annual growth rate[e] (per cent)										
2004–05 to 2005–06	0.7	9.7	–18.4	–5.2	–8.9	13.1	–10.9	–25.6	–0.2	**–5.1**
Average annual growth rate[e] (per cent)										
1999–00 to 2005–06	10.9	2.9	1.5	7.1	2.0	–4.1	–9.7	–15.3	27.4	**–0.2**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

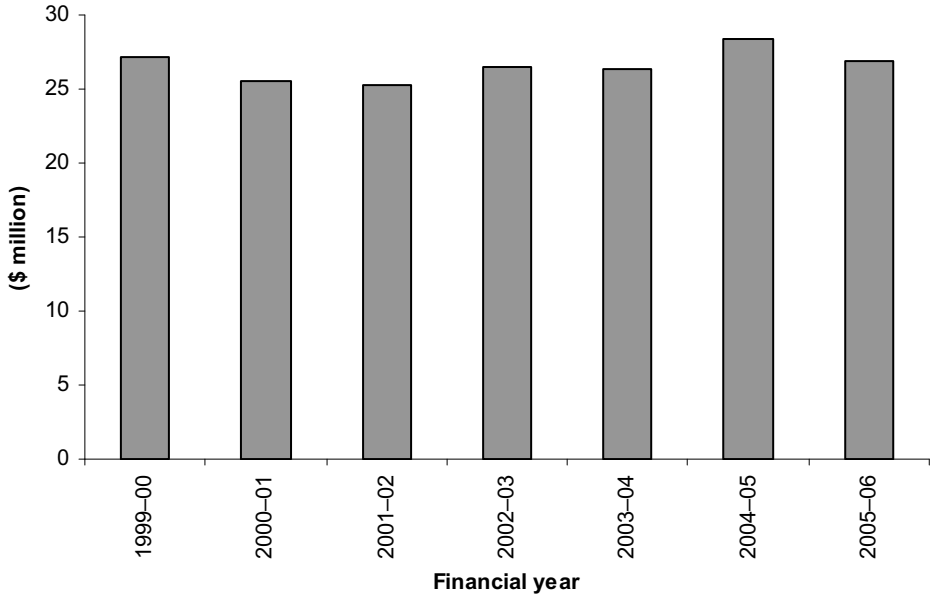
(b) Expenditure on mental health promotion has been included from 2004–05.

(c) Before 2004–05 the expenditure estimates included some treatment services.

(d) The 1999–00 data are compiled using a different method from that used for 2000–01 onwards. Therefore, the 1999–00 data are not strictly comparable with those for subsequent years.

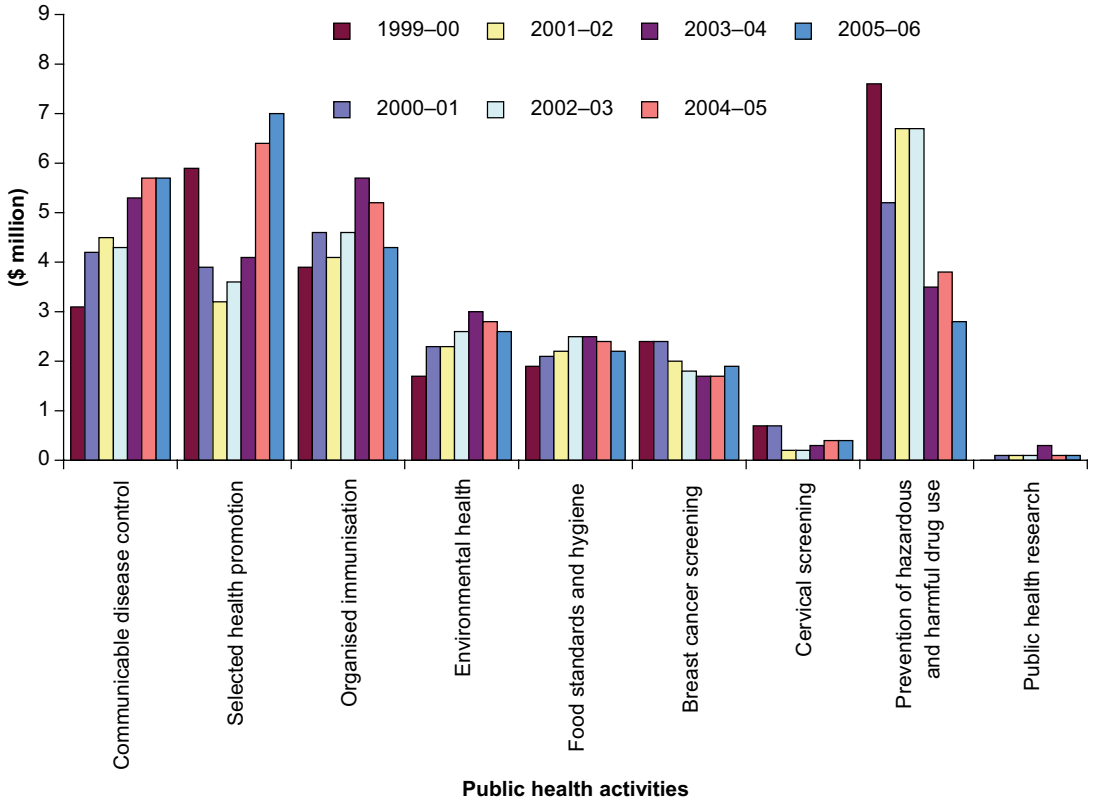
(e) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 9.5.

Figure 9.2: Territory government expenditure on public health activities, constant 2004–05 prices, Australian Capital Territory, 1999–00 to 2005–06



Source: Table 9.5.

Figure 9.3: Territory government expenditure on public health activities, constant 2004–05 prices, Australian Capital Territory, 1999–00 to 2005–06

10 Expenditure by the Northern Territory Department of Health and Community Services

10.1 Introduction

The Northern Territory covers approximately 17% of the nation, but has a small, widely dispersed population which is only 1% of the total national figure. Within the Territory, most public health programs are provided by the Health Services Division of the NT Department of Health and Community Services (NT DHCS). The NT DHCS also provides some public health services to people who live in adjoining areas of Western Australia and South Australia.

Public health programs are delivered through more than 90 service outlets, which include widely dispersed community health centres as well as the five public hospitals in Darwin, Nhulunbuy, Katherine, Alice Springs and Tennant Creek. Within this distinctive work environment, public health programs are often delivered by generalist health centre workers including district medical officers, community health nurses and Aboriginal health workers. A key role for specialised public health workers is to support the generalist health centre teams.

An important feature of health expenditure is the combined influence of remoteness and the comparatively poor health of the Aboriginal population on the average costs of providing health goods and services. Indigenous people constitute 29.8% of the Territory's population, compared with 2.4% of the total Australian population, and 70% live in remote or very remote localities.

10.2 Overview of results

Total NT DHCS expenditure on public health activities for 2005–06 was estimated at $55.2 million (Table 10.1). Overall, expenditure on public health in 2005–06, in current prices, was up $0.5 million or 0.9% on the previous financial year.

Expenditure in 2005–06 was directed mainly towards five public health activities (Figure 10.1). These were:

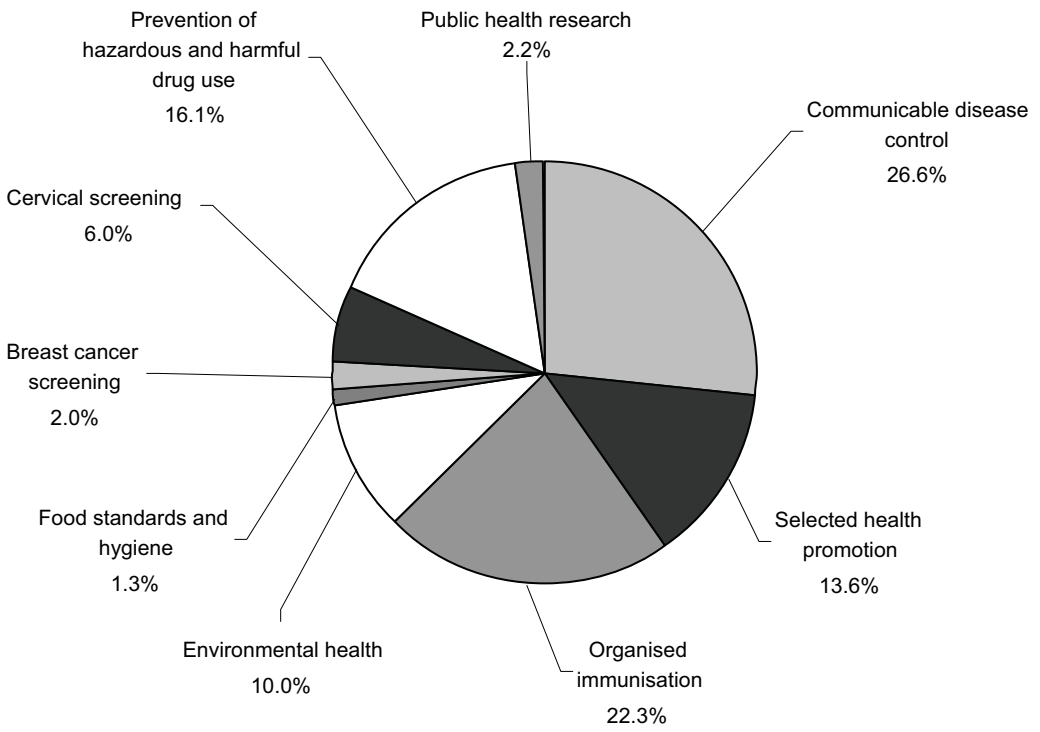
- *Communicable disease control* (26.6%)
- *Organised immunisation* (22.3%)
- *Prevention of hazardous and harmful drug use* (16.1%)
- *Selected health promotion* (13.6%)
- *Environmental health* (10.0%).

Table 10.1: Territory government expenditure on public health activities, current prices, Northern Territory, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	8.6	9.9	6.2	3.6	1.0	1.1	2.2	6.5	0.4	**39.5**
2000–01	9.1	9.6	7.2	3.6	1.0	0.9	2.0	3.6	0.6	**37.6**
2001–02	9.0	9.0	8.6	3.6	0.8	0.9	2.1	3.7	0.6	**38.3**
2002–03	13.8	1.9	7.2	4.4	0.7	0.9	1.8	6.1	0.5	**37.3**
2003–04	15.9	2.4	8.1	5.3	0.8	1.1	2.2	8.1	0.6	**44.5**
2004–05	17.8	3.1	10.3	7.1	0.9	1.2	2.9	10.5	0.9	**54.7**
2005–06	14.7	7.5	12.3	5.5	0.7	1.1	3.3	8.9	1.2	**55.2**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	21.8	25.1	15.7	9.1	2.5	2.8	5.6	16.5	1.0	**100.0**
2000–01	24.2	25.5	19.1	9.6	2.7	2.4	5.3	9.6	1.6	**100.0**
2001–02	23.5	23.5	22.5	9.4	2.1	2.3	5.5	9.7	1.6	**100.0**
2002–03	37.0	5.1	19.3	11.8	1.9	2.4	4.8	16.4	1.3	**100.0**
2003–04	35.7	5.4	18.2	11.9	1.8	2.5	4.9	18.2	1.3	**100.0**
2004–05	32.5	5.7	18.8	13.0	1.6	2.2	5.3	19.2	1.6	**100.0**
2005–06	26.6	13.6	22.3	10.0	1.3	2.0	6.0	16.1	2.2	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 10.1.

Figure 10.1: Proportion of territory government public health expenditure, by activity, Northern Territory, 2005–06

10.3 Expenditure on public health activities

This section of the report looks at the level of Northern Territory spending on each of the public health activities. It also provides some detail of the programs within each of the health activities and their related expenditure.

Communicable disease control

Total NT DHCS expenditure for *Communicable disease control* in 2005–06 was $14.7 million, down $3.1 million or 17.4% on 2004-05. This accounted for 26.6% of total public health expenditure in 2005–06 and was the most significant area of public health expenditure by NT DHCS in that year (Table 10.1; Figure 10.1).

The major elements of the expenditure are shown in Table 10.2.

Table 10.2: Territory government expenditure on *Communicable disease control*, current prices, Northern Territory, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	3.8
Needle and syringe programs	0.1
Other communicable disease control	10.9
Total	**14.7**

Note: Components may not add to total due to rounding.

Some of the major expenditures related to:

- policy development
- surveillance activities for selected communicable diseases
- outbreak investigations and appropriate control measures
- development, coordination, promotion and monitoring of preventive programs
- involvement in research, education and health promotion activities
- provision of screening and clinical services for tuberculosis, leprosy, sexually transmitted infections including HIV and hepatitis, and Australian bat lyssavirus immunisation.

Selected health promotion

Total NT DHCS expenditure for *Selected health promotion* in 2005–06 was $7.5 million, up $4.4 million or 141.9% on 2004–05. This constituted 13.6% of total public health expenditure in 2005–06 (Table 10.1; Figure 10.1).

In 2002–03 there was a change in the way health promotion was organised and delivered in the Territory —it was no longer a separate health program but integrated into the core business of all programs. A small team was established to work with the key focus areas of mental health, alcohol and other drugs, child and maternal health and preventable chronic disease to ensure health promotion action is evidence-based, measurable and coordinated to maximise effectiveness and reduce duplication.

During 2005-06, expenditure attributed to *Selected health promotion* was investigated across the Health Services Division. This review resulted in a significant increase in expenditure, owing to both additional funding and a shift from a historical emphasis on communicable disease and environmental health to activities associated with preventable chronic disease and the maternal/child/youth program. Also, more areas associated with the mental health program have now been included.

Organised immunisation

Total NT DHCS expenditure for *Organised immunisation* in 2005–06 was estimated at $12.3 million. This was 22.3% of the total public health expenditure and was the second most significant area of expenditure (Table 10.1; Figure 10.1).

The major elements of the 2005–06 expenditure are shown in Table 10.3.

Table 10.3: Territory government expenditure on *Organised immunisation*, current prices, Northern Territory, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	3.7
Organised pneumococcal and influenza immunisation	0.9
All other organised immunisation	7.7
Total	**12.3**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Overall, expenditure was up $2.0 million or 19.4% on the previous year. Further details of the various organised immunisation programs are available from NT DHCS.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIAs from 1 July 2004 (see Table 10.1). Changes in funding along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditure since 2003–04 reflects the introduction of the National Meningococcal C Vaccination Program by the Australian Government in August 2003, involving immunisation of all those aged 1 to 19 years. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Environmental health

Total NT DHCS expenditure for *Environmental health* in 2005–06 was $5.5 million, down $1.6 million or 22.5% on 2004–05. This was 10.0% of total public health expenditure (Table 10.1; Figure 10.1). The decrease is associated with the shift in the emphasis of *Selected health promotion* away from environmental issues towards activities associated with preventable chronic disease and the maternal/child/youth program.

Some of the major activities covered by spending in this area were education; statutory surveillance and monitoring; complaint resolution relating to physical, chemical, biological and radiological agents in the environment; managing environmental health standards; and environmental planning.

Food standards and hygiene

Total NT DHCS expenditure on *Food standards and hygiene* in 2005–06 was $0.7 million, compared with $0.9 million in the previous year. The 2005–06 expenditure constituted 1.3% of the total expenditure on public health activities in that year (Table 10.1; Figure 10.1).

The NT DHCS Environmental Health program has a policy unit that is responsible for food safety legislation, policy development and regulatory activities, which include food sampling, food recalls and food safety activities.

Breast cancer screening

Total NT DHCS expenditure for *Breast cancer screening* in 2005–06 was $1.1 million, down $0.1 million on 2004–05. This constituted 2.0% of total expenditure on public health activities during 2005–06 (Table 10.1; Figure 10.1).

The Well Women's Cancer Screening Program consists of three public health screening programs: the NT Cervical Cancer Screening Program, BreastScreen NT and the Remote Area Well Women Screening (RAWWS) Program. BreastScreen NT is part of a national program funded jointly with the Australian Government. It provides breast screening and assessment services for women aged 40 years and over with no symptoms of breast cancer. It particularly focuses on women aged 50 to 69 years. The RAWWS Program provides holistic screening for women in the rural and remote communities who do not have access to BreastScreen services.

Cervical screening

Total NT DHCS expenditure for *Cervical screening* in 2005–06 was $3.3 million, up $0.4 million or 13.8% on the previous year. This constituted 6.0% of total expenditure on public health activities (Table 10.1; Figure 10.1).

The Well Women's Cancer Screening Program supports cervical screening services through the NT Cervical Cancer Screening Program. This program is part of the National Cervical Cancer Screening Program and is also funded under a joint arrangement with the Australian Government.

The majority of cervical screening in the Northern Territory is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Total NT DHCS expenditure for the *Prevention of hazardous and harmful drug use* in 2005–06 was $8.9 million, down $1.6 or 15.2% on the previous year (Table 10.1; Figure 10.1).

The 2005–06 expenditure accounted for 16.1% of total public health expenditure and was the third most significant area of public health expenditure by NT DHCS. The major program elements of the 2005–06 expenditure are shown in Table 10.4. The decline in expenditure is a result of a review of the public health component of the total expenditure within this activity. This resulted in some shift of attribution from the core public health component to 'Expenditure on other activities related to public health'.

Table 10.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Northern Territory, 2005–06 ($ million)

Category	Expenditure
Alcohol	1.1
Tobacco	1.2
Illicit and other drugs of dependence	0.7
Mixed	5.8
Total	**8.9**

Note: Components may not add to total due to rounding.

The Alcohol and Other Drugs Program (AODP) funds a range of education, community development, treatment and care services for people with substance misuse problems. These services are funded mainly through non-government service providers.

Public health research

NT DHCS expenditure for *Public health research* during 2005–06 was estimated at $1.2 million, compared with $0.9 million in 2004–05. It constituted 2.2% of total public health expenditure (Table 10.1; Figure 10.1).

In addition, NT DHCS provided funding to the Menzies School of Health Research and in-kind support to the Cooperative Research Centre for Aboriginal and Tropical Health. The public health-related components of these expenditures are not included in this report.

10.4 Growth in expenditure on public health activities

Expenditure on public health activities by NT DHCS during 2005–06, in constant price terms, was estimated at $52.8 million, compared with $54.7 million in 2004–05. This was a decrease, in real terms, of 3.5% on the previous financial year. In the preparation of the expenditure estimates for the 2005-06 report there was an extensive review of the attribution of public health activities within both the activity-specific component and program-wide activities. This has resulted in significant shifts between the core components and some shift from the core components to 'Expenditure on other activities related to public health'.

From 1999–00 to 2005–06, average real expenditure grew by 2.2% per annum (Table 10.5). The highest annual real growth was in expenditure on *Public health research* (14.0%), and *Organised immunisation* (8.3%).

Over the period 1999–00 to 2005–06, the public health activities which recorded the highest average annual expenditure, in real terms, were *Communicable disease control* ($13.3 million) *Organised immunisation* ($9.0 million) and *Prevention of hazardous and harmful drug use* ($7.1 million) (Table 10.5; Figure 10.2).

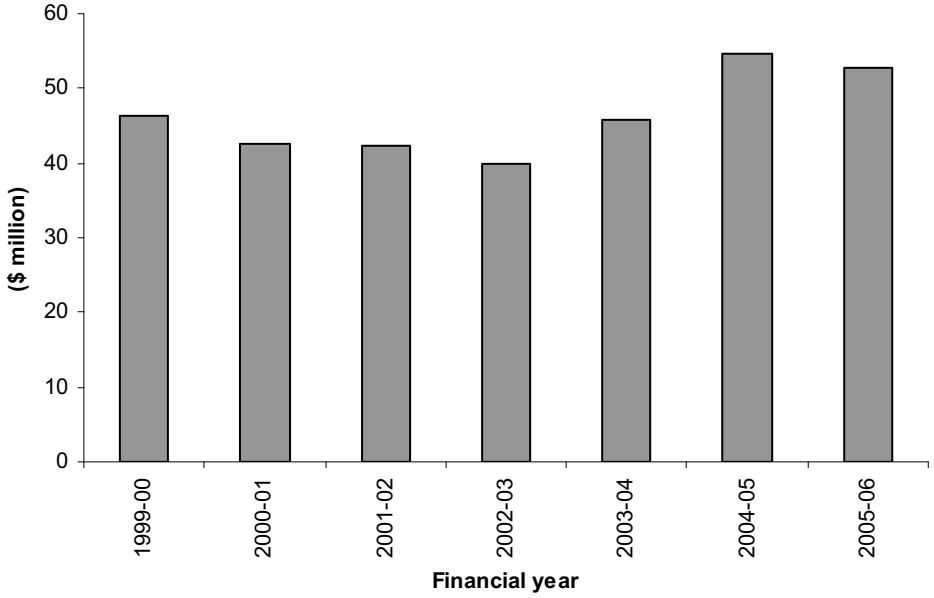
Table 10.5: Territory government expenditure on public health activities, constant prices[a], Northern Territory, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use	Public health research	Total public health
					Amount ($ million)					
1999–00	10.1	11.6	7.3	4.3	1.2	1.3	2.5	7.6	0.5	**46.4**
2000–01	10.3	10.9	8.1	4.1	1.1	1.1	2.3	4.1	0.6	**42.6**
2001–02	9.9	9.9	9.4	4.0	0.9	1.0	2.3	4.1	0.7	**42.2**
2002–03	14.7	2.0	7.7	4.7	0.8	0.9	1.9	6.5	0.6	**39.8**
2003–04	16.4	2.5	8.4	5.4	0.8	1.1	2.2	8.3	0.6	**45.7**
2004–05	17.8	3.1	10.3	7.1	0.9	1.2	2.9	10.5	0.9	**54.7**
2005–06	14.1	7.2	11.8	5.2	0.6	1.1	3.2	8.5	1.1	**52.8**
Average annual expenditure ($ million)										
1999–00 to 2005–06	13.3	6.7	9.0	5.0	0.9	1.1	2.5	7.1	0.7	**46.3**
Annual growth rate[b] (per cent)										
2004–05 to 2005–06	–20.8	132.3	14.6	–26.8	–33.3	–8.3	10.3	–19.0	22.2	**–3.5**
Average annual growth rate[b] (per cent)										
1999–00 to 2005–06	5.7	–7.6	8.3	3.2	–10.9	–2.7	4.2	1.9	14.0	**2.2**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

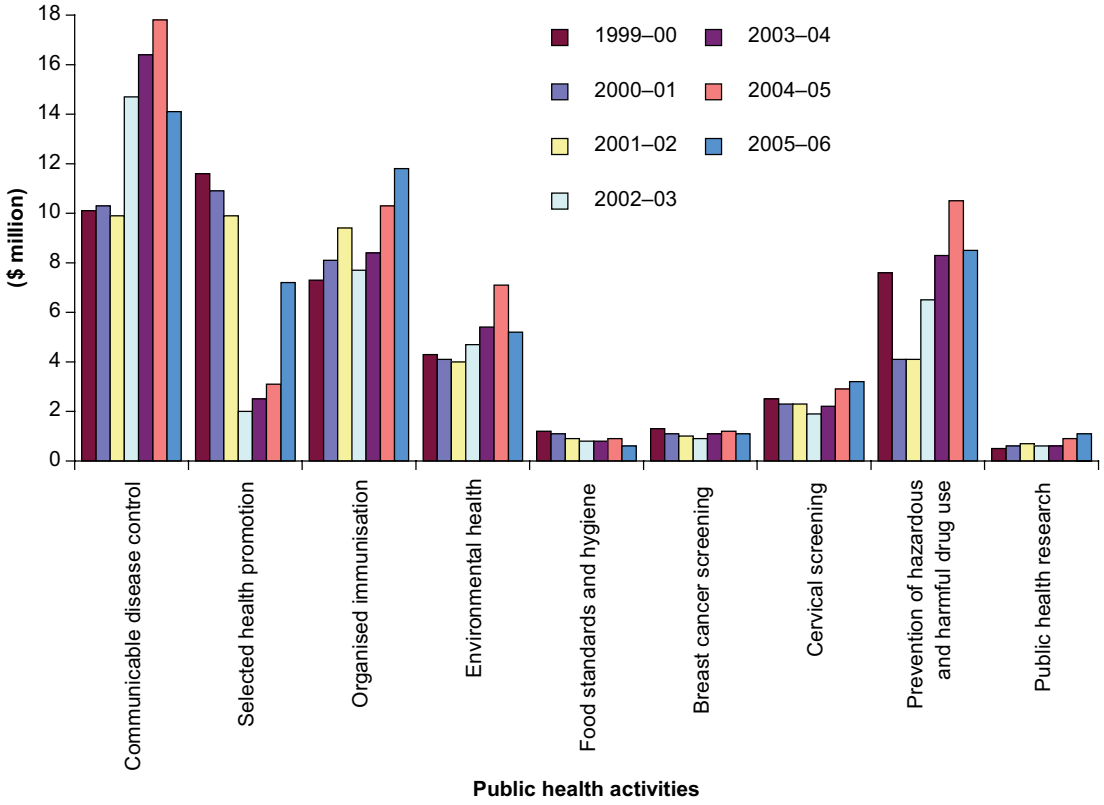
(b) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.



Source: Table 10.5

Figure 10.2: Territory government expenditure on public health activities, constant 2004–05 prices, Northern territory, 1999–00 to 2005–06



Source: Table 10.5.

Figure 10.3: Territory government expenditure on public health activities, constant 2004–05 prices, Northern Territory, 1999–00 to 2005–06

10.5 Expenditure on other activities related to public health

Total expenditure on other activities related to public health in 2005–06 was estimated at $17.5 million compared with $13.8 million in the previous financial year. Expenditures by NT DHCS cover a range of health-related activities such as:

- drug and alcohol treatment services
- services considered primarily of a welfare service nature (for example, night shelters) or almost entirely providing accommodation and food services (for example, halfway houses)
- other clinical services provided by the NT Communicable Disease Program, including the clinical management of leprosy and tuberculosis
- the public health component of the work of remote area health centre staff.

The AODP provides funding for community-based agencies to deliver treatment services throughout the Territory, including counselling, outpatient and residential treatments, and detoxification services. The AODP works with the government sector and community agencies to implement strategies and provide support through training, professional development, community education and research. The AODP is a key partner in the Community Harmony Strategy that aimed at reducing the problems of itinerants in the community. Similarly, specialised staff within the Communicable Disease Program provide a more comprehensive service than that covered within core public health expenditure.

11 Technical notes

11.1 Deflators

The real value of money is diminished over time by rises in prices (inflation). In order to measure real changes in expenditure on public health activities it is necessary to adjust the estimates of expenditure to remove the effects of inflation. In this report this is achieved by expressing the estimates of expenditure for all periods in terms of the purchasing power of money in 2004–05. This is referred to throughout the report as expenditure in constant prices. This has been achieved by deflating or inflating the current price expenditure estimates for all periods using chain price indexes derived by the Australian Bureau of Statistics (ABS).

The chain price indexes published in the ABS national accounts are annually reweighted Laspeyres chain price indexes and are calculated at such a detailed level that the ABS considers them analogous to measures of pure price change. For this publication, chain price indexes for government final consumption expenditure on 'Hospital and nursing home services' by state/territory and local governments have been used to revalue the expenditure estimates in 2004–05 prices and derive constant price estimates of public health expenditure. Although these indexes are not ideal measures for deflating prices for public health activities, they are considered to be the most relevant of the deflators that are available for this particular purpose.

The index numbers used in deriving the constant price estimates of expenditure for each jurisdiction are set out in Table 11.1.

Table 11.1: Government final consumption expenditure on 'Hospital and nursing home services'— chain price index referenced to 2004–05

State and local hospitals and nursing homes	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06
New South Wales	84.44	87.23	89.98	93.06	96.44	100.00	104.29
Victoria	83.84	86.57	89.38	92.53	96.17	100.00	104.31
Queensland	84.41	87.22	90.12	93.16	96.49	100.00	104.11
Western Australia	85.00	87.78	90.67	93.73	96.86	100.00	104.26
South Australia	84.71	87.49	90.10	93.09	96.42	100.00	104.44
Tasmania	84.78	87.73	90.16	93.37	96.57	100.00	104.48
Australian Capital Territory	83.98	86.80	89.56	93.07	96.64	100.00	103.93
Northern Territory	85.50	88.22	90.82	93.69	96.76	100.00	104.34
Australia	**84.66**	**87.30**	**90.11**	**93.23**	**96.55**	**100.00**	**104.38**

Note: These are annually reweighted Laspeyres chain price indexes.

Source: Unpublished ABS data.

11.2 Jurisdictions' technical notes

Data collection methods differ between jurisdictions. The following technical notes, provided by each jurisdiction, broadly describe the methods they have used to collect data and estimate agency-wide expenditure.

Australian Government

Method used to estimate the Medicare component of cervical screening

Cervical screening expenditure, funded through Medicare, is provided for both screening and diagnostic purposes. These expenditures may be allocated to either *Cervical screening* or 'Expenditure on other activities related to public health'. The method used is outlined below.

Cervical screening

The method used to estimate the Medicare component of *Cervical screening* is consistent with that used in previous reports and is derived using the following assumptions:

- of the three cervical cytology items listed in the Medicare Benefits Schedule (73053, 73055 and 73057), only item 73053 (women showing no symptoms, signs or recent history suggestive of cervical neoplasia) relates to public health expenditures
- benefits paid for 73055 and 73057 are related to 'Expenditure on other activities related to public health'
- where a consultation that involved the taking of a Pap smear also involved one or more other medical procedures, the related benefits (under MBS item 73901) should be apportioned equally across all the procedures involved and only that proportion related to the taking of the smear should be allocated to the public health activity category.

The third assumption is based on information provided by the annual Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity. These studies showed that there were often other issues that were dealt with during the course of a consultation where a Pap smear was taken. Consequently, a factor was applied to the total benefits paid relating to GP consultations where a Pap smear was performed.

Expenditure on other activities related to public health

Expenditure on activities related to public health for cervical pathology is made up of:

- the two excluded Medicare cervical cytology items (items 73055 and 73057)
- the full benefit paid for the GP consultations associated with the excluded items
- those parts of the GP consultations associated with item 73053 that were not included in the estimate of expenditure on the public health activity *Cervical screening*.

New South Wales

Data collection methods

Health services in New South Wales operate within specific geographic areas of the state. These Area Health Services play a major role in the planning and delivery of local services.

Consequently, the recording of expenditure is not centralised because each health service has a separate budget and its own information and accounting systems.

From 1999–00 the public health expenditure data collection has been incorporated in the New South Wales Program and Product Data Collection. This is a major collection that also includes the Hospital Cost Data Collection, the Unaudited Annual Return and the National Mental Health Survey.

The eight Area Health Services, NSW Health and the Children's Hospital at Westmead report data using a set of 24 public health sub-programs. The data are aggregated centrally and analysed at state level. The sub-programs are mapped to the health activities covered by the data collection.

Expenditure on public health activities includes agency-wide corporate expenditure to support program provision. This expenditure has been allocated to the public health categories according to that category's proportion of total expenditure, except for a few activities that are not supported by agency-wide expenditure.

Expenditure data for financial years 1999–00 to 2005–06 has been reported on an accrual accounting basis.

Victoria

Data collection methods

Because public health services in Victoria are predominantly delivered by agencies funded by the DHS, the collection of the health expenditure data is sourced from the DHS's centralised generalised ledger.

The broad steps involved in the data collection are summarised below:

- Expenditure on health activities from the department's general ledger is downloaded. The flexible structure of the ledger enables data to be sorted by activities or outputs, which in turn facilitate further classification into the nine public health activities and 'Expenditure on other activities related to public health'.
- The items of expenditure are manually allocated to the public health categories according to the description of each program.
- The data are then reconciled against the general ledger to ensure the reliability of the included figures.

Only overhead expenditure by the Public Health and Drugs Services' output groups is included. This expenditure has been subjected to the same method as above.

Expenditure data for financial years 1999–00 to 2005–06 have been reported on an accrual accounting basis.

Other public health activities undertaken in Victoria

Only functions that were funded or provided directly by the Victorian DHS are included in the data collection. In Victoria, local governments are the registration authorities for various public health-related premises such as food, prescribed accommodation and personal care (e.g. body piercing, tattooing). Their primary responsibility is about enforcing health, food hygiene and cleanliness standards. Local governments set and collect registration fees which aim at offsetting regulatory costs.

Local governments also undertake Municipal Public Health Plans that are a requirement of the local government strategic planning process as specified in the Health Act. The plans outline action to prevent or minimise public health dangers and enable people in the municipality to achieve maximum health and wellbeing.

Queensland

Data collection methods

Queensland Health allocates each cost centre's expenditure by percentage across outputs. A state-wide decision support system is used to produce output operating reports that identify total public health expenditure for Queensland Health.

Analysis of the public health output expenditure is conducted using cost centre service types to allocate the cost centre expenditure to the core public health categories. Any services types classified as public health which can't be matched to the core categories are included under 'Expenditure on other activities related to public health'.

A review of the expenditure collected through the above process is conducted, during which minor adjustments are made where the data is inconsistent with other data collections or inconsistent with the knowledge of program coordinators. Other adjustments are required where errors in the mapping to service types are identified.

Agency-wide expenditure on overheads to support the provision of public health activities are included and allocated across the core categories using the proportion of direct expenditure for each core category.

Expenditure data for financial years 1999–00 to 2005–06 have been reported on an accrual accounting basis.

Other public health activities undertaken in Queensland

Expenditure on public health activities and services funded through local government authorities is outside the scope of this data collection. In Queensland, local governments undertake a range of public health activities including the administration and enforcement of devolved responsibilities under public health legislation, such as food safety, mosquito and other vector control, provision of a safe potable water supply, sewerage, waste management, and protecting health in disasters and emergencies. Other public health activities undertaken by local government include immunisation and other communicable disease control. Local governments are also increasingly involved in the social, economic and cultural development of their communities and in improving local living environments.

Western Australian

Data collection methods

The main source of public health expenditure data is DOH's Oracle financial system. Oracle supports a hierarchical cost centre structure that allows the mapping of expenditure against each of the public health activities. For most of the state-wide public health programs each of the cost centres is matched to one of the public health activities. Where cost centres relate to more than one category the expenditure was allocated across the relevant categories on the

basis of advice from the cost centre manager. Overhead expenses were apportioned across the public health activities, based on a model incorporating both staffing levels and expenditure.

A collection instrument was sent to each of the 32 metropolitan and rural health services for completion. The collection instrument consisted of a collection manual, based on the NPHEP Collection Manual, and a spreadsheet for completion by the health service. The completed spreadsheets were reviewed for consistency and the results were used to compile the separate expenditure listings for public health units and health services.

Public health expenditure data for the Office of Aboriginal Health were extracted from the Office's contract management system. Contract expenditure was allocated across the public health activities on the basis of the contracted service description.

The Western Australian expenditure estimates do not include:

- expenditure by LGAs (though payments to LGAs for public health activities from the Health portfolio are included)
- general pathology testing, dental health or Red Cross Blood Transfusion Service expenditure.

South Australia

Data collection methods

The recording of expenditure is not centralised in DH, as health services in South Australia operate within regions, based either on a population or a geographic basis.

The collection of data involved contacting internal branches of DH, as well as external organisations funded by DH, including health regions, public hospitals and community health centres.

A total of 28 metropolitan organisations and 7 country regional health services, as well as internal branches of DH, completed the collection spreadsheet and their data were included in the collection.

Responses were collated by DH and analysed for consistency with previous year's expenditure. Significant variations were followed up with relevant organisations for explanation.

A percentage of agency-wide expenditure on overheads to support the provision of public health activities has been estimated and calculated across all public health categories.

Expenditure data for financial years 1999–00 to 2005–06 have been reported on an accrual accounting basis.

Other public health activities undertaken in South Australia

Expenditure on public health activities and services funded through local government authorities is outside the scope of this data collection. In South Australia local governments undertake a range of public health activities including enforcing public health legislation, immunisation and other communicable disease control, wastewater management, food premises inspection, waste management, management of hazardous materials, environmental surveillance, health impact assessments in local planning, health promotion, needle and syringe collection and pest control.

Tasmania

Data collection methods

The data collected for the NPHEP in Tasmania are compiled by the Population Health Sub-Division.

The expenditure data is drawn from Division of Community, Population and Rural Health (of which Population Health is a Sub-Division), Hospitals and Ambulance Division and Corporate Services, as these are the areas that undertake public health activities as defined by the project guidelines. Expenditure by the Division of Housing and Division of Children and Families has been excluded based on the same principle.

DHHS has a centralised finance reporting system that records all expenditure for the Department. There are subsidiary systems in some Divisions that feed into the centralised system. The data from the central and subsidiary finance systems are exported into a spreadsheet to calculate and allocate the NPHEP component. The Business Unit structure is such that in most cases the public health activities are easily identified; however, some Business Units contain two or more categories, or only a proportion of the total expenditure is attributable to public health. In such cases, consultation with the relevant manager is undertaken to obtain the portion of cost centre expenditure attributable to public health activities.

DHHS has Corporate and Divisional overhead expenses that are apportioned to public health activity categories. The proportion of these overheads that support public health activities is estimated by applying the same percentage as expenditure on public health as a proportion of total DHHS expenditure on all programs.

This report excludes expenditure on public health activities that is funded by other state government agencies, local GPs and LGAs.

Changes to data collection methods

Prior to 2003–04 the data was reported on a cash accounting basis and therefore includes any capital outlays in the reporting period. Data for 2003–04 onwards is reported on an accrual accounting basis.

With regard to collection of 2005–06 data, a number of significant changes were made to previous data collection procedures and readers should bear this in mind when comparing Tasmanian time series data.

Refinement of data collection methods has resulted in reallocation of expenditure data. In particular:

- some expenditure previously reported under *Environmental health* has been reallocated to the *Communicable disease control* category
- some previously reported expenditure on other activities related to public health has been reallocated to the *Selected health promotion* category
- expenditure on pharmaceutical services previously reported under *Environmental health* has been reallocated to the *Prevention of hazardous and harmful drug use* category.
- stock on hand for *Organised immunisation* has been included for the first time.

In addition, Population Health grants totalling approximately $2.6 million have been included across the *Communicable disease control*, *Selected health promotion* and *Prevention of hazardous and harmful drug use* categories.

The cost of delivering immunisation from Health Centres, Hospitals (Major and District) and the Prison Hospital have not been included in this report. This will be investigated for 2006–07 data collection.

Australian Capital Territory

Data collection methods

ACT Health has a central accounting function that operates on a full accrual accounting basis.

The broad steps involved in collecting and processing the expenditure data are:

- initially, those cost centres that are within the department's chart of accounts and showed expenditure on public health activities are identified
- managers of cost centres included in the collection are advised of the public health definitions and are asked to allocate their costs to each of the public health expenditure activities
- expenditure of the Healthpact statutory authority is combined with the figures obtained in the previous steps of the process.

One per cent of the total population health division expenditure is distributed across the core public health activities on the basis of full-time equivalent staff numbers to account for indirect and overhead costs.

Other public health activities undertaken in the Australian Capital Territory

Expenditure on public health activities and services funded through local government authorities is outside the scope of this data collection. In the Australian Capital Territory, there are no local governments; consequently all functions carried out in other states by local government areas are carried out by the ACT Government. The work done by the Health Protection Services area of ACT Health includes environmental health and food standards functions.

Northern Territory

Data collection methods

The NT DHCS stores all available health information in a central data repository. Total expenditure by cost centre code for each public health program area is identified and disaggregated according to the public health expenditure data collection methods. The expenditure information is then provided to the relevant program directors, who review the allocations and advise of any changes across the public health activities, and provide general comments on changes in their program. The program directors later provide final validation of expenditure and program description information.

Other public health activities undertaken in the Northern Territory

Departmental expenditure provided through grants to NGOs is included in this report; however, other public health activities and services funded by NGOs and local government authorities is outside the scope of this data collection. In the Territory, local governments do not administer organised public health activities.

Changes to data collection methods for previous years

In 2005-06, changes in departmental structure have led to the following modifications:

- inclusion of additional cost centre codes with a public health component from 'Community Health' and 'Health Development and Oral Health'
- re-allocation of the public health categories across 'Remote Health' and 'Tiwi Health Services' cost-centres
- review of the proportion of the total public health component.

Expenditure estimates by NT DHCS for financial years 1999–00 to 2002–03 were reported on a cash accounting basis and therefore include any capital outlays in the reporting period. Data for 2003–04 onwards have been reported on an accrual accounting basis.

During the 6 years of public health expenditure reporting there have been a number of significant structural changes that have affected the reported expenditures, without corresponding changes in services. Two significant examples are the shift of funding, in 2000–01, for alcohol harm reduction programs from the health department to another government department. A second change was the redistribution, in 2002–03, of health promotion funding which was discussed in Chapter 10. Since 2004–05, departmental structure changes have resulted in the inclusion of public health components within the costs codes for 'Health Service Executive & Directorates', 'Tiwi Health Services', and 'Remote Health Directorate'.

Total government expenditure on public health in each state and territory

In order to estimate the overall levels of public health expenditure in each state and territory, it is necessary to allocate the Australian Government funding in supporting public health programs on a state and territory basis. The Australian Government funds expenditure on public health activities through:

- the provision of SPPs to states and territories
- its own direct expenditure in supporting public health programs.

The Australian Government's SPPs can readily be allocated on a state and territory basis. Because its direct expenditures are generally not available on this basis, other indicators need to be used to allocate these expenditures.

Except for the purchases of essential vaccines by the Australian Government on behalf of the state and territory governments, direct expenditure by the Australian Government has been apportioned across state and territories in this report, using population measures which directly relate to the recipients or the people that are direct beneficiaries of the expenditure. For example, direct expenditure on *Organised immunisation* has been split according to the specific target populations in each state and territory (e.g. childhood, adults). Alternatively, where the specific populations are not readily identifiable, then the total populations for each

state and territory have been used. Table 11.2 illustrates how direct expenditure was allocated by target populations for all public health activity categories.

The estimated Australian Government direct expenditure per person for each state and territory, using this method, is shown in Table 11.3.

Table 11.2: Population groups used in apportioning direct expenditure by the Australia Government across state and territories

Public health activity categories	Population groups
Communicable disease control	
HIV/AIDS, hepatitis C and STIs	Total state/territory population numbers
Needle and syringe programs	Total state/territory population numbers
Other communicable disease control	Total state/territory population numbers
Selected health promotion	Total state/territory population numbers
Organised immunisation	
Organised childhood immunisation[(a)]	
General practice immunisation incentives	Children aged 0–9 years by state/territory
Other	Children and adolescents aged 0–19 years by state/territory
Organised pneumococcal and influenza immunisation	Adult population aged 65 and over by state/territory
All other organised immunisation	Total state/territory population numbers
Environmental health	Total state/territory population numbers
Foods standards and hygiene	Total state/territory population numbers
Breast cancer screening	Females aged 50–69 years by state/territory
Cervical screening	
Medicare benefit payments	Recipients by state of location
Other expenditure	Females aged 20–69 years by state/territory
Prevention of hazardous and harmful drug use	
Alcohol	Total state/territory population numbers
Tobacco	Total state/territory population numbers
Illicit and other drugs of dependence	Total state/territory population numbers
Mixed	Total state/territory population numbers
Public health research	Total state/territory population numbers

(a) Excludes purchases of essential vaccines under the Universal Childhood Pneumococcal Vaccination Program. These purchases are allocated directly to the relevant states and territories.

Table 11.3: Estimated average Australian Government direct expenditure[(a)] per person on public health activities, current prices, by state and territory, 2005–06 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Communicable disease control	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74
Selected health promotion	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
Organised immunisation	7.16	6.73	6.07	5.61	4.79	6.26	5.33	6.30
Environmental health	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
Food standards and hygiene	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
Breast cancer screening	0.09	0.09	0.09	0.09	0.09	0.09	0.10	0.09
Cervical screening	4.06	2.42	4.24	4.24	4.29	4.85	4.10	3.36
Prevention of hazardous and harmful drug use	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34
Public health research	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51
Total for the nine activities	**22.40**	**20.34**	**21.49**	**21.02**	**20.25**	**22.29**	**20.61**	**20.83**

(a) Direct expenditure have been apportioned across states and territories according to population groups set out in Table 11.2.

Note: Estimates and comparisons across states and territories need to be interpreted with care. Components may not add to totals due to rounding.

Appendix A National public health expenditure time series data

Table A1: Funding of public health expenditure, current prices, by source of funds, 2000–01 to 2005–06

	2000–01		2001–02		2002–03	
Source of funds	**Amount ($ million)**	**Share of total (per cent)**	**Amount ($ million)**	**Share of total (per cent)**	**Amount ($ million)**	**Share of total (per cent)**
Funding by the Australian Government						
Direct expenditure	293.2	28.9	312.9	28.7	320.3	r26.7
Plus SPPs	252.6	24.9	260.0	23.8	386.3	r32.2
Australian Government funding	*545.8*	*53.8*	*572.9*	*52.5*	*706.6*	*58.8*
Funding by state and territory governments						
Gross expenditure	720.4	71.1	r778.1	71.3	r880.9	r73.3
Less SPPs	252.6	24.9	260.0	23.8	386.3	r32.2
Net funding by the states and territories	*467.9*	*46.2*	*r518.1*	*47.5*	*r494.6*	*41.2*
Total funding/expenditure	**1,013.6**	**100.0**	**r1,091.0**	**100.0**	**r1,201.2**	**100.0**

(continued)

Table A1 (continued): Funding of public health expenditure, current prices, by source of funds 2000–01 to 2005–06

Source of funds	2003–04 Amount ($ million)	2003–04 Share of total (per cent)	2004–05 Amount ($ million)	2004–05 Share of total (per cent)	2005–06 Amount ($ million)	2005–06 Share of total (per cent)
Funding by the Australian Government						
Direct expenditure	346.2	27.4	r471.1	r32.7	439.3	29.9
Plus SPPs	311.3	24.6	395.3	27.5	357.4	24.3
Australian Government funding	*657.5*	*52.1*	*r866.4*	*r60.2*	*796.7*	*54.3*
Funding by state and territory governments						
Gross expenditure	r916.7	72.6	r969.0	r67.3	1,028.6	70.1
Less SPPs	311.3	24.6	395.3	r27.5	357.4	24.3
Net funding by the states and territories	*r605.4*	*47.9*	*r573.7*	*r39.8*	*671.2*	*45.7*
Total funding/expenditure	**r1,262.9**	**100.0**	**r1,440.1**	**100.0**	**1,467.9**	**100.0**

Note: Components may not add to totals due to rounding. 'r' indicates that the data have been revised since the last report. The funding presented in this table is in current prices and should not be used to calculate real funding growth between time periods.

Table A2: Total funding by the Australian Government for expenditure on public health activities, current prices, by activity 2000–01 to 2005–06 ($ million)

	2000–01			2001–02			2002–03		
Activity	**Direct expenditure**	**SPPs to states and territories**	**Total**	**Direct expenditure**	**SPPs to states and territories**	**Total**	**Direct expenditure**	**SPPs to states and territories**	**Total**
Communicable disease control	21.3	13.7	35.0	24.9	10.2	35.1	25.1	10.2	35.3
Selected health promotion	30.9	—	30.9	46.2	2.3	48.5	45.2	2.4	47.7
Organised immunisation	50.9	96.1	147.0	52.5	87.0	139.5	53.1	190.9	243.9
Environmental health	14.5	. .	14.5	15.1	. .	15.1	13.3	. .	13.3
Food standards and hygiene	16.6	. .	16.6	15.1	1.3	16.4	13.3	—	13.4
Breast cancer screening	3.3	. .	3.3	1.6	. .	1.6	1.6	. .	1.6
Cervical screening[(a)]	61.8	. .	61.8	66.9	4.6	71.5	62.8	4.7	67.5
Prevention of hazardous and harmful drug use	41.2	20.9	62.1	32.6	31.7	64.3	40.6	51.2	91.9
Public health research	52.4	0.2	52.6	57.7	0.2	57.9	65.0	0.2	65.1
PHOFAs	0.3	121.6	121.9	0.3	[(b)]122.9	123.2	0.3	[(b)]126.7	126.9
Total public health	**293.2**	**252.5**	**545.7**	**312.9**	**260.2**	**573.1**	**320.3**	**386.3**	**706.6**

(continued)

Table A2 (continued): Total funding by the Australian Government for expenditure on public health activities, current prices, by activity,2000–01 to 2005–06 ($ million)

	2003–04			2004–05			2005–06		
Activity	**Direct expenditure**	**SPPs to states and territories**	**Total**	**Direct expenditure**	**SPPs to states and territories**	**Total**	**Direct expenditure**	**SPPs to states and territories**	**Total**
Communicable disease control	30.4	10.6	41.0	38.6	5.8	44.4	35.9	9.2	45.1
Selected health promotion	44.3	2.5	46.8	40.4	0.1	40.5	41.6	—	41.6
Organised immunisation	49.5	141.2	190.8	136.2	187.2	323.3	132.5	123.5	256.0
Environmental health	19.2	. .	19.2	17.0	. .	17.0	15.1	. .	15.1
Food standards and hygiene	14.6	0.9	15.5	14.0	0.4	14.4	15.0	. .	15.0
Breast cancer screening	1.7	. .	1.7	2.0	. .	2.0	1.9	. .	1.9
Cervical screening[(a)]	65.6	5.2	70.8	77.1	. .	77.1	76.9	. .	76.9
Prevention of hazardous and harmful drug use	52.0	19.7	71.7	68.0	55.0	123.0	27.5	64.7	92.2
Public health research	68.6	—	68.6	r77.5	0.3	r77.8	92.6	—	92.6
PHOFAs	0.3	[(b)]131.1	131.3	0.3	[(b)]146.6	146.9	0.3	[(b)]160.0	160.3
Total public health	**346.2**	**311.3**	**657.4**	**r471.1**	**395.3**	**r866.5**	**439.3**	**357.4**	**796.7**

(a) Includes Medicare expenditure that has a public health purpose.

(b) Does not include those SPPs to states and territories which have been included under the public health activities Organised immunisation and Cervical screening (see Table 2.4).

Note: Components may not add to totals due to rounding. 'r' indicates that the data have been revised since the last report. The funding presented in this table is in current prices and should not be used to calculate real funding growth between time periods.

Table A3: Total public health expenditure by the Australian Government and states and territories, current prices, by activity, 2000–01 to 2005–06 ($ million)

	2000–01			2001–02			2002–03		
Activity	**Australian Government[a]**	**State and territories[b]**	**Total**	**Australian Government[a]**	**State and territories[b]**	**Total**	**Australian Government[a]**	**State and territories[b]**	**Total**
Communicable disease control	21.3	142.4	163.7	24.9	r160.8	r185.7	25.1	r175.0	r200.1
Selected health promotion	30.9	157.8	188.7	46.2	174.0	220.2	45.2	169.1	214.3
Organised immunisation	50.9	118.1	169.0	52.5	124.7	177.2	53.1	202.3	255.4
Environmental health	14.5	50.7	65.2	15.1	57.3	72.4	13.3	60.9	74.2
Food standards and hygiene	16.6	18.4	35.0	15.1	17.7	32.8	13.3	20.5	33.8
Breast cancer screening	3.3	92.5	95.8	1.6	95.6	97.2	1.6	95.9	97.5
Cervical screening	61.8	26.4	88.2	66.9	23.7	90.6	62.8	22.3	85.1
Prevention of hazardous and harmful drug use	41.2	101.4	142.6	32.6	105.6	138.2	40.6	112.7	153.3
Public health research	52.4	12.7	65.1	57.7	r18.8	r76.5	65.0	22.4	87.4
PHOFAs[c]	0.3	. .	0.3	0.3	. .	0.3	0.3	. .	0.3
Total public health	**293.2**	**720.4**	**1,013.6**	**312.9**	**r778.1**	**r1,091.0**	**320.3**	**r880.9**	**r1,201.2**

(continued)

Table A3 (continued): Total public health expenditure by the Australian Government and states and territories, current prices, by activity, 2000–01 to 2005–06 ($ million)

	2003–04			2004–05			2005–06		
Activity	**Australian Government[a]**	**State and territories[b]**	**Total**	**Australian Government[a]**	**State and territories[b]**	**Total**	**Australian Government[a]**	**State and territories[b]**	**Total**
Communicable disease control	30.4	r173.4	r203.8	38.6	r193.3	r231.9	35.9	211.8	247.7
Selected health promotion	44.3	172.1	216.4	40.4	192.4	232.8	41.6	210.3	251.9
Organised immunisation	49.5	218.6	268.1	136.2	202.1	338.3	132.5	188.2	320.7
Environmental health	19.2	60.8	80.0	17.0	66.3	83.3	15.1	69.7	84.8
Food standards and hygiene	14.6	20.8	35.4	14.0	18.6	32.6	15.0	19.2	34.2
Breast cancer screening	1.7	106.7	108.4	2.0	116.3	118.3	1.9	121.3	123.2
Cervical screening	65.6	23.5	89.1	77.1	r26.3	r103.4	76.9	27.6	104.5
Prevention of hazardous and harmful drug use	52.0	115.9	167.9	68.0	126.2	194.2	27.5	149.3	176.8
Public health research	68.6	24.9	93.5	r77.5	27.4	r104.9	92.6	31.1	123.7
PHOFAs[c]	0.3	. .	0.3	0.3	. .	0.3	0.3	. .	0.3
Total public health	**346.2**	**r916.7**	**r1,262.9**	**r471.1**	**r969.0**	**r1,440.1**	**439.3**	**1,028.6**	**1,467.9**

(a) Australian Government direct expenditure reported here does not include its funding of state/territory expenditures through SPPs.

(b) Relates to activity-specific, program-wide and agency-wide expenditures incurred by state and territory governments, including expenditures that are wholly or partly funded through Australian Government SPPs to states and territories (see Glossary for an explanation of these terms).

(c) Relates to expenditure incurred by the Australian Government in administering funding under the PHOFAs.

Note: Components may not add to totals due to rounding. 'r' indicates that the data have been revised since last report. The expenditure presented in this table is in current prices and should not be used to calculate real growth in expenditure between time periods.

Table A4: Direct expenditure by the Australian Government for expenditure on public health activities, current prices, by activity, 2000–01 to 2005–06 ($ million)

	2000–01			2001–02			2002–03		
Activity	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**
Communicable disease control	16.0	5.3	21.3	19.7	5.2	24.9	19.4	5.7	25.1
Selected health promotion[b]	22.7	8.2	30.9	37.5	8.8	46.2	37.0	8.2	45.2
Organised immunisation	49.3	1.6	50.9	50.8	1.7	52.5	51.2	1.8	53.1
Environmental health[c]	1.5	13.0	14.5	0.6	14.5	15.1	0.6	12.7	13.3
Food standards and hygiene[c]	2.8	13.9	16.6	2.4	12.8	15.1	0.5	12.9	13.3
Breast cancer screening	2.6	0.7	3.3	0.8	0.8	1.6	0.8	0.9	1.6
Cervical screening	61.1	0.7	61.8	66.1	0.8	66.9	61.9	0.9	62.8
Prevention of hazardous and harmful drug use[b]	27.4	13.8	41.2	26.2	6.4	32.6	33.8	6.8	40.6
Public health research	51.6	0.9	52.4	54.9	2.8	57.7	62.0	3.0	65.0
PHOFA administration	. .	0.3	0.3	. .	0.3	0.3	. .	0.3	0.3
Total public health	**235.0**	**58.4**	**293.2**	**259.0**	**54.1**	**312.9**	**267.2**	**53.2**	**320.3**

(continued)

Table A4 (continued): Direct expenditure by the Australian Government for expenditure on public health activities, current prices, by activity, 2000–01 to 2005–06 ($ million)

	2003–04			2004–05			2005–06		
Activity	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**
Communicable disease control	24.2	6.2	30.4	32.7	5.9	38.6	30.0	5.9	35.9
Selected health promotion[b]	35.1	9.3	44.3	35.4	5.0	40.4	36.6	5.0	41.6
Organised immunisation	47.5	2.0	49.5	134.4	1.8	136.2	130.7	1.8	132.5
Environmental health[c]	1.2	18.0	19.2	1.1	15.9	17.0	0.9	14.1	15.1
Food standards and hygiene[c]	0.8	13.8	14.6	0.2	13.8	14.0	0.9	14.1	15.0
Breast cancer screening	0.7	1.0	1.7	1.0	0.9	2.0	1.0	0.9	1.9
Cervical screening	64.7	1.0	65.6	76.2	0.9	77.1	75.9	0.9	76.9
Prevention of hazardous and harmful drug use[b]	44.5	7.5	52.0	66.9	1.1	68.0	26.0	1.4	27.5
Public health research	65.3	3.3	68.6	74.3	r3.2	r77.5	89.4	3.2	92.6
PHOFA administration	. .	0.3	0.3	. .	0.3	0.3	. .	0.3	0.3
Total public health	**284.0**	**62.4**	**346.2**	**422.2**	**r48.8**	**r471.1**	**391.4**	**47.6**	**439.3**

(a) Does not include SPPs to states and territories.

(b) Departmental expenditures for *Selected health promotion* and *Prevention of hazardous and harmful drug use* are relatively higher than for other activities because they contain social marketing campaigns.

(c) Departmental expenditures on *Environmental health* and *Food standards and hygiene* are relatively higher than for other activities because they include operational expenditure for ARPANSA and FSANZ, respectively.

Note: Components may not add to totals due to rounding. 'r' indicates that the data have been revised since last report. The expenditure presented in this table is in current prices and should not be used to calculate real growth in expenditure between time periods.

Table A5: Average total government expenditure per person[a] on public health activities, constant prices[b], by states and territories[c], 2003–04 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT[d]	NT	Total
Communicable disease control	10.61	10.04	7.75	8.73	11.56	6.67	17.90	83.36	10.56
Selected health promotion	8.05	15.75	9.06	12.18	11.85	15.42	14.98	14.71	11.20
Organised immunisation	15.66	11.67	12.76	13.43	11.87	11.92	19.99	45.03	13.88
Environmental health	2.90	2.02	4.56	7.48	4.92	9.53	10.05	28.01	4.13
Food standards and hygiene	1.93	1.44	1.58	1.87	1.71	1.08	8.50	4.63	1.83
Breast cancer screening	5.77	5.02	6.03	5.17	5.57	8.09	5.34	5.51	5.61
Cervical screening	4.09	4.45	4.72	4.91	5.42	5.16	4.58	14.12	4.62
Prevention of hazardous and harmful drug use	5.73	7.51	9.03	12.21	12.55	14.57	13.38	44.17	8.69
Public health research	3.87	6.20	3.69	5.89	6.26	4.25	4.32	6.59	4.83
Total for the nine activities	**58.62**	**64.10**	**59.19**	**71.89**	**71.71**	**76.71**	**99.05**	**246.15**	**65.37**

(a) The per person expenditure estimate for each activity is based on the total population for the jurisdiction concerned.

(b) Expenditure is expressed in terms of 2004–05 prices using the ABS chain price index for 'Hospital and nursing home services' (see Chapter 11, Section 11.1).

(c) Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 11 and 12 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the public health activities above.

(d) In the case of the Australian Capital Territory, although the expenditures are averaged across the territory's population, some of the activities covered by those expenditures are used by the population in the surrounding regions of New South Wales.

Table A6: Average total government expenditure per person[(a)] on public health activities, constant prices[(b)], by states and territories[(c)], 2004–05 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT[(d)]	NT	Total
Communicable disease control	12.33	10.07	7.60	9.64	11.61	7.92	19.00	87.27	11.28
Selected health promotion	8.32	15.37	9.26	13.80	10.88	9.99	21.20	16.81	11.33
Organised immunisation	18.80	13.30	15.29	14.72	14.81	16.97	22.39	58.08	16.45
Environmental health	2.95	1.91	4.34	6.48	4.70	10.61	9.13	34.92	4.06
Food standards and hygiene	1.41	1.28	1.59	1.76	1.55	1.17	7.91	4.93	1.59
Breast cancer screening	6.46	5.09	5.83	4.97	5.05	8.44	5.08	6.04	5.76
Cervical screening	4.68	4.62	4.88	5.04	6.47	5.74	5.47	17.14	5.04
Prevention of hazardous and harmful drug use	5.50	8.14	11.14	12.69	14.33	12.33	14.65	53.38	9.44
Public health research	4.76	5.93	3.89	5.78	6.22	4.32	4.18	7.84	5.10
Total for the nine activities	**65.22**	**65.71**	**63.85**	**74.88**	**75.63**	**77.50**	**109.03**	**286.43**	**70.06**

(a) The per person expenditure estimate for each activity is based on the total population for the jurisdiction concerned.

(b) Expenditure is expressed in terms of 2004–05 prices using the ABS chain price index for 'Hospital and nursing home services' (see Chapter 11, Section 11.1).

(c) Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 11 and 12 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the public health activities above.

(d) In the case of the Australian Capital Territory, although the expenditures are averaged across the territory's population, some of the activities covered by those expenditures are used by the population in the surrounding regions of New South Wales.

Table A7: Average total government expenditure per person[(a)] on public health activities, constant prices[(b)], by states and territories[(c)], 2005–06 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT[(d)]	NT	Total
Communicable disease control	12.37	10.38	8.95	10.49	11.33	9.31	18.91	69.28	11.55
Selected health promotion	8.02	15.84	10.01	13.59	10.67	13.00	23.03	36.52	11.75
Organised immunisation	16.01	13.56	13.33	14.52	12.04	17.22	17.90	62.50	14.96
Environmental health	3.12	2.31	4.45	5.93	4.42	6.29	8.57	25.79	3.95
Food standards and hygiene	1.70	1.08	1.60	1.62	1.46	1.23	7.28	3.76	1.60
Breast cancer screening	6.37	4.98	6.17	4.59	5.11	8.64	5.73	5.12	5.74
Cervical screening	4.25	4.44	5.10	4.85	6.33	5.69	5.00	18.39	4.87
Prevention of hazardous and harmful drug use	4.45	6.59	9.79	13.41	12.74	14.03	9.71	41.93	8.24
Public health research	6.00	6.00	4.70	6.10	6.37	4.85	4.71	9.77	5.77
Total for the nine activities	**62.29**	**65.19**	**64.11**	**75.10**	**70.48**	**80.27**	**100.86**	**273.08**	**68.45**

(a) The per person expenditure estimate for each activity is based on the total population for the jurisdiction concerned.

(b) Expenditure for 2004–05 is expressed in terms of 2004–05 prices using the ABS chain price index for 'Hospital and nursing home services' (see Chapter 11, Section 11.1).

(c) Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 11 and 12 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the public health activities above.

(d) In the case of the Australian Capital Territory, although the expenditures are averaged across the territory's population, some of the activities covered by those expenditures are used by the population in the surrounding regions of New South Wales.

Table A8: Total government expenditure on *Communicable disease control*, current prices, by category, 1999–00 to 2005–06 ($ million)

Year	HIV/AIDS, hepatitis C and STI programs	Needle and syringe programs	Other communicable disease control	Total
1999–00	75.9	16.4	59.2	**151.4**
2000–01	78.4	23.2	62.0	**163.7**
2001–02	92.4	23.8	69.5	**185.7**
2002–03	92.4	26.3	81.4	**200.1**
2003–04	86.0	24.1	93.9	**203.8**
2004–05	105.6	28.3	98.0	**231.9**
2005–06	105.1	28.0	114.5	**247.7**

Note: The expenditure presented in this table is in current prices and should not be used to calculate real growth in expenditure between time periods.

Table A9: Total government expenditure on *Organised immunisation*, current prices, by category, 1999–00 to 2005–06 ($ million)

Year	Organised childhood immunisation	Organised pneumococcal and influenza immunisation	All other organised immunisation	Total
1999–00	107.1	30.6	12.9	**150.7**
2000–01	117.9	28.6	22.5	**169.0**
2001–02	121.7	32.7	22.6	**177.2**
2002–03	185.7	33.3	36.3	**255.4**
2003–04	193.0	33.7	41.4	**268.1**
2004–05	242.2	56.6	39.4	**338.3**
2005–06	**253.1**	**31.9**	**35.8**	**320.7**

Note: The expenditure presented in this table is in current prices and should not be used to calculate real growth in expenditure between time periods.

Table A10: Total government expenditure on *Prevention of hazardous and harmful drug use*, current prices, by category, 1999–00 to 2005–06 ($ million)

Year	Alcohol and tobacco programs	Illicit drugs and other drugs of dependence	Total
1999–00	45.7	72.1	**117.9**
2000–01	52.3	90.2	**142.6**
2001–02	58.3	79.9	**138.2**
2002–03	65.0	88.5	**153.3**
2003–04	75.0	92.9	**167.9**
2004–05	83.3	110.8	**194.2**
2005–06	61.0	115.7	**176.8**

Note: The expenditure presented in this table is in current prices and should not be used to calculate real growth in expenditure between time periods.

Table A11: Total government public health expenditure for each state and territory[(a)], current prices 1999–00 to 2005–06 ($ million)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1999–00	279.6	210.4	150.1	97.9	80.1	26.7	27.3	42.2	**914.3**
2000–01	300.9	253.9	166.6	107.3	87.9	29.4	27.1	40.6	**1,013.6**
2001–02	326.9	268.4	184.5	117.7	92.7	31.7	27.9	41.5	**1,091.0**
2002–03	342.0	307.0	208.0	130.2	107.4	36.0	30.0	40.6	**1,201.2**
2003–04	378.5	305.7	220.6	137.0	106.2	35.6	31.2	48.0	**1,262.9**
2004–05	442.8	334.6	258.3	152.5	118.0	38.0	36.2	59.8	**1,440.1**
2005–06	441.2	346.3	270.5	159.7	114.8	41.0	34.9	59.5	**1,467.9**

(a) Total direct expenditure by the Australian Government has been apportioned to states and territories. For more information on the methods used, see Chapter 11 (pages 134–5).

Note: The expenditure presented in this table is in current prices and should not be used to calculate real growth in expenditure between time periods.

Table A12: Total recurrent health expenditure for each state and territory, current prices, 1999–00 to 2005–06 ($ million)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					All funding sources				
1999–00	16,581	12,153	8,589	4,523	3,852	1,233	1,007	590	**48,528**
2000–01	18,064	13,767	9,789	5,103	4,183	1,339	933	632	**53,810**
2001–02	19,774	15,204	10,394	5,568	4,542	1,576	1,051	683	**58,792**
2002–03	21,187	16,664	11,298	6,281	5,068	1,502	1,169	771	**63,941**
2003–04	23,293	17,129	12,258	6,825	5,503	1,548	1,274	852	**68,682**
2004–05	25,440	18,825	13,431	7,519	5,977	1,669	1,403	932	**75,196**
2005–06	26,951	19,992	14,819	7,962	6,351	1,775	1,506	1,034	**80,389**
					Government funding sources				
1999–00	11,528	7,893	6,103	3,146	2,888	866	767	473	**33,663**
2000–01	12,349	8,837	6,942	3,477	3,003	925	650	498	**36,682**
2001–02	13,328	9,761	7,224	3,617	3,163	1,115	729	529	**39,466**
2002–03	14,382	11,037	7,857	4,264	3,584	1,034	827	618	**43,604**
2003–04	16,006	11,111	8,534	4,666	3,878	1,077	876	696	**46,843**
2004–05	17,595	12,249	9,366	5,141	4,308	1,180	978	761	**51,579**
2005–06	18,631	13,003	10,402	5,398	4,570	1,251	1,055	834	**55,143**

Note: The expenditure presented in this table is in current prices and should not be used to calculate real growth in expenditure between time periods. Estimates of total recurrent health expenditure for previous years have been revised because of a reclassification of high-level aged residential care from health to welfare expenditure.

Appendix B Definition of public health activities

Communicable disease control

This includes all activities associated with the development and implementation of programs to prevent the spread of communicable diseases.

Expenditure on *Communicable disease control* is recorded using three subcategories:

- HIV/AIDS, hepatitis C and sexually transmitted infections
- Needle and syringe programs
- Other communicable disease control.

The public health component of the HIV/AIDS, hepatitis C and sexually transmitted infections strategies includes all activities associated with the development and implementation of prevention and education programs to prevent the spread of HIV/AIDS, hepatitis C and sexually transmitted infections.

Selected health promotion

This category includes those activities fostering healthy lifestyle and a healthy social environment overall, and health promotion activities focussing on health risk factors which lead to injuries, skin cancer and cardiovascular disease (such as diet, inactivity) that are delivered on a population-wide basis. The underlying criterion for the inclusion of health promotion programs within this category was that they are population health programs promoting health and wellbeing.

The *Selected health promotion* programs are:

- healthy settings (such as municipal health planning)
- public health nutrition
- exercise and physical activity
- personal hygiene
- mental health awareness promotion
- sun exposure and protection
- injury prevention including suicide prevention and female genital mutilation.

Organised immunisation

This category includes provision and administration of vaccines under the National Immunisation Program, immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.

Expenditure on *Organised immunisation* is reported for each of the following three subcategories:

- *Organised childhood immunisation* (as defined under the Australian Government's National Immunisation Program).
- *Organised pneumococcal and influenza immunisation*—the target groups for pneumococcal immunisation are Indigenous people over 50 years and high-risk Indigenous younger people aged 15–49 years. Influenza vaccine is available free to all Australians 65 years of age and over, Indigenous people over 50 years and high-risk Indigenous younger people aged 15–19 years.
- *Other organised immunisation* (such as tetanus)—as opposed to ad hoc or opportunistic immunisation.

Environmental health

This category relates to health protection education (for example safe chemical storage, water pollutants), expert advice on specific issues, development of standards, risk management and public health aspects of environmental health protection. The costs of monitoring and regulating are to be included where costs are borne by a regulatory agency and principally have a public health focus (for example, radiation safety, and pharmaceutical regulation and safety).

Food standards and hygiene

This category includes the development, review and implementation of food standards, regulations and legislation as well as the testing of food by the regulatory agency.

Breast cancer screening

This category includes expenditure for the complete breast cancer screening pathway through organised programs.

The breast cancer screening pathway includes such activities as recruitment, screen taking, screen reading, assessment (this includes fine needle biopsy), core biopsy, open biopsy, service management and program management.

Cervical screening

This category relates to organised cervical screening programs such as the state cervical screening programs and rural access programs, including coordination, provision of screens and assessment services.

Cervical screening expenditure, funded through Medicare, for both screening and diagnostic services is also included. The method used to derive the estimates is set out in Section 11.2.

Prevention of hazardous and harmful drug use

This category includes activities aimed at the general population to reduce the overuse or abuse of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. The

Australian Standard Classification of Drugs of Concern includes analgesics, sedatives and hypnotics, stimulants and hallucinogens, anabolic agents and selected hormones, antidepressants and antipsychotics, and miscellaneous drugs of concern.

Expenditure is to be reported for each subcategory as below, the aggregate of which will be total expenditure on *Prevention of hazardous and harmful drug use*:

- Alcohol
- Tobacco
- Illicit and other drugs of dependence
- Mixed.

Public health research

The definition of research and development (R and D) is as follows (ABS 1998:4):

> 'R and D' is defined according to the OECD standard as comprising creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications.
>
> An 'R and D' activity is characterised by originality. It has investigation as a primary objective, the outcome of which is new knowledge, with or without a specific application, or new or improved materials, product, devices, processes or services. 'R and D' ends when work is no longer primarily investigative.

Thus the basic criterion for distinguishing 'R and D' from other public health activities is the presence in 'R and D' of an appreciable element of novelty and resolution of scientific and/or technical uncertainty.

Expenditures on general research and development work relating to the running of ongoing public health programs are included under the other relevant public health activities.

Glossary

Accrual accounting	The method of accounting most commonly used by governments in Australia. Relates expenses, revenues and accruals to the period in which they are incurred regardless of when payment is made or received (see also *Cash accounting*).
Activity-specific expenditures	Expenditures undertaken by cost centres that are specific to the public health activity categories. Examples include expenditure by the immunisation cost centre or the radiation safety cost centre. These expenditures include salary costs; staff on-costs; non-labour support costs such as office space, electricity, stationery, administrative and IT support; and program running costs such as travel, meetings, conferences and training.
Agency-wide expenditures	Expenditures of a corporate nature that support all the programs (core and non-public health programs) undertaken by the agency concerned. Includes human resource management, staff development, finance, legal and industrial relations activities.
Australian Government administered expenses	Expenses incurred by Department of Health and Ageing in administering resources on behalf of the Australian Government to contribute to the specified outcome (for example, most grants in which the grantee has some control over how, when and to whom funds are expended, including PHOFA payments and Specific Purpose Payments to state and territory governments) (see also *Australian Government departmental expenses*).
Australian Government departmental expenses	Those expenses incurred by the Department of Health and Ageing in the production of the department's outputs (mostly consisting of the cost of employees but also including suppliers of goods and services, particularly those where the Australian Government retains full control of how, when and to whom funds are provided).
Australian Government direct expenditure	Total expenditure actually incurred by the Australian Government on its own public health programs. It does not include the funding provided by the Australian Government to the states and territories by way of grants under Section 96 of the Constitution (see *PHOFAs* and *Specific Purpose Payments*).
Australian Government funding	The sum of Australian Government expenditure and Section 96 grants to states and territories.

Capital expenditure	Expenditure on fixed assets (e.g. new buildings and equipment with a useful life of more than a year).
Cash accounting	Relates receipts and payments to the period in which the cash transfer actually occurred. Does not have the capacity to reflect non-cash transactions, such as depreciation (see also *Accrual accounting*).
Centralised corporate services	Includes human resource management, staff development, finance and industrial relations.
Collection manual	A document agreed to by all jurisdictions that provides guidance on what activities constitute the nine public health activities and the procedures to be adopted in collecting and compiling the associated expenditure information.
Constant prices	Expenditure amounts for a particular year which have been adjusted for inflation. In this publication, the values for all periods have been expressed in terms of prices in the reference year 2004–05 (see also *Real expenditure*).
Current prices	Expenditure amounts for a particular year which have not been adjusted for inflation.
Essential vaccines	Refers to vaccines as defined under the Australian Government's National Immunisation Program (see www.immunise.health.gov.au/internet/immunise/publishing.nsf/content/nips).
General Practice Immunisation Incentives scheme	An Australian Government initiative designed to boost the level of childhood immunisation by emphasising the role of GPs.
Government final consumption expenditure	Net expenditure on goods and services by general government bodies for current purposes (that is, outlays which do not result in the creation of capital assets, or in the acquisition of land and existing buildings or second-hand capital goods).
Indirect expenditure	Includes public or population health program-wide services that are less specific, such as epidemiology units, or public health policy and strategy units. It also usually includes agency-wide services such as corporate services or the office of the Chief Health Officer. Public health program-wide services and agency-wide services need to be apportioned across categories to estimate the overall expenditure required to deliver a particular public health expenditure output.
Jurisdictions	Australian, state and territory governments.
PHOFA administration	Expenditure incurred by the Australian Government in the administration of the PHOFAs.

PHOFAs	Payments made by the Australian Government to state and territory governments to support their public health programs through the Public Health Outcome Funding Agreements.
Program-wide expenditures	Public health expenditures associated with functions that support a number of public health activities. These include expenditure on information systems, disease surveillance and epidemiology, public health policy, program and legislation development, public health communication and advocacy, public and environmental health laboratory services, and public health research and development.
Public health	Organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions is the population as a whole, or population subgroups (NPHP 1998). Does not include treatment services.
Public health activities	Nine types of activities undertaken or funded by the key jurisdictional health departments that tackle issues related to populations, rather than individuals.
Real expenditure	Amounts for a particular year that have been adjusted for inflation. In this publication, the values for all periods have been expressed in terms of prices in the reference year 2004–05 (see also *Constant prices*).
Recurrent expenditure	Expenditure incurred by organisations on a recurring basis. This excludes capital expenditure. In the case of recurrent health expenditure, capital depreciation is also excluded.
Specific Purpose Payments (SPPs)	Australian Government payments to the states and territories under the provisions of Section 96 of the Constitution, to be used for purposes specified in agreements between the Australian Government and individual state and territory governments. Some are conditional on states and territories incurring a specified level or proportion of expenditure from their own resources. PHOFA grants and grants to the states and territories for essential vaccines are examples of Specific Purpose Payments.

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