



NATIONAL SIGNIFICANT DISEASE INVESTIGATION PROGRAM

BUSINESS PLAN JULY 2025 – JUNE 2028

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1. OVERVIEW

1.1 PURPOSE OF THE BUSINESS PLAN

This business plan is the management document for the National Significant Disease Investigation Program (NSDIP); an ongoing, subscription-funded program of Animal Health Australia (AHA). The business plan is agreed on by AHA member representatives nominated to a program Advisory Committee.

1.2 PROGRAM TITLE

National Significant Disease Investigation Program.

1.3 BACKGROUND

Non-government veterinary practitioners play a key role in general surveillance in Australia, providing expertise in evaluating, clinically investigating and reporting outbreaks of significant animal diseases. However, full investigations by veterinary practitioners are often limited by competing priorities and the commercial realities of running a veterinary practice, an adequate level of expertise in disease investigation, and in some circumstances, the cost of diagnostic testing.

The NSDIP increases the likelihood that significant disease events are investigated and improves Australia's ability to detect disease emergencies early by supporting the knowledge, skills, resources and government relationships of non-government veterinary practitioners. Prompt detection and early response protect animal health and ultimately the sustainability of Australian livestock industries.¹ The existence and stakeholder awareness of an effective NSDIP with non-government veterinary practitioners helps to support confidence in Australia's reported animal health status and market access and trade opportunities.

TABLE 1 TIMELINE OF THE NSDIP

2006 (December)	A significant disease investigation program was proposed by the National Animal Health Surveillance Strategy (NAHSS) Advisory Group. The proposal included a subsidy to veterinary practitioners and was specifically intended to mitigate the risk of failing to detect early, emerging or emergency animal diseases in livestock.
2007 (February)	The Primary Industries Standing Committee (PISC) supported the establishment of the NSDIP within AHA's National Animal Disease Surveillance Program and requested AHA to lead discussions on the establishment of this program.
2008 (February)	Animal Health Committee (AHC, Meeting 12) supported the establishment of the NSDIP and established a working group to support the development of the business plan by AHA. The program was trialled during 2008–09 and commenced in June 2009.
2010 (May)	AHC (Meeting 17) endorsed an expansion of scope to the NSDIP to include wildlife disease events and include veterinary practitioners of wildlife parks. AHC declined to endorse the inclusion of routine reports on the NSDIP in <i>Animal Health Surveillance</i>

¹ For AHA purposes, livestock are animals kept for use or profit including any class of cattle, sheep, goats, pigs, horses (including mules and donkeys), poultry, emus, ostrich, alpaca, deer, camel or buffalo

	Quarterly (AHSQ); however, agreed that reports would be provided annually in <i>Animal Health in Australia</i> (AHiA) and periodically as a feature article in AHSQ.
2015 (August)	Development of the National Surveillance Business Plan 2016–2018 identified a need to review the NSDIP to address concern that the program isn't adopted by all states.
2016 (April)	AHA concluded a program review conducted with the (then) NSDIP Coordination Committee (AHC29 OOS25) and finalised changes to the Program (AHC30 OOS2). Key changes included expanding the scope of the Program to fund disease investigation training for non-government veterinary practitioners and expanding subsidy eligibility to include laboratory diagnostic work in circumstances where non-government veterinary practitioners are not subsidised for their field investigation costs.
2018 (December)	NSDIP Advisory Committee agreed to alter the funding basis for jurisdictions, such that a base amount be implemented with the remaining additional funds to be allocated proportionately to larger jurisdictions based on the gross value of animal production (GVP). This was implemented as part of the 2019-22 business plan.
2024	NSDIP Data Management and Use Policy was finalised and revised data standards were implemented for reporting of cases with an event date post 1 Jan 2025.

1.4 CONCLUSION/TERMINATION

The NSDIP is an ongoing program of AHA and will be reviewed by the Advisory Committee at the end of the business plan period. Recommendations of the Advisory Committee will be considered by AHA in consultation with AHA member representatives in developing the AHA Annual Operating Plan (AOP).

2. OBJECTIVES AND SCOPE

2.1 GOAL

To improve Australia's ability to detect animal disease emergencies early and to support market access and trade by increasing Australia's general surveillance capability and capacity through engagement with non-government veterinary practitioners.

2.2 OBJECTIVES

The objectives of the NSDIP are to

1. Improve the quality and increase the quantity of livestock and wildlife significant disease investigations conducted by non-government veterinary practitioners in collaboration with governments.
2. Promote effective collaboration between non-government veterinary practitioners and governments in livestock and wildlife disease investigations.
3. Facilitate a national approach to increasing Australia's capacity for general surveillance through non-government veterinary practitioners.

2.3 OUTPUTS

The outputs to be delivered by the NSDIP are:

1. significant disease investigations undertaken by non-government veterinary practitioners in collaboration with government laboratories;
2. participation of sentinel veterinary clinics in a surveillance network for wildlife disease;
3. disease investigation training for non-government veterinary practitioners;
4. a National Animal Health Information System (NAHIS) data project (or equivalent successor system) collating administrative records of disease investigations undertaken in the Program;
5. an annual program report in the AHIA publication; and
6. a program homepage on the AHA website

2.4 OUTCOMES

Target outcomes identified for the NSDIP are shown in Table 2.

TABLE 2 TARGET OUTCOMES MEASUREMENT

Outcome	Measure	Completion date	Accountability
Non-government veterinary practitioners initiate and conduct significant disease investigations in collaboration with state/territory governments and Wildlife Health Australia (WHA).	- A qualitative description of engagement with non-government veterinary practitioners, including examples. - Extent of budget utilisation.	EOFY annually, reported at annual virtual Advisory Committee meeting in October.	NSDIP Coordinators are accountable for achievement of the targeted outcome and reporting on progress.
Non-government veterinary practitioners undertake disease investigation training in collaboration with state/territory governments and WHA.	- A qualitative description of engagement with non-government veterinary practitioners. - Extent of budget utilisation.	EOFY annually, reported at annual virtual Advisory Committee meeting in October.	NSDIP Coordinators are accountable for achievement of the targeted outcome and reporting on progress.
Australia's activity and capacity in disease surveillance includes, and can be readily shown to include, non-government veterinary practitioners collaborating with governments and WHA.	Program report in AHIA.	May, annually.	NSDIP Manager.

2.5 SCOPE OF WORK

TABLE 3 NSDIP SCOPE OF WORK

ID	Part of the Program (inside scope)	Responsibility	Not part of the Program (outside scope)	Responsibility
1	<u>Eligible significant disease events</u> - Significant morbidity and mortality events in livestock or wildlife. Criteria of significance include events clinically consistent with national notifiable diseases of significance to livestock or wildlife (regardless of case species) or suspected to be a new or emerging disease (e.g. increasing incidence/expanding geographic or host range). - Eligible events may include cases where an emergency animal disease (EAD) has been excluded and further investigation (field and/or laboratory work) is important to achieve a diagnosis.	NSDIP Coordinators	Events where related parties have a suspicion that an EAD is the cause.² In the event that an EAD is suspected, the NSDIP assumes that the relevant government department will lead and fund an investigation as per legislated responsibilities.	Government departments
2	<u>Eligible investigations</u> - Field work undertaken by non-government veterinary practitioners and resulting in laboratory diagnostic work (where feasible the use of government laboratory services is preferred). - Investigations requiring a necropsy to be performed by the private veterinary practitioner (PVP) and/or collection of diagnostic samples by the PVP as requested by the state/territory government. - Wildlife investigations must be reported through WHA via state/territory WHA coordinators (see ID 5).	NSDIP Coordinators	- Investigations not originating from a field investigation by a non-government veterinary practitioner. - Investigations not undertaken by veterinary practitioners engaged in clinical veterinary medicine (e.g. research). - Incomplete field investigations (necropsy not performed or diagnostic samples not collected as requested by the state/territory government). - Investigations with incomplete records. - Investigations without laboratory diagnostic work.	Government departments

² Defined as diseases listed in the Emergency Animal Disease Response Agreement, Schedule 3 (Table 1)

3	Program investigation records (required fields in the NAHIS data project or equivalent) including information for the purpose of administering the NSDIP i.e. existing data fields plus specified as clinically consistent with a nationally notifiable disease(s) or suspected to be a new or emerging disease.	NSDIP Coordinators	- Investigations where complete records are not provided to NAHIS. - Investigations where records kept by governments are unable to substantiate records supplied to NAHIS. Government claims for payment from the Program require auditable evidence of payments to be kept (e.g. payments to PVP and/or laboratory expenses). - Program reporting is based upon program administration data (NAHIS data project) and does not include a description of other (non-NSDIP) disease investigation activities or surveillance data.	Government departments
4	Funding disease investigation training for non-government veterinary practitioners to increase the level of knowledge and skills to investigate and report on disease events, which may involve: - course delivery to be coordinated and administered by government partners; - training course content, frequency and locations be proposed by coordinators and agreed by the Advisory Committee; and - investigation training standards for veterinarians and standardised sample sets for disease investigation (e.g. by syndromes).	NSDIP Coordinators and AHA	- Training courses not agreed as a priority by the Advisory Committee. - Disease investigation training exceeding the available budget. - Funding for training government veterinary practitioners i.e. the NSDIP will pay on a pro-rata basis for the number of non-government veterinary practitioners.	Government departments
5	Direct administration of program payments to non-government veterinary practitioners and laboratories for wildlife disease investigations (by WHA).	WHA	Investigations not meeting Scope 1-3 (see above).	WHA
6	Funding of selected non-government veterinary clinics to participate in WHA Sentinel Veterinary Clinic Surveillance Network using program funds.	WHA	Management or coordination of the WHA Sentinel Veterinary Clinic Surveillance Network.	WHA

2.6 PROGRAM SCHEDULE – DELIVERABLES AND MILESTONES

TABLE 4: NSDIP SCHEDULE – DELIVERABLES AND MILESTONES

Id	Description	Who is responsible	Scheduled Finish	Predecessor ³
1	Quarterly data entry	State/territory coordinators	1 st week August	
2	Annual program report prepared	Program Manager	Mid-September	
3	Virtual Advisory Committee (90 minutes) meeting	NSDIP Advisory Committee, Program Manager	Mid-October	2
4	Quarterly data entry	State/territory coordinators	1 st week November	
5	Propose program budget for AHA draft Annual Operating Plan based on advice from Advisory Committee	Program Manager	1 st week November	3, 9
6	Program summary for inclusion in AHIA	Program Manager	January	1, 4
7	Quarterly data entry	State/territory coordinators	1 st week February	
8	Quarterly data entry	State/territory coordinators	1 st week May	
9	Annual in-person Advisory Committee meeting	NSDIP Advisory Committee, Program Manager	Mid-May	3, 5

³ Identify deliverables or milestones that must be completed before this deliverable/milestone can be completed

2.7 RISKS TO THE PROGRAM

2.7.1 Risk identification

The following risks have been identified by the Program Manager in consultation with the Advisory Committee.

Business risks

1. Incidents of significant disease occur and are not investigated. This may be due to:
 - a. Lack of an effective working relationship between the animal owner/manager and a veterinarian.

The NSDIP assumes that non-government veterinary practitioners and producers have a business interest in livestock disease investigations. In addition, the Program assumes that a producer-veterinarian relationship does exist or can be facilitated in order to identify eligible livestock disease events for a subsidised investigation.
 - b. Lack of veterinarians in geographical areas where significant disease incidents occur.

There is a fundamental underlying risk of a reduction in private practitioners, particularly those working with large animals in rural and remote areas.

2. The NSDIP does not maintain its reputation as an important national program.

The Program is applied variably and flexibly in different jurisdictions, which may result in stakeholders not seeing the value of the Program at a national level (reputational risk).

Program risks

1. The NSDIP is not fully utilised by state/territory governments and WHA.

The NSDIP includes funding for disease investigations and disease investigation training (for non-government veterinary practitioners); however, utilisation of these funding opportunities is dependent upon individual state/territory governments. Changes to the Program occurred in 2015–16 to address concerns that the Program wasn't adopted by all states/territories (AHC 29 OOS25).

2. The NSDIP budget is inadequate for state/territory governments and WHA to effectively implement program activities and/or to support the systems required for AHA to administer the program.

The Program expenditure budget is based upon equitable distribution of a total budget determined in the development of the AHA AOP. Changes to the Program occurred in 2018 to address the concern that budget constraints did not allow for program activities to be effectively implemented in smaller jurisdictions (NSDIP Advisory Committee meeting, December 2018). It has been noted that the jurisdictions provide significant in-kind support to the program (NSDIP Advisory Committee meeting, May 2023).

3. Jurisdictions are unable to make in-kind contributions to the program

Jurisdictions no longer have resources to provide in-kind administrative and financial contributions to the program and program activities, such as the administrative resources required to upload data.

2.7.2 Risk analysis, evaluation and mitigation

TABLE 5 ANALYSIS, EVALUATION AND MITIGATION OF RISKS IDENTIFIED IN SECTION 2.5.1

Risk	Likelihood (untreated risk)	Consequence (untreated risk)	Risk rating (untreated risk)	Evaluation and response	Likelihood (after treatment)	Consequence (after treatment)	Risk rating (after treatment) ⁴
Incidents of significant disease occur and are not investigated due to the lack of an effective working relationship between the animal owner/manager and a veterinarian.	Possible	Moderate	Medium	Changes to the NSDIP (AHC29 OOS25) addressed needs to improve non-government veterinary practitioner participation. These changes included the provision of training in disease investigation and program flexibility for NSDIP Coordinators to determine an appropriate subsidy level per investigation.	Unlikely	Moderate	Medium
Incidents of significant disease occur and are not investigated due to a lack of veterinarians in geographical areas where significant disease incidents occur.	Possible	Moderate	Medium	The lack of veterinarians in rural and remote Australia is outside of AHA's direct influence.	Possible	Moderate	Medium
The NSDIP does not maintain its reputation as an important national program.	Possible	Minor	Low	Sharing of materials developed with NSDIP funding support (as appropriate) to increase national value from program investment. Jurisdictions' NSDIP Coordinators are to address the variably and flexibly with their non-government veterinary practitioners.	Unlikely	Minor	Low

⁴ AHA's risk analysis and evaluation matrix can be found in Appendix B

The NSDIP is not fully utilised by state/territory governments and WHA.	Likely	Minor	Medium	Changes to the NSDIP (AHC29 OOS25, as above) addressed needs to broaden program activity options available to state/territory governments and WHA, and for WHA to directly administer subsidy payments for wildlife investigations.	Possible	Minor	Low
The NSDIP budget is inadequate for state/territory governments and WHA to effectively implement program activities and/or to support the systems required for AHA to administer the program.	Likely	Minor	Medium	The Advisory Committee is required to review and advise AHA of an appropriate total budget annually.	Possible	Minor	Low
Jurisdictions are unable to make in-kind contributions to the program	Unlikely	Moderate	Medium	AHA is working with the Jurisdictions to ensure the data upload process and other administrative activities are as streamlined as possible.	Rare	Moderate	Low

2.7.3 Monitoring, review and reporting

AHA will monitor the risks as part of ongoing company risk monitoring. Advisory Committee members are required to advise AHA of any recognised changes to the risks or risk ratings. The Program Manager, in collaboration with the Advisory Committee, will review the risks annually at the Advisory Committee Annual virtual meeting.

2.8 RELEVANT POLICY, LEGISLATION AND RULES

The NSDIP provides subsidies for investigation of significant morbidity and mortality events in livestock and wildlife by non-government veterinary practitioners. Criteria of significance include events clinically consistent with national notifiable diseases of significance to livestock or wildlife (regardless of case species) or suspected to be a new or emerging disease (increasing incidence/expanding geographic or host range).

Policy

The Program assumes that normal requirements to report a suspected notifiable disease apply.

Rules

Subsidies for disease investigation do not apply to significant disease events in livestock or wildlife where related parties have a suspicion that an EAD is the cause. An EAD is defined as diseases listed in the Emergency Animal Disease Response Agreement (EADRA), Schedule 3. In the event that an EAD is suspected, the NSDIP assumes that the relevant government department will lead and fund an investigation.

The Data Management and Use Policy for the National Significant Disease Investigation Program ('NSDIP', or the 'Program') outlines data sharing requirements under the NSDIP, including upload frequency, roles and responsibilities, data fields, data access and agreed outputs from data collated from Program activities.

3. PROGRAM MANAGEMENT PLAN

3.1 GOVERNANCE

3.1.1 Program Owner

The NSDIP is a subscription program of AHA, providing benefits to all AHA members.

3.1.2 Program Manager

The Program Manager is an officer of AHA. The Program Manager will implement the Program in accordance with this business plan and in consultation with the program Advisory Committee.

3.1.3 Advisory Committee

The Advisory Committee comprises NSDIP Coordinators, representatives of AHA Industry Forum, a representative of the Northern Australia Quarantine Strategy (NAQS) and a representative of the Australian Veterinary Association (AVA). The Program Manager will chair the Advisory Committee.

The primary purpose of the Advisory Committee is to ensure that the Program meets the needs of AHA members. To achieve this, the Advisory Committee is responsible for determining the scope of the Program and endorsing an agreed business plan for the Program Manager to implement. The Advisory Committee is also responsible for supporting the Program Manager to implement the Program, including reviewing program reports and advising on all issues arising.

The Advisory Committee will meet in person annually and manage business out-of-session through email correspondence and virtual meetings. Advisory Committee Members may request AHA approval for observers to attend meetings where appropriate, such as to support handover processes or to contribute to discussions relevant to their role or expertise.

The induction of new representatives on the Advisory Committee is the primary responsibility of the organisation they represent, with support from AHA on request. New representatives are also encouraged to reach out to other Advisory Committee members for support. The Advisory Committee will be made aware of new representatives out of session.

TABLE 6 ADVISORY COMMITTEE

Role	Person
Program Manager - Chair	Mikhaila Nye
Program Coordinator - Record	Sheaaz Sakur
New South Wales Coordinator	Matilda Morgan
Northern Territory Coordinator	Isabel MacPhillamy
Queensland Coordinator	Selina Ossedryver
South Australia Coordinator	Diana Miller
Tasmania Coordinator	Emma Watkins
Victoria Coordinator	Julia Sarandopoulos
Western Australia Coordinator	Anna Erickson
WHA Coordinator	Keren Cox-Witton

Representative of Australian Government Dept. of Agriculture, Fisheries and Forestry (livestock)	Emily Sellens
Representative of AHA Industry Forum	Bomber Lancaster
Representative of AVA (observer)	Liz Gemes
Representative of NAQS (observer)	Guy Weerasinghe

3.1.4 NSDIP Coordinators

NSDIP Coordinators are nominated officers of state/territory governments and a representative of WHA.

Coordinators are responsible for implementing the NSDIP and representing their organisations on the program Advisory Committee.

Coordinators or their delegates are the points of contact for implementation and coordination of the Program within their jurisdiction (excluding wildlife event investigations) and are responsible for authorising the administration of subsidies for livestock cases, and collating and reporting livestock event records into NAHIS quarterly (alternate frequency for data reporting must be agreed by AHA in advance). WHA is the point of contact for implementation and coordination of the Program for wildlife investigations, and will consult with the state/territory WHA Coordinators.

3.2 REPORTING REQUIREMENTS

Reporting requirements for the NSDIP are shown in Table 7.

TABLE 7 REPORTING REQUIREMENTS

Reported by	To whom	Reporting requirements	Frequency	Format
Program Manager	Advisory Committee	Program status report.	Annually	Written
State/territory government and WHA NSDIP coordinators	Advisory Committee	Reporting NSDIP-funded disease investigation records to NAHIS.	Quarterly	NAHIS data entry
State/territory government NSDIP coordinators	Advisory Committee	Annual report against target outcomes on investigations and investigation training.	Annually	Written
WHA	Advisory Committee	Annual report against target outcomes on investigations. Report on WHA Sentinel Veterinary Clinic Surveillance Network.	Annually	Written

4. PROGRAM ACTIVITIES

4.1 SUBSIDY FOR SIGNIFICANT DISEASE INVESTIGATION

Description

A subsidy is available to veterinary practitioners to conduct field and clinical investigations of significant disease events in livestock and wildlife.

Eligibility

Eligible veterinary practitioners are registered, non-government veterinarians who are engaged in clinical veterinary medicine, including all veterinary practitioners in university clinics, zoos and wildlife parks.

Responsibilities

The veterinary practitioner is responsible for:

- recognising a significant disease event;
- contacting the government department or WHA to confirm the availability of an investigation subsidy and investigation requirements (e.g. sample set required);
- assessing event history, examining sick animals, conducting necropsies and collecting diagnostic samples; and
- Making complete event records, including services undertaken, and completing laboratory sample accession forms if diagnostic testing is required.

The state/territory governments and WHA are responsible for:

- recognising a significant disease event;
- providing informed government officers to rapidly respond to veterinary practitioners' requests for a subsidy;
- determining if the disease event is sufficiently significant to warrant a subsidised investigation;
- advising the veterinary practitioner on investigation requirements (e.g. necropsy, sample set required, laboratory accession forms and any other documentation required);
- determining the level of subsidy available to the veterinary practitioner and the type of investigation costs covered;
- paying investigation subsidies to non-government veterinary practitioners;
- making complete event records, including services undertaken by veterinary practitioners;
- recording subsidised events in the NSDIP data project of NAHIS;
- managing the available program budget and raising invoices to claim for eligible expenditure from AHA; and
- providing feedback to non-government veterinarians on laboratory diagnosis and encouraging communication back to the producer.

The Australian Government to engage with the program on:

- advising AHA, state/territory coordinators and WHA of priority disease syndromes identified through trade discussions to target for subsidised investigations.

4.2 SUBSIDY FOR LABORATORY DIAGNOSTIC INVESTIGATION

Description

A subsidy is available to government departments and wildlife diagnostic laboratories to conduct laboratory diagnostic investigations of significant disease events in livestock and wildlife.

Eligibility

- Laboratory investigations must be undertaken by the relevant government laboratory of the state/territory jurisdiction where the event occurs, or at a laboratory otherwise required or agreed by the government department.
- A prior field and clinical investigation must be undertaken by an eligible veterinary practitioner (see Section 4.1 Subsidy for significant disease investigation) with the exception that a subsidy for a laboratory investigation can occur without a prior subsidy for a significant disease investigation occurring.

Responsibilities

The state/territory governments and WHA are responsible for:

- determining if the disease event is sufficiently significant to warrant a subsidised investigation;
- determining the level of subsidy available to the laboratory and the type of laboratory costs covered (including sample transport costs);
- liaising with veterinary practitioners to support a field investigation and advising on sample requirements for a laboratory investigation;
- ensuring the veterinary practitioner meets field investigation requirements to support a laboratory investigation (e.g. supplying the required sample set and completing required laboratory accession forms);
- making complete event records, including laboratory services undertaken;
- managing the available program budget and raising invoices to claim for eligible expenditure from AHA; and
- providing laboratory diagnostic results to non-government veterinarians and encouraging communication back to the producer.

4.3 FUNDING FOR DISEASE INVESTIGATION TRAINING

Description

Funding disease investigation training for PVPs to increase the level of knowledge and skills for investigating and reporting on disease events.

Eligibility

- At least half of the participants must be non-government veterinary practitioners. The Program will provide funding on a participant pro-rata basis.
- Training courses must be proposed by NSDIP Coordinators and agreed as a priority by the Advisory Committee.

Responsibilities:

State/territory government NSDIP Coordinators are responsible for:

- Proposing training courses to the Advisory Committee for agreement (includes course content, timing and location); and
- Administering and delivering the training course.
- Provision of a post-training report outlining the outcomes of the training, expenditure as it relates to the training proposal, feedback from attendees and other learnings. The report will support invoicing.

4.4 FUNDING FOR THE WHA SENTINEL VETERINARY CLINIC SURVEILLANCE NETWORK

Description

The Program funds WHA to pay selected non-government veterinary practitioners for participation in the WHA Sentinel Veterinary Clinic Surveillance Network. WHA is required to report to the Advisory Committee annually on activity of the Network and details of expenditure.

Responsibilities

WHA is responsible for:

- Making complete records of activity of the WHA Sentinel Veterinary Clinic Surveillance Network including services funded by the NSDIP.

5. STAKEHOLDER COMMUNICATIONS

5.1 PROMOTION TO NON-GOVERNMENT VETERINARY PRACTITIONERS

The AVA is invited to promote the NSDIP to non-government veterinary practitioners in alignment with the scope of the Program available in each jurisdiction (AHC 29 OOS25) i.e. the AVA must consult with the relevant state/territory government NSDIP Coordinator prior to releasing any promotion material on the Program to ensure that jurisdictional considerations are incorporated.

State/territory government NDSIP Coordinators will promote the Program to non-government veterinary practitioners and maintain a government web page outlining the scope of the Program available in their jurisdiction.

WHA will promote the importance of the Program to wildlife veterinary practitioners including through the WHA Sentinel Veterinary Clinic Surveillance Network.

5.2 PROMOTION TO MARKET ACCESS AND TRADE STAKEHOLDERS

AHA will promote the value of the NSDIP in addressing national surveillance goals by publishing an annual program report, in collaboration with the Advisory Committee, in AHIA.

The Program Manager will maintain an AHA web page describing the national program.

5.3 MANAGEMENT COMMUNICATIONS WITH PROGRAM PARTNER STAKEHOLDERS

AHA will chair a program Advisory Committee, comprising of partner stakeholders to the Program. The Committee will receive and consider reports from members, and receive six-monthly program status reports from AHA. Committee members will ensure effective communication, as required, between relevant parties and their organisations.

6. FINANCIAL MANAGEMENT

6.1 FUNDING SOURCES AND BASIS

AHA manages the NSDIP as a subscription-funded program, i.e., direct costs are primarily covered through equal contributions from the Australian Government, the state and territory governments in aggregate and livestock industry members in aggregate. The contribution of subscription funds by members is developed through the AHA Annual Operating Plan⁵ process and approved at the AHA General Meeting held in June each year.

6.2 SERVICE DELIVERY EXPENDITURE

Service delivery costs are estimated for the 2026-27 FY as per Table 8. The amounts are the available funds to support the activities of the program as per Section 4. The budgeted amounts are revised annually in accordance with recommendations of the Advisory Committee to AHA at the Annual virtual Advisory Committee Meeting, and development requirements of the AHA AOP.

TABLE 8 BUDGET – Service Delivery

Expenditure item ¹	Proportion (26-27 FY)	Budget 2025–26 (\$ ex GST)	Budget 2026-27 (\$ ex GST)
<i>State member service delivery – livestock investigation subsidies, investigations and training</i>			
NSW government	0.22	46,107	47,536
NT government	Base amount	19,993	20,753
Qld government	0.25	51,255	54,018
SA government	Base amount	19,993	20,753
Tas. government	Base amount	19,993	20,753
Vic. government	0.31	65,004	66,982
WA government	Base amount	19,993	20,753
Subtotal		242,338	251,547
<i>WHA service delivery</i>			
Wildlife investigation		12,347	12,816
Coordination of wildlife investigations		6,171	6,405
Wildlife Sentinel Veterinary Clinic Surveillance Network		12,347	12,816
Subtotal		30,865	32,038
Total		310,890	372,223

1. The level of individual investigation subsidies for livestock and wildlife are determined by state/territory government Program Coordinators and WHA, respectively.
2. State/territory government proportions are based upon the state/territory GVP shares as per the AHA AOP. Refer to Table 1 for history of base amount implementation.

⁵ See [Annual Operating Plans - Animal Health Australia](#)

7. STRATEGY

7.1 KEY INDICATORS

TABLE 9 KEY INDICATORS

Item	Responsibility	Target date
Quarterly reporting of subsidised significant disease investigation records to the NAHIS data project	State/territory government and WHA NSDIP Coordinators	Quarterly NAHIS program data entry deadlines
Written proposal of disease investigation training to the Advisory Committee	State/territory government NSDIP Coordinators	As required by state/territory
Annual report on NSDIP-funded disease investigations and investigation training	State/territory government NSDIP Coordinators	October virtual Advisory Committee meeting
Annual report on WHA Sentinel Veterinary Clinic Surveillance Network	WHA	October virtual Advisory Committee meeting
Program status reports	Program Manager	October virtual Advisory Committee meeting
Annual program report for AHIA	Program Manager in collaboration with the Advisory Committee	December, annually
NSDIP 2022–25 evaluation completed	Program Manager in collaboration with the Advisory Committee	Advisory Committee meeting, 2026
A revised program business plan for July 2025 - 2028	Program Manager in collaboration with the Advisory Committee	May, 2027

7.2 INFORMATION MANAGEMENT

AHA will maintain a data project of investigation records within the NAHIS for administration of the NSDIP. AHA and data uploads will adhere to the policies outlines in the NSDIP Data Management and Use Policy.

NSDIP Coordinators or their delegates will be assigned NAHIS ‘contributor’ status which allows data entry, viewing and report enquiry. Coordinators are required to monitor the data project for accuracy and completeness of the data entered, and expenditure from the state/territory government and WHA service delivery budgets.

7.3 MONITORING AND REPORTING

The NSDIP Coordinators are responsible for monitoring and reporting on the delivery of program activities. The Program Manager is responsible for monitoring and reporting on program administration. Program monitoring and reporting will be to the Advisory Committee through the Program Manager.

Significant disease investigations activity

State/territory government and WHA NSDIP Coordinators are required to report to the Advisory Committee annually on disease investigation activities funded with support from the program, including details of expenditure. Reporting also includes describing how the activity addresses the Program's target outcomes and a measure(s) of the benefits.

Disease Investigation Training

State/territory government NSDIP Coordinators are required to report to the Advisory Committee annually on disease investigation training activities funded with support from the program, including details of expenditure. Reporting also includes describing how the activity addresses the Program's target outcomes and a measure(s) of the benefits.

WHA Sentinel Veterinary Clinic Surveillance Network

WHA is required to report to the Advisory Committee annually on activity of the WHA Sentinel Veterinary Clinic Surveillance Network and details of expenditure. Reporting includes describing how the activity addresses the Program's target outcomes including measure(s) of benefits.

Program administration

The Program Manager is required to report to the Advisory Committee annually on service delivery expenditure, work completed in activity areas, key achievements and operational issues (AHA program status reports). The Program Manager will revise service delivery budget availability mid-year and advise state/territory governments and WHA of any change to availability. The Program Manager will consider the effectiveness of the service delivery expenditure formula mid-year and recommend any temporary changes to the Advisory Committee.

The Program Manager is required to report to the Advisory Committee annually on adequacy of the service delivery budget to meet requirements of expenditure items, and the adequacy of the expenditure budget formula. The Advisory Committee will recommend a proposed service delivery budget each year to AHA as part of the AHA AOP development process. In addition, the Program Manager is required to lead discussions by the Advisory Committee to consider program activity reports and determine agreed actions.

8. EVALUATION

The NSDIP will be evaluated at the end of the business plan period (July 2025 – June 2028). Program evaluation will be led by the Program Manager in consultation with the Advisory Committee. The evaluation questions will be determined following the 2025 evaluation of the NSDIP.

Following the NSDIP evaluation, the Program Manager will revise the business plan in consultation with the Advisory Committee as required.

9. BUSINESS RULES

AHA is responsible for the management of the NSDIP. The operation of the Program is a collaboration of AHA, governments and a range of livestock industries. The following rules apply:

- The business plan for the period July 2025 to June 2028 can be reviewed at any time during this period at the request of the NSDIP Advisory Committee or AHA.
- The budget within the three year plan is updated on an annual basis through the AHA AOP development process. Updates will be provided annually to the Advisory Committee prior to the commencement of the next financial year.
- All member organisations of the Advisory Committee are required to nominate a representative who has responsibility for NSDIP issues within their organisation.
- The NSDIP can be independently reviewed by AHA and will consider recommendations from the Advisory Committee.
- Only those activities consistent with this business plan are undertaken. Additional activities will be considered, with any proposed additional activities recommended by the Advisory Committee for consideration by AHA.
- Expenditure on the NSDIP activities is appropriately recorded using acceptable accounting standards.
- Service providers are required to submit invoices quarterly.
- Where invoicing to AHA is required, such invoices will include supporting documentation as required.
- Reimbursements from AHA to service providers are required to comply with any payment policies.
- Expenditures do not exceed budgeted amounts unless previously approved by AHA.
- AHA's financial and program accounting policies must be complied with.
- AHA's program financial reports provided by the finance section must be used for all internal and external reporting.

APPENDIX A: DISEASE INVESTIGATION TRAINING PROPOSAL TEMPLATE

Project overview

Include a brief/high level overview of the project (e.g. the purpose, general format/activities of the project and intended outcomes).

Objectives and scope

E.g. what is the project aiming to achieve? What is the scope of the project? How does this relate to the NSDIP objectives?

Outcomes

What are the tangible outcomes of the project and how will they be measured?

Outputs

What are the outputs of the project (incl. key deliverables)?

Methods

What are the methods that will be used to undertake the project?

Timeframe and schedule

Include details on the timeframe of the project (this should be consistent with the NSDIP business plan 2025–28). Include timing for key activities/milestones/deliverables.

Key stakeholders and responsibilities

Outline key stakeholders and their responsibilities.

Budget

Include details on costings for the training activities, and how costs will be reported/accounted. Where a training activity will include participation from both government and non-government veterinarians, include a breakdown of how costs will be calculated pro-rata. Can include an attachment with details.

Evaluation and reporting

Include details on the intended evaluation and reporting of outputs and outcomes of this project to the NSDIP Advisory Committee (note: a post-training report will be required to support invoicing).

APPENDIX B: RISK ANALYSIS AND EVALUATION MATRIX

The likelihood rating is determined by answering the question “What is the likelihood of the event or incident happening”

Likelihood Rating	Description of an event likelihood
Rare	The risk is highly unlikely to happen. In the biosecurity context, this might refer to the introduction of a disease that has been eradicated globally, with only remote chances of resurgence.
Unlikely	The risk is not expected to occur, but it’s still possible. This could apply to a disease that has been effectively controlled in the past but could re-emerge if vigilance decreases.
Possible	The risk might happen, but it’s not certain. An example might be the potential for disease spread through indirect contact, such as contaminated feed or equipment, which could happen under certain circumstances.
Likely	The risk is likely to happen at some point. In an animal biosecurity context, this might mean a disease is spreading through wildlife that interacts with domestic animals, making it likely that it could eventually spread to livestock.
Almost Certain	The risk is expected to occur frequently. For example, if a new disease has already been detected in neighbouring regions, its introduction into your area might be almost certain, especially if biosecurity measures are weak.

A consequence rating is determined by answering the question “What will the consequences be if the incident happened – i.e. what impact it would have on one or more of the following areas:

Consequence Rating	Description of the consequence of the event
Catastrophic	Extreme impact, could be disastrous. In animal biosecurity, this might mean the introduction of a highly contagious and deadly disease that could lead to massive livestock losses, severe economic consequences, and long-term damage to the industry.
Major	Significant impact, will require considerable effort to manage. This could involve a widespread disease outbreak that leads to significant losses in livestock, disrupts trade, and requires substantial resources to control.
Moderate	Noticeable impact, may require additional resources to manage. An example might be a disease outbreak that affects a significant portion of a herd, requiring quarantine and additional veterinary care, but not threatening the overall viability of the operation.
Minor	Some impact, but can be managed without significant effort. For example, this could involve a small number of animals getting sick, requiring treatment but not leading to significant losses or disruption.
Insignificant	Minimal impact, easily manageable. For instance, a minor disease outbreak that can be contained quickly with minimal cost and no long-term effects on livestock health.

Using the standard risk matrix below, establish what the ‘risk rating’ is by collating the likelihood of the incident or event happening against the consequence if it actually did happen.

RISK MATRIX		Consequence Rating				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood Rating	Almost Certain	Medium	Medium	High	Extreme	Extreme
	Likely	Low	Medium	High	High	Extreme
	Possible	Low	Low	Medium	High	Extreme
	Unlikely	Low	Low	Medium	Medium	High
	Rare	Low	Low	Low	Medium	High



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