National public health expenditure report 2004–05

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Preface

Public health activities undertaken or funded by governments are important aspects 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. What is spent now on public health activities lowers the future demand for more expensive health interventions.

This is the fifth 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 AIHW with the cooperation of the Australian Government and state 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 2004–05 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, this has provided a high degree of consistency and comparability of estimates over an extended period.

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 public health expenditure data collection is to be undertaken over the coming months. The key objectives are to review the scope of the current data collection, and to assess the quality of the data and the validity of the methods currently used to compile the expenditure estimates including the activity classification. As part of this review process, we would appreciate any comments from users on the appropriateness of the statistics currently published and areas of emerging interest. This will assist in getting a better understanding of the value of this report and ways to make it more relevant to users.

Penny Allbon
Director
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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 Public Health Expenditure Project.

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Executive summary

This is the fifth report on public health funding and recurrent expenditure by the Australian Government and the state and territory governments.

The report presents statistics on public health in Australia for 2004–05 and time series data back to 1999–00.

Public health funding refers to the total funding provided by an agency for public health purposes, and public health expenditure relates to the agency directly incurring the costs of programs (see Box 1, page 2).

Government funding of public health activities

- It is estimated that government funding for public health activities during 2004–05 was $1,436.3 million (Table 1.1). Of this, the Australian Government's share of funding was estimated at $863.3 million (60.1%). The state and territory governments' share was $573.0 million (39.9%) (Table 1.1).
- The Australian Government funded $395.3 million (27.5%) was in the form of Specific Purpose Payments (SPPs) to support state and territory governments' programs aimed at achieving agreed public health outcomes (see diagram on page xiii).

Government expenditure on public health activities

Government expenditure relates to the public health expenditure incurred on a regular basis by the Australian Government and the state and territory governments. This excludes capital expenditure. The expenditure is reported in terms of who directly incurs the expenditure rather than who ultimately pays for that expenditure:

- In 2004–05, state and territory health departments spent $968.3 million (or 67.4% of total government expenditure) on public health activities. The remaining $468.0 million (32.6%) was spent by the Australian Government on health programs and activities for which it was directly responsible (see diagram on page xiii).
- The highest expenditure in 2004–05 was on *Organised immunisation* which amounted to $338.3 million or 23.6% of the total expenditure by jurisdictions (Table 1.3). Other significant expenditures were reported on:
  - *Selected health promotion*—$232.8 million (16.2%)
  - *Communicable disease control*—$232.0 million (16.1%)
  - *Prevention of hazardous and harmful drug use*—$194.2 million (13.5%).

Total public health expenditure as a proportion of total recurrent health expenditure

- Total recurrent expenditure on health goods and services (excluding capital formation and depreciation) in Australia in 2004–05 was estimated at $82,176 million (Table 1.5). Of this, $56,010 million was funded by governments with the balance being funded by private sources. Total government expenditure on public health in Australia in 2004–05

represented 1.7% of total recurrent expenditure and 2.6% of recurrent government expenditure (Table 1.5; Table 1.6). These proportions have remained virtually constant since 1999–00.

- On a state and territory basis, the share of total government expenditure on public health activities from all funding sources, as a proportion of total recurrent health expenditure, varied considerably across jurisdictions in 2004–05, ranging from 6.84% in the Northern Territory to 1.56% in Victoria (Table 1.6).
- On a state and territory basis, the share of total government expenditure on public health activities from government funding sources, as a proportion of total recurrent health expenditure, varied considerably across jurisdictions in 2004–05, ranging from 8.57% in the Northern Territory to 2.39% in Victoria (Table 1.6).

Growth in expenditure on public health

In order to measure the real changes in expenditure over time on public health activities, the expenditure estimates have been recalculated in 2003–04 prices:

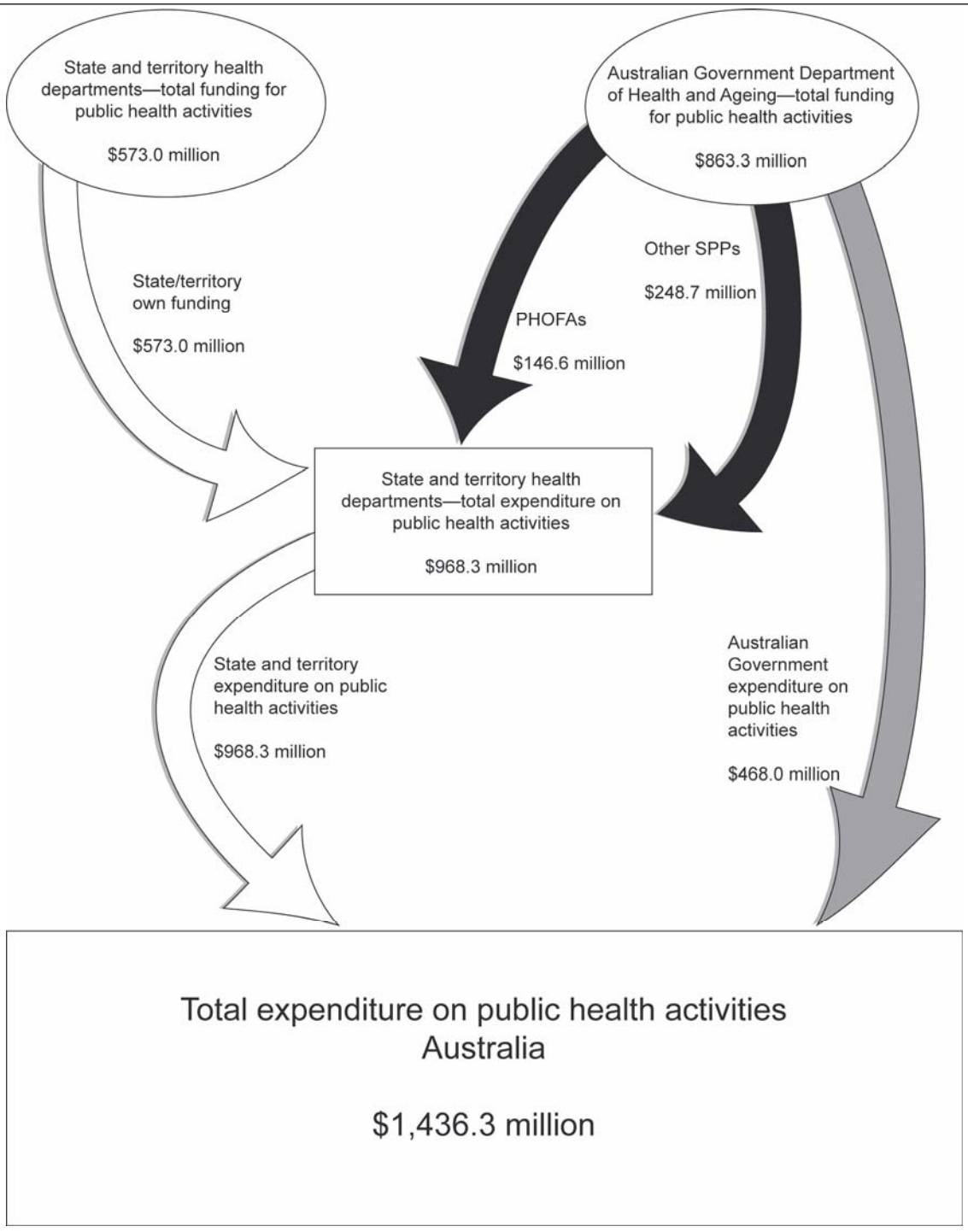
- Expenditure on public health grew by 9.7%, in real terms, between 2003–04 and 2004–05 with expenditure on *Organised immunisation* reflecting the highest real growth rate (21.6%) followed by *Prevention of hazardous and harmful drug use* (11.5%) and *Cervical screening* (11.1%) (Table 1.9).
- Expenditure over the period 1999–00 to 2004–05 has grown at an average rate of 5.8% per annum in real terms (Table 1.9). The highest average real growth rates were recorded for *Organised immunisation* (13.6%) and *Prevention of hazardous and harmful drug use* (6.8%).
- At a jurisdictional level, the highest growth in real terms over the period 1999–00 to 2004–05 was recorded by the Australian Government (8.6%) followed by Queensland (7.2%) and Victoria (5.0%) (Table 1.10).

Growth in expenditure on public health activities, constant prices[(a)], by jurisdiction, 1999–00 to 2004–05

Jurisdiction	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05	1999–00 to 2004–05[(b)]
Australian Government	8.4	3.5	–1.0	4.3	30.4	8.6
New South Wales	2.2	6.3	2.6	7.7	3.3	4.4
Victoria	20.0	2.2	14.8	–6.8	–2.9	5.0
Queensland	6.7	9.4	13.6	1.2	5.3	7.2
Western Australia	4.9	8.3	9.2	0.8	–1.4	4.3
South Australia	5.3	2.1	16.6	–6.5	–0.5	3.1
Tasmania	6.5	5.6	13.7	–6.3	–5.9	2.4
Australian Capital Territory	–6.0	–0.9	5.1	0.1	7.4	1.0
Northern Territory	–8.1	–1.7	–6.6	15.6	18.9	3.0
Total	**7.2**	**4.5**	**6.4**	**1.4**	**9.7**	**5.8**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) Average annual growth rate.



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

Funding and expenditure on public health activities in Australia, 2004–05

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.

The former National Public Health Partnership (NPHP) defined public health 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. (NPHP 1998)

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 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 for 2004–05. In addition, some previously published and revised estimates covering the years 1999–00 to 2003–04 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 primarily 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 primarily responsible. The Australian Government's contribution of total funding of public health activities in Australia in 2004–05 was estimated at approximately 60%.

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 primarily 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 nine chapters, one describing expenditure in the Australian Government Health and Ageing portfolio and one 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 public health-related relevance.

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

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

1.3 Introduction

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 within 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 'Public health-related activities', but are not included in the overall estimates of expenditure on public health activities in Australia. As these estimates are reported on a voluntary basis by jurisdictions, not all jurisdictions have reported this information.

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, as well as development and maintenance of information systems, disease surveillance and epidemiology, and a range of similar corporate activities (refer to Glossary for details). While these 'indirect' expenditures have been incorporated in the estimates, they have not been separately identified in the report.

In the case of direct expenditures 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 the DoHA in administering those programs and activities and include wages and salaries of employees and departmental overheads (refer to Glossary for details).

Readers should note that the public health expenditure estimates reported here relate only to those incurred by or funded by the key health departments and agencies in the various jurisdictions (see diagram on page xiii). It does not include funding of public health activities by non-health state and territory government departments, non-government organisations and 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 larger community. While 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 2004–05 was estimated, in current price terms, at $1,436.3 million. This was an increase of $173.3 million over the previous year.

The Australian Government contributed an estimated $863.3 million (60.1%) of the total funding in 2004–05, compared with $657.5 million or 52.1% in 2003–04 (Table 1.1). This increase of $205.8 million was largely due to increased funding on *Organised immunisation* of $132.5 million and the *Prevention of hazardous and harmful drug use* of $45.6 million (see Table A2).

Of the total funding by the Australian Government in 2004–05, $468.0 million was direct expenditure. The remaining $395.3 million was funding to states and territories through SPPs. Of the total SPP funding, $146.6 million (37.1%) was through the Public Health Outcome Funding Agreements (PHOFAs) between the Australian Government and the states and territories (see Figure 2.1). The remaining $248.7 (62.9%) 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 public health expenditure, current prices, by source of funds, 2003–04 and 2004–05

	2003–04		2004–05	
Source of funds	**Amount ($ million)**	**Share of total (%)**	**Amount ($ million)**	**Share of total (%)**
Funding by the Australian Government				
Direct expenditure	346.2	27.4	468.0	32.6
Plus SPPs	311.3	24.6	395.3	27.5
Australian Government funding	*657.5*	*52.1*	*863.3*	*60.1*
Funding by state and territory governments				
Gross expenditure	916.8	72.6	968.3	67.4
Less SPPs	311.3	24.6	395.3	27.5
Net funding by the states and territories	*605.5*	*47.9*	*573.0*	*39.9*
Total funding/expenditure	**1,263.0**	**100.0**	**1,436.3**	**100.0**

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

Funding by states and territories from their own sources was estimated at $573.0 million in 2004–05, compared with $605.5 million the previous financial year. Of this, approximately 50% was provided by New South Wales and Victoria (Table 1.2).

Table 1.2: Net public health funding by states and territories[a][b], current prices, and shares of the total funding by states and territories, 2003–04 and 2004–05

	2003–04		2004–05	
State/territory	$ million	Proportion of total (%)	$ million	Proportion of total (%)
New South Wales	154.8	25.6	138.0	24.1
Victoria	147.2	24.3	144.1	25.1
Queensland	99.4	16.4	93.7	16.4
Western Australia	73.1	12.1	65.4	11.4
South Australia	55.3	9.1	49.8	8.7
Tasmania	17.9	3.0	14.9	2.6
Australian Capital Territory	19.1	3.2	20.4	3.6
Northern Territory	38.7	6.4	46.7	8.2
Total	**605.5**	**100.0**	**573.0**	**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 10 and 11 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.

1.5 Government expenditure on public health activities

Public health expenditure

Of the total $1,436.3 million spent on public health activities in 2004–05, $968.3 million (67.4%) was incurred by the state and territory governments. The balance of $468.0 million (32.6%) related to programs and activities for which the Australian Government was directly responsible (Table 1.3).

Organised immunisation accounted for $338.3 million or 23.6% of estimated expenditure on all public health activities by all jurisdictions during 2004–05 (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*—$232.8 million (16.2% of total expenditure on public health activities)
- *Communicable disease control*—$232.0 million (16.1% of total expenditure on public health activities)
- *Prevention of hazardous and harmful drug use*—$194.2 million (13.5% of total expenditure on public health activities).

Table 1.3: Total public health expenditure by the Australian Government and states and territories, current prices, by activity, 2003–04 and 2004–05

	2003–04				2004–05			
Activity	Australian Government[(a)] ($ million)	States and territories[(b)] ($ million)	Total ($ million)	Proportion of total public health expenditure (%)	Australian Government[(a)] ($ million)	States and territories[(b)] ($ million)	Total ($ million)	Proportion of total public health expenditure (%)
Communicable disease control	30.4	173.5	203.9	16.1	38.6	193.4	232.0	16.1
Selected health promotion	44.3	172.1	216.4	17.1	40.4	192.4	232.8	16.2
Organised immunisation	49.5	218.6	268.1	21.2	136.2	202.1	338.3	23.6
Environmental health	19.2	60.8	80.0	6.3	17.0	66.3	83.3	5.8
Food standards and hygiene	14.6	20.8	35.4	2.8	14.0	18.6	32.6	2.3
Breast cancer screening	1.7	106.7	108.4	8.6	2.0	116.3	118.3	8.2
Cervical screening	65.6	23.5	89.1	7.1	77.1	25.5	102.6	7.1
Prevention of hazardous and harmful drug use	52.0	115.9	167.9	13.3	68.0	126.2	194.2	13.5
Public health research	68.6	24.9	93.5	7.4	74.4	27.4	101.8	7.1
PHOFA administration[(c)]	0.3	—	0.3	—	0.3	—	0.3	—
Total expenditure	**346.2**	**916.8**	**1,263.0**	**100.0**	**468.0**	**968.3**	**1,436.3**	**100.0**
Proportion of total core public health expenditure (%)	27.4	72.6	100.0	. .	32.6	67.4	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.

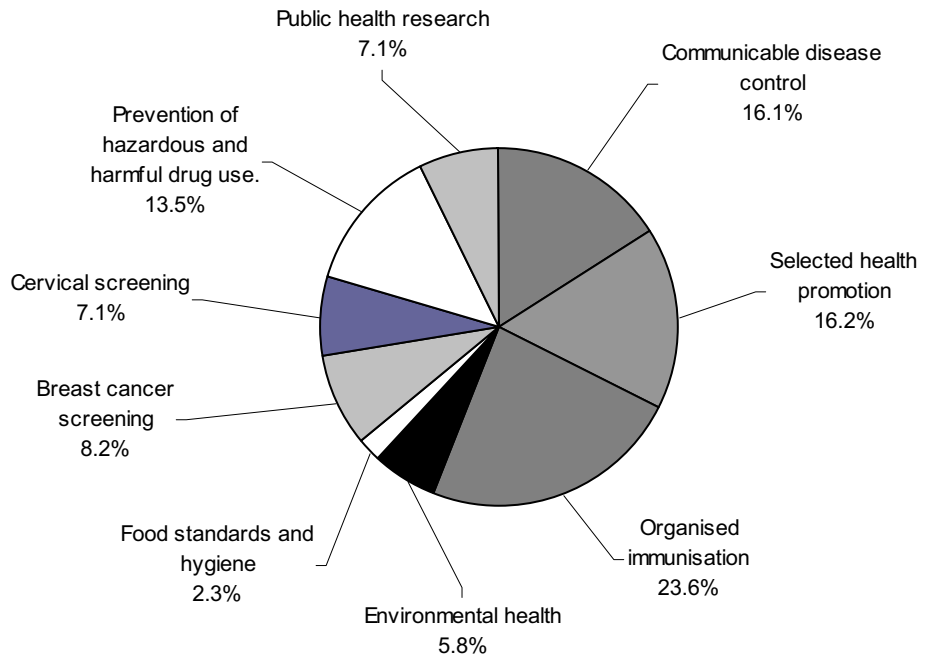
Note: Components may not add to totals due to rounding.

Table 1.4: Growth in public health expenditure by the Australian Government and states and territories, current prices, by activity, 2003–04 to 2004–05 (per cent)

Activity	Australian Government	States and territories	Total
Communicable disease control	27.0	11.4	13.8
Selected health promotion	–8.8	11.8	7.6
Organised immunisation	175.2	–7.6	26.2
Environmental health	–11.5	9.1	4.2
Food standards and hygiene	–4.1	–10.3	–7.8
Breast cancer screening	17.6	9.1	9.2
Cervical screening	17.5	8.5	15.1
Prevention of hazardous and harmful drug use	30.8	8.9	15.7
Public health research	8.5	10.3	9.0
Total expenditure	**35.2**	**5.6**	**13.7**

Source: Table 1.3.

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



Source: Table 1.3.

Figure 1.1: Proportion of total government expenditure on public health activities, by activity, 2004–05

Compared with 2003–04, total expenditure on public health activities in 2004–05, in current price terms, was up $173.3 million or 13.7% (Table 1.3; Table 1.4). In absolute terms, the highest increases between 2003–04 and 2004–05 were recorded in *Organised immunisation* (up $70.2 million), *Communicable disease control* (up $28.1 million) and *Prevention of hazardous and harmful drug use* (up $26.3 million).

It should be noted that the annual expenditure on *Organised immunisation* across states and territories has fluctuated over the past three years (2002–03 to 2004–05) (see tables in the individual jurisdictional chapters). This fluctuation largely reflects the introduction of new immunisation programs as they tend to have higher start-up costs in the initial year. For example, the National Meningococcal C Vaccination Program, which started in January 2003, provided free vaccine to all those aged 1 to 19 years up to 30 June 2006 and all children turning 12 months since 2003. This program resulted in higher start-up costs as all children and youths aged 1–19 years were eligible to be vaccinated. In subsequent years, there are lower numbers of children to be vaccinated resulting in lower expenditure. Other new programs, which have start-up costs, include the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians, both of which commenced on 1 January 2005. In addition, the implementation processes and timing varied across jurisdictions.

Public health expenditure as a proportion of total recurrent health expenditure

Total recurrent expenditure on health in 2004–05 was estimated at $82,176 million (Table 1.5). Of this, $56,010 million was funded by governments, the balance being funded by private sources.

Total government expenditure on public health in Australia during 2004–05 was estimated at $1,436.3 million. This represented 1.7% of total recurrent expenditure and 2.6% of recurrent government expenditure in that year. Although expenditure on public health activities has increased steadily over the past six years (1999–00 to 2004–05), its share of total recurrent health expenditure has remained relatively stable (Table 1.5).

Table 1.5: Total government public health expenditure and total recurrent health expenditure, current prices, Australia, 1999–00 to 2004–05

Year	Total government public health expenditure ($ million)	Total recurrent health expenditure[a] ($ million)		Public health as a proportion of total recurrent expenditure (%)	
		All funding sources[b]	Government funding	All funding sources	Government funding
1999–00	914	51,841	36,238	1.76	2.52
2000–01	1,014	57,967	39,911	1.75	2.54
2001–02	1,092	62,998	42,867	1.73	2.55
2002–03	1,202	69,024	47,349	1.74	2.54
2003–04	1,263	74,718	50,960	1.69	2.48
2004–05	1,436	82,176	56,010	1.75	2.56

(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.

Source: AIHW 2006, and AIHW health expenditure database.

State and territory expenditure

In order to estimates 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. However, as its direct expenditure is generally not available on a state and territory basis, other indicators need to be used to allocate these expenditures. With the exception of *Cervical screening* and any direct purchases of essential vaccines by the Australian Government on behalf of the state and territory governments, the direct expenditure has been apportioned across each state and territory according to the allocation of public health SPPs (see Table 2.4). In the case of *Cervical screening*, expenditure directly incurred by the Australian Government has been allocated by state and territory in line with the Medicare benefits paid to recipients by their state of location (see Chapter 11 for further information). Purchases of essential vaccines have been apportioned in line with the purchases by the Australian Government on behalf of the states and territories.

Table 1.6 shows estimated total government expenditure in each state and territory as a proportion of their total recurrent health expenditure (see Glossary for definition). The table shows that the public health share of total recurrent health expenditure in 2004–05 varied considerably across jurisdictions, ranging from 6.8% in the Northern Territory to 1.6% in New South Wales and Victoria. For the more populous states (New South Wales, Victoria and Queensland), their proportions were relatively stable over the period 1999–00 to 2004–05, but generally marginally lower than the national average of 1.7% (Table 1.5; Table 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 2004–05 varied across jurisdictions, ranging from 8.6% in the Northern Territory to 2.4% in New South Wales, Victoria and South Australia.

Table 1.6: Estimated total government public health expenditure for each state and territory[(a)(b)(c)] as a proportion of total recurrent health expenditure for each state and territory, current prices, 1999–00 to 2004–05 (per cent)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					All funding sources				
1999–00	1.59	1.61	1.60	1.98	1.88	2.22	3.06	7.34	1.76
2000–01	1.53	1.70	1.57	1.97	1.88	2.17	2.88	6.77	1.75
2001–02	1.54	1.62	1.60	2.00	1.94	2.07	2.70	6.48	1.73
2002–03	1.47	1.70	1.69	1.98	1.96	2.33	2.52	5.29	1.74
2003–04	1.51	1.61	1.59	1.88	1.76	2.20	2.41	6.60	1.69
2004–05	1.63	1.56	1.70	1.88	1.76	2.14	2.49	6.84	1.75
					Government funding sources				
1999–00	2.26	2.45	2.23	2.81	2.51	3.11	4.20	9.24	2.52
2000–01	2.23	2.61	2.20	2.86	2.60	3.07	4.09	8.68	2.54
2001–02	2.25	2.50	2.29	3.02	2.75	2.92	3.91	8.34	2.55
2002–03	2.17	2.44	2.44	2.84	2.74	3.37	3.57	6.64	2.54
2003–04	2.23	2.48	2.30	2.65	2.44	3.11	3.53	8.40	2.48
2004–05	2.42	2.39	2.46	2.69	2.42	2.98	3.58	8.57	2.56

(a) Total direct expenditure by the Australian Government has been apportioned to states and territories in line with their proportion of SPP funding from the Australian Government, except for *Cervical screening* and the direct purchases of essential vaccines by the Australian Government on behalf of the states and territories. For more details see Chapter 11 (pages 118 and 119).

(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 A8 and Table A9.

Expenditure on public health activities by jurisdictions

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 outside their control, 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 also influenced by 'non-public health' factors, such as:

- location and 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, while 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:

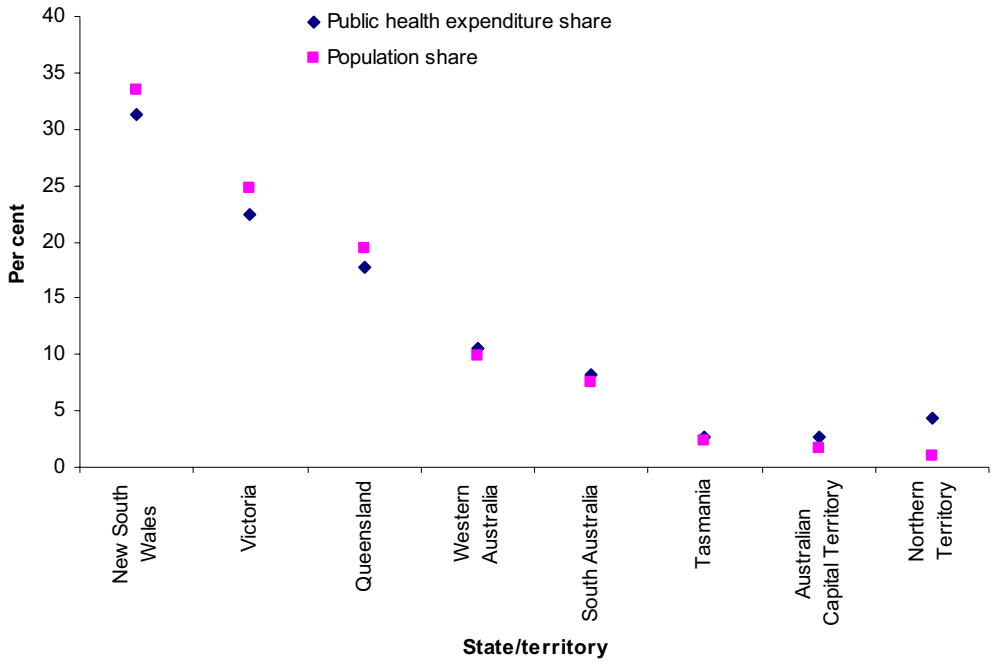
- some differences arising from the different data collection processes across jurisdictions

- differences in the treatment of some overheads in the health expenditure estimates.

This second group of differences, however, would not seem capable of exerting any large degree of influence on the relative levels of expenditure by the different jurisdictions.

It should also be noted that direct expenditure by the Australian Government has been apportioned across states and territories in order to estimate total government expenditure in each state and territory (see Chapter 11 for details).

Despite these problems, some interesting patterns emerge between states and territories for 2004–05. For example, while New South Wales had the highest level of expenditure overall, its proportion of total government expenditure on public health activities was lower than its share of the national population (Figure 1.2). Similarly, Victoria's and Queensland's proportions of total government public health expenditure were lower than their share of the national population. The smaller jurisdictions (in terms of population), on the other hand, all had shares of total government public health expenditure that were larger than their corresponding shares of the national population.



Source: Table 1.7 and AIHW health expenditure database.

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.

Figure 1.2: Relative shares of state/territory public health expenditure and population, current prices, by state and territory, 2004–05

Table 1.7: Total government expenditure[a][b] on public health activities, current prices, by each state and territory[c], 2004–05

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Expenditure ($ million)				
Communicable disease control	84.8	50.0	30.3	19.6	18.2	4.1	6.5	18.6	232.0
Selected health promotion	57.6	76.8	37.0	28.1	17.1	5.1	7.2	3.9	232.8
Organised immunisation	128.9	66.3	61.0	29.9	23.5	8.5	7.6	12.5	338.3
Environmental health	20.5	9.1	17.4	13.2	7.4	5.3	3.1	7.5	83.3
Food standards and hygiene	10.0	6.0	6.3	3.6	2.5	0.6	2.7	1.2	32.6
Breast cancer screening	43.9	25.8	23.6	10.1	7.9	4.1	1.7	1.3	118.3
Cervical screening	32.4	22.1	20.1	10.6	9.4	2.8	1.9	3.6	102.6
Prevention of hazardous and harmful drug use	39.2	39.0	44.2	25.8	22.6	6.4	5.1	11.8	194.2
Public health research	33.3	26.7	14.2	11.4	9.7	2.4	1.6	2.4	101.8
PHOFA administration	0.1	0.1	—	—	—	—	—	—	0.3
Total	**450.7**	**321.9**	**254.0**	**152.2**	**118.2**	**39.4**	**37.4**	**62.7**	**1,436.3**
					Proportion of total government expenditure in each state and territory (%)				
Communicable disease control	18.8	15.5	11.9	12.9	15.4	10.3	17.3	29.7	16.1
Selected health promotion	12.8	23.9	14.6	18.5	14.5	12.9	19.2	6.2	16.2
Organised immunisation	28.6	20.6	24.0	19.7	19.9	21.6	20.4	19.9	23.6
Environmental health	4.6	2.8	6.8	8.7	6.3	13.4	8.3	11.9	5.8
Food standards and hygiene	2.2	1.9	2.5	2.4	2.1	1.6	7.2	1.9	2.3
Breast cancer screening	9.7	8.0	9.3	6.7	6.7	10.5	4.5	2.0	8.2
Cervical screening	7.2	6.9	7.9	7.0	7.9	7.2	5.0	5.8	7.1
Prevention of hazardous and harmful drug use	8.7	12.1	17.4	17.0	19.1	16.2	13.7	18.9	13.5
Public health research	7.4	8.3	5.6	7.5	8.2	6.2	4.3	3.7	7.1
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. These have been apportioned across states and territories according to the allocation of public health SPPs, except for *Cervical screening* which has been allocated using Medicare benefits data. In addition, direct purchases of essential vaccines by the Australian Government on behalf of state and territory governments have been allocated directly to states and territories.

(c) Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 10 and 11 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, all jurisdictions except Victoria and the Northern Territory recorded their highest proportion of expenditure on *Organised immunisation*, ranging from 19.7% in Western Australia to 28.6% in New South Wales. In the case of Victoria and the Northern Territory, their highest proportion was on *Selected health promotion* (23.9%) and *Communicable disease control* (29.7%), respectively (Table 1.7).

Average state and territory government 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.

Readers should bear in mind that the figures presented here are simple per person averages, based on the total population within particular jurisdictions. This same method has been applied across all activity types irrespective of the particular population group(s) that are the target(s) of specific programs or activities. Thus, the per person figures do not reflect the average funding or expenditure incurred in respect of the group(s) within the population at whom the particular activities are targeted. For example, per person expenditure on *Cervical screening* and *Breast cancer screening* is estimated across the whole population (male and female, including children), whereas the targets for those programs and activities are clearly the adult female populations within particular age categories. Consequently, these estimates and comparisons across jurisdictions need to be interpreted with care.

It should also be noted that direct expenditure by the Australian Government has been apportioned across states and territories in order to estimate the overall levels of public health expenditure in each state and territory (see Chapter 11 for further information).

Bearing in mind these qualifications (including those set out on pages 10 and 11), the estimates of per person expenditures for 2004–05 (Table 1.8) show that the Northern Territory and the Australian Capital Territory had the highest average expenditure per person during 2004–05: ($312 and $115 per person respectively), compared with the national average of $71 per person. This is partly explained by their small populations and the associated diseconomies of scale they 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, their disadvantage is exacerbated by:

(a) the relatively higher proportion of Indigenous people within the population, with their associated much poorer average health status

(b) the average relative isolation of their population, with its associated cost disadvantages.

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

At the other end of the scale, Victoria and Queensland had the lowest average expenditure per person ($64 and $65 per person respectively), marginally lower than that incurred by New South Wales ($67).

Table 1.8: Estimated total government expenditures[(a)(b)] per person[(c)(d)] on public health activities, current prices, by state and territory, 2004–05

Activity		NSW	Vic	Qld	WA	SA	Tas	ACT[(e)]	NT	Total
Communicable disease control	Average per person ($)	12.56	10.00	7.71	9.83	11.86	8.43	19.92	92.52	11.48
	Per person index	*109.4*	*87.2*	*67.2*	*85.7*	*103.3*	*73.5*	*173.6*	*806.1*	*100.0*
Selected health promotion	Average per person ($)	8.54	15.38	9.42	14.08	11.12	10.54	22.19	19.46	11.52
	Per person index	*74.1*	*133.5*	*81.8*	*122.2*	*96.5*	*91.5*	*192.6*	*169.0*	*100.0*
Organised immunisation	Average per person ($)	19.11	13.27	15.53	14.98	15.29	17.60	23.57	62.07	16.73
	Per person index	*114.2*	*79.3*	*92.8*	*89.5*	*91.4*	*105.2*	*140.8*	*370.9*	*100.0*
Environmental health	Average per person ($)	3.04	1.82	4.42	6.61	4.81	10.90	9.55	37.10	4.13
	Per person index	*73.7*	*44.2*	*107.2*	*160.2*	*116.5*	*264.1*	*231.4*	*898.9*	*100.0*
Food standards and hygiene	Average per person ($)	1.48	1.20	1.60	1.79	1.60	1.34	8.27	5.82	1.62
	Per person index	*91.1*	*74.1*	*98.5*	*110.5*	*98.5*	*82.6*	*510.2*	*359.3*	*100.0*
Breast cancer screening	Average per person ($)	6.51	5.17	6.01	5.08	5.13	8.54	5.22	6.37	5.86
	Per person index	*111.0*	*88.2*	*102.6*	*86.7*	*87.6*	*145.6*	*89.1*	*108.7*	*100.0*
Cervical screening	Average per person ($)	4.80	4.42	5.11	5.30	6.11	5.87	5.74	17.93	5.09
	Per person index	*94.3*	*87.0*	*100.4*	*104.1*	*120.2*	*115.4*	*112.9*	*352.5*	*100.0*
Prevention of hazardous and harmful drug use	Average per person ($)	5.81	7.81	11.27	12.93	14.68	13.21	15.81	58.80	9.61
	Per person index	*60.5*	*81.3*	*117.3*	*134.6*	*152.8*	*137.5*	*164.6*	*612.1*	*100.0*
Public health research	Average per person ($)	4.94	5.35	3.61	5.70	6.29	5.04	5.01	11.69	5.03
	Per person index	*98.1*	*106.4*	*71.8*	*113.3*	*125.1*	*100.2*	*99.6*	*232.3*	*100.0*
Total for the nine activities	**Average per person ($)**	**66.78**	**64.45**	**64.69**	**76.36**	**76.89**	**81.48**	**115.30**	**311.79**	**71.08**
	Per person index	***94.0***	***90.7***	***91.0***	***107.4***	***108.2***	***114.7***	***162.2***	***438.7***	***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. These have been apportioned across states and territories according to the allocation of public health SPPs except for *Cervical screening*, which has been allocated using Medicare benefits data.

(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.

(e) In the case of the Australian Capital Territory, while the expenditures are averaged across the Territory's population, some of the activities covered by those expenditures are utilised by the population in the surrounding regions of New South Wales.

Note: Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 10 and 11 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the above public health activities.

1.6 Growth in expenditure on public health activities

In this part of the analysis, expenditures during different years are all expressed in terms of 2003–04 prices. The method used in converting current expenditure to constant prices is outlined in the Technical notes (Chapter 11).

Total government expenditure estimates

Between 1999–00 and 2004–05, estimated expenditure in constant price terms grew at an average rate of 5.8% per year. All activities showed real increases in expenditure over the six years, with the highest average annual growth rates being recorded for expenditure on *Organised immunisation* (13.6%) and *Prevention of hazardous and harmful drug use* (6.8%) (Table 1.9).

Over the period 1999–00 to 2004–05, *Organised immunisation* ($234.6 million) reflected the highest average annual real expenditure, followed by *Selected health promotion* ($216.6 million) and *Communicable disease control* ($198.3 million) (Table 1.9; Figure 1.3).

Table 1.9: Total government expenditure on public health activities, constant prices[a], by activity, 1999–00 to 2004–05

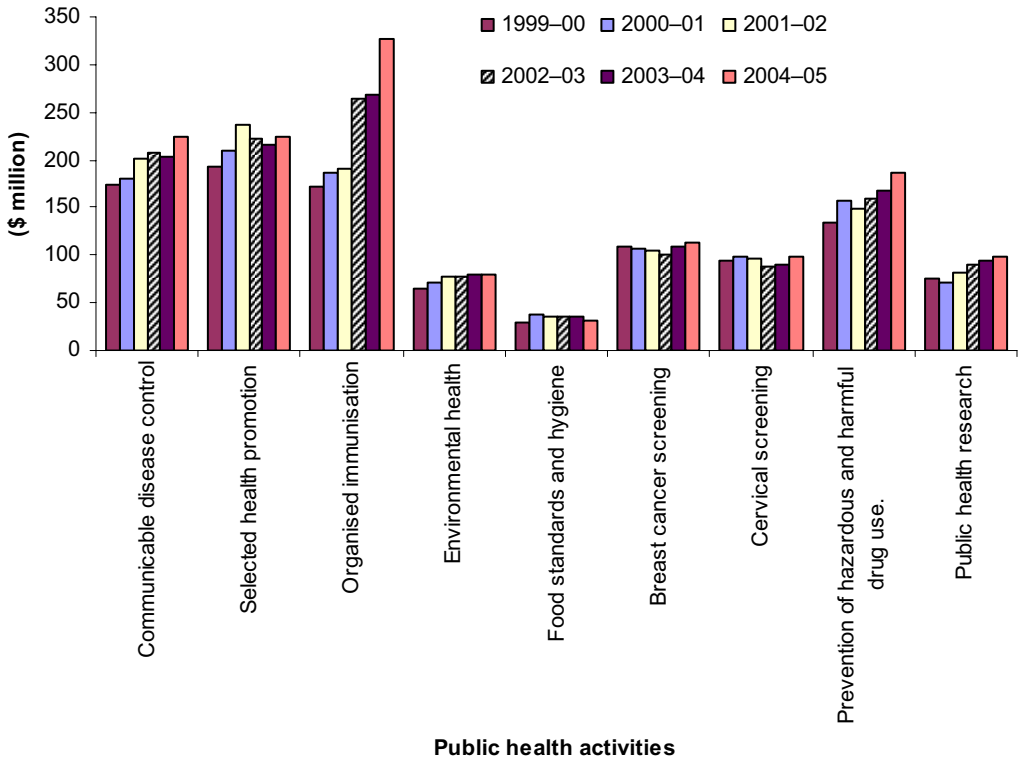
	Expenditure ($ million)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	173.1	181.0	200.3	207.9	203.9	223.5	198.3
Selected health promotion	192.2	208.8	236.1	221.8	216.4	224.5	216.6
Organised immunisation	172.2	187.0	189.9	264.5	268.1	326.1	234.6
Environmental health	65.8	72.1	77.6	76.8	80.0	80.5	75.5
Food standards and hygiene	28.5	38.7	35.3	35.1	35.4	31.7	34.1
Breast cancer screening	109.0	106.1	104.2	101.0	108.4	114.1	107.1
Cervical screening	94.5	97.6	97.2	88.2	89.1	99.0	113.1
Prevention of hazardous and harmful drug use	134.6	157.4	148.1	159.0	167.9	187.3	190.9
Public health research	74.8	71.7	82.1	90.9	93.5	98.1	85.2
PHOFA administration	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Total public health	**1,045.1**	**1,120.8**	**1,171.0**	**1,245.4**	**1,263.0**	**1,385.1**	**1,205.1**

	Growth (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[b]**
Communicable disease control	4.6	10.6	3.8	–1.9	9.6	5.2
Selected health promotion	8.6	13.1	–6.0	–2.4	3.7	3.2
Organised immunisation	8.6	1.5	39.3	1.4	21.6	13.6
Environmental health	9.5	7.7	–1.1	4.3	0.6	4.1
Food standards and hygiene	35.8	–9.0	–0.6	1.0	–10.3	2.1
Breast cancer screening	–2.6	–1.8	–3.0	7.3	5.3	0.9
Cervical screening	3.3	–0.5	-9.2	1.0	11.1	0.9
Prevention of hazardous and harmful drug use	16.9	–5.9	7.3	5.6	11.5	6.8
Public health research	–4.1	14.4	10.7	2.8	4.9	5.6
PHOFA administration	—	—	—	—	—	—
Total public health	**7.2**	**4.5**	**6.4**	**1.4**	**9.7**	**5.8**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) Average annual growth rate.

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



Source: Table 1.9.

Figure 1.3: Total government expenditure on public health activities, constant 2003–04 prices, 1999–00 to 2004–05

Jurisdictional expenditure estimates

At a jurisdictional level, the highest average real growth in estimated expenditure over the period 1999–00 to 2004–05 was recorded by the Australian Government (8.6%) followed by Queensland (7.2%) and Victoria (5.0%). Other jurisdictions generally had average real growth rates ranging from 1.0% in the Australian Capital Territory and to 4.4% in New South Wales (Table 1.10).

With regards to 2004–05, the highest annual real growth was recorded by the Australian Government (up 30.4%), followed by the Northern Territory (up 18.9%), the Australian Capital Territory (up 7.4%) and New South Wales (up 3.3%). The other four jurisdictions, Victoria, Western Australia, South Australia and Tasmania, 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 remained above the national average over the period 2002–03 to 2004–05 (Tables A5, A6 and A7; Figure 1.4). The remaining jurisdictions' expenditures were below the national average.

Table 1.10: Total government expenditure on public health activities, constant prices[a], by state and territory, 1999–00 to 2004–05

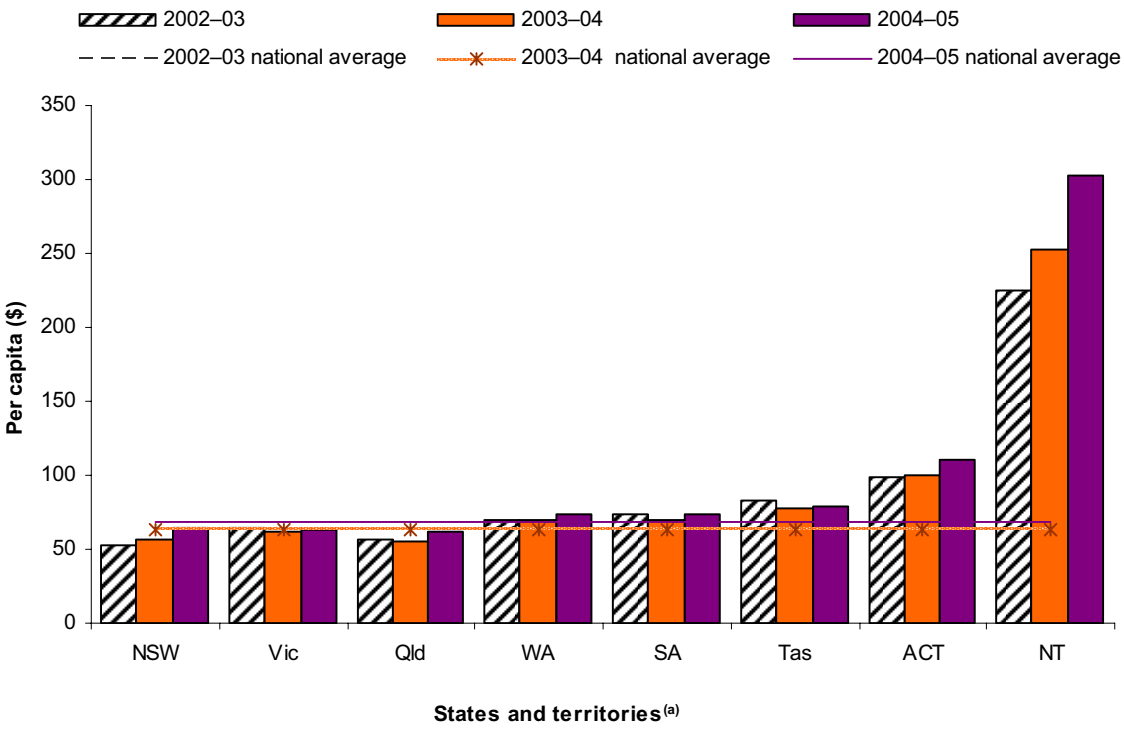
	Expenditure ($ million)						
Jurisdiction	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Australian Government	299.3	324.3	335.5	332.0	346.2	451.5	348.1
New South Wales	217.2	222.0	236.0	242.1	260.7	269.2	241.2
Victoria	172.4	206.9	211.5	242.8	226.3	219.7	213.3
Queensland	113.2	120.8	132.2	150.2	152.0	160.0	138.1
Western Australia	81.4	85.4	92.5	101.0	101.8	100.4	93.7
South Australia	67.4	71.0	72.5	84.5	79.0	78.6	75.5
Tasmania	22.5	24.0	25.3	28.8	27.0	25.4	25.5
Australian Capital Territory	26.1	24.5	24.3	25.5	25.5	27.4	25.5
Northern Territory	45.6	41.9	41.2	38.5	44.5	52.9	44.1
Total public health	**1,045.1**	**1,120.8**	**1,171.0**	**1,245.4**	**1,263.0**	**1,385.1**	**1,205.1**

	Growth (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[b]**
Australian Government	8.4	3.5	–1.0	4.3	30.4	8.6
New South Wales	2.2	6.3	2.6	7.7	3.3	4.4
Victoria	20.0	2.2	14.8	–6.8	–2.9	5.0
Queensland	6.7	9.4	13.6	1.2	5.3	7.2
Western Australia	4.9	8.3	9.2	0.8	–1.4	4.3
South Australia	5.3	2.1	16.6	–6.5	–0.5	3.1
Tasmania	6.5	5.6	13.7	–6.3	–5.9	2.4
Australian Capital Territory	–6.0	–0.9	5.1	0.1	7.4	1.0
Northern Territory	–8.1	–1.7	–6.6	15.6	18.9	3.0
Total public health	**7.2**	**4.5**	**6.4**	**1.4**	**9.7**	**5.8**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) Average annual growth rate.

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 page 12 of the report.

Note: Average national real expenditure per person in 2002–03 ($63.04), 2003–04 ($63.19) and 2004–05 ($68.53).

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 2003–04 prices, 2002–03 to 2004–05

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 contribute 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 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
- 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 2004–05 was $863.3 million, compared with $657.4 million in 2003–04 and $706.6 million in 2002–03 (Table 2.1).

Of the 2004–05 total funding, $468.0 million (54.2%) 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 increased from $311.3 million in 2003–04 to $395.3 million 2004–05 (up 27%).

Of the SPP funding, $248.7 million (62.9%) was for the purchase of essential vaccines and other public health services. The remaining $146.6 million (37.1%) was for payments to state and territory governments under the Public Health Outcome Funding Agreements (PHOFAs).

Funding of *Organised immunisation* accounted for $323.4 million (or 37.5% of all Australian Government funding on public health activities) during 2004–05 and was the largest single area of funding (Table 2.2).

Table 2.1: Total funding by the Australian Government for expenditure on public health activities, current prices, 1999–00 to 2004–05 ($ 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	468.0	395.3	863.3

S*ource:* Table A1.

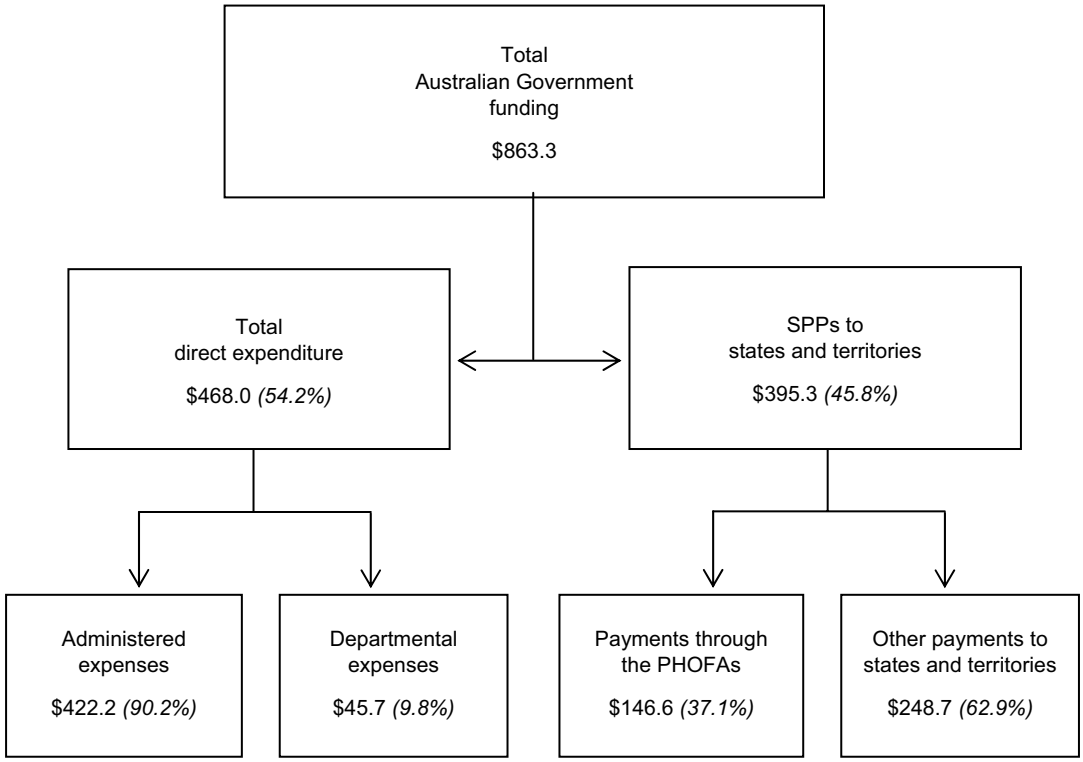
Note: Components may not add to totals due to rounding.

Direct expenditure

The estimated $468.0 million in direct expenditure by the Australian Government in 2004–05 was made up of:

- expenditure administered by the DoHA portfolio on activities and programs for which it was primarily responsible ($422.2 million)
- departmental expenses incurred in administering its public health expenditure and funding responsibilities ($45.7 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* ($136.2 million or 29.1%), *Cervical screening* ($77.1 million or 16.5%), *Public health research* ($74.4 million or 15.9 %) and *Prevention of hazardous and harmful drug use* ($68.0 million or 14.5% (Table 2.3).



Note: PHOFAs = Public Health Outcome Funding Agreements.
SPPs = Specific Purpose Payments.
Components may not add to totals due to rounding.

Figure 2.1: Distribution of funding and expenditure by the Australian Government Health and Ageing portfolio, current prices, 2004–05 ($ million)

Table 2.2: Australian Government funding of public health activities, by activity, 2004–05 ($ million)

Activity	Direct expenditure	SPPs to state and territory governments	Total	Proportion of total funding on core public health activities (%)
Communicable disease control	38.6	5.8	44.4	5.1
Selected health promotion	40.4	0.1	40.5	4.7
Organised immunisation	136.2	187.2	323.4	37.5
Environmental health	17.0	—	17.0	2.0
Food standards and hygiene	14.0	0.4	14.4	1.7
Breast cancer screening	2.0	—	2.0	0.2
Cervical screening[(a)]	77.1	—	77.1	8.9
Prevention of hazardous and harmful drug use	68.0	55.0	123.0	14.2
Public health research	74.4	0.2	74.6	8.6
PHOFAs	[(b)]0.3	[(c)]146.6	146.9	17.0
Total public health	**468.0**	**395.3**	**863.3**	**100.0**

(a) Includes Medicare expenditure on cervical testing that has a public health purpose.

(b) Relates to expenditure incurred by the Australian Government in administering the PHOFAs.

(c) Does not include SPPs to state and territory governments which have been allocated to individual public health activities (see Table 2.4).

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

Table 2.3: Australian Government direct expenditure on public health activities, by expenditure type and activity, 2004–05 ($ million)

	Administered expenses[a]	Departmental expenses	Total	Proportion of total direct expenditure (%)
Communicable disease control	32.7	5.9	38.6	8.2
Selected health promotion[b]	35.4	5.0	40.4	8.6
Organised immunisation	134.4	1.8	136.2	29.1
Environmental health[c]	1.1	15.9	17.0	3.6
Food standards and hygiene[c]	0.2	13.8	14.0	3.0
Breast cancer screening	1.0	0.9	2.0	0.4
Cervical screening	76.2	0.9	77.1	16.5
Prevention of hazardous and harmful drug use[b]	66.9	1.1	68.0	14.5
Public health research	74.3	0.1	74.4	15.9
PHOFAs	—	0.3	0.3	0.1
Total public health	**422.2**	**45.7**	**468.0**	**100.0**

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

(b) Departmental expenses 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 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 2004–05 was estimated at $395.3 million, compared with $311.3 million in 2003–04 and $386.3 million in 2002–03 (Table 2.4; Table A2). The increase in SPPs between 2003–04 and 2004–05 was mainly due to the increased funding by the Australian Government on *Organised immunisation* (up $45.9 million) and on *Prevention of hazardous and harmful drug use* (up $29.6 million). In addition, PHOFA funding in 2004–05 was up approximately $16 million on the previous financial year.

Of 2004–05 funding, $248.7 million (62.9%) was for the direct purchase of essential vaccines and expenditure on other public health activities. The remaining $146.6 million (37.1%) was for the funding of health programs by state and territory 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. In 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). Consequently, the funding of health programs reported under the PHOFAs for 2004–05 is markedly lower than for previous years.

Funding under the Public Health Outcome Funding Agreements (PHOFAs)

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 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 public health-related activities, as the state and territory governments have flexibility in using these funds to achieve nationally agreed outcomes. In 2004–05, payments of $146.6 million were made to states and territories (Figure 2.1; Table 2.4).

Table 2.4: SPPs for public health, current prices, by state and territory, 2004–05 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PHOFA funding	46.3	36.7	26.0	13.6	12.0	5.2	3.3	3.7	146.6
Communicable disease control	1.7	1.3	1.1	0.6	0.5	0.2	0.2	0.2	5.8
Selected health promotion	—	—	0.1	—	—	—	—	—	0.1
Organised immunisation[(a)]	73.4	31.0	36.7	21.8	14.6	4.7	2.8	2.1	187.2
Food standards and hygiene	—	0.1	0.1	—	0.1	—	—	—	0.4
Prevention of hazardous and harmful drug use	20.8	14.8	8.3	2.5	3.9	1.2	1.6	2.0	55.0
Public health research	—	—	—	—	0.3	—	—	—	0.3
Total payments	**14.3**	**83.8**	**72.1**	**38.5**	**31.3**	**11.3**	**8.0**	**8.0**	**395.3**

(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 2004–05 are shown in Appendix 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 2004–05 was estimated at $44.4 million (Table 2.5).

Table 2.5: Australian Government funding of *Communicable disease control*, current prices, 2004–05 ($ million)

Category	HIV/AIDS hepatitis C and STIs	Needle and syringe programs	Other communicable disease control	Total communicable disease control
Direct expenditure	13.2	1.0	24.4	38.6
SPPs[(a)]	2.2	3.6	—	5.8
Total funding	**15.4**	**4.5**	**24.4**	**44.4**

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

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

Direct expenditure

Total direct expenditure in 2004–05 was $38.6 million (Table 2.5; Table 2.6). This represented 8.2% of total direct expenditure on public health activities in 2004–05 (Table 2.3).

HIV/AIDS, hepatitis C and sexually transmitted infections

The Australian Government provided funding to peak community and professional bodies addressing issues surrounding HIV/AIDS, hepatitis C and related diseases. Its funding in 2004–05 was estimated at $13.2 million.

Needle and syringe programs

Funding for needle and syringe programs was estimated at $4.5 million in 2004–05. This funding was directed to educational and review purposes.

Other communicable disease control

Estimated funding on other communicable disease control was $24.4 million in 2004–05. The expenditure included $14.8 million funding for surveillance and management activities, biosecurity and pandemic preparedness, along with the provision of information and referral services. A further $9.6 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, 2004–05 ($ million)

Category	2004–05
Administered expenses	32.7
Departmental expenses	5.9
Total expenditure	**38.6**

Funding through SPPs

SPPs for *Communicable disease control* amounted to $5.8 million in 2004–05 (Table 2.7).

The SPPs in 2004–05 were for the Council of Australian Government's (COAG) illicit drug diversion measures relating to the needle and syringe programs (NSPs) ($3.6 million) and the Hepatitis C Education and Prevention Program ($2.2 million).

Australian Government funding of the COAG 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*, current prices, by state and territory, 2004–05 ($ million)[(a)]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
COAG needle and syringe programs	1.1	0.8	0.7	0.4	0.3	0.1	0.1	0.1	3.6
Hepatitis C Education and Prevention Program	0.6	0.5	0.4	0.2	0.2	0.1	0.1	0.1	2.2
Total	**1.7**	**1.3**	**1.1**	**0.6**	**0.5**	**0.2**	**0.2**	**0.2**	**5.8**

(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 by way of SPPs to states and territories. Total funding for *Selected health promotion* in 2004–05 was $40.5 million (Table 2.8).

Table 2.8: Australian Government funding of *Selected health promotion*, current prices, 2004–05 ($ million)

Category	2004–05
Direct expenditure	40.4
SPPs to the states and territories	0.1
Total funding	**40.5**

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

Direct expenditure

In 2004–05, total direct expenditure by the Australian Government for *Selected health promotion* activities was $40.4 million (Table 2.8; Table 2.9). This represented 8.6% of total direct expenditure on public health activities during 2004–05 (Table 2.3).

Total expenditure included $11.5 million for work associated with the National Suicide Prevention Strategy, $5.8 million for the National Mental Health Program, $3.6 million on

obesity prevention, and $3.5 million for family planning organisations. A further $10.9 million was spent on a diverse range of other prevention and health promotion programs (e.g. asthma, falls prevention, bowel cancer detection, school promotions). 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, 2004–05 ($ million)

Category	2004–05
Administered expenses	35.4
Departmental expenses	5.0
Total expenditure	**40.4**

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

Funding through SPPs

Funding of $50,000 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 2004–05 was estimated at $323.4 million (Table 2.10).

Table 2.10: Australian Government funding of *Organised immunisation*, current prices, 2004–05 ($ million)

Category	Organised childhood immunisation	Organised pneumococcal and influenza immunisation for older Australians	All other organised immunisation	Total organised immunisation
Direct expenditure[(a)]	134.4	—	1.8	136.2
SPPs to the states and territories	108.4	78.7	—	187.2
Total funding	**242.8**	**78.7**	**1.8**	**323.4**

(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 2004–05 was estimated at $136.2 million (Table 2.10; Table 2.11). This represented 29.1% of total direct expenditure on public health activities in 2004–05 (Table 2.3).

The majority of the expenditure was on *Organised childhood immunisation* ($134.4 million or 98.7%). Of this, $87.4 million was spent on a new immunisation program—Universal Childhood Pneumococcal Vaccination Program. This program provides free vaccine for all children born after 1 January 2005 at two, four and six months of age, plus catch-up

vaccination in 2005 for all children born between 1 January 2003 and 31 December 2004. Under this program the Australian Government directly purchases childhood pneumococcal vaccine for distribution to the states and territories.

A further $34.3 million was spent through the General Practice Immunisation Incentives scheme. Of this, some $16.7 million was distributed to general practitioners (GPs) through service incentive payments during 2004–05. An additional $14.1 million was paid to GPs as outcome payments—these are paid to practices that achieved 90% immunisation of children less than seven 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 $3.5 million in 2004–05.

Table 2.11: Direct expenditure by the Australian Government on *Organised immunisation*, current prices, 2004–05 ($ million)

Category	Organised childhood immunisation	Organised pneumococcal and influenza immunisation	All other organised immunisation	Total organised immunisation
Administered expenses	134.4	—	—	134.4
Departmental expenses[(a)]	n.a.	n.a.	n.a.	1.8
Total expenditure	**134.4**	n.a.	n.a.	**136.2**

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

Funding through SPPs

Total funding through SPPs for *Organised immunisation* was estimated at $187.2 million in 2004–05 (Table 2.12).

Immunise Australia Program

The Immunise Australia Program aims to reduce 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 Australian Immunisation Agreements (AIAs). The state and territory governments are responsible for service delivery, including the purchase and distribution of vaccines to immunisation providers.

In November 2004, DoHA concluded the AIAs which provide $671 million over five years (2004–05 to 2008–09) to state and territory governments for the purchase of National Immunisation Program (NIP) vaccines. The AIAs continue the arrangements established under the previous Public Health Outcome Funding Agreements (1 July 1999 to 30 June 2004), with very similar terms and conditions. The AIAs provide funding for vaccines delivered by states and territories under the NIP. In addition, they provide some assistance for delivery of school-based vaccination programs and financial incentives for controlling vaccine wastage and leakage.

In 2004–05, the Australian Government provided $200.6 million under the AIAs to state and territory governments for the purchase of these vaccines. Details on some of the key programs and expenditures incurred are provided below.

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 four 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 the coverage of children in the 7–15 years age group, who had not been previously vaccinated.

National Influenza Vaccination Program for Older Australians

Under this program free influenza (flu) vaccine is made available to all Australians aged 65 and older. Expenditure amounted to $27.2 million during 2004–05 (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. Expenditure amounted to $49.6 million in 2004–05 (Table 2.12).

National Indigenous Pneumococcal and Influenza Immunisation Program

In 2004–05, the Australian Government provided $1.5 million to state and territory governments under the National Indigenous Pneumococcal and Influenza Immunisation Program, administered through OATSIH (Table 2.12). This funding provides for free annual influenza vaccine and pneumococcal vaccine every five years to all Aboriginal and Torres Strait Islander people 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*, current prices, by state and territory, 2004–05 ($ million)[a]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Immunisation program									
Essential vaccine purchases[b]	44.2	16.1	21.4	14.1	7.0	2.4	1.8	1.9	108.8
National Influenza Vaccination Program for Older Australians[b]	9.5	6.9	4.9	2.4	2.4	0.7	0.3	0.1	27.2
National Pneumococcal Vaccination Program for Older Australians[b]	19.6	7.8	10.0	4.9	5.0	1.5	0.7	0.1	49.6
National Indigenous Pneumococcal and Influenza Immunisation Program	0.4	0.2	0.4	0.4	0.1	—	—	—	1.5
Total	**73.6**	**31.0**	**36.6**	**21.8**	**14.6**	**4.7**	**2.8**	**2.1**	**187.2**

(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 2004–05 was $17.0 million (Table 2.13). All of this was funding for its own direct expenditures. This constituted 3.6% of the Government's estimated own expenditure on public health in the year (Table 2.3).

Most of this funding ($13.6 million) was for the operations of the Australian Radiation Protection and Nuclear Safety Agency (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, 2004–05 ($ million)

Category	2004–05
Administered expenses	1.1
Departmental expenses	
Population Health Division	2.4
ARPANSA	13.6
Total departmental expenses	*15.9*
Total expenditure	**17.0**

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 and through SPPs (Table 2.14). Total funding was estimated at $14.4 million in 2004–05.

Table 2.14: Australian Government funding of *Foods standards and hygiene*, 2004–05 ($ million)

Activity	2004–05
Direct expenditure	14.0
SPPs	0.4
Total funding	**14.4**

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

Direct expenditure

Total direct expenditure in 2004–05 was estimated at $14.0 million (Table 2.15). This represented 3.0% of the Government's total direct expenditure on public health (Table 2.3).

Most of this expenditure related to the operations of Food Standards Australia New Zealand (FSANZ), which totalled $13.5 million.

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

Table 2.15: Direct expenditure on *Food standards and hygiene*, current prices, 2004–05 ($ million)

Category	2004–05
Administered expenses	0.2
Departmental expenses	
Population Health Division	0.3
FSANZ	13.5
Total departmental expenses	*13.8*
Total expenditure	**14.0**

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

Funding through SPPs

SPPs for *Food standards and hygiene* were estimated to be $0.4 million in 2004–05 (Table 2.16). This expenditure was associated with the operation of OzFoodNet—Australia's national system for the surveillance of food-borne illness.

Table 2.16: SPPs for *Food standards and hygiene*[(a)], by state and territory, current prices, 2004–05 ($'000)

NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
—	75.0	66.0	37.9	63.0	44.7	36.4	34.5	**357.5**

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

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

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 2004–05 was estimated at $2.0 million (Table 2.17) 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 also 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 2.17: Direct expenditure[(a)] on *Breast cancer screening*, current prices, 2004–05 ($ million)

Category	2004–05
Administered expenses	1.0
Departmental expenses	0.9
Total expenditure	**2.0**

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

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

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 2004–05 was estimated at $77.1 million (Table 2.18). This represented 16.5% of total direct expenditure on public health activities and was the second 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 $33.0 million in benefits for GP consultations, $22.9 million for pathology testing and $6.8 million for benefits associated with collecting samples. Other costs for cervical screening increased from $5.9 million in 2003–04 to $13.4 million in 2004–05. This attributed to the 13.4% increase in expenditure for 2004–05.

Only expenditure on cervical screening for asymptomatic women is reported here. A further $19.8 million was spent in 2004–05 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 under in the *Public health-related activities* (see Section 2.5).

Table 2.18: Direct expenditure[(a)(b)] on *Cervical screening*, current prices, 2004–05 ($ million)

Category	2004–05
Administered expenses	76.2
Departmental expenses	0.9
Total expenditure	**77.1**

(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.

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 $123.0 million in 2004–05 (Table 2.19). This was made up of $68.0 million in funding for the Australian Government's own expenditure programs and $55.0 million in SPPs.

Table 2.19: Australian Government funding of *Prevention of hazardous and harmful drug use*, current prices, 2004–05 ($ million)

Category	Alcohol	Tobacco	Illicit and other drugs of dependence	Mixed	Total
Direct expenditure	30.4	2.2	24.3	11.1	68.0
SPPs to the states and territories	—	—	41.1	14.0	55.0
Total funding	**30.4**	**2.2**	**65.3**	**25.1**	**123.0**

Direct expenditure

The Australian Government's own expenditure on *Prevention of hazardous and harmful drug use* in 2004–05 was estimated at $68.0 million, and represented 14.5% of its total direct expenditure on public health activities in that year (Table 2.3).

Alcohol

An estimated $30.4 million was spent on national initiatives to reduce alcohol-related harm in 2004–05 (Table 2.20). The majority ($28.4 million) was a payment to the Alcohol Education and Rehabilitation Foundation, which provides grants to local communities to promote responsible consumption of alcohol and reduce harm caused by alcohol.

The remaining $2.0 million expenditure in 2004–05 was for activities under the National Alcohol Strategy.

Tobacco

An estimated $2.2 million was spent on tobacco-related programs in 2004–05 (Table 2.20). Most of this was spent by DoHA on the Tobacco Harm Minimisation Program.

Illicit and other drugs of dependence

An estimated $24.3 million was spent on illicit and other drugs of dependence programs in 2004–05 (Table 2.20). Most of this was in the form of funding of the National Illicit Drugs Community Education and Information Campaign ($10.8 million), Community Partnership Initiative ($4.1 million) and on education, counselling and referral programs ($5.2 million).

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 to reduce demand for hazardous and harmful drug use, through prevention and early intervention. Overall, expenditure amounted to $11.1 million in 2004–05 (Table 2.20).

Table 2.20: Direct expenditure on *Prevention of hazardous and harmful drug use*, current prices, 2004–05 ($ million)

Category	Alcohol	Tobacco	Illicit and other drugs of dependence	Mixed	Total
Administered expenses	29.5	2.2	24.3	10.9	66.9
Departmental expenses	0.9	—	—	0.2	1.1
Total expenditure	**30.4**	**2.2**	**24.3**	**11.1**	**68.0**

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

Funding through SPPs

SPPs for *Prevention of hazardous and harmful drug use* during 2004–05 amounted to $55.0 million (Table 2.21). Most of this expenditure ($41.1 million) was on the Illicit Drugs Diversion Initiative which aimed to educate young people about the risks and negative consequences of illicit drug use. A further $11.4 million was spent on the NGO Treatment Grants Program. However, this only represents half of the total spending under the program with the remainder reported as 'Public health-related activities'.

Table 2.21: SPPs for *Prevention of hazardous and harmful drug use*, by state and territory, current prices, 2004–05 ($ million)[(a)]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Illicit Drug Diversion Initiative	16.0	12.0	6.0	1.0	3.0	0.9	1.0	1.2	41.1
NGO Treatment Grants Program	4.0	2.1	1.9	1.2	0.7	0.3	0.5	0.7	11.4
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	**20.8**	**14.8**	**8.3**	**2.5**	**3.9**	**1.2**	**1.6**	**2.0**	**55.0**

(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 majority of the Australian Government's funding for *Public health research* related to its own direct expenditure (Table 2.22). In addition, $0.3 million was provided through SPPs to South Australia for the Public Health Information Development Unit at the University of Adelaide.

Direct expenditure

The Australian Government's direct expenditure on *Public health research* in 2004–05 was estimated at $74.4 million (Table 2.22). This represented 15.9% of its total expenditure on public health activities in that year and was the third largest single area of direct expenditure by the Australian Government on public health activities (see Table 2.3).

About three-quarters ($57.4 million) of the Government's expenditure in 2004–05 was in the form of public health grants by the National Health and Medical Research Council. Almost $10 million was incurred by the Public Health Education and Research Program (PHERP).

Table 2.22: Direct expenditure by the Australian Government Health and Ageing portfolio on *Public health research*, current prices, 2004–05 ($ million)

Category	2004–05
Administered expenses	74.3
Departmental expenses	0.1
Total expenditure	**74.4**

2.4 Growth in expenditure on public health activities

The Australian Government's direct expenditure on public health activities rose, in real terms, by 30.4% between 2003–04 and 2004–05 (Table 2.23; Figure 2.2). The public health activities which showed the biggest real growth rates were:

- *Organised immunisation* (165.5%)
- *Prevention of hazardous and harmful drug use* (26.2%)
- *Communicable disease control* (22.4%).

Over the period 1999–00 to 2004–05, expenditure rose at an average rate of 8.6% per annum. The public health activities which recorded the highest average annual real growth rates were:

- *Organised immunisation* (18.6%)
- *Prevention of hazardous and harmful drug use* (15.4%)
- *Selected health promotion* (11.6%)
- *Communicable disease control* (9.3%).

From 1999–00 to 2004–05, *Cervical screening* ($68.8 million) reflected the highest average real expenditure, followed by *Organised immunisation* and *Public health research*—$67.4 million and $65.5 million respectively.

Table 2.23: Direct expenditure by the Australian Government on public health activities, constant prices[a] and annual growth rates, 1999–00 to 2004–05

	Expenditure ($ million)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	23.8	23.6	26.7	26.0	30.4	37.2	28.0
Selected health promotion	22.5	34.2	49.5	46.9	44.3	39.0	39.4
Organised immunisation	56.1	56.3	56.3	55.0	49.5	131.4	67.4
Environmental health	16.0	16.1	16.2	13.8	19.2	16.4	16.3
Food standards and hygiene	12.7	18.4	16.2	13.8	14.6	13.6	14.9
Breast cancer screening	2.4	3.7	1.7	1.7	1.7	1.9	2.2
Cervical screening	67.9	68.3	71.7	65.1	65.6	74.4	68.8
Prevention of hazardous and harmful drug use	32.1	45.5	35.0	42.1	52.0	65.6	45.4
Public health research	65.5	57.9	61.9	67.3	68.6	71.7	65.5
PHOFA administration	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Total public health	**299.3**	**324.3**	**335.5**	**332.0**	**346.2**	**451.5**	**348.1**

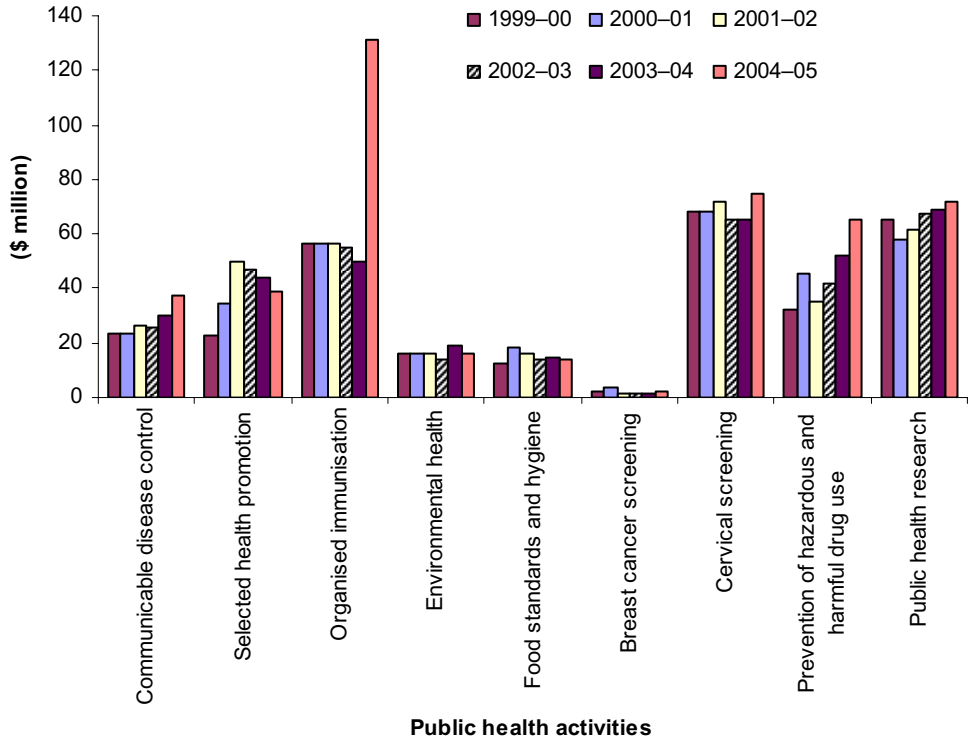
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[c]**
Communicable disease control	–0.8	13.1	–2.6	16.9	22.4	9.3
Selected health promotion	52.0	44.7	–5.3	–5.5	–12.0	11.6
Organised immunisation	0.4	—	–2.3	–10.0	165.5	18.6
Environmental health	0.6	0.6	–14.8	39.1	–14.6	0.5
Food standards and hygiene	44.9	–12.0	–14.8	5.8	–6.8	1.4
Breast cancer screening	54.2	–54.1	—	—	11.8	–4.6
Cervical screening	0.6	5.0	–9.2	0.8	13.4	1.8
Prevention of hazardous and harmful drug use	41.7	–23.1	20.3	23.5	26.2	15.4
Public health research	–11.6	6.9	8.7	1.9	4.5	1.8
PHOFA administration	—	—	—	—	—	—
Total public health	**8.4**	**3.5**	**–1.0**	**4.3**	**30.4**	**8.6**

(a) Constant price expenditure has been expressed in 2003–04 prices (see 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.



Source: Table 2.23.

Figure 2.2: Direct expenditure on public health activities by the Australian Government, constant 2003–04 prices, 1999–00 to 2004–05

2.5 Expenditure on 'Public health-related activities'

There are a number of personal-type health expenditures funded by the Australian Government that have a public health outcome or contribute to the prevention of disease. These are not included in the estimates of expenditure on public health activities. In 2004–05 it was estimated that the Government spent a total of $34.5 million on such activities.

These public health-related expenditures were mainly made up of:

- cervical examinations for women presenting with symptoms indicative of cancer ($19.8 million)
- treatment services provided by the Alcohol Education and Rehabilitation Foundation (estimated at $25.2 million)
- non-public health aspects of the NGO Treatment Grants Program (estimated at $5.7 million)
- family planning services ($1.4 million).

These public health-related expenditures totalled $48.9 million in 2003–04 and $41.0 million in 2002–03.

3 Expenditure by the New South Wales Department of Health

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 2004–05 state government health services in New South Wales were reorganised from 17 area health services into 8 larger 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.

3.2 Overview of results

Total expenditure by the New South Wales Government on public health activities during 2004–05, in current prices, was estimated at $280.3 million (Table 3.1). Overall, expenditure was up $19.6 million or 7.5% on that incurred the previous financial year. The major contributors to this increase were expenditure on *Communicable disease control* (up $12.6 million), *Breast cancer screening* (up $6.5 million) and *Selected health promotion* (up $5.9 million).

Approximately 85% of the expenditure during 2004–05 was directed towards four public health activities:

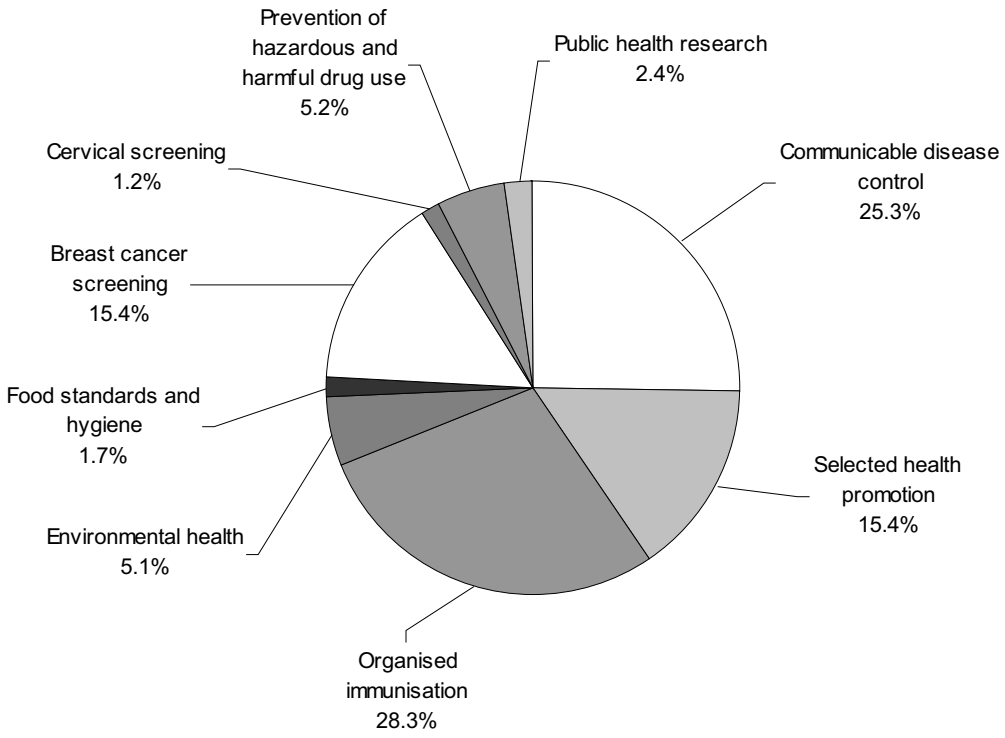
- *Organised immunisation* (28.3%)
- *Communicable disease control* (25.3%)
- *Selected health promotion* (15.4%)
- *Breast cancer screening* (15.4%).

Table 3.1: State government expenditure on public health activities, current prices, New South Wales, 1999–00 to 2004–05

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



Source: Table 3.1.

Figure 3.1: Proportion of state government public health expenditure, by activity, New South Wales, 2004–05

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 2004–05 was estimated at $70.9 million, up $12.6 million or 21.6% on the previous financial year (Table 3.1).

The 2004–05 expenditure accounted for 25.3% of the total public health expenditure and reflected the second most significant 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 below.

Table 3.2: State government expenditure on *Communicable disease control*, current prices, New South Wales, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	50.0
Needle and syringe programs	10.3
Other communicable disease control	10.6
Total	**70.9**

Some of key achievements over the 2004–05 period included:

- the NSW Health Safe Sex— No Regrets—media campaign
- independent evaluation of the NSW HIV/AIDS Health Promotion Plan 2001–2003
- coordinated interagency response to significant increase in HIV diagnoses among gay and other homosexually active men
- implementation of routine school-based hepatitis B vaccination for Year 7 students
- commencement of a whole of 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 2004–05 was $43.1 million, up $5.9 million or 15.9% on the previous financial year. This represented 15.4% of total expenditure on public health activities and represented one of the more significant areas of public health expenditure by NSW Health in 2004–05 (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 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 2004–05 was $79.2 million. This represented 28.3% 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; Figure 3.1).

The major elements of the spending for 2004–05 are shown in Table 3.3.

Table 3.3: State government expenditure on *Organised immunisation*, current prices, New South Wales, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	38.7
Organised pneumococcal and influenza immunisation	29.1
All other organised immunisation	11.4
Total	**79.2**

(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 totals due to rounding.

Overall, expenditure in 2004–05 was down $5.4 million or 6.4% on 2003–04. This largely reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component.

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

Environmental health

Total expenditure on *Environmental health* in 2004–05 was $14.4 million, up $2.1 million or 17.1% on that incurred in 2003–04. The 2004–05 expenditure represented 5.1% 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 incurred on *Food standards and hygiene* during 2004–05 was estimated at $4.9 million, down $2.7 million or 35.5% on that incurred the previous financial year. This constituted 1.7% of the total expenditure by NSW Health on public health activities during 2004–05 (Table 3.1; Figure 3.1). The decrease in expenditure is due to the transfer of responsibility for food regulation from NSW Health to the NSW Food Authority in April 2004.

Breast cancer screening

The expenditure incurred for *Breast cancer screening* during 2004–05 was estimated at $43.2 million, up $6.5 million or 17.7% on the previous financial year. The 2004–05 expenditure constituted 15.4% of the total public health expenditure and was one of the more significant areas 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.

Cervical screening

The expenditure on *Cervical screening* by the state government during 2004–05 was estimated at $3.3 million, up $1.0 million or 43.5% on that incurred in 2003–04. This represented 1.2% of the total public health expenditure by NSW Health during the year (Table 3.1; Figure 3.1).

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.

Prevention of hazardous and harmful drug use

Expenditure on *Prevention of hazardous and harmful drug use* by NSW Health in 2004–05 was estimated at $14.7 million (Table 3.1). It should be noted that 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 (see page 3).

The 2004–05 expenditure constituted 5.2% of the total expenditure incurred 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, 2004–05 ($ million)

Category	Expenditure
Alcohol	2.4
Tobacco	5.2
Illicit and other drugs of dependence	4.2
Mixed	2.8
Total	**14.7**

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

Overall, expenditure in 2004–05 was down $4.9 million or 25.0% on the previous year. This decrease was largely due to the unusually higher expenditure recorded in 2003–04 on alcohol education and preventative programs ($6.5 million) 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 2004–05 was estimated at $6.6 million, more than trebling the expenditure reported in 2003–04 ($2.1 million). This increase largely reflects improved capture and classification of expenditure on public health research, rather than major new research funding programs.

Expenditure on public health research represented 2.4% of the total expenditure incurred on public health activities during 2004–05 (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, 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.

It should also be noted 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 public health activities increased, in real terms, from $260.7 million in 2003–04 to $269.2 million in 2004–05 (Table 3.5). This represented an increase of 6.8%, with spending on *Public health research* (up 200.0%), *Cervical screening* (up 39.1%) and *Communicable disease control* (up 16.8%) recording the highest annual real growth rates.

From 1999–00 to 2004–05, expenditure grew an average rate of 4.4% per annum (Table 3.5). The highest annual growth was in expenditure on *Public health research*, which averaged 17.6% over the period. Expenditure on *Organised immunisation* and *Environmental health* also reflected high average annual growth rates—of 15.6% and 10.4% respectively.

Table 3.5: State government expenditure on public health activities, constant prices[a], New South Wales, 1999–00 to 2004–05

	Expenditure ($ million)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	62.3	59.9	72.0	72.1	58.3	68.1	65.5
Selected health promotion	33.0	40.1	38.1	36.4	37.2	41.4	37.7
Organised immunisation	36.8	42.2	44.2	58.7	84.6	76.1	57.1
Environmental health	8.4	12.0	16.2	15.2	12.3	13.8	13.0
Food standards and hygiene	5.1	8.1	7.7	8.0	7.6	4.7	6.9
Breast cancer screening	41.0	35.7	36.1	31.7	36.7	41.5	37.1
Cervical screening	5.7	4.2	4.9	3.0	2.3	3.2	3.9
Prevention of hazardous and harmful drug use	22.1	19.1	14.9	14.7	19.6	14.1	17.4
Public health research	2.8	0.7	1.9	2.3	2.1	6.3	2.7
Total public health	**217.2**	**222.0**	**236.0**	**242.1**	**260.7**	**269.2**	**241.2**

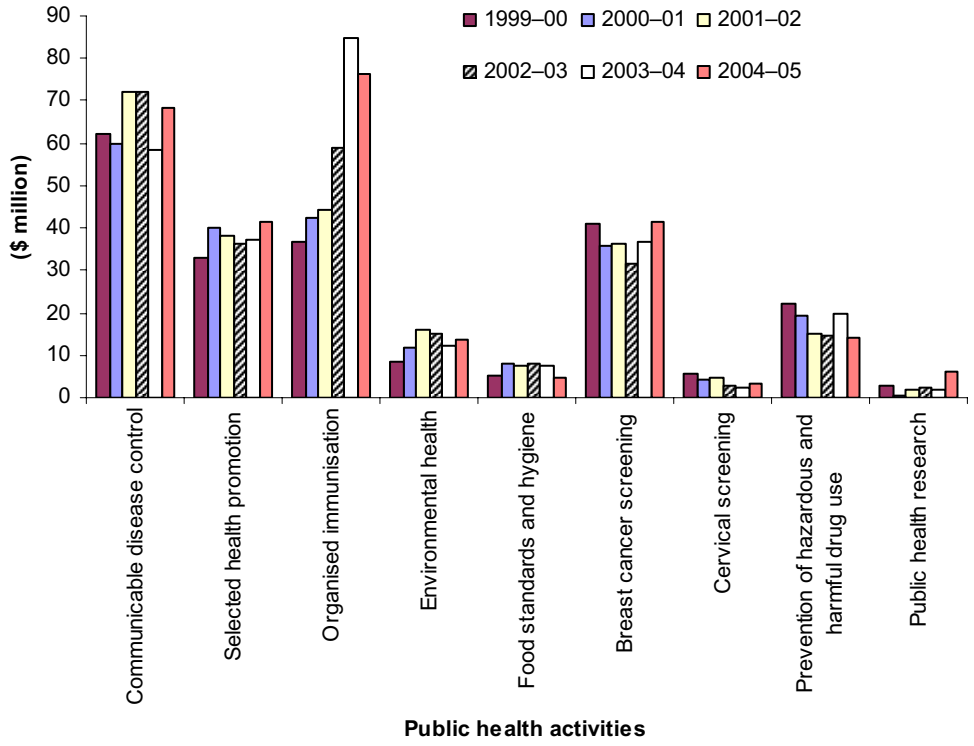
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[c]**
Communicable disease control	–3.9	20.2	0.1	–19.1	16.8	1.8
Selected health promotion	21.5	–5.0	–4.5	2.2	11.3	4.6
Organised immunisation	14.7	4.7	32.8	44.1	–10.0	15.6
Environmental health	42.9	35.0	–6.2	–19.1	12.2	10.4
Food standards and hygiene	58.8	–4.9	3.9	–5.0	–38.2	–1.6
Breast cancer screening	–12.9	1.1	–12.2	15.8	13.1	0.2
Cervical screening	–26.3	16.7	–38.8	–23.3	39.1	–10.9
Prevention of hazardous and harmful drug use	–13.6	–22.0	–1.3	33.3	–28.1	–8.6
Public health research	–75.0	171.4	21.1	–8.7	200.0	17.6
Total public health	**2.2**	**6.3**	**2.6**	**7.7**	**3.3**	**4.4**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) The growth rates are calculated using public health 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.



Source: Table 3.5.

Figure 3.2: State government expenditure on public health activities, constant 2003–04 prices, New South Wales, 1999–00 to 2004–05

Over the period 1999–00 to 2004–05, *Communicable disease control* ($65.5 million) reflected the highest average annual real expenditure, followed by *Organised immunisation* ($57.1 million) and *Selected health promotion* ($37.7 million) (Table 3.5; Figure 3.2).

3.5 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' was estimated at $23.6 million for 2004–05, nearly double the expenditure incurred in the previous financial year.

4 Expenditure by the Victorian Department of Human Services

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 2004–05 its total population was 5.0 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 2004–05, approximately 72% of the department's public health expenditure was on services provided by agencies under service agreements with DHS. 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 2004–05, in current price terms, was $227.9 million, up $1.6 million or 0.7% on the previous financial year (Table 4.1). This increase was largely due to the rise in expenditure on *Selected health promotion* (up $4.2 million), *Breast cancer screening* (up $1.9 million), *Prevention of hazardous and harmful drug us*e (up $1.6 million) and *Communicable disease control* (up $1.4 million). These increases were partially offset by reductions in expenditure on *Organised immunisation* (down $6.1 million) and *Public health research* (down $1.6 million).

Almost 65% of the expenditure during 2004–05 was directed towards three public health activities (Table 4.1; Figure 4.1). These were:

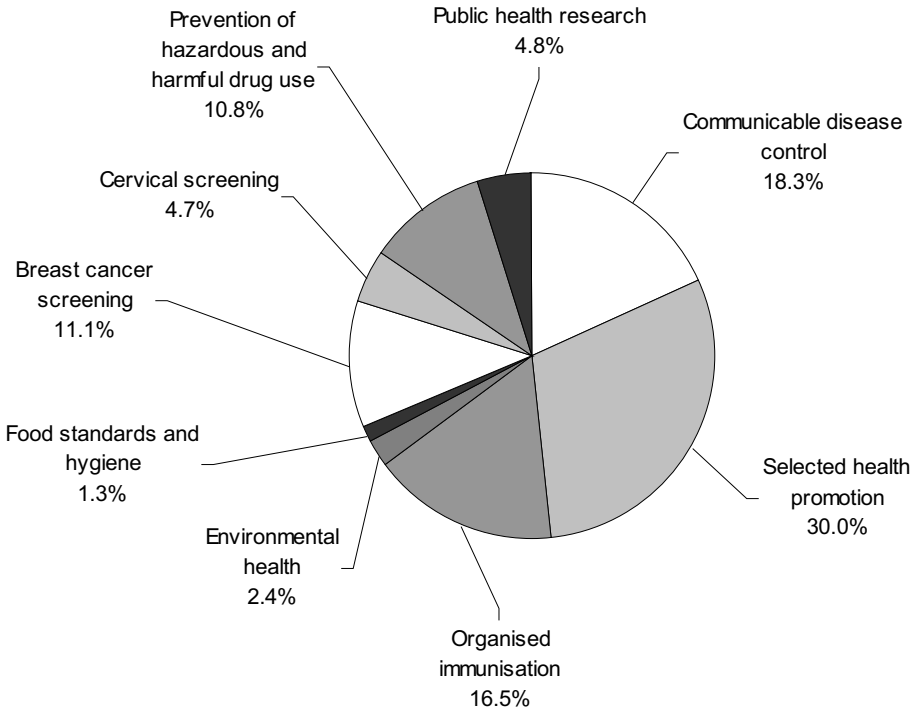
- *Selected health promotion* (30.0%)
- *Communicable disease control* (18.3%)
- *Organised immunisation* (16.5%).

Table 4.1: State government expenditure on public health activities, current prices, Victoria, 1999–00 to 2004–05

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
			Expenditure ($ million)			
Communicable disease control	23.7	31.0	32.8	34.6	40.4	41.8
Selected health promotion	58.2	60.0	65.3	65.5	64.1	68.3
Organised immunisation	23.4	27.0	28.1	58.6	43.7	37.6
Environmental health	2.9	3.2	3.5	4.4	4.9	5.5
Food standards and hygiene	2.3	3.1	2.4	2.8	3.2	3.0
Breast cancer screening	19.0	19.4	19.8	21.4	23.5	25.4
Cervical screening	7.3	11.0	9.5	9.9	10.9	10.7
Prevention of hazardous and harmful drug use	11.9	25.3	25.5	25.5	23.0	24.6
Public health research	2.2	7.0	10.5	11.7	12.6	11.0
Total public health	**150.9**	**187.0**	**197.4**	**234.4**	**226.3**	**227.9**
			Proportion of public health expenditure[(a)] (%)			
Communicable disease control	15.7	16.6	16.6	14.8	17.9	18.3
Selected health promotion	38.6	32.1	33.1	27.9	28.3	30.0
Organised immunisation	15.5	14.4	14.2	25.0	19.3	16.5
Environmental health	1.9	1.7	1.8	1.9	2.2	2.4
Food standards and hygiene	1.5	1.7	1.2	1.2	1.4	1.3
Breast cancer screening	12.6	10.4	10.0	9.1	10.4	11.1
Cervical screening	4.8	5.9	4.8	4.2	4.8	4.7
Prevention of hazardous and harmful drug use	7.9	13.5	12.9	10.9	10.2	10.8
Public health research	1.5	3.7	5.3	5.0	5.6	4.8
Total public health	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**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.



Source: Table 4.1.

Figure 4.1: Proportion of state government public health expenditure, by activity, Victoria, 2004–05

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 2004–05 was $41.8 million, up $1.4 million or 3.5% on that spent in 2003–04 (Table 4.1).

The 2004–05 expenditure accounted for 18.3%of the total public health expenditure and was the second most significant area of expenditure incurred by DHS during that year (Figure 4.1). The major elements of this spending are shown in Table 4.2 below.

Table 4.2: State government expenditure on *Communicable disease control*, current prices, Victoria, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	13.0
Needle and syringe programs	5.3
Other communicable disease control	23.5
Total	**41.8**

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.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2004–05 was estimated at $68.3 million, which was up $4.2 million or 6.6% on that spent during 2003–04. This constituted 30.0% of total expenditure on public health activities in 2004–05 and reflected the most significant area of expenditure incurred 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 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>.

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

- 'Well for life'
- 'Be Active Eat Well'
- 'Go for your life'.

Organised immunisation

Total expenditure on *Organised immunisation* in 2004–05 was $37.6 million. It constituted 16.5% 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 2004–05 are shown in Table 4.3 below.

Table 4.3: State government expenditure on *Organised immunisation*, current prices, Victoria, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	15.3
Organised pneumococcal and influenza immunisation	13.9
All other organised immunisation	8.4
Total	**37.6**

(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.

Overall, expenditure in 2004–05 was significantly down on that incurred for the two previous years (2002–03 and 2003–04) (see Table 4.1). The higher expenditure in 2002–03 and 2003–04 reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age and therefore involves much less expenditure than the catch-up component. The catch-up component was completed one year ahead of the national implementation time schedule, resulting in the lower program expenditure for 2004–05.

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 Australian Immunisation Agreement (AIA).

Environmental health

Total expenditure on *Environmental health* was $5.5 million in 2004–05, up $0.6 million or 12.2% on the previous financial year. This constituted 2.4% of total expenditure by DHS on public health activities during 2004–05 (Table 4.1; Figure 4.1).

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* in 2004–05 was $3.0 million, down $0.2 million or 6.3% on the previous financial year. This constituted 1.3% 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 2004–05 was $25.4 million, up $1.9 million or 8.1% on the previous financial year. This constituted 11.1% of the total public health expenditure and was one of the more significant areas of 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. It specifically targets women in the age group 50–69 years, although women aged 40–49 and over 69 years can utilise 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 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 2004–05 was $10.7 million, which was down slightly (approximately $0.2 million) on that spent the previous financial year. This was equivalent to 4.7% of total expenditure on public health activities by DHS during 2004–05 (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 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.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by DHS in 2004–05 was $24.6 million, up $1.6 million or 7.0% on the previous financial year (Table 4.1).

The 2004–05 expenditure constituted 10.8% of total public health expenditure by DHS during that year (Figure 4.1). The major elements of this spending are shown in Table 4.4 below.

Table 4.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Victoria, 2004–05 ($ million)

Category	Expenditure
Alcohol	7.7
Tobacco	2.4
Illicit and other drugs of dependence	14.5
Total	**24.6**

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.

Public health research

Total expenditure on *Public health research* during 2004–05 was $11.0 million, down $1.6 million or 12.7% on the previous financial year. This represented 4.8% of the total public health expenditure incurred by DHS during 2004–05 (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.

4.4 Growth in expenditure on public health activities

Expenditure on public health activities by DHS during 2004–05, in real terms, was estimated at $219.7 million, compared with $226.3 million in 2003–04 (Table 4.5). This was a decrease of 2.9% on 2003–04 due largely to a decrease in expenditure on *Organised immunisation* (down 16.9% or $7.4 million).

From 1999–00 to 2004–05 expenditure grew at an average annual rate of 5.0%. The public health activities which recorded the highest average annual growth rates over this period were *Public health research* (33.5%), *Prevention of hazardous and harmful drug use* (11.7%) and *Environmental health* (9.3%).

Table 4.5: State government expenditure on public health activities, constant prices[a], Victoria, 1999–00 to 2004–05

	Expenditure ($ million)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	27.0	34.3	35.1	35.8	40.4	40.3	35.5
Selected health promotion	66.5	66.4	69.9	67.8	64.1	65.8	66.8
Organised immunisation	26.7	29.9	30.1	60.7	43.7	36.3	37.9
Environmental health	3.4	3.5	3.8	4.5	4.9	5.3	4.2
Food standards and hygiene	2.6	3.4	2.6	2.9	3.2	2.9	2.9
Breast cancer screening	21.7	21.5	21.2	22.2	23.5	24.5	22.4
Cervical screening	8.4	12.2	10.2	10.3	10.9	10.3	10.4
Prevention of hazardous and harmful drug use	13.6	28.0	27.3	26.4	23.0	23.7	23.7
Public health research	2.5	7.7	11.3	12.2	12.6	10.6	9.5
Total public health	**172.4**	**206.9**	**211.5**	**242.8**	**226.3**	**219.7**	**213.3**

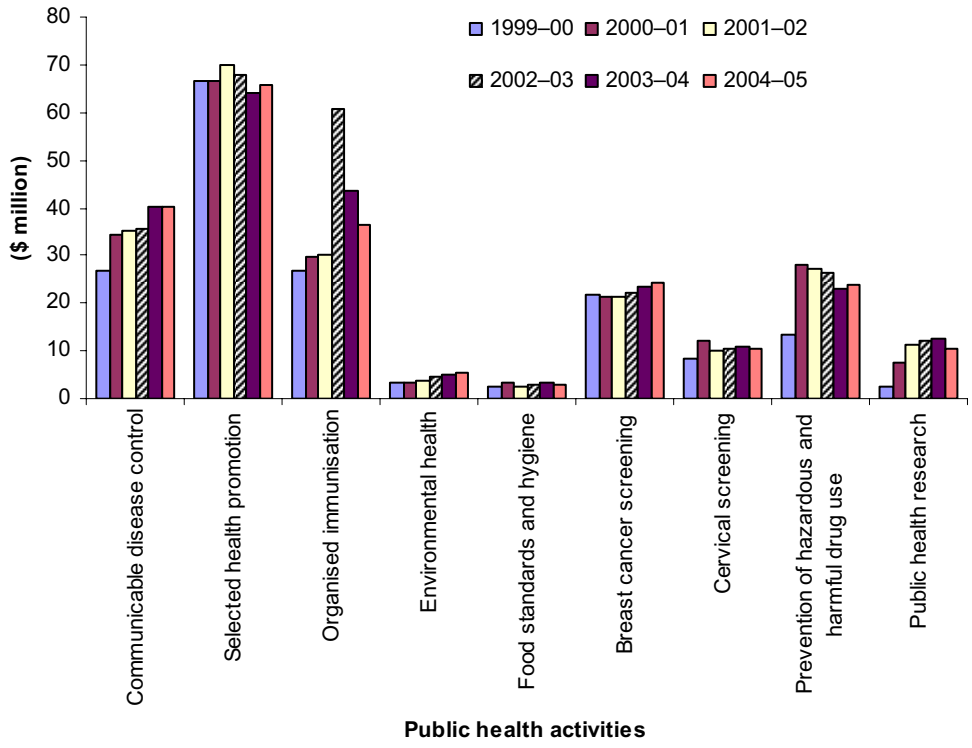
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[c]**
Communicable disease control	27.0	2.3	2.0	12.8	–0.2	8.3
Selected health promotion	–0.2	5.3	–3.0	–5.5	2.7	–0.2
Organised immunisation	12.0	0.7	101.7	–28.0	–16.9	6.3
Environmental health	2.9	8.6	18.4	8.9	8.2	9.3
Food standards and hygiene	30.8	–23.5	11.5	10.3	–9.4	2.2
Breast cancer screening	–0.9	–1.4	4.7	5.9	4.3	2.5
Cervical screening	45.2	–16.4	1.0	5.8	–5.5	4.2
Prevention of hazardous and harmful drug use	105.9	–2.5	–3.3	–12.9	3.0	11.7
Public health research	208.0	46.8	8.0	3.3	–15.9	33.5
Total public health	**20.0**	**2.2**	**14.8**	**–6.8**	**–2.9**	**5.0**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

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

(c) Average annual growth rate.

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 2003–04 prices, Victoria, 1999–00 to 2004–05

Over the period 1999–00 to 2004–05, *Selected health promotion* ($66.8 million) reflected the highest average annual expenditure, followed by *Organised immunisation* ($37.9 million) and *Communicable disease control* ($35.5 million) (Table 4.5; Figure 4.2).

4.5 Expenditure on 'Public health-related activities'

In addition to its expenditure on public health, the Victorian Government spent an estimated $110.9 million on personal health care activities and programs and community programs that were aimed at achieving public health goals in 2004–05. 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.

5 Expenditure by Queensland Health

5.1 Introduction

The Queensland population in June 2005 was estimated at approximately 4.0 million. The proportion of people aged 65 years and over has grown steadily over the past five years, from 11.6% to 12.1%.

Queensland Health is the largest provider of public health services in the state. In 2004–05, 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 2004–05, in current price terms, was estimated at $165.8 million, up $13.8 million or 9.1% on the previous financial year (Table 5.1). The increased expenditure was largely due to a rise in expenditure on *Prevention of hazardous and harmful drug use* (up $8.2 million) and *Selected health promotion* (up $4.4 million). All other activities showed small increases in expenditure except *Organised immunisation,* which showed a decline of $1.9 million.

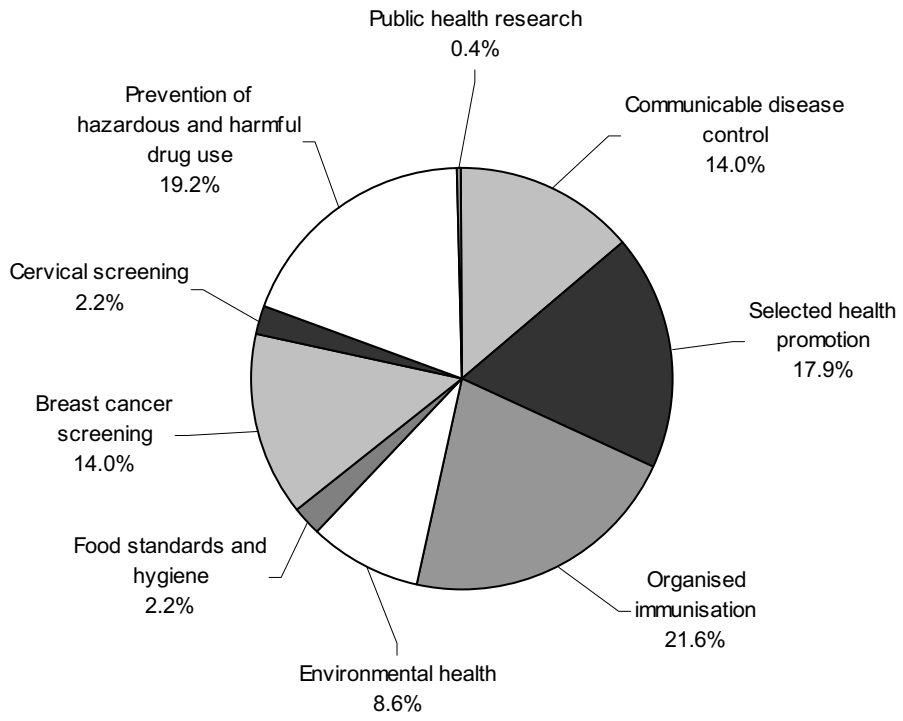
The largest expenditure incurred during 2004–05 was on *Organised immunisation*, which amounted to $35.8 million or 21.6% of the expenditure on public health activities. The next largest areas of expenditure were *Prevention of hazardous and harmful drug use* ($31.8 million or 19.2%) and *Selected health promotion* ($29.6 million or 17.9%) (Table 5.1; Figure 5.1).

Table 5.1: State government expenditure on public health activities, current prices, Queensland, 1999–00 to 2004–05

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



Source: Table 8.1.

Figure 5.1: Proportion of state government public health expenditure, by activity, Queensland, 2004–05

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 2004–05 was estimated at $23.2 million, up marginally (approximately $0.2 million) on that incurred in 2003–04 (Table 5.1).

The 2004–05 expenditure constituted 14.0% 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 below.

Table 5.2: State government expenditure on *Communicable disease control*, current prices, Queensland, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	6.0
Needle and syringe programs	3.0
Other communicable disease control	14.2
Total	**23.2**

Some key achievements during the course of 2004–05 included:

- finalisation of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011 and Implementation Plan
- provision of training for health care professionals across the state on the use of Queensland Health Hepatitis C and Mental Health Protocols
- completion of the Young Person's Health Check Program (Indigenous) focusing on early detection and treatment of sexually transmissible infections in a high-risk group, covering 3,500 people
- enhancement and expansion of the Notifiable Conditions System (NOCS) 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)
- establishment of two new vector control officer positions for dengue prevention and control, in particular for the Torres Strait and outer islands
- completion of Dengue Fever Management Plan 2005–2010 and new initiatives including a website for up-to-date dengue fever information in north Queensland <http://www.health.qld.gov.au/dengue>.

Selected health promotion

Total expenditure on *Selected health promotion* during 2004–05 was $29.6 million, up $4.4 million or 17.5% on 2003–04 (Table 5.1). This constituted 17.9 % of total expenditure on public health activities and was one of the more significant areas of expenditure incurred by Queensland Health during the year.

Some main achievements during 2004–05 were:

- additional funding of $2 million annually to support the continued implementation of 'Eat Well Queensland: Smart Eating for a Healthier State' and initiatives to improve physical activity levels, including a focus on healthy weight in children
- development of an education campaign to raise public awareness of the risk factors for stroke, and delivery of eight education seminars across the state to inform general practitioners of the latest prevention and management techniques for stroke
- implementation of cinema, television, print and Adshel skin cancer prevention media campaign 'Tattoo', targeting tanning in young people aged 18–24 years

- redevelopment and implementation of '2005 Sun Safety Omnibus' survey to identify sun safe behaviours in the Queensland population
- enhancement of the School Based Youth Health Nurse Program through the recruitment of an additional 15 full time equivalent nursing positions to state secondary schools
- implementation of the 'Helping Friends' program to develop peer support networks for young people in high schools across north Queensland.
- implementation of the 'Taking Big Steps' program in north Queensland to help prepare for the transition that young Indigenous people make from remote communities to secondary schools in larger centres
- implementation of the third year of the 'Child Injury Prevention Project' in Mackay and Mt Isa designed to reduce the incidence and severity of childhood injuries, with a focus on poisoning and toddler drowning
- commencement of a project through Health Promotion Queensland to investigate the factors that contribute to children aged 0 to 4 years requiring a general anaesthetic for treatment of early childhood caries
- development of a dental decay reduction strategy framework which included community engagement.

Organised immunisation

Expenditure on *Organised immunisation* during 2004–05 was $35.8 million, down $1.9 million or 5.0% on that incurred the previous financial year (Table 5.1). This largely reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component. The decrease in expenditure is partly due to the completion of the catch-up effect of the National Meningococcal C Vaccination Program in primary schools.

The 2004–05 expenditure represented 21.6% of the total public health expenditure and was the most significant area of expenditure incurred by Queensland Health during the year (Figure 5.1). The major elements of the spending for 2004–05 are shown in Table 5.3 below.

Table 5.3: State government expenditure on *Organised immunisation*, current prices, Queensland, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	26.5
Organised pneumococcal and influenza immunisation	4.8
All other organised immunisation	4.5
Total	**35.8**

(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.

Some of the key achievements during the course of 2004–05 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 the Australian Immunisation Agreement with the Australian Government.

Environmental health

Total expenditure on *Environmental health* in Queensland during 2004–05 was $14.3 million, up $1.0 million or 7.5% on 2003–04 (Table 5.1). This constituted 8.6% of total expenditure on public health activities by Queensland Health during 2004–05 (Figure 5.1).

Population health undertakes a wide range of environmental health 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, 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:

- redevelopment of population health regulations to provide a contemporary framework for the management and control of population health risks
- implementation of the Cape York Environmental Health Worker pilot project, which has resulted in a range of environmental health programs being implemented with the support and acceptance of the communities involved.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2004–05 was $3.7 million, up $0.6 million or 19.4% on the previous financial year (Table 5.1). This constituted 2.2% of the total expenditure on public health activities by Queensland Health during 2004–05 (Figure 5.1).

Queensland Health is the lead agency for food safety and standards. 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 and development of a new complaints management system.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2004–05 was $23.2 million, which was up $1.0 million or 4.5% on that spent in 2003–04 (Table 5.1). This constituted 14.0% of total public health expenditure by Queensland Health during 2004–05 (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:

- continued implementation of the Breastscreen Queensland State Plan 2001–06, with 193,907 women being screened in 2004–05
- 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 2000–2001 Statistical Report
- commencement of a new BreastScreen Queensland Service in the Brisbane city centre, targeting working women aged 50–69 years.

Cervical screening

Total expenditure on *Cervical screening* by Queensland Health during 2004–05 was $3.6 million, which was up $0.2 million or 5.9% on that incurred during 2003–04. This constituted 2.2% of total expenditure on public health activities by Queensland Health during 2004–05 (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:

- continued implementation of the Queensland Cervical Screening State Plan 2002–06
- continued implementation of the Queensland Indigenous Women's Cervical Screening Strategy 2000–2004
- 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 of the Pap Smear Register and its promotion to women and health providers
- continued implementation of the Healthy Women's Initiative Project in Cape York to promote and encourage Indigenous women's participation in cervical screening and

sexual health, including funding for three new Indigenous Women's Health Worker positions.

Prevention of hazardous and harmful drug use

Estimated expenditure on *Prevention of hazardous and harmful drug use* in 2004–05 was $31.8 million (Table 5.1). This constituted 19.2% of total expenditure on public health activities and was the second most significant area of public health expenditure incurred by Queensland Health in 2004–05 (Figure 5.1).

The major elements of the expenditure for 2004–05 are shown in Table 5.4 below.

Table 5.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Queensland, 2004–05 ($ million)

Category	Expenditure
Alcohol and tobacco programs	11.1
Illicit drugs and methadone program	8.2
Other drug-related programs	12.6
Total	**31.8**

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

Overall, expenditure in 2004–05 was significantly up ($8.2 million or 34.7%) on that incurred in previous years. The higher expenditure reflected program implementation of the COAG-funded illicit drug diversion initiative and the Queensland drug court trial.

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 tobacco control strategies including social marketing campaigns, additional enforcement officers, and the review and passage of significant legislative amendments
- development and implementation of the 'Make up your own mind about drinking' social marketing campaign to increase awareness of the potential harms of risky and high-risk consumption of alcohol by Queensland women aged 18–22 years
- improvement of Indigenous alcohol and drug prevention services, including delivery of programs across the state to increase awareness of smoking issues and provide quit smoking support.

Public health research

Total expenditure on *Public health research* for 2004–05 was estimated at $616,244. The majority of this expenditure related to the bowel cancer screening pilot program which was being conducted in partnership with the Australian Government.

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 2004–05, in real terms, was estimated at $160.0 million. This was an increase of 5.3% on the 2003–04 expenditure, with spending on *Prevention of hazardous and harmful drug use* (up 30.1%), *Food standards and hygiene* (up 16.1%), and *Selected health promotion* (up 13.1%) recording the highest real growth rates (Table 5.5; Figure 5.2).

From 1999–00 to 2004–05, expenditure grew by 41.3% at an average rate of 7.2% per annum. The highest average annual real growth was in expenditure on *Food standards and hygiene* (16.2%) followed by *Organised immunisation* (13.4%) and *Prevention of hazardous and harmful drug use* (11.9%).

Over the period 1999–00 to 2004–05, *Organised immunisation* ($27.4 million) reflected the highest average annual expenditure in real terms, followed by *Selected health promotion* ($24.9 million) and *Prevention of hazardous and harmful drug use* ($23.3 million) (Table 5.5; Figure 5.2).

Table 5.5: State government expenditure on public health activities, constant prices[a], Queensland, 1999–00 to 2004–05

	Expenditure ($'000)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	18.3	19.1	21.5	22.8	23.0	22.4	21.2
Selected health promotion	20.5	20.6	27.6	27.2	25.2	28.5	24.9
Organised immunisation	18.4	20.8	18.8	33.9	37.7	34.5	27.4
Environmental health	11.2	12.8	12.4	13.5	13.3	13.8	12.8
Food standards and hygiene	1.7	2.1	2.2	3.1	3.1	3.6	2.6
Breast cancer screening	21.2	21.6	22.6	21.8	22.2	22.4	22.0
Cervical screening	3.9	4.0	3.3	3.3	3.4	3.5	3.6
Prevention of hazardous and harmful drug use	17.5	19.7	23.8	24.4	23.6	30.7	23.3
Public health research	0.5	0.1	—	0.2	0.5	0.6	0.3
Total public health	**113.2**	**120.8**	**132.2**	**150.2**	**152.0**	**160.0**	**138.1**

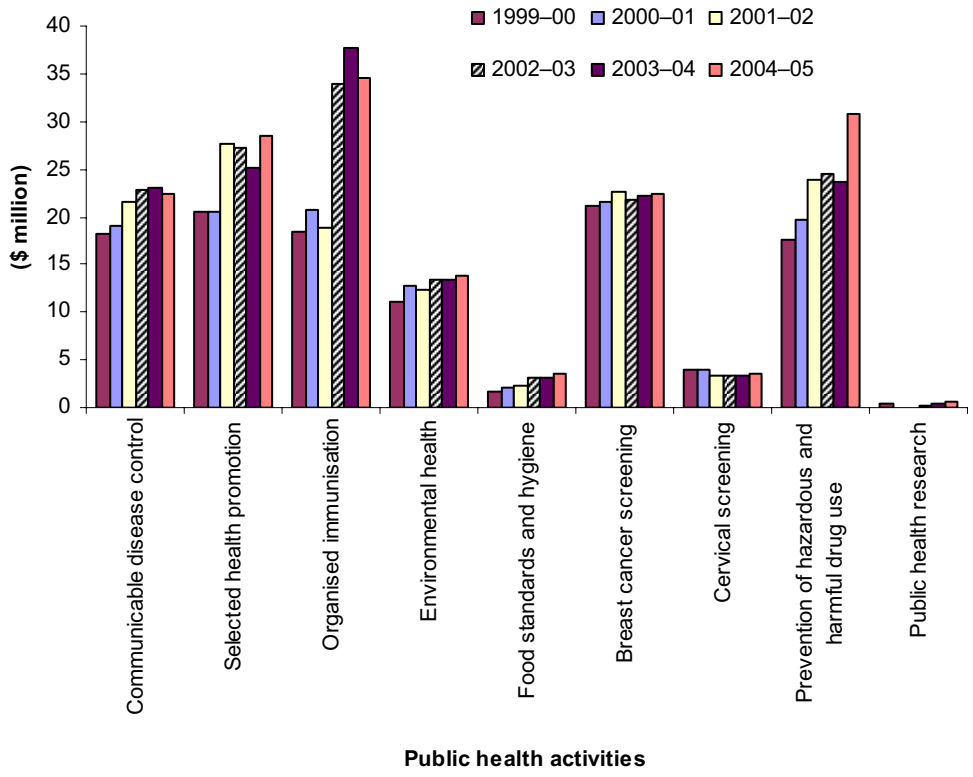
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[c]**
Communicable disease control	4.4	12.6	6.0	0.9	–2.6	4.1
Selected health promotion	0.5	34.0	–1.4	–7.4	13.1	6.8
Organised immunisation	13.0	–9.6	80.3	11.2	–8.5	13.4
Environmental health	14.3	–3.1	8.9	–1.5	3.8	4.3
Food standards and hygiene	23.5	4.8	40.9	0.0	16.1	16.2
Breast cancer screening	1.9	4.6	–3.5	1.8	0.9	1.1
Cervical screening	2.6	–17.5	0.0	3.0	2.9	–2.1
Prevention of hazardous and harmful drug use	12.6	20.8	2.5	–3.3	30.1	11.9
Public health research	–80.0	–100.0	0.2	150.0	20.0	3.7
Total public health	**6.7**	**9.4**	**13.6**	**1.2**	**5.3**	**7.2**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) The growth rates are calculated using public health expenditure data expressed in $'000 and rounded to one decimal place.

(c) Average annual growth rate.

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 2003–04 prices, Queensland, 1999–00 to 2004–05

5.5 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' during 2004–05 was estimated at $47.2 million. This mainly related to pathology and scientific services ($0.2 million), school dental services ($36.3 million), primary health centres and outpatient services ($6.2 million) and other public health-related activities ($4.4 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 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 Western Australian Department of Health (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 Population Health Division and the Office of Aboriginal Health. Public and population 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.

Population 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 2004–05, in current price terms, was estimated as $103.9 million, up $2.1 million on the previous financial year (Table 6.1).

In 2004–05, approximately 72% of the expenditure was directed towards four public health activities:

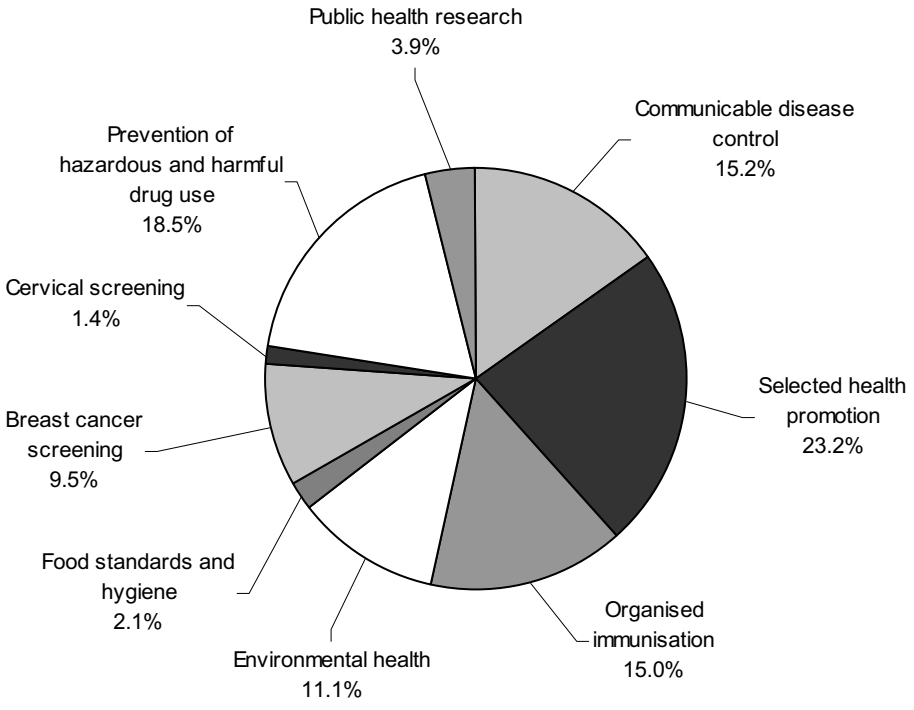
- *Selected health promotion* (23.2%)
- *Prevention of hazardous and harmful drug use* (18.5%)
- *Communicable disease control* (15.2%)
- *Organised immunisation* (15.0%).

Table 6.1: State government expenditure on public health activities, current prices, Western Australia, 2004–05

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

(a) The proportions are derived 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 6.1.

Figure 6.1: Proportion of state government public health expenditure, by activity, Western Australia, 2004–05

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 2004–05 was estimated at $15.8 million, up $2.2 million or 16.2% on the previous financial year (Table 6.1). It constituted 15.2 % of the total public health expenditure by DOH in that year.

The major elements of the expenditure for 2004–05 are shown in Table 6.2 below.

Table 6.2: State government expenditure on *Communicable disease control*, current prices, Western Australia, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	6.6
Needle and syringe programs	4.3
Other communicable disease control	5.0
Total	**15.8**

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

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 2004–05 was $24.1 million, up $5.2 million or 27.5% on that incurred during 2003–04 (Table 6.1).

The 2004–05 expenditure represented 23.2% of the total expenditure on public health activities and was the 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 addressing preventable chronic disease in 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 2004–05 was $15.6 million. This expenditure represented 15.0% of total public health expenditure and was one of the more significant areas of expenditure during 2004–05 (Table 6.1; Figure 6.1).

The major elements of the expenditure for 2004–05 are shown in Table 6.3 below.

Table 6.3: State government expenditure on *Organised immunisation*, current prices, Western Australia, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	10.3
Organised pneumococcal and influenza immunisation	2.3
All other organised immunisation	3.0
Total	**15.6**

(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 2004–05 was down (approximately $5.1 million) on that incurred in 2003–04. This partly reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component in subsequent years.

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.

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

Environmental health

Total expenditure on *Environmental health* during 2004–05 was $11.5 million, down $0.9 million or 7.3% on that incurred the previous financial year (Table 6.1). The 2004–05 expenditure represented 11.1% of total public health expenditure by DOH, which was similar to its proportion for previous years (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
- waste-water 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 2004–05 was $2.2 million, which was similar to level of expenditure incurred the previous financial year. The 2004–05 expenditure constituted 2.1% of total DOH public health expenditure for that year, which was similar to the proportions for previous years (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 2004–05 was estimated at $9.9 million. The 2004–05 expenditure constituted 9.5% of total DOH public health expenditure for that year (Table 6.1; Figure 6.1). Overall, expenditure in 2004–05 was up marginally ($0.2 million) on the previous financial year.

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 2004–05 was $1.5 million, down $0.3 million or 16.7% on the previous financial year. The 2004–05 expenditure represented 1.4% 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 to achieve optimal 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 2004–05 was $19.2 million, up $1.1 million or 6.1% on the previous financial year (Table 6.1).

The 2004–05 expenditure represented 18.5% of total expenditure on public health activities and was second most significant area of expenditure during the course of that year (Figure 6.1). The major elements of the expenditure are shown in Table 6.4 below.

Table 6.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Western Australia, 2004–05 ($ million)

Category	Expenditure
Alcohol	3.8
Tobacco	8.4
Illicit and other drugs of dependence	3.4
Mixed	3.4
Total	**19.2**

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

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

- state-wide alcohol and other drugs community education program
- drug and alcohol campaigns which focused on the benefits of harm reduction and responsible drinking.

Public health research

The total expenditure for *Public health research* by DOH in 2004–05 was $4.1 million, down $0.4 million or 8.9% on 2003–04 (Table 6.1).

The 2004–05 expenditure represented 3.9% 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, decreased from $101.8 million in 2003–04 to $100.4 million in 2004–05, a decrease of 1.4% (Table 6.5). Over the same period, the highest real growth rates were recorded in *Selected health promotion* and *Communicable disease control* expenditure (up 23.3% and 12.5% respectively).

From 1999–00 to 2004–05, expenditure grew at an average rate of 4.3% per annum. The highest average annual real growth was in *Public health research* (16.1%), *Organised immunisation* (8.6%) and *Selected health promotion* (6.4%).

Over the period 1999–00 to 2004–05, the public health activities which recorded the highest average annual expenditure in real terms were *Selected health promotion* ($18.8 million), *Prevention of hazardous and harmful drug use* ($17.3 million) and *Organised immunisation* ($15.5 million) (Table 6.5; Figure 6.2).

Table 6.5: State government expenditure on public health activities, constant prices[(a)], Western Australia, 1999–00 to 2004–05

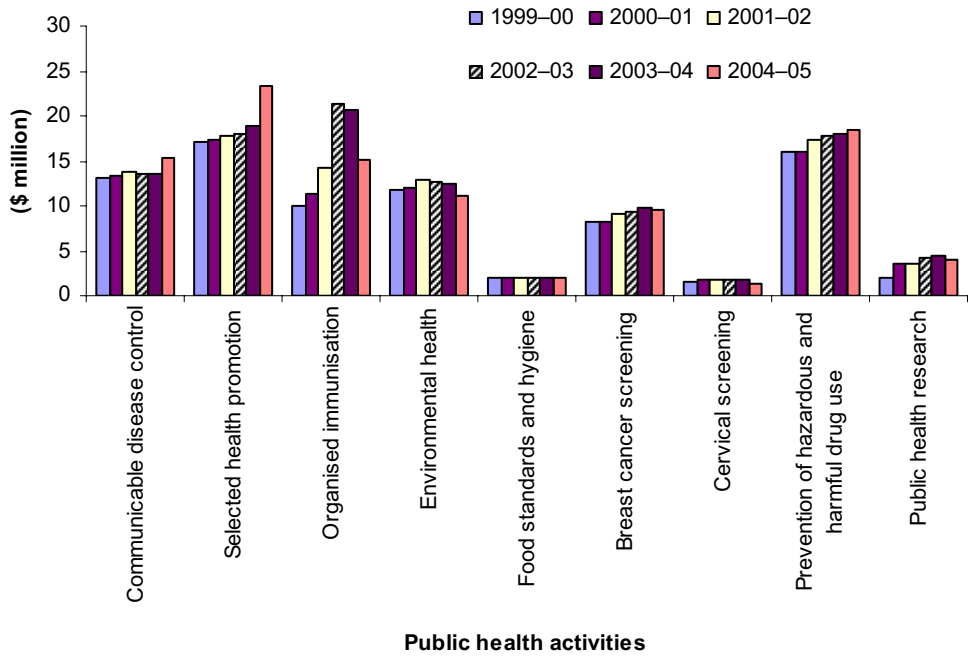
	Expenditure ($ million)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	13.1	13.4	13.7	13.5	13.6	15.3	13.8
Selected health promotion	17.1	17.4	17.7	18.1	18.9	23.3	18.8
Organised immunisation	10.0	11.3	14.2	21.4	20.7	15.1	15.5
Environmental health	11.8	12.1	13.0	12.7	12.4	11.1	12.2
Food standards and hygiene	1.9	1.9	2.1	2.1	2.1	2.1	2.0
Breast cancer screening	8.2	8.2	9.1	9.3	9.7	9.6	9.0
Cervical screening	1.5	1.7	1.8	1.8	1.8	1.4	1.7
Prevention of hazardous and harmful drug use	15.9	15.9	17.3	17.8	18.1	18.5	17.3
Public health research	1.9	3.5	3.6	4.3	4.5	4.0	3.6
Total public health	**81.4**	**85.4**	**92.5**	**101.0**	**101.8**	**100.4**	**93.8**
	Growth[(b)] (%)						
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[(c)]**	
Communicable disease control	2.3	2.2	–1.5	0.7	12.5	3.2	
Selected health promotion	1.8	1.7	2.3	4.4	23.3	6.4	
Organised immunisation	13.0	25.7	50.7	–3.3	–27.1	8.6	
Environmental health	2.5	7.4	–2.3	–2.4	–10.5	–1.2	
Food standards and hygiene	—	10.5	—	—	—	2.0	
Breast cancer screening	—	11.0	2.2	4.3	–1.0	3.2	
Cervical screening	13.3	5.9	—	—	–22.2	–1.4	
Prevention of hazardous and harmful drug use	—	8.8	2.9	1.7	2.2	3.1	
Public health research	84.2	2.9	19.4	4.7	–11.1	16.1	
Total public health	**4.9**	**8.3**	**9.2**	**0.8**	**–1.4**	**4.3**	

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

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

(c) Average annual growth rate.

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 2003–04 prices, Western Australia, 1999–00 to 2004–05

6.5 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2004–05 was estimated at $31.9 million, compared with $26.9 million in 2003–04. 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 2005 its population was 1.5 million, of whom 0.2 million or 15% of the population were aged 65 years and over. This is higher than the national population average of 13% for this aged group.

The state public health system consists of numerous health units, community health centres and other related organisations, which were under the administration of the SA Department of Health (DH) during 2004–05. Expenditures, including funding, by DH on public health activities have been included in this report.

7.2 Overview of results

Total public health expenditure by DH in 2004–05 was estimated, in current price terms, at $81.1 million, up $2.1 million or 2.7% on the previous financial year (Table 7.1). The increase in spending was largely due to an increase in expenditure on *Prevention of hazardous and harmful drug use* (up $2.6 million).

In 2004–05, approximately 74% of the expenditure was directed towards four health activities (Table 7.1):

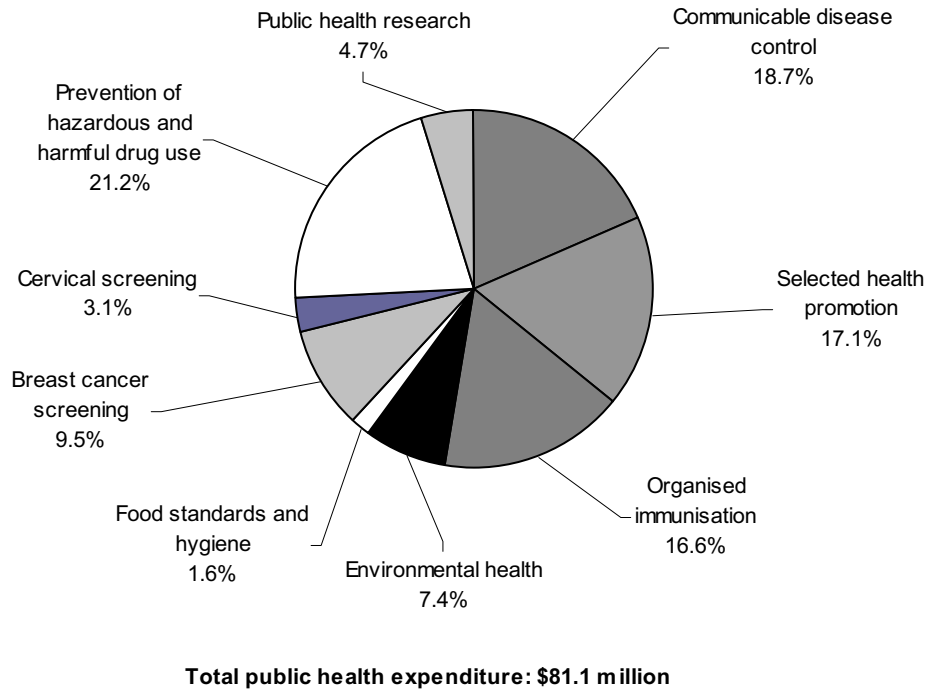
- *Prevention of hazardous and harmful drug use* (21.2%)
- *Communicable disease control* (18.7%)
- *Selected health promotion* (17.1%)
- *Organised immunisation* (16.6%).

Table 7.1: State government expenditure on public health activities, current prices, South Australia, 1999–00 to 2004–05

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
			Expenditure ($ million)			
Communicable disease control	11.5	12.5	13.6	15.4	r14.8	15.2
Selected health promotion	r9.7	r9.8	r12.4	r13.1	r14.2	13.9
Organised immunisation	8.6	9.1	9.7	17.4	r14.0	13.5
Environmental health	5.5	6.0	6.4	6.6	5.8	6.0
Food standards and hygiene	1.2	1.5	1.2	1.8	1.4	1.3
Breast cancer screening	7.1	7.8	7.3	7.5	8.1	7.7
Cervical screening	2.8	3.2	2.1	2.2	2.1	2.5
Prevention of hazardous and harmful drug use	12.0	13.9	12.8	r14.4	r14.6	17.2
Public health research	0.6	0.7	2.4	3.6	4.0	3.8
Total public health	r**59.0**	r**64.5**	r**67.9**	r**82.0**	r**79.0**	**81.1**
			Proportion of public health expenditure[(a)] (%)			
Communicable disease control	19.5	19.4	20.0	18.8	18.7	18.7
Selected health promotion	16.4	15.2	18.3	16.0	18.0	17.1
Organised immunisation	14.6	14.1	14.3	21.2	17.7	16.6
Environmental health	9.3	9.3	9.4	8.0	7.3	7.4
Food standards and hygiene	2.0	2.3	1.8	2.2	1.8	1.6
Breast cancer screening	12.0	12.1	10.8	9.1	10.3	9.5
Cervical screening	4.7	5.0	3.1	2.7	2.7	3.1
Prevention of hazardous and harmful drug use	20.3	21.6	18.9	17.6	18.5	21.2
Public health research	1.0	1.1	3.5	4.4	5.1	4.7
Total public health	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) 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. 'r' indicates that the data have been revised since the last report.



Source: Table 7.1.

Figure 7.1: Proportion of state government public health expenditure, by activity, South Australia, 2004–05

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 2004–05 was $15.2 million. It accounted for 18.7% of the total expenditure on public health activities and was the second most significant areas of expenditure by DH during the year (Table 7.1; Figure 7.1).

Overall, expenditure, in nominal terms, was slightly lower than for the previous financial year. The major elements of the expenditure for 2004–05 are shown in Table 7.2 below.

Table 7.2: State government expenditure on *Communicable disease control*, current prices, South Australia, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	9.3
Needle and syringe programs	1.8
Other communicable disease control	4.1
Total	**15.2**

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 conducts 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.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2004–05 was estimated at $13.9 million, down $0.3 million or 2.1% on the previous financial year. This represented 17.1% of total expenditure on public health activities in 2004–05 and was one of the more significant areas of expenditure incurred 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 promotional expenditure undertaken was aimed at injury prevention, physical activity, mental health, nutrition and healthy lifestyles in schools. In addition, the Epidemiology Branch of DH, 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 2004–05 was $13.5 million, down $0.5 million or 3.6% on 2003–04. This represented 16.6 % 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 below.

The decrease in expenditure over the past two years (Table 7.1) partly reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component.

Table 7.3: State government expenditure on *Organised immunisation*, current prices, South Australia, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	10.6
Organised pneumococcal and influenza immunisation	2.5
All other organised immunisation	0.3
Total	**13.5**

(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 totals due to rounding.

Funding for *Organised immunisation* in 2004–05 came from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure for *Environmental health* by DH in 2004–05 was estimated at $6.0 million, up $0.2 million or 3.4% on 2003–04. This constituted 7.4% 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 lead level assessments 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 2004–05 was $1.3 million, compared with $1.4 million the previous financial year. The 2004–05 expenditure constituted 1.6% of total expenditure on public health activities by DH during that year (Table 7.1; Figure 7.1).

Expenditure under this activity mainly related to surveillance of food products, food poisoning investigations, and the development and planning of related legislation.

Due to the centralised structure of the Environmental Health Branch, costs associated with management and senior committees have been divided equally between the *Food standards and hygiene* and *Environmental health* activities.

Breast cancer screening

Total expenditure for *Breast cancer screening* by DH in 2004–05 was $7.7 million, down $0.4 million or 4.9% on that incurred the previous financial year. This represented 9.5% of the total public health expenditure during 2004–05 (Table 7.1; Figure 7.1).

BreastScreen SA, within DH, aims to reduce mortality and morbidity attributable to breast cancer through a free government screening mammography service. The service is provided primarily 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 on:

- breast cancer cytological screens through the Institute of Medical and Veterinary Science
- preliminary breast checks by community health nurses for women accessing Northern Metropolitan Adelaide Primary Health Care Services.

Cervical screening

Total expenditure for *Cervical screening* by DH for 2004–05 was $2.5 million, up $0.4 million or 19.0% on the previous financial year. This accounted for 3.1% of total expenditure on public health activities during 2004–05 (Table 7.1; Figure 7.1).

Cervical screening in South Australia is part of the National Cervical Screening Program. The program aims to achieve optimal reduction in the incidence of, and morbidity and mortality attributed to, cervical cancer, at an acceptable cost to the community.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by DH in 2004–05 was estimated at $17.2 million, up $2.6 million or 17.8% on 2004–05 (Table 7.1).

The 2004–05 expenditure constituted 21.2% 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 below.

Table 7.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, South Australia, 2004–05 ($ million)

Category	Expenditure
Alcohol	0.2
Tobacco	4.3
Illicit and other drugs of dependence	9.0
Mixed	3.6
Total	**17.2**

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

DH is responsible for providing funds for programs that aim to reduce 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. Tobacco control in South Australia was funded by the Tobacco Control Unit within DH; however, responsibility for these programs was transferred to DASSA in March 2005.

Some of the major activities covered by spending in this area during the course of the year were anti-smoking initiatives, a range of programs aimed at illicit and other drug control, and harm minimisation.

Public health research

Total expenditure for *Public health research* by DH in 2004–05 was estimated at $3.8 million, down marginally ($0.2 million) on that spent the previous year. This constituted 4.7% of total expenditure on public health activities during 2004–05 (Table 7.1; Figure 7.1).

A significant proportion of the expenditure relates to funding by the Drug and Alcohol Services SA to support research in areas relating to alcohol and drug use and prevention. Also included is public health research funding by DH, for tobacco control and community health research, and the Human Services Research and Innovation Program (HSRIP).

HSRIP is a strategic priority-driven program which supports research and innovation opportunities through competitive project grants and research leverage funds.

7.4 Revisions to previously published estimates for 1999–00 to 2003–04

DH has revised its expenditure estimates for selective public health activities since the publication of the *National public health expenditure report 2001–02 to 2003–04*. These revisions are included in Table 7.1 and Table 7.5.

7.5 Growth in expenditure on public health activities

Total expenditure on public health activities by DH decreased marginally, in real terms, from $79.0 million in 2003–04 to $78.6 million in 2004–05, a decrease of 0.5% (Table 7.5). On an activity basis, growth in real expenditure was recorded for *Cervical screening* (up 14.3%), *Prevention of hazardous and harmful drug use* (up 13.7%) and *Environmental health* (up 1.7%). All other activities recorded decreases in their real growth rates, ranging from 0.7% to 7.5%.

Estimates of expenditure on public health activities increased, in real terms, between 1999–00 to 2004–05, an average annual rate of 3.1%. Over this period, expenditure on *Public health research* (39.5%) and *Organised immunisation* (5.8%) recorded the highest average annual real growth rates.

Table 7.5: State government expenditure on public health activities, constant prices[a], South Australia, 1999–00 to 2004–05

	Expenditure ($ million)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	13.1	13.8	14.6	15.9	14.8	14.7	14.5
Selected health promotion	11.1	10.8	13.3	13.5	14.2	13.5	12.7
Organised immunisation	9.8	10.1	10.3	17.9	14.0	13.0	12.5
Environmental health	6.3	6.6	6.8	6.8	5.8	5.9	6.4
Food standards and hygiene	1.4	1.6	1.2	1.8	1.4	1.3	1.5
Breast cancer screening	8.1	8.6	7.8	7.8	8.1	7.5	8.0
Cervical screening	3.2	3.5	2.3	2.2	2.1	2.4	2.6
Prevention of hazardous and harmful drug use	13.7	15.3	13.7	14.9	14.6	16.6	14.8
Public health research	0.7	0.7	2.5	3.7	4.0	3.7	2.6
Total public health	**67.4**	**71.0**	**72.5**	**84.5**	**79.0**	**78.6**	**75.5**

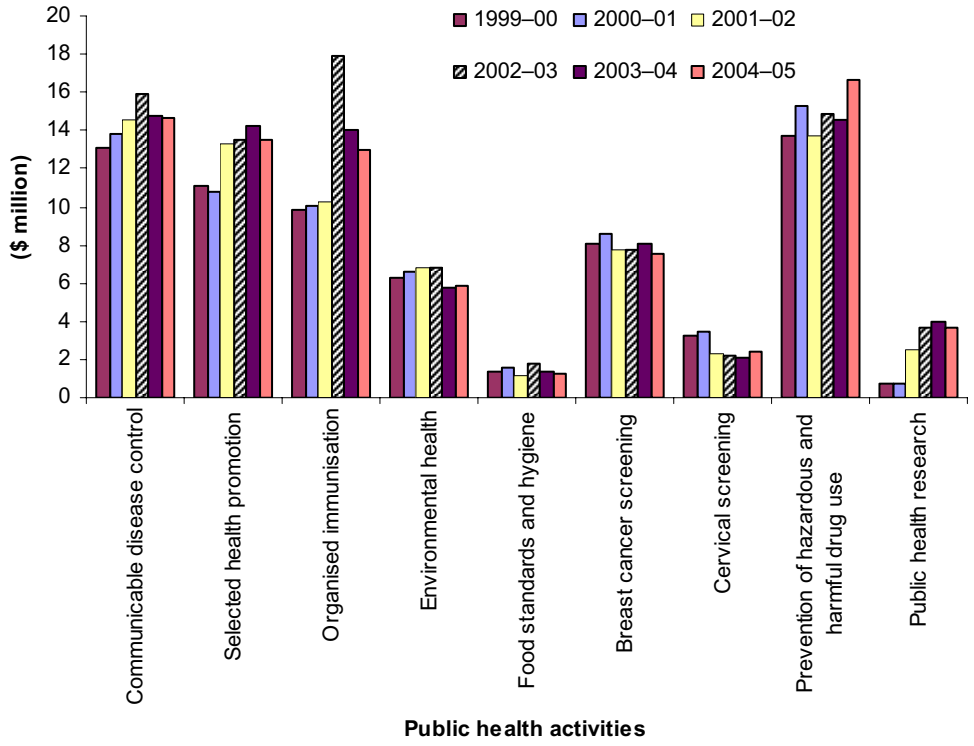
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[c]**
Communicable disease control	5.3	5.8	8.9	–6.9	–0.7	2.3
Selected health promotion	–2.7	23.1	1.5	5.2	–4.9	4.0
Organised immunisation	3.1	2.0	73.8	–21.8	–7.1	5.8
Environmental health	4.8	3.0	—	–14.7	1.7	–1.3
Food standards and hygiene	14.3	–25.0	50.0	–22.2	–7.1	–1.5
Breast cancer screening	6.2	–9.3	—	3.8	–7.4	–1.5
Cervical screening	9.4	–34.3	–4.3	–4.5	14.3	–5.6
Prevention of hazardous and harmful drug use	11.7	–10.5	8.8	–2.0	13.7	3.9
Public health research	—	257.1	48.0	8.1	–7.5	39.5
Total public health	**5.3**	**2.1**	**16.6**	**–6.5**	**6.5**	**3.1**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

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

(c) Average annual growth rate.

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 2003–04 prices, South Australia, 1999–00 to 2004–05

Over the period the 1999–00 to 2004–05, *Prevention of hazardous and harmful drug use* ($14.8 million) recorded the highest average annual expenditure in real terms, followed by *Communicable disease control* ($14.5 million) and *Organised immunisation* ($13.4 million) (Table 7.5; Figure 7.2).

7.6 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2004–05 was estimated at $82.3 million, up approximately $14.8 million or 21.9% on the previous year.

The major programs included as 'Public health-related activities' for 2004–05 were:

- dental health services, including the school dental screening program ($50.1 million)
- primary health care programs providing generic health service provision, as well as projects relating to migrant health, women's health, youth health, Aboriginal health and violence and abuse ($16 million)
- alcohol and other drug treatment and welfare-related programs ($7.6 million).

8 Expenditure by the Tasmanian Department of Health and Human Services

8.1 Introduction

Tasmania, with an estimated population of 485,263 at June 2005, is Australia's smallest state, in both its geographic area and its total population. However, its population is greater than both the Territories. Some 14.5% of Tasmania's population are aged 65 years and over, which is higher than the national average of 13.1%.

The Department of Health and Human Services (DHHS) is involved in a wide range of population-based 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; as well as undertaking ongoing surveillance of social, economic, public and environmental health indicators.

Within the department, the Division of Community, Population and Rural Health has the primary responsibility for public health, through the key areas of:

- public and environmental health
- population health priorities
- health and wellbeing outcomes
- 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 2004–05, in current price terms, was estimated at $26.2 million, down $0.8 million or 2.7% on the previous financial year (Table 8.1).

In 2004–05, approximately 96% of the expenditure was directed towards the following public health activities:

- *Organised immunisation* (18.6%)
- *Environmental health* (18.2%)
- *Prevention of hazardous and harmful drug use* (16.9%)
- *Breast cancer screening* (15.5%)
- *Selected health promotion* (15.0%)
- *Communicable disease control (11.3%)*.

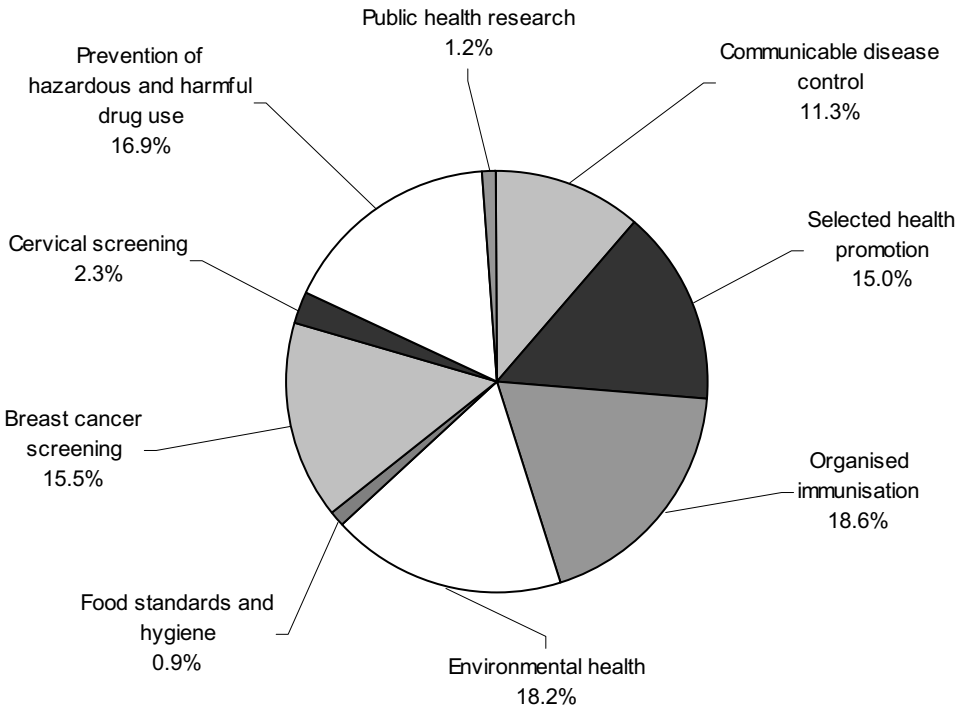
Table 8.1 shows expenditure for the years 1999–2005. Care should be used in interpreting the expenditure information as there was methodology change in the estimation procedures for a number of public health activities between 2003–2004 and 2004–2005. Further details are provided under the relevant public health activities.

Table 8.1: State government expenditure on public health activities, current prices, Tasmania, 1999–00 to 2004–05

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
			Expenditure ($'000)			
Communicable disease control	2,345.0	2,506.8	2,538.6	3,217.0	2,366.8	2,970.8
Selected health promotion	3,953.1	4,455.9	6,726.0	6,354.8	6,094.4	3,940.2
Organised immunisation	3,045.2	3,590.7	2,559.6	4,732.3	4,334.9	4,873.7
Environmental health	2,537.1	2,555.1	2,877.6	3,061.5	3,963.4	4,785.5
Food standards and hygiene	70.0	143.8	267.1	284.5	151.0	244.5
Breast cancer screening	2,562.4	3,119.7	2,711.7	3,781.9	3,716.8	4,074.1
Cervical screening	694.2	706.7	511.4	483.3	516.4	616.4
Prevention of hazardous and harmful drug use	4,376.8	4,403.3	5,352.8	5,736.8	5,516.2	4,437.7
Public health research	300.0	375.7	214.9	239.0	325.6	305.5
Total public health	**19,883.8**	**21,857.7**	**23,759.7**	**27,891.1**	**26,985.5**	**26,248.4**
			Proportion of public health expenditure[(a)] (%)			
Communicable disease control	11.8	11.5	10.7	11.5	8.8	11.3
Selected health promotion	19.9	20.4	28.3	22.8	22.6	15.0
Organised immunisation	15.3	16.4	10.8	17.0	16.1	18.6
Environmental health	12.8	11.7	12.1	11.0	14.7	18.2
Food standards and hygiene	0.4	0.7	1.1	1.0	0.6	0.9
Breast cancer screening	12.9	14.3	11.4	13.6	13.8	15.5
Cervical screening	3.5	3.2	2.2	1.7	1.9	2.3
Prevention of hazardous and harmful drug use	22.0	20.1	22.5	20.6	20.4	16.9
Public health research	1.5	1.7	0.9	0.9	1.2	1.2
Total public health	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $'000 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, 2004–05

8.3 Expenditure on public health activities

This section of the report looks at Tasmania's level of 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 2004–05 was $3.0 million, up $0.6 million or 25.5% on the previous financial year (Table 8.1).

The 2004–05 expenditure accounted for 11.3% of the total expenditure on public health activities by DHHS during that year (Figure 8.1). The major elements of the expenditure are shown in Table 8.2 below.

Table 8.2: State government expenditure on *Communicable disease control*, current prices, Tasmania, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	1.5
Needle and syringe programs	1.2
Other communicable disease control	0.3
Total	**3.0**

The expenditure in this category is across both the Public and Environmental Health Service and the Statewide Sexual Health Service that manages the HIV/AIDS program. Spending on this activity was mainly aimed at preventing and reducing the transmission of communicable diseases through education, along with the surveillance and investigation of notifiable diseases.

The increase in expenditure over 2003–04 expenditure (Table 8.1) was due to the increased spending on the needle and syringe programs, up $0.6 million due to the inclusion of the COAG supportive measures expenditure and an increase in equipment provided by the state to consumers. There was also a $0.1 million increase in other communicable disease control compared to 2003–2004, which can be attributed to improved reporting information which more accurately depicts spending across this category.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2004–05 was estimated at $3.9 million, down $2.2 million or 35.3% on the previous financial year. It constituted 15.0% of the total expenditure by DHHS during the year (Table 8.1; Figure 8.1).

A significant refinement of these categories occurred to better align the expenditure with the expectations of the data manual and the new PHOFA. This change indicates a difference in how reporting occurs and the figures are not directly comparable to those in previous years.

Organised immunisation

Expenditure by DHHS on *Organised immunisation* in 2004–05 was estimated at $4.9 million, up $0.5 million or 12.4% on the previous year (Table 8.1; Figure 8.1).

The 2004–05 expenditure constituted 18.6% of total expenditure on public health activities and reflected the most significant area of expenditure incurred by DHHS during that year. The major elements of the expenditure are shown in Table 8.3 below.

Table 8.3: State government expenditure on *Organised immunisation*, current prices, Tasmania, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	2.1
Organised pneumococcal and influenza immunisation	2.1
All other organised immunisation	0.7
Total	**4.9**

(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.

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

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 2005 (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.

Environmental health

Total expenditure on *Environmental health* during 2004–05 was estimated at $4.8 million, up $0.8 million or 20.7% on the previous financial year. This was 18.2% of the total expenditure on public health activities during 2004–05 and was the second significant area of expenditure (Table 8.1; Figure 8.1).

Expenditures incurred under this activity mainly related to ongoing provision of environmental health advice and support, performance monitoring of water quality (for example fluoridation and contamination), policing of tobacco regulations, shellfish quality assurance, and supervising *Legionella* control measures and radiation safety.

The increase in expenditure shown is due to the cost of fluoridation, pharmaceutical services and radiation control being correctly included in this category for this reporting period and is not indicative of a significant increase in spending.

Food standards and hygiene

Tasmania spent approximately $0.2 million on *Food standards and hygiene* activities during 2004–05. This constituted 0.9% of the total expenditure on public health activities in 2004–05 (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 2004–05 was estimated $4.1 million, up $0.5 or 13.4% on 2003–04. This constituted 15.5% of total expenditure on public health activities during the year (Table 8.1).

Breast cancer screening was conducted by the BreastScreen Tasmania program, which included a mobile unit and other offices. It provides a free government breast cancer screening program for women aged 50 to 69 years 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 is consistently incurring interstate locum costs which add to the cost of service provision.

Cervical screening

Total expenditure on *Cervical screening* during 2004–05 was approximately $0.6 million, up $0.1 on that incurred the previous year. This constituted 2.3% of the total expenditure on public health activities during 2004–05 (Table 8.1). Most of the increased expenditure was due to outsourced service provider cost increases.

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 2004–05 was $4.4 million, down $1.1 million or 19.6% on the previous financial year (Table 8.1).

The 2004–05 expenditure was 16.9% of the total expenditure on public health activities and reflected the third most significant area of expenditure incurred by DHHS during 2004–05 (Figure 8.1). The major elements of the expenditure are shown in Table 8.4 below.

Table 8.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Tasmania, 2004–05 ($ million)

Category	Expenditure
Alcohol	1.8
Tobacco	0.2
Illicit and other drugs of dependence	1.2
Mixed	1.2
Total	**4.4**

It comprised $1.8 million on alcohol programs, $0.2 million on tobacco programs, $1.2 million on the illicit and other drugs of dependence programs and $1.2 million on mixed programs (that is, those that cannot be classified to the previous categories).

Expenditure under this activity mainly related to:

- diversion programs
- tobacco control
- methadone program
- GP advisory service.

The decrease in this category is mainly attributable to the reclassification of pharmaceutical services expenditure to the *Environmental health* activity category.

Public health research

Total expenditure during 2004–05 was estimated at approximately $0.3 million, which was similar to the level of expenditure incurred in 2003–04. This was 1.2% of total public health expenditure during 2004–05 (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, 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 by DHHS decreased, in real terms, from $27.0 to million in 2003–04 to $25.4 million in 2004–05, a decrease of 5.9%. This decrease was mainly due to a decline in expenditure on *Selected health promotion* (down 37.4%) and *Prevention of hazardous and harmful drug use* (down 22.2%).

From 1999–00 to 2004–05, expenditure grew at an average rate of 2.4% per annum (Table 8.5) The highest annual real growth was in expenditure on *Food standards and hygiene* (24.4%) and *Environmental health* (10.0%).

Over the period 1999–00 to 2004–05, *Selected health promotion* ($5.5 million) and *Prevention of hazardous and harmful drug use* ($5.2 million) reflected the highest average real expenditure (Table 8.5; Figure 8.2), followed by *Organised immunisation* ($4.0 million).

Table 8.5: State government expenditure on public health activities, constant prices[a], Tasmania, 1999–00 to 2004–05

	Expenditure ($'000)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	2,654.5	2,749.7	2,705.9	3,322.7	2,366.8	2,874.3	2,779.0
Selected health promotion	4,474.9	4,887.7	7,169.3	6,563.6	6,094.4	3,812.3	5,500.4
Organised immunisation	3,447.1	3,938.6	2,728.3	4,887.8	4,334.9	4,715.4	4,008.7
Environmental health	2,872.0	2,802.7	3,067.3	3,162.1	3,963.4	4,630.1	3,416.3
Food standards and hygiene	79.3	157.8	284.7	293.8	151.0	236.5	200.5
Breast cancer screening	2,900.6	3,422.0	2,890.4	3,906.1	3,716.8	3,941.8	3,463.0
Cervical screening	785.8	775.1	545.2	499.2	516.4	596.3	619.7
Prevention of hazardous and harmful drug use	4,954.5	4,829.9	5,705.7	5,925.3	5,516.2	4,293.6	5,204.2
Public health research	339.6	412.1	229.0	246.8	325.6	295.5	308.1
Total public health	**22,508.3**	**23,975.6**	**25,325.8**	**28,807.4**	**26,985.5**	**25,395.8**	**25,499.7**

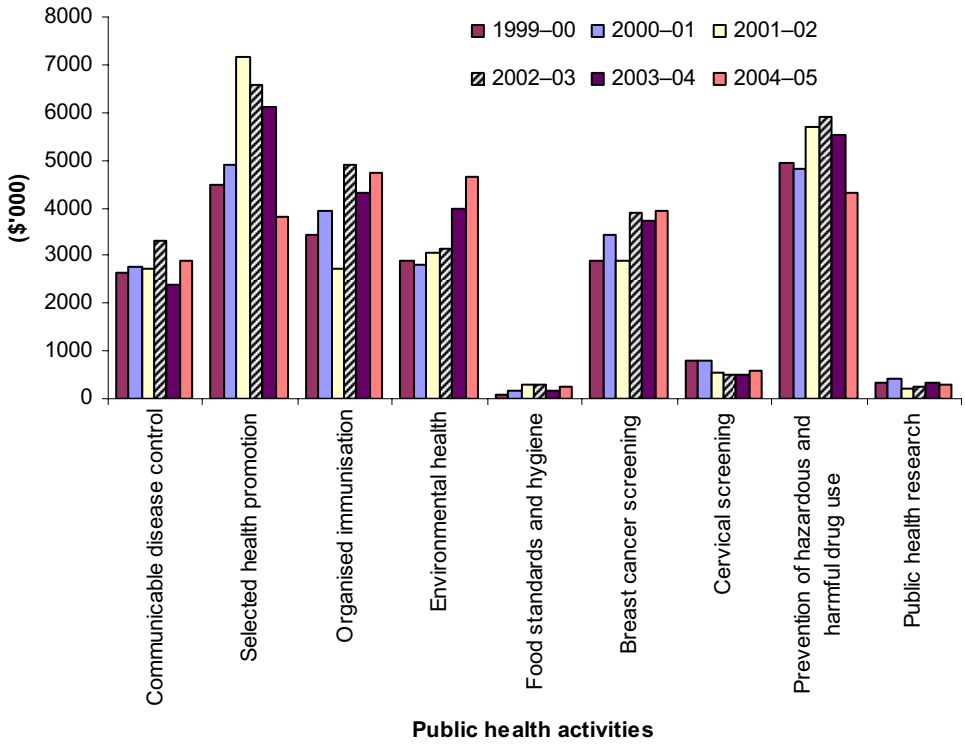
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[c]**
Communicable disease control	3.6	–1.6	22.8	–28.8	21.4	1.6
Selected health promotion	9.2	46.7	–8.4	–7.1	–37.4	–3.2
Organised immunisation	14.3	–30.7	79.2	–11.3	8.8	6.5
Environmental health	–2.4	9.4	3.1	25.3	16.8	10.0
Food standards and hygiene	99.0	80.4	3.2	–48.6	56.6	24.4
Breast cancer screening	18.0	–15.5	35.1	–4.8	6.1	6.3
Cervical screening	–1.4	–29.7	–8.4	3.4	15.5	–5.4
Prevention of hazardous and harmful drug use	–2.5	18.1	3.8	–6.9	–22.2	–2.8
Public health research	21.3	–44.4	7.8	31.9	–9.2	–2.7
Total public health	**6.5**	**5.6**	**13.7**	**–6.3**	**–5.9**	**2.4**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) The growth rates are calculated using public health expenditure data expressed in $'000 and rounded to one decimal place.

(c) Average annual growth rate.

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 2003–04 prices, Tasmania, 1999–00 to 2004–05

8.5 Expenditure on 'Public health-related activities'

Following the introduction of the new PHOFA, Tasmania reviewed its reporting requirements for the National Public Health Expenditure Project. It was agreed that the reporting of information under this voluntary category was no longer required.

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory (ACT) is a self-governing territory that is located wholly within the boundaries of New South Wales. It has a population of approximately 0.3 million. None of the population resides in a remote area.

As well as providing for the needs of its own population, many of the ACT's health services also cater for the needs of the surrounding regions of New South Wales. For example, as well as being the ACT'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 ACT were supplied to persons who were not residents of the ACT.

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 in the ACT. The Population Health Division is responsible 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 prioritise 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 2004–05 was estimated at $28.4 million (Table 9.1). This was an increase of $2.9 million (or 11.2%) on the previous financial year. The increase was largely due to an increase in expenditure on *Selected health promotion* (up $2.4 million).

Approximately 75% of the expenditure was directed towards four health activities (Figure 9.1). These were:

- *Selected health promotion* (22.5%)
- *Communicable disease control* (20.0%)
- *Organised immunisation* (18.4%)
- *Prevention of hazardous and harmful drug use* (13.3%).

Table 9.1: Territory government expenditure on public health activities, current prices, Australian Capital Territory, 1999–00 to 2004–05

Activity	1999–00[(a)]	2000–01	2001–02	2002–03	2003–04	2004–05
			Expenditure ($'000)			
Communicable disease control	2,582.3	3,683.3	3,994.1	4,000.4	r5,145.7	5,687.7
Selected health promotion[(b)]	4,944.9	3,368.9	2,890.6	3,340.7	r4,001.0	6,388.5
Organised immunisation	3,271.3	4,026.6	3,692.9	4,323.0	r5,511.0	5,211.9
Environmental health	1,457.4	1,972.7	2,089.8	2,405.8	r2,855.9	2,758.0
Food standards and hygiene	1,626.2	1,797.6	1,935.7	2,280.5	r2,440.6	2,400.7
Breast cancer screening	2,016.8	2,073.8	1,784.3	1,668.6	r1,653.9	1,656.0
Cervical screening	551.0	580.5	207.9	218.7	r306.1	398.9
Prevention of hazardous and harmful drug use[(c)]	6,382.1	4,555.7	6,005.7	6,264.7	r3,369.1	3,763.5
Public health research	25.6	104.2	57.6	138.7	r243.9	130.9
Total public health	**22,857.6**	**22,163.3**	**22,658.4**	**24,641.0**	r**25,527.2**	**28,396.1**
			Proportion of public health expenditure[(d)] (%)			
Communicable disease control	11.3	16.6	17.6	16.2	20.2	20.0
Selected health promotion	21.6	15.2	12.8	13.6	15.7	22.5
Organised immunisation	14.3	18.2	16.3	17.5	21.6	18.4
Environmental health	6.4	8.9	9.2	9.8	11.2	9.7
Food standards and hygiene	7.1	8.1	8.5	9.3	9.6	8.5
Breast cancer screening	8.8	9.4	7.9	6.8	6.5	5.8
Cervical screening	2.4	2.6	0.9	0.9	1.2	1.4
Prevention of hazardous and harmful drug use	27.9	20.6	26.5	25.4	13.2	13.3
Public health research	0.1	0.5	0.3	0.6	1.0	0.5
Total public health	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

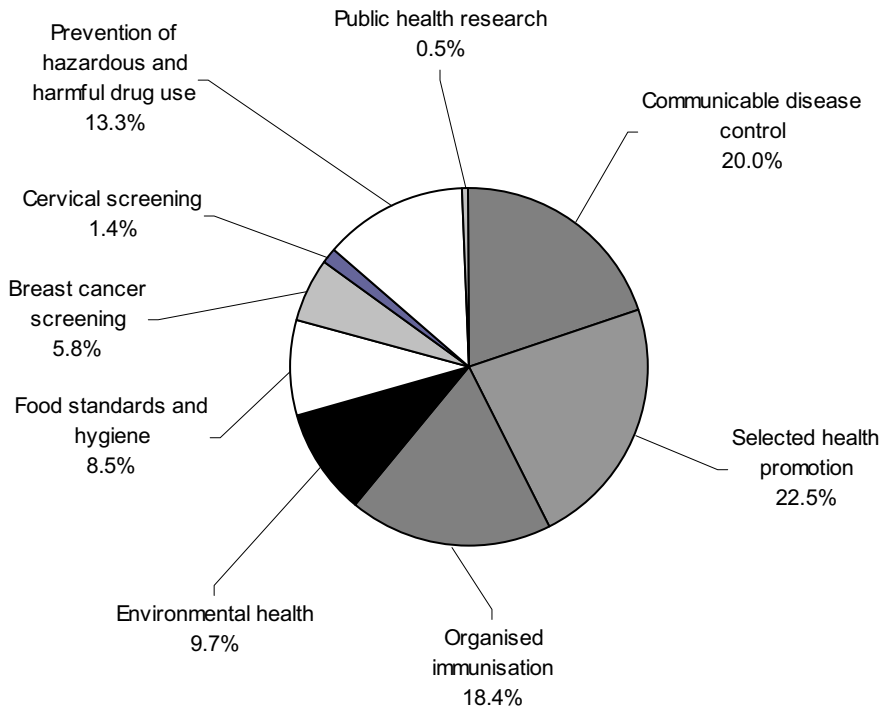
(a) The 1999–00 data are compiled using a different methodology from that used for 2000–01 onwards. Therefore, the 1999–00 data are not strictly comparable with those for subsequent years.

(b) Expenditure on mental health promotion has been included from 2003–04.

(c) Prior to 2003–04 the expenditure estimates included some treatment services.

(d) The proportions are calculated using public health expenditure data expressed in $'000 and rounded to one decimal place.

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



Source: Table 9.1.

Figure 9.1: Proportion of territory government public health expenditure, by activity, Australian Capital Territory, 2004–05

9.3 Expenditure on public health activities

This section of the report looks at the ACT'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 2004–05 was $5.7 million. This accounted for 20.0% of total expenditure on public health activities and reflected the second most significant area of expenditure incurred by ACT Health in that year (Table 9.1; Figure 9.1). Overall, expenditure was up $0.5 million or 10.5% on the previous financial year.

The major elements of the 2004–05 expenditure are shown in Table 9.2 below.

Table 9.2: Territory government expenditure on *Communicable disease control*, current prices, Australian Capital Territory, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	2.4
Needle and syringe programs	1.1
Other communicable disease control	2.2
Total	**5.7**

Some of the key achievements over the year included:

- introduction of a trial of a needle and syringe vending machine program
- provision of a range of sexual health promotion and education through the non-government and community sector (including expanded cinema advertising)
- expansion of outreach sexual health information and testing programs in non-clinical settings
- a community consultative forum on the needs of people with hepatitis C.

Selected health promotion

Total reported expenditure on *Selected health promotion* was $6.4 million, up $2.4 million (or 59.7%) on the previous financial year. This represented 22.5% of total expenditure on public health activities during 2004–05 (Table 9.1; Figure 9.1). In 2004–05, *Selected health promotion* included mental health promotion not reported in previous years.

Expenditure over the year covered a range of activities undertaken by ACT Health. Highlights included:

- the implementation of the national fruit and vegetable campaign 'Go for 2 & 5'® across the ACT
- development of a school-based resource package as part of the Youth Smoking Prevention Project
- development of the Healthpact Strategic Plan 2005–08.

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

- Smokefree
- SunSmart
- physical activity
- nutrition
- injury prevention
- community wellbeing (including mental health)
- Healthy Lifestyle Program.

Healthpact also provided support funding for research and evaluation in the areas of social capital and injury prevention (prevention of self-harm), and in setting priorities among the broad range of health promotion approaches.

Organised immunisation

Total expenditure for *Organised immunisation* by ACT Health in 2004–05 was $5.2 million, down slightly (approximately $0.3 million) on that incurred the previous financial year. This represented 18.4% of total expenditure on public health activities by ACT Health during that year (Table 9.1; Figure 9.1).

The major elements of the expenditure for 2004–05 are shown in Table 9.3 below.

Table 9.3: Territory government expenditure on *Organised immunisation*, current prices, Australian Capital Territory, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	2.6
Organised pneumococcal and influenza immunisation	0.9
All other organised immunisation	1.8
Total	**5.2**

(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 totals due to rounding.

Expenditure comprised: organised childhood immunisation ($2.6 million), pneumococcal and influenza immunisation ($0.9 million) and other organised immunisation programs ($1.8 million).

In 2003–04 and 2004–05 there was an overall increase in immunisation expenditure as a result of the implementation of the National Meningococcal C Immunisation Program in August 2003, involving immunisation of all those aged 1 to 19 years in the ACT. In addition, a further 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 comes from a combination of state appropriations and the Australian Immunisation Agreement with the Australian Government.

Environmental health

Total expenditure for *Environmental health* by ACT Health in 2004–05 was estimated at $2.8 million, down marginally on that incurred in 2003–04 (Table 9.1).

The expenditure in 2004–05 constituted 9.7% of the total expenditure on public health activities (Figure 9.1). Expenditure mainly included 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 2004–05 was $2.4 million, the same as that incurred in 2003–04. It constituted 8.5% of total expenditure on public health activities (Table 9.1; Figure 9.1).

Expenditure under this activity was mainly related 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 $1.7 million in 2004–05, which was the same level of expenditure as that incurred in 2003–04. The 2004–05 expenditure constituted 5.8% of the total expenditure on public health activities by ACT Health during that year (Table 9.1; Figure 9.1).

As part of a national funded program, BreastScreen ACT provides free screening services to all women aged over 50 years in the ACT. 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 2004–05 was estimated at $0.4 million. This constituted 1.4% 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 Cervical Cytology Register, which are important elements in the ongoing strategy to combat the onset of cervical cancer. In 2004–05 funding was allocated to upgrade the Register's database.

Prevention of hazardous and harmful drug use

The total expenditure on *Prevention of hazardous and harmful drug use* was $3.8 million in 2004–05 (Table 9.1). This was an increase of $0.4 million (or 11.7%) on the previous year's expenditure.

The 2004–05 expenditure represented 13.3% of the total expenditure on public health activities (Figure 9.1). The major elements of the expenditure are shown in Table 9.4 below.

Table 9.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Australian Capital Territory, 2004–05 ($ million)

Category	Expenditure
Alcohol	0.2
Tobacco	0.5
Illicit and other drugs of dependence	0.8
Mixed	2.3
Total	**3.8**

Expenditure comprised: alcohol programs ($0.2 million), tobacco programs ($0.5 million), illicit and other drugs of dependence programs ($0.8 million) and on mixed (those that could not be classified to the previous categories) programs ($2.3 million).

Expenditure was directed towards a wide range of activities targeting 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.

The lower level of expenditure on *Prevention of hazardous and harmful drug use* in 2003–04 and 2004-05 than previous years was largely due to a change in the compilation methodology. Prior to 2003–04, the estimates included some treatment services which should have been excluded.

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2004–05 was approximately $0.1 million. This constituted 0.5% of the total public health expenditure by ACT Health for that year and was mainly directed towards research into health promotion (Table 9.1; Figure 9.1).

9.4 Revision to previously published estimates for 2003–04

ACT Health has revised its estimates of expenditure on public health activities since the publication of the *National public health expenditure report 2001–02 to 2003–04*. The updated data for 2003–04 is included in Table 9.1.

9.5 Growth in expenditure on public health activities

Total public health expenditure by the ACT Government increased, in real terms, from $25.5 million in 2003–04 to $27.4 million in 2004–05, an increase of 7.4%. Expenditure on *Selected health promotion* (up 54.1%) and *Cervical screening* (up 25.8%) recorded the highest real annual growth rates (Table 9.5; Figure 9.2).

Estimates of expenditure on public health activities increased, in real terms, between 1999–00 and 2004–05, at an average annual rate of 1.0% (Table 9.5). Over this period, expenditure on *Public health research* (34.0%) and *Communicable disease control* (13.3%) recorded the highest average annual real growth changes.

Table 9.5: Territory government expenditure on public health activities, constant prices[a], Australian Capital Territory, 1999–00 to 2004–05

	Expenditure ($'000)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	2,943.9	4,072.7	4,279.3	4,142.1	5,145.7	5,490.2	4,345.7
Selected health promotion[b]	5,637.2	3,725.1	3,097.1	3,459.0	4,001.0	6,166.8	4,347.7
Organised immunisation	3,729.3	4,452.3	3,956.6	4,476.2	5,511.0	5,030.9	4,526.1
Environmental health	1,661.4	2,181.2	2,239.1	2,491.0	2,855.9	2,662.2	2,348.5
Food standards and hygiene	1,853.9	1,987.6	2,074.0	2,361.3	2,440.6	2,317.3	2,172.5
Breast cancer screening	2,299.2	2,293.1	1,911.7	1,727.7	1,653.9	1,598.5	1,914.0
Cervical screening	628.1	641.9	222.8	226.4	306.1	385.1	401.7
Prevention of hazardous and harmful drug use[c]	7,275.6	5,037.4	6,434.7	6,486.6	3,369.1	3,632.8	5,372.7
Public health research	29.2	115.2	61.7	143.6	243.9	126.3	120.0
Total public health	**26,057.8**	**24,506.5**	**24,277.0**	**25,513.9**	**25,527.2**	**27,410.1**	**25,548.8**

	Growth (%)[d]					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[e]**
Communicable disease control	38.3	5.1	–3.2	24.2	6.7	13.3
Selected health promotion	–33.9	–16.9	11.7	15.7	54.1	1.8
Organised immunisation	19.4	–11.1	13.1	23.1	–8.7	6.2
Environmental health	31.3	2.7	11.3	14.6	–6.8	9.9
Food standards and hygiene	7.2	4.3	13.9	3.4	–5.1	4.6
Breast cancer screening	–0.3	–16.6	–9.6	–4.3	–3.3	–7.0
Cervical screening	2.2	–65.3	1.6	35.2	25.8	–9.3
Prevention of hazardous and harmful drug use	–30.8	27.7	0.8	–48.1	7.8	–13.0
Public health research	294.5	–46.4	132.7	69.8	–48.2	34.0
Total public health	**–6.0**	**–0.9**	**5.1**	**0.1**	**7.4**	**1.0**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) Expenditure on mental health promotion has been included from 2003–04.

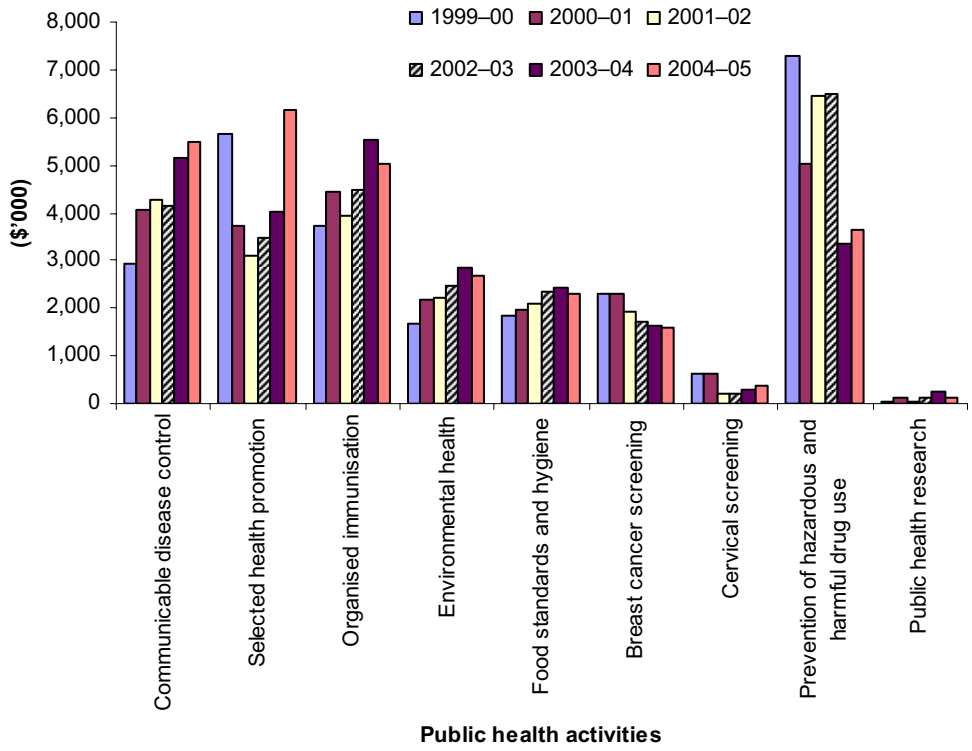
(c) Prior to 2003–04, the expenditure included some treatment services which should have been excluded.

(d) The growth rates are calculated using public health expenditure data expressed in $'000 and rounded to one decimal place.

(e) Average annual growth rate.

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

Over the period 1990–00 to 2004–05, the public health activities which recorded the highest average annual expenditure in real terms were *Prevention of hazardous and harmful drug use* ($5.3 million), *Organised immunisation* ($4.5 million), *Selected health promotion* ($4.3 million) and *Communicable disease control* ($4.3 million) (Table 9.5; Figure 9.2).



Source: Table 9.5.

Figure 9.2: Territory government expenditure on public health activities, constant 2003–04 prices, Australian Capital Territory, 1999–00 to 2004–05

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

10.1 Introduction

The Northern Territory (NT) covers approximately 17% of the nation, but has a small, widely dispersed population which is only 1% of the total national figure. Within the NT, 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 NT 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 (AIHW 2005). Indigenous people comprise 28.8% 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 2004–05 was estimated at $54.7 million (Table 10.1).

Overall, expenditure on public health in 2004–05, in current prices, was up $10.2 million or 22.9% on the previous financial year. There was an increase in expenditure across all public health activities, with expenditure on *Prevention of hazardous and harmful drug use* (up $2.4 million) and *Organised immunisation* (up $2.2 million) being the largest in absolute terms.

Approximately 84% of the expenditure in 2004–05 was directed towards four public health activities (Figure 10.1). These were:

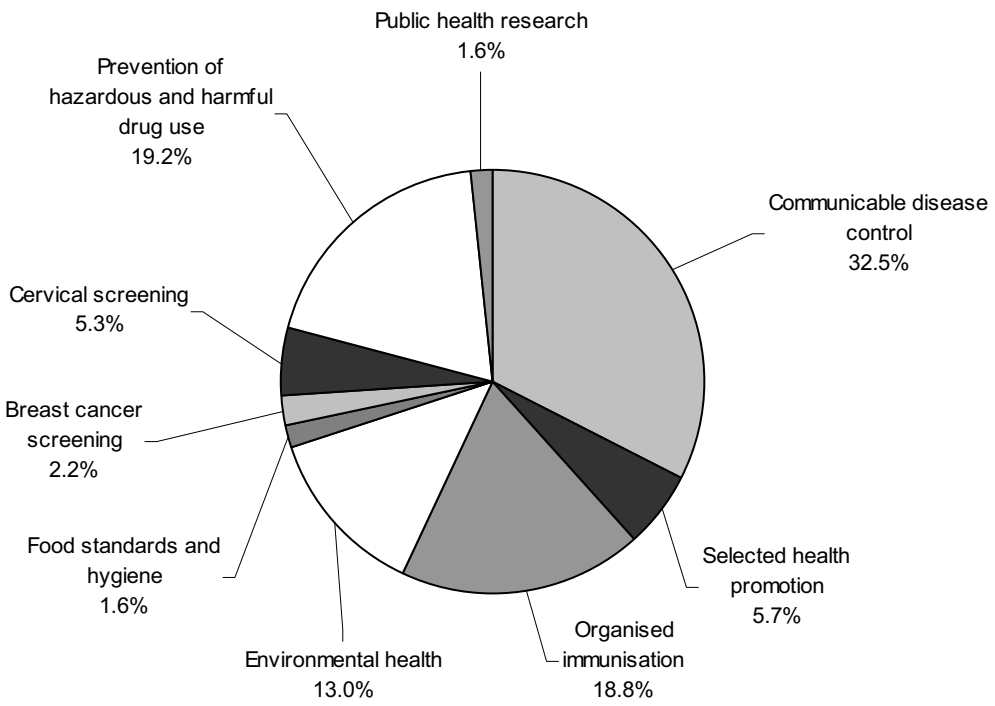
- *Communicable disease control* (32.5%)
- *Prevention of hazardous and harmful drug use* (19.2%)
- *Organised immunisation* (18.8%)
- *Environmental health* (13.0%).

Table 10.1: Territory government expenditure on public health activities, current prices, Northern Territory, 1999–00 to 2004–05

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



Source: Table 10.1.

Figure 10.1: Proportion of territory government public health expenditure, by activity, Northern Territory, 2004–05

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. The section 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 2004–05 was $17.8 million, up $1.9 million or 11.9% on that incurred in 2003–04.

The 2004–05 expenditure accounted for 32.5% of total public health expenditure and was the most significant area of public health expenditure by NT DHCS (Table 10.1; Figure 10.1). The major elements of the expenditure are shown in Table 10.2 below.

Table 10.2: Territory government expenditure on *Communicable disease control*, current prices, Northern Territory, 2004–05 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	3.7
Needle and syringe programs	0.3
Other communicable disease control	13.8
Total	**17.8**

The total for *Communicable disease control* included $3.7 million on HIV/AIDS, hepatitis C and sexually transmitted infections programs, $0.3 million on the needle and syringe programs and $13.8 million on other communicable disease control.

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 2004–05 was $3.1 million, up $0.7 million or 29.2% on 2003–04. This was 5.7% of total public health expenditure (Table 10.1; Figure 10.1).

In 2002–03 there was a change in the way health promotion was organised and delivered in the NT —no longer a separate health program but integrated into the core business of all programs. A small team has been 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.

Organised immunisation

Total NT DHCS expenditure for *Organised immunisation* in 2004–05 was estimated at $10.3 million. This was 18.8% of the total public health expenditure and was the third most significant area of expenditure (Table 10.1; Figure 10.1).

The major elements of the 2004–05 expenditure are shown in Table 10.3 below.

Table 10.3: Territory government expenditure on *Organised immunisation*, current prices, Northern Territory, 2004–05 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	1.8
Organised pneumococcal and influenza immunisation	0.7
All other organised immunisation	7.8
Total	**10.3**

(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 $2.2 million or 27.2% on the previous year. Further details of the various organised immunisation programs are available from NT DHCS.

Environmental health

Total NT DHCS expenditure for *Environmental health* in 2004–05 was $7.1 million, up $1.8 million or 34.0% on that incurred in 2003–04. This was 13.0% of total public health expenditure (Table 10.1; Figure 10.1).

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; environmental planning; and food safety.

Food standards and hygiene

Total NT DHCS expenditure on *Food standards and hygiene* in 2004–05 was $0.9 million, marginally up on that incurred the previous financial year. The 2004–05 expenditure constituted 1.6% 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 2004–05 was $1.2 million, up $0.1 million on that incurred in 2003–04. This constituted 2.2% of total expenditure on public health activities during 2004–05 (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 or 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 2004–05 was $2.9 million, up 0.7 million on the previous financial year. This constituted 5.3% 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.

It should be noted that 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 the 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 2004–05 was $10.5 million, up $2.4 or 29.6% on the previous year (Table 10.1; Figure 10.1).

The 2004–05 expenditure accounted for 19.2% of total public health expenditure and was the second most significant area of public health expenditure by NT DHCS. The major program elements of the 2004–05 expenditure are shown in Table 10.4 below.

Table 10.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Northern Territory, 2004–05 ($ million)

Category	Expenditure
Alcohol	1.9
Tobacco	0.5
Illicit and other drugs of dependence	2.4
Mixed	5.7
Total	**10.5**

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 mainly funded through non-government service providers.

Public health research

NT DHCS expenditure for *Public health research* in the NT during 2004–05 was estimated at $0.9 million, compared with $0.6 million in 2003–04. It constituted 1.6% 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

In constant price terms, total public health expenditure increased from $44.5 million in 2003–04 to $52.9 million in 2004–05, an increase of 18.9% (Table 10.5). Expenditure on *Public health research* (up 33.3%), *Environmental health* (up 30.2%) and *Cervical screening* (up 27.3%) recorded the highest real growth rates. All other activities recorded real growth increases in expenditure ranging from 8.2% to 25.0%.

From 1999–00 to 2004–05, expenditure grew by 3.0% per annum (Table 10.5). The highest annual real growth was in expenditure on *Communicable disease control* (11.7%), *Environmental health* (10.4%) and *Organised immunisation* (6.8%).

Over the period 1999–00 to 2004–05, the public health activities which recorded the highest average annual expenditure, in real terms, were *Communicable disease control* ($12.9 million) *Organised immunisation* ($8.4 million) and *Prevention of hazardous and harmful drug use* ($6.7 million) (Table 10.5; Figure 10.2). The marked decline in real expenditure on *Selected health promotion* from 2002–03 onwards was largely the result of departmental restructuring in 2002–03, which resulted in health promotion being integrated into the core business of all other public health programs.

Table 10.5: Territory government expenditure on public health activities, constant prices[a], Northern Territory, 1999–00 to 2004–05

	Expenditure ($ million)						
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**6-year average**
Communicable disease control	9.9	10.1	9.7	14.3	15.9	17.2	12.9
Selected health promotion	11.4	10.7	9.7	1.9	2.4	3.0	6.5
Organised immunisation	7.2	8.0	9.3	7.5	8.1	10.0	8.4
Environmental health	4.2	4.0	3.9	4.6	5.3	6.9	4.8
Food standards and hygiene	1.2	1.1	0.9	0.7	0.8	0.9	0.9
Breast cancer screening	1.2	1.1	0.9	0.9	1.1	1.2	1.1
Cervical screening	2.5	2.3	2.2	1.8	2.2	2.8	2.3
Prevention of hazardous and harmful drug use	7.5	4.0	4.0	6.3	8.1	10.1	6.7
Public health research	0.5	0.6	0.6	0.5	0.6	0.8	0.6
Total public health	**45.6**	**41.9**	**41.2**	**38.5**	**44.5**	**52.9**	**44.1**

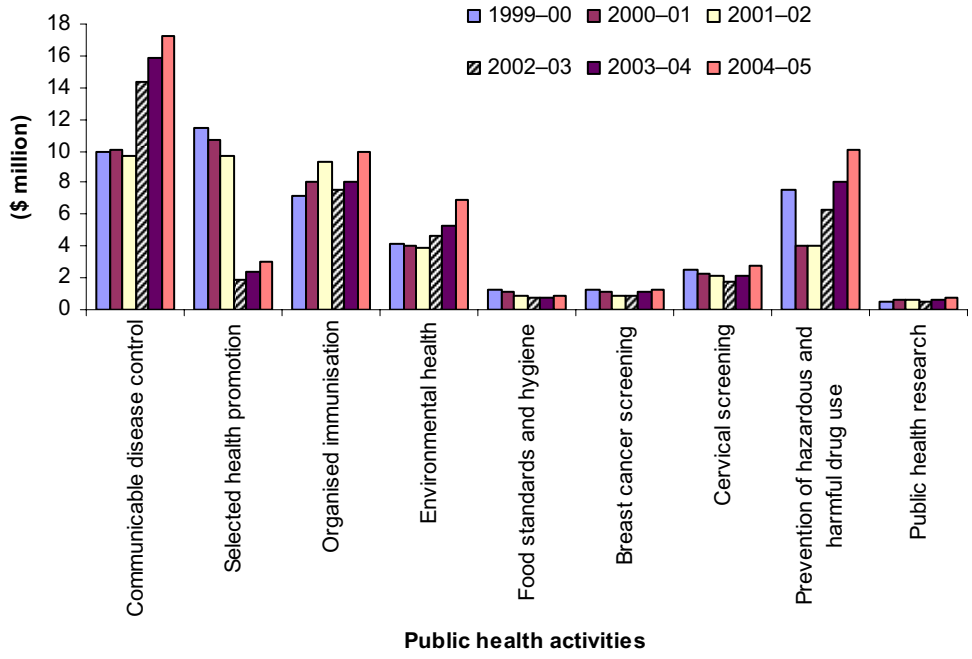
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**2003–04 to 2004–05**	**1999–00 to 2004–05[c]**
Communicable disease control	2.0	–4.0	47.4	11.2	8.2	11.7
Selected health promotion	–6.1	–9.3	–80.4	26.3	25.0	–23.4
Organised immunisation	11.1	16.3	–19.4	8.0	23.5	6.8
Environmental health	–4.8	–2.5	17.9	15.2	30.2	10.4
Food standards and hygiene	–8.3	–18.2	–22.2	14.3	12.5	–5.6
Breast cancer screening	–8.3	–18.2	0.0	22.2	9.1	0.0
Cervical screening	–8.0	–4.3	–18.2	22.2	27.3	2.3
Prevention of hazardous and harmful drug use	–46.7	—	57.5	28.6	24.7	6.1
Public health research	20.0	—	–16.7	20.0	33.3	9.9
Total public health	**–8.1**	**–1.7**	**–6.6**	**15.6**	**18.9**	**3.0**

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) The growth rates are calculated using public expenditure data expressed in $'000 and rounded to one decimal place.

(c) Average annual growth rate.

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 2003–04 prices, Northern Territory, 1999–00 to 2004–05

10.5 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2004–05 was estimated at $13.8 million, compared with $11.0 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 aims to reduce the problems of itinerants in the community. Similarly, specialised staff within the Communicable Disease Program provide a more comprehensive service than what is covered within 'public health expenditure'.

11 Technical notes

11.1 Deflators

Because 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 2003–04. 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 governmental final consumption expenditure on 'Hospital and nursing home services' by state/territory and local governments have been used to revalue the expenditure estimates in 2003–04 prices and derive constant price estimates of public health expenditure. While 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 below.

Table 11.1: Government final consumption expenditure on 'Hospital and nursing home services'—chain price index referenced to 2003–04

State and local—hospitals and nursing homes	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
New South Wales	87.2	90.1	92.9	96.3	100.0	104.0
Victoria	87.5	90.4	93.4	96.6	100.0	103.7
Queensland	87.9	90.8	93.5	96.6	100.0	103.8
Western Australia	87.7	90.6	93.6	96.8	100.0	103.2
South Australia	87.8	90.9	93.3	96.7	100.0	103.5
Tasmania	88.3	91.2	93.8	96.8	100.0	103.4
Australian Capital Territory	86.9	89.8	92.7	96.3	100.0	103.5
Northern Territory	87.7	90.4	93.3	96.6	100.0	103.6
Australia	**87.6**	**90.5**	**93.3**	**96.5**	**100.0**	**103.7**

Note: These are annually reweighted Laspeyres chain price indexes.

Source: Unpublished ABS data.

11.2 Jurisdictions' technical notes

Australian Government

Methodology 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 'Public health-related activities'. The method used is outlined below.

Cervical screening

The methodology used to estimate the Medicare component of *Cervical screening* is consistent with that used in the two 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 'Public health-related activities'
- 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.

'Public health-related activities'

'Public health-related' expenditure on 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 health authorities

Data collection methods

Health services in New South Wales operate within specific geographic areas of the state. They each play major roles in:

- planning, delivering and coordinating local services
- managing resources
- setting and maintaining the balance between treatment and prevention services within their geographic area.

Consequently, the recording of expenditure is not centralised as each health service has a separate budget and its own information and accounting systems.

In 1999–00 the public health expenditure collection was 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.

Eight health services, the NSW Health and the Children's Hospital at Westmead reported data using a set of 24 public health subprograms. The data were then aggregated centrally and analysed at state level. The subprograms were later mapped to the health activities covered by the data collection. The public health expenditure included activity-specific, program-wide and agency-wide expenditures. These expenditures were distributed to individual health activities according to their levels of direct expenditure, except for a few activities that received no agency-wide expenditure.

Expenditure data for financial years 1999–00 to 2004–05 have been reported on an accrual accounting basis.

Victorian health authorities

Data collection methods

As most of the public health outputs are delivered by agencies funded by the DHS, the collection of the health expenditure data was sourced from the DHS's centralised generalised ledger.

The steps involved in the data collection are summarised below:

- downloading of expenditure on health activities from the department's general ledger. The flexible structure of the ledger enabled data to be sorted by activities or outputs, which in turn facilitated further classification into nine public health activities and 'Public health-related activity'
- manual categorisation, sorting each activity against its description
- verification to ensure the integrity of data collected
- reconciliation to ensure that reliable data were included in this report. It was determined that only functions that were funded or provided directly by the Public Health Division would be included in the data collection.

Expenditure data for financial years 1999–00 to 2004–05 have been reported on an accrual accounting basis. The relevant share of the DHS's central corporate expenditure was apportioned across the ten health activities, based on the proportion of activity expenditure.

Queensland Health

Since the 1999–00 Budget, Queensland Health has been required to report financial information to Queensland Treasury under the Managing for Outcomes framework, which identified the total cost of outputs. In order to provide this information, all Queensland Health's cost centres were allocated by percentage across outputs. Queensland Health uses a state-wide decision support system to produce output operating reports that identify total public health expenditure for Queensland Health.

The Managing for Outcomes framework is a process that Queensland Health uses to report total public health expenditure. However, additional analysis using cost centre service types is required to allocate the total public health output expenditure to the National Public Health Expenditure Project (NPHEP) activities. Any services types classified as public health and which can't be matched to the specific NPHEP public health activities are included under 'Public health-related activities'.

During a review of the expenditure collected through the above process, minor adjustments needed to be made to the expenditure reported. The adjustments were required mainly because of inappropriate mapping to service types. A review of the service types will be conducted to avoid this in future collections.

Expenditure data for financial years 1999–00 to 2004–05 have been reported on an accrual accounting basis.

Western Australian health authorities

Data collection methods

The primary 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 for the Public Health Division 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 used to compile the separate expenditure listings for public health units and for 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 Australian health authorities

Data collection methods

The collection involved writing to internal areas of DH as well as external organisations funded by the Department of Health (including public hospitals, and community health centres), detailing the aims and expectations for the 2004–05 data collections. A total of 32

metropolitan organisations and 7 country regional health services were included in the collection, as well as internal branches of DH.

A collection spreadsheet and instructions, provided by AIHW, were then emailed to contact people from these internal and external organisations.

Responses were collated by the Department of Health and analysed for consistency with previous year's expenditure. Significant variations were followed up with relevant organisations for explanation.

Expenditure data for financial years 1999–00 to 2004–05 have been reported on an accrual accounting basis.

Tasmanian health authorities

Data collection methods

All expenditures by the DHHS that fit within the definitions of public health activities have been included. However, this report does not include expenditure by other state government agencies and LGAs that is attributable to public health.

While the DHHS's finance reporting system is centralised and this enables the smooth collection of expenditure data, the following should be noted:

- expenditures by LGAs are not included
- expenditure estimates are total expenditure, not net expenditure
- program-wide and agency-wide expenditures have been allocated proportionately across NPHEP categories using the proportion of expenditure by cost centre. A significant refinement of the expenditure areas occurred during this reporting year so the categories better aligned with the expectations of the new PHOFA and the NPEHP manual.

The DHHS's finance system cost centre structure is such that in most cases the public health activities are easily identified; however, some cost centres contained two or more categories, or only a proportion of the total expenditure was attributable to public and environmental health. In such cases, consultation with the cost centre managers was undertaken to obtain the portion of cost centre expenditure attributable to the public health activities.

Data since 2003–04 have been reported on an accrual accounting basis.

Australian Capital Territory health authorities

Data collection methods

The ACT Health has a central accounting function that operates on a full accrual accounting basis.

The broad steps involved in collecting and processing the 2004–05 data are:

- initially, those cost centres that were within the department's chart of accounts and showed expenditure on public health activities were identified

- managers of cost centres included in the collection were advised of the public health definitions and were asked to allocate their costs to each of the public health expenditure activities
- expenditure of the Healthpact statutory authority was then combined with the above.

Information technology expenditure was allocated on a cost centre basis under the public health activity. Agency-wide expenditure such as costs relating to finance and human resources was allocated across the nine public health activities on the basis of full-time equivalent staff numbers.

Expenditure data for financial years 1999–00 to 2004–05 have been reported on an accrual accounting basis.

Northern Territory Department of Health and Community Services

Data collection methods

NT DHCS stores all available health information in a central repository. Annual expenditure data were converted into the statistical analytical software package SAS for analysis, comparison and storage.

Total expenditure by cost centre code for each public health program area was identified. Expenditure information for each cost centre code was provided to the relevant program directors according to the public health expenditure data collection methodology. Program directors advised any changes to allocations across the public health activities, made comments and carried out final validation of expenditure and program description information. Changes in departmental structure have led to the inclusion of cost centres for 'Health Service Executives & Directorates', 'Tiwi Health Services', and 'Remote Health Directorates' in the 2004–05 public health expenditure.

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 six 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 NT health department to another NT government department. A second change was the redistribution, in 2002–03, of health promotion funding which has been discussed in the Northern Territory chapter.

Total government expenditure on public health by 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:

- 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. With the exception of *Cervical screening* and the purchases of essential vaccines by the Australian Government on behalf of the state and territory governments, its direct expenditure has been apportioned to each state and territory in line with the proportion of public health SPPs allocated to that state or territory (see Table 2.4), as follows:

$$NE_{jt} = E_{jt} + \left(\frac{S_{jt}}{S_t}\right) AG_t$$

where:

NE_{jt} = total government public health expenditure for state/territory j in year t

E_{jt} = state/territory government expenditure on public health activities by state/territory j in year t

S_{jt} = SPPs to state/territory j by the Australian Government in year t

S_t = total SPPs to states/territories by the Australian Government in year t

AG_t = direct expenditure by the Australian Government in year t less its expenditure on *Cervical screening* and direct purchases of essential vaccines on behalf of the states and territories.

In the case of *Cervical screening*, direct expenditure by the Australian Government was apportioned across states and territories in line with the Medicare benefits paid each year under Medicare Benefits Schedule items 73053 and 73901 by state of location of the recipients. With regards to the purchases of essential vaccines by the Australian Government, this expenditure has been allocated directly to the relevant states and territories.

Expenditure by state and territories on a 'per person index' basis

Expenditure estimates on a per person basis enables comparative assessments to be made across different-sized populations. In this report, expenditure data on the public health activities have also been compiled by state and territories on a 'per person index' basis. The index is based on the following formula:

$$A_{kj} = \frac{B_{kj}}{B_{kA}} \times 100$$

where:

A_{kj} = per person index for activity k in state/territory j

B_{kj} = per person expenditure for activity k in state/territory j

B_{kA} = per person expenditure for activity k in all states and territories.

The entire state/territory populations are used in deriving the per person index for each core activity, rather than any specific target group, and the 'total' per person index for each activity is set to 100 (Table 1.8). Thus, they simply reflect the average expenditure per head of population for each state and territory. They do not reflect the average funding or expenditure incurred in respect of the group(s) within the population at whom the particular activities are targeted. For example, per person expenditure on C*ervical screening* and *Breast cancer screening* is estimated across the whole population (male and female, including

children), whereas the targets for those particular programs and activities are clearly the adult female populations within particular age categories. Consequently, these estimates and comparisons across jurisdictions need to be interpreted with care.

Appendix A: National public health expenditure time series data

Table A1: Total funding of public health expenditure, current prices, by source of funds, 1999–00 to 2004–05

	1999–00		2000–01		2001–02	
Source of funds	**Amount ($ million)**	**Share of total (%)**	**Amount ($ million)**	**Share of total (%)**	**Amount ($ million)**	**Share of total (%)**
Funding by the Australian Government						
Direct expenditure	262.2	28.7	293.2	28.9	312.9	28.7
Plus SPPs	189.5	20.7	252.6	24.9	260.0	23.8
Australian Government funding	*451.7*	*49.4*	*545.8*	*53.8*	*572.9*	*52.5*
Funding by state and territory governments						
Gross expenditure	652.1	71.3	720.4	71.1	779.2	71.3
Less SPPs	189.5	20.7	252.6	24.9	260.0	23.8
Net funding by the states and territories	*462.6*	*50.6*	*467.9*	*46.2*	*519.2*	*47.5*
Total funding/expenditure	**914.3**	**100.0**	**1,013.6**	**100.0**	**1,092.1**	**100.0**

Table A1 (continued): Funding of public health expenditure, current prices, by source of funds 1999–00 to 2004–05

	2002–03		2003–04		2004–05	
Source of funds	**Amount ($ million)**	**Share of total (%)**	**Amount ($ million)**	**Share of total (%)**	**Amount ($ million)**	**Share of total (%)**
Funding by the Australian Government						
Direct expenditure	320.3	26.6	346.2	27.4	468.0	32.6
Plus SPPs	386.3	32.1	311.3	24.6	395.3	27.6
Australian Government funding	*706.6*	*58.8*	*657.5*	*52.1*	*863.3*	*60.1*
Funding by state and territory governments						
Gross expenditure	881.7	73.4	916.8	72.6	968.3	67.4
Less SPPs	386.3	32.1	311.3	24.6	395.3	27.5
Net funding by the states and territories	*495.4*	*41.2*	*605.5*	*47.9*	*573.0*	*39.9*
Total funding/expenditure	**1,202.0**	**100.0**	**1,263.0**	**100.0**	**1,436.3**	**100.0**

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

Table A2: Total funding by the Australian Government for expenditure on public health activities, current prices, by activity, 1999–00 to 2004–05 ($ million)

	1999–00			2000–01			2001–02		
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	20.9	4.9	25.8	21.3	13.7	35.0	24.9	10.2	35.1
Selected health promotion	19.7	1.8	21.5	30.9	0.0	30.9	46.2	2.3	48.5
Organised immunisation	49.1	63.8	112.9	50.9	96.1	147.0	52.5	87.0	139.5
Environmental health	14.0	. .	14.0	14.5	. .	14.5	15.1	. .	15.1
Food standards and hygiene	11.1	. .	11.1	16.6	. .	16.6	15.1	1.3	16.4
Breast cancer screening	2.1	. .	2.1	3.3	. .	3.3	1.6	. .	1.6
Cervical screening[(a)]	59.5	. .	59.5	61.8	. .	61.8	66.9	4.6	71.5
Prevention of hazardous and harmful drug use	28.1	2.7	30.8	41.2	20.9	62.1	32.6	31.7	64.3
Public health research	57.4	. .	57.4	52.4	0.2	52.6	57.7	0.2	57.9
PHOFAs	0.3	116.3	116.6	0.3	121.6	121.9	0.3	[(c)]122.9	123.2
Total public health	**262.2**	**189.5**	**451.7**	**293.2**	**252.5**	**545.7**	**312.9**	**260.2**	**573.1**

(continued)

Table A2 (continued): Total funding by the Australian Government for expenditure on public health activities, current prices, by activity, 1999–00 to 2004–05 ($ million)

	2002–03			2003–04			2004–05		
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	25.1	10.2	35.3	30.4	10.6	41.0	39.2	5.8	45.0
Selected health promotion	45.2	2.4	47.7	44.3	2.5	46.8	40.4	0.1	40.5
Organised immunisation	53.1	190.9	243.9	49.5	141.2	190.8	136.2	187.1	323.3
Environmental health	13.3	. .	13.3	19.2	. .	19.2	17.0	. .	17.0
Food standards and hygiene	13.3	—	13.4	14.6	0.9	15.5	14.0	0.4	14.4
Breast cancer screening	1.6	. .	1.6	1.7	. .	1.7	2.0	. .	2.0
Cervical screening[(a)]	62.8	4.7	67.5	65.6	5.2	70.8	77.1	. .	77.1
Prevention of hazardous and harmful drug use	40.6	51.2	91.9	52.0	19.7	71.7	68.0	49.3	117.3
Public health research	65.0	0.2	65.1	68.6	—	68.6	74.4	0.2	74.6
PHOFAs	0.3	[(c)]126.7	126.9	0.3	[(c)]131.1	131.3	0.3	[(c)]146.6	146.9
Total public health	**320.3**	**386.3**	**706.6**	**346.2**	**311.3**	**657.5**	**468.0**	**395.3**	**863.3**

(a) Includes Medicare expenditure that has a public health purpose.

(b) Relates to expenditure incurred by the Australian Government in administering the PHOFAs.

(c) 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.

Table A3: Total public expenditure by the Australian Government and states and territories, current prices, by activity, 1999–00 to 2004–05 ($ million)

	1999–00			2000–01			2001–02		
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	20.9	130.5	151.4	21.3	142.4	163.7	24.9	161.8	186.7
Selected health promotion	19.7	148.4	168.1	30.9	157.8	188.7	46.2	174.0	220.2
Organised immunisation	49.1	101.6	150.7	50.9	118.1	169.0	52.5	124.7	177.2
Environmental health	14.0	43.6	57.6	14.5	50.7	65.2	15.1	57.3	72.4
Food standards and hygiene	11.1	13.7	24.8	16.6	18.4	35.0	15.1	17.7	32.8
Breast cancer screening	2.1	93.3	95.4	3.3	92.5	95.8	1.6	95.6	97.2
Cervical screening[)]	59.5	23.2	82.7	61.8	26.4	88.2	66.9	23.7	90.6
Prevention of hazardous and harmful drug use	28.1	89.8	117.9	41.2	101.4	142.6	32.6	105.6	138.2
Public health research	57.4	8.0	65.4	52.4	12.7	65.1	57.7	18.9	76.6
PHOFAs[(c)]	0.3	0.0	0.3	0.3	0.0	0.3	0.3	0.0	0.3
Total public health	**262.2**	**652.1**	**914.3**	**293.2**	**720.4**	**1,013.6**	**312.9**	**779.2**	**1,092.1**

(continued)

Table A3 (continued): Total public expenditure by the Australian Government and states and territories, current prices, by activity, 1999–00 to 2004–05 ($ million)

	2002–03			2003–04			2004–05		
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	25.1	175.4	200.5	30.4	173.5	203.9	38.6	193.4	232.6
Selected health promotion	45.2	169.1	214.3	44.3	172.1	216.4	40.4	192.4	232.8
Organised immunisation	53.1	202.3	255.4	49.5	218.6	268.1	136.2	202.1	338.3
Environmental health	13.3	60.9	74.2	19.2	60.8	80.0	17.0	66.3	83.3
Food standards and hygiene	13.3	20.5	33.8	14.6	20.8	35.4	14.0	18.6	32.6
Breast cancer screening	1.6	95.9	97.5	1.7	106.7	108.4	2.0	116.3	118.3
Cervical screening	62.8	22.3	85.1	65.6	23.5	89.1	77.1	25.5	102.6
Prevention of hazardous and harmful drug use	40.6	112.8	153.4	52.0	115.9	167.9	68.0	126.2	194.2
Public health research	65.0	22.7	87.7	68.6	24.9	93.5	74.4	27.4	101.8
PHOFAs[c]	0.3	0.0	0.3	0.3	0.0	0.3	0.3	0.0	0.3
Total public health	**320.0**	**881.7**	**1,202.0**	**346.2**	**916.8**	**1,263.0**	**468.0**	**968.3**	**1436.3**

(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.

Table A4: Direct expenditure by the Australian Government for expenditure on public health activities, current prices, by activity, 1999–00 to 2004–05 ($ million)

	1999–00			2000–01			2001–02		
Activity	Administered expenses[a]	Departmental expenses	Total	Administered expenses[a]	Departmental expenses	Total	Administered expenses[a]	Departmental expenses	Total
Communicable disease control	16.3	4.6	20.9	16.0	5.3	21.3	19.7	5.2	24.9
Selected health promotion[b]	14.1	5.6	19.7	22.7	8.2	30.9	37.5	8.8	46.2
Organised immunisation	47.2	1.8	49.1	49.3	1.6	50.9	50.8	1.7	52.5
Environmental health[c]	1.1	12.9	14.0	1.5	13.0	14.5	0.6	14.5	15.1
Food standards and hygiene[c]	1.5	9.7	11.1	2.8	13.9	16.6	2.4	12.8	15.1
Breast cancer screening	0.7	1.4	2.1	2.6	0.7	3.3	0.8	0.8	1.6
Cervical screening	58.2	1.3	59.5	61.1	0.7	61.8	66.1	0.8	66.9
Prevention of hazardous and harmful drug use[b]	22.7	5.3	28.1	27.4	13.8	41.2	26.2	6.4	32.6
Public health research	55.7	1.7	57.4	51.6	0.9	52.4	54.9	2.8	57.7
PHOFA administration	. .	0.3	0.3	. .	0.3	0.3	. .	0.3	0.3
Total public health	**217.5**	**44.6**	**262.2**	**235.0**	**58.4**	**293.2**	**259.0**	**54.1**	**312.9**

(continued)

Table A4 (continued): Direct expenditure by the Australian Government for expenditure on public health activities, current prices, by activity, 1999–00 to 2004–05 ($ million)

	2002–03			2003–04			2004–05		
Activity	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**
Communicable disease control	19.4	5.7	25.1	24.2	6.2	30.4	32.7	5.9	38.6
Selected health promotion[b]	37.0	8.2	45.2	35.1	9.3	44.3	35.4	5.0	40.4
Organised immunisation	51.2	1.8	53.1	47.5	2.0	49.5	134.4	1.8	136.2
Environmental health[c]	0.6	12.7	13.3	1.2	18.0	19.2	1.1	15.9	17.0
Food standards and hygiene[c]	0.5	12.9	13.3	0.8	13.8	14.6	0.2	13.8	14.0
Breast cancer screening	0.8	0.9	1.6	0.7	1.0	1.7	1.0	0.9	2.0
Cervical screening	61.9	0.9	62.8	64.7	1.0	65.6	76.2	0.9	77.1
Prevention of hazardous and harmful drug use[b]	33.8	6.8	40.6	44.5	7.5	52.0	66.9	1.1	68.0
Public health research	62.0	3.0	65.0	65.3	3.3	68.6	74.3	0.1	74.4
PHOFA administration	. .	0.3	0.3	. .	0.3	0.3	. .	0.3	0.3
Total public health	**267.2**	**53.2**	**320.3**	**284.0**	**62.4**	**346.2**	**422.2**	**45.7**	**468.0**

(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.

Table A5: Average total government expenditure per person[a] on public health activities, constant prices[b], by states and territories[c], 2002–03 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT[d]	NT	Total
Communicable disease control	12.13	8.56	7.36	8.27	11.85	8.70	14.34	74.72	10.52
Selected health promotion	7.82	16.09	9.57	11.72	11.41	16.90	13.43	14.52	11.23
Organised immunisation	11.57	15.01	11.76	13.83	14.76	13.90	17.05	43.34	13.39
Environmental health	2.98	1.57	4.29	7.23	5.20	7.56	8.52	24.40	3.88
Food standards and hygiene	1.89	1.25	1.50	1.76	1.95	1.52	8.12	5.11	1.77
Breast cancer screening	4.85	4.62	5.90	4.91	5.19	8.34	5.45	4.63	5.12
Cervical screening	3.96	4.12	4.64	4.98	5.42	5.30	4.35	12.31	4.46
Prevention of hazardous and harmful drug use	4.31	7.39	8.58	11.33	12.07	15.24	22.54	35.94	8.05
Public health research	3.72	5.66	3.40	5.59	6.11	4.93	4.33	9.51	4.60
Total for the nine activities	**53.24**	**64.28**	**57.01**	**69.62**	**73.99**	**82.41**	**98.16**	**224.52**	**63.04**

(a) The per person expenditure estimate for each activity is based on the total population for the jurisdiction concerned.

(b) Expenditure for 2002–03 is expressed in terms of 2003–04 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 10 and 11 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, while the expenditures are averaged across the Territory's population, some of the activities covered by those expenditures are utilised 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, by states and territories[(b)], 2003–04 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT[(c)]	NT	Total
Communicable disease control	10.27	9.67	7.35	8.39	11.21	6.80	17.87	82.85	10.21
Selected health promotion	7.83	15.15	8.54	11.71	11.50	15.42	15.23	16.38	10.82
Organised immunisation	15.17	11.27	12.01	12.87	11.68	12.08	20.23	45.58	13.41
Environmental health	2.83	1.92	4.31	7.22	4.77	9.44	10.07	28.24	4.00
Food standards and hygiene	1.88	1.37	1.46	1.78	1.67	1.21	8.49	5.19	1.77
Breast cancer screening	5.56	4.84	5.84	5.02	5.40	7.85	5.22	5.47	5.42
Cervical screening	3.98	4.17	4.62	4.82	5.29	5.03	4.50	13.87	4.46
Prevention of hazardous and harmful drug use	5.61	7.20	8.47	11.72	12.18	14.69	13.77	45.52	8.40
Public health research	3.85	5.91	3.20	5.54	6.10	4.90	5.18	9.54	4.67
Total for the nine activities	**57.00**	**61.52**	**55.80**	**69.08**	**69.81**	**77.44**	**100.58**	**252.67**	**63.19**

(a) The per person expenditure estimate for each activity is based on the total population for the jurisdiction concerned.

(b) Estimates and comparisons across states and territories need to be interpreted with care. For further information see pages 10 and 11 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the public health activities above.

(c) In the case of the Australian Capital Territory, while the expenditures are averaged across the Territory's population, some of the activities covered by those expenditures are utilised 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], 2004–05 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT[d]	NT	Total
Communicable disease control	12.08	9.65	7.43	9.49	11.481	8.15	19.22	89.40	11.06
Selected health promotion	8.22	14.83	9.08	13.60	10.77	10.19	21.42	18.80	11.11
Organised immunisation	18.39	12.80	14.97	14.46	14.79	17.01	22.75	59.96	16.13
Environmental health	2.93	1.76	4.26	6.38	4.66	10.54	9.22	35.85	3.98
Food standards and hygiene	1.42	1.16	1.54	1.73	1.54	1.29	7.98	5.62	1.56
Breast cancer screening	6.26	4.99	5.79	4.91	4.98	8.26	5.04	6.16	5.65
Cervical screening	4.57	4.76	4.66	4.95	5.45	5.42	5.26	18.27	4.91
Prevention of hazardous and harmful drug use	5.60	7.54	10.86	12.48	14.21	12.77	15.26	56.82	9.27
Public health research	4.76	5.16	3.48	5.50	6.08	4.87	4.83	11.28	4.85
Total for the nine activities	**64.23**	**62.66**	**62.08**	**73.526**	**73.97**	**78.51**	**111.00**	**302.19**	**68.53**

(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 2002–03 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 10 and 11 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, while the expenditures are averaged across the Territory's population, some of the activities covered by those expenditures are utilised by the population in the surrounding regions of New South Wales.

Table A8: Total government public health expenditure for each state and territory[(a)], current prices 1999–00 to 2004–05 ($ million)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1999–00	282	209	147	97	79	29	28	44	**914**
2000–01	301	251	165	107	87	31	28	44	**1,014**
2001–02	327	264	179	118	97	35	30	45	**1,092**
2002–03	341	303	207	130	109	38	31	43	**1,202**
2003–04	382	304	215	136	107	37	33	50	**1,263**
2004–05	451	322	254	152	118	39	37	63	**1,436**

(a) Total direct expenditure by the Australian Government has been apportioned to states and territories in line with their proportion of SPP funding from the Australian Government, except for *Cervical screening* and the direct purchases of essential vaccines by the Australian Government on behalf of states and territories. For more details see Technical notes (pages 118 and119).

Table A9: Total recurrent health expenditure for each state and territory, current prices, 1999–00 to 2004–05 ($ million)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					All funding sources				
1999–00	17,789	12,947	9,192	4,876	4,205	1,318	917	598	**51,841**
2000–01	19,615	14,729	10,492	5,430	4,633	1,442	979	646	**57,967**
2001–02	21,258	16,217	11,189	5,891	4,982	1,668	1,094	699	**62,998**
2002–03	23,157	17,849	12,227	6,560	5,580	1,624	1,215	813	**69,024**
2003–04	25,279	18,817	13,525	7,231	6,061	1,692	1,349	763	**74,718**
2004–05	27,613	20,593	14,912	8,099	6,701	1,840	1,504	916	**82,176**
					Government funding sources				
1999–00	12,451	8,536	6,578	3,448	3,149	933	667	476	**36,238**
2000–01	13,510	9,610	7,492	3,746	3,352	1,009	684	507	**39,911**
2001–02	14,523	10,573	7,834	3,909	3,524	1,197	767	540	**42,867**
2002–03	15,711	11,954	8,484	4,576	3,980	1,128	868	647	**47,349**
2003–04	17,143	12,261	9,333	5,125	4,378	1,189	935	595	**50,960**
2004–05	18,631	13,446	10,320	5,651	4,885	1,308	1,033	735	**56,010**

Source: AIHW 2006.

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 sub-categories:

- *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 STI 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 targeted at health risk factors which lead to injuries, skin cancer and cardiovascular disease (for example 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 (for example 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 immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.

Expenditure on *Organised immunisation* was recorded using three sub-categories:

- *Organised childhood immunisation* (as defined by the National Health and Medical Research Council Schedule/Australian Standard Vaccination Schedule)

- *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.
- *All other organised immunisation* (for example 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 relates to expenditure for *Breast cancer screening* and 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 methodology used in deriving the estimates is set out in the *Jurisdictions' technical notes* (section 11.2).

Prevention of hazardous and harmful drug use

This category includes activities targeted at the general population with the aim of reducing 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 also miscellaneous drugs of concern.

Expenditure is to be reported for each sub-category 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

Definition of research and development (R and D) (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 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 can be 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 to be 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.

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	The term 'constant prices' refers to 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 2003–04.
Current prices	The term 'current prices' is used to refer to 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 <http://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	This is 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 address issues related to populations, rather than individuals.
Recurrent expenditure	Expenditure incurred by organisations on a recurring basis, for the provision of public health services. This excludes capital expenditure. In the case of recurrent health expenditure (see Table 1.5), 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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Abbreviations and symbols

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 programs
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
SARS	severe acute respiratory syndrome

SPPs	Specific Purpose Payments
STIs	sexually transmitted infections
TAG	Technical Advisory Group on the National Public Health Expenditure Project
WA	Western Australia

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)

List of tables

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