## Section 2: Outcomes and planned performance

Government outcomes are the intended results, impacts or consequences of actions by the Government on the Australian community. Commonwealth programs are the primary vehicle by which government entities achieve the intended results of their outcome statements. Entities are required to identify the programs which contribute to government outcomes over the Budget and forward years.

Each outcome is described below together with its related programs. The following provides detailed information on expenses for each outcome and program, further broken down by funding source.

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| **Note:**  Performance reporting requirements in the Portfolio Budget Statements are part of the Commonwealth performance framework established by the *Public Governance, Performance and Accountability Act 2013*. It is anticipated that the performance measure described in Portfolio Budget Statements will be read with broader information provided in an entity’s corporate plans and annual performance statements – included in Annual Reports – to provide a complete picture of an entity’s planned and actual performance.  The most recent Corporate Plan for the Department of Health and Aged Care can be found at: www.health.gov.au/resources/publications/corporate-plan-2023-24  The most recent Annual Performance Statements can be found at: www.health.gov.au/resources/publications/department-of-health-and-aged-care-annual-report-2022-23 |

### 2.1 Budgeted expenses and performance for Outcome 1

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| **Outcome 1: Health Policy, Access and Support**  Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community. |

**Programs contributing to Outcome 1**

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| **Program 1.1: Health Research, Coordination and Access**  **Program 1.2: Mental Health**  **Program 1.3: First Nations Health**  **Program 1.4: Health Workforce**  **Program 1.5: Preventive Health and Chronic Disease Support**  **Program 1.6: Primary Health Care Quality and Coordination**  **Program 1.7: Primary Care Practice Incentives and Medical Indemnity**  **Program 1.8: Health Protection, Emergency Response and Regulation**  **Program 1.9: Immunisation** |

**Linked programs**

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| Other Commonwealth entities that contribute to Outcome 1 |
| Australian Commission on Safety and Quality in Health Care (ACSQHC)[[1]](#footnote-2) |
| Program 1.1: Safety and Quality in Health Care  The ACSQHC supports the Australian Government to improve the long term sustainability, quality and safety of Australia’s health care system by leading and coordinating national improvements that contribute to better health outcomes and experience for patients, consumers and communities (1.1). |
| Australian Competition and Consumer Commission (ACCC) |
| Program 1.1: Australian Competition and Consumer Commission  The ACCC contributes to the health and safety of the community through the consideration and management of unacceptable safety risks posed by consumer goods (1.8). |
| Australian Digital Health Agency (Digital Health)[[2]](#footnote-3) |
| Program 1.1: Digital Health  Digital Health manages and governs the national digital health strategy and the design, delivery and operations of My Health Record (1.1). |
| Australian Institute of Health and Welfare (AIHW)[[3]](#footnote-4) |
| Program 1.1: Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community  The AIHW provides high quality national health-related data and analysis (1.1). |
| Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)[[4]](#footnote-5) |
| Program 1.1: Radiation Protection and Nuclear Safety  ARPANSA contributes to the health and safety of the community by protecting the Australian people and environment from the harmful effects of radiation (1.8). |
| Cancer Australia[[5]](#footnote-6) |
| Program 1.1: Improved Cancer Control   * Cancer Australia works with the Department of Health and Aged Care to implement cancer research for the Medical Research Future Fund (1.1). * Cancer Australia provides national leadership in cancer control and works with the Department of Health and Aged Care to improve the detection, treatment and survival outcomes for people with cancer (1.5). |
| Other Commonwealth entities that contribute to Outcome 1 |
| Department of Agriculture, Fisheries and Forestry (DAFF) |
| Program 2.1: Biosecurity and Export Services  DAFF contributes to the protection of:   * public health and safety through the regulation of imported food, primarily by operating a border inspection scheme whereby foods are referred for inspection (based on risk) to verify safety and compliance to Australia’s food standards (1.5). * the health and safety of the Australian community through implementation of activities under the *Biosecurity Act 2015*, such as the screening of travellers at international airports and seaports (1.8). |
| Department of Climate Change, Energy, the Environment and Water (DCCEEW) |
| Program 2.3: Accelerate the transition to a circular economy, while safely managing pollutants and hazardous substances  DCCEEW contributes to the protection of:   * the environment from the risks of industrial chemicals, and risks to human health related to exposure to industrial chemicals via the environment, by undertaking environmental risk assessments for the Australian Industrial Chemicals Introduction Scheme, and by providing advice, and receiving advice and recommendations, on risk management (1.8). * human health and safety and the environment from risks resulting from the use of gene technology by providing advice on risk assessment and risk management (1.8). |
| Department of Education |
| Program 1.2: Child Care Subsidy  The Department of Education contributes to increasing immunisation coverage rates by including childhood immunisation requirements as part of the eligibility criteria for the Child Care Subsidy. Eligibility for benefits is linked to satisfying the requirements for immunisation (1.9). |
| Department of Finance (Finance) |
| Program 2.9: Australian Government Investment Funds  Finance assists the Department of Health and Aged Care to implement the Medical Research Future Fund by managing the governance and legislative framework for the Fund (1.1). |
| Department of Foreign Affairs and Trade (DFAT) |
| Program 1.1: Foreign Affairs and Trade Operations  DFAT works with the Department of Health and Aged Care to promote regional and global strategic interests as they relate to health (1.1). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| Department of Home Affairs (Home Affairs) |
| Program 2.1: Migration  Program 2.2: Visas  Program 2.3: Refugee, Humanitarian Settlement and Migrant Services  Program 3.2: Border Management  Home Affairs facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma (1.2).  Through the effective management and delivery of the skilled and family migration programs and sustainable growth in temporary visa programs, Home Affairs supports a prosperous and inclusive society and advances Australia’s economic interests, ensuring visa programs include controls to minimise health risks or costs to the Australian community.  These programs include:   * Skilled migration visa programs, supplementing Australia’s skilled workforce including the health workforce (1.4). * Regional skilled visa programs, directing skilled migrants to regional Australia (1.4). * Visa Health requirements, ensuring visa applicants do not pose risks to public health and limited health resources (1.4). * Visa Health undertaking services which provides linkages for arriving migrants with communicable diseases to receive continuity of care support services from jurisdiction health clinics (1.8). * Health insurance visa condition, ensuring visa holders maintain adequate health insurance while in Australia (1.4). * Enforceable family sponsorship obligations, ensuring sponsors accept liability for any health costs incurred by visiting families in Australia (1.4). * Home Affairs contributes to the protection of human health, or the environment, by maintaining records on the importation of products containing industrial chemicals, and regulations for the import and export of controlled substances, e-cigarette or vaping products and unapproved medicines and medical devices at the border (1.8). * Home Affairs contributes to the protection of human health by maintaining records on the cases of active tuberculosis detected from offshore visa health screening process and providing annual reports to the National Tuberculosis Advisory Committee (1.8). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| Department of Industry, Science and Resources (DISR) |
| **Program 1.1: Growing innovative and competitive businesses, industries and regions**  **Program 1.2: Investing in science and technology**  DISR works with the Department of Health and Aged Care to implement programs and provide input to a range of health policies to improve the support and regulatory environment for innovation in the health sector (1.1).  DISR also works with the Department of Health and Aged Care to support manufacturers of medical products and the industry, in particular to establish and implement an onshore sovereign mRNA vaccine manufacturing capability. This includes working with the Department of Health and Aged Care to monitor and manage critical supply chain risks and supply chain disruptions in the health sector that require international and domestic industry considerations (1.1).  Through the National Measurement Institute, DISR conducts tobacco plain packaging compliance and enforcement (1.5).  Through the National Measurement Institute, DISR also contributes to ensuring compliance of Personal Protective Equipment (1.8).  DISR and the Australian Nuclear Science and Technology Organisation work with the Department of Health and Aged Care to ensure Australians have continued access to nuclear medicine products and services (1.7). |
| Department of Infrastructure, Transport, Regional Development, Communications and the Arts (Infrastructure) |
| Program 2.3: Road Safety  Infrastructure co-funds the Australia New Zealand Trauma Registry with the Department of Health and Aged Care to record cases of severe injury, including from road trauma, and improve the treatment and health outcomes of people with injuries (1.1). |
| Department of the Prime Minister and Cabinet (Office for Women) |
| Program 1.1: Prime Minister and Cabinet  The Office for Women is leading implementation of *Working for Women: A Strategy for Gender Equality*, which provides a framework for national gender equality approaches, including in relation to gender equity in healthcare access and outcomes (1.1, 1.2, 1.3, 1.4, 1.5, 1.6 and 1.8). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| Department of Social Services (DSS) |
| **Program 1.1: Support for Families**  **Program 2.1: Families and Communities**  **Program 3.1: Disability and Carers**  **Program 3.2: National Disability Insurance Scheme**  DSS contributes to:   * collaborating across government and with the disability community to lead the design and establishment of the National Disability Data Asset (1.1). * improving access to services and support for people with psychosocial disability through implementation of the National Disability Insurance Scheme (NDIS)(1.2). * improving access to services and support for people with mental illness to achieve and maintain sustainable participation in employment and/or vocational education (1.2). * improving the capacity of mainstream services within the health care sector to respond to, and include, people with disability and intersectional groups, increasing accessibility and use of mainstream services through the Information Linkages and Capacity Building – Mainstream Capacity Building program (1.4). * coordinating and reporting on action at all levels of government to improve the lives of people with disability through Australia’s Disability Strategy 2021**–**31 (ADS), in line with the Health and Wellbeing Outcome Area of ADS and other relevant Outcome Areas  (1.1 – 1.9). * supporting all Australian Government agencies to undertake further action under the cross-cutting disability outcome of the National Agreement on Closing the Gap, to focus on improved outcomes for First Nations people with disability (1.3). * improving the quality of Australia’s health workforce through targeted training on recognising and responding to clients impacted by family, domestic, and sexual violence. DSS fund domestic violence training (DV-alert) and accredited training for sexual violence responses, delivered by Monash University, targeted to health professionals, and other frontline workers (1.4). * improving access to services and support, including allied health services and Medicare Benefits Schedule items, for children, young people, and their families experiencing disadvantage or who are vulnerable to abuse and neglect. * Safe and Supported: The National Framework for Protecting Australia’s Children  2021**–**2031 (Safe and Supported) includes actions to improve early intervention and targeted support, drive service access improvements for children and young people in out-of-home care in order to ensure their lifetime wellbeing outcomes are on par with their peers, and strategies to support the future sustainability of the child and family sector workforce. Safe and Supported sets out Australia’s 10-year strategy to make significant and sustained progress in reducing the rates of child abuse and neglect and its intergenerational impacts * Safe and Supported and its Action Plans focus on priority groups that are experiencing disadvantage and/or vulnerability. Achieving safety and wellbeing outcomes for these children, young people and families will help Safe and Supported achieve its goal  (1.2 – 1.6). * increasing immunisation coverage rates, which protect the health and safety of the Australian community by administering the Family Tax Benefit (FTB) Part A to eligible parents. Eligibility for the maximum rate of FTB Part A is linked to satisfying the requirements of age-related immunisation (1.9). * encouraging better collaboration between programs and services to support the development and wellbeing of children to help them thrive across and between life stages, by leading the Early Childhood Targeted Action Plan to support Australia’s Disability Strategy 2021–31. The Targeted Action Plan includes an action to strengthen training and resources to primary health care providers to better enable early detection of disability or developmental concerns in young children and appropriate referral pathways, recognising the needs for priority population groups such as First Nations children, their parents, and carers (1.3, 1.4 and 1.6). * improving coordination and delivery of early childhood policies, programs and supports across government through the development of an Early Years Strategy (the Strategy) in collaboration with the Department of Health and Aged Care and other relevant agencies. The Strategy aims to deliver better health and wellbeing outcomes for children aged 0-5 years and their families (1.3 and 1.5). * establishing a National Early Childhood Program for children with disability or developmental concerns. This program delivers a range of disability-specific information, workshops and supported playgroups for young children aged zero to 8 years with disability or developmental concerns. This program assists in meeting the Closing the Gap Target 4, Aboriginal and Torres Strait Islander children thrive in their early years (1.3). * improving life outcomes for Autistic people through the development of the National Autism Strategy (DSS led) and the National Roadmap to Improve the Health and Mental Health of Autistic people in Australia (Department of Health and Aged Care led)  (1.2, 1.4 and 1.6). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| Department of the Treasury (Treasury) |
| Program 1.4: Commonwealth-State Financial Relations  Treasury provides financial assistance to state and territory governments as part of the Federal Financial Relations Framework.[[6]](#footnote-7)  Activities funded through funding agreements include:   * Hepatitis C Settlement Fund (1.1) * encouraging more clinical trials in Australia (1.1) * National Health Reform Agreement (1.1) * Additional assistance for public hospitals (1.1) * Community Health and Hospitals Program (1.1) * achieving better health outcomes (1.1) * Proton beam therapy facility (1.1) * Health Infrastructure projects (1.1) * multidisciplinary outreach care (1.1) * Health and Medical Research Centre for Launceston (1.1) * Expansion of the Flinders Medical Centre (1.1) * Bentley Hospital Surgicentre (1.1) * Adult mental health centres (1.2) * National Mental Health and Suicide Prevention Agreement – Bilateral schedules (1.2) * improving trachoma control services for Indigenous Australians (1.3) * addressing blood borne viruses and sexually transmissible infections in the Torres Strait (1.3) * Rheumatic Fever Strategy (1.3) * Northern Territory remote Aboriginal investment – health component (1.3) * Expansion of the John Flynn Prevocational Doctor Program (1.4) * Eliminating Cervical Cancer in Australia (1.5) * National Bowel Cancer Screening Program – participant follow-up function (1.5) * Lymphoedema garments and allied health therapy programs (1.5) * National Coronial Information System (1.5) * Comprehensive Cancer Centres (1.5) * Surge Capacity for BreastScreen Australia (1.5) * World-class Newborn Bloodspot Screening Program (1.5) * Expansion of colonoscopy triage services (1.5) * South Australia Genomics Lab (1.5) * Smoking and vaping cessation activities (1.5) * Comprehensive palliative care in aged care (1.6) * Hummingbird House (1.6) * Reducing stillbirths (1.6) * Supporting Palliative Care in Launceston (1.6) * Medicare Urgent Care Clinic (1.6) * Palliative Care Services Navigation Pilot (1.6) * Primary Care Pilots (1.6) * National Critical Care and Trauma Response Centre (1.8) * OzFoodNet (1.8) * Mosquito Control in the Torres Strait Protected Zone (1.8) * vaccine-preventable diseases surveillance (1.8) * management of Torres Strait/Papua New Guinea cross border health issues (1.8) * mosquito control in Tennant Creek (1.8) * access to HIV treatment (1.8) * essential vaccines (1.9). |
| Food Standards Australia New Zealand (FSANZ)[[7]](#footnote-8) |
| Program 1.1: Food Regulatory Activity and Services to the Minister and Parliament  FSANZ contributes to the protection of:   * public health and safety by developing food standards for implementation by the states and territories. FSANZ also coordinates national food surveillance and recall activities to minimise the risk of adverse health events from food (1.5) * human health from the risks of industrial chemicals related to food by providing and receiving advice (1.8). |
| Independent Health and Aged Care Pricing Authority (IHACPA)[[8]](#footnote-9) |
| Program 1.1: Development of Pricing Advice and Annual Determinations  IHACPA determines the National Efficient Price (NEP) for public hospital services as the basis for activity based funding and the National Efficient Cost for those public hospital services under block funding arrangements (1.1). The NEP determines the Commonwealth contribution to public hospital funding. |
| National Blood Authority[[9]](#footnote-10) |
| Program 1.1: National Blood Agreement Management  The National Blood Authority works to save and improve Australian lives through a world‑class blood supply that is safe, secure, affordable, and well‑managed (1.1). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| National Emergency Management Agency (NEMA) |
| Program 1.3: Australian Government Resilience, Preparedness and Disaster Risk Reduction Support  NEMA and Department of Health and Aged Care are working together to implement the National Disaster Mental Health and Wellbeing Framework, which articulates national principles for effective and coordinated mental health support and services for communities at risk of, and affected by, disasters (1.2). |
| National Health and Medical Research Council (NHMRC)[[10]](#footnote-11) |
| **Program 1.1: Health and Medical Research**  **Program 1.8: Health Protection**  NHMRC contributes to community health outcomes through its investment in high quality health and medical research, through guidance on ethical practice in health care and the conduct of research, and by administering research grant programs on behalf of the Department of Health and Aged Care, including the Medical Research Future Fund (1.1).  NHMRC contributes to the protection of human health through the translation of research into public policy, health systems and clinical practice through the development and/or endorsement of evidence-based health advice and public health, environmental health and clinical practice guidelines (1.8). |
| National Health Funding Body (NHFB)[[11]](#footnote-12) |
| Program 1.1: National Health Funding Pool Administration  The NHFB is responsible for the transparent and efficient administration of Commonwealth, state and territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by Treasury (1.1). |
| National Indigenous Australians Agency (NIAA) |
| Program 1.3: Safety and Wellbeing  The NIAA works closely with the Department of Health and Aged Care to ensure the effectiveness of Aboriginal and Torres Strait Islander health funding, and that mainstream policy, programs and services deliver benefits to First Nations people. NIAA also provides grants for health, wellbeing and resilience projects; substance use treatment and harm minimisation projects; and projects aimed at combatting petrol sniffing and the use of other volatile substances (1.2 and 1.3). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| National Mental Health Commission (NMHC)[[12]](#footnote-13) |
| Program 1.1: National Mental Health Commission  The NMHC supports accountability and transparency and monitors the impact of all governments’ policies and investments in the mental health and suicide prevention systems (1.2). |
| Organ and Tissue Authority (OTA)[[13]](#footnote-14) |
| Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation  The OTA works to maximise organ and tissue donation for transplantation by increasing the capacity within the health system, and raising community awareness and stakeholder engagement in support of donation (1.1). |
| Safe Work Australia (SWA) | |
| Program 1.1: Reform of and Improvements to Australian Work Health and Safety and Workers’ Compensation Arrangements  SWA contributes to the protection of human health from the risks of industrial chemicals related to the health of workers by providing advice, and receiving advice and recommendations (1.8). | |

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| Other Commonwealth entities that contribute to Outcome 1 |
| Services Australia |
| Program 1.2: Customer Service Delivery  Program 1.3: Technology and Transformation  Services Australia contributes to:   * ensuring that Australia’s health system is better equipped to meet current and future health needs by administering the Australian Organ Donor Register (1.1). * increasing immunisation coverage rates, protecting the health and safety of the Australian community by administering the Australian Immunisation Register on behalf of the Department of Health and Aged Care (1.9).   Services Australia administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health and Aged Care:   * Indigenous access to the Pharmaceutical Benefits Scheme (1.3) * Workforce Incentive Program (1.4) * Rural Procedural Grants Program (1.4) * Scaling of Rural Workforce Program (1.4) * Practice Incentive Program payments to general practices, general practitioners and Indigenous health services (1.7) * Medical indemnity activities, including indemnity for eligible midwives (1.7) * COVID-19 Vaccine Claims Scheme (1.7). |

##### Budgeted expenses for Outcome 1

This table shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by Administered and Departmental funding sources.

**Table 2.1.1: Budgeted expenses for Outcome 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2023–24 Estimated actual $'000** | | **2024–25 Budget  $'000** | | | **2025–26 Forward estimate $'000** | | **2026–27 Forward estimate $'000** | | **2027–28 Forward estimate $'000** |
| **Program 1.1: Health Research, Coordination and Access (a)** | | | |
| Administered expenses |  | |  | | |  | |  | |  |
| Ordinary annual services (b) | 216,897 | | 160,337 | | | 125,235 | | 118,239 | | 107,794 |
| to Services for Other Entities and Trust Moneys Special Account | (10,931) | | (11,478) | | | (12,052) | | (12,655) | | (13,288) |
| Special accounts |  | |  | | |  | |  | |  |
| Biomedical Translation Fund | 7,501 | | - | | | - | | - | | - |
| Services for Other Entities and Trust Moneys Special Account | 10,931 | | 11,478 | | | 12,052 | | 12,655 | | 13,288 |
| Medical Research Future Fund | 650,000 | | 650,000 | | | 650,000 | | 650,000 | | 650,000 |
| Special appropriations |  | |  | | |  | |  | |  |
| *National Health Act 1953* - blood fractionation products and blood related products to National Blood Authority | 1,067,215 | | 1,140,796 | | | 1,218,600 | | 1,272,065 | | 1,328,630 |
| *Public Governance, Performance and Accountability Act 2013* s77 - repayments | 2,000 | | 2,000 | | | 2,000 | | 2,000 | | 2,000 |
| Payments to corporate entities | 322,306 | | 341,233 | | | 148,623 | | 144,440 | | 132,268 |
| **Total for Program 1.1** | **2,265,919** | | **2,294,366** | | | **2,144,458** | | **2,186,744** | | **2,220,692** |
| **Program 1.2: Mental Health (a)** |  | |  | | |  | |  | |  |
| Administered expenses |  | |  | | |  | |  | |  |
| Ordinary annual services (b) | 1,543,607 | | 1,548,265 | | | 1,290,932 | | 1,266,442 | | 1,321,340 |
| **Total for Program 1.2** | **1,543,607** | | **1,548,265** | | | **1,290,932** | | **1,266,442** | | **1,321,340** |
| **Program 1.3: First Nations Health (a)** |  |  | | |  | |  | |
| Administered expenses |  | |  | | |  | |  | |  |
| Ordinary annual services (b) | 1,216,503 | | 1,279,382 | | | 1,257,655 | | 1,235,964 | | 1,208,271 |
| **Total for Program 1.3** | **1,216,503** | | **1,279,382** | | | **1,257,655** | | **1,235,964** | | **1,208,271** |

**Table 2.1.1: Budgeted expenses for Outcome 1 (continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2023–24 Estimated actual $'000** | | **2024–25 Budget  $'000** | | | | **2025–26 Forward estimate $'000** | | | | **2026–27 Forward estimate $'000** | | | **2027–28 Forward estimate $'000** |
| **Program 1.4: Health Workforce (a)** |  |  | | | |  | | | |  | | |
| Administered expenses |  | |  | | | |  | | | |  | | |  |
| Ordinary annual services (b) | 1,804,933 | | 1,925,843 | | | | 1,845,948 | | | | 1,826,253 | | | 1,682,587 |
| **Total for Program 1.4** | **1,804,933** | | **1,925,843** | | | | **1,845,948** | | | | **1,826,253** | | | **1,682,587** |
| **Program 1.5: Preventive Health and Chronic Disease Support (a)** | | | | |  | | | |  | | |
| Administered expenses |  | |  | | | |  | | | |  | | |  |
| Ordinary annual services (b) | 618,012 | | 706,172 | | | | 700,896 | | | | 638,693 | | | 540,709 |
| **Total for Program 1.5** | **618,012** | | **706,172** | | | | **700,896** | | | | **638,693** | | | **540,709** |
| **Program 1.6: Primary Health Care Quality and Coordination (a)** | | | |
| Administered expenses |  | |  | | | |  | | | |  | | |  |
| Ordinary annual services (b) | 702,035 | | 725,873 | | | | 646,823 | | | | 511,586 | | | 520,090 |
| **Total for Program 1.6** | **702,035** | | **725,873** | | | | **646,823** | | | | **511,586** | | | **520,090** |
| **Program 1.7: Primary Care Practice Incentives and Medical Indemnity** | | | | | | | |
| Administered expenses |  | |  | | | |  | | | |  | | |  |
| Ordinary annual services (b) | 480,077 | | 509,235 | | | | 472,543 | | | | 492,630 | | | 502,966 |
| Special appropriations |  | |  | | | |  | | | |  | | |  |
| *Medical Indemnity Act 2002* | 134,964 | | 142,664 | | | | 151,064 | | | | 160,164 | | | 169,764 |
| *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010* | 4,186 | | 5,323 | | | | 9,689 | | | | 11,289 | | | 13,181 |
| **Total for Program 1.7** | **619,227** | | **657,222** | | | | **633,296** | | | | **664,083** | | | **685,911** |

**Table 2.1.1: Budgeted expenses for Outcome 1 (continued)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2023–24 Estimated actual $'000** | **2024–25 Budget  $'000** | **2025–26 Forward estimate $'000** | | **2026–27 Forward estimate $'000** | **2027–28 Forward estimate $'000** |
| **Program 1.8: Health Protection, Emergency Response and Regulation (a)** | | | |
| Administered expenses |  |  |  | |  |  |
| Ordinary annual services (b) | 2,634,319 | 728,614 | 730,558 | | 536,072 | 541,718 |
| Non cash expenses (c) | 273,584 | 338,791 | 16,529 | | 16,529 | 16,529 |
| **Total for Program 1.8** | **2,907,903** | **1,067,405** | **747,087** | | **552,601** | **558,247** |
| **Program 1.9: Immunisation (a)** |  |  |  | |  |  |
| Administered expenses |  |  |  | |  |  |
| Ordinary annual services (b) | 30,030 | 31,007 | 30,072 | | 29,962 | 30,697 |
| to Australian Immunisation Register Special Account | (7,133) | (7,133) | (7,133) | | (7,133) | (7,133) |
| Special accounts |  |  |  | |  |  |
| Australian Immunisation Register Special Account - s78 PGPA Act | 9,819 | 9,819 | 9,819 | | 9,819 | 9,819 |
| Expense adjustment (d) | - | - | - | | - | - |
| Special appropriations |  |  |  | |  |  |
| *National Health Act 1953*  - essential vaccines | 733,797 | 627,446 | 578,280 | | 573,437 | 520,041 |
| **Total for Program 1.9** | **766,513** | **661,139** | **611,038** | | **606,085** | **553,424** |

**Table 2.1.1: Budgeted expenses for Outcome 1 (continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2023–24 Estimated actual $'000** | **2024–25 Budget  $'000** | **2025–26 Forward estimate $'000** | **2026–27 Forward estimate $'000** | **2027–28 Forward estimate $'000** |
| **Outcome 1 totals by appropriation type** |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 9,246,413 | 7,614,728 | 7,100,662 | 6,655,841 | 6,456,172 |
| to Special accounts | (18,064) | (18,611) | (19,185) | (19,788) | (20,421) |
| Special appropriations | 1,942,162 | 1,918,229 | 1,959,633 | 2,018,955 | 2,033,616 |
| Special accounts | 670,750 | 671,297 | 671,871 | 672,474 | 673,107 |
| Non cash expenses (c) | 273,584 | 338,791 | 16,529 | 16,529 | 16,529 |
| Payments to corporate entities | 322,306 | 341,233 | 148,623 | 144,440 | 132,268 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (e) | 499,489 | 517,075 | 401,719 | 356,590 | 331,814 |
| to Special accounts | 81,475 | 9,758 | 7,870 | 7,945 | 8,033 |
| Expenses not requiring appropriation in the Budget year (f) | 14,915 | 25,871 | 21,883 | 21,502 | 21,502 |
| Special accounts |  |  |  |  |  |
| AICIS (g) | 20,724 | 21,716 | 21,696 | 22,227 | 24,727 |
| OGTR (h) | 11,233 | 8,095 | 8,009 | 8,084 | 8,172 |
| TGA (i) | 241,829 | 263,083 | 241,227 | 243,532 | 222,789 |
| Expense adjustment (f) | (11,225) | (1,930) | 370 | 370 | 3,042 |
| **Total expenses for Outcome 1** | **13,295,591** | **11,709,336** | **10,580,907** | **10,148,701** | **9,911,350** |
|  |  |  |  |  |  |
|  | **2023–24** | **2024–25** |  |  |  |
| **Average staffing level (number)** | 3,392 | 3,479 |  |  |  |

Table has been prepared inclusive of 2023-24 Additional Estimates figures.

(a) Budget estimates for this program exclude National Partnership payments to state and territory governments by Treasury as part of the Federal Financial Relations framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, please refer to Budget Paper 3 or Program 1.9 of Treasury's Portfolio Budget Statements.

(b) Appropriation Bill (No. 1) 2024–25.

(c) 'Non cash expenses' relate to the write down of drug stockpile inventory due to expiration, consumption and distribution.

(d) Special accounts are reported on a cash basis. This adjustment reflects the differences between expense and cash.

(e) Departmental appropriation combines 'Ordinary annual services Appropriation Bill (No. 1)' and 'Revenue from independent sources (s74)'.

(f) Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.

(g) Industrial Chemicals Special Account.

(h) Office of the Gene Technology Regulator (OGTR) Special Account.

(i) Therapeutic Goods Administration (TGA) Special Account.

#### Performance measures for Outcome 1

Tables 2.1.2 – 2.1.10 details the performance measures for each program associated with Outcome 1. It is used by entities to describe the results they plan to achieve and the related key activities, as detailed in the current corporate plan, the context in which these activities are delivered, and how the performance of these activities will be measured. Where relevant, details of the 2024–25 Budget measures that have created new programs or materially changed existing programs are provided.

### Table 2.1.2: Performance measures for Program 1.1

|  |  |  |
| --- | --- | --- |
| **Outcome 1: Health Policy, Access and Support**  Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community. | | |
| **Program 1.1: Health Research, Coordination and Access**  Collaborate with state and territory governments, the broader healthcare sector and engage internationally to improve access to high-quality, comprehensive and coordinated health care to support better health outcomes for all Australians through nationally consistent approaches, sustainable public hospital funding, digital health, supporting health infrastructure, international standards and best practice, and improve the health and wellbeing of Australians through health and medical research. | | |
| **Key Activities** | Fund health and medical research through the Medical Research Future Fund (MRFF) that addresses the health priorities of all Australians. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.1A –** Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation. | 1. Disbursed 99.4% of the available budget for the MRFF in 2023–24 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan. 2. Supported 95 new clinical trials. 3. Provided funding for 21 new projects to develop and commercialise health technologies, treatments, drugs and devices. 4. Provided funding for 15 new grants with a First Nations health focus. 5. Awarded funding to 5 unique First Nations lead researchers (Chief Investigators A) across 5 grants. 6. Awarded funding to 55 unique First Nations research team members (Chief Investigators) across 23 grants. 7. Awarded funding to 1,683 unique research team members (Chief Investigators). 8. Provided funding for 130 grants with 3 or more participating institutions and 33 grants with 10 or more participating institutions. 9. Confirmed the eligibility of 53 new organisations to receive MRFF funding, consistent with the MRFF Act. |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | **1.1A –** MRFF funds are disbursed towards grants of financial assistance to support research that addresses the *Australian Medical Research and Innovation Priorities*. | 1. Disburse at least 99% of MRFF funds available in 2024–25 towards grants of financial assistance 2. 100% of grants awarded in 2024–25 address one or more of the *Australian Medical Research and Innovation Priorities* in force at the time. |
| Forward Estimates 2025–28 | As per 2024–25 | For 2025–26:   1. Disburse at least 99% of MRFF funds available in 2025–26 towards grants of financial assistance 2. 100% of grants awarded in 2025–26 address one or more of the *Australian Medical Research and Innovation Priorities* in force at the time.   For 2026–27:   1. Disburse at least 99% of MRFF funds available in 2026–27 towards grants of financial assistance 2. 100% of grants awarded in 2026–27 address one or more of the *Australian Medical Research and Innovation Priorities* in force at the time.   For 2027–28:   1. Disburse at least 99% of MRFF funds available in 2027–28 towards grants of financial assistance 2. 100% of grants awarded in 2027–28 address one or more of the *Australian Medical Research and Innovation Priorities* in force at the time. |
| Material changes to Program 1.1 resulting from 2024–25 Budget Measures: Nil | | |

### Table 2.1.3: Performance measures for Program 1.2

|  |  |  |
| --- | --- | --- |
| **Program 1.2: Mental Health**  Improve the mental health and wellbeing of all Australians, including a focus on suicide prevention. | | |
| **Key Activities** | Increasing access to PHN-commissioned services. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.2A –** PHN-commissioned mental health services used per 100,000 population. | It is expected that the 2023–24  target will be achieved (annual increase on 2022–23 numbers). |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | Annual increase on 2023–24 numbers. |
| Forward Estimates 2025–28 | As per 2024–25 | * 2025–26:  Annual increase on 2024–25 numbers. * 2026–27:  Annual increase on 2025–26 numbers. * 2027–28:  Annual increase on 2026–27 numbers. |

|  |  |  |
| --- | --- | --- |
| **Program 1.2: Mental Health** | | |
| **Key Activities** | Increasing the number of people accessing Medicare mental health services. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.2B –** Medicare mental health services used per 100,000 population. | It is expected that the 2023–24  target will be achieved (annual increase on 2022–23 numbers). |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | Annual increase on 2023–24 numbers. |
| Forward Estimates 2025–28 | As per 2024–25 | * 2025–26:  Annual increase on 2024–25 numbers. * 2026–27:  Annual increase on 2025–26 numbers. * 2027–28:  Annual increase on 2026–27 numbers. |

|  |  |  |
| --- | --- | --- |
| **Program 1.2: Mental Health** | | |
| **Key Activities** | Enhancing the capacity of headspace youth services. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.2C** **–** Number of headspace services delivered per 100,000 population of  12 to 25 year olds. | It is expected that the 2023–24 target will be achieved (annual increase on 2022–23 numbers). |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | Annual increase on 2023–24 numbers. |
| Forward Estimates 2025–28 | As per 2024–25 | * 2025–26:  Annual increase on 2024–25 numbers. * 2026–27:  Annual increase on 2025–26 numbers. * 2027–28:  Annual increase on 2026–27 numbers. |
| Material changes to Program 1.2 resulting from 2024–25 Budget Measures: Nil | | |

### Table 2.1.4: Performance measures for Program 1.3

|  |  |  |
| --- | --- | --- |
| **Program 1.3: First Nations Health**  Drive improved health outcomes for First Nations peoples through shared decision-making and genuine partnerships with First Nations health organisations and communities, in alignment with the priorities of the National Agreement on Closing the Gap (National Agreement) and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031. | | |
| **Key Activities** | In line with the Priority Reforms of the National Agreement, supporting the Aboriginal and Torres Strait Islander community-controlled health sector to deliver health programs and activities to contribute to achieving Target 1 (life expectancy) and Target 2 (healthy birthweight) of the National Agreement. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.3A –** Increase the percentage of annual Indigenous Australians’ Health Programme (IAHP) funding directed to Aboriginal and Torres Strait Islander Community Controlled Organisations. | Data not yet available[[14]](#footnote-15) |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | 72% |
| Forward Estimates 2025–28 | As per 2024–25 | Increase the target by 2% points each year:   * 74% in 2025–26 * 76% in 2026–27 * 78% in 2027–28 |
| Material changes to Program 1.3 resulting from 2024–25 Budget Measures: Nil | | |

### Table 2.1.5: Performance measures for Program 1.4

|  |  |  |  |
| --- | --- | --- | --- |
| **Program 1.4: Health Workforce**  Ensure Australia has the workforce necessary to improve the health and wellbeing of all Australians. Improve the quality, distribution and planning of the Australian health workforce to better meet the needs of the community and deliver a sustainable, well distributed health workforce. | | | |
| **Key Activities** | * Implementing workforce programs to improve the health and wellbeing of all Australians. * Supporting distribution of the health workforce across Australia, including in primary care, aged care and regional, rural and remote areas, through training programs, scholarships, incentive programs, and trials of innovative models of care and employment approaches. * Improving distribution of the health workforce through improved incentives for primary care doctors, nurses and allied health professionals including through reforms to the Workforce Incentive Program. | | |
| **Year** | **Performance Measure** | **Expected Performance Results** | |
| Current Year 2023–24 | **1.4A –** Effective investment in workforce programs will improve health workforce distribution in Australia.[[15]](#footnote-16)   1. Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population.[[16]](#footnote-17) 2. FTE non-general practice medical specialists per 100,000 population.[[17]](#footnote-18) 3. FTE primary and community nurses per 100,000 population.[[18]](#footnote-19) 4. FTE primary and community allied health practitioners per 100,000 population.[[19]](#footnote-20) 5. Proportion of GP training undertaken in areas outside major cities.[[20]](#footnote-21) | **MM1[[21]](#footnote-22)** | **MM2–7** |
| 1. 116.6 2. 199.7 3. 233.0 4. 480.6 5. N/A | 1. 104.9 2. 97.9 3. 267.5 4. 403.6 5. 53.6% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Performance Measure** | **Planned Performance Results** | |
| Budget Year 2024–25 | As per 2023–24 | **MM1** | **MM2–7** |
| 1. 115.6 2. 196.6 3. 191.5 4. 445.9 5. N/A | 1. 110.6 2. 100.6 3. 232.8 4. 421.5 5. >50% |
| Forward Estimates 2025–28 | As per 2024–25 | Gradual increase on the previous years’ data for measure parts a-d for MM1 and MM2–7.  Maintain >50% in measure part e. for MM2–7. | |
| Material changes to Program 1.4 resulting from 2024–25 Budget Measures: Nil | | | |

### Table 2.1.6: Performance measures for Program 1.5

|  |  |  |
| --- | --- | --- |
| **Program 1.5 Preventive Health and Chronic Disease Support**  Support the people of Australia to live longer in full health and wellbeing through reducing the rates of harmful alcohol consumption, illicit drug use, and tobacco and e-cigarettes use, and increasing healthy eating patterns, levels of physical activity and cancer screening participation. | | |
| **Key Activities** | Working with Commonwealth entities, states, territories and other relevant agencies to support a collaborative approach to policy frameworks, as well as prevention and reduction of harm to individuals, families, and communities from alcohol, tobacco, e-cigarette and other drugs through:   * implementing activities that align with the objectives of the National Drug Strategy 2017–2026 and its sub-strategies, including the National Alcohol Strategy 2019–2028 and the National Tobacco Strategy 2023–2030. This includes delivering health promotion and education activities to support smoking and nicotine cessation and prevention, to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and the risks of drinking alcohol while pregnant and breastfeeding * investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks * supporting expansion of tobacco and e-cigarette control program activities through investment in tobacco and e-cigarette control research and evaluation. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.5A** **–** Improve overall health and wellbeing of Australians by achieving preventive health targets.   1. Percentage of adults who are daily smokers. 2. Percentage of population who drink alcohol in ways that put them at risk of alcohol related disease or injury:    1. reduction in harmful alcohol consumption by 2030    2. reduction of young people (14 to 17 year olds) consuming alcohol by 2030    3. reduction of pregnant women aged 14 to 49 years consuming alcohol whilst pregnant by 2030. 3. Percentage of population who have used an illicit drug in the last 12 months. | 1. Progressive decrease of daily smoking prevalence  towards <10%. 2. No significant changes in the percentage of population who drank alcohol in ways that put  them at risk of alcohol-related disease or injury: 3. 30.7% - no significant change from baseline. 4. 31.0% - no significant change from baseline. 5. 28.3% - no significant change from baseline.    * 1. 17.9% - significant increase from baseline. |

|  |  |  |
| --- | --- | --- |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | **1.5A** **–** Improve overall health and wellbeing of Australians by achieving preventive health targets.   1. As per 2023–24 2. Percentage of population who drink alcohol in ways that put them at risk of alcohol related disease or injury. 3. As per 2023–24 | 1. Progressive decrease of daily smoking prevalence towards <10%. 2. Progressive decrease of harmful alcohol consumption towards <28.8%. 3. Progressive decrease of recent illicit drug use towards <13.94%. |
| Forward Estimates 2025–28 | As per 2024–25 | 1. Progressive decrease of daily smoking prevalence towards <5%. 2. Progressive decrease of harmful alcohol consumption towards <27.2%. 3. Progressive decrease of recent illicit drug use towards <13.94%. |

|  |  |  |
| --- | --- | --- |
| **Program 1.5 Preventive Health and Chronic Disease Support** | | |
| **Key Activities** | Improving early detection, treatment, and survival outcomes for people with cancer by increasing participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030 and the National Strategy for the Elimination of Cervical Cancer in Australia. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.5B –** Increase the level of cancer screening participation   1. National Bowel Cancer Screening Program. 2. National Cervical Screening Program. 3. BreastScreen Australia Program*.* | 1. Data not yet available[[22]](#footnote-23) 2. Data not yet available[[23]](#footnote-24) 3. Data not yet available[[24]](#footnote-25) |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | 1. Progressive increase towards 53.0%. 2. Progressive increase towards 70.0%. 3. Progressive increase towards 65.0%. |
| Forward Estimates 2025–28 | As per 2024–25 | As per 2024–25 |
| Material changes to Program 1.5 resulting from 2024–25 Budget Measures: Nil | | |

### Table 2.1.7: Performance measures for Program 1.6

|  |  |  |
| --- | --- | --- |
| **Program 1.6: Primary Health Care Quality and Coordination**  Strengthen primary health care by delivering funding to frontline primary health care services and improving the access, delivery, quality and coordination of those services. This will help improve health outcomes for patients, particularly people with chronic and/or mental health conditions, and assist in reducing unnecessary hospital visits and admissions. | | |
| **Key Activities** | Supporting Primary Health Networks to increase the efficiency, effectiveness, accessibility, and quality of primary health care services, particularly for people at risk of poorer health outcomes, and to improve multidisciplinary care, care coordination and integration. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.6A –** The number of Primary Health Network regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare longitudinal data. | 27 |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | 28 |
| Forward Estimates 2025–28 | As per 2024–25 | * The number of Primary Health Network regions increase by one each year: * 29 in 2025–26 * 30 in 2026–27 * 31 in 2027–28 |
| Material changes to Program 1.6 resulting from 2024–25 Budget Measures: Nil | | |

### Table 2.1.8: Performance measures for Program 1.7

|  |  |  |
| --- | --- | --- |
| **Program 1.7: Primary Care Practice Incentives and Medical Indemnity**  Provide incentive payments to eligible general practices and general practitioners through the Practice Incentives Program (PIP) to support continuing improvements, increase quality of care, enhance capacity and improve access and health outcomes for patients. Promote the ongoing stability, affordability and availability of medical indemnity insurance to enable stable fees for patients and allow the health workforce to focus on delivering high-quality services. | | |
| **Key Activities** | Providing Practice Incentive Program payments to eligible general practices for participation in the Quality Improvement Incentive. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.7A –** Maintain Australia’s access to quality general practitioner care through the percentage of accredited general practices submitting PIP Quality Improvement Incentive data to their Primary Health Network. | ≥94.0% |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24[[25]](#footnote-26) | ≥95.0% |
| Forward Estimates 2025–28 | As per 2024–25[[26]](#footnote-27) | As per 2024–25 |

|  |  |  |
| --- | --- | --- |
| Program 1.7: Primary Care Practice Incentives and Medical Indemnity | | |
| **Key Activities** | Requiring medical indemnity insurers to only refuse to provide cover or apply a risk surcharge on insurance premiums under limited circumstances as set out under section 52A of the *Medical Indemnity Act 2002.* | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.7B –** Percentage of medical professionals who can access medical indemnity insurance without the application of a risk surcharge or a refusal of medical indemnity insurance cover. | Data not yet available[[27]](#footnote-28) |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | 95.0% |
| Forward Estimates 2025–28 | As per 2024–25 | As per 2024–25 |
| Material changes to Program 1.7 resulting from 2024–25 Budget Measures: Nil | | |

### Table 2.1.9: Performance measures for Program 1.8

|  |  |  |
| --- | --- | --- |
| Program 1.8 Health Protection, Emergency Response and RegulationProtect the health of the Australian community through national leadership and capacity building to detect, prevent and respond to threats to public health and safety, including those arising from communicable diseases, natural disasters, acts of terrorism and other incidents that may lead to mass casualties. Protect human health and the environment through regulatory oversight of therapeutic goods, controlled drugs, genetically modified organisms, and industrial chemicals. | | |
| **Key Activities** | Regulating therapeutic goods, to ensure safety, efficacy, performance and quality. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.8A –** Percentage of therapeutic goods evaluations that meet statutory timeframes. | 100% |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | 100% |
| Forward Estimates 2025–28 | As per 2024–25 | As per 2024–25 |

|  |  |  |
| --- | --- | --- |
| Program 1.8 Health Protection, Emergency Response and Regulation | | |
| **Key Activities** | Regulating through compliance and monitoring and providing advice on the import, export, cultivation, production, and manufacture of controlled drugs, including medicinal cannabis, to support Australia’s obligations under the International Drug Conventions. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.8B –** Number of completed inspections of licence holders under the *Narcotic Drugs Act 196*7. | 27 |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | 30 |
| Forward Estimates 2025–28 | As per 2024–25 | The number of completed inspections increase each year:   * + - 32 in 2025–26     - 35 in 2026–27     - 36 in 2027–28 |

|  |  |  |
| --- | --- | --- |
| Program 1.8 Health Protection, Emergency Response and Regulation | | |
| **Key Activities** | Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with genetically modified organisms (GMOs). | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.8C** **–** Performance Measure:   1. Percentage of GMO licence decisions made within statutory timeframes. 2. Percentage of reported non-compliance with the conditions of GMO approvals assessed. | 1. 100% 2. 100% |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | **1.8C –** Performance Measure:   1. Percentage of statutory timeframes met for decisions on applications 2. As per 2023–24 | 1. ≥98% 2. ≥98% |
| Forward Estimates 2025–28 | 1. As per 2024–25 2. As per 2024–25 | 1. As per 2024–25 2. As per 2024–25 |

|  |  |  |
| --- | --- | --- |
| Program 1.8 Health Protection, Emergency Response and Regulation | | |
| **Key Activities** | Completing industrial chemical risk assessments within statutory timeframes under the Australian Industrial Chemicals Introduction Scheme, to provide timely information and recommendations about the safe use of industrial chemicals. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.8D –** Industrial chemical risk assessments completed within statutory timeframes. | ≥98% |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | ≥95% |
| Forward Estimates 2025–28 | As per 2024–25 | As per 2024–25 |
| Material changes to Program 1.8 resulting from 2024–25 Budget Measures: Nil | | |

### Table 2.1.10: Performance measures for Program 1.9

|  |  |  |
| --- | --- | --- |
| Program 1.9: ImmunisationReduce the incidence of vaccine preventable diseases to protect individuals and increase national immunisation coverage rates to protect the Australian community. | | |
| **Key Activities** | Developing, implementing and evaluating strategies to improve immunisation coverage of vaccines covered by the National Immunisation Program (NIP), including through ensuring sufficient supply and efficient use of vaccines on the NIP. | |
| **Year** | **Performance Measure** | **Expected Performance Results** |
| Current Year 2023–24 | **1.9A –** Immunisation coverage rates:   1. For children at 5 years of age are increased and maintained at the protective rate of 95%. 2. For First Nations children 12 to 15 months of age are increased to close the gap and then maintained. 3. For 15 year olds, HPV vaccinations are increased with a target of 90% coverage by 2030. | 1. Data not yet available[[28]](#footnote-29) 2. Data not yet available[[29]](#footnote-30) 3. Data not yet available[[30]](#footnote-31) |
| **Year** | **Performance Measure** | **Planned Performance Results** |
| Budget Year 2024–25 | As per 2023–24 | ≥95.00%   1. ≥95.00% 2. ≥90.00% |
| Forward Estimates 2025–28 | As per 2024–25 | As per 2024–25 |
| Material changes to Program 1.9 resulting from 2024–25 Budget Measures: Nil | | |

1. Refer to the ACSQHC chapter in these Portfolio Budget Statements (PB Statements) for further information on the work of this entity. [↑](#footnote-ref-2)
2. Refer to the Digital Health chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-3)
3. Refer to the AIHW chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-4)
4. Refer to the ARPANSA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-5)
5. Refer to the Cancer Australia chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-6)
6. For Budget estimates relating to these programs, refer to Budget Paper No. 3. [↑](#footnote-ref-7)
7. Refer to the FSANZ chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-8)
8. Refer to the IHACPA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-9)
9. Refer to the National Blood Authority chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-10)
10. Refer to the NHMRC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-11)
11. Refer to the NHFB chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-12)
12. Refer to the NMHC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-13)
13. Refer to the OTA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-14)
14. Expected performance result not yet available. Final results will be published in the Department of Health and Aged Care Annual Report 2023–24. [↑](#footnote-ref-15)
15. Source: Health and Aged Care Portfolio Budget Statements 2023–24, p.65. [↑](#footnote-ref-16)
16. Medical Benefits Scheme claims data (based on date of service). [↑](#footnote-ref-17)
17. National Health Workforce Datasets (NHWDS), Medical Practitioners. [↑](#footnote-ref-18)
18. NHWDS, Nurses and Midwives. [↑](#footnote-ref-19)
19. NHWDS, Allied Health [↑](#footnote-ref-20)
20. Australian General Practice Training Program data and Rural Vocational Training Scheme data. [↑](#footnote-ref-21)
21. Geography: Cities (MM1) and rural (MM2–7) based on Modified Monash Model 2019. [↑](#footnote-ref-22)
22. Due to the time between an invitation being sent, test results and collection of data from the Register, participation rates for January 2023 to December 2024 are not yet available. These results are expected to be available in June 2026. [↑](#footnote-ref-23)
23. The National Cervical Screening Program was renewed on 1 December 2017, when it changed from 2 yearly pap testing to a 5 yearly human papillomavirus (HPV) test. Five years of program datasets are required in order to fully assess participation under the renewed program. Participation rates for the 5 year period 2020–24 will not be available until 2025. [↑](#footnote-ref-24)
24. Data not available due to the time between data collected by state and territory BreastScreen registers   
    (which includes assurance processes for data quality) and the time it is provided to AIHW for calculating the national BreastScreen Australia participation rate (which includes data cleansing and assurance processes). Participation rates for January 2021–December 2022 are expected to be available in October 2024. The results will be available at: Cancer screening Overview - Australian Institute of Health and Welfare (www.aihw.gov.au/reports-data/healthwelfare-services/cancer-screening/overview). [↑](#footnote-ref-25)
25. Pending final recommendations of the Effectiveness Review of General Practice Incentives (due in the first half of 2024–25). The outcomes of the review will inform the future of PIP QI. [↑](#footnote-ref-26)
26. Ibid. [↑](#footnote-ref-27)
27. Expected performance result not yet available. Final results will be published in the Department of Health and Aged Care Annual Report 2023–24. [↑](#footnote-ref-28)
28. Data is not yet available from Services Australia. Results will be published in the Department of Health and Aged Care Annual Report 2023–24. [↑](#footnote-ref-29)
29. Ibid. [↑](#footnote-ref-30)
30. Ibid. [↑](#footnote-ref-31)