

3 Expenditure by New South Wales health authorities

3.1 Introduction

New South Wales is the most populous of Australia's states and territories, with, at 6.7 million at 30 June 2004, one-third of the total Australian population. Most of the state's population is located around the three major urban centres of Sydney, Newcastle, and Wollongong.

Over the period 2001–04 state government health services in New South Wales were arranged into 17 relatively autonomous metropolitan and rural 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.

LGAs in New South Wales also deliver many public health services.

While legislative responsibility for public health rests with NSW Health, the area health services and LGAs, the state's public health system extends to all organisations and groups whose activities contribute to the achievement of the state's public health goals.

3.2 Overview of results

Total expenditure by the New South Wales Government on public health activities during 2003–04, in current prices, was estimated at \$260.7 million (Table 3.1). This constituted 2.7% of the total recurrent expenditure by NSW Health. The equivalent public health expenditure for 2002–03 and 2001–02 was estimated at \$233.0 million and \$219.4 million respectively.

Overall, expenditure in 2003–04 was up \$27.7 million or 11.9% on that incurred the previous financial year. The major contributors to this increase were *Organised immunisation* (up \$28.1 million), *Breast cancer screening* (up \$6.2 million) and *Prevention of hazardous and harmful drug use* (up \$5.5 million). These increases were partially offset by a reduction in expenditure on *Communicable disease control* (down \$11.1 million).

Approximately 83% of the expenditure during 2003–04 was directed towards four public health activities:

- *Organised immunisation* (32.5%)
- *Communicable disease control* (22.4%)
- *Selected health promotion* (14.3%)

- *Breast cancer screening* (14.1%).

Table 3.1: State government expenditure on public health activities, current prices, New South Wales, 1999–00 to 2003–04

Activity	1999–00	2000–01	2001–02	2002–03	2003–04
	Expenditure (\$ million)				
Communicable disease control	54.3	54.0	67.0	69.4	58.3
Selected health promotion	28.7	36.1	35.4	35.1	37.2
Organised immunisation	32.1	38.0	41.1	56.5	84.6
Environmental health	7.3	10.8	15.1	14.7	12.3
Food standards and hygiene	4.4	7.3	7.2	7.7	7.6
Breast cancer screening	35.7	32.1	33.5	30.5	36.7
Cervical screening	5.0	3.8	4.5	2.8	2.3
Prevention of hazardous and harmful drug use	19.3	17.2	13.8	14.1	19.6
Public health research	2.4	0.6	1.8	2.2	2.1
Total public health	189.2	199.9	219.4	233.0	260.7
	Proportion of public health expenditure^(a) (%)				
Communicable disease control	28.7	27.0	30.5	29.8	22.4
Selected health promotion	15.2	18.1	16.1	15.1	14.3
Organised immunisation	17.0	19.0	18.7	24.2	32.5
Environmental health	3.9	5.4	6.9	6.3	4.7
Food standards and hygiene	2.3	3.7	3.3	3.3	2.9
Breast cancer screening	18.9	16.1	15.3	13.1	14.1
Cervical screening	2.6	1.9	2.1	1.2	0.9
Prevention of hazardous and harmful drug use	10.2	8.6	6.3	6.1	7.5
Public health research	1.3	0.3	0.8	0.9	0.8
Total public health	100.0	100.0	100.0	100.0	100.0

(a) Estimates are based on expenditure data expressed in \$ million and rounded to one decimal place.

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

3.3 Expenditure on public health activities

This section of the report looks at New South Wales' 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

Expenditure on *Communicable disease control* by NSW Health in 2003–04 was estimated at \$58.3 million, compared with \$69.4 million in 2002–03 and \$67.0 million in 2001–02.

The 2003–04 expenditure accounted for 22.4% of the total public health expenditure and reflected the second most significant area of expenditure by NSW Health (Table 3.1) during

that year. It comprised \$38.6 million on HIV/AIDS, hepatitis C and STI programs, \$9.3 million on needle and syringe programs and \$10.5 million on other communicable disease control (Table 3.2).

Some of key achievements over the 2002–04 period included:

- the NSW Health Chlamydia Prevention campaign
- launch of the NSW Immunisation Strategy 2003–2006
- commencement of mandatory standardised monitoring of healthcare-associated infections in all NSW public healthcare facilities on 1 January 2005
- establishment of infrastructure for the implementation of school-based immunisation programs from August 2003
- a significant reduction in notifications of measles over previous years
- an evaluation of enhanced hepatitis C surveillance and revision of surveillance protocols in line with the recommendations of the evaluation
- implementation of enhanced surveillance systems for invasive pneumococcal disease and enteric disease
- coordination of the NSW response to SARS.

Table 3.2: State government expenditure on *Communicable disease control*, current prices, New South Wales, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and STI programs	48.4	47.2	38.6
Needle and syringe programs	10.8	11.7	9.3
Other communicable disease control	7.8	10.5	10.5
Total	67.0	69.4	58.3

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

Selected health promotion

Total expenditure on *Selected health promotion* in 2003–04 was \$37.2 million, compared with \$35.1 million in 2002–03 and \$35.4 million in 2001–02. This represented 14.3% of total expenditure on public health activities by NSW Health in 2003–04 (Table 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 childhood obesity, prevention of injurious falls, encouraging exercise – particularly walking – and promoting healthy lifestyles in schools throughout the state. This last area of spending was undertaken in collaboration with the New South Wales Department of Education.

Organised immunisation

Total estimated expenditure on *Organised immunisation* in 2003–04 was \$84.6 million. This represented 32.5% of the total expenditure on public health activities in the year and was the

highest area of public health expenditure incurred by NSW Health (Table 3.1). There were three major elements to the spending – \$64.8 million was in the form of spending on organised childhood immunisation, \$9.7 million on organised pneumococcal and influenza immunisation and \$10.1 million on all other organised immunisation activities.

In the previous two years, 2002–03 and 2000–01, expenditure under *Organised immunisation* had been estimated at \$56.5 million and \$41.1 million, respectively (Table 3.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up on previous years. This largely reflected the increased spending on organised childhood immunisation resulting from the commencement of the National Meningococcal C Vaccination Program.

Funding for this activity comes from a combination of state appropriations and PHOFA grants from the Australian Government.

Table 3.3: State government expenditure on *Organised immunisation*, current prices, New South Wales, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	26.8	40.1	64.8
Organised pneumococcal and influenza immunisation	9.5	9.5	9.7
All other organised immunisation ^(a)	4.7	6.8	10.1
Total	41.1	56.5	84.6

(a) Reported expenditure on Organised pneumococcal and influenza immunisation comprises PHOFA grants from the Australian Government only.

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

Environmental health

Total expenditure on *Environmental health* in 2003–04 was \$12.3 million, down slightly on that incurred in 2002–03 (\$14.7 million) and 2001–02 (\$15.1 million) (Table 3.1). The 2003–04 expenditure represented 4.7% of the total public health expenditure incurred by NSW Health for that year.

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.

Food standards and hygiene

The expenditure incurred on *Food standards and hygiene* during 2003–04 was estimated at \$7.6 million, which was comparable to that incurred in 2002–03 (\$7.7 million) and 2001–02 (\$7.2 million) (Table 3.1). This constituted 2.9% of the total expenditure by NSW Health on public health activities during 2003–04.

Breast cancer screening

The expenditure incurred for *Breast cancer screening* during 2003–04 was estimated at \$36.7 million. This constituted 14.1% of the total public health expenditure incurred by NSW Health during that year. The equivalent expenditure for 2002–03 and 2001–02 was estimated \$30.5 million and \$33.5 million respectively.

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.

In 2003–04, the NSW BreastScreen program performed 294,843 screenings.

Cervical screening

The expenditure on *Cervical screening* by the state government during 2003–04 was estimated at \$2.3 million. This was equivalent to 0.9% of the total public health expenditure by NSW Health during the year.

This was largely made up of expenditure on the NSW Pap Test Register, which is an important component of the Cervical Screening Program in New South Wales.

In the previous two years expenditure had been estimated at \$2.8 million in 2002–03 and \$4.5 million in 2001–02 (Table 3.1).

Prevention of hazardous and harmful drug use

Expenditure on *Prevention of hazardous and harmful drug use* by NSW Health in 2003–04 was \$19.6 million, compared with \$14.1 million in 2002–03 and \$13.8 million in 2001–02. (This 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 – see Page 3).

The 2003–04 expenditure constituted 7.5% of the total expenditure incurred on public health activities by NSW Health during that year (Table 3.4). It comprised \$11.4 million on alcohol and tobacco (preventative) programs, \$4.4 million on illicit and other drug dependence and \$3.9 million on mixed programs (that is, those that can't be classified to the previous categories).

Overall, expenditure in 2003–04 was up \$5.5 million or 39.0% on that incurred the previous financial year. A contributing factor to the increase was the state's expenditure on the National Illicit Drugs Campaign.

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

- 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.

Table 3.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, New South Wales, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Alcohol	2.5	3.5	6.5
Tobacco	6.8	3.8	4.9
Illicit and other drugs of dependence	2.9	4.6	4.4
Mixed	1.7	2.2	3.9
Total	13.8	14.1	19.6

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

Public health research

Total expenditure on *Public health research* in 2003–04 was estimated at \$2.1 million. This represented 0.8% of the total expenditure incurred on public health activities during the year (Table 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 (power, furniture, computers etc).

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*.

In the previous two years, expenditure on research was estimated at \$2.2 million in 2002–03 and \$1.8 million in 2001–02.

3.4 Growth in expenditure on public health activities

Total expenditure public health activities increased, in real terms, from \$233.0 million in 2002–03 to \$250.9 million in 2003–04 (Table 3.5). This represented an increase of 7.7% (Table 3.5) with *Organised immunisation* (up 44.1%), *Prevention of hazardous and harmful drug use* (up 34.0%) and *Breast cancer screening* (up 15.7%) recording the highest annual real growth rates.

From 1999–00 to 2003–04, expenditure grew by 20.1%, at an average rate of 4.7% per annum (Table 3.5). The highest annual growth was in expenditure on *Organised immunisation*, which averaged 23.1% over the period. Expenditure on *Food standards and hygiene* and *Environmental health* also reflected high average annual growth rates – of 10.5% and 9.9% respectively.

Table 3.5: State government expenditure on public health activities, constant (2002–03) prices^(a), New South Wales, 1999–00 to 2003–04

Activity	Expenditure (\$ million)					5-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	
Communicable disease control	59.9	57.7	69.3	69.4	56.1	62.5
Selected health promotion	31.7	38.6	36.6	35.1	35.8	35.6
Organised immunisation	35.4	40.7	42.5	56.5	81.4	51.3
Environmental health	8.1	11.5	15.6	14.7	11.8	12.3
Food standards and hygiene	4.9	7.8	7.4	7.7	7.3	7.0
Breast cancer screening	39.4	34.4	34.7	30.5	35.3	34.9
Cervical screening	5.5	4.0	4.7	2.8	2.3	3.9
Prevention of hazardous and harmful drug use	21.3	18.4	14.3	14.1	18.9	17.4
Public health research	2.7	0.6	1.8	2.2	2.0	1.9
Total public health	208.9	213.7	226.9	233.0	250.9	226.7

Activity	Growth ^(b) (%)				
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04 ^(c)
Communicable disease control	–3.7	20.1	0.1	–19.2	–1.6
Selected health promotion	21.8	–5.2	–4.1	2.0	3.1
Organised immunisation	15.0	4.4	32.9	44.1	23.1
Environmental health	42.0	35.7	–5.8	–19.7	9.9
Food standards and hygiene	59.2	–5.1	4.1	–5.2	10.5
Breast cancer screening	–12.7	0.9	–12.1	15.7	–2.7
Cervical screening	–27.3	17.5	–40.4	–17.9	–19.6
Prevention of hazardous and harmful drug use	–13.6	–22.3	–1.4	34.0	–2.9
Public health research	–77.8	200.0	22.2	–9.1	–7.2
Total public health	2.3	6.2	2.7	7.7	4.7

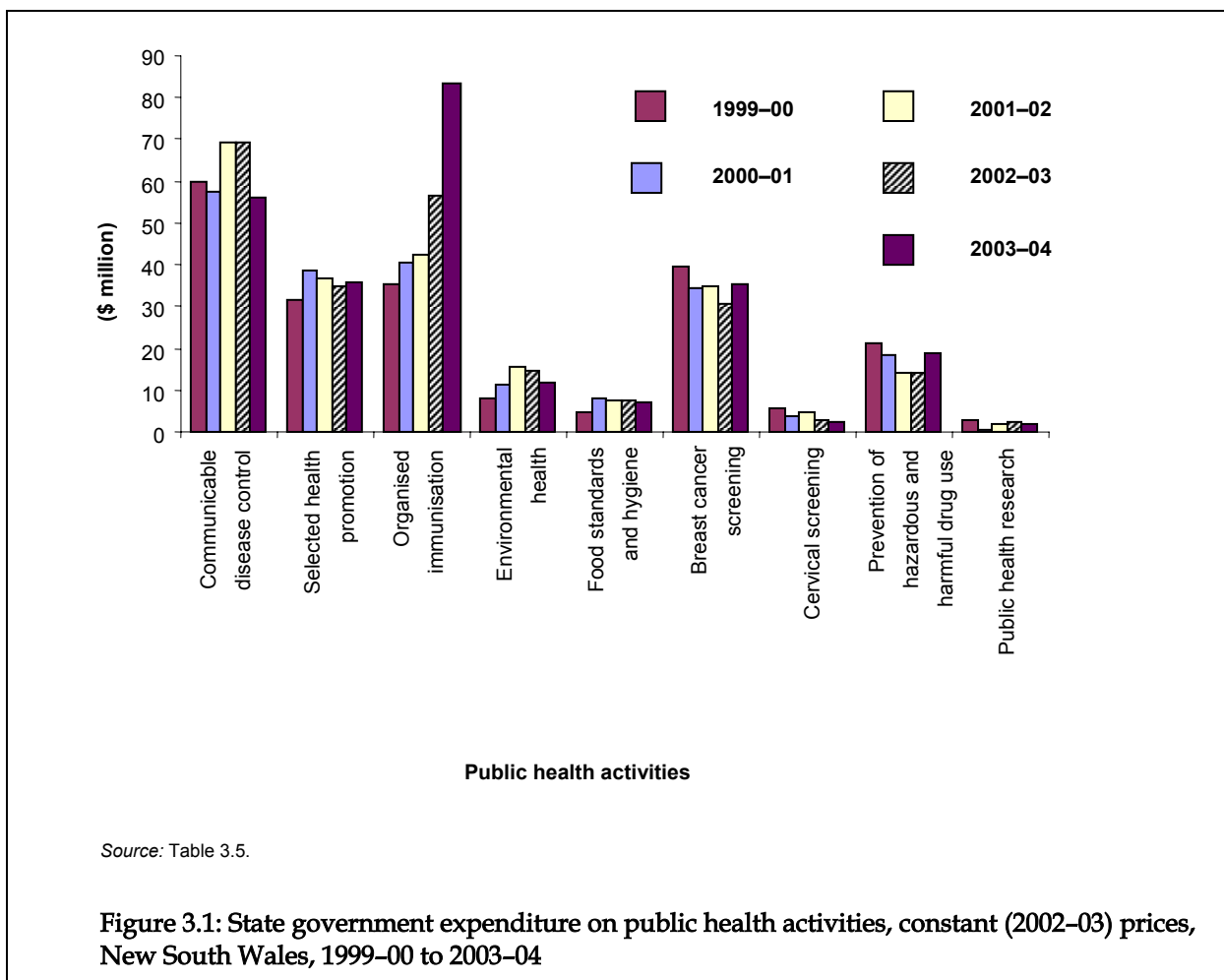
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

(b) Estimates are based on expenditure expressed in \$ million and rounded to one decimal place.

(c) Average annual growth rate.

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

Over the period the present public health expenditure series has been compiled, that is, 1999–00 to 2003–04, *Communicable disease control* (\$62.5 million) recorded the highest average annual expenditure in real terms, followed by *Organised immunisation* (\$51.3 million), *Selected health promotion* (\$35.6 million) and *Breast cancer screening* (\$34.9 million) (Table 3.5; Figure 3.1).



3.5 Expenditure on ‘Public health-related activities’

Total expenditure for ‘Public health-related activities’ was estimated at \$13.2 million for 2003-04, compared with \$14.7 million for 2002-03 and \$9.2 million for 2001-02.

4 Expenditure by Victorian health authorities

4.1 Introduction

Victoria is the second largest, 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 2003–04 its total population was 4.9 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 2003–04, 72% of the Department's public health expenditure was on services provided by agencies under service agreements with the Department. These include agreements with both NGOs 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 address 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 2003–04 was \$226.3 million compared with \$234.4 million in 2002–03 and \$197.4 million in 2001–02 (Table 4.1).

Overall, expenditure in 2003–04 was down \$8.1 million on the \$234.4 million expenditure during 2002–03. This decrease was largely due to the reduction in expenditure on *Organised immunisation* (down \$14.9 million) and *Prevention of hazardous and harmful drug use* (down \$2.5 million). These decreases were partially offset by increases in expenditure on *Communicable disease control* (up \$5.8 million) and *Breast cancer screening* (up \$2.1 million).

Almost 66% of the expenditure during 2003–04 was directed towards three health activities (Table 4.1). These were:

- *Selected health promotion* (28.3%)
- *Organised immunisation* (19.3%)
- *Communicable disease control* (17.9%).

Table 4.1: State government expenditure on public health activities, current prices, Victoria, 1999–00 to 2003–04

Activity	1999–00	2000–01	2001–02	2002–03	2003–04
Expenditure (\$ million)					
Communicable disease control	23.7	31.0	32.8	34.6	40.4
Selected health promotion	r58.2	r60.0	65.3	65.5	64.1
Organised immunisation	23.4	27.0	28.1	58.6	43.7
Environmental health	2.9	3.2	3.5	4.4	4.9
Food standards and hygiene	2.3	3.1	2.4	2.8	3.2
Breast cancer screening	19.0	19.4	19.8	21.4	23.5
Cervical screening	7.3	11.0	9.5	9.9	10.9
Prevention of hazardous and harmful drug use	11.9	25.3	25.5	25.5	23.0
Public health research	2.2	7.0	10.5	11.7	12.6
Total public health	r150.9	r187.0	197.4	234.4	226.3
Proportion of public health expenditure^(a) (%)					
Communicable disease control	15.7	16.6	16.6	14.8	17.9
Selected health promotion	38.6	32.1	33.1	27.9	28.3
Organised immunisation	15.5	14.4	14.2	25.0	19.3
Environmental health	1.9	1.7	1.8	1.9	2.2
Food standards and hygiene	1.5	1.7	1.2	1.2	1.4
Breast cancer screening	12.6	10.4	10.0	9.1	10.4
Cervical screening	4.8	5.9	4.8	4.2	4.8
Prevention of hazardous and harmful drug use	7.9	13.5	12.9	10.9	10.2
Public health research	1.5	3.7	5.3	5.0	5.6
Total public health	100.0	100.0	100.0	100.0	100.0

(a) Estimates are based on expenditure data expressed in \$ million and rounded to one decimal place.

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

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

DHS focuses on prevention and early intervention to minimise the incidence and effects of communicable diseases in Victoria. This included the launch of the Victorian Hepatitis C Strategy 2002–04 and the Victorian HIV/AIDS Strategy 2002–04 in 2002, and the continued implementation of these strategies in 2002–03 and 2003–04.

Total expenditure for *Communicable disease control* by DHS in 2003–04 was \$40.4 million compared with \$34.6 million in 2002–03 and \$32.8 million in 2001–02 (Table 4.2).

The 2003–04 expenditure accounted for 17.9% of the total public health expenditure and reflected the third most significant area of expenditure by DHS during that year (Table 4.1). It comprised \$12.2 million on HIV/AIDS, hepatitis C and sexually transmitted infections control programs, \$5.8 million on the needle and syringe programs and \$22.5 million on other communicable disease control.

Overall, expenditure was up \$5.8 million or 16.8% on that incurred during 2002–03. This increase in expenditure was largely due to the increased expenditure on HIV/AIDS, hepatitis C and sexually transmitted infections programs (up \$2 million) and other communicable disease control (up \$2.9 million).

Funding is provided to a range of agencies, including hospitals, some non-government agencies and various research laboratories, to provide HIV and associated testing, and counselling and support.

Table 4.2: State government expenditure on *Communicable disease control*, current prices, Victoria, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	9.9	10.2	12.2
Needle and syringe programs	4.7	4.8	5.8
Other communicable disease control	18.2	19.6	22.5
Total	32.8	34.6	40.4

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

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2003–04 was \$64.1 million, marginally down on that incurred in 2002–03 (\$65.5 million) and 2001–02 (\$65.3 million). This constituted 28.3% of total expenditure on public health activities in 2003–04 and reflected the most significant area of expenditure incurred by DHS during that year (Table 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 to improve health promotion practice and increase 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 below
<<http://www.health.vic.gov.au/healthpromotion>>.

The increased expenditure over the past three years reflected:

- continued implementation of the 2000–03 Victorian Oral Health Promotion Strategy
- progressive implementation of the Geriatric Dentistry Action Plan launched in August 2002.

Organised immunisation

Total expenditure on *Organised immunisation* in 2003–04 was \$43.7 million, compared with \$58.6 million in 2002–03 and \$28.1 million in 2001–2 (Table 4.3).

The 2003–04 expenditure represented 19.3% of the total public health expenditure and was the second most significant area of public health expenditure by DHS during that year (Table 4.1). It comprised \$24.8 million on organised childhood immunisation, \$10.3 million on organised pneumococcal and influenza immunisation and \$8.6 million on all other organised immunisation.

Overall, expenditure in 2002–03 and 2003–04 was significantly up on that incurred in previous years. This increase largely reflects the increased spending on organised childhood immunisation arising from the implementation of the National Meningococcal C Vaccination Program for all persons 1 to 19 years of age in January 2003, and the carrying forward of the additional funding to 2003–04.

The above expenditure 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 PHOFAs.

Table 4.3: State government expenditure on *Organised immunisation*, current prices, Victoria, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	15.3	38.4	24.8
Organised pneumococcal and influenza immunisation	10.4	10.2	10.3
All other organised immunisation	2.4	10.0	8.6
Total	28.1	58.6	43.7

Environmental health

Total expenditure on *Environmental health* was \$4.9 million in 2003–04, compared with \$4.4 million in 2002–03 and \$3.5 million in 2001–02 (Table 4.1). This constituted 2.2% of total expenditure by DHS on public health activities during 2003–04.

Environmental health focused upon 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* during 2003–04 was \$3.2 million, compared with \$2.8 million in 2002–03 and \$2.4 million the previous financial year (Table 4.1). This constituted 1.4% of the total public health expenditure incurred by DHS during 2003–04.

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 2003–04 was \$23.5 million, compared with \$21.4 million in 2002–03 and \$19.8 million in 2001–02 (Table 4.1). This constituted 10.4% of the total expenditure incurred by DHS during 2003–04.

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. It specifically targets women in the age group 50–69 years, although women aged 40–49 and over 69 years can utilise the service. In both 2002–03 and 2003–04, 60% of the target population was screened for breast cancer.

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 standards. The program also employs two mobile vans to ensure that the service reaches women in all metropolitan and rural areas. There is also a comprehensive recruitment and education strategy in place. 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 2003–04 was \$10.9 million, compared with \$9.9 million in 2002–03 and \$9.5 million in 2001–02. This was equivalent to 4.8% of total expenditure on public health activities by DHS during 2003–04 (Table 4.1).

Cervical screening expenditure includes the costs associated with the provision of a public sector cervical smear testing service, a state-wide database and strategies aimed to encourage Victorian women to have regular Pap smears.

The main goal of the Victorian Cervical Screening Program is to achieve the optimal reduction in the incidence, morbidity and mortality associated with cervical cancer at an acceptable cost through an organised approach. In 2002–03, the participation rate for screening was approximately 65% of the target age group. In 2003–04, the participation rate was lower (64%) due to an increase in the number of women eligible for screening and improved record keeping.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by DHS in 2003–04 was \$23.0 million in 2003–04, compared with \$25.5 million in both 2002–03 and 2001–02 (Table 4.1).

The 2003–04 expenditure constituted 10.2% of total public health expenditure by DHS during that year. It comprised \$10.2 million on alcohol and tobacco programs and \$12.8 million on illicit drugs and other drugs of dependence programs (Table 4.4).

Some of the major activities covered by spending in this area were counselling and 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.

Table 4.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Victoria, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Alcohol	8.3	8.5	7.8
Tobacco	2.9	2.5	2.4
Illicit and other drugs of dependence	14.3	14.5	12.8
Total	25.5	25.5	23.0

Public health research

Total expenditure on *Public health research* during 2003–04 was \$12.6 million, compared with \$11.7 million in 2002–03 and \$10.5 million in 2001–02 (Table 4.1). This represented 5.6% of the total public health expenditure incurred by DHS during 2003–04 (Table 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.

4.4 Revision of 2000–01 data

DHS has revised its 1999–00 and 2000–01 public health current expenditure figures since the publication of *National Public Health Expenditure Report 2000–01*. The updated data have been included in Table 4.1.

4.5 Growth in expenditure on public health activities

Expenditure on public health activities by DHS during 2003–04, in real terms, was estimated at \$218.6 million, compared with \$234.4 million in 2002–03 (Table 4.5). This was a decrease of 6.7% on 2002–03. However, from 1999–00 to 2003–04 expenditure grew at an average annual rate of 7.0. The public health activities which recorded the highest average annual

growth rates over this period were *Public health research* (50.2%), *Prevention of hazardous and harmful drug use* (14.1%) and *Organised immunisation* (13.1%).

Table 4.5: State government expenditure on public health activities, constant (2002–03) prices^(a), Victoria, 1999–00 to 2003–04

Activity	Expenditure (\$ million)					5-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	
Communicable disease control	26.1	33.1	33.9	34.6	39.0	33.3
Selected health promotion	64.2	64.1	67.5	65.5	61.9	64.6
Organised immunisation	25.8	28.8	29.1	58.6	42.2	36.9
Environmental health	3.2	3.4	3.6	4.4	4.7	3.9
Food standards and hygiene	2.6	3.3	2.5	2.8	3.1	2.9
Breast cancer screening	21.0	20.7	20.5	21.4	22.7	21.3
Cervical screening	8.1	11.7	9.8	9.9	10.6	10.0
Prevention of hazardous and harmful drug use	13.1	27.0	26.4	25.5	22.2	22.8
Public health research	2.4	7.5	10.9	11.7	12.2	8.9
Total public health	166.5	199.6	204.2	234.4	218.6	204.7

Activity	Growth ^(b) (%)				
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04 ^(c)
Communicable disease control	26.8	2.4	2.1	12.7	10.6
Selected health promotion	–0.2	5.3	–3.0	–5.5	–0.9
Organised immunisation	11.6	1.0	101.4	–28.0	13.1
Environmental health	6.2	5.9	22.2	6.8	10.1
Food standards and hygiene	26.9	–24.2	12.0	10.7	4.5
Breast cancer screening	–1.4	–1.0	4.4	6.1	2.0
Cervical screening	44.4	–16.2	1.0	7.1	7.0
Prevention of hazardous and harmful drug use	106.1	–2.2	–3.4	–12.9	14.1
Public health research	212.5	45.3	7.3	4.3	50.2
Total public health	19.9	2.3	14.8	–6.7	7.0

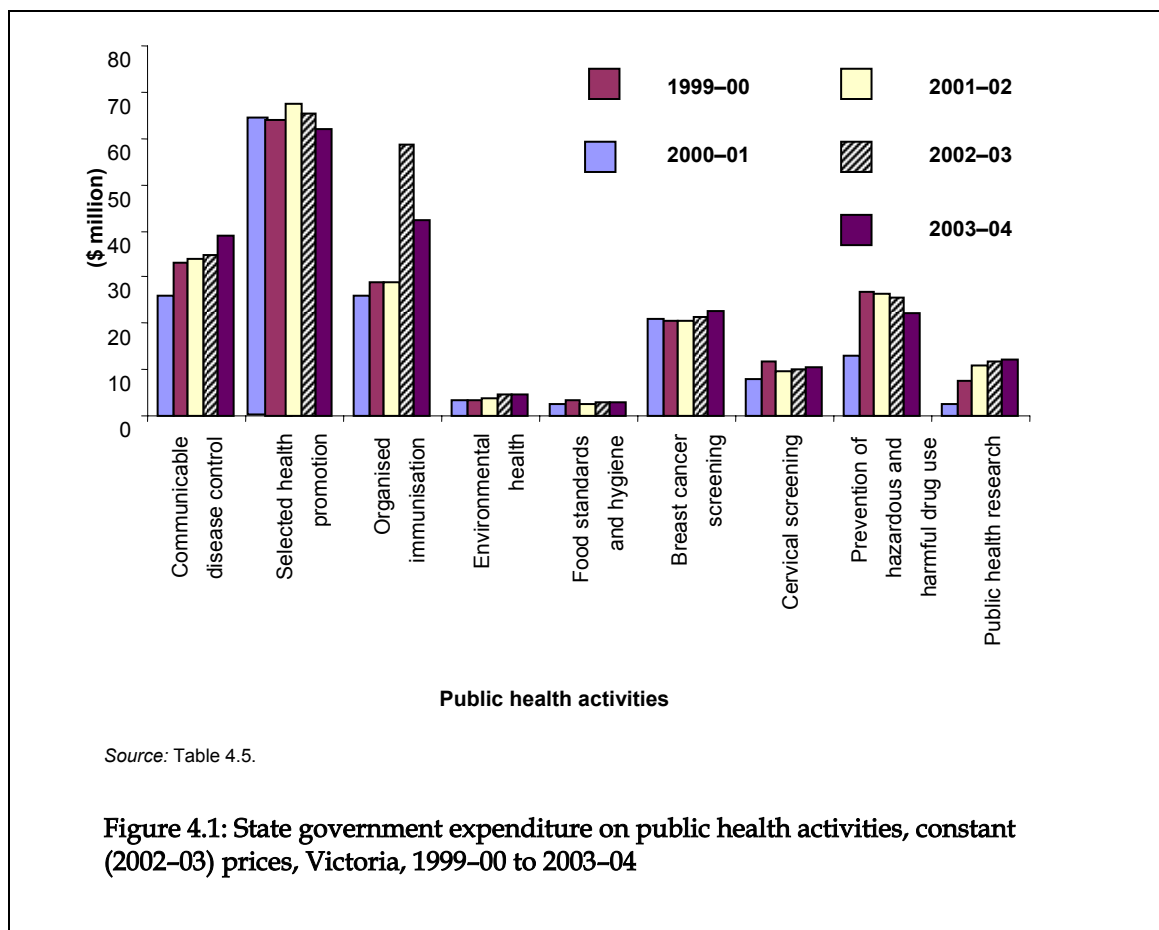
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

(b) Estimates are based on expenditure expressed in \$ million and rounded to one decimal place.

(c) Average annual growth rate.

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

Over the period that the present public health expenditure series have been compiled, that is, 1999–00 to 2003–04, *Selected health promotion* (\$64.6 million) reflected the highest average annual expenditure, followed by *Organised immunisation* (\$36.9 million) and *Communicable disease control* (\$33.3 million) (Table 4.5; Figure 4.1).



4.6 Expenditure on ‘Public health-related activities’

In addition to its expenditure on public health, the Victorian Government spent an estimated \$104.7 million on personal health care activities and programs and community programs that were aimed at achieving public health goals in 2003-04. This 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.

In the previous two years, expenditure on these public health-related activities had been \$124.8 million in 2002-03 and \$118.3 million in 2001-02.

5 Expenditure by Queensland Health

5.1 Introduction

Queensland population in June 2004 was estimated at approximately 3.8 million. Since 2000–01, the proportion of people aged 65 years and over has grown at an average rate of 3.3% per annum, compared to the national average of 2.2% and now represents 12% of the population.

Queensland Health is the largest provider of public health services in the state. The public health programs are 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 2003–04 was estimated at \$152.0 million, compared with \$145.1 million in 2002–03 and \$123.6 million in 2001–02 (Table 5.1). The increased expenditure over the past two years mainly reflects the rise in expenditure on *Organised immunisation* arising from the introduction of the National Meningococcal C Vaccination Program in 2003.

Expenditure on public health in 2003–04 was up \$6.9 million on that incurred during the previous financial year. Most of this increase was due to the increased expenditure on *Organised immunisation* (up \$4.9 million). All other activities showed small increases in expenditure except *Selected health promotion*, which showed a small decline.

The largest expenditure incurred during 2003–04 was on *Organised immunisation*, which amounted to \$37.7 million or 24.8% of the expenditure on public health activities. The next largest areas of expenditure were *Selected health promotions* (\$25.2 million or 16.6%) and *Prevention of hazardous and harmful drug use* (\$23.6 million or 15.5%).

Table 5.1: State government expenditure on public health activities, current prices, Queensland, 1999–00 to 2003–04

Activity	1999–00	2000–01	2001–02	2002–03	2003–04
Expenditure (\$ million)					
Communicable disease control	16.0	17.4	20.1	22.0	23.0
Selected health promotion	18.0	18.7	25.8	26.3	25.2
Organised immunisation	16.2	18.9	17.6	32.8	37.7
Environmental health	9.9	11.6	11.6	13.1	13.3
Food standards and hygiene	1.5	1.9	2.0	2.9	3.1
Breast cancer screening	18.6	19.6	21.1	21.1	22.2
Cervical screening	3.4	3.6	3.1	3.2	3.4
Prevention of hazardous and harmful drug use	15.4	17.9	22.3	23.5	23.6
Public health research	0.4	0.1	0.0	0.2	0.5
Total public health	99.4	109.7	123.6	145.1	152.0
Proportion of public health expenditure^(a) (%)					
Communicable disease control	16.1	15.9	16.3	15.2	15.1
Selected health promotion	18.1	17.0	20.9	18.1	16.6
Organised immunisation	16.3	17.2	14.2	22.6	24.8
Environmental health	10.0	10.6	9.4	9.0	8.8
Food standards and hygiene	1.5	1.7	1.6	2.0	2.0
Breast cancer screening	18.7	17.9	17.1	14.5	14.6
Cervical screening	3.4	3.3	2.5	2.2	2.2
Prevention of hazardous and harmful drug use	15.5	16.3	18.0	16.2	15.5
Public health research	0.4	0.1	0.0	0.1	0.3
Total public health	100.0	100.0	100.0	100.0	100.0

(a) Estimates are based on expenditure data expressed in \$ million and rounded to one decimal place.

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

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 2003–04 was \$23.0 million, compared with \$22.0 million in 2002–03 and \$20.1 million in 2001–02 (Table 5.1)

The 2003–04 expenditure constituted 15.1% of the total expenditure on public health activities in the state. It comprised of \$6.1 million on HIV/AIDS, hepatitis C and sexually

transmitted infections programs, \$3.3 million on the needle and syringe programs and \$13.6 million on other communicable disease control (Table 5.2).

Some key achievements during the course of 2002–03 and 2003–04 included:

- continuation of the Indigenous gonorrhoea and Chlamydia screening program
- development of the Queensland Indigenous Sexual Health Strategy 2003–06
- continued implementation of a comprehensive sexual health, HIV/AIDS and hepatitis C web site established for the general public and service providers
- completion of a health check program focusing on the early detection and treatment of sexually transmitted infections in a high risk group, covering 3,500 people
- development and implementation of a new database for notifiable diseases
- minimisation of health care related infection within Queensland Health facilities, which was promoted through the implementation of monitoring processes
- continuation of development work associated with improved surveillance of a range of notifiable conditions (meningococcal disease, Q fever and others) continued.

Table 5.2: State government expenditure on *Communicable disease control*, current prices, Queensland, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	5.8	6.3	6.1
Needle and syringe program	2.9	3.5	3.3
Other communicable disease control	11.4	12.3	13.6
Total	20.1	22.0	23.0

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

Selected health promotion

Total expenditure on *Selected health promotion* during 2003–04 was \$25.2 million, which was marginally down on the expenditure incurred in 2002–03 of \$26.3 million and in 2001–02 of \$25.8 million (Table 5.1). This constituted 16.6% of total expenditure on public health activities in 2003–04 and was the second most significant area of expenditure incurred by Queensland health during 2003–04.

Some of the major spending by Queensland health under this activity was aimed at

- health promotion strategies and capacity building programs
- community public health planning
- mental health promotion
- women's health
- operation of the school-based Youth Health Nurse Program in partnership with Education Queensland
- child care centre based oral and nutrition promotion strategies and projects (e.g. Happy Teeth Happy Child program)
- child injury prevention projects

- nutrition and physical activity strategies and programs
- skin cancer prevention
- collaborative injury prevention strategies and projects, including the prevention of poisoning in children aged 0–4 years and development of safe playground environments.

Organised immunisation

Expenditure on *Organised immunisation* during 2003–04 was \$37.7 million, compared with \$32.8 million in 2002–03 and \$17.6 million in 2001–02 (Table 5.1).

The 2003–04 expenditure represented 24.8% of the total public health expenditure by Queensland Health during that year. It comprised \$27.8 million on organised childhood immunisation, \$5.0 million on pneumococcal and influenza immunisation and \$4.9 million on all other organised immunisation (Table 5.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up on that incurred for previous years. This increase largely reflects the increased spending on organised childhood immunisation arising from the implementation of the National Meningococcal C Vaccination Program in 2003.

Some of the key achievements during the course of 2002–03 and 2003–04 included:

- continued implementation of the immunisation schedule for children born on or after 30 May 2000
- continuation of hepatitis B vaccination for all newborn Queensland children
- continuation of the free measles and mumps vaccine for young adults aged 18–30 years
- continued implementation of immunisation outreach programs for following up high-risk groups
- establishment of systems to identify children who are overdue for vaccination.

Funding for this activity came from a combination of state appropriations and PHOFA grants from the Australian Government.

Table 5.3: State government expenditure on *Organised immunisation*, current prices, Queensland, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	12.2	23.9	27.8
Organised pneumococcal and influenza immunisation	4.9	4.7	5.0
All other organised immunisation	0.5	4.1	4.9
Total	17.6	32.8	37.7

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

Environmental health

Total expenditure on *Environmental health* in Queensland during 2003–04 was \$13.3 million, compared with \$13.1 million in 2002–03 and \$11.6 million in 2001–02 (Table 5.1). This

constituted 8.8% of total expenditure on public health activities by Queensland Health during 2003–04.

Public Health Services undertakes a wide range of environmental health activities, including an advisory or support role to LGAs and other state departments, for example water management and water quality. In addition, it has responsibility for such areas 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:

- implementation of the Queensland Indigenous Environmental Health Strategy
- development of strategies to enhance the capacity and resources of community and local councils to address Indigenous environmental health issues.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2003–04 was \$3.1 million, compared with \$2.9 million in 2002–03 and \$2.0 million in 2001–02 (Table 5.1). This constituted 2.0% of the total expenditure on public health activities by Queensland Health during 2003–04.

Some of the major activities covered by the spending were aimed at the provision of assistance and advice on food issues, and the development and implementation of legislation to improve food safety, including national food safety reforms.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2003–04 was \$22.2 million, which was marginally up on the \$21.1 million spent in both 2002–03 and 2001–02 (Table 5.1). This constituted 14.6% of total public health expenditure by Queensland Health during 2003–04.

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:

- continued implementation of the Breastscreen Queensland State Plan 2001–06 where 177,145 women were screened in 2002–03 and 184,689 in 2003–04
- the continued implementation of the BreastScreen Queensland Policy and Protocol Manual in order to achieve consistent, high-quality practices within BreastScreen Queensland Services
- implementation of the state-level Communication and Education Plan to improve participation rates for women aged 50–69 years
- accreditation of BreastScreen Queensland services in accordance with the BreastScreen Australia National Accreditation Standards
- establishment and maintenance of the BreastScreen Queensland quality management system
- completion of data collation and reporting in accordance with the Australian Government and state government requirements, including calculation of interval cancer data and production of the BreastScreen Queensland 1999 Statistical Report

- development of a central BreastScreen Queensland Registry.

Cervical screening

Total expenditure on *Cervical screening* by Queensland Health during 2002–03 was \$3.4 million, which was marginally up on the expenditure incurred in 2002–03 and 2001–02. This constituted 2.2% of total expenditure on public health activities by Queensland Health during 2003–04 (Table 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:

- continued implementation of the Queensland Cervical Screening State Plan 2002–06
- continued implementation of the Queensland Indigenous Women’s Cervical Screening Strategy 2000–2004, including the training of Indigenous health workers as peer educators, the development of service guidelines for Pap smear providers and the development of a specific Indigenous Women’s Health Worker position description
- enhancement of cervical screening services in rural and remote areas through the Mobile Women’s Health Service, Royal Flying Doctors Service’s Rural and Remote Women’s Health Program
- implementing the Pap Smear Register and its promotion to women and health providers.

Prevention of hazardous and harmful drug use

Estimated expenditure on *Prevention of hazardous and harmful drug use* in 2003–04 was \$23.6 million, compared with \$23.5 million in 2002–02 and \$22.3 million 2001–02 (Table 5.1).

The 2003–04 expenditure constituted 15.5% of total expenditure on public health activities and was one of the more significant areas of public health expenditure incurred by Queensland Health. It comprised \$6.6 million on alcohol and tobacco programs, \$8.9 million on the illicit drugs and methadone program and \$8.1 million on other related drug programs (Table 5.4).

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:

- continued implementation of the Queensland Tobacco Action Plan 2000–01 to 2003–04
- continuation of the poison anti-smoking campaign aimed at young people and experimenters
- improvement of Indigenous alcohol and drug prevention services
- improvement of strategies to develop youth participation in decision making about local alcohol and other drug services.

Table 5.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Queensland, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Alcohol and tobacco programs	6.6	6.3	6.6
Illicit drugs and methadone program	9.2	9.4	8.9
Other drugs-related programs	6.5	7.9	8.1
Total	22.3	23.5	23.6

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

Public health research

Total expenditures on *Public health research* for 2003–04 and the previous financial year were estimated at \$0.5 million and \$0.2 million respectively. The majority of this expenditure related to the bowel cancer screening pilot program which was being conducted in partnership with the Australian Government.

It should be noted that only expenditures on activities that were primarily investigative have been included under this activity. Expenditures 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 2003–04, in real terms, was estimated at \$146.7 million. This was an increase of 1.1% on the 2002–03 expenditure.

Over the period 1999–00 to 2003–04 expenditure has grown at an average rate of 7.6% per annum. The public health activities which recorded the highest average annual growth rates were *Organised immunisation* (19.6%) and *Foods standards and hygiene* (15.3%) (Table 5.5).

Table 5.5: State government expenditure on public health activities, constant (2002–03) prices^(a), Queensland, 1999–00 to 2003–04

Activity	Expenditure (\$ million)					5-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	
Communicable disease control	17.6	18.5	20.8	22.0	22.2	20.2
Selected health promotion	19.8	19.9	26.6	26.3	24.3	23.4
Organised immunisation	17.8	20.1	18.2	32.8	36.4	25.1
Environmental health	10.8	12.3	12.0	13.1	12.8	12.2
Food standards and hygiene	1.7	2.0	2.1	2.9	3.0	2.3
Breast cancer screening	20.4	20.8	21.8	21.1	21.4	21.1
Cervical screening	3.8	3.9	3.2	3.2	3.3	3.5
Prevention of hazardous and harmful drug use	16.9	19.0	23.0	23.5	22.8	21.0
Public health research	0.5	0.1	0.0	0.2	0.5	0.3
Total public health	109.3	116.6	127.7	145.1	146.7	129.1

Activity	Growth ^(b) (%)				
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04 ^(c)
Communicable disease control	5.1	12.4	5.8	0.9	6.0
Selected health promotion	0.5	33.7	–1.1	–7.6	5.3
Organised immunisation	12.9	–9.5	80.2	11.0	19.6
Environmental health	13.9	–2.4	9.2	–2.3	4.3
Food standards and hygiene	17.6	5.0	38.1	3.4	15.3
Breast cancer screening	2.0	4.8	–3.2	1.4	1.2
Cervical screening	2.6	–17.9	0.0	3.1	–3.5
Prevention of hazardous and harmful drug use	12.4	21.1	2.2	–3.0	7.8
Public health research	–80.0	–100.0	0.2	150.0	0.0
Total public health	6.7	9.5	13.6	1.1	7.6

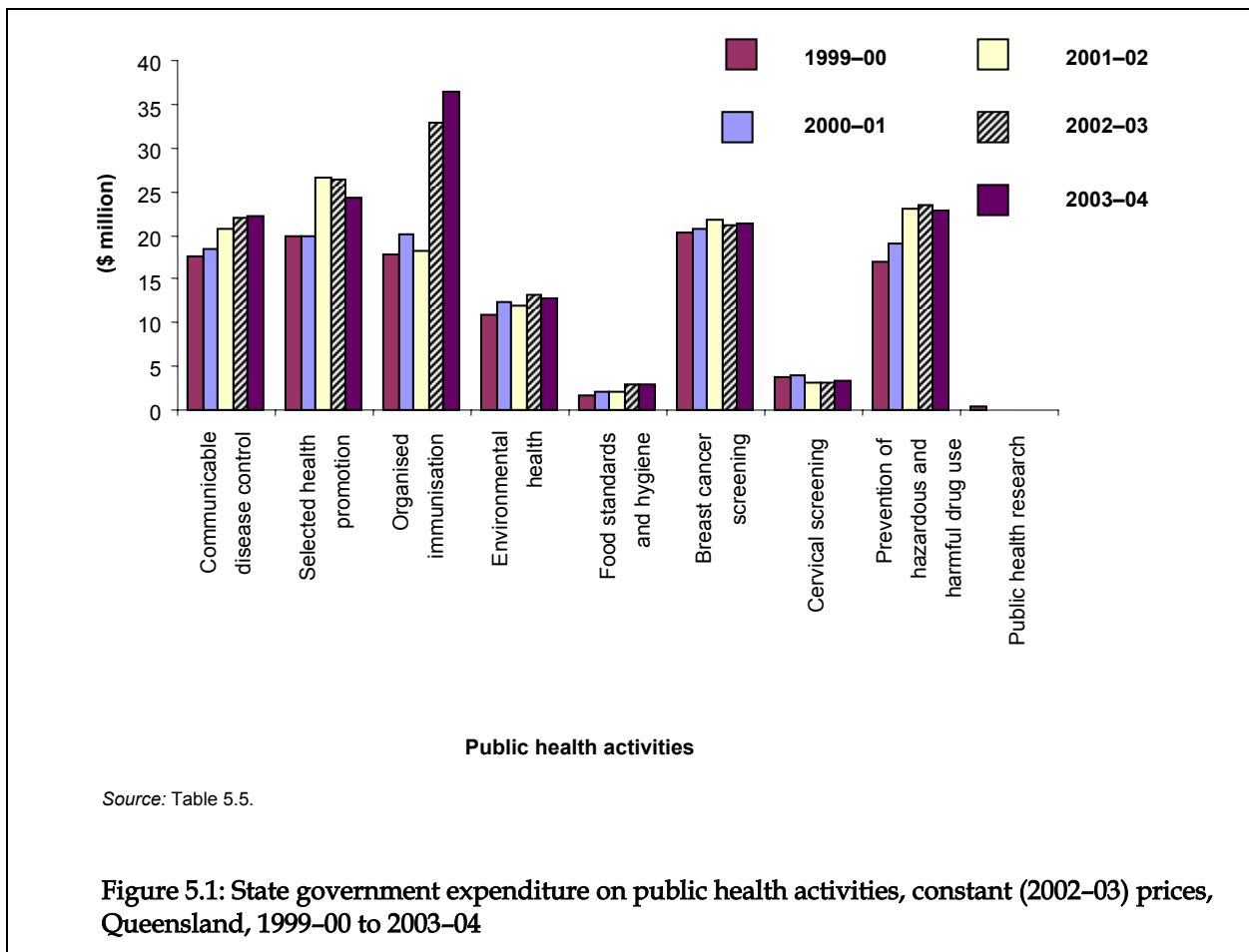
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

(b) Estimates are based on expenditure expressed in \$ millions and rounded to one decimal place.

(c) Average annual growth rate.

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

Over the period that the present public health expenditure series has been compiled, that is, from 1999–00 to 2003–04, *Organised immunisation* (\$25.1 million) reflected the highest average annual expenditure in real terms, followed by *Selected health promotion* (\$23.4 million), *Breast cancer screening* (\$21.1 million), and *Prevention of hazardous and harmful drug use* (\$21.0 million) (Table 5.5; Figure 5.1).



5.5 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ during 2003-04 was estimated at \$47.5 million. This mainly related to pathology and scientific services ((\$0.4 million), school dental services (\$35.7 million), primary health centres and outpatient services (\$7.0 million) and other public health-related activities (\$4.1 million).

In the previous two years, expenditure on those public health-related activities has been approximately \$48 million in both 2002-03 and 2001-02.