

PROJECT AGREEMENT ON IMPROVING TRACHOMA CONTROL SERVICES FOR INDIGENOUS AUSTRALIANS

Council of
Australian
Governments

An agreement between

the Commonwealth of Australia and
the State of New South Wales

The output of this project will be the delivery of activities to improve the mapping, identification, screening and treatment of trachoma for 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 activities to improve the mapping, identification, screening and treatment of trachoma 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 State of New South Wales (the State) represented by the State Minister with portfolio responsibility for health.

Term of the Agreement

5. This Agreement will commence as soon as the Commonwealth and the State signs 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 Schedule A Table 2, the outputs of this Agreement will be to :
 - a) conduct one-off trachoma screening in selected potentially 'At Risk communities' in order to map the prevalence of trachoma;

- b) undertake trachoma treatment in response to Output 1 (Table 2);
 - c) submit agreed 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; and
 - d) provide recommendations regarding the need for further trachoma screening and treatment requirements in 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 of the Guidelines - 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 screening 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 State to support the implementation of this Agreement.

Role of New South Wales

9. The State 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 State of \$287,604 in respect of this Agreement. All payments are GST exclusive.
12. The Commonwealth's funding contribution will not be reduced where the State 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 State 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	\$217,604	\$70,000	\$0	\$287,604
Less estimated National Partnership Payments	\$217,604	\$70,000	\$0	\$287,604
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 State 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 State 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 State to deliver projects cost effectively and efficiently.

PART 5 – PROJECT MILESTONES, REPORTING AND PAYMENTS

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

Reporting arrangements

16. The State 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 State 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 State 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 State 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) map of trachoma prevalence in the communities where screening has occurred, and provide advice on the need for further trachoma screening and treatment as outlined in Clause 6(d). This will be informed by prevalence analysis conducted by the National Trachoma Surveillance and Reporting Unit;

- c) 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;
 - d) include a discussion of the activities undertaken to support the project outputs; and
 - e) 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 State, at least 60 days before it is due.
18. If the State 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 State.
- a) The Commonwealth will only make a partial payment if the State 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.
26. If a dispute cannot be resolved by the relevant Ministers, it may be referred by a Party to the Prime Minister and other relevant First Minister for consideration.

Interpretation

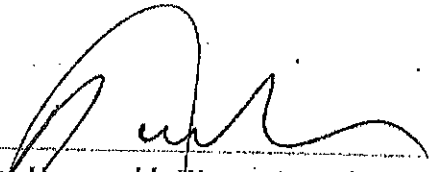
27. For the purposes of this Agreement:

Intergovernmental Agreement on Federal Financial Relations

- 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) '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:

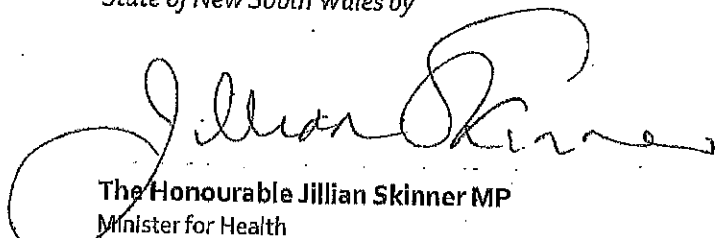
*Signed for and on behalf of the Commonwealth
of Australia by*



The Honourable Warren Snowden MP
Minister for Indigenous Health

Date: **5 JUN 2012**

*Signed for and on behalf of the
State of New South Wales by*



The Honourable Jillian Skinner MP
Minister for Health

Date: **25.5.12**

Table 2: Milestones, reporting and payment summary – New South Wales (1 of 2 pages)

<i>Output</i>	<i>Activity</i>	<i>Milestones*</i>	<i>Reporting period ends</i>	<i>Relevant report due</i>	<i>Payment</i>
Commencement of Project	Recruitment of staff and project planning.	Recruitment of staff underway and submission of a project plan	15 April 2012	1 May 2012	\$217,604

Table 2: Milestones, reporting and payment summary – New South Wales (continued) (2 of 2 pages)

<i>Output</i>	<i>Activity</i>	<i>Milestones*</i>	<i>Reporting period ends</i>	<i>Report due</i>	<i>Payment</i>
Conduct one-off trachoma screening in selected potentially 'At Risk communities' (Clause 6 a))	1. Screen Aboriginal and Torres Strait Islander children aged 5-9 years in at risk communities with prioritisation given to: <ul style="list-style-type: none"> • Broken Hill; • Menindee; • Wilcannia; • Cobar; • Narromine; • Dubbo; • Bourke; • Brewarrina; • Lightning Ridge; and • Walgett for active trachoma.	§ 10 at risk communities in NSW are screened for active trachoma** § In communities where the number of 5 - 9 year old Aboriginal and Torres Strait Islander children is more than 100, a sample of at least 50 children (with parent or guardian consent) screened, targeting 5 – 7 year olds first. § In communities of less than 100 5 - 9 year old Aboriginal and Torres Strait Islander children, efforts will be made to implement enhanced screening activities^^ to attempt to screen all 5-9 year old children (with parent or guardian consent). § 100% of children screened assessed for clean faces.	30 April 2013	31 May 2013	\$70,000
Undertake trachoma treatment (Clause 6. b))	2. Undertake treatment as required in response to Activity 1 above	§ 90% of diagnosed children treated with antibiotics. § 90% of household contacts identified (including members of multiple households if child sleeps in different houses) offered treatment with antibiotics within a two-week period.			
Submit agreed data (Clause 6 c))	3. Submit agreed data to the National Trachoma Surveillance and Reporting Unit	Timely, accurate, and reliable trachoma mapping data (ie, screening and treatment coverage data) provided to surveillance unit.			

* For each milestone percentage provided in Table 2, the denominator is to be provided by each jurisdiction and is made up of the Aboriginal and Torres Strait Islander children only in a community.

** At risk communities will be prioritised from the identified list. Where communities (on consultation) refuse to participate, alternate at risk communities will be identified and included in the screening project

^^ Enhanced screening activities may include; thorough consultation with at risk communities, promotion of screening days, additional screening days planned to allow for absenteeism, house visits, incentives for school attendance.