

Healthy Horizons

**Progress against the Healthy Horizons Framework
A Report to the Australian Health Ministers' Advisory Council,
June 2002**

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HEALTHY HORIZONS

A Framework for Improving the Health of Rural and Remote Australians

Summary of progress across Australia

2002

**A Report to the Australian Health Ministers' Advisory Council
from the National Rural Health Policy Sub-committee**

June 2002

Introduction

The *Healthy Horizons* Framework, developed in 1999, was a collaborative effort between the Commonwealth and State and Territory Governments and the National Rural Health Alliance, the peak non-government body working to improve the health of Australians living in rural and remote areas. The Framework aims to provide direction for the development of strategies and allocation of resources for rural and remote areas. The Framework also provides guidance for communities and organisations for action to improve health and well-being.

Seven interdependent goals have been developed to focus national activity and planning on issues of high priority for rural and remote health. The National Rural Health Policy Sub-committee provides advice to the Australian Health Ministers' Advisory Council (AHMAC) on rural and remote health policy issues at a national level and oversees progress against the seven goals.

In collaboration with all States and Territories, the National Rural Health Alliance and relevant program areas of the Commonwealth Department of Health and Ageing, the Sub-committee has developed a report for AHMAC on programs that contribute to the achievement of the goals in *Healthy Horizons*, titled *Progress against the Healthy Horizons Framework for Improving the Health of Rural and Remote Australians*. The report presents a national overview and describes major efforts towards each goal at program level, as the amount of activity taking place across the country cannot be reported in a single volume.

This summary document is derived from the full report on jurisdictional activity, and also draws from the original *Healthy Horizons* Framework. The summary report aims to highlight contributions to the national effort, identify common activities across Australia and discuss future priorities under the *Healthy Horizons* Framework.

1 Working together towards Healthy Horizons

Accountability for the implementation of actions occurs at all levels. This includes specific initiatives at Commonwealth and State and Territory Government levels as well as local strategies that maximise community involvement in priority setting and decision-making processes.

The *Healthy Horizons* vision for rural, regional and remote Australians is that they will be as healthy as other Australians and have the skills and capacity to maintain healthy communities. Achieving this vision requires commitment from governments at all levels. That such commitment already exists, and that rural and remote health is being recognised as an important component of the Australian health system, is illustrated by:

- Commonwealth spending of over \$1.2 billion on targeted programs for rural health and aged care since 1996, including provision of \$550 million for the Regional Health Strategy (2000–01 Budget);
- establishment of the New South Wales Rural Health Implementation Coordination Group to implement the recommendations of both the New South Wales Ministerial Advisory Committee on Health Services in Smaller Towns (Sinclair Report) and the New South Wales Health Council in relation to rural and remote health issues;
- establishment of the Rural and Regional Health and Aged Care Services Division within the Victorian Department of Human Services;
- establishment of a Ministerial Rural Health Advisory Council in Queensland to provide strategic advice in relation to contemporary rural health issues;
- establishment of the Country and Disability Services Division (now known as Social Justice and Country Division) within the South Australian Department of Human Services;
- an increase in funding distribution to rural health services by the Western Australian Department of Health over the last five years;
- creation of the Division of Community and Rural Health in the restructure of the Tasmanian Department of Health and Human Services;
- commitment to the development of Health Zones under the Primary Health Care Access Program to enhance rural and remote health and service delivery in the Northern Territory; and
- establishment of a forum where Australian Capital Territory health services work closely with their counterparts in surrounding regions to provide a coordinated system of care.

Collaboration between governments

Efforts are being made across Australia to coordinate initiatives to address rural and remote health, with mechanisms in place to support collaborative action between governments. The [National Principles for Commonwealth / State Collaboration on Rural Health Matters](#) reflect a nationally agreed understanding of working relationships between governments on matters relating to rural health.

Strategies have been developed by the Commonwealth and State and Territory governments to support action across Australia in the areas of healthy ageing, suicide prevention, childhood nutrition, mental health, diabetes, chronic disease, and falls prevention. Other collaborative initiatives that address rural and remote health issues include:

- the **National Health Priority Areas (NHPAs)** Framework for addressing areas of high health burden, which is strongly focused on cooperation between the Commonwealth, State and Territory governments and draws on relevant expertise in the non-government sector;
- the **Multipurpose Services Program**, which involves pooling of Commonwealth and State and Territory funds to provide a flexible, coordinated and cost-effective approach to health and aged care service delivery to small rural communities where stand alone aged care or other health services would not be viable — 63 sites are currently operating across the country with many others under development;
- the **Regional Health Services Program**, which supports small rural communities in identifying local priorities and developing the primary health care services needed to meet those priorities — there are currently 74 operational regional health services across Australia; and
- the **Integrated Service Delivery Projects**, through which better models of planning across Commonwealth and State and Territory governments, local government, service providers and consumers are being explored.

Collaborative action at government level to address the health needs of Aboriginal and Torres Strait Islander peoples is discussed in Chapter 2.

Collaboration with the non-government sector

Healthy Horizons has been used as a framework for collaborative action by many organisations, including the member bodies of the National Rural Health Alliance. Examples include:

- the relationship between the Royal Flying Doctor Service and the Mental Health Council of Australia and other professional bodies including the University Departments of Rural Health;
- the Memorandum of Collaboration between the Australian Nursing Federation and the Council of Remote Area Nurses of Australia on preparing remote area nurses for practice;
- the collaborative agreement between the Congress of Aboriginal and Torres Strait Islander Nurses and the Office of Aboriginal and Torres Strait Islander Health to increase the number of Indigenous people in nursing and to include Indigenous issues in core undergraduate nursing curricula; and
- the General Practice Memorandum of Understanding between the four peak General Practice organisations and the Commonwealth Department of Health and Ageing.

Enhancing community involvement in health care

There is now widespread acceptance that health care models that work well in metropolitan areas cannot simply be replicated in country areas. Mechanisms have been developed to support involvement of communities in developing solutions and service models that reflect their needs and circumstances.

Many of the National Rural Health Alliance's member bodies act collaboratively and work to increase partnerships. This gives them the capacity to advise community organisations and facilitate and support the development of local solutions.

Forums have been established in the States and Territories so that health departments can build partnerships with communities and key stakeholders to identify and address community health problems, disseminate information and support the advocacy role of

communities and health professionals. For example, [Rural Health Councils](#) have been established in all rural Area Health Services in New South Wales; Queensland has a [Community Public Health Planning in Rural and Remote Areas](#) program; South Australia holds [Integrated Community Planning forums](#) in each of its seven country regions; the Western Australian Department of Health has developed a [New Vision for Community Health Services for the Future](#); and Tasmania has a [Rural Health Partnership Group](#). The Commonwealth has established advisory groups in each State and Territory for the [Regional Health Services Program](#) and the [Medical Specialist Outreach Assistance Program](#).

The Commonwealth [Consumer and Provider Partnerships in Health Project](#) provides opportunities for partnerships of consumers and providers to develop, demonstrate and document strategies for consumers to participate at all levels of the health system. Commonwealth funding is provided to support the advocacy role of consumers and health professionals through the Council of Remote Area Nurses of Australia, Health Consumers of Rural and Remote Australia and the National Rural Health Alliance.

Involvement of Aboriginal and Torres Strait Islander communities in planning and providing health services is discussed in Chapter 2.

Maintaining a skilled rural and remote health workforce

Governments have also recognised the importance of recruiting and retaining a skilled workforce in rural and remote areas. The [University Departments of Rural Health Program](#) is a long-term strategy which encourages students of medicine, nursing and allied health disciplines to pursue a career in rural practice and supports health professionals who are currently practicing in rural settings.

A range of [scholarship programs](#) is provided by the Commonwealth and by States and Territories to assist students to access courses relevant to practice in rural and remote areas. These include scholarships that are specifically for Aboriginal and Torres Strait Islander students (see Chapter 2). The National Rural Health Alliance and its member bodies play a continuing role in realising these scholarship programs and in administering some of them.

The [Rural Health Support, Education and Training Program](#) contributes to the recruitment and retention of rural health workers through funding initiatives that provide them with appropriate support, education or training. The new Rural and Remote Allied Health Advisory Service will provide advice on workforce issues and relevant policy development for rural allied health professionals.

States and Territories have established a wide range of programs, such as the [Targeted Inland Recruitment Scheme](#) in New South Wales, the [Health Careers in the Bush](#) program in Queensland, the [Rural Nurse Workforce Project](#) in Victoria, and a [Rural Gratuities Program](#) in Western Australia

Specific support is provided by the Commonwealth for training and support of general practitioners (through the Divisions of General Practice), specialists (including advanced training, locum support and outreach assistance), pharmacists (through the Rural and Remote Pharmacy Workforce Development Program) and nurses (through funding of the Council for Remote Area Nurses of Australia, the Association for Australian Rural Nurses and the Australian Remote and Rural Nursing Scholarship Program).

2 Improving the health of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander people view their health in a broad sense which necessarily includes consideration of the physical, cultural and spiritual components of their well-being. Many issues have an impact on the health of Aboriginal and Torres Strait Islander communities, including environmental and socioeconomic factors, access to housing and educational and employment opportunities.

Policies relating to Indigenous health are based on the principle of community empowerment and participation in the development and delivery of health care services and a long-term partnership approach with key stakeholders, the Aboriginal community controlled health sector, non-government organisations and all levels of government.

The [National Aboriginal Health Strategy](#) outlines key differentials in health status between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, including the impact of western civilisation on traditional Aboriginal culture and health status. The Strategy underpins jurisdictional approaches to improving Indigenous health as well as the wide range of national, State/Territory and regional programs addressing specific Indigenous health issues that are in progress across the country. These are listed in the main report.

[Aboriginal and Torres Strait Islander Health Framework Agreements](#) have been developed in each jurisdiction between the Commonwealth and State and Territory governments, the Aboriginal and Torres Strait Islander Commission (ATSIC), and the Aboriginal and Torres Strait Islander community controlled health organisations. The Agreements commit signatories to allocation of resources to reflect the level of need; joint planning; access to both mainstream and Aboriginal and Torres Strait Islander specific health and health-related services; and improved data collection and evaluation.

Under the Framework Agreements, forums have been established in each jurisdiction to develop regional plans. These aim to identify Indigenous health needs and priorities, and gaps in current service provision within the context of a comprehensive primary health care model. Regional plans have been completed in most jurisdictions.

A [National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for Action by Governments](#) is being developed by the National Aboriginal and Torres Strait Islander Health Council to outline agreed principles and key result areas that all jurisdictions and the community sector can commit to and work collaboratively to achieve over the next 10 years. It is proposed that the Framework be developed nationally for adoption by all jurisdictions and with bipartisan support.

Working with Aboriginal and Torres Strait Islander organisations and communities

Many Aboriginal and Torres Strait Islander organisations are involved in the development of future funding arrangements, negotiations with services to ensure culturally responsive care and the preparation of detailed evaluation strategies for all service components. Mechanisms have been developed to support such involvement by the Commonwealth and the States and Territories. For example, under the New South Wales Aboriginal Health Partnership Agreement, each Area Health Service is required to establish a [Partnership Agreement](#) with each Aboriginal Community Controlled Health Service in the area, to put into practice the strategic directions established by the New South Wales Aboriginal Health Strategic Plan. The six [WA Regional Aboriginal Health Plans](#), developed in a community-based, community-driven process, have increased Aboriginal involvement and cooperation with local health services and a high

level of ownership at the local level. The Australian Capital Territory Government participates in the [Moving Over Boundaries Aboriginal Regional Health Partnership](#), which has a strong focus on Indigenous participation in planning and policy development.

The [Primary Health Care Access Program](#) (PHCAP) aims to establish a Framework for coordinated expansion of comprehensive primary health care based on funds pooling between Commonwealth and State/Territory Governments. The Program is being implemented in close cooperation with the Aboriginal health forums in the States and Territories and has involved the Aboriginal community controlled sector, the Aboriginal and Torres Strait Islander Commission (ATSIC), the State or Territory government and the Commonwealth working together to develop effective implementation strategies for each jurisdiction.

[Supporting Aboriginal and Torres Strait Islander participation in education, health workforce and management](#)

Endorsement and implementation of the [Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework](#) will guide workforce activities within the Commonwealth and States and Territories. As well, States and Territories are undertaking measures to support Aboriginal and Torres Strait Islander participation in the health workforce.

These include State-level policies and strategies to improve recruitment of Aboriginal and Torres Strait Islanders into the health workforce (eg through traineeships, scholarships and cadetships); training for Aboriginal and Torres Strait Islander employees of the State/Territory department of health; development of support networks for Aboriginal and Torres Strait Islander employees; and the development of culturally appropriate and supportive learning environments for tertiary Aboriginal students to pursue health careers (eg [Pika Wiya Unique Centre of Learning](#) in South Australia).

3 New approaches to funding and service delivery

Networked health and community services and innovative models based on local conditions provide new opportunities for accessible services across the care and support spectrum

The needs of communities and local service delivery arrangements are extremely varied across Australia. Complex service provision and funding arrangements have sometimes acted as barriers to effective service provision, particularly in rural and remote areas. To promote flexible and coordinated service provision, innovative funding and service arrangements have been developed by jurisdictions.

- New South Wales has developed the **HEALTHshare** model for integrated regional health services, with the objective that improved planning, integration and coordination of service delivery will enhance the ability of service providers to meet the needs of their client groups, while also enabling geographical areas to achieve greater efficiency in the use of their funds.
 - The Victorian Government has undertaken a major reform of the way services are delivered in the primary care and community support services sector in the State through the **Primary Care Partnership Strategy**. Over 800 services have come together in 32 Primary Care Partnerships across all parts of Victoria to progress the reforms, with 19 of the Partnerships located in rural areas.
 - Queensland Health has developed a **zonal system of management** with three zones incorporating 38 Health Service Districts responsible for the management and delivery of health services through service agreements. Most of these are in rural, regional and remote areas, with over 80% of public hospitals located outside metropolitan areas.
 - The South Australian Department of Human Services has developed an **Integrated Community Planning Framework** with the aim of improving integration of rural services across health, housing and community services. The Framework will allow identification of shared local priorities so that human service needs of communities are met in a flexible, creative and effective manner.
 - The Western Australian Department of Health's **New Vision for Community Health Services for the Future** provides a strategy and framework to support practical, attainable health services at a community level that are based on the needs of the people as identified by them. Health Services have been encouraged to re-orient their organisational models and structures to reflect the need for community health management to be closely positioned with the community, accessible and responsive to the health needs of the community.
 - Rural health services across Tasmania are being reconfigured in accordance with the Healthy Horizons Framework. Aligned with these developments, the Tasmanian Department of Health and Human Services is developing a policy framework and whole of Agency strategies concerning integrated and coordinated service provision.
 - The **Primary Health Care Access Program** in the Northern Territory recognises the need for all Australians to be able to access services that respond to their own particular health needs, including Aboriginal and Torres Strait Islander peoples. Funds pooling, the establishment of zonal community controlled health organisations, partnerships, resourcing and support, community development and
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self-determination are all key principles underpinning this model of health care service delivery.

- The Australian Capital Territory has a [Joint Health Services Planning Committee](#) which includes representation from the Australian Capital Territory Department of Health, Housing and Community Care, the Southern Area Health Service (New South Wales), The Canberra Hospital and Calvary Hospital.
- Joint Commonwealth and State/Territory initiatives include the [Multipurpose Services \(MPS\) Program](#), which provides a flexible, coordinated and cost-effective approach to health and aged care service delivery in small rural communities.
- The Commonwealth is also working with Victoria and South Australia to develop and implement [Integrated Service Delivery Projects](#).

Meeting local needs

The States and Territories have recognised that barriers to service provision can be addressed through flexible approaches to planning and service delivery that are informed by local needs. Responses to community needs range from local programs that involve service providers and community members in planning and arise from specific local needs (eg the [Charleville Mobile Visual Impairment Prevention Program](#) in Queensland and measures to address accommodation and integrated service needs of transient and homeless Aboriginal communities in South Australia) through to joint initiatives with the Commonwealth to improve access to services (eg the New South Wales [Strengthening Rural Health in Small Towns](#) program which takes into account the context of the facility within a network of services).

The Royal Flying Doctor Service remains at the cutting edge of innovations in flexible and coordinated services, particularly in more remote areas. A good example of such coordination of care is the Royal Flying Doctor Service's partnership in Queensland with Queensland Health and the Divisions of General Practice on the [Rural Women's GP Program](#), which provides female GP services in rural and remote locations.

Addressing issues of access and equity

States and Territories have a range of programs to address issues of access and equity in rural and remote communities, ranging from flexible approaches to service delivery (eg [Fly in / Fly out services](#) in Western Australia which use air charter services to bring regular health specialist services to remote communities), to multi-faceted programs (eg the [Equity, Responsiveness and Access](#) program in South Australia).

All States are active in the area of [telehealth](#), expanding the number of services in rural and remote areas as well as innovative applications of the technology. Telehealth services have been shown to improve access to care, promote greater integration of remote health services and improve support for staff in rural and remote areas.

One of the Commonwealth's roles in rural health has been to fill gaps in existing service provision, especially where access to Medicare and services is limited. New programs using innovative funding models and aimed at addressing some of the gaps and inequalities of access include:

- the [Medical Specialist Outreach Assistance Program](#), designed to provide additional visiting specialist services in rural and remote areas by covering some of the costs specialists incur in travelling to rural areas such as travel and accommodation;
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- [Section 100 – Access to Pharmaceuticals](#) which provides medicines for clients of remote Aboriginal Health Services free of charge at the time of consultation;
 - the visiting [Rural Women’s GP Service](#) in 100 locations where there is a lack of female GP services; and
 - more than 600 [Easyclaim](#) facilities in rural and remote areas that provide easier access to Medicare.
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4 Conclusions and future directions

It is clear from the report on progress against the goals of *Healthy Horizons* that action at all levels to improve the health of rural and remote Australians is substantial and increasing. At national and jurisdictional level, governments and the non-government sector are working together to address priority areas, particularly the health of Aboriginal and Torres Strait Islander peoples, and to develop improved approaches to funding and service delivery. At regional level, this collaborative approach has been translated into myriad programs and projects that involve stakeholders and communities and strive for long-term changes that will improve the health of all rural and remote Australians.

Healthy Horizons 'provides a framework which supports collaboration across all groups which are influential in the development of rural health strategies ... We applaud the initiatives which have taken place and believe that the ongoing redevelopment of the Healthy Horizons document is vitally important to reflect the ongoing changes which are being experienced by rural Australians. It is gratifying to see that many of the goals developed in 1999 have been well advanced, and we would look forward to the time when some issues in rural Australia are dealt with to such a degree that they do not require attention and a focus can be placed on other issues which increase in importance'. (Association for Australian Rural Nurses)

Progress has been made, but there is still a long way to go. There remain considerable discrepancies between rural and remote communities and their metropolitan counterparts in terms of access to services and the availability of resources. *Healthy Horizons* has been and remains a useful Framework within which to develop and implement initiatives in key areas. Its goals are broad and its themes perennial. It is important now to keep working to these goals, maintaining the momentum generated by *Healthy Horizons*.

Refocusing within the Framework should be the impetus for increased action at all levels. This action should continue to be based on the principles that underpin *Healthy Horizons*.

The National Rural Health Alliance has identified the following generalised priority areas for further consideration:

- that those with the greatest needs warrant first attention;
 - that the overall distribution of resources should be based on the distribution of need;
 - that policies and programs should reflect the added cost of doing business in rural and remote areas (this can be significant in the more remote areas);
 - that rural and remote areas should have their fair share overall and that, as for other areas, there should be extra resources for those with special needs including Indigenous people, children and the elderly;
 - that structures should be in place to allow access to basic services for everyone irrespective of their location;
 - that the advantages of working in rural and remote areas and the 'good news' stories be given higher public profile; and
 - that *Healthy Horizons* should build on the large number of existing strategies related to health, both national and State and Territory.
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The reports from State and Territory and the Commonwealth Governments have highlighted a number of areas for continued work to address priority areas, improve integration of services and explore new models of service delivery. Specific future directions might include the following:

- increased emphasis on child and youth health as a priority area under goal 1 of the Framework;
- a greater focus on health as the population ages and greater effort to address problems with aged care services in rural hospitals and communities, as well as the still severe shortages of residential aged care facilities in rural and remote areas;
- greater effort to address difficulties in recruiting and retaining the rural health workforce (particularly non-medical), acknowledging the potential for multidisciplinary strategies, as many of the problems faced by health professionals in rural and remote areas are identical;
- consideration of whether indicators of need other than population numbers and/or distance from an urban centre would be more effective and whether collaborative planning based on regions might lead to improved delivery of integrated health services in rural and remote areas;
- consideration and integration of human (non-health) services to address their impact on the health of Australians, particularly those from lower socioeconomic groups;
- development of further innovative service delivery models to meet the need for flexible needs-based funding in rural and remote areas of Australia, coordinating and integrating these flexible models with more mainstream health care services;
- continuing work to address the problems inherent in the current model Commonwealth/State/Territory funding, planning and delivery of health services; and
- a continuing shift of emphasis from ill health and acute care to prevention, early intervention and alternatives to hospital care.

These issues identified by the NRHA and Governments, along with issues identified by other stakeholders, will be considered in the updating of the *Healthy Horizons* document. It is anticipated that the revised version of *Healthy Horizons* will be completed in time to be cleared by AHMAC and the Australian Health Ministers prior to being launched at the 7th National Rural Health Conference in March 2003.

Appendix 1

Membership of the National Rural Health Policy Sub-committee

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Appendix 2

Membership of the National Rural Health Alliance

AARN	Association for Australian Rural Nurses Inc
ACHSE	Australian College of Health Service Executives (rural members)
ACRRM	Australian College of Rural and Remote Medicine
ADGP	Rural Sub-Committee of the Australian Divisions of General Practice
AHA (RPG)	Rural Policy Group of the Australian Healthcare Association
ANF	Australian Nursing Federation (rural members)
ARHEN	Australian Rural Health Education Network Ltd
ARRAHT	Australian Rural and Remote Allied Health Taskforce of the Australian Council of Allied Health Professions
ATSIC	Aboriginal and Torres Strait Islander Commission
CRANA	Council of Remote Area Nurses of Australia Inc
CRHF	Catholic Rural Hospitals Forum
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NARHERO	National Association of Rural Health Education and Research Organisations
NRHN	National Rural Health Network (of University Medical and Health Undergraduate Clubs)
RACGP	Rural Faculty of the Royal Australian College of General Practitioners
RDAA	Rural Doctors' Association of Australia
RFDS	The Australian Council of the Royal Flying Doctor Service of Australia
RGPS	Regional and General Paediatric Society
RPA	Rural Pharmacists Australia - Rural Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health

Abbreviations and acronyms

ACT	Australian Capital Territory
AHMAC	Australian Health Ministers' Advisory Committee
AIHW	Australian Institute of Health and Welfare
ATSIC	Aboriginal and Torres Strait Islander Commission
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia