

Workshop to develop an Australian and New Zealand response to the

World Health Report 2000

The *World Health Report 2000* launched in June 2000 is an important first attempt to measure the impact of health systems in a comprehensive and consistent manner. It is a basis for identifying the work that needs to be done to improve health system performance across WHO's large and very diverse membership. (The report is available at: www.who.int/whr)

The report, however, has given rise to some controversy!

A number of concerns have been raised by health policy makers and statisticians from different countries that aspects of the methodology have produced questionable results. Indeed, some commentators have challenged the authority of the report, particularly given its 'league table' presentation of findings. These concerns merit serious debate to assist WHO to improve its report, and also to inform countries' own health information systems.

As a first step, the AIHW and the Department of Health and Aged Care hosted a workshop of experts from Australia and New Zealand to review the indicators and to identify problems. The workshop, held on 5 December 2000, addressed the methodological and data developments that may be required locally to

enable us to provide the required data. Dr Chris Murray, Director, Global Programme of Evidence for Health Policy at WHO and one of the principal authors of the report, was the keynote speaker.

Presentations by Dr Peter Scherer, Head of the Social Policy Division, Directorate for Education, Employment, Labour and Social Affairs in the Organisation for Economic Co-operation and Development (OECD), Paris, and by distinguished speakers from the health and economics sectors from Australia and New Zealand, led to lively discussions. The program

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Mr Andrew Podger, Secretary, Department of Health and Aged Care and Dr Peter Scherer, OECD.

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from the Director



Welcome to another year of *Access*. At the commencement of the year that will bring many new challenges our way, I am pleased to welcome our fresh group of graduates on board. The Institute received a record number of applications this year, from which we have recruited 13 graduates for various placements to units within the organisation. The graduates bring with them a variety of knowledge in various disciplines which undoubtedly will be enhanced through the experience they gain whilst with us.

At the end of last year a joint workshop was convened by AIHW and DHAC in response to the *World Health Report 2000* released in June 2000. This report raised concerns that aspects of the methodology used produced questionable results. The workshop brought together experts from Australia and New Zealand to review the indicators and to identify problems. Dr Chris Murray of WHO was the keynote speaker. I am sure readers will find our lead article and the soapbox segment by Andrew Podger, Secretary of the Department of Health and Aged Care, of interest. The Executive Board of WHO meeting in January included discussion of the report. The Institute is encouraged by the recommendations arising from that meeting.

Following the launch of the new AIHW web site, additional services have been added to the site. Namely, the National Cardiovascular Disease Database, developed by the Institute's Cardiovascular Diseases and Diabetes Monitoring Unit, and a multidimensional 'cube' of statistics, allowing visitors to generate customised tables to suit their needs. The Cancer, Disability, and Hospital Morbidity Statistics 'cubes' were added at the end of 2000. For more information on the cubes, turn to *Web insite* in this edition.

In recognition of his great contribution to the health industry and to the Institute, the AIHW recently named the boardroom in honour of Dr Sidney Sax. Dr Sax has been the outstanding leader in Australian health care policy development and public health research over the last 35 years. He has 'worn different hats' in his support of the Institute since 1986 and has given to the AIHW his valuable time, knowledge, and expertise. Since 1995 Dr Sax has continued to lead the Ethics Committee as its Chair.

The Institute's management group, comprising the Executive Committee and the heads of our internal and collaborating units, spent an intensive two days working on our business planning. We discussed how we as leaders can better contribute to the Institute achieving its mission and also how to develop a corporate approach to business planning. I know that all of us involved are determined

that the plans we have made will have a positive impact on the Institute.

On a final note, I have pleasure in accepting reappointment as the Director for the AIHW for a further five years. I would like to thank my colleagues and staff alike for their continuing support and I look forward to working with everyone involved with the Institute in ensuring that we continue to provide a valuable service for providers and consumers of health and welfare information and statistics in Australia.

Richard Madden, Director, AIHW

Dr Sidney Sax and his wife, Dr Gwen Sax, outside the Institute's boardroom named The Sidney Sax Room in honour of Dr Sax's great contribution to the health industry and the AIHW.



Workshop to develop an Australian and New Zealand response to the **World Health Report** **2000**

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for the day and the speakers' presentations are available on the Institute's web site at: <http://www.aihw.gov.au>.

A British workshop, drawing on the Australian experience, is planned for March 2001.

The *World Health Report* was discussed at the January 2001 meeting of the Executive Board of the World Health Organization. The Executive Board endorsed a number of proposals made by the Director-General to help member states to contribute regularly to the WHO assessment of their health system performance. Australia is pleased with their decisions. Key amongst them are:

- to establish a technical consultation process, bringing together personnel and perspectives from member states in different WHO regions;

- to ensure that each member state is consulted on the best data to be used for assessing health system performance, and is provided with advance information on the indicator values that WHO obtains using these data;
- to complete the next draft report by May 2002 for publication, after consultation, in October 2002.

The Institute is grateful to the Department of Health and Aged Care for sponsoring the workshop and for the initiative it took in ensuring that Australia's views were able to be expressed during the Executive Board discussions.



Dr Chris Murray, WHO



on Richard Madden

In December 2000, the Institute's Board Chair Professor Jan Reid announced to staff that the Minister for Health and Aged Care, Dr Michael Wooldridge, had approved the appointment of Dr Richard Madden as Director of the AIHW for a further five-year term. In making the announcement Professor Reid paid tribute to Richard's achievement in office in his first five years, saying that he had 'truly brought the Institute into a new era in terms of its relationships with State, Territory and Commonwealth partners'.

The reappointment was no surprise to AIHW staff—few people can match Richard's combined experience in health, welfare services, finance, statistics and administration.

Richard first ventured into the world of health and welfare services when, with a degree in statistics from Sydney University and a PhD in statistics from Princeton University, he had an opportunity to work on the Whitlam government's National Injury Rehabilitation and Compensation Scheme. The job brought him to Canberra for two years.

In 1976 Richard was offered a job as hospital administrator with the Prince of Wales Hospital Group in Sydney, where he stayed for two and a half years. He then joined the Health Commission of New South Wales, to manage Commonwealth and State financial relations through the tumultuous post-Medibank years. By 1983 he had become Deputy Secretary.

A change of career and location followed, when Richard headed the Northern Territory Treasury in Darwin for three years. However, 'all good things have to end', says Richard, and he returned to Canberra to run the Disability Services Program in 1987–88. He subsequently headed the (self-governing) ACT Treasury for three years, before becoming Deputy Australian Statistician at the Australian Bureau of Statistics in 1992.



And what brought him to the AIHW after such a diverse range of jobs? Richard says that the Institute afforded him a unique opportunity to bring together both his interests in health and community services, and his training and experience as a statistician. 'This position is in many ways a culmination of all the things I have done—and there are still plenty of challenges!'

Richard enjoys the challenge of learning about and providing information on the trends and directions of health, welfare services and housing assistance in Australia. 'We are an expert commentator to the public on a wide range of health and community services issues, and, although the Institute is not a policy adviser itself, the information we produce can certainly influence the direction of policy. We play a pivotal role in the development of these sectors in Australia.'

'The Institute is of course a Commonwealth body, but also a truly national organisation', says Richard. He is well placed to lead it as someone who can deal with complex issues from both State and Commonwealth perspectives.

Working with committed and knowledgeable staff is what Richard considers one of the best aspects of his work. 'People are our best asset, and we need to maximise the level of staff achievement. That means recruiting and

keeping the best people, and employing all the necessary procedures to accomplish that. If we succeed, we have the base to take a new tack, essential in the dynamic sectors in which we work. This year, 13 graduates are joining the Institute, which is a huge increase from just four graduates two years ago.

'We also need to participate as broadly as possible in information development in the health and community services sectors while maintaining a focus on statistical functions. We are currently involved in all the relevant intergovernmental forums to do so.'

**The Institute is of course a
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also a truly national
organisation**



Continued over ►



on Richard Madden *continued*

'Our biggest challenge at the moment is to promote understanding of the fact that good quality information is essential in policy and decision making, as well as for community groups and informed citizens. Over recent years, we have been making a greater impression on all sectors of the community. For example, our *Australia's Health 1998* report on the increasing weight of the Australian population received huge exposure and sparked much discussion all over the country. And the conclusion that in 1995 only \$1.08 was being spent on the health of an Aboriginal person for each \$1 spent on the health of a non-Aboriginal person, despite the far lower health status of the former, focused attention on the need for extra Aboriginal and Torres Strait Islander health services.'

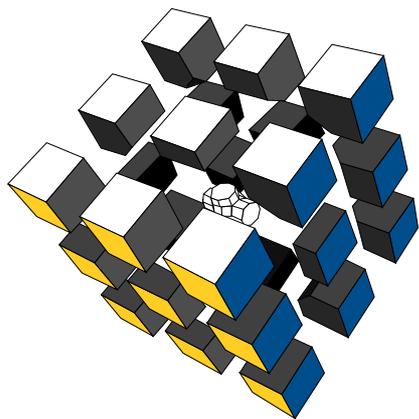
Richard believes that it is essential to pay tribute to a large group of people who offer their support to the AIHW. 'Many people have contributed their time and wisdom over the years and have been excellent ambassadors for the Institute. These include the Board as a whole, the Board Chair, Professor Jan Reid, Dr Sidney Sax, the Ethics Committee, and many others. Support from portfolio leaders and Commonwealth and State Ministers and managers has been instrumental in building the Institute's impressive achievement record.'

It is hard to imagine that Richard's busy work schedule could leave him time for anything else. Even so, for the last 33 years he has been an avid collector of antiquarian guide books. 'They now furnish two walls of one room at home. I am the person to talk to if you are interested in knowing the places that were fashionable to go for a holiday before World War II, but don't ask me for advice on where to

go these days.' Among other passionate pastimes, Richard also returned to stamp-collecting about 10 years ago as part of an unsuccessful attempt to get his two children interested.

And what about sport? 'I am not a team sportsperson—swimming and cycling are what I like. I also enjoy soccer—mainly from a couch potato's point of view, although I do referee the Institute's annual soccer match—with controversial results!'

Our biggest challenge at the moment is to promote understanding of the fact that good quality information is essential in policy and decision making, as well as for community groups and informed citizens



What's in a cube?

In the December issue of *Access*, we foreshadowed planned developments to the site including an interactive application to allow visitors to generate tailored tables and graphs from our data sets.

We have chosen Cognos software to produce multidimensional data 'cubes', accessible on our web site. These differ from the standard spreadsheets often used to display statistical information in that they allow users to drill down and 'slice and dice' information according to their requirements.

Currently we have cubes on our site which allow you to explore statistics on *cancer*, *disability services* and the *principal diagnoses of patients admitted to hospital in Australia*. Do you need to know how many new cases of a particular type of cancer were registered by sex and five-year age group from 1983 to 1997? Our cancer cube can give you the answer in a flash, and it can present it to you as a table, a pie chart or a graph in a matter of seconds. All our cubes are carefully designed to protect confidentiality, whilst allowing our clients to explore our rich data holdings to the maximum.

Plans are afoot to release cubes of other Institute data sets on the site in the next few months. Your feedback is always welcome and we particularly invite suggestions for other types of information you would like access to.

Go to Data online on our web site, play with our cubes and tell us what you think!

What else is new? The AIHW is now hosting a number of discussion lists on the web site. These are designed to facilitate discussion on a range of topics, and in most cases they are restricted to members of advisory and working groups related to the Institute.

Stay tuned to the web site for more cubes covering health and welfare labour force, mental health and hospital statistics in the months ahead.

Have you visited the AIHW web site recently?

www.aihw.gov.au



Australia's workshop **World**

Australia welcomed the *World Health Report 2000*. We did so at the time of its release, and we continue to do so.

However, the Department of Health and Aged Care, in collaboration with the AIHW, has been pressing for some modifications to both the process and content of the report.

The AIHW workshop on the report provided a constructive forum to discuss our concerns, to review the indicators from an Australian and New Zealand perspective, to consider how Australia and New Zealand can assist WHO in refining the indicators and to address the national data developments that may be needed to meet WHO's data requirements.

Australia has a strong record of contributing to international work on measuring outcomes and performance. We contribute to OECD work, and have seconded departmental officers to the OECD, as well as sponsoring work by the Commonwealth Fund and Nuffield Trust.

We have a similar record of performance within Australia and, particularly over the past five years, we have made considerable progress in developing and improving performance measures across our programs. Examples include measures of performance now included in the Australian Health Care Agreements, the measures in the Public Health Outcome Funding Agreements and the measures and targets in the Portfolio Budget Statements and Annual Report. More broadly, both the Council of Australian Governments (COAG) and the Productivity Commission have encouraged a greater government focus on evidence-based approaches.

In summary, we are well placed to make a positive contribution!

While there is much to admire about the *World Health Report 2000*, it is important to get the methodology right and to promote the widest possible understanding of how it works. Otherwise it can be a 'blackbox' of little use, with the risk of abuse if it is used for political advocacy without clear transparency.

Australia is introducing a number of initiatives to ensure that, in preparing the *World Health Report 2002*, WHO is able to draw on the most accurate and current data and, therefore, rely less on 'modelling' than was done in the 2000 report:

- we are assessing the compatibility of our data collections with WHO's requirements;
- we have established a group of officers from the Australian Bureau of Statistics, the AIHW, as well as from the Department of Health and Aged Care to assess how our performance measurement mechanisms and data collections can be more effectively aligned with the WHO framework for our mutual benefit; and
- we have flagged our willingness to work with WHO, other member states, international organisations as well as individual statistical experts, to advise on future development of the WHO model.

Australia is also working through different fora within WHO to encourage it to address member concerns about the report. For example, the January meeting of the Executive Board passed a resolution setting out a number of very constructive steps, including:

- reporting on system performance every two years (next report in October 2002);



Andrew Podger

on the **Health Report**

- a scientific peer review of the methodology;
- a technical consultation process to address methodological issues;
- initiating a multi-year plan for further research and development of the framework;
- developing a plan to improve the quality of members' health data (used in compiling the report);
- consultations with each member on the data to be used in assessing health system performance, with advance information to be provided to members on the indicator values obtained by WHO prior to publication of the report;
- providing advance copies to members 15 days prior to publication; and
- establishing a small advisory group to help the Director-General monitor WHO's assessment of system performance.

The Department of Health and Aged Care was pleased to sponsor the AIHW workshop on the World Health Report 2000. The workshop proved to be an effective forum to bring together a group of experts. Above all, it was a demonstration of our wanting to be constructive—to work in collaboration with the World Health Organization to enhance the quality of subsequent versions of the report.

I was pleased that Dr Chris Murray went to quite some trouble to attend the workshop, to present a comprehensive description and analysis of the report and its methodology, and to listen to our views. The discussion and debate at the workshop was stimulating, sometimes heated, and pleasingly, given the resolutions of the WHO Executive Board, contributed to a satisfactory outcome.

We have flagged our willingness to work with WHO, other member states, international organisations as well as individual statistical experts, to advise on future development of the WHO model



National Housing Data Agreement Management Group

(NHDAMG)

Significant progress in the development of national housing data was the message the Chair of the NHDAMG delivered to the August 2000 Housing Ministers' Advisory Committee (HMAC) meeting and to the October 2000 Housing Ministers' Conference (HMC).

This was based on the work of the NHDAMG and its Data Development Committee in establishing a new performance reporting framework and data collection for public and community housing. The performance indicator framework was developed specifically for the 1999–03 Commonwealth–State Housing Agreement (CSHA) and avoids duplication of effort by being aligned with the framework used for the Review of Government Service Provision reporting. At both the HMAC and HMC meetings, members agreed to support the continuing effort of the National Housing Data Agreement (NHDA) to coordinate national data development and outcome reporting.

The major components of the NHDAMG work program are based on four priority policy areas for national data: public rental housing, private rental market assistance, community housing, and Indigenous housing. Indigenous housing priorities are being progressed jointly with the National Indigenous Housing Information Implementation Committee (NIHIC) which operates under the Agreement on National Indigenous Housing Information (ANIHI).

The major project areas covered in the NHDA 2000–2001 work program are:

- development of national data sets for public rental housing, and for private rent assistance, including Commonwealth Rent Assistance

and CSHA Private Rent Assistance, and the establishment of national data set standards for community housing;

- national performance reporting, including the development, collection and output of the 2000–2001 national performance indicator reporting process; and
- development of national data standards, including the production of a national housing data dictionary, to assist jurisdictions to move towards national standards.

Future work of the NHDAMG will also include assisting housing officials in data development across jurisdictions in regard to stable accommodation for people with complex needs and in regard to strategies on homelessness. This work is related to the area of the NHDAMG work program that seeks to align CSHA housing data standards with those of the Supported Accommodation Assistance Program.

The National Housing Data Agreement is a subsidiary agreement to CSHA between Commonwealth, State and Territory Governments and key data agencies to provide and fund national data development activities. The Management Group consists of representatives of the signatories to the NHDA, and oversees its development, review and implementation, and associated work program. It makes recommendations to Australian Housing Chief Executive Officers (Housing Ministers' Advisory Council) on information priorities and funding implications, and manages the work of the National Housing Data Development Committee.

National Indigenous Housing Information Implementation Committee

(NIHIIC)

The NIHIIC is the management committee established under the Agreement on National Indigenous Housing Information (ANIHI). It is responsible for making recommendations to the National Indigenous Housing Information Management Forum on the development, review and implementation of the ANIHI, data definitions, concepts and standards, Indigenous housing minimum data set(s) and data dictionary entries. The NIHIIC also provides a forum for the sharing of information about developments in national Indigenous housing information.

The National Indigenous Housing Information Management Forum has not yet been established and the Chair of the NIHIIC has reported to the Housing Ministers' Advisory Committee (HMAC) and to the Housing Ministers' Conference (HMC).

At the August 2000 HMAC meeting, members accepted the report of the NIHIIC Chair and noted that the identification of Indigenous clients in mainstream housing assistance is a high priority. It also agreed to consider a proposed work program and budget aligned with the National Housing Data Agreement (NHDA) work program. At the October 2000 HMC meeting, Ministers noted the successful establishment of the agreement and the coordination of effort with the CSHA National Housing Data Agreement Management Group and with related Indigenous information processes.

The ANIHI is an agreement between Commonwealth, State and Territory Indigenous housing administrators and key data agencies to provide and fund national data development activities. The agreement aims to improve Indigenous housing data collection activities in order to have a greater understanding of the housing situation of Indigenous Australians and, in turn, to improve housing outcomes. The agreement acknowledges that the priority policy areas for data development include Indigenous housing need, the viability of Indigenous housing organisations, sustainable and healthy housing, and delivery of improved housing outcomes. The National Indigenous Housing Minimum Data Set Sub-committee is a working group established by the NIHIIC to advise on issues relating to Indigenous data. It is responsible to the NIHIIC for the maintenance, revision and development of data concepts, definitions and standards for Indigenous housing.

For more information on the NIHIIC, the NHDAMG or other housing information issues, contact: David Wilson, AIHW, ph. (02) 6244 1202 or e-mail: david.wilson@aihw.gov.au



Watching the E's

The Community Care and Community Health Unit is the newest unit at the Institute.

Established in March 2000, the Unit focuses on information about health care and assistance provided outside of hospital or institutional settings. Developing, analysing and reporting on the contribution of community-based service delivery to the health and welfare of Australians is the Unit's special area of interest.

The Unit also has a broader role in data development. Specialist assistance with defining data and producing data dictionaries is offered to other units at the Institute. Help in identifying and defining national health and welfare information requirements is also available to other agencies with an interest in nationally consistent data, primarily Commonwealth and State or Territory Governments responsible for policy and program management.

The Unit helps its clients to link policy objectives with program performance measurement and data item requirements, and to define data items in a way that conforms with national standards.

The Unit complements the work of the Institute's National Data Standards Unit in support of the National Health Information Management Group (NHIMG) and National Community Services Information Management

Group (NCSIMG). National standards for health and community services information are agreed by the NHIMG and the NCSIMG and held in the *National Health Data Dictionary* (NHDD) and the *National Community Services Data Dictionary* (NCSDD).

The people and the projects

Trish Ryan has headed the Unit since its inception. She has extensive experience in policy and program management at both Commonwealth and State government levels. Trish's data development 'teeth' were cut on the development of the Home and Community Care (HACC) Minimum Data Set. Three years later and after experience with the National Health Data Committee Secretariat and two editions of the NHDD, as well as several other national minimum data set (NMDS) projects, she now heads a team of eight people responsible for a wide ranging work program.

The Unit's management team also includes Clara Jellie, Dr Brad Grant and Melinda Petrie. Together they manage multiple projects across a wide range of community care and community health areas.

Clara Jellie has a background in the social sciences and has recently completed work towards a Masters Degree in Population Health. Clara leads a project team developing national data and performance indicators for the Commonwealth Department of Health and Aged Care's Community Aged Care Packages Program. Team members include Kerrily Jeffery, a sociologist by training who has built up considerable expertise in data development since joining the Institute 18 months ago, and

effectiveness
efficiency
equity
quality

and Q

Judy McLenaghan, a trained nurse with a health education background. Clara and Kerrily are also assisting the Institute's Disabilities Services Unit with the redevelopment of the Commonwealth/State Disability Agreement Minimum Data Set.

Dr Brad Grant has a background in cognitive psychology and leads the Unit's team developing and analysing the Alcohol and Other Drug Treatment Services NMDS. Team members include Rebecca Cameron, a neuro-physiologist by training who is also pursuing academic qualifications in law, and Danielle Sellick, a welcome new addition to the Unit, who has a background in criminology. Brad's team is also bringing together key national information that describes the primary health and community care sectors in support of the Greater Collaboration in Primary Health and Community Care Project auspiced by Australian Health Ministers' Advisory Council.

Melinda Petrie has a background in health education and leads the project team developing Version 2 of the Aged Care Assessment Program Minimum Data Set and national performance indicators for the program. Kerrily Jeffery also contributes her data analysis and data development skills to this project. Melinda also works closely with Christine Benham who has major carriage of a project undertaking a stocktake of aged and community care data resources held by the Commonwealth Department of Health and Aged Care. Christine has a background in economics and statistics and brings extensive experience in data analysis to the task of developing a database documenting these data resources, their interrelationships and consistency with national standards.

The Unit's staff also work flexibly across a range of other projects, including assisting the Institute's Child, Youth and Families Unit with the development of the Children's Services NMDS. Having developed the first NMDS for Juvenile Justice in Australia during 2000, the Unit is now poised to take this work further during 2001 in collaboration with the Australasian Juvenile Justice Administrators and the NCSIMG's Juvenile Justice Data Working Group. Other prospective projects for 2001 include collaborative work with the National Centre for Classification in Health on the Community Base Health Services Codeset and further data development in the palliative care area.

*The Community Care and Community Health Unit (from left to right):
Back: Melinda Petrie, Judy McLenaghan, Kerrily Jeffery, Danielle Sellick, Christine Benham,
Brad Grant. Front: Rebecca Cameron, Trish Ryan, Clara Jellie*



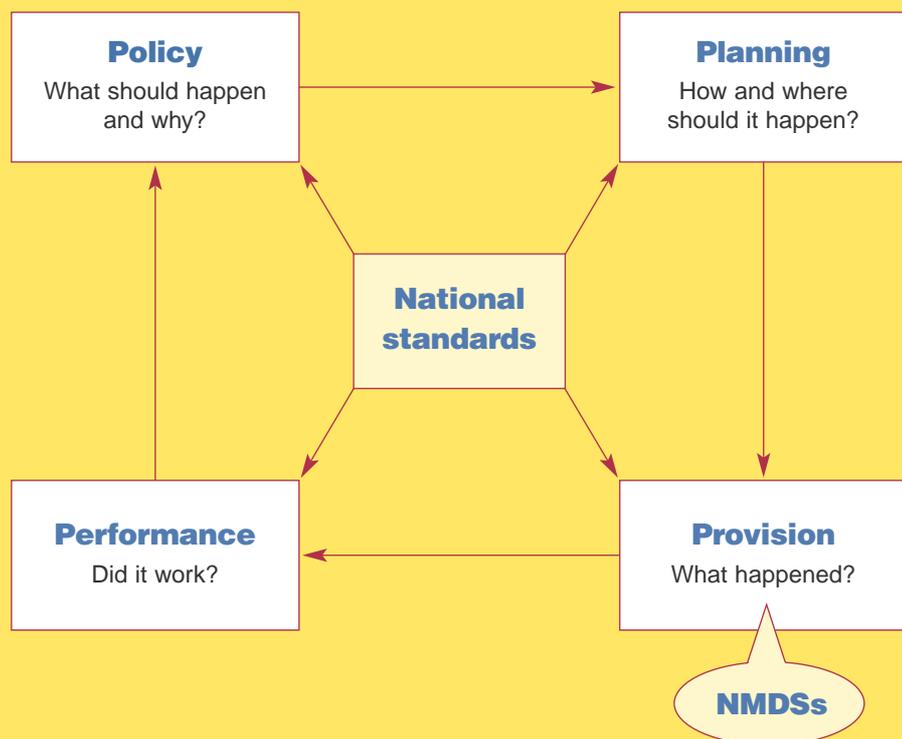
Watching the E's and Q

The process

The Unit's data development methodology involves both 'top-down' and 'bottom-up' approaches. Currently, there is a great deal of activity in developing national standards, NMDSs and performance indicators. Data collection, reporting and analysis are expensive exercises, using considerable amounts of public resources. Unit staff work closely with those responsible for policy and accountable for outcomes to ensure that the purpose of seeking the information is clearly articulated and that their information requirements are defined in a way that is fit for that purpose.

The Unit's data development work generally involves the development or revision of NMDSs. Linking NMDS development with performance indicator development has been a particular focus of the Unit's work over the past year. NMDSs are, or should be, closely related to performance indicators. Performance indicators are, or should be, closely related to policy objectives and planning processes. NMDSs provide just one part of the picture, that is, they describe what is happening, or what care is delivered in a particular field. However, information about policy, planning provisions and performance measurement is also required to complete the 'big picture' (see Figure 1).

Figure 1: The information process



effectiveness equity efficiency quality

The information in NMDS collections is provided by people whose primary role is to deliver services, not information. Field consultations, including visits to service (and data) providing agencies is a standard practice in any NMDS development project managed by the Unit, to make sure that the context and imperatives of service delivery are taken into account.

The products

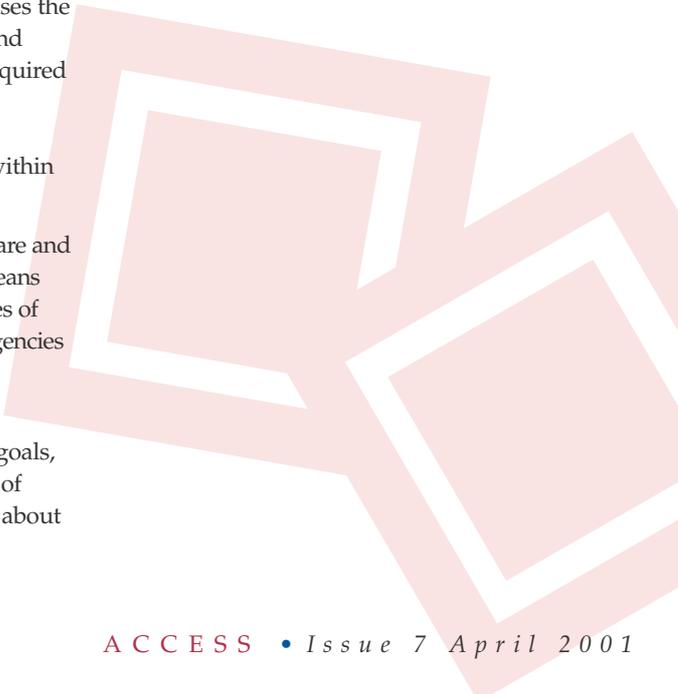
The Unit develops NMDSs and produces data dictionaries that conform to national data standards in the health and community services sectors. The Unit applies the standard data definition template to all data definitions. This template is based on the international standard for the specification of data elements (ISO 11179) and has been endorsed by the NHIMG, the NCSIMG and the NHDAMG as the national standard in Australia. The Unit also provides advice to clients on appropriate data collection methods.

Linking performance indicators with data specifications, especially in NMDSs, is a particular area of Unit expertise. The Unit has developed a new template that standardises the specification of performance indicators and identifies the individual data elements required to construct the indicator. This allows for cross-referencing between performance indicators and data element definitions within the one document.

The Unit's special interest in community care and community health services information means particular attention is paid to the challenges of ensuring consistency in data requests of agencies delivering multiple types of services with multiple NMDS reporting requirements.

Consistent with the Institute's corporate goals, the Unit aims to improve the availability of high-quality, policy-relevant information about the health and welfare of Australians.

Information about policy, planning provisions and performance measurement are also required to complete the 'big picture'



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Agreement on National Indigenous Housing Information		FREE
Cancer Monitoring Issue 1: Ductal Carcinoma In Situ (DCIS)		FREE
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General Practice Activity in Australia 1999–2000	Cat. No. GEP 5	\$20
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National Housing Data Agreement		FREE
Open Employment Services for People with Disabilities 1998–99	Cat. No. DIS 20	\$20
The WHO MONICA Study, Australia, 1984–1993	Cat. No. CVD 11	\$15
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March

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