

Implementation Plan for Vaccine Preventable Diseases Surveillance Program

NATIONAL PARTNERSHIP AGREEMENT ON HEALTH SERVICES

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the **National Partnership Agreement on Health Services** and should be read in conjunction with that Agreement. The objective in the National Partnership is to improve the health and wellbeing of Australians through delivering high quality health services.
2. The Vaccine Preventable Diseases Surveillance Program involves the ongoing surveillance reporting of nationally notifiable vaccine preventable diseases, as outlined in the National Health Security Agreement's National Notifiable Disease List and covered by the National Immunisation Program.

TERMS OF THIS IMPLEMENTATION PLAN

3. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the relevant State or Territory Health Minister .
4. This Implementation Plan will cease on completion of the funding period as specified in this Implementation Plan, including the acceptance of final performance reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.
5. This Implementation Plan may be varied by written agreement between the Ministers or the authorised delegate.
6. Either Party may terminate this agreement by providing 30 days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
7. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.

PROGRAM OBJECTIVE

8. The objective of the Vaccine Preventable Diseases Surveillance Program is to provide surveillance reporting of nationally notifiable vaccine preventable diseases and allow national monitoring, analysis and timely reporting of data.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

9. The Commonwealth is responsible for reviewing the State's performance against the performance benchmarks specified in this Implementation Plan and providing any consequential financial contribution to the State for that performance.

Role of the State or Territory

10. The State or Territory is responsible for all aspects of program implementation, including:
 - a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
 - b) completing the program in a timely manner in accordance with this Implementation Plan;
 - c) providing the Commonwealth with high quality data, in a timely manner, on nationally notifiable vaccine preventable diseases, according to the core National Notifiable Diseases Surveillance System NNDSS dataset field specifications agreed by the Communicable Diseases Network Australia (CDNA);
 - d) providing the Commonwealth with enhanced data as agreed by the CDNA;
 - e) working with the Commonwealth Department of Health and Ageing Surveillance Branch to produce annual reports on disease surveillance activity including for publication in the Department's Communicable Disease Intelligence (CDI) journal or website;
 - f) working with the National Surveillance Committee to improve data quality through consistent use of NNDSS dataset field specifications, improved reporting of Indigenous status in notifications that require follow up of individual cases and conducting data quality assurance activities;
 - g) Northern Territory provision of secretariat services for the coordination of the Enhanced Invasive Pneumococcal Disease Surveillance Working Group (EIPDSWG). [The EIPDSWG meets quarterly and works to provide nationally consistent enhanced data on invasive pneumococcal disease (IPD) in Australia.]

PERFORMANCE BENCHMARKS AND FINANCIAL ARRANGEMENTS

11. The maximum financial contribution to be provided by the Commonwealth for the program is \$2,754,584 payable in accordance with performance benchmarks set out in Table 1. GST is not payable on the funding provided in this Implementation Plan.

Table 1: Performance benchmarks and associated payments

	Due date	ACT Amount	NSW Amount	Qld Amount	NT Amount	WA Amount	SA Amount	Vic Amount	Tas Amount
Acceptance of a progress report for period 1 Jan-31 Dec 2010	Expected by 20 June 2011.	\$51,555	\$263,665	\$225,289	\$60,164	\$111,548	\$114,532	\$333,000	\$48,831
Acceptance of a progress report for period 1 Jan-31 Dec 2011	Expected by 31 Mar 2012.	\$31,000	\$182,000	\$152,000	\$43,000	\$77,000	\$75,000	\$174,000	\$31,000
Acceptance of a progress report for period 1 Jan-31 Dec 2012 and the Final Report	Expected by 31 Mar 2013.	\$31,000	\$187,000	\$155,000	\$44,000	\$79,000	\$76,000	\$178,000	\$31,000

12. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

BUDGET

13. The overall program budget is set out in Table 2.

Table 2: Overall program budget (\$2,754,584)

State or Territory	Year 1 (2010-11)	Year 2 (2011-12)	Year 3 (2012-13)	Total
Australian Capital Territory	51,555	31,000	31,000	113,555
New South Wales	263,665	182,000	187,000	632,665
Queensland	225,289	152,000	155,000	532,289
Northern Territory	42,014	30,000	31,000	147,164
EIPDSWG	18,150	13,000	13,000	
Western Australia	111,548	77,000	79,000	267,548
South Australia	114,532	75,000	76,000	265,532
Victoria	333,000	174,000	178,000	685,000
Tasmania	48,831	31,000	31,000	110,831
TOTAL	1,208,584	765,000	781,000	2,754,584

14. Having regard to the estimated costs of programs specified in the overall program budget, the State will not be required to pay a refund to the Commonwealth if the actual cost of the program is less than the agreed estimated cost of the program. Similarly, the State bears all risk should the costs of a program exceed the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver programs cost-effectively and efficiently.

REPORTING ARRANGEMENTS

15. The State or Territory will provide progress reports to the Commonwealth to demonstrate its achievement of the notification standards as outlined below. The State or Territory will need to demonstrate adherence to these standards in order for the Commonwealth to receipt and accept the progress reports unless the issues/barriers preventing adherence are beyond the control of the State or Territory.

Notification Standards

- a) Notifications of nationally notifiable vaccine preventable diseases are electronically reported to NNDSS on a daily basis.

- b) The Serogroup Subtype field is completed (where lab diagnosis method allows) for invasive meningococcal disease (IMD) => 80%
 - c) The Serogroup Subtype field is completed (where lab diagnosis method allows) for invasive pneumococcal disease (IPD) in cases younger than 5 years or older than 50 years => 80%
 - d) The genotype is recorded for at least one measles case per epidemiologically-linked measles cluster = >80%
 - e) Vaccination information is completed for children aged 7 years or younger for all nationally notifiable vaccine preventable diseases that require follow up and where their vaccination status is recorded on the Australian Childhood Immunisation Register (ACIR) = >95%
16. Progress reports will contain the following information:
- a) a description of actual performance of the State or Territory in the stipulated reporting period against the Notification Standards;
 - b) a description of any issues/barriers related to achieving the stated standards, and
 - c) a description of any significant changes to surveillance practice, where this is thought to be relevant.
17. The State or Territory's final report is due on 31 March 2013 or within 60 Business Days of the termination of this Implementation Plan.
18. Each final report will be a stand-alone document that can be used for public information dissemination purposes regarding the program and must:
- a) describe the conduct, benefits and outcomes of the program as a whole;
 - b) evaluate the program, including assessing the extent to which the objective in this Implementation Plan has been achieved and explaining why any aspects were not achieved;
 - c) describe any risks for future vaccine preventable disease surveillance, including suggesting solutions and recommendations to assist with the planning and development of future Implementation Plans; and
 - d) include a discussion of any other matters relating to the program, limited to the minimum necessary for the effective assessment of performance, which the Commonwealth notifies the State should be included in the final program report at least 30 days before it is due.