QUESTION TAKEN ON NOTICE

BUDGET ESTIMATES HEARING: 28 MAY 2008

IMMIGRATION AND CITIZENSHIP PORTFOLIO

(42) Output 1.1: Migration and Temporary Entry

Senator Ellison (L&CA 97) asked:

To provide information on the six measures being implemented to strengthen the health requirement administration in the department.

Answer:

The 2007 Australian National Audit Office (ANAO) report into the administration of the health requirement made eight recommendations, all of which the department has accepted. Responses to two of the eight recommendations have been completed and implementations of the other six is ongoing. This program involves coordination of significant policy, process and information technology system changes that will be implemented using a staged approach. An update of each recommendation is noted below.

Recommendation 1 – DIAC and the Department of Health and Ageing (DoHA) to develop a protocol between the two agencies which outlines the roles and responsibilities of each.

A memorandum of understanding (MOU) between DIAC and DoHA was signed on 19 September 2007. This has resulted in a strengthened relationship and greater collaboration between the two agencies which now ensures that DIAC policies are based on sound and up to date health advice. Status: *Complete.*

Recommendation 2 – Provide a sound basis for consistent medical assessments by ensuring complete and up to date guidelines (Notes for Guidance) are available for medical officers and that these are regularly reviewed.

The department signed a contract for the completion of thirteen Notes for Guidance papers in March 2007 with the company *Adhealth*. These papers will contain up to date medical treatment information and costing advice that will be reviewed annually to ensure they remain current. *Adhealth* has commenced the main research and writing component of this project which is due for completion in May 2009. The last review of the condition papers will be completed by 30 June 2011 at the conclusion of the contract. Significant work has occurred on this project over the period March – June 2008 with the submission of five first drafts of the major condition papers. Four project outlines were provided for other papers, with a further four more expected prior to the end of June 2008. Status: *In progress. Contract signed – March 2007. Completion date - 2011.*

<u>Recommendation 3 – DIAC, with the assistance of DoHA, to formulate comprehensive and current advice on what constitutes a public health threat for immigration purposes.</u>

In line with the existing MOU a review of the current framework for the management of public health risk for immigration purposes is underway. Advice has recently been sought from DoHA on a number of issues, including emerging global public health risks, about which discussion between DIAC and DoHA is continuing. Status: *In Progress.*

<u>Recommendation 4 – DIAC to improve its risk management of health assessments.</u>

DIAC is currently reviewing the categorisation of health risk (i.e. low, medium, high and very high) and updating the procedures for local health clearance. Additionally, the health matrix, which is the department's primary tool to determine tuberculosis screening requirements, is in the process of being redesigned in consultation with key stakeholders. Analysis of relevant visa data is being undertaken together with analysis of external statistics from the World Health Organisation and the Communicable Diseases Network Australia. This information will be used to assist with the categorisation of country by risk and is being documented to ensure ease of reference for future health matrix reviews.

The time of stay parameters used in the health matrix are also being reviewed. In parallel, relevant information technology systems changes to support DIAC's risk management approach are being explored by a dedicated business analysis team. Status: *In progress. Project started 1/1/08 and to be implemented over 2 years from 1/1/09.*

<u>Recommendation 5 – Ensure consistency in health waivers.</u>

To ensure the consistency of health waiver decisions and the accurate reporting of outcomes, a central designated coordination point and health waiver management system is being developed. A dedicated business analysis team is fully scoping the information technology system requirements. This will allow for improved monitoring and management of the impact of health waivers on the Australian community.

A redesign of the current health waiver template and pro-forma is also underway along with the development of improved procedures and updated guidelines for use by case officers. This will be complemented by enhanced training when systems development and supporting policy changes are complete. Status: *In progress. Project started 1/1/08 and to be implemented in 2009.*

<u>Recommendation 6 – Improve the effectiveness of health undertakings.</u>

To strengthen the health undertaking process and assist DIAC decision makers, clearer policy advice has been developed and key amendments made to the health procedures advice manual, due for release in July 2008. The health undertaking form has also been redesigned and will be translated into several languages to further enhance the distribution of information to clients, with the intent to ensure they are aware of their obligations. Information technology system changes are currently being scoped by a dedicated business analysis team and a solution outline is expected to be finalised by the end of June 2008.

The intention is to provide clearer information to clients up front and to case manage visa holders who do not initially comply with a health undertaking. A liaison officer has been appointed to manage any issues that arise with state and territory health authorities.

To support the future information technology systems improvements, an audit of the Movement Alert List (MAL) in relation to health alerts has been undertaken and the data cleanse is almost complete. Additionally, reporting of compliance with health undertakings has been strengthened by the introduction of a clinic report sheet that was recently implemented with the support of the state and territory health authorities. Status: *In progress. Project started 1/1/08 with phased implementation over four years.*

Recommendation 7 – Fully scope the information technology needs for administration of the health requirement.

The information technology systems essential to the administration of the health requirement have been fully scoped and implementation is being considered in line with the department's overall information technology program. This includes the development of a strategy to improve the management of client records and data collection. Status: *Complete.*

Recommendation 8 – Develop effectiveness measures to assess the department's implementation of the health requirement.

Currently, incidence rates of tuberculosis are the department's primary effectiveness indicator that determines how well the health requirement is being implemented. From an international perspective, tuberculosis rates in Australia remain very low. It is proposed that a further three effectiveness indicators be introduced to monitor and report on the department's performance in meeting other key elements of the Public Interest Criteria 4005-4007, namely the threat to public health from other diseases or conditions, significant cost and prejudice to access. Guidelines from the Department of Finance and Deregulation are being used to assist with the development of these new effectiveness indicators.

The implementation of a number of information technology systems improvements associated with the health waiver, health undertaking and health risk matrix projects will impact positively on the departments reporting ability against these proposed new indicators. Consultation with the IT initiatives project team is also underway to develop better reporting based on the proposed new measures. Status: *In progress. Implementation 2008-09.*