

Implementation Plan for Human Quarantine Services

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 “improving the health and wellbeing of Australians through delivering high quality health services”.
2. The Commonwealth has constitutional responsibility for human quarantine. This Implementation Plan should be read in conjunction with the *Quarantine Act 1908* (the Act) and related subordinate legislation.
3. The Commonwealth Department of Health and Ageing does not have officials at the Australian border to perform human quarantine activities. These activities are performed by the Australian Quarantine and Inspection Service, supported by State and Territory (State) health departments. This Implementation Plan relates to routine human quarantine services provided by State health departments and the Commonwealth Department of Health and Ageing.
4. This Implementation Plan is intended to cover day-to-day quarantine activities at the Australian border. Resourcing for quarantine emergencies will be assessed according to the individual circumstances of each incident.

TERMS OF THIS IMPLEMENTATION PLAN

5. 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 States, represented by the relevant State Health Ministers. It will cease on 30 June 2012.
6. This Implementation Plan may be varied by written agreement between the Ministers.
7. Parties may terminate this agreement by providing 30 days’ notice in writing. Where parties terminate the agreement, the Commonwealth’s liability to make payments to the relevant State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of the agreement.
8. 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

9. The protection of the Australian public from serious communicable diseases, particularly exotic, new and re-emerging infectious diseases, through human quarantine activities.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

10. The Commonwealth is responsible for:
 - (a) human quarantine and for administering the *Quarantine Act 1908* (the Act);
 - (b) providing policy advice and guidance to the States under the Act;
 - (c) developing procedures and guidelines to assist the States to perform the responsibilities delegated by the Commonwealth;
 - (d) providing training to State officers to assist them in performing their responsibilities;
 - (e) regularly updating the States on changes in national and international conditions in relation to State responsibilities;
 - (f) appointing suitably qualified State officers as Chief Human Quarantine Officers (CHQOs) and human quarantine officers (HQOs) upon the request of a State;
 - (g) leading a collaborative, formal review of this Implementation Plan six months prior to its conclusion; and
 - (h) reviewing State 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 States

11. States are responsible for all aspects of program implementation, including:
 - (a) resourcing the program after accounting for financial contributions from the Commonwealth and any third party;;
 - (b) fulfilling their responsibilities in a timely and professional manner in accordance with this Implementation Plan;
 - (c) meeting all conditions including providing reports in accordance with this Implementation Plan;

- (d) nominating, and making available for appointment:
- senior public health officials, being qualified medical practitioners, to be appointed as CHQOs by the Minister for Health and Ageing under sections 8a and 9 of the Act;
 - suitably qualified officers to be appointed as HQOs by the Director of Human Quarantine (DHQ) under sections 8a and 9 of the Act; and
 - suitably qualified officers to be appointed as temporary HQOs by the DHQ under section 9A of the Act, to supplement the body of existing HQOs, where necessary;
- (e) the CHQOs and HQOs perform the following services (not precluding broader powers available under the Act being exercised by the CHQOs or HQOs, when required):
- providing health advice to officers assessing ill travellers at Australia's international points of entry;
 - arranging integration into State public health systems of travellers identified at an international point of entry as requiring treatment for a quarantinable disease under sections 35(1), 35(1A), 35AA, 35(A3) or Regulations 43 and 47 of the Act;
 - deciding whether quarantine is warranted when ill travellers produce medical opinion disputing the need to perform quarantine, according to section 35D of the Act (CHQOs only);
 - reporting to the DHQ as soon as practicable when individuals or groups are ordered into quarantine;
 - ensuring that people ordered into quarantine receive appropriate treatment for the duration that quarantine is performed;
 - authorising release from quarantine of travellers who are no longer required to perform quarantine, under section 35B of the Act;
 - providing advice to Commonwealth HQOs concerning measures to be taken to treat a vessel or other quarantine measures to be performed if a vessel is suspected to have a communicable disease on board, under section 35A of the Act;
 - directing the owner of a property, after appropriate consultation, to carry out vector monitoring and control activities, under section 55D(1) of the Act, if agreed as a national strategy or instructed by the DHQ (CHQOs only);
 - providing input into the development of new quarantine arrangements;
 - acting as a conduit between the Commonwealth and the State on quarantine matters;
 - contributing to the training of Commonwealth HQOs; and
 - participating in activities designed to evaluate or improve quarantine-related capabilities.

PERFORMANCE BENCHMARKS AND FINANCIAL ARRANGEMENTS

12. The maximum financial contribution to be provided by the Commonwealth for the program is set out in Table 2 and payable in accordance with performance benchmarks set out in Table 1. All payments are exclusive of GST.

Table 1: Performance benchmarks and associated payments

Performance benchmark	Due date	Amount
(i) Agreement to the Implementation Plan by the Ministers of each jurisdiction	Expected by February 2012	\$0
(ii) Submission of an incident report of any case of a quarantinable disease in the State, within 24 hours of the CHQO becoming aware of the case, as per Clause 18	As required	\$0
(iii) Making available an annual report of the services provided as identified in sections 11b, 11d and 11e of this Implementation Plan	For services provided in 2010-11, on commencement of the Implementation Plan. For services delivered in 2011-12, report by 1 May 2012	\$0
(iv) Commencement of services for each financial year	Upon commencement of the Implementation Plan	100% of annual payment

13. 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

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

Table 2: Overall program budget

	2011-2012
New South Wales	123,706
Victoria	83,017
Queensland	108,447
Western Australia	108,447
South Australia	74,116
Tasmania	74,116
Australian Capital Territory	58,150
Northern Territory	77,931
Totals	707,930

NB: Funding provided under this agreement recognises activities undertaken by states and territories in 2010-11 and those that will be completed in 2011-12.

15. Having regard to the estimated costs of activities specified in the overall program budget, the States 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 States bear all risk should the costs of a program exceed the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the States to deliver programs cost-effectively and efficiently.

REPORTING ARRANGEMENTS

16. Each State will provide annual progress reports due 60 days prior to the end of the financial year to the Commonwealth to demonstrate its achievement of performance benchmarks set out in Table 1.
17. Annual progress reports, as per the agreed pro-forma, will contain a description of actual performance of the State in the period to date against the performance benchmarks.
18. An incident report is required relating to any case of a quarantinable disease detected in the State within 24 hours of the CHQO becoming aware of the case. An incident report will contain the following information:
 - a) name of the person(s) suspected of having a quarantinable disease;
 - b) State in which the person(s) was identified;
 - c) if person(s) is to be, or has been, ordered into quarantine, place in which quarantine will be performed;
 - d) suspected quarantinable disease;
 - e) whether the disease has been confirmed;
 - f) proposed action;
 - g) name of the reporting officer; and
 - h) contact phone number for the reporting officer.
19. The Commonwealth will lead a collaborative, formal review of this Implementation Plan six months prior to its conclusion.