

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH AND AGEING PORTFOLIO**

Budget Estimates 2012-2013, 30 & 31 May and 1 June 2012

**Question:** E12-423

**OUTCOME 0:** Whole of Portfolio

**Topic:** Immigration Health Issues

**Type of Question:** Written Question on Notice

**Number of pages:** 3

**Senator:** Senator Boyce

**Question:**

Further in this document the following undertakings were given by DIAC to DoHA  
[Document reference]

6. DIAC will:

- (i) provide information to DoHA on immigration health issues, including refugee, humanitarian and detention health matters;
- (ii) 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;
- (iii) 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;
- (iv) 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.

**Performance**

DIAC has complied with (i) where requested. Requests for information have mostly been of a statistical nature and have otherwise been infrequent. It does not, however appear that DIAC has complied with (ii) to (iv) above as explained below:  
with respect to protocol (ii) the genesis of this appears to be a project initiated by DoHA in 2007 to establish a reporting system on infectious diseases of interest to Australia by country. To feed into this project, at a DIAC - DoHA meeting in December 2007, DoHA requested that DIAC supply data on: immigrants with a health undertaking; and refugee and humanitarian immigrants for eight countries, by categories including infectious disease. The response was provided on 10 April 2008 and not all data was able to be provided, but the report showed broad trends which were of use to DoHA. In addition to this ad-hoc report the Integrated Humanitarian Settlement Services section of DIAC formerly sent de-identified health manifest information to Communicable Disease Network Australia (within DoHA) on a daily basis. This practice ceased in 2008 on feedback that the information was not being utilised.

- a) It would seem from this would it not that the level of co-operation between DOHA and DIAC have some serious problems?
- b) How do these failures, information gaps affect the nation's knowledge of and ability to deal with the introduction of infectious disease to Australia?
- c) Is DIAC now complying with the provision of items (ii) to (iv)?
- d) If the answer is yes, when did they start complying in full with what they were supposed to do?
- e) Given that DOHA claimed it needed this information to determine the 'communicable disease health threat' to Australia would its non-delivery by DIAC mean DOHA couldn't determine or assess health threats to the Australian population?

**Answer:**

- a) The Department of Health and Ageing considers that there is a good level of co-operation with the Department of Immigration and Citizenship (DIAC). The document shows that where requests were made, information was provided and where issues arose, the two departments worked together to resolve them. It also shows that the two organisations conducted a thorough review of working-level cooperation to identify areas for improvement.
- b) Australia's infectious disease surveillance and response arrangements were not affected by any failure by DIAC to provide information to the Department.

Sub-paragraph (ii) in the released document relates to the provision of aggregate information to the Department on numbers of refugees accepted, placement by state/territory and health screening status. The released document shows that this information was initially provided in April 2008, following a request from the Department, but the practice was ceased when it was found the information was not being utilised.

Sub-paragraph (iii) relates to the routine provision to the Department of statistical information on the movement of people to Australia to enable population-level communicable disease risk assessment. The document shows that this information was in fact supplied by DIAC on request.

Sub-paragraph (iv) relates to reporting to the Department, as well as states and territories, of all cases of migrants on health undertakings. The released document shows that DIAC provided this information on a daily basis to state/territory health authorities, and notes that it is not clear that the reporting to the Department in sub-paragraph (iv) is required.

c) and d)

As indicated in the released document, the need for routine reporting of this level to the Department was found not to be necessary. The revised Memorandum of Understanding (MOU), in place since January 2011, provides for DIAC to provide aggregated data to the Department on request.

- e) The released document shows that this information was in fact provided on request. DIAC and the Department work collaboratively to appropriately manage possible health threats to the Australian population, DIAC through its health screening processes, and the Department through its links to the World Health Organization and co-ordination of national communicable disease surveillance. Data are provided between the two agencies upon request, under MOU processes. State and territory governments have primary responsibility for monitoring outbreaks in the community. Clusters of cases of particular concern are discussed at regular meetings of the Communicable Diseases Network Australia (CDNA), a Commonwealth-State

committee of experts. Recognising the importance of migration policy to the burden of tuberculosis in Australia, the National Tuberculosis Advisory Committee, a sub-committee of the CDNA, expanded its membership in 2012 to include representation from DIAC.