



Australian Government
Department of Health and Ageing

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20 OCT 2009

BY: MIG

Submission No 92

SECRETARY

Ms Sharon Bryant
Committee Secretary
Joint Standing Committee on Migration
Parliament House
CANBERRA ACT 2600

Dear Ms Bryant

Thank you for your letter of 17 August 2009 inviting my Department to make a submission to the inquiry into the migration treatment of people with disabilities.

The Department of Health and Ageing (DoHA) has no direct role in relation to the issues covered in the Terms of Reference for the current inquiry, and will therefore not be making a formal submission. However, I understand that some factual information on the role of DoHA in relation to the migration health requirement would be of assistance to the Committee. This letter, therefore, provides some information on our role in working with the Department of Immigration and Citizenship (DIAC) on these matters. You will note that similar information was provided in June last year for the Committee's earlier inquiry into immigration detention.

DoHA has a Memorandum of Understanding (MoU) with DIAC which defines the roles and responsibilities of both departments in relation to the health requirement of the *Migration Act 1958*. A copy of the MoU is enclosed. The MoU was the outcome of a 2006 report by the Australian National Audit Office into the administration of the health requirement.

DoHA's primary role in relation to the MoU is to provide technical and public health advice on communicable diseases and health threats to Australia, to assist DIAC in formulating appropriate policies. DoHA does not make policy decisions in relation to migration health or about individual cases.

In addition to answering specific enquiries from DIAC, DoHA provides DIAC with a fortnightly International Surveillance Report that provides information on international disease outbreaks of public health significance. When requested in relation to specific issues, DoHA provides DIAC with information on the cost and availability of Commonwealth-funded healthcare and can advise about information provided by States and Territories relating to state-funded healthcare. DoHA also updates DIAC if any changes to its policies or programs are likely to have an impact on DIAC's administration of the health requirement.

I trust this information is of assistance.

Yours sincerely

Jane Halton PSM
Secretary

18 October 2009

Enc.

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Memorandum of Understanding
between
the Australian Department of Immigration and
Citizenship
and
the Australian Department of Health and Ageing
to define the cooperative arrangements and
respective roles and responsibilities of the two
Departments in relation to
the administration of the health requirement
under the Migration Act 1958

Canberra

September 2007

**This MEMORANDUM OF UNDERSTANDING is between
the Australian Government Department of Immigration and Citizenship**

AND

the Australian Government Department of Health and Ageing

Introduction

This MOU defines the cooperative arrangements by which the Department of Health and Ageing (DoHA) and the Department of Immigration and Citizenship (DIAC) will work together in a collaborative manner. It also sets out their respective roles and responsibilities in relation to the health requirement of the *Migration Act 1958* (the Act).

The Act is the responsibility of the Minister of Immigration and Citizenship and therefore falls under the responsibility of DIAC.

The development and review of policies and processes that support the health requirement is dependent on advice from other agencies, primarily DoHA, State and Territory public health authorities and relevant professional bodies. The formulation of advice on public health issues crosses organisational and jurisdictional boundaries, and, when defining what constitutes a threat to public health, DIAC seeks assistance from DoHA to formulate comprehensive and current advice on public health matters for immigration purposes.

This MOU reflects the need for cross-agency cooperation and formal consultative arrangements as well as a clear understanding of roles and responsibilities between DIAC and DoHA.

This agreement aims to provide clear administrative arrangements for requesting and providing technical advice, including broad public health advice.

Definitions

For the purpose of this MoU the following definitions apply.

'Technical advice' constitutes advice on specific technical, scientific or clinical public health issues, related to the risks posed to human health from communicable diseases or other public health issues relevant to the administration of the health requirement (for example, the screening of a specific population group, or for specific diseases). It includes the cost of treatment of various health conditions.

'Broad public health advice' includes advice on wide reaching public health issues and policy (for example, emerging international trends and likely impact on health services that DIAC may take into account when informing policy development).

A glossary of terms can be found at Attachment B.

Roles and responsibilities

DIAC

DIAC has responsibility for administering the health requirement under the Act.

The health requirement is designed to:

- minimise public health and safety risks to the Australian community;
- contain public expenditure on health and community services including Australian social security benefits, allowances and pensions; and
- maintain access of Australian residents to health and other community services.

DIAC is responsible for:

- developing policies and processes that support the health requirement, including the development of Notes for Guidance (NfG) papers;
- engaging DoHA and other relevant stakeholders to facilitate the provision of advice in the development and review of DIAC health policies and procedures; and
- providing onshore and offshore health screening and assessment services in support of the health requirement.

DoHA

DoHA can provide advice on communicable disease health threats to Australia to assist DIAC in formulating appropriate policies. DIAC receives from DoHA the fortnightly International Surveillance Report that summarises information gathered on international outbreaks of communicable disease which are of public health significance, and that may have implications for Australia. By providing a summary of major outbreaks, this Report aims to increase awareness of communicable disease outbreaks worldwide that could impact on Australia. Where appropriate, DoHA will draw attention to specific matters that have major implications for DIAC's administration of the health requirement, unless otherwise notified.

DoHA will provide DIAC with information on the cost and availability of Commonwealth funded healthcare, and can advise DIAC about information provided by State and Territory health departments on the cost and availability of state-provided healthcare to assist DIAC to formulate and update the Prejudice to Access list. This includes information on both communicable and non-communicable diseases.

For those programs funded by DoHA, DoHA will draw attention to specific issues that have major implications for DIAC's administration of the health requirement, namely medical treatments or health conditions that are likely to result in significant cost to the Australian health care system or disadvantage access by Australian citizens to the health and community care system.

In addition to technical advice and broad public health advice, DoHA can provide DIAC with broader health policy advice, or advice on the DoHA position on a particular issue. This is separate from technical advice provided on communicable disease health risks, for example, where DIAC seeks broad policy advice on an issue such as a new DIAC health policy.

Australian Health Protection Committee

DoHA, through the Australian Health Protection Committee, a sub-committee of AHMAC, can facilitate the provision of advice from its sub-committees, including the Communicable Diseases Network of Australia (CDNA) and the National Tuberculosis Advisory Committee. These committees are composed of members from the Commonwealth, State and Territory health departments, and other relevant organisations and national experts. AHPC should be formally advised of any DIAC requests for advice from the sub-committees and advice should be cleared by AHPC.

Implementation of Memorandum of Understanding

Regular meetings between DIAC and DoHA

DIAC and DoHA will each undertake:

- to hold quarterly meetings between the two agencies at the First Assistant Secretary level; and
- to hold six to twelve monthly meetings between the two agencies at the Deputy Secretary level.

The purpose of these meetings will be to discuss:

- more complex requests and strategic matters;
- changing trends in migration processing; and
- issues related to the relationship between the two agencies at a strategic level.

DIAC will schedule and chair these meetings and provide secretariat support.

Both DIAC and DoHA agree to participate, where relevant, on interdepartmental committees, working groups and other bodies to ensure that the views of both portfolios are represented in areas of mutual interest.

Process for DIAC to seek advice from DoHA

The International Strategies Branch (ISB), Portfolio Strategies Division (PSD) is responsible for cross-departmental coordination within DoHA and, as such, should be the first point of contact for interactions with DIAC.

To ensure that advice is provided in a consistent and timely manner, DoHA will put in place the following arrangements:

- DoHA will establish a Migration Health email inbox to assist in the management and coordination of requests from DIAC. The in-box will provide DIAC with a single consistent entry point to DoHA, and will allow for the dissemination of requests and general information to the correct areas of DoHA. All requests for advice and information should be emailed to migrationhealth@health.gov.au. The inbox will be managed by the ISB, and will also be the entry point for requests for advice from the CDNA and NTAC. This inbox will provide responses to requests from DIAC prepared by DoHA and also by the CDNA and the NTAC.
- In the case of emergencies, urgent requests for public health advice out of business hours will be processed through DoHA's National Incident Room (NIR). The after hours contact number, (02) 6289 3030, is monitored by DoHA staff 24 hours a day.
- DoHA will create a DIAC liaison officer position, at the EL1 level, to be situated in the ISB. The liaison officer will monitor the incoming requests for advice from DIAC and the outgoing advice from DoHA, and the progress of advice being prepared by DoHA, the CDNA and NTAC.
- A Request for Advice pro forma has been developed for DIAC's use. This pro forma will assist DoHA to effectively and efficiently process and coordinate DIAC's requests. The pro forma (which may be amended from time to time) is at **Attachment A**.

DoHA undertakes to ensure that advice is provided in a consistent and timely manner to DIAC. Should DoHA be of the view that it does not have the expertise to comment on particular issues, it will provide a written response to DIAC to this effect, outlining other possible avenues for advice.

DIAC will ensure that all requests for advice and information from DoHA will be submitted in accordance with the arrangements detailed above, and that these requests are cleared at the Assistant Secretary level or above prior to forwarding to DoHA.

Any direct health risk advice provided by DoHA will be prepared under the direction of and cleared by the Chief Medical Officer (CMO).

Advice provided by DoHA should be cleared at the First Assistant Secretary or Medical Officer level or above prior to it being forwarded to ISB for ISB to then provided to DIAC.

Where advice is required immediately in order to prevent a communicable disease outbreak or an infected person coming to Australia, the advice will be cleared by the Assistant Secretary, Surveillance Branch, OHP, with advice from OHP Medical Officers where required.

Other interaction may occur between DoHA and DIAC in the event of a health emergency. The coordination of the response to health emergencies is undertaken by DoHA's National Incident Room (NIR). There are established protocols activated within the NIR that include dissemination of relevant to other Australian Government agencies such as DIAC. The NIR email network 'health ops' distributes situation reports 'sitreps' to DIAC at the DIAC Emergency Operation Centre email address and also, depending on the nature of the health emergency, to individual, relevant DIAC staff members. Such individual points of contact are negotiated with DIAC by the NIR. If DoHA considers, as part of the response to the health emergency, that specific action should be taken by DIAC, such action would be formally notified and negotiated with DIAC at a staffing level appropriate to the level of the response required and the type of health emergency.

There may be instances where, due to the nature of the health emergency, that DoHA through the CMO or Health Minister may enact powers under the *Quarantine Act 1908* to restrict people movement. This would impact on border control and DIAC would be notified in the event that such action was taken.

Any advice provided by the CDNA or NTAC will be cleared or endorsed by the respective committees in accordance with the procedure set down by the Australian Health Protection Committee.

In addition, DoHA will provide an annual report to DIAC on countries of origin and Australian status of diseases notified under the National Notifiable Disease Surveillance System.

DoHA will provide DIAC with information on the cost and availability of Commonwealth funded healthcare, and can advise DIAC about information provided by State and Territory health departments on the cost and availability of state-provided healthcare, to assist DIAC to formulate and update the Prejudice to Access list. This includes information on both communicable and non-communicable diseases.

DIAC's provision of information to DoHA

In the context of a health emergency or a communicable disease outbreak, DIAC will provide relevant information from incoming passenger cards to DoHA, in a timely manner.

DIAC will:

- provide information to DoHA on immigration health issues, including refugee, humanitarian and detention health matters;
- inform DoHA each year, where possible, of the number of refugees and humanitarian entrants accepted by Australia, the States and Territories; and where they will be placed, including communicable disease screening information on these entrants, where available;
- provide information/statistics, if possible, on the movement of people to Australia, so that the OHP can accurately assess the communicable disease health threat posed by countries with the greatest movement to Australia; and
- formally notify each State and Territory of people put on health undertakings in their jurisdiction providing a report, where possible, on the communicable disease for which people have been placed on health undertakings; and inform DoHA when this occurs.

Communication between DIAC and DoHA

Notices of communication between the two departments in relation to this MoU are to be addressed as follows unless otherwise notified in writing by the relevant department:

DIAC

Director, Health Policy Section

Email: health.policy@immi.gov.au

Telephone: 02 6225 6376

Facsimile: 02 6264 6505

PO BOX 25

BELCONNEN ACT 2616

DoHA

Assistant Secretary, International Strategies Branch

Email: migrationhealth@health.gov.au

Telephone: 02 6289 8019

Facsimile: 02 6289 7087

GPO Box 9848

CANBERRA ACT 2601

Term

This Memorandum will be current for a period of three (3) years from the date of signing.

Review

After two (2) years from the date of signing the Parties will review the performance of this Memorandum.

Variation

The parties may vary this Memorandum through an exchange of letters between authorised representatives of the parties.

Termination

Either of the two parties may, upon giving three months notice in writing of its intention to do so, terminate this Memorandum.

Signed by the Parties on: 19 SEPTEMBER 2007
(date)

SIGNED for and on behalf of the)
Australian Government Department)
of Immigration and Citizenship)

(signature)
ANDREW METCALRE

(name)
SECRETARY

(position)

In the presence of

(signature)
PETER HUGHES

(name)

SIGNED for and on behalf of the)
Australian Government Department)
of Health and Ageing)

(signature)
S.J. HALTON

(name)
Secretary

(position)

In the presence of

(signature)
DAVID KALISCH

(name)

**PROCESS FOR COORDINATING REQUESTS FOR ADVICE BETWEEN
DIAC AND DOHA**

1. All requests for advice from DIAC should be sent to DoHA's Migration email inbox for initial action (migrationhealth@health.gov.au).

All requests for advice from DoHA/NTAC/CDNA should be sent to DIAC's Health Policy mailbox for initial action (health.policy.dima@immi.gov.au)

2. All requests from each agency must clearly outline what is required, including background information, realistic time-frames, and who the request should be sent to (i.e. all members of the CDNA, specific members etc). For example, 'please forward the email request below to CDNA and NTAC Members by X date for reply by Y date'.

3. The following headings are suggested for use by each agency when requesting advice:

Speaker: *[whether you would be able to speak to this item at a teleconference/meeting]*

Propose: That NTAC/CDNA/DoHA/DIAC:

1) **COMMENT** << insert information here >>

2) **ENDORSE** << insert information here >>

3) **NOTE** << insert information here >>

4) **SUPPORT** << insert information here >>

(Delete the above headings where appropriate)

PURPOSE

[Clearly outline the purpose/rationale for your request]

BACKGROUND

[Include relevant background or attachments.]

TIME FRAME/DEADLINES

[If a response is required in less than 4 weeks, then please explain why the request is urgent].

AVAILABLE SUPPORT

[eg, if you require attendees at a meeting, will airfares and accommodation be provided]

RECOMMENDATIONS

Contact officer:

Email Address:

Phone Number:

Fax Number:

Glossary of terms

Australian Health Protection Committee (AHPC)

The AHPC is a principal committee of the Australian Health Ministers' Advisory Council (AHMAC). The AHPC Terms of Reference are as follows:

- advising and making recommendations to AHMAC on national approaches to public health emergencies, communicable disease (excluding chronic disease) threats and environmental threats to public health, including long-term threats;
- national coordination of emergency operational activity in health response to disasters;
- advising on national health protection priorities and coordinating the allocation of health resources to these priorities;
- facilitating development and adoption by states and territories of national health protection policies, guidelines and standards;
- giving strategic direction to and supporting the work of CDNA, PHLN and the Environmental Health Council;
- consulting and negotiating with other relevant agencies, including the Australian Population Health Development Committee (APHDC) and other principal committees, on the development of national public health emergency planning, coordination and control; and health protection priorities and strategies;
- promoting alignment of jurisdictional strategic plans and activities with agreed national priorities;
- considering health protection issues which may impact on Aboriginal and Torres Strait Islander health outcomes; and
- overseeing national activities and strengthening health protection infrastructure and capacity nationally.

Communicable Disease Network of Australia (CDNA)

The CDNA is a sub-committee of the AHPC. The primary objectives of CDNA include:

- To promote best practice prevention and management of communicable diseases;
- To develop and co-ordinate national surveillance programs for communicable diseases;
- To develop policy and to provide policy advice on the control of communicable diseases;
- To support and strengthen training and capacity building in the communicable disease field;
- To provide a resource for the investigation and control of outbreaks of communicable disease; and
- To liaise with and support other communicable disease control agencies and programs in the region.

Commonwealth funded healthcare

This includes any healthcare (primary care, pharmaceuticals, aged care and public hospitals) funded by the Commonwealth Department of Health and Ageing, including, but not limited to, the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme.

Medicare Benefits Schedule

The Medical Benefits Schedule lists a wide range of consultations, procedures and tests, and the Schedule fee applicable for each of these items. Proposed listings of new medical procedures and new technologies on the Schedule are assessed on the basis of evidence of safety, cost-effectiveness and real benefit to patients.

Pharmaceutical Benefits Scheme

The Pharmaceutical Benefits Scheme (PBS) is the mechanism through which the Australian Government subsidises the cost of medications to help people pay for medicines prescribed by doctors for most medical conditions. It is available to all Australians who have a current Medicare Card, and to overseas visitors from countries with which Australia has a Reciprocal Health Care Agreement. Applications to list medicines on the PBS are submitted to the Pharmaceutical Benefits Advisory Committee, or PBAC. The PBAC is a statutory committee of health experts and a consumer representative. It assesses the clinical benefit and cost-effectiveness of a medicine compared with other treatments or products for the same condition or use.

Health requirement

A requirement of most applicants who are accepted for entry to Australia is that they have met the health requirement, as set-out in the Migration Regulations (Schedule 4, Public Interest Criteria, 4005, 4006A and 4007; Attachment 1). The health requirement is designed to minimise the risks to public health in the Australian community and also to address two further criteria: to contain public expenditure on health care and community services and to avoid prejudice to access for Australian citizens and permanent residents.

National Tuberculosis Advisory Committee (NTAC)

NTAC is a sub-committee of the CDNA. NTAC Terms of Reference include:

- to provide strategic, expert advice to CDNA on a coordinated national and international approach to TB control; and
- to develop and review nationally agreed strategic and implementation plans for the control of TB in Australia.

Notes for Guidance

The Notes for Guidance is a collection of 'Condition Papers' that guide Medical Officers of the Commonwealth (MOCs) to more accurately assess the impact of temporary or permanent visa applicants' health conditions on:

- a. the cost to the Australian community; and/or
- b. Australian citizens' and existing permanent residents' ability to access health and eligible community services.

Each Condition Paper provides detailed information on a particular physiological system, for example, cardiovascular system, or specific diseases, for example, tuberculosis. A total of nineteen Condition Papers make up the Notes for Guidance.

Significant cost

The average government expenditure on health care and welfare per capita for the past five years with a 20% loading. This is calculated at \$21 000.

Prejudice to access

Health or community services where present levels of referral or demand exceed significantly their availability across Australia. These services are ones for which there is such limited capacity to supply that failure to obtain access is likely seriously to disadvantage current Australian citizens and permanent residents.