

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

WRITTEN QUESTION

Mrs Finocchiaro to the Minister for Health:

Disease Control Budget Queries

- 1. What initiatives will the Government put in place to increase the rates of immunized children in both the 12 months of age and two years of age categories?**

The Northern Territory (NT) has traditionally had high childhood immunisation coverage. The NT has been working with key stakeholders including Aboriginal Medical Services Alliance Northern Territory, early education centres and NT Primary Health Network to produce new culturally appropriate resources for the public and providers to promote timely immunisations.

In partnership with the NT Primary Health Network, interactive education sessions have been delivered to immunisation providers in regional areas which included information on new vaccines, recommendations for National Immunisation Program vaccine eligibility, catch up guidelines and use of Australian Immunisation Register.

CDC is continuing to provide recall lists to immunisation providers and reminders to overdue children in remote areas. CDC is currently engaging in a project to clean data on the Australian Immunisation Register and send reminders to urban based families to improve immunisation coverage.

- 2. How many people living with HIV in the NT receive the anti-retroviral therapy?**

The number of people diagnosed with HIV and prescribed anti-retroviral therapy is 175.

3. How much does it cost to supply every person who receives anti-retroviral therapy?

Antiretroviral therapy is provided free of charge to people who are living with HIV and Medicare card holders. It is subsidised by the Australian Pharmaceutical Benefits Scheme and the Northern Territory Government covers any co-payments required. The approximate cost to the NTG of covering co-payments for antiretroviral therapy is \$550/patient/year.

4. What will you use the extra \$3.9 million for in Disease Control? (BP3, p119) – the Budget Paper seems to say the extra funding is through Commonwealth and external funding so is it tied? If so, what is it tied to?

The variation between the budget from 2017-2018 and 2018-2019 is due to additional Commonwealth and external funding which was not confirmed at the time of publication of the starting budget.

This funding is tied to the achievement of key performance indicators relating to the Commonwealth funded Trachoma and Rheumatic Heart Disease programs. Additionally, funding was provided to the Centre for Disease Control by the NT General Practice Education through a formal Agreement for the employment and training of general practice registrars in public health and community paediatrics.