National public health expenditure report 2001–02 to 2003–04

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Preface

Public health activities undertaken or funded by governments are important aspects of the Australian health care system. They 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 fourth in a series of reports that has analysed expenditure on public health by health departments in Australia. Each of these reports has been compiled by the AIHW with the important cooperation of the Commonwealth and State health authorities. Like the other reports in the series, this report has been funded by the Population Health Division of the Department of Health and Ageing.

This publication presents the most recent estimates of funding and expenditure on public health activities for the financial years 2001–02, 2002–03 and 2003–04. In addition, it presents some revisions to previously published estimates for 1999–00 and 2000–01.

In this report a separate chapter is allocated to the analysis of each jurisdiction's expenditure on public health activities.

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.

Penny Allbon
Director
Australian Institute of Health and Welfare

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Abbreviations and symbols

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
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)
COAG	Council of Australian Governments
DHHS	Department of Health and Human Services (Tasmania)
DHS	Department of Human Services (Victoria, South Australia)
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
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)

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 National Public Health Partnership (NPHP) defines 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 expenditure on public health activities in Australia that were funded by the Australian Government and state and territory health departments', and sources of funds over the period 2001–02 to 2003–04. In addition, some previously published and revised estimates covering the years 1999–00 and 2000–01 are included in selected tables.

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) (see Box 1 for the distinction between funding and expenditure). 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 their related expenditure estimates.

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. As a consequence, the Australian Government's contribution averaged around 54% of total funding of public health activities in Australia over the past three years.

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

In this report, estimates of expenditure on public health activities are recorded for each jurisdiction through a separate chapter for each.

Each jurisdiction's chapter reports expenditure against the nine public health activities. 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 some details of the data collection methodology used by jurisdictions.

The report also includes a glossary to provide descriptions of concepts that may not be familiar to readers.

1.3 Introduction

The public health expenditure activities covered in data collection are:

- *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 to be related to public health and important in explaining their overall expenditure. Such expenditures are reported separately in this publication but are not included in the overall estimates of expenditure on public health activities in Australia.

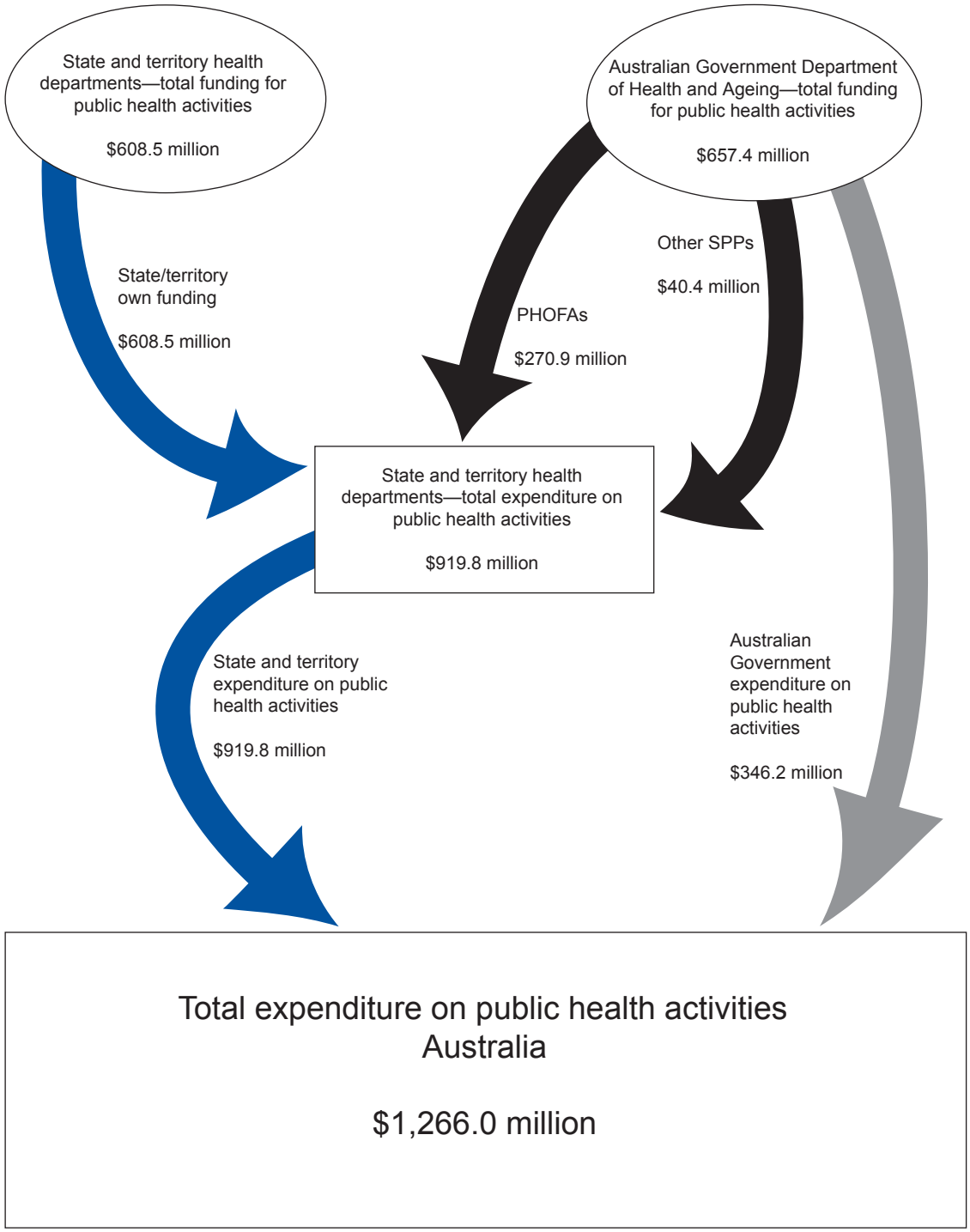
As well as the amounts that each state and territory estimated were spent on the public health activities themselves, the estimates include notional allocations of corporate overheads and other 'on-costs' incurred in providing and supporting those activities. These include such things as human resources 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 (refer to Glossary for details).

Readers should note that the expenditure estimates reported here relate only to those incurred by or funded by the key health departments and agencies in the various jurisdictions (Figure 1.1). It does not include funding of public health activities by non-health state and territory government departments.

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 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.



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

Figure 1.1: Funding and expenditure on public health activities in Australia, 2003–04

1.4 Summary of results

- It is estimated that $1,266.0 million was spent on public health activities during 2003–04, which amounted to 2.5% of total recurrent health expenditure by all governments (Table 1.3). Of this the Australian Government's share of funding was estimated at $657.4 million (51.9%). The state and territory governments' share was $608.5 million (48.1%) (Table 1.1).
- In terms of who incurred the expenditure, state and territory health departments spent $919.8 million (or 72.7%), and the Australian Government $346.2 million (27.3%) (Figure 1.1).
- The Australian Government directed $346.2 million of its funding to public health programs and activities for which it was primarily responsible. The remaining $311.3 million was in the form of SPPs to support state and territory governments' programs aimed at achieving agreed public health outcomes (Table 1.1).
- There was no change in public health's share of estimated total recurrent health expenditure on all health services in Australia over the period 1999–00 to 2003–04 (Table 1.3). It remained constant at approximately 1.7% over the period.
- The share of state/territory recurrent health expenditure allocated to public health varied considerably across jurisdictions, ranging from 5.8% in the Northern Territory to 1.5% in New South Wales and Victoria in 2003–04 (Table 1.4).
- In 2003–04, New South Wales and Victoria—the two most populous states—provided almost half of the total funding by state and territory governments (Table 1.2).
- On a per person basis, total government expenditure on public health activities was estimated at $63.31 (current prices), up from $60.75 in 2002–03 and $55.84 in 2001–02 (Table 1.8; Table A5; Table A6).
- Expenditure on public health grew by 1.8%, in real terms, between 2002–03 and 2003–04, compared with 6.3% between 2001–02 and 2002–03 and 4.4% between 2000–01 and 2001–02 (Table 1.10).
- Over the whole period covered by the public health expenditure series of publications—1999–00 to 2003–04—expenditure grew, in real terms, at an average of 4.9% per year (Table 1.10).
- The four public health activities attracting the highest levels of expenditure during 2003–04 were (Table 1.5; Table 1.6):
  - *Organised immunisation*—$268.0 million (21.2%)
  - *Selected health promotion* —$214.6 million (17.0%)
  - *Communicable disease control*—$203.9 million (16.1%)
  - *Prevention of hazardous and harmful drug use*—$171.6 million (13.6%).

1.5 Government funding of public health activities

Total funding of public health activities during 2003–04 was estimated at $1,266.0 million. Of this, the Australian Government contributed an estimated $657.4 million (51.9%) (Table 1.1).

In the two previous years, 2001–02 and 2002–03, the Australian Government's share of funding was $572.9 million (52.5%) and $706.6 million (58.9%), respectively.

More than half the funding provided by the Australian Government in 2003–04 ($346.2 million) was funding for its own direct expenditures. The remaining $311.3 million was funding to states and territories through SPPs. Of the SPP funding, $270.9 million (87%) was through the Commonwealth/State Public Health Outcome Funding Agreements (PHOFAs) (Figure 2.1).

Funding by states and territories from their own sources was estimated at $608.5 million (48.1%) in 2003–04. In the two previous years (2001–02 and 2002–03), the states and territories provided $518.0 million (47.5%) and $493.2 million (41.1%), respectively. The proportions of state/territory direct expenditure attributable to individual states and territories were generally aligned with their shares of total population. For example, in 2003–04 New South Wales and Victoria—the two most populous states (which account for approximately 60% of the population)—provided 25.4% and 24.2%, respectively, of net funding by state and territory governments (Table 1.2).

Table 1.1: Funding of public health expenditure, current prices, by source of funds, 2001–02 to 2003–04

	2001–02		2002–03		2003–04	
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	312.9	28.7	320.3	26.7	346.2	27.3
Plus SPPs	260.0	23.8	386.3	32.2	311.3	24.6
Australian Government funding	572.9	52.5	*706.6*	*58.9*	*657.4*	*51.9*
Funding by state and territory governments						
Gross expenditure	778.0	71.3	879.5	73.3	919.8	72.7
Less SPPs	260.0	23.8	386.3	32.2	311.3	24.6
Net funding by the states and territories	*518.0*	*47.5*	*493.2*	*41.1*	*608.5*	*48.1*
Total funding/expenditure	**1,090.9**	**100.0**	**1,199.8**	**100.0**	**1,266.0**	**100.0**

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

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 , 2001–02 to 2003–04

State/territory	2001–02 Amount ($ million)	2001–02 Proportion of total (%)	2002–03 Amount ($ million)	2002–03 Proportion of total (%)	2003–04 Amount ($ million)	2003–04 Proportion of total (%)
New South Wales	133.7	25.8	105.8	21.5	154.8	25.4
Victoria	135.4	26.1	141.9	28.8	147.2	24.2
Queensland	81.4	15.7	73.8	15.0	99.4	16.3
Western Australia	61.0	11.8	60.2	12.2	73.1	12.0
South Australia	43.3	8.4	48.3	9.8	53.5	8.8
Tasmania	14.8	2.8	16.0	3.2	17.9	2.9
Australian Capital territory	16.8	3.2	17.5	3.6	23.9	3.9
Northern Territory	31.7	6.1	29.7	6.0	38.7	6.4
Total	**518.0**	**100.0**	**493.2**	**100.0**	**608.5**	**100.0**

(a) Excludes 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 page 12 of this report. Refer to the individual jurisdictions' chapters for more information on expenditures incurred.

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

1.6 Government expenditure on public health activities

Public health expenditure

Of the total $1,266.0 million spent on public health activities in 2003–04, $919.8 million (72.7%) was incurred by the state and territory governments. The balance of $346.2 million (27.3%) related to programs and activities for which the Australian Government was primarily responsible (Table 1.5).

Over the three years 2001–02 to 2003–04 (inclusive), the state and territory governments' proportion of total expenditure fluctuated. In 2001–02 it constituted 71.3% of total expenditure, rose to 73.3% in 2002–03, and then reduced slightly to 72.7% in 2003–04.

Total public health expenditure by activity is presented in Table 1.5, Table 1.6 and Figure 1.2. *Organised immunisation* accounted for $268.0 million or 21.2% of estimated expenditure on all public health activities by all jurisdictions during 2003–04 (Figure 1.2 and Table 1.5) 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*—$214.6 million (17.0% of total expenditure on public health activities)
- *Communicable disease control*—$203.9 million (16.1% of total expenditure on public health activities)
- *Prevention of hazardous and harmful drug use*—$171.6 million (13.6% of total expenditure on public health activities).

Total public health expenditure as a proportion of recurrent health expenditure

Recurrent expenditure on health in 2003–04 was estimated at $75,804 million (Table 1.3). Of this, $50,682 million was funded by governments, the balance being funded by private sources.

Total expenditure on public health in Australia during 2003-04 was estimated at $1,266 million. This represented 1.7% of total recurrent expenditure and 2.5% of recurrent government expenditure in that year. Although expenditure on public health activities has increased steadily over the past five years (1999–00 to 2003–04), its share of total recurrent health expenditure has remained relatively stable.

Table 1.3: Total public health expenditure and total recurrent health expenditure, current prices, Australia, 1999–00 to 2003–04

Year	Total public health expenditure ($ million)	Total recurrent health expenditure[(a)] ($ million)		Public health as a proportion of total recurrent expenditure (%)	
		All funding sources	Government funding	All funding sources	Government funding
1999–00	913	51,851	36,228	1.8	2.5
2000–01	1,012	58,078	39,896	1.7	2.5
2001–02	1,091	63,672	42,814	1.7	2.5
2002–03	1,200	69,830	47,233	1.7	2.5
2003–04	1,266	75,804	50,682	1.7	2.5

(a) AIHW 2005, and AIHW health expenditure database.

Public health expenditure as a proportion of total recurrent health expenditure by state and territory

The Australian Government incurs direct expenditures (see Chapter 2) in supporting public health programs. In order to estimate total government public health expenditure by state and territory, Australian Government direct expenditure must be added to the expenditures directly incurred by states and territories. Therefore, total direct expenditure incurred by the Australian Government, which is not part of the public health SPPs to states and territories, has been allocated to each state and territory. With the exception of *Cervical screening*, Australian Government expenditure has been apportioned to each state and territory in line with the proportion of total SPPs allocated to that state and territory (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, Technical notes for further information).

Table 1.4 below shows estimated total government expenditure for 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 2003–04 varied considerably across jurisdictions, ranging from 5.8% in the Northern Territory to 1.5% 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 2003–04, but generally lower

than the national average of 1.7% (Table 1.3). With regard to the other states and territories, their proportions were above the national average, with the highest being recorded by the two territories (which also have the lowest populations).

Table 1.4: Estimated total government public health expenditure for each state and territory[(a)(b)(c)] as a proportion of total recurrent health expenditure, current prices, 1999–00 to 2003–04 (per cent)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1999–00	1.6	1.6	1.6	2.0	1.9	2.2	3.0	7.4
2000–01	1.5	1.7	1.6	2.0	1.9	2.2	2.8	6.8
2001–02	1.5	1.6	1.6	2.0	1.9	2.0	2.6	6.5
2002–03	1.5	1.6	1.7	2.0	1.9	2.3	2.5	5.3
2003–04	1.5	1.5	1.6	1.9	1.8	2.1	2.7	5.8

(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* (see Table 2.4).

(b) Direct expenditure by the Australian Government on *Cervical screening* has been allocated by state and territory according to the state of location of the recipients who received benefits paid under Medicare.

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

Source: AIHW health expenditure database.

Table 1.5: Total public health expenditure by the Australian Government and states and territories, current prices, by activity, 2001–02 to 2003–04 ($ million)

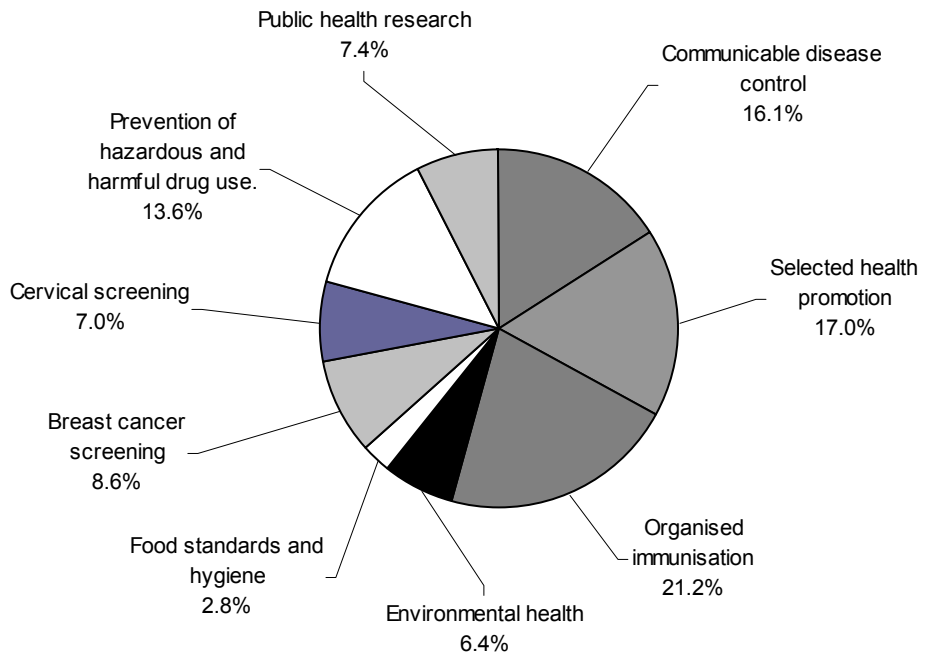
	Year 2001–02			Year 2002–03			Year 2003–04		
Activity	**Australian Government[a]**	**States and territories[b]**	**Total**	**Australian Government[a]**	**States and territories[b]**	**Total**	**Australian Government[a]**	**States and territories[b]**	**Total**
Communicable disease control	24.9	161.8	186.7	25.1	175.4	200.5	30.4	173.5	203.9
Selected health promotion	46.2	172.8	219.0	45.2	167.8	213.0	44.3	170.3	214.6
Organised immunisation	52.5	124.7	177.2	53.1	202.3	255.4	49.5	218.5	268.0
Environmental health	15.1	57.3	72.4	13.3	60.9	74.2	19.2	61.9	81.1
Food standards and hygiene	15.1	17.7	32.8	13.3	20.5	33.8	14.6	21.0	35.6
Breast cancer screening	1.6	95.6	97.2	1.6	95.9	97.5	1.7	106.7	108.4
Cervical screening	66.9	23.7	90.6	62.8	22.3	85.1	65.6	23.5	89.1
Prevention of hazardous and harmful drug use	32.6	105.6	138.2	40.6	111.9	152.5	52.0	119.6	171.6
Public health research	57.7	18.9	76.6	65.0	22.7	87.7	68.6	24.8	93.4
PHOFA administration[c]	0.3	0.0	0.3	0.3	0.0	0.3	0.3	0.0	0.3
Total expenditure	**312.9**	**778.0**	**1,090.9**	**320.3**	**879.5**	**1,199.8**	**346.2**	**919.8**	**1,266.0**
Proportion of total public health expenditure (%)	28.7	71.3	100.0	26.7	73.3	100.0	27.3	72.7	100.0

(a) Australian Government expenditure does not include its funding of state/territory expenditures through SPPs (see Glossary for an explanation of this term).

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



Source: Table 1.5.

Figure 1.2: Total government expenditure on public health activities, all jurisdictions, by activity, 2003–04

Table 1.6: Total public health expenditure by the Australian Government and states and territories as a proportion of total expenditure on public health activities, current prices, by activity, 2001–02 to 2003–04 (per cent)

Activity	2001–02	2002–03	2003–04
Communicable disease control	17.1	16.7	16.1
Selected health promotion	20.1	17.8	17.0
Organised immunisation	16.2	21.3	21.2
Environmental health	6.6	6.2	6.4
Food standards and hygiene	3.0	2.8	2.8
Breast cancer screening	8.9	8.1	8.6
Cervical screening	8.3	7.1	7.0
Prevention of hazardous and harmful drug use	12.7	12.7	13.6
Public health research	7.0	7.3	7.4
PHOFA administration	0.0	0.0	0.0
Total public health	**100.0**	**100.0**	**100.0**

Source: Table 1.5.

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

Expenditure on public health activities by jurisdictions

Care must be exercised when comparing estimates of expenditure on public health across jurisdictions. There is a further complication when comparing individual public health activities, 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.

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:

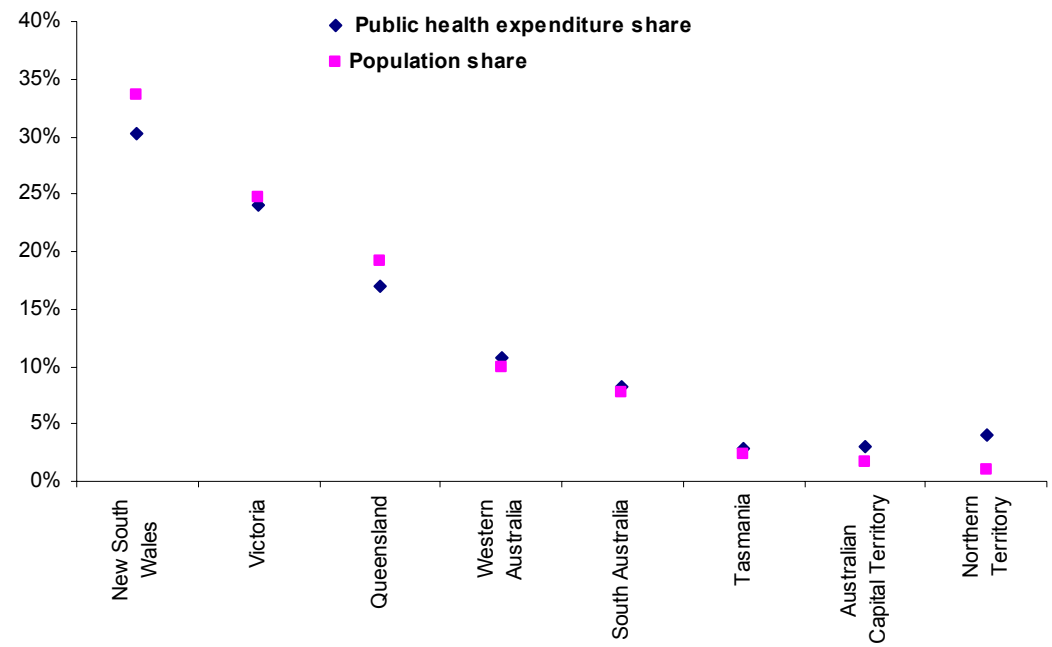
- for years prior to 2003–04, both Tasmania and the Northern Territory reported on a cash basis, while all other jurisdictions reported on an accruals basis
- some differences arising from the different data collection processes across jurisdictions
- differences in the treatment of some overheads in 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. They represent, at most, marginal differences and would not, for instance, account for the

substantial differences between expenditure patterns in the jurisdictions—for example, expenditure on *Organised immunisation* in New South Wales is around 83% higher than in Victoria, despite the latter population being only approximately a third smaller (see Table 1.7; Figure 1.3), and average expenditure in Victoria on *Selected health promotion* is around 42% higher than in New South Wales.

It should also be noted that direct expenditure by the Australian Government has been allocated across states and territories in order to estimate total expenditure in each state and territory.

Despite these problems, some interesting patterns emerge between states and territories. For example, while New South Wales had the highest level of expenditure overall, its proportion of total government expenditure was lower than its share of the national population (Figure 1.3). In the case of Victoria, its proportion of the total was just below its share of the national population. For Queensland, too, its proportion of total government expenditure was lower than its share of the national population. The smaller jurisdictions, on the other hand, all had shares of total government 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 territories need to be interpreted with care. Direct expenditure by the Australian Government has been allocated to states and territories in order to estimate total expenditure in each state and territory.

Figure 1.3: Relative shares of state/territory public health expenditure and population, current prices, by state and territory, 2003–04

In respect of the expenditure proportions across specific public health activities, different patterns of expenditure emerge for the different jurisdictions. These reflect differences in public health priorities between the states and territories (see Table 1.7). For example, in 2003–04, New South Wales had a much greater proportion of its public health effort on *Organised immunisation* (26.6% of the state's total expenditure on public health) than any other state or territory. Victoria's spending on *Selected health promotion* (24.6%) was just less than one–and-a-half times the national average share. Queensland expenditure on *Communicable disease control* and *Organised immunisation* (21.5% on each) was above the national average shares. Western Australia had a higher proportion of its expenditure on both *Selected health promotion* and *Organised immunisation* (18.6% on each). In the case of South Australia, its highest proportion was on *Communicable disease control* (17.2%). As for the least populous jurisdictions, Tasmania had its highest expenditure on *Communicable disease control* (19.9%), the Australian Capital Territory's main emphasis appeared to be on *Prevention of hazardous and harmful drug use (*25.3%) and the Northern Territory's on *Communicable disease control* (32.8%).

As to total expenditure across states/territories on particular activities, the national pattern was influenced heavily by the emphases placed on activities by the more populous states. *Organised immunisation*, which is largely targeted at children, was the activity that attracted the greatest share of state and territory expenditure nationally. The national average (21.2%) was much higher than for any other category; it was also the top area of expenditure in three jurisdictions and second highest in four others. Even in Tasmania, with its relatively older population structure, expenditure on *Organised immunisation* attracted the third highest share of expenditure (15.6% of total Tasmanian expenditure on public health activities).

Table 1.7: Total government expenditure[a][b] on public health activities, current prices, by state and territory[c], 2003–04

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Expenditure ($ million)				
Communicable disease control	68.8	47.8	46.2	23.0	18.1	7.4	4.9	16.5	203.9
Selected health promotion	52.5	74.8	16.6	25.3	16.3	5.8	4.6	3.3	214.6
Organised immunisation	101.7	55.7	46.2	25.3	17.9	5.8	6.4	9.1	268.0
Environmental health	18.9	9.5	16.6	14.2	7.3	4.5	4.3	5.6	81.1
Food standards and hygiene	12.6	6.8	5.6	3.5	2.5	0.6	3.0	1.0	35.6
Breast cancer screening	37.3	23.9	22.5	9.9	8.3	3.8	1.7	1.1	108.4
Cervical screening	26.7	20.6	17.8	9.5	8.1	2.4	1.5	2.8	89.1
Prevention of hazardous and harmful drug use	37.6	35.5	32.6	23.0	17.4	7.1	9.5	9.1	171.6
Public health research	25.8	29.2	12.3	10.9	9.3	2.4	1.6	1.9	93.4
Total	**381.9**	**303.8**	**214.5**	**135.7**	**105.2**	**37.2**	**37.3**	**50.3**	**1,266.0**
					Proportion of total government expenditure for each state and territory (%)				
Communicable disease control	18.0	15.7	21.5	17.0	17.2	19.9	13.0	32.8	16.1
Selected health promotion	13.7	24.6	7.7	18.6	15.5	15.6	12.3	6.5	17.0
Organised immunisation	26.6	18.3	21.5	18.6	17.0	15.6	17.1	18.0	21.2
Environmental health	5.0	3.1	7.7	10.4	6.9	12.2	11.6	11.2	6.4
Food standards and hygiene	3.3	2.2	2.6	2.6	2.4	1.6	8.0	2.1	2.8
Breast cancer screening	9.8	7.9	10.5	7.3	7.9	10.1	4.5	2.2	8.6
Cervical screening	7.0	6.8	8.3	7.0	7.7	6.5	3.9	5.5	7.0
Prevention of hazardous and harmful drug use	9.9	11.7	15.2	17.0	16.5	19.0	25.3	18.0	13.6
Public health research	6.8	9.6	5.7	8.0	8.9	6.3	4.3	3.8	7.4
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 allocated across states and territories according to the allocation of SPPs except for *Cervical screening*, which has been allocated using Medicare data.

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

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

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. 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 allocated across states and territories in order to estimate total expenditure in each state and territory.

Bearing in mind these qualifications (including those set out on page 12), the estimates of per person expenditures for 2003–04 (Table 1.8) show that the Northern Territory and the Australian Capital Territory had the highest average expenditure per person during 2003–04 ($252.52 and $115.42 per person, respectively), compared with the national average of $63.31 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; and

(b) 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 a large population in the surrounding regions of New South Wales.

At the other end of the scale, Queensland, had the lowest average expenditure per person ($55.83 per person).

Table 1.8: Total government expenditures[a][b][c][d] per person on public health activities, current prices, by state and territory[e], 2003–04

Activity		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	Average per person ($)	10.26	9.66	7.36	8.38	11.83	6.80	15.00	82.81	10.21
	Per person index	*100.6*	*94.7*	*72.1*	*82.1*	*115.9*	*66.7*	*147.0*	*811.4*	*100.0*
Selected health promotion	Average per person ($)	7.83	15.14	8.54	11.70	10.64	15.43	14.15	16.38	10.74
	Per person index	*72.9*	*141.0*	*79.6*	*109.0*	*99.1*	*143.7*	*131.8*	*152.5*	*100.0*
Organised immunisation	Average per person ($)	15.16	11.26	12.02	12.86	11.68	12.08	19.74	45.56	13.40
	Per person index	*113.1*	*84.0*	*89.7*	*96.0*	*87.1*	*90.2*	*147.3*	*340.0*	*100.0*
Environmental health	Average per person ($)	2.82	1.92	4.32	7.21	4.77	9.44	13.35	28.23	4.05
	Per person index	*69.7*	*47.5*	*106.6*	*178.0*	*117.8*	*233.1*	*329.8*	*697.2*	*100.0*
Food standards and hygiene	Average per person ($)	1.88	1.37	1.46	1.78	1.67	1.22	9.28	5.19	1.78
	Per person index	*105.5*	*76.9*	*81.7*	*99.0*	*93.4*	*68.1*	*520.3*	*290.8*	*100.0*
Breast cancer screening	Average per person ($)	5.56	4.84	5.84	5.01	5.39	7.85	5.22	5.47	5.42
	Per person index	*102.6*	*89.3*	*107.9*	*92.5*	*99.6*	*144.9*	*96.4*	*100.9*	*100.0*
Cervical screening	Average per person ($)	3.98	4.17	4.62	4.82	5.29	5.03	4.50	13.87	4.46
	Per person index	*89.1*	*93.4*	*103.6*	*107.9*	*118.6*	*112.7*	*100.8*	*310.7*	*100.0*
Prevention of hazardous and harmful drug use	Average per person ($)	5.61	7.19	8.47	11.70	11.34	14.69	29.22	45.50	8.58
	Per person index	*65.3*	*83.8*	*98.7*	*136.3*	*132.1*	*171.2*	*340.4*	*530.0*	*100.0*
Public health research	Average per person ($)	3.84	5.90	3.20	5.53	6.10	4.91	4.96	9.54	4.67
	Per person index	*82.3*	*126.5*	*68.6*	*118.5*	*130.6*	*105.1*	*106.3*	*204.3*	*100.0*
Total for the nine activities	**Average per person ($)**	**56.94**	**61.45**	**55.83**	**68.99**	**68.71**	**77.44**	**115.42**	**252.52**	**63.31**
	Per person index	**89.9**	**97.1**	**88.2**	**109.0**	**108.5**	**122.3**	**182.3**	**398.9**	**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 allocated across states and territories according to the allocation of SPPs except for *Cervical screening*, which has been allocated using Medicare data.

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

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

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

1.7 Growth in expenditure on public health activities

In this part of the analysis, expenditures during different years are all expressed in terms of 2002–03 prices. The method used in converting current expenditure to constant prices is outlined in the Technical notes (Chapter 11).

It should be noted that some of the current price estimates for years prior to 2001–02, on which these constant price estimates have been based, have been revised since the release of the *National Public Health Expenditure Report 2000–01* (AIHW 2004). It is not, therefore, appropriate to relate the constant price estimates presented here with the current price estimates in previous reports in this series.

Total government expenditure estimates

Between 1999–00 and 2003–04, estimated expenditure in constant price terms, grew at an average rate of 4.9% per year. All activities showed real increases in expenditure over the five years except for *Cervical screening* (down, on average, 1.4% per year) and *Breast cancer screening,* which showed a small decline (down 0.1% per year). The highest average annual growth rate was for expenditure on *Organised immunisation* (11.7%), followed by *Prevention of hazardous and harmful drug use* (6.3%) (Table 1.9).

Table 1.9: Total government expenditure on public health activities, constant (2002–03) prices[a], by activity, 1999–00 to 2003–04

	Expenditure ($ million)					
Activity	**1999–00[b]**	**2000–01[b]**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	166.9	174.7	193.3	200.5	196.7	186.4
Selected health promotion	184.4	200.3	226.4	213.0	207.1	206.3
Organised immunisation	166.2	180.6	183.3	255.4	258.6	208.8
Environmental health	63.5	69.4	74.9	74.2	78.1	72.0
Food standards and hygiene	27.6	37.6	34.1	33.8	34.4	33.5
Breast cancer screening	105.0	102.3	100.5	97.5	104.5	102.0
Cervical screening	91.4	94.2	93.8	85.1	86.2	90.1
Prevention of hazardous and harmful drug use	129.9	152.0	143.0	152.5	165.6	148.6
Public health research	72.3	69.4	79.2	87.7	90.1	79.7
PHOFA administration[d]	0.3	0.3	0.3	0.3	0.3	0.3
Total public health	**1,007.5**	**1,080.9**	**1,128.9**	**1,199.8**	**1,221.6**	**1,127.7**

	Growth rates (%)[c]				
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[d]**
Communicable disease control	4.7	10.6	3.8	–1.9	4.2
Selected health promotion	8.7	13.0	–5.9	-2.8	3.0
Organised immunisation	8.6	1.5	39.3	1.3	11.7
Environmental health	9.4	7.9	–1.0	5.3	5.3
Food standards and hygiene	36.3	–9.3	–0.9	2.0	5.7
Breast cancer screening	–2.6	–1.7	–3.1	7.2	–0.1
Cervical screening	3.1	–0.3	–9.3	1.3	–1.4
Prevention of hazardous and harmful drug use	17.0	–5.9	6.6	8.6	6.3
Public health research	–3.9	14.1	10.7	2.7	5.7
PHOFA administration[e]	—	—	—	—	—
Total public health	**7.3**	**4.4**	**6.3**	**1.8**	**4.9**

(a) Expenditure is expressed in terms of 2002–03 prices (see Chapter 11, Section 11.1).

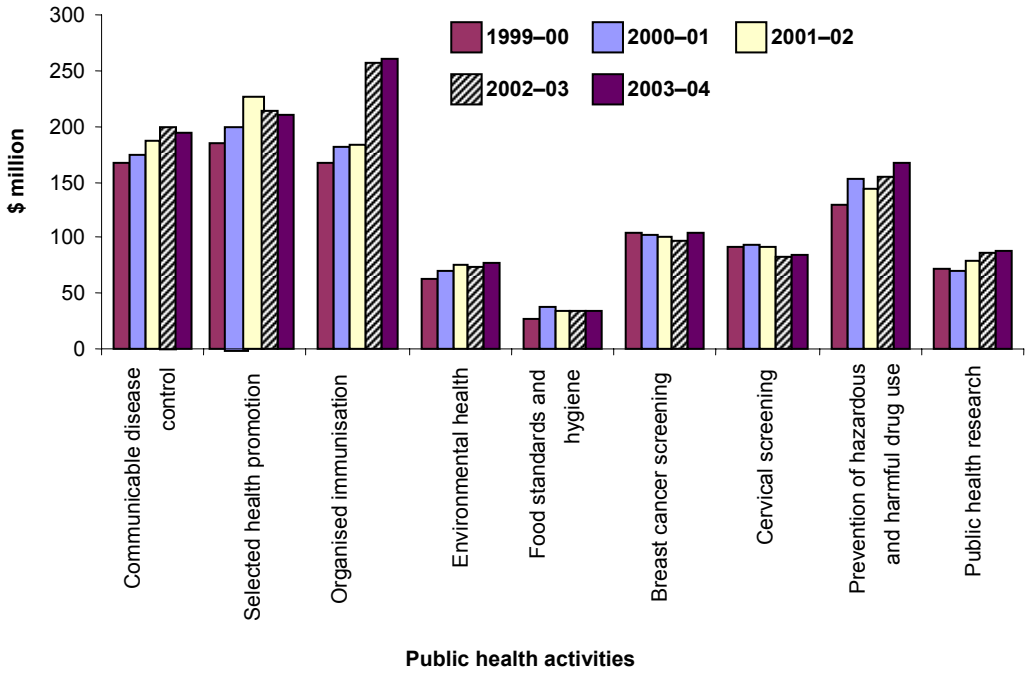
(b) Underlying expenditure estimates have been revised from those published in the *National Public Health Expenditure Report 2000*–01 (AIHW 2004). See notes on page 18.

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

(d) Average annual growth rate.

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

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



Source: Table 1.9.

Figure 1.4: Total government expenditure on public health activities, constant (2002–03) prices, 1999–00 to 2003–04

Jurisdictional expenditure estimates

At a jurisdictional level, the highest average real growth in estimated expenditure over the five years (1999–00 to 2003–04) was recorded by Queensland (7.6%) and Victoria (7.0%). Other jurisdictions generally had an average real growth rates ranging from 3.6% to 5.7%, with the exception of the Northern Territory, which showed a marginal decline (–0.6%) over the period (Table 1.10).

Table 1.10: Total government expenditure on public health activities, by jurisdiction[a], constant (2002–03) prices[b], 1999–00 to 2003–04

	Expenditure ($ million)					
Jurisdiction	**1999–00[c]**	**2000–01[c]**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Australian Government	289.3	313.5	324.2	320.3	333.9	316.2
New South Wales	208.9	213.7	226.9	233.0	250.9	226.7
Victoria	166.5	199.6	204.2	234.4	218.6	204.7
Queensland	109.3	116.6	127.7	145.1	146.7	129.1
Western Australia	78.9	82.7	89.2	97.4	98.5	89.3
South Australia	63.8	67.6	68.8	79.8	74.9	71.0
Tasmania	21.8	23.2	24.5	27.9	26.1	24.7
Australian Capital Territory	25.2	23.7	23.5	24.6	29.3	25.3
Northern Territory	43.8	40.3	39.9	37.3	42.7	40.8
Total public health	**1,007.5**	**1,080.9**	**1,128.9**	**1,199.8**	**1,221.6**	**1,127.7**

	Growth rates (%)[d]				
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[e]**
Australian Government	8.4	3.4	–1.2	4.2	3.6
New South Wales	2.3	6.2	2.7	7.7	4.7
Victoria	19.9	2.3	14.8	–6.7	7.0
Queensland	6.7	9.5	13.6	1.1	7.6
Western Australia	4.8	7.9	9.2	1.1	5.7
South Australia	6.0	1.8	16.0	–6.1	4.1
Tasmania	6.7	5.6	13.7	–6.3	4.7
Australian Capital Territory	–5.9	–0.8	4.9	18.8	3.8
Northern Territory	–8.0	–1.0	–6.5	14.5	–0.6
Total public health	**7.3**	**4.4**	**6.3**	**1.8**	**4.9**

(a) Estimates and comparisons across states and territories need to be interpreted with care (see page 12).

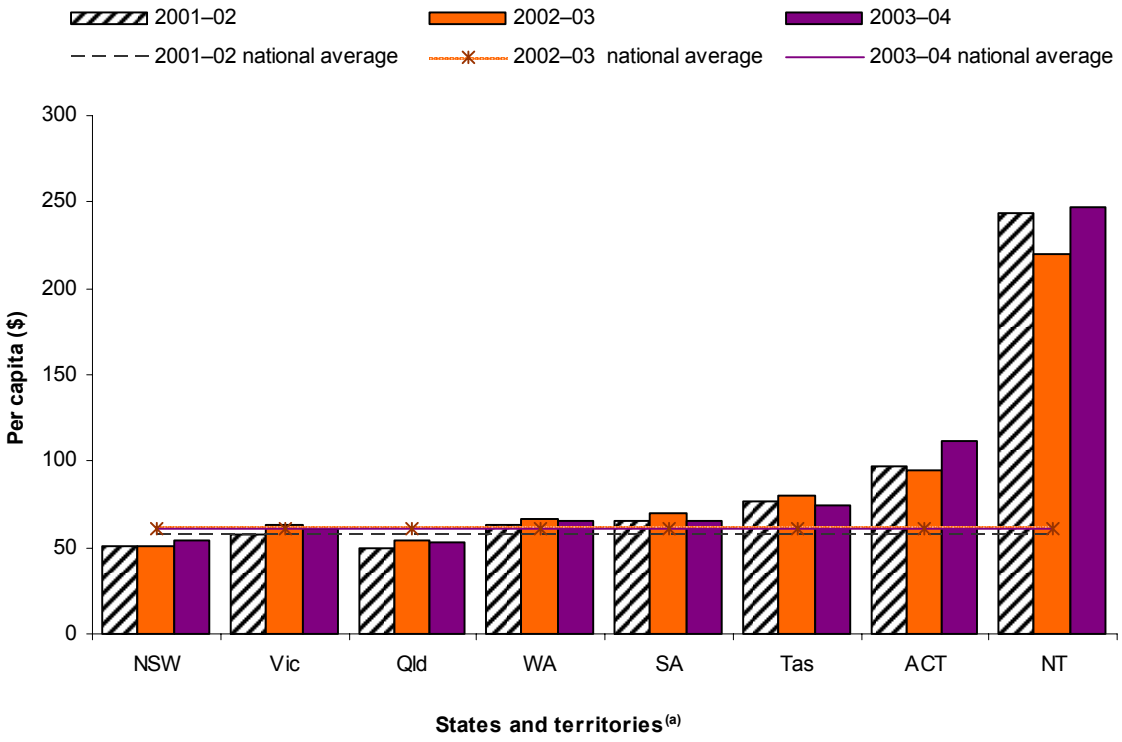
(b) Expenditure is expressed in 2002–03 prices (see Chapter 11, Section 11.1).

(c) Underlying expenditure estimates have been revised from those published in the *National Public Health Expenditure Report 2000–01 (AIHW 2004)*. See note on page 18.

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

(e) 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: Constant price estimates have been derived by using the ABS chain price indexes for 'Hospital and nursing home services' (see Section 11.1).

Source: Tables A7, Table A8 and Table A9.

Figure 1.5: Average government expenditure per person, incurred by state and territory governments on public health activities, constant (2002–03) prices, 2001–02 to 2003–04

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 Australian Government funds public health activities in two ways, through:

- direct expenditure incurred by the Australian Government in supporting public health programs; and
- Specific Purpose Payments (SPPs) to states and territories (Figure 2.1).

More than 70% of the portfolio funding for public health was administered by the Population Health Division of DoHA.

2.2 Overview of results

Total funding by the Australian Government

Total portfolio funding of public health activities in 2003–04 was $657.4 million, compared with $706.6 million in 2002–03 and $573.1 million in 2001–02 (Table 2.1).

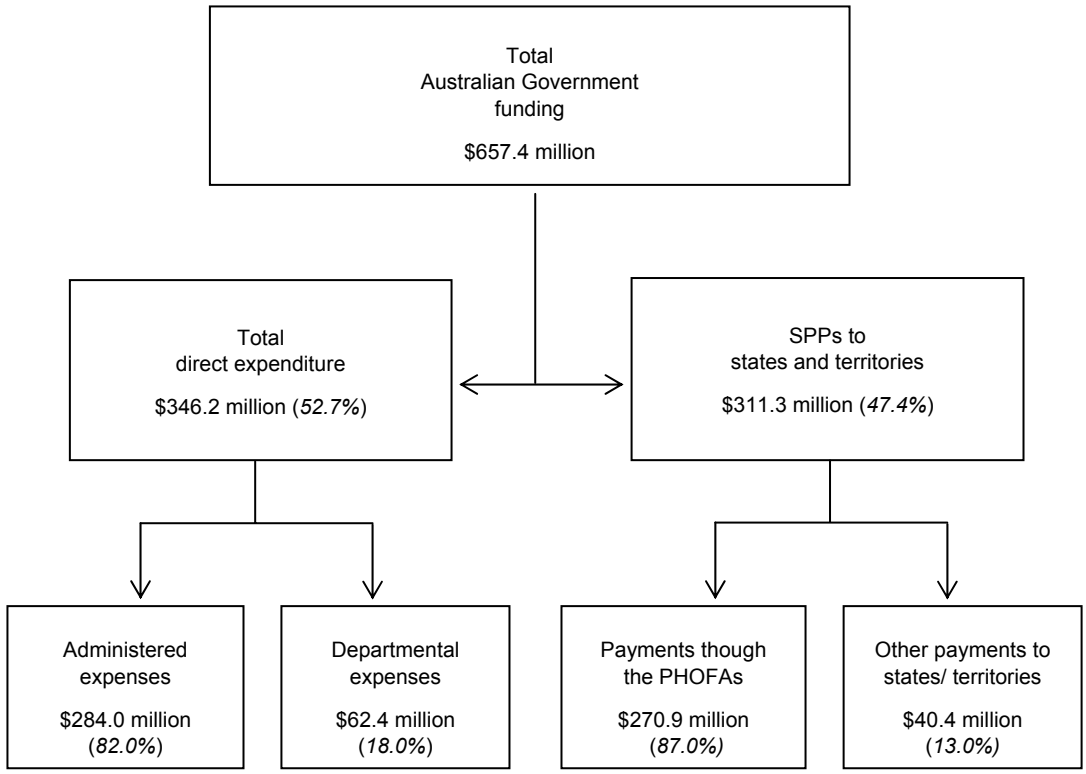
Of the 2003–04 totals funding, $311.3 million was in the form of SPPs to states and territories. Of the SPP funding, 87.0% ($270.9 million) was for the purchase of vaccines and other public health services under the Public Health Outcomes Funding Agreements (PHOFAs) (Figure 2.1). The remaining $346.2 million was funding for direct expenditure incurred by the Australian Government.

Direct expenditure

The estimated $346.2 million in direct expenditure by the Australian Government in 2003–04 was made up of:

- expenditure administered by the portfolio on activities and programs for which it was primarily responsible ($284.0 million)
- departmental expenses incurred in administering its public health expenditure and funding responsibilities ($62.4 million).

In the previous year, 2002–03, estimated direct expenditure by the Australian Government was $320.3 million, and in 2001–02 it was $312.9 million (Table 2.2). A high proportion of its direct expenditure has been in areas that support public health outcomes across jurisdictions, such as *Public health research* (19.8%) and *Cervical screening* (18.9%) (Table 2.3).



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

Figure 2.1: Australian Government Health and Ageing portfolio, distribution of expenditure on public health activities, current prices, 2003–04

Table 2.1: Total funding by the Australian Government for expenditure on public health activities, current prices, by activity, 2001–02 to 2003–04 ($ million)

Activity	2001–02			2002–03			2003–04		
	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	24.9	10.2	35.1	25.1	10.2	35.3	30.4	10.6	41.0
Selected health promotion	46.2	2.3	48.5	45.2	2.4	47.7	44.3	2.5	46.8
Organised immunisation	52.5	87.0	139.5	53.1	190.9	243.9	49.5	141.2	190.8
Environmental health	15.1	. .	15.1	13.3	. .	13.3	19.2	. .	19.2
Food standards and hygiene	15.1	1.3	16.4	13.3	—	13.4	14.6	0.9	15.5
Breast cancer screening	1.6	. .	1.6	1.6	. .	1.6	1.7	. .	1.7
Cervical screening[a]	66.9	4.6	71.5	62.8	4.7	67.5	65.6	5.2	70.8
Prevention of hazardous and harmful drug use	32.6	31.6	64.3	40.6	51.2	91.9	52.0	19.7	71.7
Public health research	57.7	0.2	57.9	65.0	0.2	65.1	68.6	. .	68.6
PHOFAs	[b]0.3	[c]122.9	123.2	0.3	[c]126.7	126.9	0.3	[c]131.1	131.3
Total public health	**312.9**	**260.2**	**573.1**	**320.3**	**386.3**	**706.6**	**346.2**	**311.3**	**657.4**

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

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

(c) Excludes 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 2.2: Direct expenditure by the Australian Government for expenditure on public health activities, current prices, by activity, 2001–02 to 2003–04 ($ million)

	2001–02			2002–03			2003–04		
Activity	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**	**Administered expenses[a]**	**Departmental expenses**	**Total**
Communicable disease control	19.7	5.2	24.9	19.4	5.7	25.1	24.2	6.2	30.4
Selected health promotion[b]	37.5	8.8	46.2	37.0	8.2	45.2	35.1	9.3	44.3
Organised immunisation	50.8	1.7	52.5	51.2	1.8	53.1	47.5	2.0	49.5
Environmental health[c]	0.6	14.5	15.1	0.6	12.7	13.3	1.2	18.0	19.2
Food standards and hygiene[c]	2.4	12.8	15.1	0.5	12.9	13.3	0.8	13.8	14.6
Breast cancer screening	0.8	0.8	1.6	0.8	0.9	1.6	0.7	1.0	1.7
Cervical screening	66.1	0.8	66.9	61.9	0.9	62.8	64.7	1.0	65.6
Prevention of hazardous and harmful drug use[b]	26.2	6.4	32.6	33.8	6.8	40.6	44.5	7.5	52.0
Public health research	54.9	2.8	57.7	62.0	3.0	65.0	65.3	3.3	68.6
PHOFA administration	. .	0.3	0.3	. .	0.3	0.3	. .	0.3	0.3
Total public health	**259.0**	**54.1**	**312.9**	**267.2**	**53.2**	**320.3**	**284.0**	**62.4**	**346.2**

(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.

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Table 2.3: Direct expenditure by the Australian Government as a proportion of its total direct expenditure on public health activities, current prices, by activity, 2001–02 to 2003–04 (per cent)

Activity	2001–02	2002–03	2003–04
Communicable disease control	8.0	7.8	8.8
Selected health promotion	14.8	14.1	12.8
Organised immunisation	16.8	16.6	14.3
Environmental health	4.8	4.2	5.5
Food standards and hygiene	4.8	4.2	4.2
Breast cancer screening	0.5	0.5	0.5
Cervical screening	21.4	19.6	18.9
Prevention of hazardous and harmful drug use	10.4	12.7	15.0
Public health research	18.4	20.3	19.8
PHOFA administration	0.1	0.1	0.1
Total public health	**100.0**	**100.0**	**100.0**

Source: Table 2.2.

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

SPPs to states and territories

Total public health funding to states and territories through SPPs in 2003–04 were estimated at $311.3 million, compared with $386.3 million in 2002–03 and $260.2 million in 2001–02 (Table 2.4). The large increase between 2001–02 and 2002–03 was largely due to the implementation of the National Meningococcal C Vaccination Program from 1 January 2003. It is a four-year program providing free vaccines to children and adolescents up to 19 years of age.

Of all SPP funding to the states and territories, 87% ($270.9 million) was for the purchase of essential vaccines and other activities under the PHOFAs (Figure 2.1).

PHOFA funding

The PHOFAs are funding agreements between the Commonwealth and each state and territory. The PHOFAs discussed here covered the period 1 July 1999 to 30 June 2004. The agreements included three funding components:

1. broadbanded or pooled funding for the following eight programs:
   - National Drug Strategy
   - National HIV/AIDS Strategy
   - National Immunisation Program
   - BreastScreen Australia
   - National Cervical Screening Program
   - National Women's Health Program
   - National Education Program on Female Genital Mutilation
   - Alternative Birthing Program

2. program-specific funding for Family Planning organisations in South Australia and the Australian Capital Territory, and for the Victorian Cytology Service
3. funding for the purchase of essential vaccines in all states and territories.

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

It is not possible to disaggregate the broadbanded component of the PHOFA funding to individual public health activities, as the state and territory governments have flexibility in using these funds to achieve nationally agreed outcomes.

Payments through the PHOFAs amounted to $270.9 million in 2003–04 (Figure 2.1). Of this, only $134.6 million purchases of essential vaccines—*Organised immunisation*—and $5.2 million in the provision of cytology services—*Cervical screening*—could be directly allocated to particular activities. The remaining $131.1 million cannot be allocated to specific public health activities (Table 2.4).

Table 2.4: SPPs for public health, current prices, by state and territory, 2001–02 to 2003–04 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Year 2001–02				
Broadbanded PHOFA funding	41.4	27.3	21.4	11.1	11.0	4.7	3.1	3.0	122.9
Communicable disease control	3.1	2.3	1.8	1.1	0.9	0.4	0.3	0.3	10.2
Selected health promotion	0.7	0.6	0.4	0.2	0.2	0.1	0.1	0.1	2.3
Organised immunisation[(a)]	30.4	20.4	13.7	9.4	6.5	2.8	1.2	2.6	87.0
Food standards and hygiene	0.3	0.2	0.2	0.2	0.1	0.2	0.1	0.1	1.3
Cervical screening[(b)]	—	4.5	—	—	—	—	—	—	4.6
Prevention of hazardous and harmful drug use	9.8	6.7	4.7	3.2	4.6	0.9	1.2	0.6	31.6
Public health research	—	—	—	—	0.2	—	—	—	0.2
Total payments	**85.7**	**62.0**	**42.2**	**25.2**	**23.4**	**9.0**	**5.9**	**6.6**	**260.2**
					Year 2002–03				
Broadbanded PHOFA funding	42.5	27.9	22.3	11.4	11.4	4.8	3.2	3.1	126.7
Communicable disease control	3.1	2.3	1.8	1.1	0.9	0.4	0.3	0.3	10.2
Selected health promotion	0.8	0.6	0.5	0.2	0.2	0.1	0.1	0.1	2.4
Organised immunisation[(a)]	64.9	46.0	36.4	19.3	14.2	4.8	2.3	2.9	190.9
Food standards and hygiene	—	—	—	—	—	—	—	—	—
Cervical screening[(b)]	—	4.7	—	—	—	—	—	—	4.7
Prevention of hazardous and harmful drug use	16.0	11.0	10.3	5.2	4.6	1.8	1.2	1.2	51.2
Public health research	—	—	—	—	0.2	—	—	—	0.2
Total payments	**127.2**	**92.5**	**71.3**	**37.2**	**31.5**	**11.9**	**7.1**	**7.6**	**386.3**
					Year 2003–04				
Broadbanded PHOFA funding	43.7	28.8	23.3	12.1	11.8	4.9	3.3	3.2	131.1
Communicable disease control	3.2	2.3	1.9	1.2	0.9	0.4	0.3	0.3	10.6
Selected health promotion	0.8	0.7	0.5	0.2	0.2	0.1	0.1	0.1	2.5
Organised immunisation[(a)]	47.3	32.8	26.8	15.1	10.8	3.6	2.7	2.1	141.2
Foods standards and hygiene	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.9
Cervical screening[(b)]	—	5.2	—	—	—	—	—	—	5.2
Prevention of hazardous and harmful drug use	10.6	9.1	—	—	—	—	—	—	19.7
Total payments	**105.9**	**79.1**	**52.6**	**28.7**	**23.7**	**9.1**	**6.4**	**5.8**	**311.3**

(a) Includes funding for essential vaccines provided under the PHOFAs—$85.1 million in 2001–02, $186.4 million in 2002–03 and $134.6 million in 2003–04.

(b) Relates to funding for cytology services provided under the PHOFAs.

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

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 2003–04 was estimated at $41.0 million (Table 2.5), compared with $35.3 million in 2002–03 and $35.1 million in 2001–02.

Table 2.5: Australian Government funding of *Communicable disease control*, current prices, 2001–02 to 2003–04 ($ million)

Category	HIV/AIDS hepatitis C and STIs	Needle and syringe programs	Other communicable disease control	Total communicable disease control
		Year 2001–02		
Direct expenditure	5.7	0.3	18.9	24.9
SPPs[(a)]	2.1	8.1	—	10.2
Total funding	**7.8**	**8.4**	**18.9**	**35.1**
		Year 2002–03		
Direct expenditure	5.1	0.2	19.8	25.1
SPPs[(a)]	2.1	8.1	—	10.2
Total funding	**7.1**	**8.3**	**19.8**	**35.3**
		Year 2003–04		
Direct expenditure	4.8	0.5	25.1	30.4
SPPs[(a)]	2.1	8.5	—	10.6
Total funding	**6.9**	**9.0**	**25.1**	**41.0**

(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 2003–04 was $30.4 million (Table 2.5; Table 2.6), compared with $25.1 million in 2002–03 and $24.9 million in 2001–02. This represented 8.8% of total direct expenditure on public health activities in 2003–04 (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 2003–04 was estimated at $4.8 million. This was lower than in each of the preceding two years—2002–03 ($5.1 million) and 2001–02 ($5.7 million).

The estimates for both 2001–02 and 2002–03, however, include 'one-off' funding for the 2002 reviews of the National HIV/AIDS and Hepatitis C strategies and strategic research. On the recommendation of the 2002 reviews, the Australian National Council for AIDS and Hepatitis Related Diseases was discontinued in 2003–04 and this contributed to the lower expenditure in that year.

Needle and syringe programs

Funding for needle and syringe programs was estimated at $0.5 million in 2003–04, compared with $0.2 million in 2002–03 and $0.3 million in 2001–02. This funding was directed to educational and review purposes.

Other communicable disease control

Estimated funding for *Other communicable disease control* was $25.1 million in 2003–04, compared with $19.8 million in 2002–03 and $18.9 million in 2001–02. The 2003–04 expenditure included $13.4 million funding for surveillance and management activities, and the provision of information and referral services. The remaining $11.7 million was funding for the National Indigenous Australians Sexual Health Strategy through the Office of Aboriginal and Torres Strait Islander Health (OATSIH).

The increased funding in 2003–04 was largely attributable to an increase in expenditure on disaster medicine activities, and the introduction in 2002–03 of initiatives to address the threats of pandemic influenza and severe acute respiratory syndrome (SARS). Funding for the National Serology Reference Laboratory in 2003-04 was $2.9 million—an increase of $1.3 million from 2002-03.

Table 2.6: Direct expenditure on *Communicable disease control* by the Australian Government, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Administered expenses	19.7	19.4	24.2
Departmental expenses	5.2	5.7	6.2
Total expenditure	**24.9**	**25.1**	**30.4**

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

Funding through SPPs

SPPs for *Communicable disease control* amounted to $10.6 million in 2003–04, up marginally on the 2001–02 and 2002–03 funding of $10.1 million and $10.2 million respectively (Table 2.5).

The SPPs in 2003–04 were mainly for the Council of Australian Government's (COAG) illicit drug diversion measures relating to the needle and syringe programs (NSPs) ($8.5 million) and the Hepatitis C Education and Prevention Program ($2.1 million) (Table 2.7).

Australian Government funding of the COAG supporting measures for the NSPs commenced in 1999–00. Funding increased from $3.7 million in 1999–00 to $8.5 million in 2003–04. The program does not fund the provision of injecting equipment. It supports two specific initiatives:

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

Table 2.7: SPPs for *Communicable disease control*, current prices, by state and territory, 2001–02 to 2003–04 ($ million)[a]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Year 2001–02				
COAG needle and syringe programs[b]	2.5	1.8	1.5	0.9	0.7	0.3	0.2	0.2	8.1
Hepatitis C Education and Prevention Program	0.6	0.5	0.4	0.2	0.2	0.1	0.1	0.1	2.0
Total	**3.1**	**2.3**	**1.8**	**1.1**	**0.9**	**0.4**	**0.3**	**0.3**	**10.2**
					Year 2002–03				
COAG needle and syringe programs[b]	2.5	1.8	1.5	0.9	0.7	0.3	0.2	0.2	8.1
Hepatitis C Education and Prevention Program	0.6	0.5	0.4	0.2	0.2	0.1	0.1	0.1	2.1
Total	**3.1**	**2.3**	**1.8**	**1.1**	**0.9**	**0.4**	**0.3**	**0.3**	**10.2**
					Year 2003–04				
COAG needle and syringe programs[b]	2.6	1.9	1.6	1.0	0.7	0.3	0.3	0.3	8.5
Hepatitis C Education and Prevention Program	0.6	0.5	0.4	0.2	0.2	0.1	0.1	0.1	2.1
Total	**3.2**	**2.3**	**1.9**	**1.2**	**0.9**	**0.4**	**0.3**	**0.3**	**10.6**

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

(b) The management of the needle and syringe programs (NSPs) is a state and territory responsibility and there are no direct activities by the Australian Government in relation to NSP service delivery.

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 2003–04 was $46.8 million, compared with $47.7 million in 2002–03 and $48.5 million in 2001–02 (Table 2.8).

Table 2.8: Australian Government funding of *Selected health promotion*, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Direct expenditure	46.2	45.2	44.3
SPPs to the states and territories	2.3	2.4	2.5
Total funding	**48.5**	**47.7**	**46.8**

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

Direct expenditure

In 2003–04, total direct expenditure by the Australian Government for *Selected health promotion* activities was $44.3 million, compared with $45.2 million in 2002–03 and $46.2 million in 2001–02 (Table 2.9). This represented 12.8% of total direct expenditure on public health activities during 2003–04 (Table 2.3).

Total expenditure included $9.2 million for family planning organisations, $9.8 million for work associated with the National Suicide Prevention Strategy, and $6.0 million for the National Mental Health Program.

Table 2.9: Direct expenditure by the Australian Government on *Selected health promotion*, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Administered expenses	37.5	37.0	35.1
Departmental expenses	8.8	8.2	9.3
Total expenditure	**46.2**	**45.2**	**44.3**

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

Funding through SPPs

A total of $2.5 million was paid in SPPs for *Selected health promotion* activities during 2003–04, compared with $2.4 million in 2002–03 and $2.3 million in 2001–02 (Table 2.10). This expenditure was predominantly associated with the promotion of health services for homeless youth.

Table 2.10: SPPs for *Selected health promotion*, current prices, by state and territory, 2001–02 to 2003–04 ($'000)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Year 2001–02				
Queensland public health forum	. .	. .	20.0	. .	. .	. .	. .	. .	20.0
Innovative health services for homeless youth	735.0	619.0	382.0	197.0	180.0	56.0	50.0	50.0	2,269.0
Total	**735.0**	**619.0**	**402.0**	**197.0**	**180.0**	**56.0**	**50.0**	**50.0**	**2,289.0**
					Year 2002–03				
Queensland public health forum	. .	. .	50.0	. .	. .	. .	. .	. .	50.0
Innovative health services for homeless youth	776.2	649.5	403.4	208.0	190.1	59.1	52.8	52.8	2,392.0
Total	**776.2**	**649.5**	**453.4**	**208.0**	**190.1**	**59.1**	**52.8**	**52.8**	**2,442.0**
					Year 2003–04				
Queensland public health forum	. .	. .	50.0	. .	. .	. .	. .	. .	50.0
Innovative health services for homeless youth	792.4	661.3	411.0	212.0	193.1	60.4	53.3	60.4	2,444.0
Total	**792.4**	**661.3**	**461.0**	**212.0**	**193.1**	**60.4**	**53.3**	**60.4**	**2,494.0**

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

Organised immunisation

The Australian Government funds *Organised immunisation* through its own expenditure and through SPPs. Total funding in 2003–04 was $190.8 million. Expenditure was estimated at $243.9 million in 2002–03 and $139.5 million in 2001–02 (Table 2.11). A large proportion of

the increase in funding in both 2002–03 and 2003–04 was due to introduction of the National Meningococcal C Vaccination Program.

Table 2.11: Australian Government funding of *Organised immunisation,* current prices, 2001–02 to 2003–04 ($ million)

Category	Organised childhood immunisation	Organised pneumococcal and influenza immunisation	All other organised immunisation	Total organised immunisation
		Year 2001–02		
Direct expenditure [(a)]	48.0	0.5	4.1	52.5
SPPs to the states and territories	—	1.9	85.1	87.0
Total funding	**48.0**	**2.4**	**89.2**	**139.5**
		Year 2002–03		
Direct expenditure [(a)]	50.2	0.2	2.7	53.1
SPPs to the states and territories	[(b)]106.7	1.8	82.4	190.9
Total funding	**156.9**	**2.0**	**[(b)]85.0**	**243.9**
		Year 2003–04		
Direct expenditure [(a)]	44.8	0.2	4.6	49.5
SPPs to the states and territories	[(b)]62.2	1.7	77.3	141.2
Total funding	**107.0**	**1.9**	**[(b)]81.9**	**190.8**

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

(b) Includes funding for the National Meningococcal C Vaccination Program.

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

Direct expenditure

Direct expenditure on *Organised immunisation* in 2003–04 was estimated at $49.5 million. This represented 14.3% of total direct expenditure on public health activities in 2003–04 (Table 2.3). For the previous two years, expenditure has been estimated at $53.1 million (2002–03) and $52.5 million (2001–02) (Table 2.12).

Most expenditure on *Organised immunisation* was directed through the General Practice Immunisation Incentive scheme. Under the scheme, some $17.2 million was distributed to general practitioners (GPs) through service incentive payments during 2003–04. A further $14.5 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 2003–04.

Also reported under this activity was direct expenditure ($1.7 million) on the National Indigenous Pneumococcal and Influenza Immunisation Program and the National Meningococcal C Vaccination Program.

Table 2.12: Direct expenditure by the Australian Government on *Organised immunisation*, current prices, 2001–02 to 2003–04 ($ million)

Category	Organised childhood immunisation	Organised pneumococcal and influenza immunisation	All other organised immunisation	Total organised immunisation
2001–02		**Year 2001–02**		
Administered expenses	48.0	0.3	2.5	50.8
Departmental expenses	—	0.2	1.5	1.7
Total expenditure	**48.0**	**0.5**	**4.1**	**52.5**
		Year 2002–03		
Administered expenses	50.2	—	1.0	51.2
Departmental expenses	—	0.2	1.6	1.8
Total expenditure	**50.2**	**0.2**	**2.7**	**53.1**
		Year 2003–04		
Administered expenses	44.8	—	2.8	47.5
Departmental expenses	—	0.2	1.8	2.0
Total expenditure	**44.8**	**0.2**	**4.6**	**49.5**

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

Funding through SPPs

Total funding through SPPs for *Organised immunisation* was $141.2 million in 2003–04 (Table 2.13), compared with $190.9 million in 2002–03 and $87.0 million in 2001–02. As noted previously, the large increases in expenditure over the latest two years were largely due to the implementation of the National Meningococcal C Vaccination Program from January 2003.

Immunise Australia Program

The Immunise Australia Program aims to reduce the incidence of vaccine-preventable diseases and their associated mortality and morbidity by increasing and maintaining high immunisation coverage in Australia. The program is a joint initiative between 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 PHOFAs. State and territory governments are responsible for the service delivery, including the purchase and distribution of vaccines to immunisation providers.

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 1 to 19 year-olds through GPs, immunisation clinics and school-based programs.

The Australian Government provided a total of $106.7 million in 2002–03 and $62.2 million in 2003–04 to state and territory governments under the National Meningococcal C

Vaccination Program for the purchase of vaccine and the provision of school-based delivery programs.

The expenditure for the meningococcal C vaccine was $101.3 million in 2002–03. This amount provided vaccine coverage of the 12 month-old cohort as well as a catch-up program for children 2–5 years of age and 15–19 years of age. In 2003–04, expenditure of $57.3 million provided vaccine coverage for the 12 month-old children and half of the children in the 7–15 year age group. Funding to extend coverage to the remaining children in the 7–15 year age group is to be distributed during 2004–05.

The Australian Government's funding to states and territories for the school-based delivery programs was estimated at $2.7 million in 2002–03 and $4.9 million in 2003–04.

National Indigenous Pneumococcal and Influenza Immunisation Program

In 2003–04, the Australian Government provided $1.7 million to state and territory governments under the National Indigenous Pneumococcal and Influenza Immunisation Program, administered through OATSIH. This funding was targeted at Indigenous people aged over 50 years and Indigenous people in the 15–50 year age group who were in high-risk groups according to the National Health and Medical Research Council.

Table 2.13: SPPs for *Organised immunisation*, current prices, by state and territory, 2001–02 to 2003–04 ($ million)[a]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Year 2001–02				
Immunisation program									
Essential vaccine purchases[b]	20.9	13.6	8.7	7.0	4.1	2.1	0.9	2.2	59.4
Influenza vaccine purchases for people 65 and over[b]	9.0.	6.6	4.4	2.2	2.3	0.7	0.3	0.1	25.7
National Indigenous Pneumococcal and Influenza Immunisation Program	0.5	0.2	0.5	0.3	0.1	—	—	0.3	1.9
Total	**30.4**	**20.4**	**13.7**	**9.4**	**6.5**	**2.8**	**1.2**	**2.6**	**87.0**
					Year 2002–03				
Immunisation program									
Essential vaccine purchases[b]	54.5	38.3	30.8	16.4	11.5	4.0.	2.0	2.6	160.2
Meningococcal C vaccine purchases for school-based programs	0.9	0.7	0.5	0.2	0.2	0.1	—	—	2.7
Influenza vaccine purchases for people 65 and over[b]	9.2	6.8	4.5	2.2	2.4	0.7	0.3	0.1	26.2
National Indigenous Pneumococcal and Influenza Immunisation Program	0.3	0.2	0.5	0.4	0.1	—	—	0.3	1.8
Total	**64.9**	**46.0**	**36.4**	**19.3**	**14.2**	**4.8**	**2.3**	**2.9**	**190.9**
					Year 2003–04				
Immunisation program									
Essential vaccine purchases[b]	36.0	24.6	20.8	11.9	8.0	2.7	2.2	1.7	107.9
Meningococcal C vaccine purchases for school-based programs	1.6	1.2	1.0	0.5	0.4	0.1	0.1	0.1	4.9
Influenza vaccine purchases for people 65 and over[b]	9.3	6.9	4.6	2.3	2.4	0.7	0.3	0.1	26.7
National Indigenous Pneumococcal and Influenza Immunisation Program	0.4	0.2	0.5	0.4	0.1	—	—	0.3	1.7
Total	**47.3**	**32.8**	**26.8**	**15.1**	**10.8**	**3.6**	**2.7**	**2.1**	**141.2**

(a) Excludes any funding provided through the broadbanded component of the PHOFAs that is used to support state and territory governments' Organised immunisation programs.

(b) Funded through the non-broadbanded component of the PHOFAs.

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

Environmental health

The Australian Government's estimated funding for *Environmental health* in 2003–04 was $19.2 million. All of this was funding for its own direct expenditures. This constituted 5.5% of the Government's estimated own expenditure on public health in the year (Table 2.3).

In the previous two years, 2002–03 and 2001–02 estimated funding was $13.3 million and $15.1 million, respectively (Table 2.14).

Most of this funding was for the operations of the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)—$15.8 million in 2003–04, and $10.7 million and $10.8 million respectively for 2002–03 and 2001–02.

The large increase in funding between 2002–03 and 2003–04 was also largely related to funding for ARPANSA. The agency undertook major efficiency improvements in 2003–04 including staffing restructuring, information technology infrastructure and security upgrades which contributed to the higher expenditure in that year.

Table 2.14: Direct expenditure on *Environmental health*, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Administered expenses	0.6	0.6	1.2
Departmental expenses			
Population Health Division	1.9	2.0	2.2
ARPANSA	10.8	10.7	15.8
Therapeutic Goods Administration	1.9	—	—
Total departmental expenses	*14.5*	*12.7*	*18.0*
Total expenditure	**15.1**	**13.3**	**19.2**

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 2.15). Total funding was estimated at $15.5 million in 2003–04, compared with $13.4 million in 2002–03 and $16.4 million in 2001–02.

Table 2.15: Australian Government funding of *Foods standards and hygiene*, 2001–02 to 2003–04 ($ million)

Activity	2001–02	2002–03	2003–04
Direct expenditure	15.1	13.3	14.6
SPPs	1.3	—	0.9
Total funding	**16.4**	**13.4**	**15.5**

Note: Components may not add to totals due to rounding

Direct expenditure

Total direct expenditure in 2003–04 was estimated at $14.6 million (Table 2.16). This represented 4.2% 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 $13.4 million in 2003–04, compared with $12.5 million in 2002–03 and $12.4 million in 2001–02. FSANZ operates under the *Australia New Zealand Act 1991*.

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

Table 2.16: Direct expenditure on *Food standards and hygiene*, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Administered expenses	2.4	0.5	0.8
Departmental expenses			
Population Health Division	0.3	0.4	0.4
FSANZ	12.4	12.5	13.4
Total departmental expenses	*12.8*	*12.9*	*13.8*
Total expenditure	**15.1**	**13.3**	**14.6**

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

Funding through SPPs

SPPs for *Food standards and hygiene* were estimated to be $0.9 million in 2003–04 (Table 2.17). This expenditure was associated with the operation of OzFoodNet—Australia's national system for the surveillance of food-borne illness.

Table 2.17: SPPs for *Food standards and hygiene*[(a)], by state and territory, current prices, 2001–02 to 2003–04 ($'000)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2001–02	262.2	179.5	226.5	155.5	148.5	172.5	77.0	91.5	1,313.2
2002–03	—	—	25.5	—	—	—	13.5	—	39.0
2003–04	242.0	143.2	146.6	80.2	55.4	116.3	84.8	53.7	922.4

(a) Excludes any 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 states and territories for this purpose has been rolled into the broadbanded component of the PHOFAs. Consequently, 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 2003–04 was estimated at $1.7 million (Table 2.18) or approximately 0.5% of the Government's direct expenditure on all public health activities(Table 2.3). Estimated expenditure in both 2001–02 and 2002–03 was $1.6 million.

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 2.18: Direct expenditure[a] on *Breast cancer screening*, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Administered expenses	0.8	0.8	0.7
Departmental expenses	0.8	0.9	1.0
Total expenditure	**1.6**	**1.6**	**1.7**

(a) Excludes the breast screening component of broadbanded PHOFA payments to state and territory governments.

Note: Sum of components may not add to totals due to rounding.

Cervical screening

The Australian Government funds *Cervical screening* through its own expenditure and through SPPs. However, most funding provided to states and territories for this purpose has been rolled into the broadbanded component of the PHOFAs. Consequently, it is not possible to estimate fully how much of that PHOFA funding has been allocated to cervical screening activities.

All funding by the Australian Government reported here as *Cervical screening* is in respect of its own expenditure and SPPs for funding of cytology services provided in Victoria (Table 2.19).

Table 2.19: Australian Government funding[a] of *Cervical screening*, current prices, 2001–02 to 2003–04 ($ million)

Activity	2001–02	2002–03	2003–04
Direct expenditure	66.9	62.8	65.6
SPPs to the states and territories[b]	4.5	4.7	5.2
Total funding	**71.5**	**67.5**	**70.8**

(a) Excludes the cervical screening component of broadbanded PHOFA payments to state and territory governments.

(b) Relates to funding of cytology services provided by Victoria.

Note: Sum of components may not add to totals due to rounding.

Direct expenditure

Direct expenditure on *Cervical screening* in 2003–04 was estimated at $65.6 million (Table 2.20). This represented 18.9% of total direct expenditure on public health activities and was the second most significant area of expenditure (Table 2.3). This was higher than in 2002–03 ($62.8 million), and slightly lower than that incurred in 2001–02 ($66.9 million).

The Practice Incentive Program Cervical Screening Initiative commenced in 2001–02. Expenditure in that year included sign on incentive payments that were offered to practices who registered to participate in the Initiative. This contributed to higher expenditure on cervical screening in that year.

Most of the expenditure was funded by Medicare benefits ($58.8 million in 2003–04). This was made up of $30.5 million in benefits for GP consultations, $21.8 million for pathology testing and $6.6 million for benefits associated with collecting samples.

Only expenditure on cervical screening for asymptomatic women is reported here. A further $19.8 million was spent in 2003–04 on Medicare benefits for personal health services provided to women presenting with symptoms. That funding is not regarded as expenditure on public health.

Table 2.20: Direct expenditure[a] on *Cervical screening*, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Administered expenses	66.1	61.9	64.7
Departmental expenses	0.8	0.9	1.0
Total expenditure	**66.9**	**62.8**	**65.6**

(a) Excludes the cervical screening component of broadbanded PHOFA payments to state and territory governments.

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

Funding through SPPs

SPPs for *Cervical screening* were estimated to be $5.2 million in 2003–04 (Table 2.19). This expenditure was associated with payments to Victoria to provide cytology services.

Table 2.21: SPPs for *Cervical screening*[a], by state and territory, current prices, 2001–02 to 2003–04 ($ million)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2001–02	. .	4.5	. .	. .	. .	. .	. .	. .	4.5
2002–03	. .	4.7	. .	. .	. .	. .	. .	. .	4.7
2003–04	. .	5.2	. .	. .	. .	. .	. .	. .	5.2

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

Prevention of hazardous and harmful drug use

Total funding for *Prevention of hazardous and harmful drug use* was $71.7 million in 2003–04 (Table 2.22). This was made up of $52.0 million in funding for the Australian Government's own expenditure programs and $19.7 million in SPPs.

In the previous two years, 2002–03 and 2001–02, total Australian Government funding had been $91.9 million and $64.3 million, respectively.

The drop in funding between 2002–03 and 2003–04 was due to the cessation of the National Illicit Drugs Campaign in all jurisdictions except New South Wales and Victoria.

Table 2.22: Australian Government funding of *Prevention of hazardous and harmful drug use,* current prices, 2001–02 to 2003–04 ($ million)

Category	Alcohol	Tobacco	Illicit and other drugs of dependence	Mixed	Total
			Year 2001–02		
Direct expenditure	9.8	4.2	10.4	8.2	32.6
SPPs to the states and territories[(a)]	—	—	31.6	—	31.6
Total funding	**9.8**	**4.2**	**42.0**	**8.2**	**64.3**
			Year 2002–03		
Direct expenditure	18.6	2.7	10.0	9.3	40.6
SPPs to the states and territories[(a)]	—	—	51.2	—	51.2
Total funding	**18.6**	**2.7**	**61.2**	**9.3**	**91.9**
			Year 2003–04		
Direct expenditure	25.4	3.3	13.8	9.5	52.0
SPPs to the states and territories[(a)]	—	—	19.7	—	19.7
Total funding	**25.4**	**3.3**	**33.5**	**9.5**	**71.7**

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

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

Direct expenditure

The Australian Government's own expenditure on *Prevention of hazardous and harmful drug use* in 2003–04 was estimated at $52.0 million, which represented 15.0% of its total direct expenditure on public health activities in that year (Table 2.3).

In the previous two years, 2002–03 and 2001–02, it had been $40.6 million and $32.6 million, respectively (Table 2.23).

Alcohol

An estimated $25.4 million was spent on national initiatives to reduce alcohol-related harm in 2003–04. The majority ($24 million) was expenditure through the Alcohol Education and Rehabilitation Foundation, which provided grants to local communities to promote responsible consumption of alcohol and reduce harm caused by alcohol. Expenditure through the Foundation in 2003–04 was up $9.6 million (from $14.4 million) on 2002–03 and was $18 million higher than the estimate for 2001–02.

The remaining $1.4 million expenditure in 2003–04 was for activities under the National Alcohol Strategy.

Tobacco

An estimated $3.3 million was spent on tobacco-related programs in 2003–04. Most of this was spent by DoHA on the National Tobacco Campaign (targeting 18–40 year-olds), and on projects under the campaign which included the review of tobacco health warnings.

Illicit and other drugs of dependence

An estimated $13.8 million was spent on illicit and other drugs of dependence programs in 2003–04. Most of this was in the form of funding under the non-government organisations (NGOs) Treatments Grants Program ($6.6 million) and the Community Partnership Initiative ($2.6 million). The public health component of the expenditure on the NGO Treatments Grants Program represents half the total spending under that program with the remainder reported as 'Public health-related activities'.

Total expenditure on the above activity in the two preceding years had been $10.0 million in 2002–03 and $10.4 million 2001–02.

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 treatment, prevention and early intervention. Overall, expenditure amounted to $9.5 million in 2003–04, compared with $9.3 million in 2002–03 and $8.2 million in 2001–02.

Table 2.23: Direct expenditure on *Prevention of hazardous and harmful drug use*, current prices, 2001–02 to 2003–04 ($ million)

Category	Alcohol	Tobacco	Illicit and other drugs of dependence	Mixed	Total
			Year 2001–02		
Administered expenses	9.8	4.2	10.4	1.8	26.2
Departmental expenses	—	—	—	6.4	6.4
Total expenditure	**9.8**	**4.2**	**10.4**	**8.2**	**32.6**
			Year 2002–03		
Administered expenses	17.6	2.7	10.0	3.6	33.8
Departmental expenses	1.1	—	—	5.7	6.8
Total expenditure	**18.6**	**2.7**	**10.0**	**9.3**	**40.6**
			Year 2003–04		
Administered expenses	24.0	3.3	13.8	3.4	44.5
Departmental expenses	1.4	—	—	6.1	7.5
Total expenditure	**25.4**	**3.3**	**13.8**	**9.5**	**52.0**

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

Funding through SPPs

SPPs for *Prevention of hazardous and harmful drug use* during 2003–04 amounted to $19.7 million (Table 2.24).

This was lower than the levels of funding in both 2002–03 ($51.2 million) and 2001–02 ($31.6 million). As mentioned previously, this fall in funding was because of the cessation of the National Illicit Drugs Campaign in all jurisdictions except New South Wales and Victoria.

Table 2.24: SPPs for *Prevention of hazardous and harmful drug use*, by state and territory, current prices, 2001–02 to 2003–04 ($ million)[(a)]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Year 2001–02				
Illicit drug diversion initiative	9.3	6.7	4.7	3.2	4.6	0.9	1.2	0.6	31.1
NGO treatment grants	0.5	—	—	—	—	—	—	—	0.5
Total	**9.8**	**6.7**	**4.7**	**3.2**	**4.6**	**0.9**	**1.2**	**0.6**	**31.6**
					Year 2002–03				
Illicit drug diversion initiative	15.4	11.0	10.3	5.2	4.6	1.8	1.2	1.2	50.6
NGO treatment grants	0.6	—	—	—	—	—	—	—	0.6
Total	**16.0**	**11.0**	**10.3**	**5.2**	**4.6**	**1.8**	**1.2**	**1.2**	**51.2**
					Year 2003–04				
Illicit drug diversion initiative	10.1	9.1	—	—	—	—	—	—	19.1
NGO treatment grants	0.5	0.1	—	—	—	—	—	—	0.5
Total	**10.6**	**9.1**	**—**	**—**	**—**	**—**	**—**	**—**	**19.7**

(a) Excludes any funding through the broadbanded component of 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

Most of the Australian Government's funding for *Public health research* related to its own expenditure (Table 2.25). In addition, $0.2 million in both 2001–02 and 2002–03 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 2003–04 was estimated at $68.6 million (Table 2.25). This represented 19.8% of its total expenditure on public health activities in that year and was the largest single area of direct expenditure by the Australian Government on public health activities(see Table 2.3).

In the previous two years direct expenditure was estimated at $65.0 million in 2002–03 and $57.7 million in 2001–02.

About half ($34.4 million) of the Government's expenditure in 2003–04 was in the form 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) and a further $5 million was spent on research into illicit and other drugs of dependence.

Table 2.25: Direct expenditure by the Australian Government Health and Ageing portfolio on *Public health research*, current prices, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Administered expenses	54.9	62.0	65.3
Departmental expenses	2.8	3.0	3.3
Total expenditure	**57.7**	**65.0**	**68.6**

2.4 Revisions to previously published estimates for 1999–00 and 2000–01

Public health expenditure estimates for 1999–00 and 2000–01 have been revised since the publication of *National Public Health Expenditure Report 2000–01*. All revised figures in the relevant tables have been indicated by 'r'.

The estimate for total funding by the Australia Government in 1999–00 has been revised up due to a change in estimate of SPPs to state and territory governments. The SPPs estimate has been revised from $185.7 million to $189.5 million (see Appendix A, tables A1 and A2).

Total funding and expenditure by the Australian Government in 2000–01 have both been revised down by approximately $3.1 million, because of changes in the estimates for *Public health research* (see Appendix A, tables A1 and A3). Total funding has been revised from $548.9 million to $545.8 million and total expenditure from $296.3 million to $293.2 million.

2.5 Growth in expenditure on public health activities

Direct expenditure

The Australian Government's direct expenditure on public health activities rose, in real terms, by 4.2% between 2002–03 and 2003–04 (Table 2.26; Figure 2.2). The public health activities which showed the largest real growth were:

- *Environmental health* (39.1%)
- *Prevention of hazardous and harmful drug use* (23.4%).

Over the period that the present public expenditure series have been compiled, that is, 1999–00 to 2003–04, expenditure rose by 15.4% at an average rate of 3.6% per annum. The public health activities which recorded the highest average annual growth rates were:

- *Selected health promotion* (18.4%)
- *Prevention of hazardous and harmful drug use* (12.8%).

Three activities also recorded a decline in their average annual expenditure over the same period—*Breast cancer screening* (–8.7%), *Organised immunisation* (–3.1%) and *Cervical screening* (–0.9%).

Table 2.26: Direct expenditure by the Australian Government on public health activities, constant (2002–03) prices[a] and annual growth rates, 1999–00 to 2003–04

	Expenditure ($ million)[b]					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	23.0	22.8	25.8	25.1	29.3	25.2
Selected health promotion	21.8	33.1	47.8	45.2	42.8	38.1
Organised immunisation	54.2	54.4	54.4	53.1	47.8	52.8
Environmental health	15.5	15.5	15.6	13.3	18.5	15.7
Food standards and hygiene	12.3	17.8	15.7	13.3	14.1	14.6
Breast cancer screening	2.3	3.6	1.7	1.6	1.6	2.2
Cervical screening	65.6	66.0	69.3	62.8	63.3	65.4
Prevention of hazardous and harmful drug use	31.0	44.0	33.8	40.6	50.1	39.9
Public health research	63.3	56.0	59.8	65.0	66.1	62.0
PHOFA administration[c]	0.3	0.3	0.3	0.3	0.3	0.3
Total public health	**289.3**	**313.5**	**324.2**	**320.3**	**333.9**	**316.2**

	Growth rates (%)[d]				
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[e]**
Communicable disease control	–0.9	13.2	–2.7	16.7	6.2
Selected health promotion	51.8	44.4	–5.4	–5.3	18.4
Organised immunisation	0.4	—	–2.4	–10.0	–3.1
Environmental health	—	0.6	–14.7	39.1	4.5
Food standards and hygiene	44.7	–11.8	–15.3	6.0	3.5
Breast cancer screening	56.5	–52.8	–5.9	—	–8.7
Cervical screening	0.6	5.0	–9.4	0.8	–0.9
Prevention of hazardous and harmful drug use	41.9	–23.2	20.1	23.4	12.8
Public health research	–11.5	6.8	8.7	1.7	1.1
PHOFA administration[c]	—	—	—	—	—
Total public health	**8.4**	**3.4**	**–1.2**	**4.2**	**3.6**

(a) Expenditure expressed in constant prices (see Chapter 11, Section 11.1 for details of the deflators used).

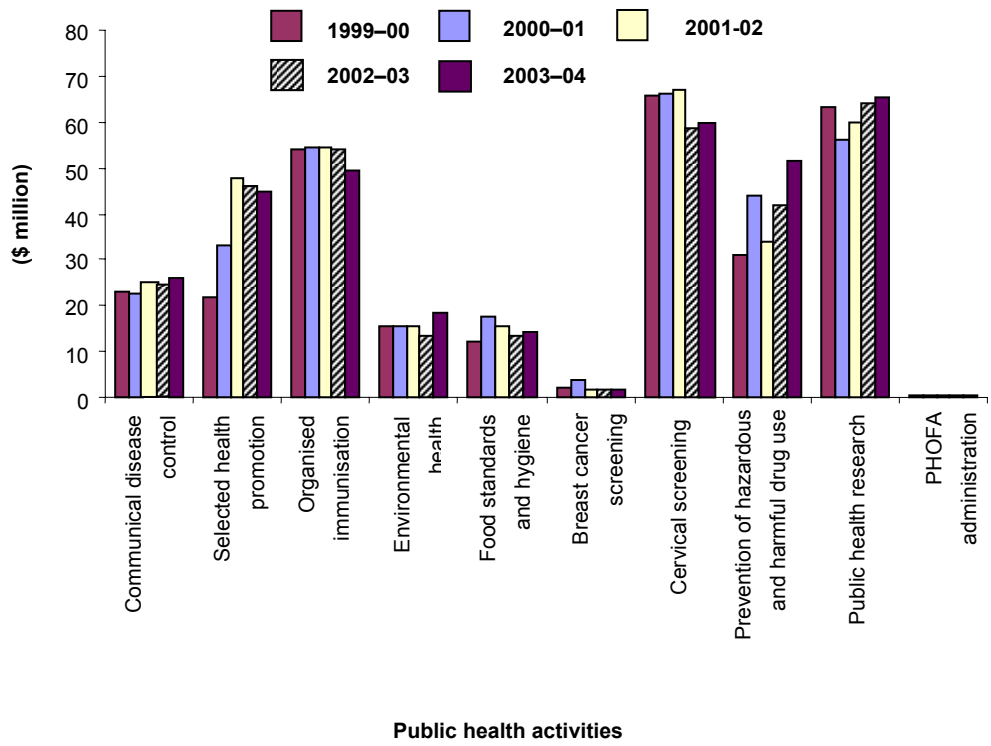
(b) Excludes SPPs (see Table 2.4).

(c) Relates to expenditure incurred in administering the PHOFAs.

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

(e) Average annual growth rate.

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



Source: Table 2.26.

Figure 2.2: Total expenditure on public health activities by the Australian Government, constant (2002–03) prices, 1999–00 to 2003–04

2.6 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 2003–04 it was estimated that the Government spent a total of $48.9 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 $16.0 million)
- non-public health aspects of the NGO Treatment Grants Program (estimated at $6.6 million)
- family planning services ($5.1 million).

In the previous years these non-public health-related expenditures totalled $41.0 million in 2002–03 and $33.5 million in 2001–02.

3 Expenditure by New South Wales health authorities

3.1 Introduction

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

Over the period 2001–04 state government health services in New South Wales were arranged into 17 relatively autonomous metropolitan and rural area health services, each covering a distinct geographic region of the state. Each area health service is responsible for, among other things, the provision of major public health services within its region. The New South Wales Department of Health (NSW Health), on the other hand, has major state-wide responsibilities for:

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

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

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

3.2 Overview of results

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

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

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

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

- *Breast cancer screening* (14.1%).

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

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

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

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

3.3 Expenditure on public health activities

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

Communicable disease control

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

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

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

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

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

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

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

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

Selected health promotion

Total expenditure on *Selected health promotion* in 2003–04 was $37.2 million, compared with $35.1 million in 2002–03 and $35.4 million in 2001–02. This represented 14.3% of total expenditure on public health activities by NSW Health in 2003–04 (Table 3.1).

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

- general health promotion and education
- injury prevention.

Some of the major spending by NSW Health under this activity was aimed at childhood obesity, prevention of injurious falls, encouraging exercise—particularly walking—and promoting healthy lifestyles in schools throughout the state. This last area of spending was undertaken in collaboration with the New South Wales Department of Education.

Organised immunisation

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

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

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

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

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

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

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

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

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

Environmental health

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

The expenditure under this activity mainly related to:

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

Food standards and hygiene

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

Breast cancer screening

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

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

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

Cervical screening

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

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

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

Prevention of hazardous and harmful drug use

Expenditure on *Prevention of hazardous and harmful drug use* by NSW Health in 2003–04 was $19.6 million, compared with $14.1 million in 2002–03 and $13.8 million in 2001–02. (This does not include drug prevention monies allocated to non-health state government departments that undertake drug and alcohol prevention activities, and therefore does not represent total expenditure in this area by the NSW Government—see Page 3).

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

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

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

- issues of importance to Indigenous Australians
- reducing exposure of children to environmental tobacco smoke
- reducing smoking in licensed premises (clubs and hotels)
- discouraging smoking by high school students.

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

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

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

Public health research

Total expenditure on *Public health research* in 2003-04 was estimated at $2.1 million. This represented 0.8% of the total expenditure incurred on public health activities during the year (Table 3.1). The majority of this expenditure took the form of infrastructure grants to public health research organisations to cover costs such as salaries of senior researchers and administrative staff, as well as physical infrastructure (power, furniture, computers etc).

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

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

3.4 Growth in expenditure on public health activities

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

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

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

	Expenditure ($ million)					
Activity	1999–00	2000–01	2001–02	2002–03	2003–04	5-year average
Communicable disease control	59.9	57.7	69.3	69.4	56.1	62.5
Selected health promotion	31.7	38.6	36.6	35.1	35.8	35.6
Organised immunisation	35.4	40.7	42.5	56.5	81.4	51.3
Environmental health	8.1	11.5	15.6	14.7	11.8	12.3
Food standards and hygiene	4.9	7.8	7.4	7.7	7.3	7.0
Breast cancer screening	39.4	34.4	34.7	30.5	35.3	34.9
Cervical screening	5.5	4.0	4.7	2.8	2.3	3.9
Prevention of hazardous and harmful drug use	21.3	18.4	14.3	14.1	18.9	17.4
Public health research	2.7	0.6	1.8	2.2	2.0	1.9
Total public health	**208.9**	**213.7**	**226.9**	**233.0**	**250.9**	**226.7**
			Growth[b] (%)			
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04[c]	
Communicable disease control	–3.7	20.1	0.1	–19.2	–1.6	
Selected health promotion	21.8	–5.2	–4.1	2.0	3.1	
Organised immunisation	15.0	4.4	32.9	44.1	23.1	
Environmental health	42.0	35.7	–5.8	–19.7	9.9	
Food standards and hygiene	59.2	–5.1	4.1	–5.2	10.5	
Breast cancer screening	–12.7	0.9	–12.1	15.7	–2.7	
Cervical screening	–27.3	17.5	–40.4	–17.9	–19.6	
Prevention of hazardous and harmful drug use	–13.6	–22.3	–1.4	34.0	–2.9	
Public health research	–77.8	200.0	22.2	–9.1	–7.2	
Total public health	**2.3**	**6.2**	**2.7**	**7.7**	**4.7**	

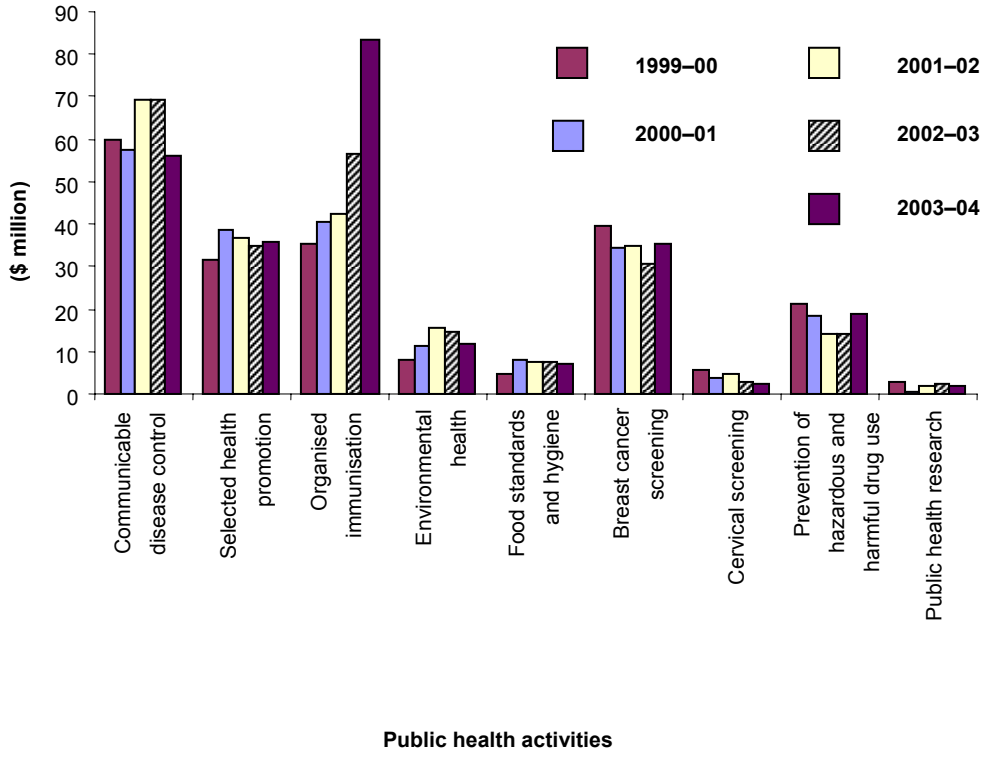
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

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

(c) Average annual growth rate.

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

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



Source: Table 3.5.

Figure 3.1: State government expenditure on public health activities, constant (2002–03) prices, New South Wales, 1999–00 to 2003–04

3.5 Expenditure on 'Public health-related activities'

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

4 Expenditure by Victorian health authorities

4.1 Introduction

Victoria is the second largest, in terms of population, and the second smallest geographically, of the six Australian states. Consequently, Victoria is the most densely populated of the states. In 2003–04 its total population was 4.9 million.

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

During 2003–04, 72% of the Department's public health expenditure was on services provided by agencies under service agreements with the Department. These include agreements with both NGOs and with government agencies, such as public hospitals, metropolitan health services, kindergartens, LGAs, community health centres and ambulance services.

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

4.2 Overview of results

Total expenditure by the Victorian Government on public health activities during 2003–04 was $226.3 million compared with $234.4 million in 2002–03 and $197.4 million in 2001–02 (Table 4.1).

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

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

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

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

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

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

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

4.3 Expenditure on public health activities

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

Communicable disease control

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

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

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

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

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

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

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

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

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2003–04 was $64.1 million, marginally down on that incurred in 2002–03 ($65.5 million) and 2001–02 ($65.3 million). This constituted 28.3% of total expenditure on public health activities in 2003–04 and reflected the most significant area of expenditure incurred by DHS during that year (Table 4.1).

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

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

The funding was also aimed at:

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

The increased expenditure over the past three years reflected:

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

Organised immunisation

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

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

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

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

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

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

Environmental health

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

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

The expenditure under this activity included:

- development of state-wide environmental health policies
- provision of effective regulatory control
- responses to emergency situations
- provision of information and advice to consumers

- ongoing research into environmental health issues.

Food standards and hygiene

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

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

Breast cancer screening

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

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

BreastScreen Victoria provides a free breast cancer screening service for women without related symptoms or breast problems. It specifically targets women in the age group 50–69 years, although women aged 40–49 and over 69 years can utilise the service. In both 2002–03 and 2003–04, 60% of the target population was screened for breast cancer.

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

Cervical screening

Total expenditure on *Cervical screening* by DHS during 2003–04 was $10.9 million, compared with $9.9 million in 2002–03 and $9.5 million in 2001–02. This was equivalent to 4.8% of total expenditure on public health activities by DHS during 2003–04 (Table 4.1).

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

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

Prevention of hazardous and harmful drug use

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

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

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

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

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

Public health research

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

Expenditure under this activity mainly included:

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

4.4 Revision of 2000–01 data

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

4.5 Growth in expenditure on public health activities

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

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

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

	Expenditure ($ million)					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	26.1	33.1	33.9	34.6	39.0	33.3
Selected health promotion	64.2	64.1	67.5	65.5	61.9	64.6
Organised immunisation	25.8	28.8	29.1	58.6	42.2	36.9
Environmental health	3.2	3.4	3.6	4.4	4.7	3.9
Food standards and hygiene	2.6	3.3	2.5	2.8	3.1	2.9
Breast cancer screening	21.0	20.7	20.5	21.4	22.7	21.3
Cervical screening	8.1	11.7	9.8	9.9	10.6	10.0
Prevention of hazardous and harmful drug use	13.1	27.0	26.4	25.5	22.2	22.8
Public health research	2.4	7.5	10.9	11.7	12.2	8.9
Total public health	**166.5**	**199.6**	**204.2**	**234.4**	**218.6**	**204.7**
			Growth[b] (%)			
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[c]**	
Communicable disease control	26.8	2.4	2.1	12.7	10.6	
Selected health promotion	–0.2	5.3	–3.0	–5.5	–0.9	
Organised immunisation	11.6	1.0	101.4	–28.0	13.1	
Environmental health	6.2	5.9	22.2	6.8	10.1	
Food standards and hygiene	26.9	–24.2	12.0	10.7	4.5	
Breast cancer screening	–1.4	–1.0	4.4	6.1	2.0	
Cervical screening	44.4	–16.2	1.0	7.1	7.0	
Prevention of hazardous and harmful drug use	106.1	–2.2	–3.4	–12.9	14.1	
Public health research	212.5	45.3	7.3	4.3	50.2	
Total public health	**19.9**	**2.3**	**14.8**	**–6.7**	**7.0**	

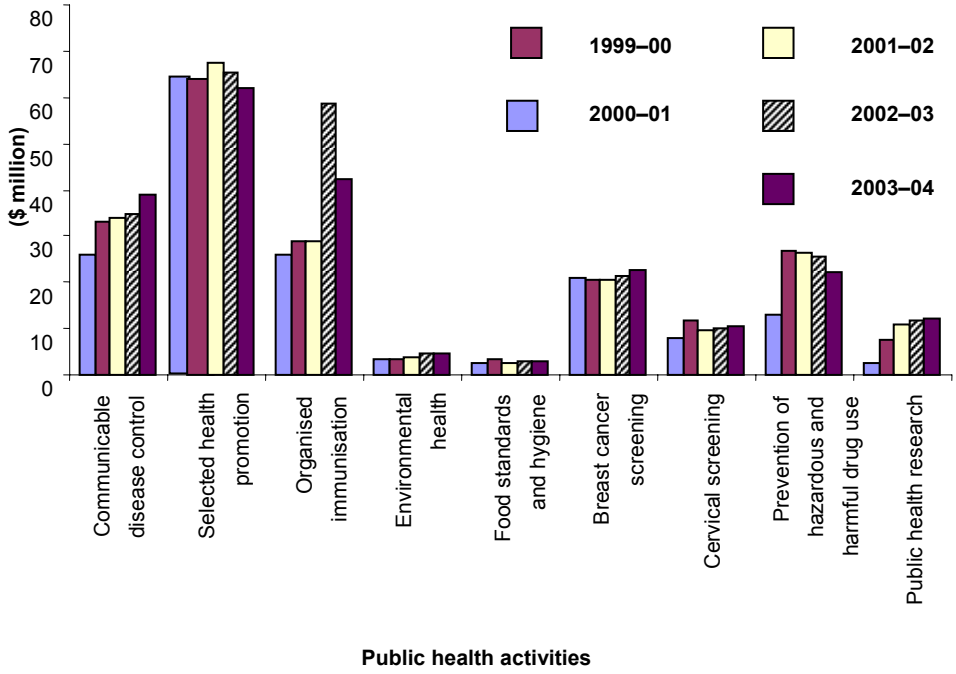
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

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

(c) Average annual growth rate.

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

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



Source: Table 4.5.

Figure 4.1: State government expenditure on public health activities, constant (2002–03) prices, Victoria, 1999–00 to 2003–04

4.6 Expenditure on 'Public health-related activities'

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

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

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

5 Expenditure by Queensland Health

5.1 Introduction

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

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

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

5.2 Overview of results

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

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

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

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

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

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

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

5.3 Expenditure on public health activities

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

Communicable disease control

Total expenditure for *Communicable disease control* by Queensland Health in 2003–04 was $23.0 million, compared with $22.0 million in 2002–03 and $20.1 million in 2001–02 (Table 5.1)

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

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

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

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

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

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

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

Selected health promotion

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

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

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

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

Organised immunisation

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

The 2003–04 expenditure represented 24. 8% of the total public health expenditure by Queensland Health during that year. It comprised $27.8 million on organised childhood immunisation, $5.0 million on pneumococcal and influenza immunisation and $4.9 million on all other organised immunisation (Table 5.3).

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

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

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

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

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

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

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

Environmental health

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

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

Public Health Services undertakes a wide range of environmental health activities, including an advisory or support role to LGAs and other state departments, for example water management and water quality. In addition, it has responsibility for such areas as; control of poisons, therapeutic goods, pest control, fumigation, and toxicology and radiation health.

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

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

Food standards and hygiene

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

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

Breast cancer screening

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

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

The key achievements were:

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

- development of a central BreastScreen Queensland Registry.

Cervical screening

Total expenditure on *Cervical screening* by Queensland Health during 2002–03 was $3.4 million, which was marginally up on the expenditure incurred in 2002–03 and 2001–02. This constituted 2.2% of total expenditure on public health activities by Queensland Health during 2003–04 (Table 5.1).

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

Some key achievements under this activity included:

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

Prevention of hazardous and harmful drug use

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

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

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

Some of the key achievements included:

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

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

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

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

Public health research

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

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

5.4 Growth in expenditure on public health activities

Expenditure on public health activities by Queensland Health during 2003–04, in real terms, was estimated at $146.7 million. This was an increase of 1.1% on the 2002–03 expenditure.

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

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

	Expenditure ($ million)					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	17.6	18.5	20.8	22.0	22.2	20.2
Selected health promotion	19.8	19.9	26.6	26.3	24.3	23.4
Organised immunisation	17.8	20.1	18.2	32.8	36.4	25.1
Environmental health	10.8	12.3	12.0	13.1	12.8	12.2
Food standards and hygiene	1.7	2.0	2.1	2.9	3.0	2.3
Breast cancer screening	20.4	20.8	21.8	21.1	21.4	21.1
Cervical screening	3.8	3.9	3.2	3.2	3.3	3.5
Prevention of hazardous and harmful drug use	16.9	19.0	23.0	23.5	22.8	21.0
Public health research	0.5	0.1	0.0	0.2	0.5	0.3
Total public health	**109.3**	**116.6**	**127.7**	**145.1**	**146.7**	**129.1**
			Growth[b] (%)			
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[c]**	
Communicable disease control	5.1	12.4	5.8	0.9	6.0	
Selected health promotion	0.5	33.7	–1.1	–7.6	5.3	
Organised immunisation	12.9	–9.5	80.2	11.0	19.6	
Environmental health	13.9	–2.4	9.2	–2.3	4.3	
Food standards and hygiene	17.6	5.0	38.1	3.4	15.3	
Breast cancer screening	2.0	4.8	–3.2	1.4	1.2	
Cervical screening	2.6	–17.9	0.0	3.1	–3.5	
Prevention of hazardous and harmful drug use	12.4	21.1	2.2	–3.0	7.8	
Public health research	–80.0	–100.0	0.2	150.0	0.0	
Total public health	**6.7**	**9.5**	**13.6**	**1.1**	**7.6**	

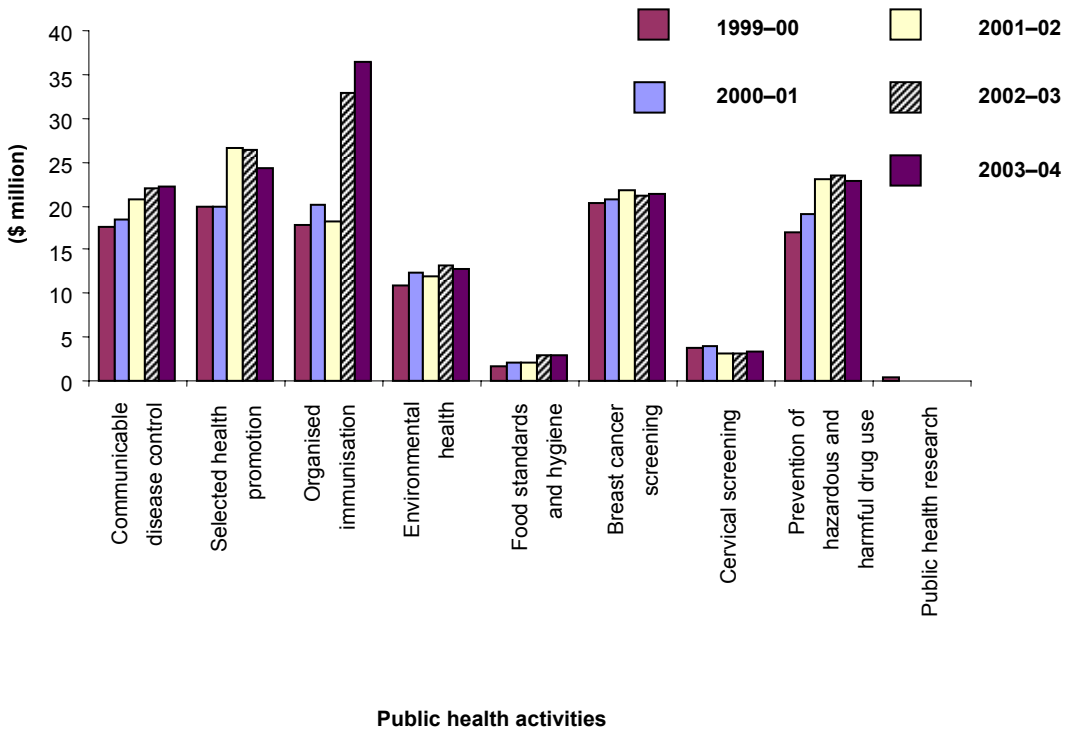
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

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

(c) Average annual growth rate.

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

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



Source: Table 5.5.

Figure 5.1: State government expenditure on public health activities, constant (2002–03) prices, Queensland, 1999–00 to 2003–04

5.5 Expenditure on 'Public health-related activities'

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

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

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 1.9 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 2003–04 was estimated as $101.8 million, compared to $97.4 million in 2002–03 and $86.2 in 2001–02 (Table 6.1).

Overall, expenditure on public health in 2003–04 was up $4.4 million or 4.5% on that incurred the previous financial year. There was an increase in expenditure across all public health activities, with expenditure on *Selected health promotion* (up $1.4 million) and *Prevention of hazardous and harmful drug use* (up $0.9 million) being the largest in absolute terms. Over 70% of the expenditure was directed towards four public health activities:

- *Organised immunisation* (20.3%)

- *Selected health promotion* (18.6%)
- *Prevention of hazardous and harmful drug use* (17.8%)
- *Communicable disease control* (13.4%).

Table 6.1: State government expenditure on public health activities, current prices, Western Australia, 1999–00 to 2002–03

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

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

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

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

The total expenditure for *Communicable disease control* by DOH in 2003–04 was $13.6 million compared with $13.0 million in 2002–03 and $12.8 million in 2001–02 (Table 6.1).

The 2003–04 expenditure constituted 13.4 % of the total public health expenditure incurred during 2003–04. (Table 6.1). It comprised of $8.4 million on HIV/AIDS, hepatitis C and sexually transmitted infections control programs, $1.8 million on the needle and syringe programs and $3.4 million on other communicable disease control (Table 6.2).

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, ensuring better surveillance.

Table 6.2: State government expenditure on *Communicable disease control*, current prices, Western Australia, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	8.0	8.1	8.4
Needle and syringe programs	1.5	1.6	1.8
Other communicable disease control	3.3	3.3	3.4
Total	**12.8**	**13.0**	**13.6**

Selected health promotion

The total expenditure for *Selected health promotion* by DOH and Healthway in 2003–04 was $18.9 million, compared to $17.5 million in 2002–03 and $16.5 million in 2001–02 (Table 6.1).

The 2003–04 expenditure in 2003–04 was 18.6% of the total public health expenditure and reflected the second most significant area of expenditure by DOH.

Features of the *Selected Health Promotion* activity over the period 2001–02 to 2003–04 include support of projects addressing preventable chronic disease. 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 2003–04 was $20.7 million, the same level of expenditure as recorded for 2002–03 but up $7.4 million on that incurred in 2001–02 (Table 6.1).

The 2003–04 expenditure represented 20.3% of total public health expenditure and reflected the most significant area of expenditure incurred by DOH). It comprised $12.9 million on organised childhood immunisation, $3.8 million on pneumococcal and influenza immunisation and $3.9 million on all other organised immunisation (Table 6.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up (approximately $7.4 million) on that incurred in 2001–02. This increase was largely due to increased expenditure on organised childhood immunisation due to the introduction of the National Meningococcal C Vaccination Program for all children aged 1 to 19 years old.

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; and
- 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.

Table 6.3: State government expenditure on *Organised immunisation*, current prices, Western Australia, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	8.1	14.4	12.9
Organised pneumococcal and influenza immunisation	2.4	3.7	3.8
All other organised immunisation	2.7	2.6	3.9
Total	**13.3**	**20.7**	**20.7**

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

Environmental health

Total expenditure on *Environmental health* during 2003–04 was $12.4 million, which was similar to the level of expenditure incurred in 2002–03 ($12.2 million) and in 2001–02 ($12.1 million). The 2003–04 expenditure represented 2.1% of total public health expenditure by DOH, which was similar to its proportion for previous years (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 2003–04 was $2.1 million, compared with $2.0 million in 2002–03 and $1.9 million in 2001–02. The 2003–04 expenditure constituted 2.1% of the total public health expenditure by DOH for that year (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 2003–04 was $9.7 million, compared with $9.0 million in 2002–03 and $8.5 million in 2001–02. The 2003–04 expenditure constituted 9.5% of total public health expenditure by DOH for that year (Table 6.1).

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 2003–04 was $1.8 million, which is comparable to that incurred the previous financial year. This expenditure represented 1.8% of total public health expenditure incurred in 2003–04 (Table 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 2003–04 was $18.1 million, compared to $17.2 million in 2002–03 and $16.1 million the previous financial year (Table 6.1).

The 2003–04 expenditure represented 17.8% of total expenditure on public health activities and was one of the more significant areas of expenditure during the course of that year. It comprised $10.0 million on alcohol and tobacco programs, $5.0 million on the illicit drugs and methadone program and $3.1 million on other related drug programs (Table 6.4). Overall, expenditure was marginally up across all categories when compared to the expenditure incurred in 2002–03 and 2001–02.

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.

Table 6.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Western Australia, 2001–02 to 2003–04 ($ million)

Category	2001–02[(a)]	2002–03[(a)]	2003–04
Alcohol	3.1	3.5	3.6
Tobacco	5.3	5.9	6.4
Illicit and other drugs of dependence	4.6	4.8	5.0
Mixed	3.0	3.0	3.1
Total	**16.1**	**17.2**	**18.1**

(a) Includes expenditure by the Department of Health and Healthway.

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

Public health research

The total expenditure for *Public health research* by DOH in 2003–04 was $4.5 million, compared to $4.1 million in 2002–03 and $3.3 million in 2001–02.

The 2003–04 expenditure represented 4.4% of total expenditure on public health activities for that year (Table 6.1). It included expenditure on research on issues related to childhood diseases, and maternal, child and youth health. In addition, it included expenditure on research activities associated with Healthway.

6.4 Growth in expenditure on public health activities

Total public health expenditure, in constant price terms, increased from $97.4 million in 2002–03 to $98.5 million in 2003–04. This represented an increase of 1.1% in real terms

(Table 6.5). Expenditure on *Cervical screening* and *Food standards and hygiene* recorded the highest growth rates (5.9% and 5.0% respectively).

Table 6.5: State government expenditure on public health activities, constant (2002–03) prices[a], Western Australia, 1999–00 to 2003–04

	Expenditure ($ million)					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	12.7	13.0	13.2	13.0	13.2	13.0
Selected health promotion	16.6	16.8	17.1	17.5	18.2	17.2
Organised immunisation	9.7	11.0	13.7	20.7	20.0	15.0
Environmental health	11.4	11.7	12.6	12.2	12.0	12.0
Food standards and hygiene	1.8	1.9	2.0	2.0	2.1	2.0
Breast cancer screening	7.9	7.9	8.8	9.0	9.4	8.6
Cervical screening	1.5	1.6	1.7	1.7	1.8	1.7
Prevention of hazardous and harmful drug use	15.4	15.4	16.7	17.2	17.5	16.4
Public health research	1.9	3.4	3.4	4.1	4.3	3.4
Total public health	**78.9**	**82.7**	**89.2**	**97.4**	**98.5**	**89.3**
	Growth[b] (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[c]**	
Communicable disease control	2.4	1.5	–1.5	1.5	1.0	
Selected health promotion	1.2	1.8	2.3	4.0	2.3	
Organised immunisation	13.4	24.5	51.1	–3.4	19.8	
Environmental health	2.6	7.7	–3.2	–1.6	1.3	
Food standards and hygiene	5.6	5.3	—	5.0	3.9	
Breast cancer screening	—	11.4	2.3	4.4	4.4	
Cervical screening	6.7	6.2	—	5.9	4.7	
Prevention of hazardous and harmful drug use	—	8.4	3.0	1.7	3.2	
Public health research	78.9	—	20.6	4.9	22.7	
Total public health	**4.8**	**7.9**	**9.2**	**1.1**	**5.7**	

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

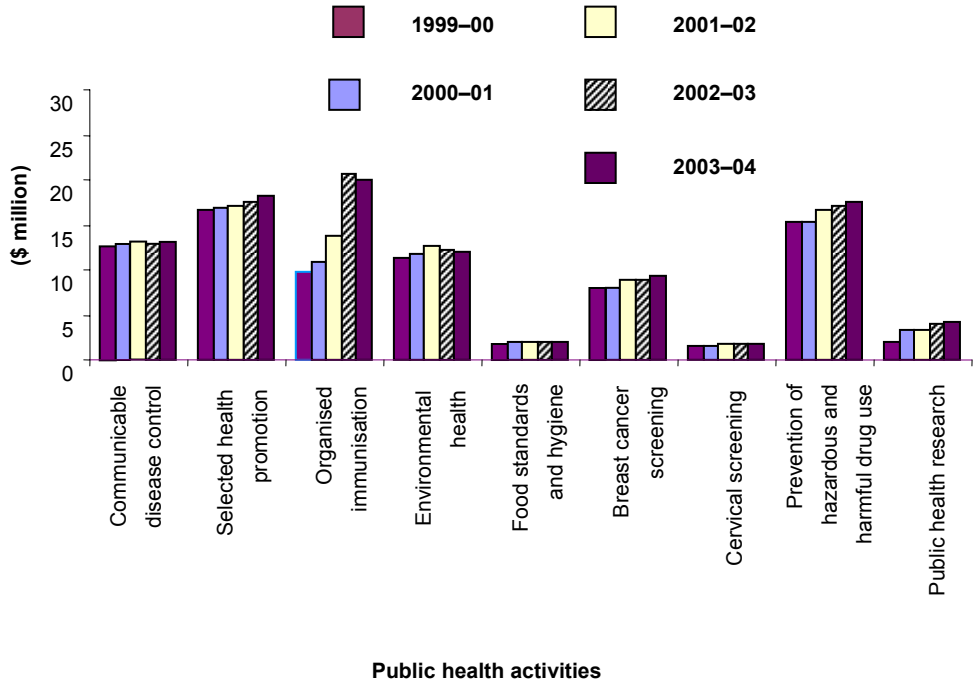
(b) Estimates are based on expenditure expressed in $ million and rounded to one decimal place.

(c) Average annual growth rate.

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

Estimates of expenditure on public health activities increased, in real terms, by 24.8% between 1999–00 and 2003–04, at an annual average of 5.7% over the five years. All public health activities recorded an increase in their average annual expenditure over this period, with expenditure on *Public health research* and *Organised immunisation* recording the highest average annual growth rates of 22.7% and 19.8% respectively (Table 6.3). The growth rates in O*rganised immunisation* relate largely to the introduction of the National Meningococcal C Vaccination Program and the increase in *Public health research* represents a movement from a low base figure. Over the period that the present public health expenditure series has been compiled, that is, from 1999–00 to 2003–04, the public health

activities which have recorded the highest average annual expenditure were *Selected health promotion* ($17.2 million), *Prevention of hazardous and harmful drug use* ($16.4 million) and *Organised immunisation* ($15.0 million) (Table 6.5; Figure 6.1).



Source: Table 6.5

Figure 6.1: State government expenditure on public health activities, constant (2002–03) prices, Western Australia, 1999–00 to 2003–04

6.5 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2003–04 was estimated at $3.0 million, compared with $2.0 million in 2002–03 and $3.0 million in 2001–02. Included under this activity were health information and epidemiological expenditure related to public health.

7 Expenditure by South Australian health authorities

7.1 Introduction

South Australia's population in June 2004 was estimated at approximately 1.5 million and is Australia's fifth largest state in terms of population. Approximately 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 persons aged 65 years and over.

The state public health system consists of numerous health units, community health centres and other related organisations, which were under the administration of the Department of Human Services (DHS) during the periods covered in this report.

Expenditures, including funding, by DHS on public health activities have been included in this report.

7.2 Overview of results

Total public health expenditure by DHS in 2003–04 was estimated, in current price terms, at $77.2 million, compared with $79.8 million in 2002–03. Expenditure in 2002–03 and 2003–04 was substantially up on that incurred in 2001–02 ($66.7 million) (Table 7.1).

In 2003–04, over 70% of the expenditure was directed towards four health activities (Table 7.1):

- *Communicable disease control* (20.3%)
- *Organised immunisation* (18.1%)
- *Prevention of hazardous and harmful drug use* (17.2%)
- *Selected health promotion* (16.6%).

Expenditure on public health in 2003–04 was $2.6 million down on that incurred the previous financial year. The main contributor to this decrease was a reduction in expenditure on *Organised immunisation* (down $3.4 million) as the second year of the National Meningococcal C Vaccination Program had significantly fewer children eligible due to targeting of different age groups.

Table 7.1: State government expenditure on public health activities, current prices, South Australia, 1999–00 to 2003–04

Activity	1999–00	2000–01	2001–02	2002–03	2003–04
			Expenditure ($ million)		
Communicable disease control	11.5	12.5	13.6	15.4	15.7
Selected health promotion	8.6	r8.6	11.2	11.8	12.8
Organised immunisation	8.6	9.1	9.7	17.4	14.0
Environmental health	5.5	6.0	6.4	6.6	5.8
Food standards and hygiene	1.2	1.5	1.2	1.8	1.4
Breast cancer screening	7.1	7.8	7.3	7.5	8.1
Cervical screening	2.8	3.2	2.1	2.2	2.1
Prevention of hazardous and harmful drug use	12.0	13.9	12.8	13.5	13.3
Public health research	0.6	0.7	2.4	3.6	4.0
Total public health	**57.9**	**r63.3**	**66.7**	**79.8**	**77.2**
			Proportion of public health expenditure[(a)] (%)		
Communicable disease control	19.9	19.7	20.4	19.3	20.3
Selected health promotion	14.9	13.6	16.8	14.8	16.6
Organised immunisation	14.9	14.4	14.5	21.8	18.1
Environmental health	9.5	9.5	9.6	8.3	7.5
Food standards and hygiene	2.1	2.4	1.8	2.3	1.8
Breast cancer screening	12.3	12.3	10.9	9.4	10.5
Cervical screening	4.8	5.1	3.1	2.8	2.7
Prevention of hazardous and harmful drug use	20.7	22.0	19.2	16.9	17.2
Public health research	1.0	1.1	3.6	4.5	5.2
Total public health	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

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

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 DHS in 2003–04 was $15.7 million, compared with $15.4 million in 2002–03 and $13.6 million in 2001–02 (Table 7.1).

The 2003–04 expenditure accounted for 20.3% of the total expenditure on public health activities and reflected the most significant area of expenditure by DHS during that year. It comprised $10.1 million on HIV/AIDS, hepatitis C and sexually transmitted infections

control programs, $1.5 million on needle and syringe programs and $4.1 million on other communicable disease control (Table 7.2).

Expenditure, in nominal terms, has increased each year between 2001–02 and 2003–04. The growth was largely due to the increased expenditure on HIV/AIDS, hepatitis C and sexually transmitted infections control programs, which accounted for approximately 60% of the total expenditure on average per year.

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 DHS 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.

Table 7.2: State government expenditure on *Communicable disease control*, current prices, South Australia, 2001–02 to 2003-04 ($ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	7.9	8.8	10.1
Needle and syringe programs	2.0	2.2	1.5
Other communicable disease control	3.8	4.3	4.1
Total	**13.6**	**15.4**	**15.7**

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

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2003–04 was $12.8 million, compared with $11.8 million in 2002–03 and $11.2 million for the previous financial year. This represented 16.6% of total expenditure on public health activities in 2003–04 (Table 7.1).

Expenditure, in nominal terms, has grown for most years, from $8.6 million in 1999–00 to $12.8 million in 2003–04.

Within South Australia, health promotion is coordinated by Health Promotion SA (part of DHS). 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 DHS, public hospitals and community health services also recorded expenditure on a range of health promotion activities.

Organised immunisation

Expenditure on *Organised immunisation* by DHS in 2003–04 was $14.0 million, compared with $17.4 million in 2002–03 and $9.7 million in 2001–02 (Table 7.1).

The 2003–04 expenditure represented 18.1% of total expenditure on public health activities and was the second most significant area of expenditure incurred by DHS during that year. It comprised $10.6 million on organised childhood immunisation, $2.7 million on pneumococcal and influenza immunisation and $0.7 million on all other organised immunisation (Table 7.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up on that incurred in previous years. The higher expenditure reflects the increased spending on organised childhood immunisation with the introduction of the National Meningococcal C Vaccination Program in January 2003. Meningococcal C vaccine is now on the SA Childhood Vaccination Schedule for children turning 12 months of age. In addition, the program provides free meningococcal C vaccine to the 1–19 year-old age group.

The decrease in expenditure from 2002–03 to 2003–04 was due to the targeting of different age groups in the Meningococcal C program. In 2002–03 (the first year of the program) those age groups considered most at risk, 1–5 year-olds and 15–19 year-olds, were initially targeted. The remaining 6–14 year-olds were targeted over two years, with 50% of this group targeted in 2003–04. In addition, the diphtheria, tetanus and pertussis booster, delivered at 18 months of age, was dropped from the funded schedule in September 2003.

During 2001–02 the percentage of 1 year-olds fully immunised was maintained at 92% and for 2 year-olds it increased to 90%. In 2002–03 the percentage of 1 year-olds fully immunised remained at 92% and for 2 year-olds increased to 91%. During 2003–04 the percentage of 1 year-olds remained at 92% and the percentage of 2 year-olds increased to 93%.

Funding for *Organised immunisation* comes from a combination of state appropriations and the Australian Government via the PHOFAs.

Table 7.3: State government expenditure on *Organised immunisation*, current prices, South Australia, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	5.9	10.9	10.6
Organised pneumococcal and influenza immunisation	2.5	2.6	2.7
All other organised immunisation	1.2	3.8	0.7
Total	**9.7**	**17.4**	**14.0**

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

Environmental health

Total expenditure for *Environmental health* by DHS in 2003–04 was $5.8 million, compared with $6.6 million in 2002–03 and $6.4 million in 2001–02. This constituted 7.5% of the total expenditure on public health activities by DHS in 2003–04 (Table 7.1).

The transfer of the Radiation Protection Branch from DHS to the Environment Protection Authority on 1 July 2002 was the main contributor to the decreased expenditure on this activity over the past two years. This transfer of responsibilities resulted in DHS's *Environmental health* core function expenditure being reduced annually by about $1.3 million (2001–02 expenditure on radiation protection).

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, and development of policy and legislation pertaining to the access and safe use of pharmaceuticals and other chemicals.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by DHS in 2003–04 was $1.4 million, compared with $1.8 million in 2002–03 and $1.2 million the previous financial year. The 2003–04 expenditure constituted 1.8% of total expenditure on public health activities by DHS during that year (Table 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 DHS in 2003–04 was $8.1 million, compared with $7.5 million in 2002–03 and $7.3 million in 2001–02. This represented 10.5% of the total public health expenditure (Table 7.1) during 2003–04.

BreastScreen SA, within DHS, 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:

- maintenance of the cancer registry in the Epidemiology Branch of DHS
- breast cancer cytological screens through the Institute of Medical and Veterinary Science.

Cervical screening

Total expenditure for *Cervical screening* by DHS for 2003–04 was $2.1 million, approximately the same level of expenditure as incurred in 2002–03 and 2001–02. This accounted for 2.7% of total expenditure on public health activities during 2003–04 (Table 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 disease, 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 DHS in 2003–04 was $13.3 million, compared with $13.5 million in 2002–03 and $12.8 million in 2001–02 (Table 7.1).

The 2003–04 expenditure constituted 17.2% of total public health expenditure and was one of the significant areas of expenditure on public health activities by DHS during that year. It comprised $3.7 million on alcohol and tobacco programs, $5.8 million on the illicit and other

drugs of dependence programs and $3.8 million on mixed programs (that is, those that could not be classified to the previous categories) (Table 7.4).

Over the years 2001–02 and 2002–03 responsibility for providing funds for programs that aim to reduce the overuse and abuse of alcohol and drugs was transferred from the Drug and Alcohol Services Council to the DHS. Tobacco control in South Australia is predominantly funded by the Tobacco Control Unit of DHS.

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

Table 7.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, South Australia, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Alcohol	0.9	0.8	0.2
Tobacco	3.7	4.3	3.5
Illicit and other drugs of dependence	3.8	4.4	5.8
Mixed	4.4	4.1	3.8
Total	**12.8**	**13.5**	**13.3**

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

Public health research

Total expenditure for *Public health research* by DHS in 2003–04 was $4.0 million, compared to $3.6 million in 2002–03 and $2.4 million in 2001–02. This constituted 5.2% of total expenditure on public health activities during 2003–04 (Table 7.1).

The expenditure mainly related to funding by the Drug and Alcohol Services Council to support research in areas relating to alcohol and drug use and prevention. Also included is public health research funding by the Human Services Research and Innovation Program (HSRIP), the Women's and Children's Hospital and community health research funded by DHS.

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

7.4 Revision to previously published estimates for 2000-01

The DHS has revised its 2000–01 expenditure on public health activities since the publication of the *National Public Health Expenditure Report 2000–01* (AIHW 2004). The updated data has been included in Table 7.1.

7.5 Growth in expenditure on public health activities

Total expenditure on public health activities by DHS decreased, in real terms, by 6.1% between 2002–03 and 2003–04. However, over the longer period, 1999–00 to 2003–04, expenditure has grown at an average of 4.1% per year (Table 7.5).

The fastest growth was in expenditure on *Public health research*, which was estimated to have grown at an annual average rate of 59.7%. This was largely due to the inclusion after 2000–01 of some research activities that had not been reported earlier (Table 7.5; Figure 7.1).

The second fastest growth was in expenditure on *Organised immunisation*, which averaged 9.4% over the period.

There were only three activities which showed declines in their average annual growth rates over the period 1999–00 to 2003-04. These were *Cervical screening* (–10.4%), *Environmental health* (–2.1%) and *Prevention of hazardous and harmful drug use* (–0.6%). In the case of *Cervical screening* there was a fall in expenditure of 35.3% in 2001–02 that largely contributed to the decrease.

Table 7.5: State government expenditure on public health activities, constant (2002–03) prices[a], South Australia, 1999–00 to 2003–04

	Expenditure ($ million)					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	12.7	13.3	14.1	15.4	15.2	14.1
Selected health promotion	9.5	9.2	11.5	11.8	12.4	10.9
Organised immunisation	9.5	9.8	10.0	17.4	13.6	12.1
Environmental health	6.1	6.4	6.6	6.6	5.6	6.3
Food standards and hygiene	1.3	1.6	1.2	1.8	1.4	1.5
Breast cancer screening	7.8	8.4	7.5	7.5	7.9	7.8
Cervical screening	3.1	3.4	2.2	2.2	2.0	2.6
Prevention of hazardous and harmful drug use	13.2	14.8	13.3	13.5	12.9	13.5
Public health research	0.6	0.7	2.4	3.6	3.9	2.2
Total public health	**63.8**	**67.6**	**68.8**	**79.8**	**74.9**	**71.0**
			Growth[b] (%)			
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[c]**	
Communicable disease control	4.7	6.0	9.2	–1.3	4.6	
Selected health promotion	–3.2	25.0	2.6	5.1	6.9	
Organised immunisation	3.2	2.0	74.0	–21.8	9.4	
Environmental health	4.9	3.1	—	–15.2	–2.1	
Food standards and hygiene	23.1	–25.0	50.0	–22.2	1.9	
Breast cancer screening	7.7	–10.7	—	5.3	0.3	
Cervical screening	9.7	–35.3	—	–9.1	–10.4	
Prevention of hazardous and harmful drug use	12.1	–10.1	1.5	–4.4	–0.6	
Public health research	16.7	242.9	50.0	8.3	59.7	
Total public health	**6.0**	**1.8**	**16.0**	**–6.1**	**4.1**	

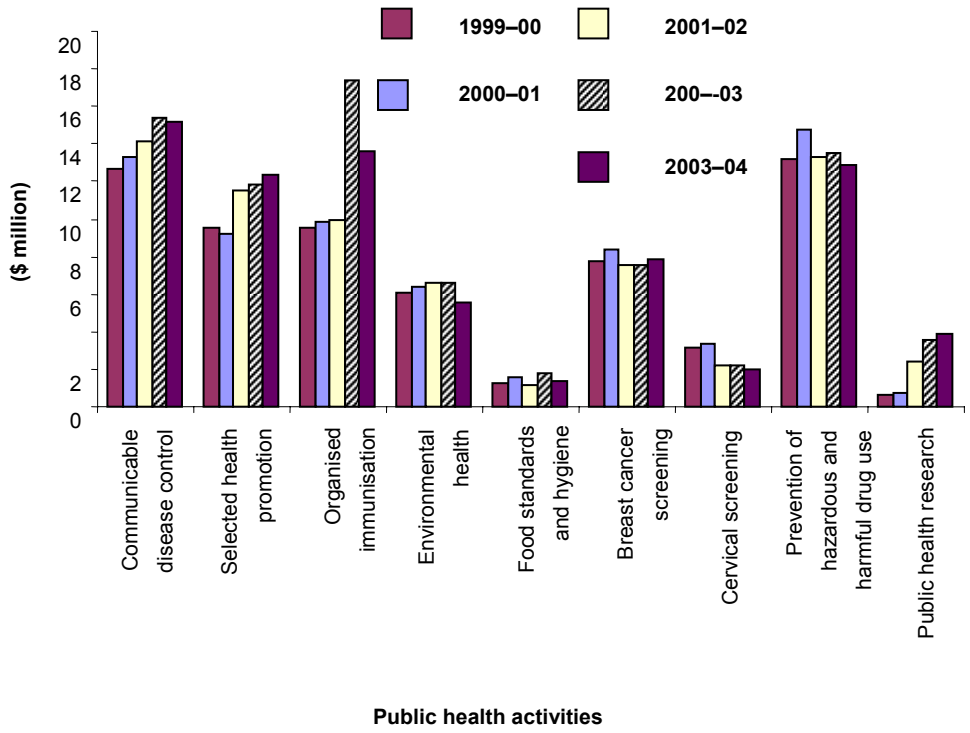
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

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

(c) Average annual growth rate.

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

Over the period the current public health expenditure series has been compiled, that is, from 1999–00 to 2002–03, *Communicable disease control* ($14.1 million) recorded the highest average annual expenditure in real terms, followed by *Prevention of hazardous and harmful drug use* ($13.5 million) and *Organised immunisation* (12.1 million) (Table 7.5; Figure 7.1).



Source: Table 7.5.

Figure 7.1: State government expenditure on public health activities, constant (2002–03) prices, South Australia, 1999–00 to 2003–04

7.6 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2003–04 was $67.5 million, compared with $60.8 million in 2002–03 and $57.2 million the previous year.

The major programs included as 'Public health-related activities' for 2003–04 were:

- dental health services, including the school dental screening program ($46.3 million)
- community health programs, which included projects relating to violence and abuse, women's health, Aboriginal health and youth health ($8.1 million)
- alcohol and other drug treatment and welfare-related programs ($7.2 million).

8 Expenditure by Tasmanian health authorities

8.1 Introduction

Tasmania, with an estimated population of 482,128 at June 2004, is Australia's smallest state, in both its geographic area and its total population. Some 14.3% of Tasmania's population are aged 65 years and over, which is higher than the national average of 13.0%.

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 State Government on public health activities in Tasmania during 2003–04 was estimated at $27.0 million, compared with $27.9 million in 2002–03 and $23.8 million in 2001–02 (Table 8.1).

In 2003–04, nearly 90% of the expenditure was directed towards the following public health activities:

- *Selected health promotion* (22.6%)
- *Prevention of hazardous and harmful drug use* (20.4%)
- *Organised immunisation* (16.1%)
- *Environmental health* (14.7%)
- *Breast cancer screening* (13.8%).

Table 8.1: State government expenditure on public health activities, current prices, Tasmania, 1999–00 to 2003–04

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

(a) Estimates are based on expenditure data expressed in $'000 and rounded to one decimal place.

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

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 2003–04 was $2.4 million, compared with $3.2 million in 2002–03 and $2.5 million the previous financial year (Table 8.1).

The 2003–04 expenditure accounted for 8.8% of the total expenditure on public health activities by DHHS during that year. It comprised $1.6 million on HIV/AIDS, hepatitis B and

sexually transmitted infections control programs, $0.6 million on needle and syringe programs and $0.2 million on other communicable disease control (Table 8.2).

The majority of the expenditure associated with this activity is coordinated through the Public and Environmental Health Service. 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.

Table 8.2: State government expenditure on *Communicable disease control*, current prices, Tasmania, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	1.5	1.4	1.6
Needle and syringe programs[(a)]	0.7	1.1	0.6
Other communicable disease control	0.3	0.7	0.2
Total	**2.5**	**3.2**	**2.4**

(a) Expenditure on needle and syringe programs can fluctuate through timing of invoices and payments as well as variations in demand and ordering of supplies.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2003–04 was estimated at $6.1 million, down marginally on that incurred in 2002–03 ($6.4 million) and 2001–02 ($6.7 million).

The 2003–04 expenditure accounted for 22.6% of the total expenditure on public health and reflected the most significant area of expenditure incurred by DHHS during that year (Table 8.1).

The Division of Community, Population and Rural Health employs dedicated regional health promotion officers who undertake a wide range of health promotional activities. The expenditures were mainly aimed at oral health, nutrition, physical activity, injury prevention, healthy ageing and mental health. In addition, grants were provided to a number of NGOs for nutrition and sexual health promotion.

Organised immunisation

Expenditure by DHHS on *Organised immunisation* in 2003–04 was estimated at $4.3 million, compared with $4.7 million in 2002–03 and $2.6 million in 2001–02 (Table 8.1).

The 2003–04 expenditure constituted 16.1% of total expenditure on public health activities and was one of the more significant areas of expenditure incurred by DHHS during that year. It comprised $2.8 million on organised childhood immunisation, $0.9 million on organised pneumococcal and influenza immunisation and $0.6 million on all other organised immunisation (Table 8.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up on that incurred in 2001–02. This higher expenditure reflected the increased spending on organised childhood immunisation with the introduction of firstly a state-based polysaccharide meningococcal vaccine program for teenagers and young adults, and then the National Meningococcal C Vaccination Program.

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

Table 8.3: State government expenditure on *Organised immunisation*, current prices, Tasmania, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	1.4	3.3	2.8
Organised pneumococcal and influenza immunisation	0.8	0.8	0.9
All other organised immunisation	0.4	0.6	0.6
Total	**2.6**	**4.7**	**4.3**

Environmental health

Total expenditure on *Environmental health* during 2003–04 was $4.0 million, compared with $3.1 million in 2002–03 and $2.9 million in 2001–02. This constituted 14.7% of the total expenditure on public health activities in 2003–04 (Table 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.

Food standards and hygiene

Tasmania spent approximately $0.2 million on *Food standards and hygiene* activities during 2003–04, compared with $0.3 million in 2002–03 and 2001–02. This constituted 0.6% of the total expenditure on public health activities in 2003–04 (Table 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 was $3.7 million, compared with $3.8 million in 2002–03 and $2.7 million in 2001–02. This constituted 13.8% of total expenditure on public health activities during 2003–04 (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.

In addition to the screening program, costs were incurred on services for screening and assessment, training, data management, and promotional material to coincide with 10–year BreastScreen Tasmania celebrations.

Cervical screening

Total expenditure on *Cervical screening* during 2002–03 was approximately $0.5 million, which was similar to the level of expenditure incurred in 2002–03 and 2001–02. This constituted 1.9% of the total expenditure on public health activities in 2003–04 (Table 8.1).

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

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* in 2003–04 was $5.5 million, compared with $5.7 million in 2002–03 and $5.4 million the previous financial year (Table 8.1).

The 2003–04 expenditure was 20.4% of the total expenditure on public health activities and reflected the second most significant area of expenditure incurred by DHHS during 2003–04. It comprised $1.7 million on alcohol and tobacco programs, $2.1 million on the illicit and other drugs of dependence programs and $1.7 million on mixed programs (that is, those that cannot be classified to the previous categories) (Table 8.4).

Expenditure under this activity mainly related to:

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

Table 8.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Tasmania, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Alcohol	1.4	1.5	1.4
Tobacco	0.4	0.5	0.3
Illicit and other drugs of dependence	1.8	1.6	2.1
Mixed	1.7	2.1	1.7
Total	**5.4**	**5.7**	**5.5**

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

Public health research

Total expenditure during 2003–04 was estimated at approximately $0.3 million, compared with $0.2 million in 2002–03 and 2001–02. This was 1.2% of total public health expenditure during 2003–04 (Table 8.1).

The expenditure reported under *Public health research* was for grants to the Menzies Centre for selected population health research.

8.4 Growth in expenditure on public health activities

Total public health expenditure by DHHS decreased, in real terms, from $27.9 million in 2002–03 to $26.1 million in 2003–04, a decrease of 6.3%. However, over the longer period, 1999–00 to 2003–04, expenditure has grown by 20% at an average rate of 4.7% per annum (Table 8.5). The public health activities which recorded the highest average annual growth rates were:

- *Foods standards and hygiene* (17.5%)
- *Environmental health (8.4%)*
- *Selected health promotion* (8.0%).

Over the period the present public health expenditure series has been compiled, that is, 1990–00 to 2003-04, the public health activities which have recorded the highest average annual expenditure in real terms were *Selected health promotion* ($5.7 million) and *Prevention of hazardous and harmful drug use* ($5.2 million) (Table 8.5; Figure 8.1).

Table 8.5: State government expenditure on public health activities, constant (2002–03) prices[a], Tasmania, 1999–00 to 2003–04

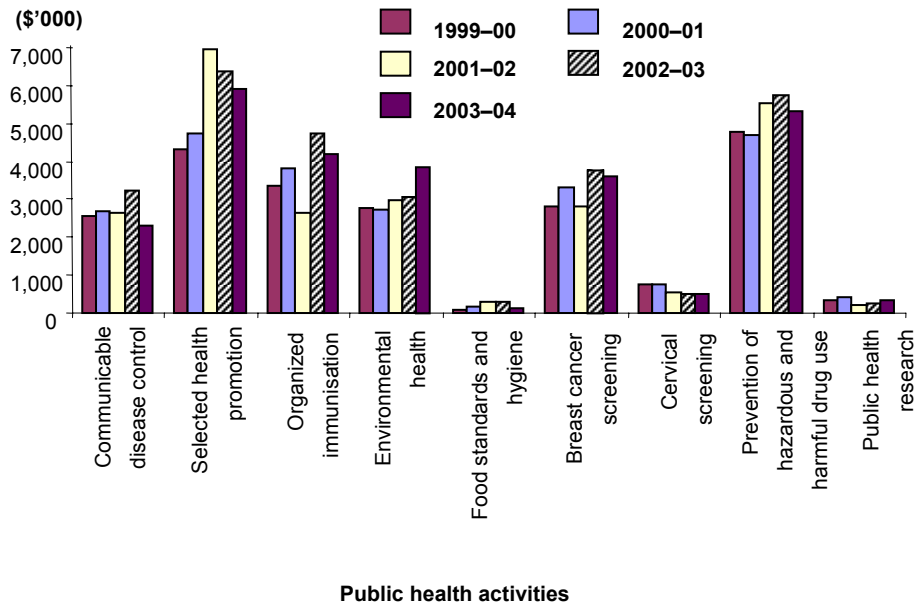
	Expenditure ($'000)					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	2,568.4	2,664.0	2,619.8	3,217.0	2,291.2	2,672.1
Selected health promotion	4,329.8	4,735.3	6,941.2	6,354.8	5,899.7	5,652.2
Organised immunisation	3,335.4	3,815.8	2,641.5	4,732.3	4,196.5	3,744.3
Environmental health	2,778.8	2,715.3	2,969.7	3,061.5	3,836.8	3,072.4
Food standards and hygiene	76.7	152.9	275.6	284.5	146.2	187.2
Breast cancer screening	2,806.5	3,315.3	2,798.4	3,781.9	3,598.1	3,260.0
Cervical screening	760.3	751.0	527.8	483.3	499.9	604.5
Prevention of hazardous and harmful drug use	4,793.8	4,679.3	5,524.1	5,736.8	5,339.9	5,214.8
Public health research	328.6	399.2	221.8	239.0	315.2	300.8
Total public health	**21,778.3**	**23,228.1**	**24,519.9**	**27,891.1**	**26,123.5**	**24,708.2**
			Growth[b] (%)			
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[c]**	
Communicable disease control	3.7	–1.7	22.8	–28.8	–2.8	
Selected health promotion	9.4	46.6	–8.4	–7.2	8.0	
Organised immunisation	14.4	–30.8	79.2	–11.3	5.9	
Environmental health	–2.3	9.4	3.1	25.3	8.4	
Food standards and hygiene	99.3	80.2	3.2	–48.6	17.5	
Breast cancer screening	18.1	–15.6	35.1	–4.9	6.4	
Cervical screening	–1.2	–29.7	–8.4	3.4	–10.0	
Prevention of hazardous and harmful drug use	–2.4	18.1	3.9	–6.9	2.7	
Public health research	21.5	–44.4	7.8	31.9	–1.0	
Total public health	**6.7**	**5.6**	**13.7**	**–6.3**	**4.7**	

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

(b) Estimates are based on expenditure expressed in $'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 8.1: State government expenditure on public health activities, constant (2002–03) prices, Tasmania, 1999–00 to 2003–04

8.5 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2003–04 was $32.2 million, compared with $27.5 million in 2002–03 and $27.0 million in 2001–02.

The types of programs and activities included as public health-related activities were:

- Tasmanian Vision Impairment Project
- diabetes policy development
- family planning
- breastfeeding
- early childhood screening
- child dental screening
- Child Assessment and Protection Service.

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory (ACT) is a small self-governing territory that is located wholly within the boundaries of New South Wales. None of the population of 0.3 million people 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.

During 2001–02 health services within the ACT were the responsibility of the then Department of Health, Housing and Community Care. From 2002–03, such services came under the control of ACT Health.

ACT Health's public health role was predominantly undertaken by the Population Health Division, which was responsible for assessing population-based health outcomes, communicable disease surveillance and health protection. In addition, Healthpact, a statutory authority with responsibility for health promotion activities, has worked 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 2003–04 was $30.3 million, compared with $24.6 million in 2002–03 and $22.7 million in 2001–02 (Table 9.1).

Overall, expenditure on public health in 2003–04 was up $5.7 million or 23.1% on the previous financial year. Expenditure increased across all public health activities except *Breast cancer screening*, which declined marginally (0.9%). Over 70% of the expenditure was directed towards four health activities. These were:

- *Prevention of hazardous and harmful drug use* (27.6%)
- *Organised immunisation* (17.6%)
- *Communicable disease control* (13.9%)
- *Environmental health* (12.9%).

Table 9.1: Territory government expenditure on public health activities, current prices, Australian Capital Territory, 1999–00 to 2003–04

Activity	1999–00[(a)]	2000–01	2001–02	2002–03	2003–04
			Expenditure ($'000)		
Communicable disease control	2,582.3	r3,683.3	3,994.1	4,000.4	4,215.1
Selected health promotion	4,944.9	r3,368.9	2,890.6	3,340.7	3,649.5
Organised immunisation	3,271.3	4,026.6	3,692.9	4,323.0	5,348.3
Environmental health	1,457.4	1,972.7	2,089.8	2,405.8	3,918.3
Food standards and hygiene	1,626.2	1,797.6	1,935.7	2,280.5	2,695.6
Breast cancer screening	2,016.8	r2,073.8	1,784.3	1,668.6	1,653.9
Cervical screening	551.0	580.5	207.9	218.7	306.1
Prevention of hazardous and harmful drug use	6,382.1	r4,555.7	6,005.7	6,264.7	8,364.7
Public health research	25.6	104.2	57.6	138.7	172.3
Total public health	**22,857.6**	r**22,163.3**	**22,658.4**	**24,641.0**	**30,323.8**
			Proportion of public health expenditure[(b)] (%)		
Communicable disease control	11.3	16.6	17.6	16.2	13.9
Selected health promotion	21.6	15.2	12.8	13.6	12.0
Organised immunisation	14.3	18.2	16.3	17.5	17.6
Environmental health	6.4	8.9	9.2	9.8	12.9
Food standards and hygiene	7.1	8.1	8.5	9.3	8.9
Breast cancer screening	8.8	9.4	7.9	6.8	5.5
Cervical screening	2.4	2.6	0.9	0.9	1.0
Prevention of hazardous and harmful drug use	27.9	20.6	26.5	25.4	27.6
Public health research	0.1	0.5	0.3	0.6	0.6
Total public health	**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) Estimates are based on expenditure data expressed in $'000 and rounded to one decimal place.

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

9.3 Expenditure on public health activities

This section of the report looks at the 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 2003–04 was $4.2 million, compared with $4.0 million in 2002–03 and 2001–02 (Table 9.1).

The 2003–04 expenditure accounted for 13.9% of total expenditure on public health activities by ACT Health. It comprised payments to government and NGOs for the provision of

education and support services to the community for HIV/AIDS, hepatitis C and sexually transmitted infections programs ($2.0 million), needle and syringe programs ($1.0 million) and other communicable disease control ($1.1 million) (Table 9.2).

Some of the key achievements over the past two to three years included:

- an enhanced surveillance system, which was established to monitor disease in the community in the weeks following the bushfire disaster in January 2003
- refinement of the code of practice on infection control
- launch of the hepatitis C awareness campaign in March 2003
- introduction of a chlamydia awareness campaign.

Table 9.2: Territory government expenditure on *Communicable disease control*, current prices, Australian Capital Territory, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	2.4	2.1	2.0
Needle and syringe programs	0.8	0.9	1.0
Other communicable disease control	0.8	1.0	1.1
Total	**4.0**	**4.0**	**4.2**

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

Selected health promotion

Total reported expenditure on *Selected health promotion* was $3.6 million, compared with $3.3 million in 2002–03 and $2.9 million in 2001–02. This represented 12.0% of total expenditure on public health activities in 2003–04 (Table 9.1).

Expenditure over the past three years covered a range of educational activities undertaken by ACT Health. Highlights included:

- development and implementation of ACT Health Promotion website
- development and implementation of the 'Vitality' campaign
- establishment of the ACT Nutrition Advisory Group in partnership with Healthpact
- implementation of the ACT Mental Health Strategy Plan 2003–08, focusing on mental health promotion, illness prevention and early intervention.

Healthpact Secretariat continued supporting innovative, health-promoting outcomes through the ACT Health Promotion Board. For example, the Board distributed $1.7 million, in 2002–03, and $2.0 million in 2003–04, to ACT sports, arts and community organisations for health promotion projects under a range of programs covering:

- 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 2003–04 was $5.3 million, compared with $4.3 million in 2002–03 and $3.7 million in 2001–02 (Table 9.1).

The 2003–04 expenditure represented 17.6% of total expenditure on public health activities by ACT Health and reflected the second most significant area of expenditure in 2003–04). It comprised of $3.5 million on organised childhood immunisation, $0.3 million on pneumococcal and influenza immunisation and $1.6 million on all other organised immunisation programs (Table 9.3).

The increased expenditure in 2002–03 (up $0.6 million) and 2003–04 (up $1.0 million) reflects the increased spending on organised childhood immunisation due to the National Meningococcal C Vaccination Program, which commenced in 2003.

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

Table 9.3: Territory government expenditure on *Organised immunisation*, current prices, Australian Capital Territory, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	2.9	3.5	3.5
Organised pneumococcal and influenza immunisation	0.4	0.4	0.3
All other organised immunisation	0.4	0.4	1.6
Total	**3.7**	**4.3**	**5.3**

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

Environmental health

Total expenditure for *Environmental health* by ACT Health in 2003–04 was $3.9 million, compared with $2.4 million in 2002–03 and $2.0 million in 2001–02.

The expenditure in 2003–04 constituted 12.9% of the total expenditure on public health activities (Table 9.1). It was up $1.5 million or 62.9% on the previous financial year.

Expenditure included policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Analytical Laboratories.

In addition, during the second half of 2002–03, public health officers played an important role in assessing and addressing potential health issues arising from the bushfires in the ACT.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by ACT Health in 2003–04 was $2.7 million, compared with $2.3 million in 2002–03 and $1.9 million in 2001–02 (Table 9.1).

The 2003–04 expenditure was 8.9% of total expenditure on public health activities and was up $0.4 million or 18.2% on that incurred in 2002–03.

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 2003–04, which was the same as that incurred in 2002–03 and similar to that incurred in 2001–02 ($1.8 million) (Table 9.1). The 2003–04 expenditure constituted 5.5% of the total expenditure on public health activities by ACT Health during that year.

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 2003–04 was estimated at $0.3 million. This constituted 1.0% of total public health expenditure by ACT Health during the year.

It was largely made up of expenditure 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.

For the previous two years, expenditure has been estimated at $0.2 million for both 2002–03 and 2001–02.

Prevention of hazardous and harmful drug use

The total expenditure on *Prevention of hazardous and harmful drug use* was $8.4 million in 2003–04, compared with $6.3 million in 2002–03 and $6.0 million in 2001–02 (Table 9.1).

The 2003–04 expenditure represented 27.6% of the total expenditure on public health activities, and reflected the most significant area of expenditure incurred by ACT Health that year. It comprised approximately $1.1 million on alcohol and tobacco programs, $0.8 million on the illicit and other drugs of dependence programs and $6.5 million on mixed programs (that is, those that could not be classified to the previous categories). Overall, expenditure was up across all categories, except alcohol programs, on that incurred in 2002–03 and 2001–02 (Table 9.4).

Over 70% was distributed to NGOs to provide programs aimed at preventing the harmful use of alcohol and other drugs.

The 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.

Table 9.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Australian Capital Territory, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Alcohol	0.1	0.1	0.1
Tobacco	0.4	0.4	1.0
Illicit and other drugs of dependence	0.7	0.7	0.8
Mixed	4.8	5.0	6.5
Total	**6.0**	**6.3**	**8.4**

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

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2003–04 was approximately $0.2 million (Table 9.1). This constituted 0.6% of the total public health expenditure by ACT Health for that year and was mainly directed towards research into health promotion.

9.4 Revision of 2000–01 data

ACT Health has revised its 2000–01 public health current expenditure figures since the publication of *National Public Health Expenditure Report 2000–01*. The updated data have been included in Table 9.1.

9.5 Growth in expenditure on public health activities

Total public health expenditure by the ACT Government increased, in real terms, from $24.6 million in 2002–03 to $29.3 million in 2003–04, an increase of 18.8%. Expenditure on *Environmental health* and *Cervical screening* recorded the highest real annual growth rates (57.2% and 35.1% respectively) (Table 9.5).

Estimates of expenditure on public health activities increased, in real terms, between 1999–00 and 2003–04, at an average annual rate of 3.8% (Table 9.5). Over this period, expenditure on

Public health research (55.8%) and *Environmental health* (23.9%) recorded the highest average annual real growth changes.

Table 9.5: Territory government expenditure on public health activities, constant (2002–03) prices[(a)(b)], Australian Capital Territory, 1999–00 to 2003–04

	Expenditure($'000)					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	2,844.0	3,935.1	4,134.6	4,000.4	4,068.7	3,796.6
Selected health promotion	5,445.9	3,599.3	2,992.4	3,340.7	3,522.7	3,780.2
Organised immunisation	3,602.8	4,301.9	3,822.8	4,323.0	5,162.5	4,242.6
Environmental health	1,605.0	2,107.5	2,163.4	2,405.8	3,782.2	2,412.8
Food standards and hygiene	1,791.0	1,920.5	2,003.8	2,280.5	2,602.0	2,119.6
Breast cancer screening	2,221.2	2,215.6	1,847.1	1,668.6	1,596.5	1,909.8
Cervical screening	606.8	620.2	215.3	218.7	295.5	391.3
Prevention of hazardous and harmful drug use	7,028.7	4,867.2	6,217.1	6,264.7	8,074.0	6,490.3
Public health research	28.2	111.3	59.6	138.7	166.3	100.8
Total public health	**25,173.6**	**23,678.6**	**23,456.1**	**24,641.1**	**29,270.4**	**25,244.0**
	Growth (%)					
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[(c)]**	
Communicable disease control	38.4	5.1	–3.2	1.7	9.4	
Selected health promotion	–33.9	–16.9	11.6	5.4	–10.3	
Organised immunisation	19.4	–11.1	13.1	19.4	9.4	
Environmental health	31.3	2.7	11.2	57.2	23.9	
Food standards and hygiene	7.2	4.3	13.8	14.1	9.8	
Breast cancer screening	–0.3	–16.6	–9.7	–4.3	–7.9	
Cervical screening	2.2	–65.3	1.6	35.1	–16.5	
Prevention of hazardous and harmful drug use	–30.8	27.7	0.8	28.9	3.5	
Public health research	294.7	–46.5	132.7	19.9	55.8	
Total public health	**–5.9**	**–0.9**	**5.1**	**18.8**	**3.8**	

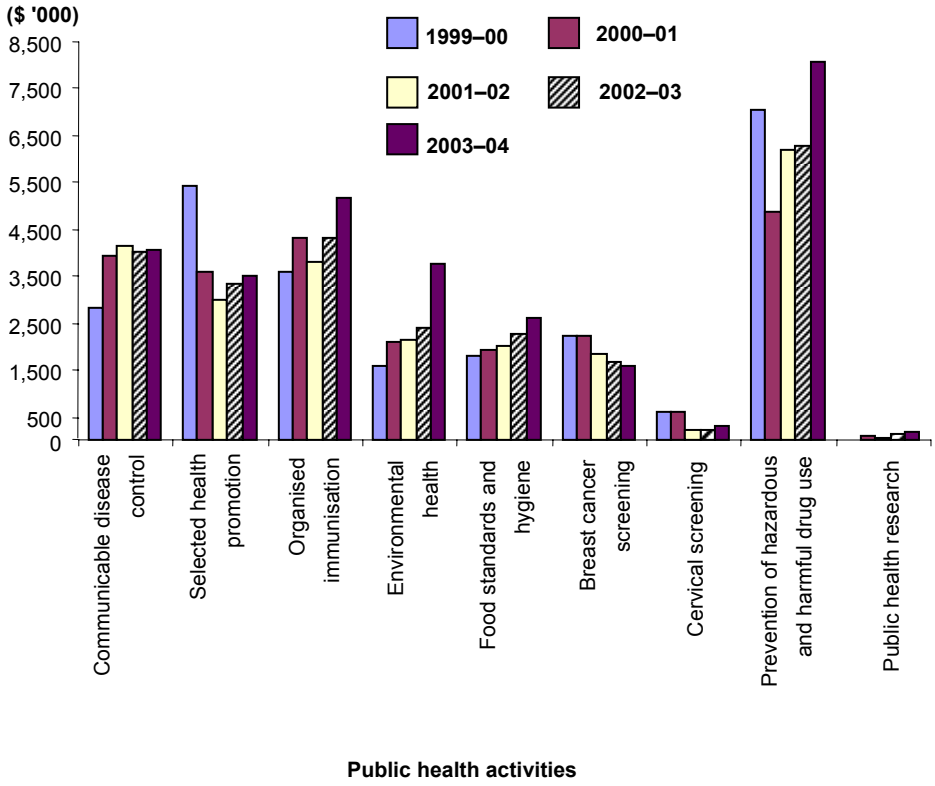
(a) Constant price expenditure has been expressed in 2002–03 prices (see Section 11.1).

(b) Estimates are based on expenditure expressed in $'000 and rounded to one decimal place.

(c) Average annual growth rate.

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

Over the period the present public health expenditure series has been compiled, that is, 1990–00 to 2002–03, the public health activities which have recorded the highest average annual expenditure in real terms were *Prevention of hazardous and harmful drug use* ($6.5 million), *Organised immunisation* ($4.2 million), *Communicable disease control* ($3.8 million) and *Selected health promotion* ($3.8 million) (Table 9.5; Figure 9.1).



Source: Table 9.5.

Figure 9.1: Territory government expenditure on public health activities, constant (2002–03) prices, Australian Capital Territory, 1999–00 to 2003–04

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 95 service outlets, which include the 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 2003–04 was estimated at $44.5 million, an increase from $37.3 million in 2002–03 and $38.3 million in 2001–02 (Table 10.1).

Overall, expenditure on public health in 2003–04, in current prices, was up $7.2 million or 19.3% on the previous financial year. There was an increase in expenditure across all public health activities with expenditure on *Communicable disease control* (up $2.1 million) and *Prevention of hazardous and harmful drug use* (up $2.0 million) being the largest in absolute terms.

Approximately 84% of the expenditure in 2003–04 was directed towards four public health activities. These were:

- *Communicable disease control* (35.7%)
- *Organised immunisation* (18.2%)
- *Prevention of hazardous and harmful drug use* (18.2%)

- *Environmental health* (11.9%).

Table 10.1: Territory government expenditure on public health activities, current prices, Northern Territory, 1999–00 to 2003–04

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

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

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

10.3 Expenditure on public health activities

This section of the report looks at the level of 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 2003–04 was $15.9 million, compared with $13.8 million in 2002–03 and $9.0 million 2001–02 (Table 10.1). The 2003–04 *Communicable disease control* expenditure accounted for 35.7% of total public health expenditure and was the most significant area of public health expenditure by NT DHCS.

The total for *Communicable disease control* included $3.2 million on HIV/AIDS, hepatitis C and sexually transmitted infections programs, $0.2 million on the needle and syringe programs and $12.6 million on other communicable disease control (Table 10.2). Overall, expenditure was up $2.1 million or 15.2% on that incurred in 2002–03 due to the increased expenditure on other communicable disease control.

Some of the major expenditures relate 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.

Table 10.2: Territory government expenditure on *Communicable disease control*, current prices, Northern Territory, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	2.9	3.3	3.2
Needle and syringe programs	0.1	0.3	0.2
Other communicable disease control	6.0	10.2	12.6
Total	**9.0**	**13.8**	**15.9**

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

Selected health promotion

Total NT DHCS expenditure for *Selected health promotion* in 2003–04 was $2.4 million, compared to $1.9 million in 2002–03 and $9.0 million in 2001–02. This was 5.4% of total public health expenditure (Table 10.1).

The expenditure reported for 2002–03 and 2003–04 is lower than that recorded for previous financial years. This change was a result of 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 2003–04 was $8.1 million, compared with $7.2 million for 2002–03 and $8.6 million for 2001–02 (Table 10.1). The 2003–04 expenditure was 18.2% of the total public health expenditure and was the second most significant area of expenditure. It comprised $1.9 million on organised childhood

immunisation, $1.1 million on organised pneumococcal and influenza immunisation and $5.1 million on all other organised immunisation (Table 10.3).

The National Meningococcal C Vaccination Program was introduced in the NT in March 2003 as part of the National Immunisation Program. The meningococcal C vaccine is now on the NT Childhood Vaccination Schedule for children turning 12 months of age. In addition, all children aged 1–5 years in 2003 and senior high school students aged 15–19 years were also offered the vaccine. Details of the various organised immunisation programs are available from NT DHCS.

Table 10.3: Territory government expenditure on *Organised immunisation*, current prices, Northern Territory, 2001–02 to 2003–04 ($ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	1.1	0.9	1.9
Organised pneumococcal and influenza immunisation	1.8	1.3	1.1
All other organised immunisation	5.7	5.0	5.1
Total	**8.6**	**7.2**	**8.1**

Environmental health

Total NT DHCS expenditure for *Environmental health* in 2003–04 was $5.3 million, compared with $4.4 million in 2002–03 and $3.6 million in 2001–02. The expenditure incurred in
2003–04 was 11.9% of total expenditure on public health activities in that year. It was up $0.9 million or 20.5% on that incurred in 2002–03 (Table 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 2003–04 was $0.8 million, compared with $0.7 million in 2002–03 and $0.8 million the previous year (Table 10.1). The 2003–04 expenditure constituted 1.8% of the total expenditure on public health activities in that year.

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 2003–04 was $1.1 million, up $0.2 million on that incurred in 2002–03 and 2001–02. This constituted 2.5% of total expenditure on public health activities during 2003–04 (Table 10.1).

The Women's Cancer Prevention 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 2003–04 was $2.2 million, compared with $1.8 million in 2002–03 and $2.1 million in 2001–02. The expenditure incurred in 2003–04 constituted 4.9% of total expenditure on public health activities(Table 10.1).

The Women's Cancer Prevention Program provides public health 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 2003–04 was $8.1 million, compared with $6.1 million for 2002–03 and $3.7 million for 2001–02 (Table 10.1).

The 2003–04 expenditure constituted 18.2% of total public health expenditure and was the third most significant area of expenditure incurred by NT DHCS during 2003–04. It comprised $2.0 million on alcohol and Tobacco programs, $1.6 million on illicit and other drug dependence programs and $4.4 million on mixed programs (that is, those that could not be classified to the previous categories). Overall, expenditure was up $2.0 million on 2002–03 and $4.4 million on the previous financial year (Table 10.4).

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.

Table 10.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Northern Territory, 2001–02 to 2003–04 ($ million)

Category	2001–01	2002–03	2003–04
Alcohol	1.3	1.4	1.4
Tobacco	0.6	0.7	0.6
Illicit and other drugs of dependence	0.6	1.0	1.6
Mixed	1.2	2.9	4.4
Total	**3.7**	**6.1**	**8.1**

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

Public health research

NT DHCS expenditure for *Public health research* in the NT during 2003–04 was estimated at $0.6 million, compared with $0.5 million in 2002–03 and $0.6 million in 2001–02 (Table 10.1). The 2003–04 expenditure constituted 1.3% of total public health expenditure incurred in that year.

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 $37.3 million in 2002–03 to $42.7 million in 2003–04. This represented an increase of 14.5% (Table 10.5). Expenditure on *Prevention of hazardous and harmful drug use* and *Selected health promotion* recorded the highest real growth rates (27.9% and 21.1% respectively).

From 1999–00 to 2003–04, expenditure on public health activities decreased, in real terms, by 2.5%, at an average rate of –0.6% per annum (Table 10.5).

Table 10.5: Territory government expenditure on public health activities, constant (2002–03) prices[a][b], Northern Territory, 1999–00 to 2003–04

	Expenditure ($ million)					
Activity	**1999–00**	**2000–01**	**2001–02**	**2002–03**	**2003–04**	**5-year average**
Communicable disease control	9.5	9.7	9.4	13.8	15.3	11.5
Selected health promotion	11.0	10.3	9.4	1.9	2.3	7.0
Organised immunisation	6.9	7.7	8.9	7.2	7.8	7.7
Environmental health	4.0	3.8	3.8	4.4	5.1	4.2
Food standards and hygiene	1.1	1.1	0.9	0.7	0.7	0.9
Breast cancer screening	1.2	1.0	0.9	0.9	1.0	1.0
Cervical screening	2.4	2.2	2.2	1.8	2.1	2.1
Prevention of hazardous and harmful drug use	7.2	3.9	3.8	6.1	7.8	5.8
Public health research	0.5	0.6	0.6	0.5	0.6	0.6
Total public health	**43.8**	**40.3**	**39.9**	**37.3**	**42.7**	**40.8**
			Growth (%)			
	1999–00 to 2000–01	**2000–01 to 2001–02**	**2001–02 to 2002–03**	**2002–03 to 2003–04**	**1999–00 to 2003–04[c]**	
Communicable disease control	2.1	–3.1	46.8	10.9	12.7	
Selected health promotion	–6.4	–8.7	–79.8	21.1	–32.4	
Organised immunisation	11.6	15.6	–19.1	8.3	3.1	
Environmental health	–5.0	—	15.8	15.9	6.3	
Food standards and hygiene	—	–18.2	–22.2	—	–10.7	
Breast cancer screening	–16.7	–10.0	0.0	11.1	–4.5	
Cervical screening	–8.3	—	–18.2	16.7	–3.3	
Prevention of hazardous and harmful drug use	–45.8	–2.6	60.5	27.9	2.0	
Public health research	20.0	—	–16.7	20.0	4.7	
Total public health	**–8.0**	**–1.0**	**–6.5**	**14.5**	**–0.6**	

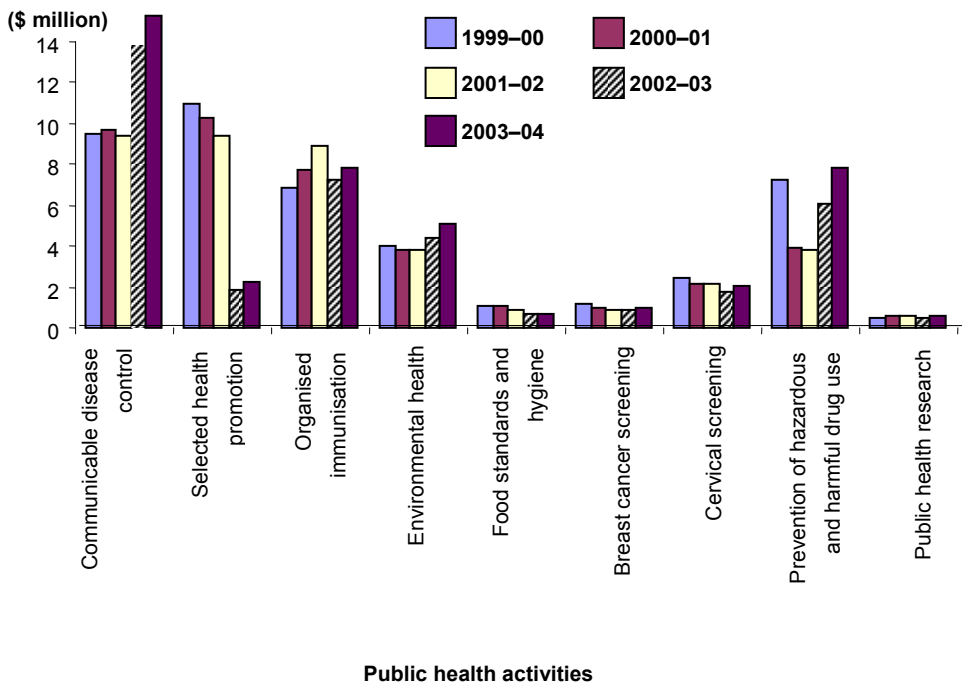
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

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

(c) Average annual growth rate.

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

Over the period that the present public health expenditure series has been compiled, that is, from 1999–00 to 2003–04, the public health activities which recorded the highest average annual expenditure, in real terms, were *Communicable disease control* ($11.5 million) *Organised immunisation* ($7.7 million) and *Selected health promotion* ($7.0 million) (Table 10.5; Figure 10.1). The decline in real expenditure on *Selected health promotion* in 2002–03 and 2003–04 was largely the result of departmental restructuring in 2002–03.



Source: Table 10.5.

Figure 10.1: Territory government expenditure on public health activities, constant (2002–03) prices, Northern Territory

10.5 Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2003–04 was estimated at $11.0 million, compared with $10.7 million in 2002–03 and $12.2 million in 2001–02. Expenditures by NT DHCS cover a range of health-related activities such as:

- drug and alcohol activities 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 2002–03. This is referred to throughout the report as expenditure in constant prices. This has been achieved by deflating 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 2002–03 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 the table below.

Table 11.1: Government final consumption expenditure on 'Hospital and nursing home services' — chain price index referenced to 2002–03

State and local—hospitals and nursing homes	1999–00	2000–01	2001–02	2002–03	2003–04
New South Wales	90.6	93.5	96.6	100.0	103.9
Victoria	90.6	93.6	96.7	100.0	103.6
Queensland	91.0	94.0	96.8	100.0	103.6
Western Australia	90.8	93.9	96.5	100.0	103.5
South Australia	90.7	93.6	96.7	100.0	103.3
Tasmania	91.3	94.1	96.9	100.0	103.3
Australian Capital Territory	90.8	93.6	96.6	100.0	103.6
Northern Territory	90.3	93.3	96.2	100.0	103.8
Australia	90.6	93.6	96.6	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 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 Bettering the Evaluation and Care of Health (BEACH) study. That study 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 (0.69 in 2001–02, and 0.67 in 2002–03 and 2003–04) was applied to the total benefits paid relating to GP consultations where a Pap smear was performed. This factor was based on BEACH data relating to consultations where a Pap smear was the primary reason of encounter.

'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.

Seventeen 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 cover 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 financial years 1999–00 to 2003–04 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 2003–04 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 2003–04 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 was 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

Data were collected using a combination of automated and manual processes.

Expenditure was extracted from the centralised DHS general ledger, the major source being the Public and Environmental Health cost centres. The DHS cost centres were mapped to the public health activities as defined for this project. This accounted for approximately 58% of the total public health expenditure collected from within the health sector.

The second part of the collection involved writing to external organisations (including public hospitals, community health centres and non-health state government departments that undertake public health activities), detailing the aims and expectations for the 2001–02 to 2003–04 data collections. A total of 45 metropolitan organisations and 7 regional health services were included in the collection.

A collection spreadsheet and instructions were then emailed to contact people from these external organisations. Meetings were arranged where necessary, usually with the larger organisations. This type of face-to-face contact often saved a significant amount of time and confusion.

Expenditure data for financial years 1999–00 to 2003–04 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:

- the 1999–00 to 2002–03 data supplied for Tasmania are from cash-based accounting systems, creating the possibility of carry-over expenditure between reporting periods; however, this is likely to be of minimal impact
- 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.

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.

Expenditure estimates by DHHS for financial years 1999–00 to 2002–03 were reported on a cash accounting basis and therefore includes any capital outlays in the reporting period. Data for 2003–04 has 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 2001–02 to 2003–04 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 2003–04 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.

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 has been reported on an accrual accounting basis.

Total government expenditure on public health by state and territory

In order to estimate total government expenditure on public health activities occurring in each state and territory, it is necessary to allocate the expenditure funded by the Australian Government's direct expenditure to each state and territory.

The Australian Government funds expenditure on public health activities through:

- its own direct expenditure in supporting public health programs: and
- 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 a state and territory basis other indicators need to be used to allocate these expenditures. With exception of *Cervical screening*, the Australian Government's 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.

In the case of *Cervical screening*, direct expenditure by the Australian Government was apportioned across state 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.

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: Additional tables

Table A1: Funding of public health expenditure, current prices, by source of fund, 1999–00 and 2000–01

	1999–00		2000–01	
Source of funds	**Amount ($ million)**	**Proportion of total government expenditure (%)**	**Amount ($ million)**	**Proportion of total government expenditure (%)**
Funding by the Australian Government				
Own expenditure	262.2	28.7	r293.2	29.0
Plus SPPs	r189.5	20.8	252.6	24.9
Australian Government funding	r*451.7*	*49.5*	r*545.8*	*53.9*
Funding by states and territory governments				46.1
Gross expenditure	651.0	71.3	719.2	71.0
Less SPPs	189.5	20.8	252.6	24.9
Net funding by the states and territories	*461.5*	*50.5*	*466.7*	*46.1*
Total funding of public health activities	r**913.2**	**100.0**	r**1,012.4**	**100.0**

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

Table A2: Total public health expenditure by the Australian Government and states and territories, current prices, by activity, 1999–00 ($ million)

Activity	Australian Government[a]	States and territories[b]	Total	Proportion of total public health expenditure (%)
Communicable disease control	20.9	130.5	151.4	16.6
Selected health promotion	19.7	r147.3	r167.0	18.3
Organised immunisation	49.1	101.6	150.7	16.5
Environmental health	14.0	43.6	57.6	6.3
Food standards and hygiene	11.1	13.7	24.8	2.7
Breast cancer screening	2.1	93.3	95.4	10.4
Cervical screening	59.5	23.2	82.7	9.1
Prevention of hazardous and harmful drug use	28.1	89.8	117.9	12.9
Public health research	r57.4	8.0	65.4	7.2
PHOFA administration[c]	0.3	. .	0.3	. .
Total expenditure	**r262.2**	**r651.0**	**r913.2**	**100.0**
Proportion of total public health expenditure (%)	28.7	71.3	100.0	. .

(a) Australian Government expenditure does not include its funding of state/territory expenditures through SPPs to states and territories (see Glossary for an explanation of this term).

(b) Activity-specific, program-wide and agency-wide expenditures incurred by state and territory governments, including expenditures that are wholly or partly funded by the Australian Government through 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 A3: Total public health expenditure by the Australian Government and states and territories, current prices, by activity, 2000–01 ($ million)

Activity	Australian Government[a]	States and territories[b]	Total	Proportion of total public health expenditure (%)
Communicable disease control	21.3	r142.4	r163.7	16.2
Selected health promotion	30.9	r156.6	r187.5	18.5
Organised immunisation	50.9	118.1	169.0	16.7
Environmental health	14.5	50.7	65.2	6.4
Food standards and hygiene	16.6	18.4	35.0	3.5
Breast cancer screening	3.3	r92.5	r95.8	9.5
Cervical screening	61.8	26.4	88.2	8.7
Prevention of hazardous and harmful drug use	41.2	r101.4	r142.6	14.1
Public health research	r52.4	12.7	65.1	6.4
PHOFA administration[c]	0.3	. .	0.3	0.0
Total expenditure	**r293.2**	**r719.2**	**r1,012.4**	**100**
Proportion of total public health expenditure (%)	29.0	71.0	100.0	. .

(a) Australian Government expenditure does not include its funding of state/territory expenditures through SPPs to states and territories (see Glossary for an explanation of this term).

(b) Activity-specific, program-wide and agency-wide expenditures incurred by state and territory governments, including expenditures that are wholly or partly funded by the Australian Government through the 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: Total government expenditure on public health activities, constant (2002–03) prices[a][b] and change between 1999–00 and 2000–01

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease control	166.9	174.7	4.7
Selected health promotion	184.4	200.3	8.7
Organised immunisation	166.2	180.6	8.6
Environmental health	63.5	69.4	9.4
Food standards and hygiene	27.6	37.6	36.3
Breast cancer screening	105.0	102.3	–2.6
Cervical screening	91.4	94.2	3.1
Prevention of hazardous and harmful drug use	129.9	152.0	17.0
Public health research	72.3	69.4	–3.9
PHOFA administration[C]	0.3	0.3	—
Total expenditure	**1,007.5**	**1,080.9**	**7.3**

(a) Expenditure for 1999–00 is expressed in terms of 2002–03 prices using the ABS chain price index for 'Hospital and nursing home services' (see Section 11.1).

(b) Refer to the individual jurisdictional chapters for more information in relation to the changes in expenditures on the public health activities in this table.

(c) Relates to expenditure incurred by the Australian Government associated with the administration of PHOFAs.

Table A5: Average total government expenditure per person[(a)(b)] on public health activities, current prices, by states and territories[(b)], 2001–02 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	11.40	7.94	6.61	7.95	10.50	7.24	14.26	48.71	9.56
Selected health promotion	7.70	15.67	9.11	11.00	10.17	17.70	12.35	51.43	11.21
Organised immunisation	8.88	8.27	7.16	9.63	9.56	9.35	15.30	50.16	9.07
Environmental health	3.05	1.43	3.84	7.11	5.13	7.22	7.61	20.31	3.71
Food standards and hygiene	1.85	1.20	1.24	1.79	1.68	1.70	7.13	6.17	1.68
Breast cancer screening	5.16	4.17	5.82	4.54	4.90	5.86	5.69	4.58	4.98
Cervical screening	4.39	4.19	4.78	4.73	5.34	5.44	4.43	13.49	4.64
Prevention of hazardous and harmful drug use	3.75	6.80	7.55	10.11	10.44	13.78	21.09	22.86	7.08
Public health research	3.20	4.87	2.60	4.71	5.05	4.77	4.33	10.53	3.92
Total for the nine activities	**49.37**	**54.54**	**48.69**	**61.57**	**62.78**	**73.06**	**92.19**	**228.24**	**55.84**

(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) Direct expenditure incurred by the Australian Government in supporting public health programs has been allocated across states and territories according to the allocation of SPPs except for *Cervical screening*, which has been allocated using Medicare benefits data.

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

Table A6: Average total government expenditure per person[(a)] on public health activities, current prices, by states and territories[(b)], 2002–03 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	11.68	8.26	7.10	7.99	11.47	8.42	12.39	71.94	10.15
Selected health promotion	7.53	15.54	9.24	11.32	10.18	16.35	24.06	13.99	10.78
Organised immunisation	11.14	14.50	11.35	13.37	14.28	13.44	19.79	41.73	12.92
Environmental health	2.87	1.52	4.14	6.99	5.03	7.32	10.77	23.50	3.75
Food standards and hygiene	1.82	1.21	1.45	1.70	1.89	1.47	2.17	4.92	1.71
Breast cancer screening	4.67	4.47	5.69	4.74	5.02	8.07	11.88	4.46	4.94
Cervical screening	3.81	3.98	4.48	4.81	5.24	5.13	7.55	11.85	4.31
Prevention of hazardous and harmful drug use	4.16	7.13	8.29	10.95	11.09	14.75	21.70	34.61	7.72
Public health research	3.59	5.46	3.28	5.40	5.90	4.76	7.00	9.17	4.44
Total for the nine activities	**51.26**	**62.06**	**55.03**	**67.26**	**70.10**	**79.72**	**117.33**	**219.50**	**60.75**

(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) Direct expenditure incurred by the Australian Government in supporting public health programs has been allocated across states and territories according to the allocation of SPPs except for *Cervical screening*, which has been allocated using Medicare benefits data.

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

Table A7: Average total government expenditure per person[(a)] on public health activities, constant (2002–03) prices[(b)], by states and territories[(c)], 2001–02 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	11.80	8.21	6.83	8.23	10.86	7.48	14.76	50.62	9.89
Selected health promotion	7.97	16.20	9.41	11.40	10.52	18.28	12.78	53.44	11.60
Organised immunisation	9.19	8.55	7.40	9.98	9.89	9.66	15.84	52.11	9.38
Environmental health	3.16	1.48	3.97	7.36	5.30	7.46	7.88	21.10	3.83
Food standards and hygiene	1.92	1.24	1.28	1.85	1.74	1.76	7.38	6.41	1.74
Breast cancer screening	5.34	4.32	6.02	4.71	5.07	6.05	5.89	4.76	5.15
Cervical screening	4.23	5.26	3.98	4.47	5.63	6.30	5.66	19.96	4.80
Prevention of hazardous and harmful drug use	3.88	7.04	7.80	10.47	10.79	14.23	21.84	23.74	7.33
Public health research	3.31	5.04	2.69	4.88	5.23	4.94	4.49	10.91	4.06
Total for the nine activities	**50.79**	**57.34**	**49.37**	**63.36**	**65.05**	**76.14**	**96.51**	**243.06**	**57.79**

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

(b) Expenditure for 2001–02 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 page 12 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the public health activities above.

Table A8: Average total government expenditure per person[(a)] on public health activities, constant (2002–03) prices, by states and territories[(b)], 2002–03 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	11.68	8.26	7.10	7.99	11.47	8.42	13.85	71.94	10.15
Selected health promotion	7.53	15.54	9.24	11.32	10.18	16.35	12.97	13.99	10.78
Organised immunisation	11.14	14.50	11.35	13.37	14.28	13.44	16.47	41.73	12.92
Environmental health	2.87	1.52	4.14	6.99	5.03	7.32	8.23	23.50	3.75
Food standards and hygiene	1.82	1.21	1.45	1.70	1.89	1.47	7.84	4.92	1.71
Breast cancer screening	4.67	4.47	5.69	4.74	5.02	8.07	5.27	4.46	4.94
Cervical screening	3.57	4.99	3.98	4.05	4.83	5.13	4.30	15.18	4.31
Prevention of hazardous and harmful drug use	4.16	7.13	8.29	10.95	11.09	14.75	21.77	34.61	7.72
Public health research	3.59	5.46	3.28	5.40	5.90	4.76	4.18	9.17	4.44
Total for the nine activities	**51.02**	**63.07**	**54.53**	**66.50**	**69.68**	**79.72**	**94.88**	**219.50**	**60.71**

(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 page 12 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the public health activities above.

Table A9: Average total government expenditure per person[(a)] on public health activities, constant (2002–03) prices[(b)], by states and territories, 2003–04 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	9.88	9.33	7.10	8.10	11.45	6.58	14.47	79.78	9.84
Selected health promotion	7.54	14.61	8.24	11.30	10.29	14.92	13.65	15.78	10.36
Organised immunisation	14.60	10.87	11.60	12.42	11.29	11.69	19.05	43.89	12.92
Environmental health	2.72	1.86	4.16	6.96	4.61	9.13	12.89	27.20	3.91
Food standards and hygiene	1.81	1.32	1.41	1.72	1.61	1.17	8.95	5.00	1.72
Breast cancer screening	5.35	4.67	5.64	4.84	5.22	7.60	5.04	5.27	5.22
Cervical screening	3.60	5.23	3.69	3.91	4.53	4.94	5.00	16.52	4.30
Prevention of hazardous and harmful drug use	5.40	6.94	8.18	11.30	10.97	14.21	28.20	43.84	8.28
Public health research	3.71	5.70	3.09	5.34	5.89	4.73	4.79	9.20	4.50
Total for the nine activities	**54.60**	**60.50**	**53.11**	**65.89**	**65.87**	**74.98**	**112.05**	**246.47**	**61.07**

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

(b) Expenditure for 2003–04 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 page 12 of this report. Also refer to the individual jurisdictions' chapters for more information on the expenditures incurred on the public health activities above.

Table A10: Total funding by the Australian Government for expenditure on public health activities, current prices, 1999–00 to 2000–01

Activity	Funding ($ million)			Proportion of total funding on public health(%)
	Direct expenditure	SPPs to states and territories	Total	
		Year 1999–00		
Communicable disease control	20.9	4.9	25.8	5.7
Selected health promotion	19.7	r1.8	r21.5	4.8
Organised immunisation	49.1	r63.8	r112.9	25.0
Environmental health	14.0	. .	14.0	3.1
Food standards and hygiene	11.1	. .	11.1	2.5
Breast cancer screening	2.1	. .	2.1	0.5
Cervical screening[(a)]	59.5	. .	59.5	13.2
Prevention of hazardous and harmful drug use	28.1	2.7	30.8	6.8
Public health research	57.4	. .	57.4	12.7
PHOFAs	[(b)]0.3	[(c)]116.3	116.6	25.8
Total public health	**262.2**	**r189.5**	**r451.7**	**100.0**
		Year 2000–01		
Communicable disease control	21.3	13.7	35.0	6.4
Selected health promotion	30.9	. .	30.9	5.7
Organised immunisation	50.9	96.1	147.0	26.9
Environmental health	14.5	. .	14.5	2.7
Food standards and hygiene	16.6	. .	16.6	3.0
Breast cancer screening	3.3	. .	3.3	0.6
Cervical screening[(b)]	61.8	. .	61.8	11.3
Prevention of hazardous and harmful drug use	41.2	21.0	62.2	11.4
Public health research	r52.4	0.2	r52.6	9.6
PHOFAs	[(c)]0.3	[(d)]121.6	121.9	22.3
Total public health	**r293.2**	**252.6**	**r545.8**	**100.0**

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

(b) Relates to expenditure incurred by the Australian Government associated with the administration of the PHOFAs.

(c) Excludes SPPs to states and territories of $61.8 million, which have been included under the public health activity *Organised immunisation*.

(d) Excludes SPPs to states and territories of $93.9 million, which have been included under the public health activity *Organised immunisation.*

Note: Sum of components may not add to totals due to rounding.

Table A11: Direct expenditure incurred by the Australian Government on public health activities, current prices, 1999–00 to 2000–01

Activity	Direct expenditure[a] ($ million) Administered expenses	Departmental expenses	Total	Proportion of total direct expenditure on public health(%)
		Year 1999–00		
Communicable disease control	16.3	4.6	20.9	8.0
Selected health promotion[b]	14.1	5.6	19.7	7.5
Organised immunisation	47.2	1.8	49.1	18.7
Environmental health[c]	1.1	12.9	14.0	5.3
Food standards and hygiene[c]	1.5	9.7	11.1	4.2
Breast cancer screening	0.7	1.4	2.1	0.8
Cervical screening	58.2	1.3	59.5	22.7
Prevention of hazardous and harmful drug use[b]	22.7	5.3	28.1	10.7
Public health research	55.7	1.7	57.4	21.9
PHOFA administration[d]	—	0.3	0.3	0.1
Total public health	**217.5**	**44.6**	**262.2**	**100.0**
		Year 2000–01		
Communicable disease control	16.0	5.3	21.3	7.3
Selected health promotion[b]	22.7	8.2	30.9	10.5
Organised immunisation	49.3	1.6	50.9	17.4
Environmental health[c]	1.5	13.0	14.5	4.9
Food standards and hygiene[c]	2.8	13.9	16.6	5.7
Breast cancer screening	2.6	0.7	3.3	1.1
Cervical screening	61.1	0.7	61.8	21.1
Prevention of hazardous and harmful drug use[b]	27.4	13.8	41.2	14.1
Public health research	r51.6	0.9	r52.4	17.9
PHOFA administration[d]	—	0.3	0.3	0.1
Total public health	**r235.0**	**58.4**	**r293.2**	**100.0**

(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.

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

Note: Sum of components may not add through to totals due to rounding.

Appendix B:Technical Advisory Group to the National Public Health Expenditure Project

Table B1: Membership of the Technical Advisory Group

Jurisdiction/organisation	Membership
Australian Government	Brian Harrison, Brett Rogers
New South Wales	David Su
Victoria	Barry Ingate
Queensland	Graham Jarvis
Western Australia	Clive Mulroy
South Australia	Tony Woollacott
Tasmania	Karen Shanahan
Australian Capital Territory	Linda Halliday
Northern Territory	Steve Guthridge
AIHW	Tony Hynes, Daniel Aherne

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.
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. Does not include treatment services.
Current prices	The term 'current prices' is used to refer to expenditure amounts for a particular year which have not been adjusted for inflation.
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 2002–03.
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).
General Practice Immunisation Incentive scheme	An Australian Government initiative designed to boost the level of childhood immunisation by emphasising the role of GPs.
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).
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.
Recurrent expenditure	Expenditure incurred by organisations on a recurring basis, for the provision of health services, excluding capital expenditure but including indirect expenditure.

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