

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2011-2012, 19 October 2011

Question: E11-019

OUTCOME 1: Population Health

Topic: CHRONIC DISEASES

Written Question on Notice

Senator Di Natale asked:

Can the Department advise the break-down of funding allocated to improve the health outcomes of the following chronic diseases:

- a) cardiovascular disease,
- b) diabetes,
- c) cancer,
for the 2011-12 and forward years?

Answer:

The phrase 'improve the health outcomes' is fairly broad and ambiguous. In answering this question the Department has interpreted it to refer to programs that exist specifically to address cardiovascular disease, diabetes, or cancer.

The following table provides a break-down of funding:

Funding allocated to improve the health outcomes of	2011-12 \$m	2012-13 \$m	2013-14 \$m	2014-15 \$m
a) Cardiovascular Disease	3.33	3.30	3.37	3.41
b) Diabetes	210.68	210.52	227.79	236.71
c) Cancer*	724.02	353.03	262.85	255.47
Total	938.03	566.85	494.01	495.59

Notes:

- * Does not include funding for BreastScreen Australia or the National Cervical Screening Program
- Funding for BreastScreen Australia is cost-shared between the Australian Government and state and territory governments and is reported by the Australian Institute of Health and Welfare as total aggregated jurisdictional and Australian Government funding. It is not possible to disaggregate funding between governments, as funds are provided through broadbanded payments under the National Healthcare Agreement. State and territory governments decide how to allocate funds across the programs and activities.
- The most recent data on expenditure for BreastScreen Australia is for the 2008-09 financial year (\$174.6 million, total expenditure by all Australian governments).¹ Funding data for 2009-10 and 2010-11 is not currently available, and it is not possible to estimate funds in future financial years.
- Funding for the National Cervical Screening Program (NCSP) is cost-shared between the Australian Government and state and territory governments and is funded through broadbanded payments under the National Healthcare Agreement, and the Medicare Benefits Schedule (MBS). Separate MBS data for the program is no longer reported. It is not possible to disaggregate the Commonwealth funding to the states and territories.
- The most recent data on expenditure for the NCSP is for the 2008-09 financial year (\$125.2 million, total expenditure by all Australian governments).¹ Funding for 2009-10 and 2010-11 is not currently available, and it is not possible to determine future expenditure for the program.

¹ AIHW 2010. Public health expenditure in Australia, 2008–09. Health and welfare expenditure series no. 42. Cat. no. HWE 51. Canberra: AIHW. Expenditure for 2008-09 is disaggregated by program on online data cubes maintained by AIHW.