Schedule

Rheumatic Fever Strategy

FEDERATION FUNDING AGREEMENT – HEALTH

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| **Table 1: Formalities and operation of schedule** |
| Parties | CommonwealthQueenslandWestern AustraliaSouth AustraliaNorthern Territory  |
| Duration | This Schedule is expected to expire on 30 June 2025. |
| Purpose | This Schedule will support the delivery of improved detection, monitoring, and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in Aboriginal and Torres Strait Islander Australians through coordinated disease register and control programs. This Agreement will support a collaborative effort between the Commonwealth and States for delivery of the Rheumatic Fever Strategy (RFS).This Agreement embodies the principles of the *National Agreement on Closing the Gap* to achieve genuine and mutually respectful partnership between governments and Aboriginal and Torres Strait Islander Australians. It will incorporate a co-design element through all parties’ involvement in the new Aboriginal and Torres Strait Islander led governance arrangements for the RFS. |
| Estimated financial contributions | The Commonwealth will provide an estimated total financial contribution to the States of $11.971 million in respect of this Schedule.

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| **Table 1** **($ million)** | **2021-22**  | **2022-23**  | **2023-24**  | **2024-25**  | **Total**  |
| **Estimated total budget** | **2.916** | **2.969**  | **3.022**  | **3.064**  | **11.971**  |
| *Less estimated National Partnership Payments* | 2.916  | 2.969  | 3.022  | 3.064  | 11.971  |
| Queensland | 0.825 | TBC  | TBC | TBC | TBC |
| Western Australia | 0.825 | TBC | TBC | TBC | TBC |
| South Australia | 0.347 | TBC | TBC | TBC | TBC |
| Northern Territory  | 0.919 | TBC | TBC | TBC | TBC |
| *Balance of non-Commonwealth contributions* | 0.000  | 0.000  | 0.000  | 0.000  | 0.000  |

Note: Estimated total payments are indicative only. Actual funding and milestones from 2022-23 onwards are to be negotiated and agreed through co-design and shared decision-making arrangements with the Aboriginal Community Controlled Health sector under new national RFS governance structures (to be established during 2021-22). |

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| **Table 2: Performance requirements, reporting and payment summary** |
| **Output** | **Performance milestones** | **Report due** | **Payment**  |
| Project Plan | Each state/territory party will submit a Project Plan for the improved detection, monitoring and management of ARF and RHD for the period 1 January to 31 December 2021, for consideration by the Commonwealth. Project Plans will include detail about how each jurisdiction will work in partnership with Aboriginal and Torres Strait Islander communities or their chosen representatives and/or organisations. This will be done in accordance with jurisdictional commitments under the *National Agreement on Closing the Gap*, and in relation to Priority Reform One: Formal Partnerships and Shared Decision Making.  | **2021(calendar year)**Within two months of execution of this Agreement | Nil |
| Performance Report against agreed Project Plan | Demonstration of progress against the agreed Project Plan from 1 January 2021 to 31 December 2021 including: 1. support improved clinical care, including improved delivery of and adherence to secondary prophylaxis antibiotics;
2. provision of education and training for health care providers, individuals, families and communities;
3. collection and provision of agreed data annually to the Australian Institute of Health and Welfare (AIHW) for national monitoring and reporting of ARF and RHD and measuring program effectiveness in the detection and management of ARF and RHD; and
4. maintenance of a dedicated state-wide patient register and recall system for ARF and RHD.
 | 01/03/2022 | On acceptance of Performance Report**2021-22**Qld: $0.825mWA: $0.825mSA: $0.347mNT: $0.919m |

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| **Output** | **Performance milestones** | **Report due** | **Payment**  |
| The detail of outputs from 2022-23 to 2024-25 is to be determined through co-design and shared decision-making arrangements with the Aboriginal Community Controlled Health sector under new national RFS governance structures (to be established during 2021-22). | Demonstration of progress against outputs annually from 2022-23 to 2024-25 is to be determined through co-design and shared decision-making arrangements with the Aboriginal Community Controlled Health sector under new national RFS governance structures (to be established during 2021-22). | **2022-23 to 2024-25** To be determined | **2022-23 to 2024-25** To be determined |

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

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| Signed for and on behalf of the Commonwealth of Australia by The Honourable Greg Hunt MPMinister for Health and Aged Care[Day] [Month] [Year] |  |  |
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| Signed for and on behalf of theState of Queensland by **The Honourable** Yvette D’ath **MP**Minister for Health [Day] [Month] [Year] |  | Signed for and on behalf of theState of Western Australia by The Honourable Roger Cook MLAMinister for Health [Day] [Month] [Year] |
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| Signed for and on behalf of theState of South Australia by The Honourable Stephen Wade MLC Minister for Health and Wellbeing [Day] [Month] [Year] |  | Signed for and on behalf of the Northern Territory by The Honourable Natasha Fyles MLAMinister for Health [Day] [Month] [Year] |
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