

PROJECT AGREEMENT ON IMPROVING TRACHOMA CONTROL SERVICES FOR INDIGENOUS AUSTRALIANS

Council of
Australian
Governments

An agreement between

the Commonwealth of Australia and
the Northern Territory

The output of this project will be the delivery of additional trachoma control services and activities to improve the identification, screening, treatment, management and prevention of trachoma and trichiasis in Indigenous Australians.

Project Agreement on Improving Trachoma Control Services for Indigenous Australians

INTERGOVERNMENTAL AGREEMENT ON FEDERAL FINANCIAL RELATIONS

PRELIMINARIES

1. This Project Agreement (the Agreement) is created subject to the provisions of the Intergovernmental Agreement on Federal Financial Relations and should be read in conjunction with that Agreement and its Schedules, which provide information in relation to performance reporting and payment arrangements under the Intergovernmental Agreement on Federal Financial Relations.
2. This Agreement will support the delivery of additional trachoma control services and additional activities to improve the identification, screening, treatment, management and prevention of trachoma and trichiasis for Indigenous Australians as part of the broader measure on *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes*.
3. This Agreement constitutes the entire agreement for this project.

PART 1 – FORMALITIES

Parties to this Agreement

4. This Agreement is between the Commonwealth of Australia (the Commonwealth) represented by the Minister for Indigenous Health, and the Northern Territory (the Territory) represented by the Territory Minister with portfolio responsibility for health.

Term of the Agreement

5. This Agreement will commence as soon as the Commonwealth and the Territory sign the Agreement, and will expire on 30 June 2013, or on completion of the project, including the acceptance of final performance reporting and processing of final payments against milestones, unless terminated earlier or extended as agreed in writing by the Parties.

PART 2 – PROJECT OUTPUTS

Output(s)

6. As referred to in Table 2, the outputs of this Agreement will be to :

- a) undertake comprehensive and systematic trachoma and trichiasis screening and treatment programs in communities where trachoma and/or trichiasis is prevalent or at risk of trachoma, and report on results; and
 - b) submit required data to the National Trachoma Surveillance and Reporting Unit located within the Kirby Institute of Infection and Immunity in Society in the University of New South Wales.
7. Delivery of trachoma mapping and control activities will be in accordance with the *Guidelines for the Public Health Management of Trachoma in Australia* (Communicable Diseases Network Australia) including in regard to Section 8, Engaging with communities for trachoma control activities.

PART 3 – ROLES AND RESPONSIBILITIES

Role of the Commonwealth

8. The Commonwealth will be responsible for:
- a) monitoring and assessing achievement against milestones in the delivery of trachoma control services for Indigenous Australians under this Agreement to ensure that outputs are delivered within the agreed timeframe; and
 - b) providing a consequent financial contribution to the Territory to support the implementation of this Agreement.

Role of the Northern Territory

9. The Territory will be responsible for:
- a) all aspects of delivering on the project outputs set out in this Agreement; and
 - b) reporting on the delivery of outputs as set out in Part 4 – Project Milestones, Reporting and Payments.

Shared roles

10. The Parties will meet the requirements of Schedule E, Clause 26 of the **Intergovernmental Agreement on Federal Financial Relations**, by ensuring that prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities under this Agreement, and that the roles of both Parties will be acknowledged and recognised appropriately.

Part 4 – FINANCIAL ARRANGEMENTS

11. The Commonwealth will provide a total financial contribution to the Territory of \$2,830,870 in respect of this Agreement. All payments are GST exclusive.
12. The Commonwealth's funding contribution will not be reduced where the Territory secures funding from other activity partners through innovative and collaborative partnerships.
13. The Commonwealth's estimated financial contribution to the operation of this Agreement, including through National Partnership payments to the Territory paid in accordance with *Schedule D – Payment Arrangements* of the **Intergovernmental Agreement on Federal Financial Relations**, is shown in Table 1.

Table 1: Estimated Commonwealth financial contributions

(\$ million)	2011-12	2012-13	2013-14	Total
Estimated total budget	\$928,270	\$1,712,340	\$190,260	\$2,830,870
Less estimated National Partnership Payments	\$928,270	\$1,712,340	\$190,260	\$2,830,870
Balance of non-Commonwealth Contributions	0.0	0.0	0.0	0.0

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

PART 5 – PROJECT MILESTONES, REPORTING AND PAYMENTS

15. Milestones, reporting and payment summary are detailed in Table 2 of this Agreement. Table 2 specifies the milestones for the project, their relationship to the outputs, expected completion dates and relevant reporting dates.

Table 2: Milestones, reporting and payment summary – Northern Territory (1 of 4 pages)

<i>Output</i>	<i>Activity</i>	<i>Milestones*</i>	<i>Baseline reporting period ends</i>	<i>Report for baseline period (1 January – 31 December 2011) due</i>	<i>Payment</i>
Screening for trachoma (Clause 6 a))	1. Screen At Risk Communities for active trachoma	90% of At Risk communities are screened for active trachoma and results are reported.	15 December 2011	10 April 2012	\$928,270
Trachoma and trichiasis screening and treatment (Clause 6 a))	2. Undertake comprehensive and systematic trachoma treatment and trichiasis screening where trachoma and/or trichiasis is prevalent	<p>At least 80% of 5-9 yr old children residing within screened At Risk communities are screened for active trachoma.</p> <p>At least 80 % of children with active trachoma are treated with antibiotics and at least 80% of their household contacts (including members of multiple households if child sleeps in different houses) treated with antibiotics. Antibiotic treatment of cases and their household contacts within each community completed within a two-week period.</p> <p>Actively promote 'clean faces' concept and practice with 70% prevalence of facial cleanliness among children screened for trachoma.</p> <p>Implement a trichiasis referral, surgery and recall system.</p>			
Submit required data (Clause 6 b))	3. Submit required data to the National Trachoma Surveillance and Reporting Unit	Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to surveillance unit.			

* For each milestone percentage provided in Table 2, the denominator is to be provided by each jurisdiction.

Table 2: Milestones, reporting and payment summary – Northern Territory (2 of 4 pages)

<i>Output</i>	<i>Activity</i>	<i>Milestones*</i>	<i>Reporting period ends</i>	<i>Report for period 1 January – 30 June 2012 due</i>	<i>Payment</i>
Screening for trachoma (Clause 6 a))	1. Screen At Risk communities for active trachoma	45% of At Risk communities are screened for active trachoma.	30 June 2012	30 September 2012	\$856,170
Trachoma and trichiasis screening and treatment (Clause 6 a))	2. Undertake comprehensive and systematic trachoma treatment and trichiasis screening and treatment programs in communities where trachoma and/or trichiasis is prevalent	<p>At least 80% of 5-9 yr old children residing within screened At Risk communities are screened for trachoma.</p> <p>At least 90% of children with active trachoma are treated with antibiotics and at least 90% of their household contacts (including members of multiple households if child sleeps in different houses) treated with antibiotics. Antibiotic treatment of cases and their household contacts within each community completed within a two-week period.</p> <p>Actively promote 'clean faces' concept and practice with 70% prevalence of facial cleanliness among children screened for trachoma.</p> <p>15% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Implement a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis by an ophthalmologist provided with the opportunity to attend a referral appointment or have documented refusal.</p>			
Submit required data (Clause 6 b))	3. Submit required data to the National Trachoma Surveillance and Reporting Unit	Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to surveillance unit.			

* For each milestone percentage provided in Table 2, the denominator is to be provided by each jurisdiction.

Table 2: Milestones, reporting and payment summary – Northern Territory (3 of 4 pages)

<i>Output</i>	<i>Activity</i>	<i>Milestones*</i>	<i>Reporting period ends</i>	<i>Report for period 1 January to 31 December 2012 due</i>	<i>Payment</i>
Screening for trachoma (Clause 6 a)	1. Screen At Risk communities for active trachoma	90% of At Risk communities are screened for active trachoma	31 December 2012	28 February 2013	\$856,170
Trachoma and trichiasis screening and treatment (Clause 6 a)	2. Undertake comprehensive and systematic trachoma treatment and trichiasis screening where trachoma and/or trichiasis is prevalent	<p>At least 80% of 5-9 yr old children residing within screened At Risk communities are screened for trachoma.</p> <p>At least 90 % of children with active trachoma are treated with antibiotics and at least 90% of their household contacts (including members of multiple households if child sleeps in different houses) treated with antibiotics.</p> <p>Antibiotic treatment of cases and their household contacts within each community completed within a two-week period.</p> <p>Actively promote 'clean faces' concept and practice with 70% prevalence of facial cleanliness among children screened for trachoma.</p> <p>12% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis during 2012.</p> <p>Implement a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis by an ophthalmologist provided with the opportunity to attend a referral appointment or have documented refusal.</p>			
Submit required data (Clause 6 b)	3. Submit required data to the National Trachoma Surveillance and Reporting Unit	Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to surveillance unit.			

* For each milestone percentage provided in Table 2, the denominator is to be provided by each jurisdiction.

Table 2: Milestones, reporting and payment summary – Northern Territory (4 of 4 pages)

<i>Output</i>	<i>Activity</i>	<i>Milestones*</i>	<i>Reporting period ends</i>	<i>Report for period 1 January to 30 June 2013</i>	<i>Payment</i>
Screening for trachoma (Clause 6 a)	1. Screen communities at risk of endemic trachoma for trachoma and trichiasis	45% communities at risk of endemic trachoma are screened for trachoma and trichiasis.	30 June 2013	30 September 2013	\$190,260
Trachoma and trichiasis screening and treatment (Clause 6 a)	2. Undertake comprehensive and systematic trachoma treatment and trichiasis screening and treatment programs in communities where trachoma and/or trichiasis is prevalent	<p>At least 80% of 5-9 yr old children residing within screened At Risk communities are screened for trachoma.</p> <p>At least 90% of children with active trachoma are treated with antibiotics and at least 90% of their household contacts (including members of multiple households if child sleeps in different houses) treated with antibiotics. Antibiotic treatment of cases and their household contacts within each community completed within a two-week period.</p> <p>Actively promote 'clean faces' concept and practice with 70% prevalence of facial cleanliness among children screened for trachoma.</p> <p>25% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis during 2013.</p> <p>Implement a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis by an ophthalmologist provided with the opportunity to attend a referral appointment or have documented refusal.</p>			
Submit required data (Clause 6 b)	3. Submit required data to the National Trachoma Surveillance and Reporting Unit	Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to surveillance unit.			

* For each milestone percentage provided in Table 2, the denominator is to be provided by each jurisdiction

Reporting arrangements

16. The Territory will provide performance reports in accordance with Table 2 in Schedule A during the operation of the Agreement. Each performance report is to contain the following information:
 - a) a description of actual performance of the Territory in the period to date against the project milestones;
 - b) details of any matter(s) that have arisen which could adversely impact on the delivery of the output, and how the Territory proposes to resolve this/these matter(s); and
 - c) promotional activities undertaken in relation to, and media coverage of, the project during the reporting period and any promotional opportunities expected to arise during the next reporting period.
17. The Territory will also prepare a final Project Report within 90 days of the completion of the project(s) agreed under the Project Agreement. The Project Report will be a stand-alone document that can be used for public information dissemination purposes. The final Project Report will:
 - a) describe the conduct, benefits and outcomes of the Project(s);
 - b) evaluate the Project(s) from the responsible Party's perspective, including assessing the extent to which the project milestones have been achieved and why any aspect was not achieved;
 - c) include a discussion of any other matters relating to the project, limited to the minimum necessary for the effective assessment of performance and agreed between the Commonwealth and the Territory, at least 60 days before it is due.
18. If the Territory does not achieve one or more performance milestone(s) in full due to circumstances beyond its control or circumstances not anticipated at the time of signing the Project Agreement, the Commonwealth may provide a partial payment to the Territory.
 - a) The Commonwealth will only make a partial payment if the Territory is able to demonstrate that it implemented adequate and appropriate arrangements that would have achieved the relevant performance milestone but for those circumstances.
 - b) The amount of any partial payment will be determined by the Commonwealth Minister for Indigenous Health.

PART 6 – GOVERNANCE ARRANGEMENTS

Enforceability of the Agreement

19. The Parties do not intend any of the provisions of this Agreement to be legally enforceable. However, that does not lessen the Parties' commitment to this Agreement.

Variation of the Agreement

20. The Agreement may be amended at any time by agreement in writing by both Parties.
21. A Party to the Agreement may terminate their participation in the Agreement at any time by notifying the other Party in writing.

Delegations

22. The Commonwealth Minister may delegate the assessment of performance against milestones and the authorisation of related project payments to senior Commonwealth officials, having regard to the financial and policy risks associated with those payments.

Dispute resolution

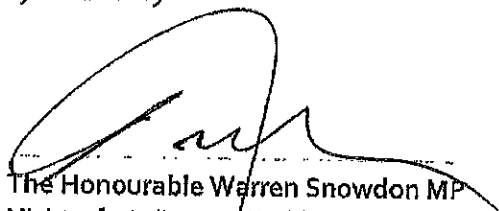
23. Either Party may give notice to the other Party of a dispute under this Agreement.
24. Officials of relevant Parties will attempt to resolve any dispute in the first instance.
25. If a dispute cannot be resolved by officials, it may be escalated to the relevant Ministers and if necessary, the relevant Standing Council.
26. If a dispute cannot be resolved by the relevant Ministers, it may be referred by a Party to COAG for consideration.

Interpretation

27. For the purposes of this Agreement:
 - a) 'Community' means a populated area with a school. A community with two or more schools is considered a single community.
 - b) 'At Risk communities' means communities classified by the relevant state/territory as being at higher risk of trachoma; and
 - c) 'Region' means boundaries as defined by the Northern Territory Government.
 - d) 'Active Trachoma' means the presence of chronic inflammation of the conjunctiva caused by infection with *Chlamydia trachomatis*; includes World Health Organisation grades Trachomatous inflammation follicular and/or Trachomatous inflammation intense.

The Parties have confirmed their commitment to this agreement as follows:

Signed for and on behalf of the Commonwealth
of Australia by

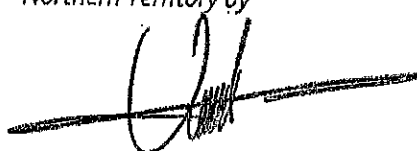


The Honourable Warren Snowdon MP
Minister for Indigenous Health

Date:

5 JUN 2012

Signed for and on behalf of the
Northern Territory by



The Honourable Konstantine Vatskalis
MLA
Minister for Health

Date:

18 MAY 2012