



Australian Government
Productivity Commission

National Partnership
Agreement on
Essential Vaccines

Performance Report
1 April 2016 – 31 March 2017

July 2017



Except for the Commonwealth Coat of Arms and content supplied by third parties, this copyright work is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/3.0/au>. In essence, you are free to copy, communicate and adapt the work, as long as you attribute the work to the Productivity Commission (but not in any way that suggests the Commission endorses you or your use) and abide by the other licence terms.

Use of the Commonwealth Coat of Arms

For terms of use of the Coat of Arms visit the 'It's an Honour' website: <http://www.itsanhonour.gov.au>

Third party copyright

Wherever a third party holds copyright in this material, the copyright remains with that party. Their permission may be required to use the material, please contact them directly.

Attribution

This work should be attributed as follows, *Source: Productivity Commission, National Partnership Agreement on Essential Vaccines, Performance Report 1 April 2016 – 31 March 2017.*

If you have adapted, modified or transformed this work in anyway, please use the following, *Source: based on Productivity Commission data, National Partnership Agreement on Essential Vaccines, Performance Report 1 April 2016 – 31 March 2017.*

An appropriate reference for this publication is:

Productivity Commission 2017, *National Partnership Agreement on Essential Vaccines, Performance Report 1 April 2016 – 31 March 2017.*

Publications enquiries

Media and Publications, phone: (03) 9653 2244 or email: maps@pc.gov.au

The Productivity Commission

The Productivity Commission is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role, expressed most simply, is to help governments make better policies, in the long term interest of the Australian community.

The Commission's independence is underpinned by an Act of Parliament. Its processes and outputs are open to public scrutiny and are driven by concern for the wellbeing of the community as a whole.

Further information on the Productivity Commission can be obtained from the Commission's website (www.pc.gov.au).



Australian Government
Productivity Commission

Locked Bag 2, Collins St East
Melbourne Vic 8003
Telephone 03 9653 2100
Facsimile 03 9653 2199
www.pc.gov.au

From the Chairman's Office

13 July 2017

The Hon Malcolm Turnbull MP
Prime Minister
Parliament House
Canberra ACT 2600

Dear Prime Minister

On behalf of the Productivity Commission, I am pleased to submit to you our report *National Partnership Agreement on Essential Vaccines: Performance Report 1 April 2016 – 31 March 2017*.

This is the fourth annual report on the National Partnership Agreement on Essential Vaccines prepared by the Productivity Commission, following a request from COAG in February 2015.

Our report shows that all governments have achieved the required minimum two out of four benchmarks necessary to be eligible for reward payments.

Consistent with the request from COAG, the Productivity Commission will publicly release this report in August 2017.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Harris'.

Peter Harris AO
Chairman

Letter of Direction



Australian Government

Department of the Prime Minister and Cabinet

ANDREW FISHER BUILDING
ONE NATIONAL CIRCUIT
BARTON

4 February 2015

Mr Daryl Quinlivan
Head of Office
Productivity Commission
GPO Box 1428
CANBERRA ACT 2601

Dear Mr Quinlivan

I am writing to formalise arrangements for the transfer of the performance assessment function under the National Partnership Agreement on Essential Vaccines (NP) to the Productivity Commission.

With the agreement of all parties, the NP has been varied to allow the Productivity Commission to take on responsibility for assessing state and territory (state) achievement against four benchmarks and reporting to the Council of Australian Governments before reward payments can be made.

Please find a signed copy of the agreement enclosed.

I look forward to working with you and your colleagues on this matter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jo Laduzko'.

Jo Laduzko
Assistant Secretary
Commonwealth-State Relations Branch
Economic Division

Contents

Letter of Direction	iv
Contents	v
Key findings	1
1 About this report	3
The National Partnership Agreement and the Productivity Commission's role	3
2 Assessment against benchmarks	7
The results	7
New South Wales	8
Victoria	10
Queensland	12
Western Australia	14
South Australia	16
Tasmania	18
Australian Capital Territory	20
Northern Territory	22
Appendix A — Measures of improvement	25

Key findings

All State and Territory governments are eligible for reward payments

Under the National Partnership Agreement on Essential Vaccines (the NP), State and Territory governments are *eligible for reward payments if they achieve at least two of the four benchmarks* listed in the NP. All State and Territory governments met this requirement.

The four benchmarks are:

- Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians
- Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage
- Benchmark 3: maintaining or decreasing wastage and leakage
- Benchmark 4: maintaining or increasing vaccination coverage for four year olds.

As illustrated in table 1:

- all jurisdictions met benchmark 1
- all jurisdictions met benchmark 2
 - All jurisdictions had no areas of low immunisation coverage and have been assessed to have achieved benchmark 2.¹
- all jurisdictions met benchmarks 3 and 4.

¹ Areas of low immunisation coverage are specified as areas with coverage rates 5 per cent or lower than the national average rate and with at least 2 per cent of the State population for the relevant age group (see Appendix A). The specification for benchmark 2 does not state how to assess jurisdictions which have no low coverage areas. From the 2014-15 reporting cycle, the Productivity Commission has taken the approach whereby a jurisdiction that has no low coverage areas for both age groups (and for which this has been independently verified by the Commonwealth Department of Health) is assessed as having met the benchmark. The intent of the benchmark is to improve coverage in low coverage areas, therefore a result of no low coverage areas indicates the intent has been met. This approach differs to that used for earlier cycles of reporting, where independent verification of the low coverage areas was not available within the required timeframes for reporting (this did not impact on the eligibility of jurisdictions for reward payments).

Table 1 Performance against essential vaccines benchmarks, by jurisdiction, 1 April 2016–31 March 2017

	<i>Benchmark 1: Vaccine coverage for Indigenous Australians</i>	<i>Benchmark 2: Coverage in low immunisation areas</i>	<i>Benchmark 3: Maintaining or decreasing wastage and leakage</i>	<i>Benchmark 4: Vaccination coverage for four year olds</i>
NSW	✓	✓ (a)	✓	✓
Victoria	✓	✓ (a)	✓	✓
Queensland	✓	✓ (a)	✓	✓
WA	✓	✓ (a)	✓	✓
SA	✓	✓ (a)	✓	✓
Tasmania	✓	✓ (a)	✓	✓
ACT	✓	✓ (a)	✓	✓
NT	✓	✓ (a)	✓	✓

(a) Jurisdiction had no agreed low coverage areas as per the specifications for this benchmark (see Appendix A for specifications).

Key

Benchmark met	Benchmark not met
✓	✗

1 About this report

The National Partnership Agreement and the Productivity Commission's role

This report assesses the performance of State and Territory governments against the four benchmarks set out in the National Partnership Agreement on Essential Vaccines.

The Productivity Commission's role

Under the Intergovernmental Agreement on Federal Financial Relations, the COAG Reform Council (CRC) was responsible for assessing State and Territory performance against the benchmarks in the National Partnership Agreement on Essential Vaccines (the NP) associated with reward payments. The CRC produced three annual assessment reports (the latest for the period 1 April 2012 to 31 March 2013) before it was abolished in mid-2014.

In February 2015, the Department of the Prime Minister and Cabinet advised the Commission that, with the agreement of COAG, the NP had been varied to allow the Commission to undertake this assessment, with the first assessment report relating to the period 1 April 2013 to 31 March 2014. The Productivity Commission provided the first assessment report to COAG on 30 April 2015.

The National Partnership Agreement on Essential Vaccines

The NP aims to improve the health and wellbeing of Australians through the cost-effective delivery of immunisation programs under the National Immunisation Program. The NP is ongoing, with 4 per cent of the annual total essential vaccine funding expenditure available for incentive payments, and from 2011-12 onwards up to 60 per cent of incentive payments available as reward payments (Schedule F, paras 1-2).

Under the NP, the States and Territories have agreed to maintain and where possible improve immunisation coverage rates (para 15). The NP contributes to the following four outcomes:

- minimise the incidence of major vaccine preventable diseases in Australia
- maintain and where possible increase immunisation coverage rates for vulnerable groups and, in particular, minimise disparities between Indigenous and non-Indigenous Australians

-
- all eligible Australians are able to access high quality and free essential vaccines through the National Immunisation Program in a timely manner
 - increase community understanding and support for the public health benefits of immunisation (para 16).

The assessment task

The Productivity Commission's role is to provide an independent assessment to COAG on whether States and Territories have achieved the agreed performance benchmarks (Schedule F, replacement clauses 4 and 41). The assessment is provided to COAG before reward payments are made (Schedule F, replacement clause 2). The Productivity Commission does not recommend whether payments should be made under the NP (Schedule F, replacement clause 41).

The four benchmarks with reward payments in the NP for which an assessment is made are:

- Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians
- Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage
- Benchmark 3: maintaining or decreasing wastage and leakage
- Benchmark 4: maintaining or increasing vaccination coverage for four year olds (para 37).

Each State and Territory must achieve at least two of the four performance benchmarks to be eligible to receive a reward payment (para 38).

The National Immunisation Program Schedule sets out the vaccination program for children and adults. The benchmarks under the NP include children in the following age groups:

- 12–15 months (1 year olds)
- 24–27 months (2 year olds)
- 60–63 months (4 year olds).

A four year old can be vaccinated at any time during that year so long as they are fully vaccinated by five years of age. A three month lag period for all age groups allows for late immunisation notifications.

Data for this assessment task was provided by the Commonwealth Department of Health to the Productivity Commission.

The Productivity Commission's assessment

Specifications for the four benchmarks were endorsed by the Australian Health Ministers Advisory Council out of session on 4 January 2011 and are included in appendix A¹. Three of the four benchmarks in the NP require annual maintenance of performance or improvement relative to previous performance. There are agreed methods for establishing new annual baselines and tracking improvement for each benchmark in the assessment period. These are described in further detail in appendix A and summarised below:

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

- The baseline for each assessment year for each State and Territory for each of the three age groups is the higher of:
 - its lowest coverage rate from the previous three assessment periods or
 - its baseline in the previous assessment period.
- The benchmark is met if at least two of the three age groups have coverage rates equal to or greater than the baseline or 92.5 per cent.

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

- The average coverage rate for each State and Territory for the current assessment period must be greater than or equal to its average coverage rate for the previous assessment period.
- The benchmark is met if this is achieved in both of the 12–15 and 60–63 month age groups.²

Benchmark 3: maintaining or decreasing wastage and leakage

- The benchmark is met for each State and Territory if its wastage or leakage is less than or equal to 10 per cent.

¹ Text relating to the definition of 'fully immunised' has been amended for this report to more accurately reflect data provided for this and earlier reports. This does not impact on the eligibility of jurisdictions for reward payments.

² Areas of low immunisation coverage are specified as areas with coverage rates 5 per cent or lower than the national rate and with at least 2 per cent of the State population for the relevant age group (see Appendix A). The specification for benchmark 2 does not state how to assess jurisdictions which have no low coverage areas. From the 2014-15 cycle of reporting, the Productivity Commission has taken the approach whereby a jurisdiction that has no low coverage areas for both age groups (and for which this has been independently verified by the Commonwealth Department of Health) is assessed as having met the benchmark. The intent of the benchmark is to improve coverage in low coverage areas, therefore a result of no low coverage areas indicates the intent has been met. This approach differs to that used for earlier cycles of reporting, where independent verification of the low coverage areas was not available within the required timeframes for reporting (this did not impact on the eligibility of jurisdictions for reward payments).

Benchmark 4: maintaining of increasing vaccination coverage for four year olds

- The baseline for each assessment year for each State and Territory is the higher of:
 - its lowest coverage rate from the previous three assessment periods or
 - its baseline in the previous assessment period.
- The benchmark is met if the coverage rate is greater than or equal to the baseline or 92.5 per cent.

2 Assessment against benchmarks

The results

This chapter reports the Productivity Commission's assessment of each State's and Territory's achievement of the benchmarks in the NP.

New South Wales

NSW met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for all three age groups (table 2.1).

Table 2.1 **Vaccination coverage rates among Indigenous children in NSW**

Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	87.1	93.7	↑ ✓
24–27 months	91.7	95.7	↑ ✓
60–63 months	93.6	96.4	↑ ✓

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: NSW had no areas in the current period that met the specifications for agreed areas of low coverage (for the baseline and current period, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications) for the current period, the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.3).

Table 2.3 Vaccines lost to wastage or leakage in NSW

Benchmark 3: Maintaining or decreasing wastage and leakage

	Benchmark (%)	Result (%)	Assessment ^a
Vaccines wasted or leaked	10.0	5.5	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.4).

Table 2.4 Vaccination coverage among four year olds in NSW

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

Age	Baseline (%)	Result (%)	Assessment ^a
60–63 months	92.2	93.5	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Victoria

Victoria met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for all three age groups (table 2.5).

Table 2.5 **Vaccination coverage rates among Indigenous children in Victoria**

Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	85.5	91.2	↑ ✓
24–27 months	91.7	95.9	↑ ✓
60–63 months	91.0	93.4	↑ ✓

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: Victoria had no areas that met the specifications for agreed areas of low coverage (for the current and baseline periods, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications), the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.6).

Table 2.6 Vaccines lost to wastage or leakage in Victoria

Benchmark 3: Maintaining or decreasing wastage or leakage

	Maximum (%)	Result (%)	Assessment ^a
Vaccines wasted or leaked	10.0	4.2	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.7).

Table 2.7 Vaccination coverage among four year olds in Victoria

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

Age	Baseline (%)	Result (%)	Assessment ^a
60–63 months	92.3	93.8	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Queensland

Queensland met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for all three age groups (table 2.8).

Table 2.8 **Vaccination coverage rates among Indigenous children in Queensland**

Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	85.5	91.5	↑ ✓
24–27 months	92.9	95.6	↑ ✓
60–63 months	93.4	95.8	↑ ✓

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: Queensland had no areas that met the specifications for agreed areas of low coverage (for the current and baseline periods, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications), the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.9).

Table 2.9 Vaccines lost to wastage or leakage in Queensland

Benchmark 3: Maintaining or decreasing wastage or leakage

	<i>Maximum (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
Vaccines wasted or leaked	10.0	1.3	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.10).

Table 2.10 Vaccination coverage among four year olds in Queensland

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

<i>Age</i>	<i>Baseline (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
60–63 months	92.1	93.5	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Western Australia

Western Australia met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for all three age groups (table 2.11).

Table 2.11 **Vaccination coverage rates among Indigenous children in WA**

Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	82.7	88.1	↑ ✓
24–27 months	90.4	93.1	↑ ✓
60–63 months	90.3	94.1	↑ ✓

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: WA had no areas in the current period that met the specifications for agreed areas of low coverage (for the baseline and current period, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications) for the current period, the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.13).

Table 2.13 Vaccines lost to wastage or leakage in WA

Benchmark 3: Maintaining or decreasing wastage or leakage

	<i>Maximum (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
Vaccines wasted or leaked	10.0	4.4	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.14).

Table 2.14 Vaccination coverage among four year olds in WA

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

<i>Age</i>	<i>Baseline (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
60–63 months	89.6	91.5	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

South Australia

South Australia has met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for all three age groups (table 2.15).

Table 2.15 Vaccination coverage rates among Indigenous children in SA
Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	79.5	92.4	↑ ✓
24–27 months	88.9	94.3	↑ ✓
60–63 months	87.2	92.8	↑ ✓

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: SA had no areas that met the specifications for agreed areas of low coverage (for the current and baseline periods, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications), the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.16).

Table 2.16 Vaccines lost to wastage or leakage in SA

Benchmark 3: Maintaining or decreasing wastage or leakage

	<i>Maximum (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
Vaccines wasted or leaked	10.0	2.8	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.17).

Table 2.17 Vaccination coverage among four year olds in SA

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

<i>Age</i>	<i>Baseline (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
60–63 months	90.6	93.4	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Tasmania

Tasmania has met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for all three age groups (table 2.18).

Table 2.18 **Vaccination coverage rates among Indigenous children in Tasmania**

Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	89.7	94.1	↑ ✓
24–27 months	93.2	96.9	↑ ✓
60–63 months	91.4	95.4	↑ ✓

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: Tasmania had no areas that met the specifications for agreed areas of low coverage (for the current and baseline periods, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications), the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.19).

Table 2.19 **Vaccines lost to wastage or leakage in Tasmania**

Benchmark 3: Maintaining or decreasing wastage or leakage

	<i>Maximum (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
Vaccines wasted or leaked	10.0	4.7	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.20).

Table 2.20 **Vaccination coverage among four year olds in Tasmania**

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

<i>Age</i>	<i>Baseline (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
60–63 months	92.1	94.1	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Australian Capital Territory

The Australian Capital Territory has met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for two of the three age groups — lower than the baseline and 92.5 per cent for the 60-63 month age group (table 2.21).

Table 2.21 Vaccination coverage rates among Indigenous children in the ACT

Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	91.7	92.9	↑ ✓
24–27 months	92.5	95.8	↑ ✓
60–63 months	93.0	92.0	↓ ✗

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: the ACT had no areas that met the specifications for agreed areas of low coverage (for the current and baseline periods, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications), the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.22).

Table 2.22 **Vaccines lost to wastage or leakage in the ACT**

Benchmark 3: Maintaining or decreasing wastage or leakage

	<i>Maximum (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
Vaccines wasted or leaked	10.0	2.7	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.23).

Table 2.23 **Vaccination coverage among four year olds in the ACT**

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

<i>Age</i>	<i>Baseline (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
60–63 months	91.8	93.6	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Northern Territory

The Northern Territory has met all four benchmarks

Benchmark 1: maintaining or increasing vaccine coverage for Indigenous Australians

Benchmark 1 was MET: Vaccination rates for Indigenous children were higher than the baseline for two age groups — lower than the baseline, but above 92.5 per cent, for the 60–63 month age group (table 2.24).

Table 2.24 **Vaccination coverage rates among Indigenous children in the NT**

Benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Age	Baseline (%)	Result (%)	Assessment ^a
12–15 months	89.4	92.3	↑ ✓
24–27 months	95.6	96.3	↑ ✓
60–63 months	94.7	94.2	↓ ✗

^a The benchmark is met if at least two of the three age groups have coverage rates equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Benchmark 2: maintaining or increasing coverage in agreed areas of low immunisation coverage

Benchmark 2 was MET: the NT had no areas that met the specifications for agreed areas of low coverage (for the current and baseline periods, areas with coverage 5 per cent or less than the national average and with at least 2 per cent of the State population for the relevant age group). As there were no low coverage areas (as per the specifications), the benchmark was assessed as met.

Benchmark met

Benchmark 3: maintaining or decreasing wastage and leakage

Benchmark 3 was MET: The rate of wastage or leakage was lower than the benchmark (table 2.25).

Table 2.25 **Vaccines lost to wastage or leakage in the NT**

Benchmark 3: Maintaining or decreasing wastage or leakage

	<i>Maximum (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
Vaccines wasted or leaked	10.0	8.0	↓ ✓

^a The benchmark is met if wastage or leakage is less than or equal to 10 per cent.

Benchmark met

Benchmark 4: maintaining or increasing vaccination coverage for four year olds

Benchmark 4 was MET: Vaccination rates for four year old children were higher than the baseline (table 2.26).

Table 2.26 **Vaccination coverage among four year olds in the NT**

Benchmark 4: Maintaining or increasing vaccination coverage for four year olds

<i>Age</i>	<i>Baseline (%)</i>	<i>Result (%)</i>	<i>Assessment^a</i>
60–63 months	91.2	92.4	↑ ✓

^a The benchmark is met if the coverage rate is equal to or higher than the baseline or 92.5 per cent.

Benchmark met

Appendix A — Measures of improvement

This appendix includes the specifications for the measures for each of the four benchmarks in the NP.

Performance benchmark 1 — Maintaining or increasing vaccine coverage for Indigenous Australians

Performance benchmark:	Maintaining or increasing vaccine coverage for Indigenous Australians
Measure:	The proportion of Indigenous Australian children who are fully vaccinated, as defined in the Australian Immunisation Register (AIR)¹. The measure is defined as: • <i>Numerator</i> — the number of Indigenous Australian children reported as fully immunised as defined in the AIR at $12 \leq 15$ months, $24 \leq 27$ months and $60 \leq 63$ months • <i>Denominator</i> — total number of Indigenous Australian children as registered in AIR aged $12 \leq 15$ months, $24 \leq 27$ months and $60 \leq 63$ months registered on the AIR and is expressed as a <i>percentage</i> ‘Maintaining or increasing’ is defined as the coverage rate for at least two of the three age cohorts being equal to or greater than the baseline or 92.5 per cent. The baseline is the higher of: • the baseline for the previous assessment period, or • the lowest coverage rate for the previous three assessment periods. <i>A child is fully immunised when they have been vaccinated with the scheduled vaccines according to the AIR as defined by the A New Tax System (Family Assistance) Act 1999, except for meningococcal C, pneumococcal and varicella.</i>²
Data source:	<i>Numerator and denominator</i> — Australian Immunisation Register (AIR)
Data provider:	Department of Health
Data availability	1 April 2016 to 31 March 2017
Cross tabulations:	State and Territory, by: • Age cohort ($12 \leq 15$ months, $24 \leq 27$ months, $60 \leq 63$ months)

¹ Previously the Australian Childhood Immunisation Register.

² The text for this definition of ‘fully immunised’ has been amended from the previous cycle of reporting to more accurately reflect the data provided. The definition is consistent with data provided for this and previous years.

Performance benchmark 2 — Maintaining or increasing vaccine coverage in agreed areas of low immunisation coverage

Performance benchmark: Maintaining or increasing coverage in agreed areas of low immunisation coverage

Measure: Proportion of Australian children resident in an area of low immunisation coverage that are reported as fully immunised

The measure is defined as:

- *Numerator* — the number of children resident in nominated areas of low immunisation coverage reported as fully immunised in the AIR aged $12 \leq 15$ months and $60 \leq 63$ months
- *Denominator* — total number of children resident in nominated areas of low immunisation coverage as registered in the AIR aged $12 \leq 15$ months and $60 \leq 63$ months

and is expressed as a *percentage*

'Maintaining or increasing' is defined as the average coverage rate (ie, the average across the identified low immunisation areas) for each age cohort being equal to or greater than the average coverage rate for the equivalent age cohort for the previous period.

*A child is fully immunised when they have been vaccinated with the scheduled vaccines according to the AIR as defined by the A New Tax System (Family Assistance) Act 1999, except for meningococcal C, pneumococcal and varicella.*³

One or more low immunisation coverage areas will be nominated for each age cohort. Low immunisation coverage areas consist of local government areas (LGAs) that have an immunisation coverage rate that is more than 5 per cent below the national average and, in combination (where applicable) contain a minimum of 2 per cent of the relevant age cohort for the State or Territory as a whole.

Areas of low immunisation coverage are to be agreed by each state and territory representative on Jurisdictional Immunisation Coordinators (JIC) and the Commonwealth in May of each assessment period. Any issues relating to this decision will be resolved by the JIC chair.

Data source: *Numerator and denominator — Australian Immunisation Register (AIR)*

Data provider: Department of Health

Data availability: 1 April 2016 to 31 March 2017

Cross tabulations: State and Territory, by:

- Age ($12 \leq 15$ months, $60 \leq 63$ months)

³ The text for this definition of 'fully immunised' has been amended from the previous cycle of reporting to more accurately reflect the data provided. The definition is consistent with data provided for this and previous years.

Performance benchmark 3 — Maintaining or decreasing wastage and leakage

Performance benchmark:	Maintaining or decreasing wastage and leakage
Measure:	The proportion of selected National Immunisation Program (NIP) vaccines lost to wastage and leakage The measure is defined as: • <i>Numerator</i> — the number of NIP vaccines lost to wastage and leakage (defined as total distributed doses (administered vaccine doses multiplied by 1.03) less vaccines lost due to uncontrollable events) • <i>Denominator</i> — total number of NIP vaccines distributed and is expressed as a <i>percentage</i> 'Maintaining or decreasing' is defined as wastage or leakage of 10 per cent or less. <i>Jurisdictions, through a consultative process led by the Jurisdictional Immunisation Coordinators, are to select the group of NIP vaccines to be assessed for all jurisdictions for this performance benchmark prior to the commencement of the reporting period. For the current period there are two vaccines: Infanrix Hexa and Menitorix</i> <i>Total distributed doses is the total stock held by a jurisdiction at the start of the reporting period, plus the number of vaccines purchased during the reporting period, minus the vaccines held by jurisdictions at the end of the period.</i> <i>Uncontrollable events are vaccines lost to natural disasters, power outages or refrigeration failure.</i>
Data source:	<i>Numerator</i> — <u>Certified wastage and leakage reports from states and territories</u> for total distributed doses and vaccines lost to uncontrollable events and <u>AIR</u> for number of vaccine doses administered. <i>Denominator</i> — <u>Certified wastage and leakage reports from states and territories.</u>
Data provider:	Department of Health
Data availability:	1 April 2016 to 31 March 2017
Cross tabulations:	State and Territory

Performance benchmark 4 — Maintaining or increasing vaccination coverage for four year olds

Performance benchmark:	Maintaining or increasing vaccination coverage for four year olds
Measure	The proportion of children, who are fully vaccinated, as defined in the <u>Australian Immunisation Register</u> (AIR). The measure is defined as: • <i>Numerator</i> — the number of children reported as fully immunised as defined by the AIR aged 60 months $\leq$ 63 months • <i>Denominator</i> — total number of children aged 60 months $\leq$ 63 months registered on the AIR and is expressed as a <i>percentage</i> 'Maintaining or increasing' is defined as the coverage rate being equal to or greater than: • the baseline, or • 92.5 per cent (even if the annual coverage rate has fallen from the previous year). The baseline is the higher of: • the baseline for the previous assessment period, or • the lowest coverage rate for the previous three assessment periods. <i>A child is fully immunised when they have been vaccinated with the scheduled vaccines according to the AIR as defined by the A New Tax System (Family Assistance) Act 1999, except for meningococcal C, pneumococcal and varicella.</i>⁴
Data source:	<i>Numerator and denominator</i> — <u>Australian Immunisation Register</u> (AIR)
Data provider:	Department of Health
Data availability:	1 April 2016 to 31 March 2017
Cross tabulations:	State and Territory

⁴ The text for this definition of 'fully immunised' has been amended from the previous cycle of reporting to more accurately reflect the data provided. The definition is consistent with data provided for this and previous years.