Schedule C

Western Australia

Project agreement ON IMPROVING TRACHOMA CONTROL SERVICES FOR INDIGENOUS AUSTRALIANS

1. This Schedule has been developed in accordance with clause 16(a) of the Project Agreement on Improving Trachoma Control Services for Indigenous Australians. It will commence as soon as it is agreed between the Commonwealth and Western Australia, and expire on 30 June 2021 or on completion of the project, including final performance reporting and processing of final payments against milestones.
2. In accordance with clause 8 and 17 of the Agreement, milestones, their relationship to outputs, expected completion dates, relevant reporting dates and expected payments are set out in Table 1.

**Table 1: Milestones, reporting and payment summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Outputs | Milestones | Report due | Payment |
| Screening and treatment programs in communities at risk of, or experiencing, trachoma, in accordance with clause 8(a) and 8(b) of the Agreement | 1. At least 90% of nominated ‘at-risk’ communities screened for active trachoma[[1]](#footnote-2); 2. At least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in those communities screened; | Annually 31 January  2018-21 | 60% of the State’s annual allocation in 2017-18 and 2018-19  50% of the State’s annual allocation in 2019-20 and 2020-21 |
| 1. 100% of children identified with active trachoma offered treatment; 2. At least 85% of those identified children receiving treatment; 3. At least 85% of contacts of those identified children receiving treatment within one week; 4. In communities where trachoma prevalence is ≥5% (where there is no obvious clustering of cases) and annual screening is not being undertaken, community-wide treatment complies with the *Guidelines for the Public Health Management of Trachoma in Australia;* 5. All eligible community members in communities that require community-wide treatment receive treatment within the same two week period; |
| 1. 100% of children screened assessed for clean faces; |
| 1. At least 10% of adults aged over 40 in trachoma-endemic regions screened for trichiasis; 2. Trichiasis referral, surgery and recall system maintained with all diagnosed adults; 3. 100% of adults diagnosed with trichiasis provided with opportunities to attend a referral; |
| 1. At least 90% of 1-4 year olds in at least one ‘at-risk’ community per trachoma-endemic region are offered screening in the community each year as guided by the National Trachoma Surveillance and Control Reference Group; 2. 100% of 1-4 year old children identified with active trachoma offered treatment; 3. At least 85% of those identified children receiving treatment; 4. At least 85% of contacts of those identified children receiving treatment; 5. Members of households of active cases treated within 1 week; and |
|  | 1. Activities undertaken, where possible, to ensure there is coordinated trachoma screening between communities across jurisdictional borders and where movement of people poses a threat to trachoma elimination. |  |  |
| Health hygiene promotion, in accordance with clause 8(c) of the Agreement | 1. ‘Clean faces’ concept and practice actively promoted to ‘at-risk’ communities; and 2. Report of the number and types of activities undertaken. | Annually 31 January  2018-21 | 10% of the State’s annual allocation |
| Environmental health activities to improve living conditions in at-risk communities, in accordance with clause 8(d) of the Agreement | 1. At least two visits by an appropriately qualified and experienced Environmental Health practitioner offered each year to all ‘at-risk’ communities to determine environmental health activities required, for example, assessments for environmental health risk, advice on remediation measures, provision of practical assistance to community members and provision of environmental health education; 2. Implementation of community specific activity in at-risk communities as required; and 3. Report of all types of activities undertaken. | Annually 31 January 2018-21 | 20% of the State’s annual allocation |
| Undertake activities to ensure routine trachoma monitoring and treatment in local health system arrangements in accordance with clause 8 (e) of the Agreement | 1. Activities undertaken in affected or ‘at-risk’ communities to ensure routine trachoma monitoring and treatment in local health system arrangements. | 31 January 2020  31 January 2021 | 10% of the State’s annual allocation in 2019-20 and 2020-21 |
| Submission of data in accordance with clause 8(f) of the Agreement | 1. Required trachoma program data provided to the National Trachoma Surveillance and Reporting Unit. | Annually 31 January 2018-21 | 10% of the State’s annual allocation |

# Sign off

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

**Signed** *for and on behalf of the Commonwealth of Australia by*

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The Honourable Ken Wyatt AM MP

Minister for Aged Care

Minister for Indigenous Health

/ /2017

**Signed** *for and on behalf of Western Australia by*

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The Honourable Roger Cook MLA

Minister for Health

/ /2017

1. Active trachoma is as defined on pg 6 in the *Guidelines for the Public Health Management of Trachoma in Australia*. [↑](#footnote-ref-2)