

# Smoking and Vaping Cessation Activities

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule	
Parties	<p>Commonwealth</p> <p>New South Wales</p> <p>Victoria</p> <p>Queensland</p> <p>Western Australia</p> <p>South Australia</p> <p>Tasmania</p> <p>Australian Capital Territory</p> <p>Northern Territory</p>
Duration	This Schedule is expected to expire on 30 June 2027.
Purpose	<p>A key priority of the National Tobacco Strategy 2023-2030 aims to provide greater access to evidence-based cessation services to support people to quit the use of tobacco and e-cigarettes/vapes. Tobacco smoking remains the leading cause of preventable death and disability in Australia and is estimated to have killed 1,280,000 Australians between 1960 and 2020. E-cigarettes have also been identified as harmful to health and associated with an increased risk of smoking.</p> <p>The 2023-24 Budget package <i>Tackling smoking and vaping, and improving cancer outcomes</i> includes \$15 million to ensure that each jurisdiction's Quitline and cessation services can respond to increased demand anticipated as stronger legislation, enforcement and education on smoking and vaping are implemented.</p> <p>This schedule will provide funding to the States and Territories to:</p> <ul style="list-style-type: none"> <li>ensure that a minimum equivalent level of Quitline services is available to Australians regardless of location, with additional targeted support for priority populations;</li> <li>develop new approaches or expand existing services to incorporate support for vaping cessation; and</li> <li>develop, implement and evaluate new features, approaches and/or interventions provided by Quitline and other quit services.</li> </ul> <p>Each jurisdiction will develop a plan for deliverables aligned with the outputs in Table 2 and the purpose of the Schedule.</p>
Estimated financial contributions	The Commonwealth will provide an estimated total financial contribution to the States and Territories of \$15 million in respect of this Schedule. Each jurisdiction funds the ongoing operation of the Quitline

and/or specific quit services in their jurisdiction. Funding provided under this Schedule is not intended to replace existing jurisdictional funding, during the life of the agreement or beyond, and instead is provided to augment accessibility and capacity.

<b>(\$ million)</b>	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>Total</b>
<b>Estimated total budget</b>	<b>1.500</b>	<b>4.500</b>	<b>4.500</b>	<b>4.500</b>	<b>15.000</b>
<i>Less estimated National Partnership Payments</i>	<i>1.500</i>	<i>4.500</i>	<i>4.500</i>	<i>4.500</i>	<i>15.000</i>
- New South Wales	0.366	1.098	1.098	1.098	3.660
- Victoria	0.2715	0.8145	0.8145	0.8145	2.715
- Queensland	0.2265	0.6795	0.6795	0.6795	2.265
- Western Australia	0.160	0.480	0.480	0.480	1.600
- South Australia	0.1265	0.3795	0.3795	0.3795	1.265
- Tasmania	0.143	0.429	0.429	0.429	1.430
- Australian Capital Territory	0.1065	0.3195	0.3195	0.3195	1.065
- Northern Territory	0.100	0.300	0.300	0.300	1.000

Additional terms

The National Health Reform Agreement (NHRA) provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth. Each jurisdiction will ensure that any claim for funding under the NHRA is not funding services, or any part of a service, provided for under this agreement and will maintain appropriate records.

The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. Each jurisdiction will ensure any agreement for the provision of services using funding under this agreement recognises the operation of the Health Insurance Act 1973.



**Table 2: Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Payment
<p>The intent of this schedule is to provide funding to Quitline and other quit services (as relevant) in each State and Territory to meet demand for smoking and vaping cessation support. The deliverables comprise a range of agreed outputs including:</p> <ol style="list-style-type: none"> <li>1. Enhanced national Quitline capacity to ensure that a minimum equivalent level of service and cessation support is available to Australians regardless of location, in line with the National Minimum Quitline Standards- such as meeting (or exceeding) the minimum operating hours.</li> <li>2. Expansion of existing services and/or development of new approaches to incorporate support for vaping cessation, that evolves in line with emerging evidence over the duration of the agreement.</li> <li>3. Development, implementation (including as pilot projects) and evaluation of new features, approaches and/or interventions by Quitline and other quit services, tailored to local requirements. Outcomes from the evaluation of these services should be shared to support national improvements. New features, approaches and/or interventions should include, but are not limited to: <ul style="list-style-type: none"> <li>- supporting the needs and preferences of young people to access support by developing and delivering innovative or targeted engagement options (for</li> </ul> </li> </ol>	<p>Project outline, agreed with the Commonwealth, on activities to be delivered in accordance with the output of this schedule over the period of the agreement, and detail on key activities through to 30 June 2024.</p> <p>Project outline to include for the life of the project (at minimum):</p> <ul style="list-style-type: none"> <li>• proposed activities (including rationale/context);</li> <li>• project timeline;</li> <li>• intended outputs and outcomes;</li> <li>• proposed impact on staffing and resourcing requirements;</li> <li>• proposed high-level breakdown of use of funds provided under this agreement;</li> <li>• monitoring and evaluation (M&amp;E) plan which includes a program logic and dataset;</li> <li>• risk management approach including identified risks; and</li> <li>• any linkages with other cessation measures or program.</li> </ul> <p>The M&amp;E plan and dataset should at minimum, meet the standard for Quitline data collection outlined in the National Quitline Minimum Standards and, should include other relevant data in any case where the minimum standards were unable to be met or are not applicable. The dataset should allow for:</p> <ul style="list-style-type: none"> <li>• reports against the relevant metrics in the National Minimum Quitline Standards including service assessment data;</li> <li>• comparison with baseline (i.e., solely-State or Territory-funded services) data prior to the execution of this schedule; and</li> <li>• reports identifying progress in implementing any proactive smoking cessation initiative.</li> </ul> <p>The dataset should allow for (at a minimum but not limited to) reporting of data disaggregated by:</p> <ul style="list-style-type: none"> <li>• demographic data, where possible and in line with privacy laws: <ul style="list-style-type: none"> <li>o including sex; age; priority population identification-including First Nations identification; geographic location by Modified</li> </ul> </li> </ul>	<p>One month following execution of this schedule or by negotiation with the Commonwealth – to be provided to the Department of Health and Aged Care.</p>	<p>Total amount 2023-24 allocation per State or Territory following agreement of Project Outline with Commonwealth.</p>

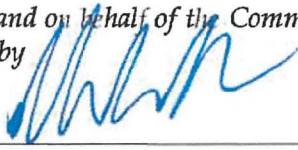
<p>example as live web chat/text message options);</p> <ul style="list-style-type: none"> <li>- culturally safe support for First Nations people and people from culturally and linguistically diverse backgrounds - such as dedicated First Nations Quitline counsellors that understand and respond to the diverse needs of First Nations communities;</li> <li>- interventions/support targeted to priority populations, such as people living in rural and remote areas, disadvantaged populations, and pregnant people and their partners; and</li> <li>- Enhancement or introduction of clinical governance or guidelines. These could support a prescription model and/or access to pharmacotherapy to aid smoking or vaping cessation.</li> </ul>	<p>Monash Model or Local Government Area; smoker/vaper/dual status; and</p> <ul style="list-style-type: none"> <li>• service delivery statistics for smoking and/or vaping support where relevant and feasible.</li> </ul>		
	<p>Annual performance report on activities delivered in accordance with the output of this schedule from execution until 30 June 2024; and update to the project outline reflecting any significant changes, and key activities for the next 12 months (1 July 2024 to 30 June 2025).</p> <p>Performance report to include (at minimum);</p> <ul style="list-style-type: none"> <li>• reports against the relevant metrics in the National Minimum Quitline Standards;</li> <li>• comparison with baseline data prior to the execution of this schedule;</li> <li>• reports identifying progress in implementing any proactive smoking cessation initiative; and</li> <li>• updates to the project outline and identified risks to include any matters which could (or have) positively or negatively impact on the delivery of outputs and where required steps taken to address these matters.</li> </ul>	<p>31 August 2024 or by negotiation with the Commonwealth – to be provided to the Department of Health and Aged Care.</p>	<p>Total amount 2024-25 allocation per State or Territory.</p>
	<p>Annual performance report on activities delivered in accordance with the output of this schedule from execution until 30 June 2025; and update to the project outline reflecting any significant changes, and key activities for the next 12 months (1 July 2025 to 30 June 2026).</p> <p>Performance report to include (at minimum);</p> <ul style="list-style-type: none"> <li>• reports against the relevant metrics in the National Minimum Quitline Standards;</li> <li>• comparison against metrics from the previous year and baseline data prior to the execution of this schedule;</li> <li>• reports identifying progress in implementing any proactive smoking cessation initiative; and</li> <li>• updates to the project outline and identified risks to include any matters which could (or have) positively or negatively impact on the delivery of outputs and where required steps taken to address these matters.</li> </ul>	<p>31 August 2025 or by negotiation with the Commonwealth – to be provided to the Department of Health and Aged Care.</p>	<p>Total amount 2025-26 allocation per State or Territory.</p>



	<p>Annual performance report on activities delivered in accordance with the output of this schedule from execution until 30 June 2026; and update to the project outline reflecting any significant changes, and key activities for the next 12 months (1 July 2026 to 30 June 2027).</p> <p>Performance report to include (at minimum);</p> <ul style="list-style-type: none"> <li>• reports against the relevant metrics in the National Minimum Quitline Standards;</li> <li>• comparison against metrics from previous years and baseline data prior to the execution of this schedule;</li> <li>• reports identifying progress in implementing any proactive smoking cessation initiative; and</li> <li>• updates to the project outline and identified risks to include any matters which could (or have) positively or negatively impact on the delivery of outputs and where required steps taken to address these matters.</li> </ul>	<p>31 August 2026 or by negotiation with the Commonwealth – to be provided to the Department of Health and Aged Care.</p>	<p>Total amount 2026-27 allocation per State or Territory.</p>
	<p>Final performance report on activities delivered in accordance with the output of this schedule from execution until completion at 30 June 2027.</p> <p>Final performance report to include (at minimum):</p> <ul style="list-style-type: none"> <li>• a summary of all activities undertaken during the reporting period;</li> <li>• a summary of all outputs delivered, including yearly comparison of expansion; and</li> <li>• a final assessment of outcomes achieved, including disaggregated data as per the M&amp;E plan.</li> </ul> <p>Final performance report to also include a summary of:</p> <ul style="list-style-type: none"> <li>• actual staffing and resourcing utilised;</li> <li>• final high-level breakdown of use of funds provided under this agreement;</li> <li>• key risks identified and managed; and</li> <li>• key outcomes over the life of the agreement (informed by the ongoing evaluation and including but not limited to linkages with other cessation measures and contribution towards national expansion of access to support).</li> </ul>	<p>31 August 2027 or by negotiation with the Commonwealth – to be provided to the Department of Health and Aged Care.</p>	<p>N/A</p>

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

Signed for and on behalf of the Commonwealth of Australia by



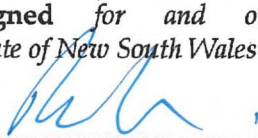
**The Honourable Mark Butler MP**

Minister for Health and Aged Care

[Day] [Month] [Year]

22 03 2024

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



**The Honourable Ryan Park MP**

Minister for Health

[Day] [Month] [Year]

8 5 2024

Signed for and on behalf of the State of Queensland by

**The Honourable Shannon Fentiman MP**

Minister for Health, Mental Health and Ambulance Services

[Day] [Month] [Year]

Signed for and on behalf of the State of South Australia by

**The Honourable Chris Picton MP**

Minister for Health and Wellbeing

[Day] [Month] [Year]

Signed for and on behalf of the Australian Capital Territory by

**The Honourable Emma Davidson MLA**

Minister for Population Health

[Day] [Month] [Year]

Signed for and on behalf of the State of Victoria by

**The Honourable Mary-Anne Thomas MP**

Minister for Health

[Day] [Month] [Year]

Signed for and on behalf of the State of Western Australia by

**The Honourable Amber-Jade Sanderson MLA**

Minister for Health and Mental Health

[Day] [Month] [Year]

Signed for and on behalf of the State of Tasmania by

**The Honourable Guy Barnett MP**

Minister for Health

[Day] [Month] [Year]

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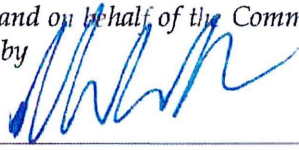
**The Honourable Selena Uibo MLA**

Minister for Health

[Day] [Month] [Year]

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Minister for Health, Mental Health and Ambulance Services

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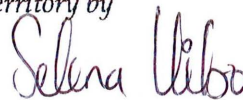
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**The Honourable Guy Barnett MP**

Minister for Health

[Day] [Month] [Year]

Signed for and on behalf of the Northern Territory by



**The Honourable Emma Davidson MLA**

Minister for Population Health

[Day] [Month] [Year]

**The Honourable Selena Uiibo MLA**

Minister for Health

[Day] [Month] [Year]

01 / 05 / 2024

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of Australia by



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Minister for Health and Aged Care

[Day] [Month] [Year]

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Minister for Health

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Minister for Health, Mental Health and Ambulance  
Services

[Day] [Month] [Year]

**The Honourable Amber-Jade Sanderson  
MLA**

Minister for Health and Mental Health

[Day] [Month] [Year]

Signed for and on behalf of the  
State of South Australia by



Signed for and on behalf of the  
State of Tasmania by

**The Honourable Chris Picton MP**

Minister for Health and Wellbeing

[Day] [Month] [Year]

20 / May / 2024

**The Honourable Guy Barnett MP**

Minister for Health

[Day] [Month] [Year]

Signed for and on behalf of the Australian  
Capital Territory by

Signed for and on behalf of the Northern  
Territory by

**The Honourable Emma Davidson MLA**

Minister for Population Health

[Day] [Month] [Year]

**The Honourable Selena Uibo MLA**

Minister for Health

[Day] [Month] [Year]