

## 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.

**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-2024-25](http://www.health.gov.au/resources/publications/corporate-plan-2024-25)

The most recent Annual Performance Statements can be found at:  
[www.health.gov.au/resources/publications/department-of-health-and-aged-care-annual-report-2023-24](http://www.health.gov.au/resources/publications/department-of-health-and-aged-care-annual-report-2023-24)



## 2.1 Budgeted expenses and performance for Outcome 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.

### **Programs Contributing to Outcome 1**

**Program 1.1: Health Research, Coordination and Access**

**Program 1.2: Mental Health and Suicide Prevention**

**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**

<b>Other Commonwealth entities that contribute to Outcome 1</b>
<b>Australian Commission on Safety and Quality in Health Care (ACSQHC)<sup>1</sup></b>
<b>Program 1.1: Safety and Quality in Health Care</b> 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).
<b>Australian Competition and Consumer Commission (ACCC)</b>
<b>Program 1.1: Australian Competition and Consumer Commission</b> 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).
<b>Australian Digital Health Agency (the Agency)<sup>2</sup></b>
<b>Program 1.1: Digital Health</b> Digital Health manages and governs the national digital health strategy and the design, delivery and operations of My Health Record (1.1).
<b>Australian Institute of Health and Welfare (AIHW)<sup>3</sup></b>
<b>Program 1.1: Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community</b> The AIHW provides high quality national health-related data and analysis (1.1).
<b>Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)<sup>4</sup></b>
<b>Program 1.1: Radiation Protection and Nuclear Safety</b> ARPANSA contributes to the health and safety of the community by protecting the Australian people and environment from the harmful effects of radiation through radiation protection and nuclear safety research, policy, advice, codes, standards, services and regulation (1.8).
<b>Cancer Australia<sup>5</sup></b>
<b>Program 1.1: Improved Cancer Control</b> <ul style="list-style-type: none"> <li>– Cancer Australia works with the Department of Health and Aged Care to implement cancer research for the Medical Research Future Fund (1.1).</li> <li>– 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).</li> </ul>

<sup>1</sup> Refer to the ACSQHC chapter in these Portfolio Budget Statements (PB Statements) for further information on the work of this entity.

<sup>2</sup> Refer to the Digital Health chapter in these PB Statements for further information on the work of this entity.

<sup>3</sup> Refer to the AIHW chapter in these PB Statements for further information on the work of this entity.

<sup>4</sup> Refer to the ARPANSA chapter in these PB Statements for further information on the work of this entity.

<sup>5</sup> Refer to the Cancer Australia chapter in these PB Statements for further information on the work of this entity.

<b>Other Commonwealth entities that contribute to Outcome 1</b>
<b>Department of Agriculture, Fisheries and Forestry (DAFF)</b>
<p><b>Program 2.1: Biosecurity and Export Services</b></p> <p>DAFF contributes to the protection of:</p> <ul style="list-style-type: none"> <li>- 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).</li> <li>- the health and safety of the Australian community through implementation of activities under the <i>Biosecurity Act 2015</i>, such as the screening of travellers at international airports and seaports (1.8).</li> </ul>
<b>Department of Climate Change, Energy, the Environment and Water (DCCEEW)</b>
<p><b>Program 2.3: Accelerate the transition to a circular economy, while safely managing pollutants and hazardous substances</b></p> <p>DCCEEW contributes to the protection of:</p> <ul style="list-style-type: none"> <li>- 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).</li> <li>- 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).</li> </ul>
<b>Department of Education</b>
<p><b>Program 1.2: Child Care Subsidy</b></p> <p>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).</p>
<b>Department of Finance (Finance)</b>
<p><b>Program 2.9: Australian Government Investment Funds</b></p> <p>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).</p>
<b>Department of Foreign Affairs and Trade (DFAT)</b>
<p><b>Program 1.1: Foreign Affairs and Trade Operations</b></p> <p>DFAT works with the Department of Health and Aged Care to promote regional and global strategic interests as they relate to health (1.1).</p>

Other Commonwealth entities that contribute to Outcome 1
<p><b>Department of Home Affairs (Home Affairs)</b></p> <p><b>Program 2.1: Migration</b></p> <p><b>Program 2.2: Visas</b></p> <p><b>Program 2.3: Refugee, Humanitarian Settlement and Migrant Services</b></p> <p><b>Program 3.2: Border Management</b></p> <p>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).</p> <p>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.</p> <p>These programs include:</p> <ul style="list-style-type: none"> <li>- Skilled migration visa programs, supplementing Australia’s skilled workforce including the health workforce (1.4).</li> <li>- Regional skilled visa programs, incentivising skilled migrants to regional Australia (1.4).</li> <li>- Visa Health requirements, ensuring visa applicants do not pose risks to public health and limited health resources (1.4).</li> <li>- 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).</li> <li>- Health insurance visa condition, ensuring visa holders maintain adequate health insurance while in Australia (1.4).</li> <li>- Enforceable family sponsorship obligations, ensuring sponsors accept liability for any health costs incurred by visiting families in Australia (1.4).</li> <li>- 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).</li> <li>- 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).</li> </ul>

<b>Other Commonwealth entities that contribute to Outcome 1</b>
<b>Department of Industry, Science and Resources (DISR)</b>
<p><b>Program 1.1: Growing innovative and competitive businesses, industries and regions</b></p> <p><b>Program 1.2: Investing in science and technology</b></p> <ul style="list-style-type: none"> <li>- 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).</li> <li>- 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).</li> <li>- Through the National Measurement Institute, DISR supports tobacco plain packaging compliance and enforcement (1.5) and contributes to ensuring compliance of Personal Protective Equipment (1.8).</li> <li>- 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).</li> </ul>
<b>Department of Infrastructure, Transport, Regional Development, Communications and the Arts (Infrastructure)</b>
<p><b>Program 2.3: Road Safety</b></p> <p>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).</p>
<b>Department of the Prime Minister and Cabinet (Office for Women)</b>
<p><b>Program 1.1: Prime Minister and Cabinet</b></p> <p>The Office for Women is overseeing implementation of <i>Working for Women: A Strategy for Gender Equality</i>, 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, 1.7 and 1.8).</p>

<b>Other Commonwealth entities that contribute to Outcome 1</b>
<p><b>Department of Social Services (DSS)</b></p> <p><b>Program 1.1: Support for Families</b>  <b>Program 2.1: Families and Communities</b>  <b>Program 3.1: Disability and Carers</b>  <b>Program 3.2: National Disability Insurance Scheme</b></p> <p>DSS contributes to:</p> <ul style="list-style-type: none"> <li>- collaboration across government and the disability community to lead the establishment of the National Disability Data Asset (1.1).</li> <li>- improving access to services and support for people with psychosocial disability through implementation of the National Disability Insurance Scheme (NDIS) (1.2).</li> <li>- 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).</li> <li>- improving the capacity of mainstream services within the health care sector to respond 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).</li> <li>- coordinating and reporting on actions from 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).</li> <li>- 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).</li> <li>- improving the quality of Australia’s health workforce through funding training for health, allied health and community frontline workers to recognise and respond to the signs of family, domestic, and sexual violence and refer people to the most appropriate support services. (1.4).</li> <li>- 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.</li> <li>- 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.</li> <li>- 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).</li> <li>- 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</li> </ul>



- parents. Eligibility for the maximum rate of FTB Part A is linked to satisfying the requirements of age-related immunisation (1.9).
- improving coordination and delivery of early childhood policies, programs and supports across government through the implementation of the Early Years Strategy 2024-2034 (the Strategy) in collaboration with the Department of Health and Aged Care and other relevant agencies. Launched on 7 May 2024, the Strategy aims to deliver better education, development and wellbeing outcomes for children aged 0-5 years and their families. The Strategy will be delivered through 3 action plans over the next 10 years. The First Action Plan 2024-2027 was released on 20 December 2024, alongside an Outcomes Framework which sets out how the Government will measure progress against the Strategy's outcomes and vision over its 10-year life (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).
  - Supporting the independence of, and economic participation by, people with disability and carers by providing targeted supports including the Disability Support Pension, Essential Medical Equipment Payment, Mobility Allowance, Carer Payment, Carer Allowance, Carer Supplement, Child Disability Assistance Payment and Carer Adjustment Payment (1.4 and 1.5).

<b>Other Commonwealth entities that contribute to Outcome 1</b>
<p><b>Department of the Treasury (Treasury)</b></p> <p><b>Program 1.4: Commonwealth-State Financial Relations</b></p> <p>Treasury provides financial assistance to state and territory governments as part of the Federal Financial Relations Framework.<sup>6</sup></p> <p>Activities funded through funding agreements include:</p> <ul style="list-style-type: none"> <li>- Hepatitis C Settlement Fund (1.1)</li> <li>- encouraging more clinical trials in Australia (1.1)</li> <li>- National Health Reform Agreement (1.1)</li> <li>- Additional assistance for public hospitals (1.1)</li> <li>- Community Health and Hospitals Program (1.1)</li> <li>- achieving better health outcomes (1.1)</li> <li>- Proton beam therapy facility (1.1)</li> <li>- Health Infrastructure projects (1.1)</li> <li>- multidisciplinary outreach care (1.1)</li> <li>- Health and Medical Research Centre for Launceston (1.1)</li> <li>- Expansion of the Flinders Medical Centre (1.1)</li> <li>- Bentley Hospital Surgicentre (1.1)</li> <li>- Northern Heart Centre in Launceston (1.1)</li> <li>- Birthing Unit and Maternity Ward at Yass Hospital (1.1)</li> <li>- Supporting Older Australian patients (1.1)</li> <li>- Adult mental health centres (1.2)</li> <li>- National Mental Health and Suicide Prevention Agreement – Bilateral schedules (1.2)</li> <li>- Aboriginal Mental Health and Wellbeing Centre (1.2)</li> <li>- improving trachoma control services for First Nations Australians (1.3)</li> <li>- Rheumatic Fever Strategy (1.3)</li> <li>- Northern Territory remote Aboriginal investment – health component (1.3)</li> <li>- Supporting the delivery of culturally appropriate primary health care services in remote Northern Territory (1.3)</li> <li>- Expansion of the John Flynn Prevocational Doctor Program (1.4)</li> <li>- Short-term workforce reforms – Kruk Review Implementation (1.4)</li> <li>- Eliminating Cervical Cancer in Australia (1.5)</li> <li>- National Bowel Cancer Screening Program – participant follow-up function (1.5)</li> <li>- Lymphoedema garments and allied health therapy programs (1.5)</li> <li>- National Coronial Information System (1.5)</li> <li>- Comprehensive Cancer Centres (1.5)</li> <li>- World-class Newborn Bloodspot Screening Program (1.5)</li> <li>- Expansion of colonoscopy triage services (1.5)</li> <li>- South Australia Genomics Lab (1.5)</li> </ul>

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<sup>6</sup> For Budget estimates relating to these programs, refer to Budget Paper No. 3.

- Smoking and vaping cessation activities (1.5)
- Access to Elfnithine (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)
- access to HIV treatment (1.8)
- addressing blood borne viruses and sexually transmissible infections in the Torres Strait (1.8)
- essential vaccines (1.9).

#### **Food Standards Australia New Zealand (FSANZ)<sup>7</sup>**

##### **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)<sup>8</sup>**

##### **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<sup>9</sup>**

##### **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).

<sup>7</sup> Refer to the FSANZ chapter in these PB Statements for further information on the work of this entity.

<sup>8</sup> Refer to the IHACPA chapter in these PB Statements for further information on the work of this entity.

<sup>9</sup> Refer to the National Blood Authority chapter in these PB Statements for further information on the work of this entity.

<b>Other Commonwealth entities that contribute to Outcome 1</b>
<b>National Emergency Management Agency (NEMA)</b>
<p><b>Program 1.3: Australian Government Resilience, Preparedness and Disaster Risk Reduction Support</b></p> <p>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).</p>
<b>National Health and Medical Research Council (NHMRC)<sup>10</sup></b>
<p><b>Program 1.1: Health and Medical Research</b></p> <p><b>Program 1.8: Health Protection</b></p> <p>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).</p>
<b>National Health Funding Body (NHFB)<sup>11</sup></b>
<p><b>Program 1.1: National Health Funding Pool Administration</b></p> <p>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).</p>
<b>National Indigenous Australians Agency (NIAA)</b>
<p><b>Program 1.3: Safety and Wellbeing</b></p> <p>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).</p>

<sup>10</sup> Refer to the NHMRC chapter in these PB Statements for further information on the work of this entity.

<sup>11</sup> Refer to the NHFB chapter in these PB Statements for further information on the work of this entity.

<b>Other Commonwealth entities that contribute to Outcome 1</b>
<b>Organ and Tissue Authority (OTA)<sup>12</sup></b>
<p><b>Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation</b></p> <p>The OTA leads the national DonateLife program to maximise organ and tissue donation for transplantation. This is achieved by increasing the capability and capacity within the health system and raising community awareness in support of donation (1.1).</p>
<b>Safe Work Australia (SWA)</b>
<p><b>Program 1.1: Reform of and Improvements to Australian Work Health and Safety and Workers' Compensation Arrangements</b></p> <p>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).</p>
<b>Services Australia</b>
<p><b>Program 1.2: Customer Service Delivery</b></p> <p><b>Program 1.3: Technology and Transformation</b></p> <p>Services Australia contributes to:</p> <ul style="list-style-type: none"> <li>- 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)</li> <li>- 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).</li> </ul> <p>Services Australia administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health and Aged Care:</p> <ul style="list-style-type: none"> <li>- Indigenous access to the Pharmaceutical Benefits Scheme (1.3)</li> <li>- Workforce Incentive Program (1.4)</li> <li>- Rural Procedural Grants Program (1.4)</li> <li>- Scaling of Rural Workforce Program (1.4)</li> <li>- Practice Incentive Program payments to general practices, general practitioners and Indigenous health services (1.7)</li> <li>- Medical indemnity activities, including indemnity for eligible midwives (1.7)</li> <li>- COVID-19 Vaccine Claims Scheme (1.7).</li> </ul>

<sup>12</sup> Refer to the OTA chapter in these PB Statements for further information on the work of this entity.

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*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**

	2024–25 Estimated actual \$'000	2025–26 Budget \$'000	2026–27 Forward estimate \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000
<b>Program 1.1: Health Research, Coordination and Access <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	171,314	134,238	125,353	115,909	119,895
to Services for Other Entities and Trust Moneys Special Account	(11,478)	(12,052)	(12,655)	(13,288)	(13,952)
Special accounts					
Biomedical Translation Fund	-	-	-	-	-
Services for Other Entities and Trust Moneys Special Account	11,478	12,052	12,655	13,288	13,952
Medical Research Future Fund	650,000	650,000	650,000	650,000	650,000
Special appropriations					
<i>National Health Act 1953 - blood fractionation products and blood related products to National Blood Authority</i>	1,168,695	1,335,657	1,365,872	1,483,153	1,709,627
<i>Public Governance, Performance and Accountability Act 2013 s77 - repayments</i>	2,000	2,000	2,000	2,000	2,000
Payments to corporate entities	341,240	357,075	144,701	132,502	134,069
<b>Total for Program 1.1</b>	<b>2,333,249</b>	<b>2,478,970</b>	<b>2,287,926</b>	<b>2,383,564</b>	<b>2,615,591</b>
<b>Program 1.2: Mental Health and Suicide Prevention <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,594,446	1,590,443	1,414,736	1,333,448	1,380,318
<b>Total for Program 1.2</b>	<b>1,594,446</b>	<b>1,590,443</b>	<b>1,414,736</b>	<b>1,333,448</b>	<b>1,380,318</b>
<b>Program 1.3: First Nations Health <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,280,431	1,317,012	1,242,308	1,214,696	1,266,966
<b>Total for Program 1.3</b>	<b>1,280,431</b>	<b>1,317,012</b>	<b>1,242,308</b>	<b>1,214,696</b>	<b>1,266,966</b>

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

	2024–25 Estimated actual \$'000	2025–26 Budget \$'000	2026–27 Forward estimate \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000
<b>Program 1.4: Health Workforce <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,942,868	1,955,566	1,960,682	1,844,169	1,936,626
<b>Total for Program 1.4</b>	<b>1,942,868</b>	<b>1,955,566</b>	<b>1,960,682</b>	<b>1,844,169</b>	<b>1,936,626</b>
<b>Program 1.5: Preventive Health and Chronic Disease Support <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	769,707	875,859	761,354	613,549	564,803
<b>Total for Program 1.5</b>	<b>769,707</b>	<b>875,859</b>	<b>761,354</b>	<b>613,549</b>	<b>564,803</b>
<b>Program 1.6: Primary Health Care Quality and Coordination <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	726,607	1,135,088	1,169,307	1,403,631	1,348,153
<b>Total for Program 1.6</b>	<b>726,607</b>	<b>1,135,088</b>	<b>1,169,307</b>	<b>1,403,631</b>	<b>1,348,153</b>
<b>Program 1.7: Primary Care Practice Incentives and Medical Indemnity</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	509,385	531,785	493,806	503,580	514,650
Special appropriations					
<i>Medical Indemnity Act 2002</i>	135,964	144,164	153,364	163,264	173,964
<i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i>	4,824	5,872	7,152	8,702	10,574
<b>Total for Program 1.7</b>	<b>650,173</b>	<b>681,821</b>	<b>654,322</b>	<b>675,546</b>	<b>699,188</b>

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

	2024–25 Estimated actual \$'000	2025–26 Budget \$'000	2026–27 Forward estimate \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000
<b>Program 1.8: Health Protection, Emergency Response and Regulation <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,231,200	682,979	563,858	568,459	571,651
Non cash expenses <sup>(c)</sup>	376,528	16,529	16,529	16,529	16,529
<b>Total for Program 1.8</b>	<b>1,607,728</b>	<b>699,508</b>	<b>580,387</b>	<b>584,988</b>	<b>588,180</b>
<b>Program 1.9: Immunisation <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	34,857	30,865	30,420	31,146	31,382
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 <sup>(d)</sup>	-	-	-	-	-
Special appropriations					
<i>National Health Act 1953</i> - essential vaccines	716,822	600,992	598,444	546,367	562,538
<b>Total for Program 1.9</b>	<b>754,365</b>	<b>634,543</b>	<b>631,550</b>	<b>580,199</b>	<b>596,606</b>



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

	2024–25 Estimated actual \$'000	2025–26 Budget \$'000	2026–27 Forward estimate \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000
<b>Outcome 1 totals by appropriation type</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	8,260,815	8,253,835	7,761,824	7,628,587	7,734,444
to Special accounts	(18,611)	(19,185)	(19,788)	(20,421)	(21,085)
Special appropriations	2,028,305	2,088,685	2,126,832	2,203,486	2,458,703
Special accounts	671,297	671,871	672,474	673,107	673,771
Non cash expenses <sup>(c)</sup>	376,528	16,529	16,529	16,529	16,529
Payments to corporate entities	341,240	357,075	144,701	132,502	134,069
Departmental expenses					
Departmental appropriation <sup>(e)</sup>	665,649	648,200	584,835	507,379	509,451
to Special accounts	(84,242)	(87,924)	(79,615)	(26,256)	(26,562)
Expenses not requiring appropriation in the Budget year <sup>(f)</sup>	14,599	15,676	15,283	14,783	14,783
Special accounts					
AICIS <sup>(g)</sup>	21,132	24,610	25,181	25,768	26,371
OGTR <sup>(h)</sup>	8,253	8,312	8,099	8,188	8,291
TGA <sup>(i)</sup>	282,755	287,058	282,543	229,095	229,298
Expense adjustment <sup>(f)</sup>	(312,140)	(319,980)	(315,823)	(263,051)	(263,960)
<b>Total expenses for Outcome 1</b>	<b>12,255,579</b>	<b>11,944,762</b>	<b>11,223,075</b>	<b>11,129,696</b>	<b>11,494,103</b>
	<b>2024–25</b>	<b>2025–26</b>			
<b>Average staffing level (number)</b>	<b>3,878</b>	<b>3,810</b>			

Table has been prepared inclusive of 2024–25 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) 2025–2026 and Supply Bill (No. 1) 2025–2026.
- (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)', 'Supply 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 2025–26 Budget measures that have created new programs or materially changed existing programs are provided.

**Table 2.1.2: Performance measures for Program 1.1**

<b>Outcome 1: Health Policy, Access and Support</b>		
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.		
<b>Program 1.1: Health Research, Coordination and Access</b>		
Collaborate with state and territory governments, the broader health care 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.		
<b>Key Activity</b>	Fund health and medical research through the Medical Research Future Fund (MRFF) that addresses the health priorities of all Australians.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.1A</b> – MRFF funds are disbursed towards grants of financial assistance to support research that addresses the Australian Medical Research and Innovation Priorities.	<ul style="list-style-type: none"> <li>a. Disbursed 100% of MRFF funds available in 2024–25 towards grants of financial assistance.</li> <li>b. 100% of grants awarded in 2024–25 address one or more of the Australian Medical Research and Innovation Priorities in force at the time.</li> </ul> <p><b>On track</b></p>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25.	<ul style="list-style-type: none"> <li>a. Disburse at least 99% of MRFF funds available in 2025–26 towards grants of financial assistance.</li> <li>b. 100% of grants awarded in 2025–26 address one or more of the Australian Medical Research and Innovation Priorities in force at the time.</li> </ul>

**Table 2.1.2: Performance measures for Program 1.1 (continued)**

Year	Performance Measure	Planned Performance Results
Forward Estimates 2026–29	As per 2025–26.	<p>For 2026–27:</p> <ul style="list-style-type: none"> <li>a. Disburse at least 99% of MRFF funds available in 2026–27 towards grants of financial assistance.</li> <li>b. 100% of grants awarded in 2026–27 address one or more of the Australian Medical Research and Innovation Priorities in force at the time.</li> </ul> <p>For 2027–28:</p> <ul style="list-style-type: none"> <li>a. Disburse at least 99% of MRFF funds available in 2027–28 towards grants of financial assistance.</li> <li>b. 100% of grants awarded in 2027–28 address one or more of the Australian Medical Research and Innovation Priorities in force at the time.</li> </ul> <p>For 2028–29:</p> <ul style="list-style-type: none"> <li>a. Disburse at least 99% of MRFF funds available in 2028–29 towards grants of financial assistance.</li> <li>b. 100% of grants awarded in 2028–29 address one or more of the Australian Medical Research and Innovation Priorities in force at the time.</li> </ul>
Material changes to Program 1.1 resulting from 2025–26 Budget Measures: Nil		

**Table 2.1.3: Performance measures for Program 1.2**

<b>Program 1.2: Mental Health and Suicide Prevention</b>		
Support the mental health and wellbeing of all Australians by facilitating access to high quality, affordable, culturally appropriate and timely mental health and suicide prevention services.		
<b>Key Activity</b>	Facilitate the delivery of services for mental health across the continuum of care. <sup>13</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.2A</b> – PHN-commissioned mental health services used per 100,000 population.	Annual increase from 2023–24. <b>At risk</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.2A</b> – <i>Number of mental health service contacts.</i>	Annual increase from 2024–25 baseline for the 3 components.
Forward Estimates 2026–29	As per 2025–26.	<ul style="list-style-type: none"> <li>• 2026–27: Annual increase from 2025–26 for the 3 components.</li> <li>• 2027–28: Annual increase from 2026–27 for the 3 components.</li> <li>• 2028–29: Annual increase from 2027–28 for the 3 components.</li> </ul>

<b>Program 1.2: Mental Health and Suicide Prevention</b>		
<b>Key Activity</b>	Facilitate the implementation and delivery of suicide prevention initiatives. <sup>14</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.2B</b> – Medicare-subsidised mental health services used per 100,000 population.	Annual increase from 2023–24. <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.2B</b> – <i>Number of service contacts for Universal Aftercare services.</i>	Annual increase from 2024–25 baseline.
Forward Estimates 2026–29	As per 2025–26.	<ul style="list-style-type: none"> <li>• 2026–27: Annual increase from 2025–26.</li> <li>• 2027–28: Annual increase from 2026–27.</li> <li>• 2028–29: Annual increase from 2027–28.</li> </ul>
Material changes to Program 1.2 resulting from 2025–26 Budget Measures: Nil		

<sup>13</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

<sup>14</sup> Ibid.

**Table 2.1.4: Performance measures for Program 1.3**

<b>Program 1.3: First Nations Health</b>		
Drive improved health outcomes for First Nations peoples through access to First Nations-led, culturally appropriate health care.		
<b>Key Activity</b>	First Nations Community Controlled Health Care. Aboriginal Community Controlled Health Organisations (ACCHOs) supported to deliver primary health care services and community driven health initiatives. This includes enabling infrastructure, data and systems. <sup>15</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.3A</b> – Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to Aboriginal and Torres Strait Islander Community Controlled Health Organisations.	Data not yet available. <sup>16</sup> <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.3A</b> – The percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to ACCHOs.	74%
Forward Estimates 2026–29	As per 2025–26.	Increase the target by 2% points each year: <ul style="list-style-type: none"> <li>• 76% in 2026–27</li> <li>• 78% in 2027–28</li> <li>• 80% in 2028–29.</li> </ul>

<sup>15</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

<sup>16</sup> Expected performance result is not yet available. Results will be published in the Department of Health and Aged Care Annual Report 2024–25.

Program 1.3: First Nations Health		
<b>Key Activity</b>	Targeted health initiatives. Access to comprehensive, holistic health care that targets: <ul style="list-style-type: none"> <li>• Chronic disease management.</li> <li>• Health promotion, early intervention and prevention.</li> <li>• Child and maternal health.</li> </ul>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	N/A <sup>17</sup>	N/A <sup>18</sup>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.3B – The percentage of First Nations people attending Indigenous Australians’ Health Programme (IAHP) funded services who undertake a 715 health check.</b> <sup>19</sup>	55%
Forward Estimates 2026–29	As per 2025–26.	Increase the target by 2% each year: <ul style="list-style-type: none"> <li>• 57% in 2026–27</li> <li>• 59% in 2027–28</li> <li>• 61% in 2028–29.</li> </ul>
Material changes to Program 1.3 resulting from 2025–26 Budget Measures: Nil		

<sup>17</sup> This is a new performance measure for 2025–26 therefore current year expected performance results are not available.

<sup>18</sup> Ibid.

<sup>19</sup> Aboriginal and Torres Strait Islander people of all ages can get a free 715 health check at Aboriginal Medical Services and bulk-billing clinics. The 715 health check helps to identify whether someone is at risk of illnesses or chronic conditions. Further information can be found at: [www.health.gov.au/news/715-health-check](http://www.health.gov.au/news/715-health-check)

**Table 2.1.5: Performance measures for Program 1.4**

<b>Program 1.4: Health Workforce</b>					
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.					
<b>Key Activity</b>	Fostering a sustained growth of the health workforce. <sup>20</sup>				
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>			
Current Year 2024–25	<b>1.4A</b> – Effective investment in workforce programs will improve health workforce distribution in Australia. a. Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population. <sup>21</sup> b. FTE non-general practice medical specialists per 100,000 population. <sup>22</sup> c. FTE primary and community nurses per 100,000 population. <sup>23</sup> d. FTE primary and community allied health practitioners per 100,000 population. <sup>24</sup> e. Proportion of GP training undertaken in areas outside major cities. <sup>25</sup>	<b>MM1</b>		<b>MM2–7</b>	
		a. 115.6 b. 196.6 c. 191.5 d. 445.9 e. N/A.	<b>On track</b>		a. 110.6 b. 100.6 c. 232.8 d. 421.5 e. > 50%
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>			
Budget Year 2025–26	<b>1.4A</b> – <i>Annual change in headcount across the health workforce.</i>	Location by Modified Monash Model	Number of Primary Care General Practitioners	Number of Nurses & Midwives	Number of Allied Health professionals <sup>26</sup>
		MM1 – Metropolitan	28,078	285,757	167,392
		MM2 – Regional centres	4,718	40,136	18,326
		MM3 – Large rural towns	4,016	30,012	13,334
		MM4 – Medium rural towns	2,855	13,794	6,883
		MM5 – Small rural towns	3,598	14,514	5,824
		MM6 – remote communities	1,108	4,071	1,616
		MM7 – Very remote communities	1,309	2,613	859

<sup>20</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

<sup>21</sup> Medicare Benefits Schedule claims data (based on date of service).

<sup>22</sup> National Health Workforce Datasets (NHWDS), Medical Practitioners.

<sup>23</sup> NHWDS, Nurses and Midwives.

<sup>24</sup> NHWDS, Allied Health.

<sup>25</sup> Australian General Practice Training Program data and Rural Vocational Training Scheme data.

<sup>26</sup> Allied health professionals include Aboriginal and Torres Strait Islander Health Practitioners, Chinese Medicine Practitioners, Chiropractors, Dental Practitioners, Medical Radiation Practitioners, Occupational Therapists, Osteopaths, Paramedicine Practitioners, Pharmacists, Physiotherapists, Podiatrists and Psychologists.

**Table 2.1.5: Performance measures for Program 1.4 (continued)**

Year	Performance Measure	Planned Performance Results
Forward Estimates 2026–29	As per 2025–26.	Annual increase on 2025–26 and further increases for each subsequent year.

Program 1.4: Health Workforce			
Key Activity	Distributing Primary Care General Practitioners to facilitate equitable access to health care.		
Year	Performance Measure	Expected Performance Results	
Current Year 2024–25	N/A <sup>27</sup>	N/A <sup>28</sup>	
Year	Performance Measure	Planned Performance Results	
Budget Year 2025–26	<b>1.4B – Number of Primary Care General Practitioner FTE per 100,000 population (by Modified Monash Model).</b>	Location by Modified Monash Model	Primary Care GP FTE per 100,000 population
		MM1 – Metropolitan	115.2
		MM2 - Regional centres	109.9
		MM3 - Large rural towns	125.7
		MM4 - Medium rural towns	127.0
		MM5 - Small rural towns	78.2
		MM6 - Remote communities	68.1
		MM7 - Very remote communities	70.7
	Australia total	112.3	
Forward Estimates 2026–29	As per 2025–26.	Annual increase on 2025–26 and further increases for each subsequent year.	

<sup>27</sup> This is a new performance measure for 2025–26 therefore current year expected performance results are not available.

<sup>28</sup> Ibid.



<b>Program 1.4: Health Workforce</b>			
<b>Key Activity</b>	Training the next generation of Primary Care General Practitioners.		
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>	
Current Year 2024–25	N/A <sup>29</sup>	N/A <sup>30</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>	
Budget Year 2025–26	<b>1.4C – Number and distribution of General Practice trainees undertaking active training in the AGPT, RGTS and RVTS programs (by Modified Monash Model).</b>	Location by Modified Monash Model	Number of Primary Care General Practitioners FTE active training
		MM1 – Metropolitan	1,592.1
		MM2 - Regional centres	534.8
		MM3 - Large rural towns	418.5
		MM4 - Medium rural towns	342.5
		MM5 - Small rural towns	291.2
		MM6 - Remote communities	106.2
		MM7 - Very remote communities	60.5
	Australia total	3,345.9	
Forward Estimates 2026–29	As per 2025–26.	Annual increase on 2025–26 and further increases for each subsequent year.	
Material changes to Program 1.4 resulting from 2025–26 Budget Measures: Strengthening Medicare - Health Workforce.			

<sup>29</sup> This is a new performance measure for 2025–26 therefore current year expected performance results are not available.

<sup>30</sup> Ibid.

**Table 2.1.6: Performance measures for Program 1.5**

<b>Program 1.5 Preventive Health and Chronic Disease Support</b>		
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.		
<b>Key Activity</b>	Health promotion and education activities to support smoking and nicotine cessation and prevention. <sup>31</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.5A – Improve overall health and wellbeing of Australians by achieving preventive health targets.</b> <ol style="list-style-type: none"> <li>Percentage of adults who are daily smokers.</li> <li>Percentage of population who drink alcohol in ways that put them at risk of alcohol related disease or injury.</li> <li>Percentage of population who have used an illicit drug in the last 12 months.</li> </ol>	<ol style="list-style-type: none"> <li>Progressive decrease of daily smoking prevalence towards &lt;10%.</li> <li>Progressive decrease of harmful alcohol consumption towards &lt;28.8%.</li> <li>Progressive decrease of recent illicit drug use towards &lt;13.94%.</li> </ol> <p><b>On track</b></p>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.5A – Improve overall health and wellbeing of Australians by achieving preventive health targets:</b> Percentage of adults who are daily smokers.	<ol style="list-style-type: none"> <li>Progressive decrease of daily smoking prevalence towards &lt;5%.</li> </ol>
Forward Estimates 2026–29	As per 2025–26.	<ol style="list-style-type: none"> <li>As per 2025–26.</li> </ol>

<sup>31</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

<b>Program 1.5 Preventive Health and Chronic Disease Support</b>		
<b>Key Activity</b>	Alcohol and other drug treatment, prevention and harm reduction activities. <sup>32</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.5A</b> – Improve overall health and wellbeing of Australians by achieving preventive health targets. <ul style="list-style-type: none"> <li>a. Percentage of adults who are daily smokers.</li> <li>b. Percentage of population who drink alcohol in ways that put them at risk of alcohol related disease or injury.</li> <li>c. Percentage of population who have used an illicit drug in the last 12 months.</li> </ul>	<ul style="list-style-type: none"> <li>a. Progressive decrease of daily smoking prevalence towards &lt;10%.</li> <li>b. Progressive decrease of harmful alcohol consumption towards &lt;28.8%.</li> <li>c. Progressive decrease of recent illicit drug use towards &lt;13.94%.</li> </ul> <p><b>On track</b></p>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.5B</b> – Improve overall health and wellbeing of Australians by achieving preventive health targets: <ul style="list-style-type: none"> <li>a. Percentage of population who drink alcohol in ways that put them at risk of alcohol related disease or injury.</li> <li>b. Percentage of population who have used an illicit drug in the last 12 months.</li> </ul>	<ul style="list-style-type: none"> <li>a. Progressive decrease of harmful alcohol consumption towards &lt;27.2%.</li> <li>b. Progressive decrease of recent illicit drug use towards &lt;13.94%.</li> </ul>
Forward Estimates 2026–29	As per 2025–26.	<ul style="list-style-type: none"> <li>a. As per 2025–26.</li> <li>b. As per 2025–26.</li> </ul>

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<sup>32</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

Program 1.5 Preventive Health and Chronic Disease Support		
Key Activity	Encouraging and enabling healthy lifestyles, physical activity and good nutrition. <sup>33</sup>	
Year	Performance Measure	Expected Performance Results
Current Year 2024–25	<b>1.5C – Improve overall health and wellbeing of Australians by achieving healthy eating and physical activity targets.</b> <ol style="list-style-type: none"> <li>Prevalence of insufficient physical activity amongst children, adolescents, and adults.</li> <li>Prevalence of obesity in adults (18+).</li> <li>Prevalence of overweight and obesity in children and adolescents aged 2 to 17 years.</li> </ol>	<ol style="list-style-type: none"> <li>Progressive decrease of prevalence towards 15%.</li> <li>Progressive decrease of prevalence.</li> <li>Progressive decrease towards a reduction of prevalence by at least 5%.</li> </ol> <p><b>At risk</b></p>
Year	Performance Measure	Planned Performance Results
Budget Year 2025–26	<b>1.5C – Improve overall health and wellbeing of Australians by achieving obesity targets.</b> <ol style="list-style-type: none"> <li>Prevalence of obesity in adults (18+).</li> <li>Prevalence of obesity in children and adolescents (aged 2 to 17 years).</li> </ol>	Progress towards halting and reversing the prevalence of obesity in adults and children by 5% by 2030.
Forward Estimates 2026–29	As per 2025–26.	As per 2025–26.

Program 1.5 Preventive Health and Chronic Disease Support		
Key Activity	Alcohol and other drug treatment services.	
Year	Performance Measure	Expected Performance Results
Current Year 2024–25	N/A <sup>34</sup>	N/A <sup>35</sup>
Year	Performance Measure	Planned Performance Results
Budget Year 2025–26	<b>1.5D – Number of closed treatment episodes nationally.</b>	>200,000 episodes.
Forward Estimates 2026–29	As per 2025–26.	> or = previous year.

<sup>33</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

<sup>34</sup> This is a new performance measure for 2025–26 therefore current year expected performance results are not available.

<sup>35</sup> Ibid.

<b>Program 1.5 Preventive Health and Chronic Disease Support</b>		
<b>Key Activity</b>	Improving early detection, treatment, and survival outcomes for people with cancer by increasing participation across the 4 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.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.5B</b> – Increase the level of cancer screening participation: <ol style="list-style-type: none"> <li>National Bowel Cancer Screening Program.</li> <li>National Cervical Screening Program.</li> <li>BreastScreen Australia Program.</li> </ol>	<ol style="list-style-type: none"> <li>Progressive increase towards a participation rate of 53.0%.<sup>36</sup></li> <li>Progressive increase towards a participation rate of 70.0%.</li> <li>Progressive increase towards a participation rate of 65.0%.</li> </ol> <b>At risk</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.5E</b> – Increase the level of cancer screening participation: <ol style="list-style-type: none"> <li>National Bowel Cancer Screening Program.</li> <li>National Cervical Screening Program.</li> <li>BreastScreen Australia Program.</li> <li><i>National Lung Cancer Screening Program.</i><sup>37</sup></li> </ol>	<ol style="list-style-type: none"> <li> <ol style="list-style-type: none"> <li>Progressive increase towards a participation rate of 53.0% for 50-74 year olds.</li> <li>Aged 45-49 years<sup>38</sup>:               <ol style="list-style-type: none"> <li>Participants who requested kits (%)</li> <li>kit return rate (%)</li> </ol> </li> <li>Correspondence sent (no.)</li> <li>Correspondence (pre/invitations) sent of correspondence due to be sent (%)</li> <li>Bowel test kits distributed (no.)</li> <li>Screening episodes (no.)</li> <li>Follow up contacts (no.)</li> </ol> </li> <li> <ol style="list-style-type: none"> <li>Progressive increase towards a participation rate of 70.0%.</li> <li>Correspondence sent (no.)</li> <li>Correspondence (invitations) sent of correspondence due to be sent (%)</li> <li>Screening episodes (no.)</li> <li>Follow up contacts (no.)</li> </ol> </li> <li> <ol style="list-style-type: none"> <li>Progressive increase towards a participation rate of 65.0%.</li> <li>Screening episodes (no.)</li> </ol> </li> <li> <ol style="list-style-type: none"> <li>People who have had a Screening LDCT test (no.)</li> <li>People who have had an Interval LDCT scan (no.)</li> </ol> </li> </ol>

<sup>36</sup> As per the National Preventative Health Strategy 2021–2030.

<sup>37</sup> The National Lung Cancer Screening Program will be implemented from July 2025. Interim measures for 2025–26 have been developed for this program.

<sup>38</sup> The National Bowel Cancer Screening Program enabled people aged 45 to 49 years to participate in the program on request from 1 July 2024. However, this age cohort is excluded from the participation rate calculation as automatic invites to participate are only sent to people aged 50 to 74 years. Participation of the 45 to 49 years cohort will be measured by the number of kits returned as a proportion of kits requested.

		3) Correspondence sent (no.) 4) Correspondence sent of correspondence due to be sent (%) 5) Follow up contacts (no.).
Forward Estimates 2026–29	As per 2025–26.	a. As per 2025–26 b. As per 2025–26 c. As per 2025–26 d. Not yet available.
Material changes to Program 1.5 resulting from 2025–26 Budget Measures: Medical research and Clinical Trials.		

**Table 2.1.7: Performance measures for Program 1.6**

<b>Program 1.6: Primary Health Care Quality and Coordination</b>		
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.		
<b>Key Activity</b>	Supporting Primary Health Networks (PHNs) 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.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.6A</b> – 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. <sup>39</sup>	31 <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25.	31
Forward Estimates 2026–29	As per 2025–26.	As per 2025–26.

<sup>39</sup> The Performance Measure for 1.6A is currently being revised. Further information will be provided in the Department of Health and Aged Care Corporate Plan 2025–26.

<b>Program 1.6: Primary Health Care Quality and Coordination</b>		
<b>Key Activity</b>	Support access to health care information and advice through Healthdirect Australia.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.6B</b> – The number of calls handled on the Health Information and Advice phone line.	>1.40 million <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25.	>1.46 million
Forward Estimates 2026–29	As per 2025–26.	<ul style="list-style-type: none"> <li>• &gt;1.48 million in 2026–27</li> <li>• &gt;1.51 million in 2027–28</li> <li>• &gt;1.53 million in 2028–29.</li> </ul>

<b>Program 1.6: Primary Health Care Quality and Coordination</b>		
<b>Key Activity</b>	Support access to health care information and advice through Healthdirect Australia.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.6C</b> – The proportion of calls received on the Health Information and Advice phone line that are handled.	Data not yet available. <sup>40</sup>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25.	Progressive increase on 2024–25 baseline.
Forward Estimates 2026–29	As per 2025–26.	Progressive increase.

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<sup>40</sup> As this was a new measure introduced in the 2024-25 Corporate Plan, expected performance results are not yet available. Results will be published in the Department of Health and Aged Care Annual Report 2024–25.

Program 1.6: Primary Health Care Quality and Coordination		
<b>Key Activity</b>	Support state and territory governments and PHNs to deliver Medicare Urgent Care Clinics (UCCs).	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	N/A <sup>41</sup>	N/A <sup>42</sup>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.6D – Number of Medicare UCC presentations that report they otherwise would have gone to an ED or called an ambulance if the Medicare UCC was not available.</b>	Establish baseline.
Forward Estimates 2026–29	As per 2025–26.	To be determined. <sup>43</sup>
Material changes to Program 1.6 resulting from 2025–26 Budget Measures: Restoring Bulk Billing for all Australians. Strengthening Medicare - Expanding Urgent Care Clinics.		

<sup>41</sup> This is a new performance measure for 2025–26 therefore current year expected performance results are not available.

<sup>42</sup> Ibid.

<sup>43</sup> This will be determined after the 2025–26 baseline is established.



**Table 2.1.8: Performance measures for Program 1.7**

<b>Program 1.7: Primary Care Practice Incentives and Medical Indemnity</b>		
Provide incentive payments to eligible general practices through the Practice Incentives Program 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.		
<b>Key Activity</b>	Providing Practice Incentive Program (PIP) payments to eligible general practices. <sup>44</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.7A</b> – 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.	≥95.0% <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	<b>1.7A</b> – The percentage of accredited general practices submitting PIP Quality Improvement Incentive data.	≥95.0%
Forward Estimates 2026–29	As per 2025–26.	As per 2025–26.
Material changes to Program 1.7 resulting from 2025–26 Budget Measures: Nil		

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<sup>44</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

**Table 2.1.9: Performance measures for Program 1.8**

<b>Program 1.8 Health Protection, Emergency Response and Regulation</b>		
Protect 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, vaping goods, genetically modified organisms, and industrial chemicals.		
<b>Key Activity</b>	Regulating therapeutic goods to ensure safety, efficacy, performance and quality.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.8A</b> – Percentage of therapeutic goods evaluations that meet statutory timeframes.	98% <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25.	98%
Forward Estimates 2026–29	As per 2025–26.	As per 2025–26.

<b>Program 1.8 Health Protection, Emergency Response and Regulation</b>		
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.		
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.8B</b> – Number of completed inspections of licence holders under the <i>Narcotic Drugs Act 1967</i> .	30 <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25.	32
Forward Estimates 2026–29	As per 2025–26.	The number of completed inspections: <ul style="list-style-type: none"> <li>• 35 in 2026–27</li> <li>• 36 in 2027–28</li> <li>• 36 in 2028–29.</li> </ul>

<b>Program 1.8 Health Protection, Emergency Response and Regulation</b>		
<b>Key Activity</b>	Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting monitoring and compliance activities for genetically modified organism (GMO) approvals.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.8C –</b> a. Percentage of statutory timeframes met for decisions on applications. b. Percentage of reported non-compliance with the conditions of GMO approvals assessed.	a. ≥98% b. ≥98% <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	a. As per 2024–25. b. As per 2024–25.	a. ≥98% b. ≥98%
Forward Estimates 2026–29	a. As per 2025–26. b. As per 2025–26.	a. As per 2025–26. b. As per 2025–26.

<b>Program 1.8 Health Protection, Emergency Response and Regulation</b>		
<b>Key Activity</b>	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.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.8D –</b> Proportion of Industrial chemical risk assessments completed within statutory timeframes.	≥95% <b>On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25.	≥95%
Forward Estimates 2026–29	As per 2025–26.	As per 2025–26.
Material changes to Program 1.8 resulting from 2025–26 Budget Measures: Nil		

**Table 2.1.10: Performance measures for Program 1.9**

<b>Program 1.9: Immunisation</b>		
Increase national immunisation coverage rates to protect the Australian community from vaccine preventable diseases.		
<b>Key Activity</b>	Implement the National Immunisation Program to increase immunisation coverage rates. <sup>45</sup>	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2024–25	<b>1.9A – Immunisation coverage rates:</b> <ol style="list-style-type: none"> <li>For children at 5 years of age are increased and maintained at the protective rate of 95%.</li> <li>For First Nations children 12 to 15 months of age are increased to close the gap between First Nations children and non-First Nations children and then be maintained.</li> <li>For 15-year-olds, HPV vaccinations are increased with a target of 90% coverage by 2030.</li> </ol>	<ol style="list-style-type: none"> <li>Data not available.<sup>46</sup> <b>At risk</b></li> <li>Data not available.<sup>47</sup> <b>At risk</b></li> <li>Data not available.<sup>48</sup> <b>On track</b></li> </ol>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2025–26	As per 2024–25. <sup>49</sup>	<ol style="list-style-type: none"> <li>≥95.00%</li> <li>Progressive increase towards ≥95.00%</li> <li>Progressive increase towards ≥90.00%</li> </ol>
Forward Estimates 2026–29	As per 2025–26. <sup>50</sup>	<ol style="list-style-type: none"> <li>As per 2025–26.</li> <li>As per 2025–26.</li> <li>As per 2025–26.</li> </ol>
Material changes to Program 1.9 resulting from 2025–26 Budget Measures: Nil		

<sup>45</sup> Refers to updated key activities that will be reflected in the 2025–26 Corporate Plan.

<sup>46</sup> Data is not yet available from Services Australia. Results will be published in the Department of Health and Aged Care Annual Report 2024–25.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

<sup>49</sup> Following the finalisation of the National Immunisation Strategy 2025–2030, the Performance Measure for this Program will be reviewed.

<sup>50</sup> Ibid.