

## 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, Disability and Ageing can be found at: [www.health.gov.au/resources/publications/corporate-plan-2025-26](http://www.health.gov.au/resources/publications/corporate-plan-2025-26)

The most recent Annual Performance Statements can be found at:  
[www.health.gov.au/resources/publications/department-of-health-disability-and-ageing-2024-25-annual-report](http://www.health.gov.au/resources/publications/department-of-health-disability-and-ageing-2024-25-annual-report)



## 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<sup>1</sup>

<b>Australian Commission on Safety and Quality in Health Care (ACSQHC)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – Safety and Quality in Health Care</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
The ACSQHC supports the Australian Government to improve the long-term sustainability, quality and safety of Australia’s health care system. They do this 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>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – Australian Competition and Consumer Commission</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</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)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – Digital Health</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
The Agency 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)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
The AIHW provides high quality national health-related data and analysis (1.1).
<b>Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – Radiation Protection and Nuclear Safety</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
ARPANSA contributes to the health and safety of the community by protecting the Australian people and environment from the harmful effects of radiation. They do this through radiation protection and nuclear safety research, policy, advice, codes, standards, services and regulation (1.8).
<b>Cancer Australia</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – Improved Cancer Control</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
Cancer Australia works with the Department of Health, Disability and Ageing 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, Disability and Ageing to improve the detection, treatment and survival outcomes for people with cancer (1.5).

<sup>1</sup> Relevant Department of Health, Disability and Ageing program linkages are shown in parenthesis at the end of each linked program.

<p><b>Department of Agriculture, Fisheries and Forestry (DAFF)</b></p> <p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 2.1 – Biosecurity and Export Services</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</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. They do this 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>. These include the screening of travellers at international airports and seaports (1.8).</li> </ul>
<p><b>Department of Climate Change, Energy, the Environment and Water (DCCEEW)</b></p> <p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 2.3 – Accelerate the transition to a circular economy, while safely managing pollutants and hazardous substances</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</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. They do this 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>– the environment from risks resulting from the use of gene technology by providing environmental risk assessment and risk management (1.8).</li> </ul>
<p><b>Department of Education</b></p> <p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 1.1 – Support for the Child Care System – Connected Beginnings – Community Child Care Fund</li> <li>• Program 1.2 – Child Care Subsidy</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</b></p> <p>The Department of Education funds the Backbone element of the Connected Beginnings Program. Backbone teams collaborate with Aboriginal and Torres Strait Islander communities and organisations to co-design goals and solutions that improve engagement with health and early childhood education and care (ECEC). Together with the Health Partner (funded by the Department of Health, Disability and Ageing), they integrate local services to ensure culturally appropriate support for children and families, including:</p> <ul style="list-style-type: none"> <li>– maternal and child health</li> <li>– ECEC</li> <li>– family support</li> <li>– preschools and schools.</li> </ul> <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>
<p><b>Department of Finance (Finance)</b></p> <p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 2.9 – Australian Government Investment Funds</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</b></p> <p>Finance assists the Department of Health, Disability and Ageing to implement the Medical Research Future Fund by managing the governance and legislative framework for the Fund (1.1).</p>

<p><b>Department of Foreign Affairs and Trade (DFAT)</b></p> <p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 1.1 – Foreign Affairs and Trade Operations</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</b></p> <p>DFAT works with the Department of Health, Disability and Ageing to promote regional and global strategic interests as they relate to health (1.1).</p>
<p><b>Department of Home Affairs (Home Affairs)</b></p> <p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 2.1 – Migration</li> <li>• Program 2.2 – Visas</li> <li>• Program 2.3 – Refugee, Humanitarian Settlement and Migrant Services</li> <li>• Program 3.2 – Border Management</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</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. Home Affairs also 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> </ul>
<p><b>Department of Industry, Science and Resources (DISR)</b></p> <p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 1.1 – Growing innovative and competitive businesses, industries and regions</li> <li>• Program 1.2 – Investing in science and technology</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</b></p> <p>DISR works with the Department of Health, Disability and Ageing 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).</p> <p>DISR also works with the Department of Health, Disability and Ageing 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, Disability and Ageing 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).</p> <p>Through the National Measurement Institute, DISR supports tobacco compliance and enforcement under the <i>Public Health (Tobacco and Other Products) Act 2023</i> (1.5) and contributes to ensuring compliance of Personal Protective Equipment (1.8).</p> <p>DISR and the Australian Nuclear Science and Technology Organisation work with the Department of Health, Disability and Ageing to ensure Australians have continued access to nuclear medicine products and services (1.7).</p>

<b>Department of the Prime Minister and Cabinet (PM&amp;C)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>• Program 1.1 – Prime Minister and Cabinet</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
The Office for Women is overseeing implementation of Working for Women: <i>A Strategy for Gender Equality</i> . This provides a framework for national gender equality approaches, including in relation to gender equity in healthcare access and outcomes (1.1 - 1.8).
<b>Department of Social Services (DSS)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>• Program 1.1 – Support for Families</li> <li>• Program 1.8 – Disability Employment Services</li> <li>• Program 2.1 – Families and Communities</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
DSS contributes to:
<ul style="list-style-type: none"> <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>– providing employment support for people with disability, injury or a health condition (1.2).</li> <li>– progressing and reporting on disability employment actions to improve the lives of people with disability through Australia's Disability Strategy 2021–2031 (1.1 – 1.9).</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 (1.2 – 1.6).</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 (1.2 – 1.6).</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 parents. Eligibility for the maximum rate of FTB Part A is linked to satisfying the requirements of age-related immunisation (1.9).</li> <li>– 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, Disability and Ageing 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).</li> <li>– 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 0-8 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).</li> <li>– 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).</li> </ul>

<ul style="list-style-type: none"> <li>– implementation and stewardship of Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036 (Our Ways – Strong Ways – Our Voices), which addresses the high and disproportionate rates of violence against Aboriginal and Torres Strait Islander women, children and families. Our Ways – Strong Ways – Our Voices was launched on 10 February 2026 and recognises Aboriginal and Torres Strait Islander people with disability face compounded exclusion and high rates of violence (1.5).</li> <li>– An Our Ways – Strong Ways – Our Voices Action Plan will be developed during 2026, alongside second action plans for the National Plan to End Violence against Women and Children 2022–2032 and Safe and Supported: The National Framework for Protecting Australia’s Children 2021–2031 to ensure a coordinated approach for Aboriginal and Torres Strait Islander women, children, and families (1.2, 1.3, 1.4, 1.6).</li> </ul>
<p><b>Department of the Treasury (Treasury)</b></p>
<p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 1.4 – Commonwealth-State Financial Relations</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</b></p> <p>Treasury provides financial assistance to state and territory governments as part of the Federal Financial Relations Framework.<sup>2</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>– Health Infrastructure projects (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>– Hobart Maternity Services (1.1)</li> <li>– Medicare 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>– Smoking and Vaping Cessation Activities (1.5)</li> <li>– Access to Eflornithine (1.5)</li> </ul>

<sup>2</sup> For Budget estimates relating to these programs, refer to Budget Paper No. 3.

<ul style="list-style-type: none"> <li>– Illicit Tobacco Compliance and Enforcement Uplift (1.5)</li> <li>– Comprehensive Palliative Care in Aged Care (1.6)</li> <li>– Reducing stillbirths (1.6)</li> <li>– Supporting Palliative Care in Launceston (1.6)</li> <li>– Medicare Urgent Care Clinic (1.6)</li> <li>– Palliative Care Services Navigation Pilot (1.6)</li> <li>– Primary Care Pilots (1.6)</li> <li>– National Critical Care and Trauma Response Centre (1.8)</li> <li>– Essential Vaccines (1.9).</li> </ul>
<b>Food Standards Australia New Zealand (FSANZ)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>• Program 1.1 – Food Regulatory Activity and Services to the Minister and Parliament</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
<p>FSANZ contributes to the protection of:</p> <ul style="list-style-type: none"> <li>– 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).</li> <li>– human health from the risks of industrial chemicals related to food by providing and receiving advice (1.8).</li> </ul>
<b>Independent Health and Aged Care Pricing Authority (IHACPA)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>• Program 1.1 – Development of Pricing Advice and Annual Determinations</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
<p>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. The NEP determines the Commonwealth contribution to public hospital funding (1.1).</p>
<b>National Blood Authority</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>• Program 1.1 – National Blood Agreement Management</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
<p>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).</p>
<b>National Emergency Management Agency (NEMA)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>• Program 1.1 – NEMA – Departmental, Australian Government Disaster and Emergency Financial Support</li> <li>• Program 1.2 – Australian Government Disaster &amp; Emergency Financial Support</li> <li>• Program 1.3 – Australian Government Resilience, Preparedness and Disaster Risk Reduction Support</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
<p>NEMA works with the Department of Health, Disability and Ageing to support effective and coordinated mental health support and services in communities at risk of, and affected by, disasters, in line with the National Disaster Mental Health and Wellbeing Framework (1.2).</p>
<b>National Health and Medical Research Council (NHMRC)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>• Program 1.1 – Health and Medical Research</li> <li>• Program 1.8 – Health Protection</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
<p>NHMRC contributes to community health outcomes through its investment in high-quality health and medical research and through guidance on ethical practice in health care and the conduct of research. NHMRC also administers research grant programs on behalf of the Department of Health, Disability and Ageing, including the Medical Research Future Fund (1.1).</p>

NHMRC contributes to the protection of human health through the translation of research into public policy, health systems and clinical practice. They do this through the development and/or endorsement of evidence-based health advice and public health, environmental health and clinical practice guidelines (1.8).
<b>National Health Funding Body (NHFB)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – National Health Funding Pool Administration</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
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).
<b>National Indigenous Australians Agency (NIAA)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.3 – Safety and Wellbeing</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
The NIAA works closely with the Department of Health, Disability and Ageing 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).
<b>Organ and Tissue Authority (OTA)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – A Nationally Coordinated System for Organ and Tissue Donation for Transplantation</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
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).
<b>Safe Work Australia (SWA)</b>
<b>Programs</b>
<ul style="list-style-type: none"> <li>Program 1.1 – Reform of and Improvements to Australian Work Health and Safety and Workers' Compensation Arrangements</li> </ul>
<b>Contribution to Outcome 1 made by linked programs</b>
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).

<b>Services Australia</b>
<p><b>Programs</b></p> <ul style="list-style-type: none"> <li>• Program 1.2 – Customer Service Delivery</li> <li>• Program 1.3 – Technology and Transformation</li> </ul>
<p><b>Contribution to Outcome 1 made by linked programs</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, Disability and Ageing (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, Disability and Ageing:</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>

*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**

**Outcome 1:** 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.

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–20 Forward estimate \$'000
<b>Program 1.1: Health Research, Coordination and Access <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup> to Services for Other Entities and Trust Moneys Special Account	161,992	274,095	199,426	156,264	130,036
	(21,081)	(12,820)	(13,288)	(13,952)	(14,650)
Special accounts					
Biomedical Translation Fund	-	-	-	-	-
Services for Other Entities and Trust Moneys Special Account	-	-	-	-	-
Medical Research Future Fund	650,000	650,000	650,000	650,000	650,000
Special appropriations					
<i>National Health Act 1953</i> - blood fractionation products and blood related products to National Blood Authority	1,285,884	1,533,855	1,676,575	1,832,247	1,832,247
<i>Public Governance, Performance and Accountability Act 2013</i> s77 - repayments	2,000	2,000	2,000	2,000	2,000
Payments to corporate entities	359,616	410,814	384,322	131,260	128,586
<b>Total for Program 1.1</b>	<b>2,438,411</b>	<b>2,857,944</b>	<b>2,899,035</b>	<b>2,757,819</b>	<b>2,728,219</b>
<b>Program 1.2: Mental Health and Suicide Prevention <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,606,220	1,710,478	1,685,604	1,791,270	1,801,431
<b>Total for Program 1.2</b>	<b>1,606,220</b>	<b>1,710,478</b>	<b>1,685,604</b>	<b>1,791,270</b>	<b>1,801,431</b>
<b>Program 1.3: First Nations Health <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,223,316	1,325,040	1,237,550	1,236,608	1,279,696
<b>Total for Program 1.3</b>	<b>1,223,316</b>	<b>1,325,040</b>	<b>1,237,550</b>	<b>1,236,608</b>	<b>1,279,696</b>

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

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–20 Forward estimate \$'000
<b>Program 1.4: Health Workforce <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,984,364	2,019,917	1,850,301	1,874,833	1,905,168
<b>Total for Program 1.4</b>	<b>1,984,364</b>	<b>2,019,917</b>	<b>1,850,301</b>	<b>1,874,833</b>	<b>1,905,168</b>
<b>Program 1.5: Preventive Health and Chronic Disease Support <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	863,135	959,798	781,232	641,372	650,490
<b>Total for Program 1.5</b>	<b>863,135</b>	<b>959,798</b>	<b>781,232</b>	<b>641,372</b>	<b>650,490</b>
<b>Program 1.6: Primary Health Care Quality and Coordination <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,247,057	1,575,811	1,783,673	1,754,624	1,747,246
<b>Total for Program 1.6</b>	<b>1,247,057</b>	<b>1,575,811</b>	<b>1,783,673</b>	<b>1,754,624</b>	<b>1,747,246</b>
<b>Program 1.7: Primary Care Practice Incentives and Medical Indemnity</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	508,609	521,162	533,116	484,233	495,526
Special appropriations					
<i>Medical Indemnity Act 2002</i>	135,562	143,277	152,038	161,655	172,163
<i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i>	5,793	6,575	7,435	8,372	10,390
<b>Total for Program 1.7</b>	<b>649,964</b>	<b>671,014</b>	<b>692,589</b>	<b>654,260</b>	<b>678,079</b>

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

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–20 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>	984,677	492,373	480,786	485,887	562,513
Non cash expenses <sup>(c)</sup>	166,644	16,529	16,529	16,529	16,529
<b>Total for Program 1.8</b>	<b>1,151,321</b>	<b>508,902</b>	<b>497,315</b>	<b>502,416</b>	<b>579,042</b>
<b>Program 1.9: Immunisation <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	31,915	34,281	29,661	31,273	30,890
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	702,328	750,667	599,088	616,748	618,683
<b>Total for Program 1.9</b>	<b>736,929</b>	<b>787,634</b>	<b>631,435</b>	<b>650,707</b>	<b>652,259</b>

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

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–20 Forward estimate \$'000
<b>Outcome 1 totals by appropriation type</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	8,611,285	8,912,955	8,581,349	8,456,364	8,602,996
to Special accounts	(28,214)	(19,953)	(20,421)	(21,085)	(21,783)
Special appropriations	2,131,567	2,436,374	2,437,136	2,621,022	2,635,483
Special accounts	659,819	659,819	659,819	659,819	659,819
Non cash expenses <sup>(c)</sup>	166,644	16,529	16,529	16,529	16,529
Payments to corporate entities	359,616	410,814	384,322	131,260	128,586
Departmental expenses					
Departmental appropriation <sup>(e)</sup>	649,858	542,707	455,817	440,518	448,405
to Special accounts	(10,109)	(47,284)	(45,185)	(9,240)	(7,284)
Expenses not requiring appropriation in the Budget year <sup>(f)</sup>	12,120	10,322	11,412	11,384	10,793
Special accounts					
AICIS <sup>(g)</sup>	8,312	9,833	9,891	10,014	10,201
OGTR <sup>(h)</sup>	-	-	-	-	-
TGA <sup>(i)</sup>	23,110	59,823	60,898	26,451	27,167
Expense adjustment <sup>(f)</sup>	(31,422)	(69,656)	(70,789)	(36,465)	(37,368)
<b>Total expenses for Outcome 1</b>	<b>12,552,586</b>	<b>12,922,284</b>	<b>12,480,778</b>	<b>12,306,571</b>	<b>12,473,544</b>

	2025–26	2026–27
<b>Average staffing level (number)</b>	3,333	3,163

- (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) 2026-2027.
- (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 2026–27 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>		
Fund Australian health and medical research, blood fractionation and blood related products.		
<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 2025–26	<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.	a. Disburse at least 99% of MRFF funds available in 2025–26 towards grants of financial assistance. 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. <b>Targets: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<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.	a. Disburse at least 99% of MRFF funds available in 2026–27 towards grants of financial assistance. 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.
Forward Estimates 2027–30	As per 2026–27	For 2027–28: a. Disburse at least 99% of MRFF funds available in 2027–28 towards grants of financial assistance. 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. For 2028–29: a. Disburse at least 99% of MRFF funds available in 2028–29 towards grants of financial assistance.

		<p>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.</p> <p>For 2029–30:</p> <p>a. Disburse at least 99% of MRFF funds available in 2029–30 towards grants of financial assistance.</p> <p>b. 100% of grants awarded in 2029–30 address one or more of the Australian Medical Research and Innovation Priorities in force at the time.</p>
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<b>Program 1.1: Health Research, Coordination and Access</b>		
<b>Key Activity</b>	Fund the National Blood Authority to provide a safe supply of blood and blood related products, and blood fractionation for the benefit of all Australians.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.1B</b> – Funds are provided to the National Blood Authority to deliver an uninterrupted national supply of blood and blood products that meet clinically appropriate demand.	<b>Target: Data not available<sup>3</sup></b> Program is demand driven.
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.1B</b> – Funds are provided to the National Blood Authority to deliver an uninterrupted national supply of blood and blood products that meet clinically appropriate demand.	Program is demand driven.
Forward Estimates 2027–30	As per 2026–27	Program is demand driven.
Material changes to Program 1.1 resulting from 2026–27 Budget Measures: Nil		

<sup>3</sup> Data is not yet available. Results will be published in the Department of Health, Disability and Ageing 2025–26 Annual Report.

**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.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.2A</b> – Number of mental health service contacts.	<b>Target: Data not available<sup>4</sup></b> Program is demand driven.
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.2A</b> – Number of mental health service contacts.	Program is demand driven.
Forward Estimates 2027–30	As per 2026–27	As per 2026–27

<b>Program 1.2: Mental Health and Suicide Prevention</b>		
<b>Key Activity</b>	Facilitate the implementation and delivery of suicide prevention initiatives.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.2B</b> – Number of service contacts for Universal Aftercare services.	<b>Target: Data not available<sup>5</sup></b> Program is demand driven.
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.2B</b> – Number of service contacts for Universal Aftercare services.	Program is demand driven.
Forward Estimates 2027–30	As per 2026–27	As per 2026–27
Material changes to Program 1.2 resulting from 2026–27 Budget Measures: Nil		

<sup>4</sup> Data is not yet available. Results will be published in the Department of Health, Disability and Ageing 2025–26 Annual Report.

<sup>5</sup> Data is not yet available. Results will be published in the Department of Health, Disability and Ageing 2025–26 Annual Report.

**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. Support Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver primary health care services and community driven health initiatives.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.3A</b> – Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to ACCHOs.	77% (Target: 74%) <b>Target: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.3A</b> – Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to ACCHOs.	76%
Forward Estimates 2027–30	As per 2026–27	2027–28: 78% 2028–29: 80% 2029–30: 82%

Program 1.3: First Nations Health		
<b>Key Activity</b>	Targeted health initiatives. Support 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 2025–26	<b>1.3B</b> – Increase the percentage of First Nations people attending Indigenous Australians' Health Programme (IAHP) funded services who undertake a 715 health check.	48% (Target: 49%) <b>Target: At risk</b> A rapid rate of increase was observed post-Covid. The expected performance result suggests the rate of increase has slowed.
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results<sup>6</sup></b>
Budget Year 2026–27	<b>1.3B</b> – Increase the percentage of First Nations people attending Indigenous Australians' Health Programme (IAHP) funded services who undertake a 715 health check.	51%
Forward Estimates 2027–30	As per 2026–27	2027–28: 53% 2028–29: 55% 2029–30: To be confirmed <sup>7</sup>
Material changes to Program 1.3 resulting from 2026–27 Budget Measures: Nil		

<sup>6</sup> The planned performance results are being reviewed ahead of the 2026–27 Corporate Plan.

<sup>7</sup> Ibid.

Table 2.1.5: Performance measures for Program 1.4

<b>Program 1.4: Health Workforce</b>					
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.			
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>			
Current Year 2025–26	<b>1.4A</b> – Annual change in headcount across the health workforce.	Location by Modified Monash Model (2023)	Number of Primary Care General Practitioners	Number of Nurses and Midwives	Number of Allied Health Practitioners
			<b>Target Expected Result</b>	<b>Target Expected Result</b>	<b>Target Expected Result</b>
		MM1 – Metropolitan	<b>28,052</b> 28,430	<b>285,440</b> 299,636	<b>167,179</b> 175,724
		MM2 – Regional centres	<b>4,763</b> 5,077	<b>40,453</b> 42,212	<b>18,538</b> 19,538
		MM3 – Large rural towns	<b>4,013</b> 4,276	<b>30,010</b> 31,158	<b>13,334</b> 14,131
		MM4 – Medium rural towns	<b>2,823</b> 2,950	<b>13,668</b> 14,180	<b>6,820</b> 7,134
		MM5 – Small rural towns	<b>3,630</b> 3,748	<b>14,617</b> 15,072	<b>5,887</b> 6,292
		MM6 – Remote communities	<b>1,090</b> 1,091	<b>4,063</b> 4,257	<b>1,614</b> 1,662
		MM7 – Very remote communities	<b>1,327</b> 1,319	<b>2,646</b> 2,785	<b>865</b> 892
		<b>Target: At risk</b> Each figure does not achieve ≥100% of its target.			
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>			
Budget Year 2026–27	<b>1.4A</b> – Annual change in headcount across the health workforce.	Annual increase on 2025–26 and further increases for each subsequent year.			
Forward Estimates 2027–30	As per 2026–27	As per 2026–27			

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 2025–26	1.4B – Number of Primary Care General Practitioners FTE per 100,000 population (by Modified Monash Model).	Location by Modified Monash Model (2023)	Primary Care GP FTE per 100,000 population	
			<b>Target</b>	<i>Expected result</i>
		MM1 – Metropolitan	<b>111.9</b>	111.4
		MM2 – Regional centres	<b>107.5</b>	111.8
		MM3 – Large rural towns	<b>124.5</b>	128.8
		MM4 – Medium rural towns	<b>125.8</b>	128.2
		MM5 – Small rural towns	<b>77.8</b>	80.6
		MM6 – Remote communities	<b>66.8</b>	67.6
		MM7 – Very remote communities	<b>70.6</b>	72.3
		Australia total	<b>109.6</b>	110.2
<b>Target: At risk</b> Each figure does not achieve ≥100% of its target.				
Year	Performance Measure	Planned Performance Results		
Budget Year 2026–27	1.4B – Number of Primary Care General Practitioners FTE per 100,000 population (by Modified Monash Model).	Annual increase on 2025–26 and further increases for each subsequent year.		
Forward Estimates 2027–30	As per 2026–27	As per 2026–27		

<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 2025–26	<b>1.4C</b> – Number and distribution of General Practice trainees undertaking active training in the Australian General Practice Training (AGPT), Rural Generalist Training Scheme (RGTS) and Remote Vocational Training Scheme (RVTS programs) by Modified Monash Model.	Location by Modified Monash Model (2023)	Number of Primary Care General Practitioners FTE active training	
			<b>Target</b>	<i>Expected result</i>
		MM1 – Metropolitan	<b>1,571.4</b>	1,683.7
		MM2 – Regional centres	<b>529.2</b>	584.7
		MM3 – Large rural towns	<b>414.1</b>	460.7
		MM4 – Medium rural towns	<b>328.9</b>	339.2
		MM5 – Small rural towns	<b>300.0</b>	350.4
		MM6 – Remote communities	<b>106.9</b>	110.9
		MM7 – Very remote communities	<b>60.6</b>	75.4
		Australia total	<b>3,311.4</b>	3,605.1
<b>Target: Achieved</b> All figures are ≥100% of the target.				
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>		
Budget Year 2026–27	<b>1.4C</b> – Number and distribution of General Practice trainees undertaking active training in the Australian General Practice Training (AGPT), Rural Generalist Training Scheme (RGTS) and Remote Vocational Training Scheme (RVTS programs) by Modified Monash Model.	Annual increase on 2025–26 and further increases for each subsequent year.		
Forward Estimates 2027–30	As per 2026–27	As per 2026–27		
Material changes to Program 1.4 resulting from 2026–27 Budget Measures: Nil				

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

<b>Program 1.5: Preventive Health and Chronic Disease Support</b>		
Support health and wellbeing through providing access to cancer screening programs and undertaking activities to reduce rates of harmful alcohol consumption and illicit drug use. Undertake activities to promote smoking and e-cigarette cessation and prevent uptake and encourage healthy lifestyles.		
<b>Key Activity</b>	Health promotion and education activities to support smoking and nicotine cessation and prevention.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.5A</b> – Achieve preventive health target for smoking through reducing percentage adults who smoke daily.	Progressive decrease of daily smoking prevalence towards <5% <b>Target: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.5A</b> – Achieve preventive health target for smoking through reducing percentage adults who smoke daily.	Progressive decrease of daily smoking prevalence towards <5%
Forward Estimates 2027–30	As per 2026–27	As per 2026–27

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 2025–26	<p><b>1.5B</b> – Support access to alcohol and other drug treatment services through:</p> <ul style="list-style-type: none"> <li>a. Executing grant funding agreements on time.</li> <li>b. Ensuring treatment service provider key performance indicators are achieved.</li> </ul>	<ul style="list-style-type: none"> <li>a. Grant agreements with treatment service providers are executed on time.</li> </ul> <p><b>Target: Achieved</b> - 3 of 3 grant agreements for 2025–26 were executed on time.</p> <ul style="list-style-type: none"> <li>b. Treatment service providers meet their identified key performance indicators.</li> </ul> <p><b>Target: On track</b></p>
Year	Performance Measure	Planned Performance Results
Budget Year 2026–27	<p><b>1.5B</b> – Support access to alcohol and other drug treatment services through:</p> <ul style="list-style-type: none"> <li>a. Executing grant funding agreements on time.</li> <li>b. Ensuring treatment service provider key performance indicators are achieved.</li> </ul>	<ul style="list-style-type: none"> <li>a. 100% of grant agreements with treatment service providers are executed on time.</li> <li>b. 100% of treatment service providers meet their identified key performance indicators.</li> </ul>
Forward Estimates 2027–30	As per 2026–27	As per 2026–27

Program 1.5: Preventive Health and Chronic Disease Support		
Key Activity	Administer the 3 cancer screening programs in accordance with 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 2025–26	<p><b>1.5C</b> – Administer the 3 cancer screening programs:</p> <ul style="list-style-type: none"> <li>a. National Bowel Cancer Screening Program.</li> <li>b. National Cervical Screening Program.</li> <li>c. National Lung Cancer Screening Program.</li> </ul>	<p><b>a.</b></p> <ul style="list-style-type: none"> <li>1) Correspondence (pre/invitations) sent of correspondence due to be sent (%)</li> <li>2) Bowel test kits sent of kits due to be sent (%)</li> <li>3) Follow up contacts made of contacts due to be made (%)</li> </ul> <p><b>b.</b></p> <ul style="list-style-type: none"> <li>1) Correspondence (invitations) sent of correspondence due to be sent (%)</li> <li>2) Follow up contacts made of contacts due to be made (%)</li> </ul> <p><b>c.</b></p> <ul style="list-style-type: none"> <li>1) Correspondence sent of correspondence due to be sent (%)</li> <li>2) Follow up contacts made of contacts due to be made (%)</li> </ul> <p><b>Targets: On track</b></p>
Year	Performance Measure	Planned Performance Results
Budget Year 2026–27	<p><b>1.5C</b> – Administer the 3 cancer screening programs:</p> <ul style="list-style-type: none"> <li>a. National Bowel Cancer Screening Program.</li> <li>b. National Cervical Screening Program.</li> <li>c. National Lung Cancer Screening Program.</li> </ul>	<p><b>a.</b></p> <ul style="list-style-type: none"> <li>1) Correspondence (pre/invitations) sent of correspondence due to be sent (%)</li> <li>2) Bowel test kits sent of kits due to be sent (%)</li> <li>3) Follow up contacts made of contacts due to be made (%).</li> </ul> <p><b>b.</b></p> <ul style="list-style-type: none"> <li>1) Correspondence (invitations) sent of correspondence due to be sent (%)</li> <li>2) Follow up contacts made of contacts due to be made (%).</li> </ul> <p><b>c.</b></p> <ul style="list-style-type: none"> <li>1) Correspondence sent of correspondence due to be sent (%)</li> <li>2) Follow up contacts made of contacts due to be made (%).</li> </ul>
Forward Estimates 2027–30	As per 2026–27	As per 2026–27
Material changes to Program 1.5 resulting from 2026–27 Budget Measures: Nil		

**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 through the delivery of key national programs.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.6A</b> – PHNs are meeting delivery objectives for national programs.	28 <sup>8</sup> <b>Target: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.6A</b> – PHNs are meeting delivery objectives for national programs.	28
Forward Estimates 2027–30	As per 2026–27	2027–28: 29 2028–29: 29 2029–30: 29

<sup>8</sup> This target demonstrates the large majority of PHNs have met the individual performance criteria to achieve the result.

Program 1.6: Primary Health Care Quality and Coordination		
Key Activity	Support state and territory governments and PHNs to delivery Medicare Urgent Care Clinics (UCCs).	
Year	Performance Measure	Expected Performance Results
Current Year 2025–26	<b>1.6B</b> – 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.	Establish baseline <b>Target: Data not available</b> <sup>9</sup>
Year	Performance Measure	Planned Performance Results
Budget Year 2026–27	<b>1.6B</b> – 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.	To be determined <sup>10</sup>
Forward Estimates 2027–30	As per 2026–27	2027–28: To be determined 2028–29: To be determined 2029–30: To be determined
Material changes to Program 1.6 resulting from 2026–27 Budget Measures: Nil		

<sup>9</sup> Data is not yet available. The result will be published in the Department of Health, Disability and Ageing 2025–26 Annual Report.

<sup>10</sup> Planned performance results 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 (PIP) to incentivise, promote and support general practices to deliver quality care, strengthen practice capacity, and enhance patient access and health outcomes.		
<b>Key Activity</b>	Providing Practice Incentive Program (PIP) payments to eligible general practices.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.7A</b> – The percentage of general practices accredited under the NGPA Scheme participating in PIP.	≥95.0% <b>Target: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.7A</b> – The percentage of general practices accredited under the NGPA Scheme participating in PIP.	≥95.0%
Forward Estimates 2027–30	As per 2026–27	As per 2026–27
Material changes to Program 1.7 resulting from 2026–27 Budget Measures: Nil		

**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 2025–26	<b>1.8A</b> – Percentage of therapeutic goods evaluations that meet statutory timeframes.	99% (Target: 100%) <b>Target: At risk</b> Twenty-one of the 2,066 prescription medicine subcategory submissions completed as at 3 March 2026 this financial year have exceeded their legislated working days, hence decreasing our expected performance result to 99%.
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.8A</b> – Percentage of therapeutic goods evaluations that meet statutory timeframes.	100%
Forward Estimates 2027–30	As per 2026–27	As per 2026–27

<b>Program 1.8: Health Protection, Emergency Response and Regulation</b>		
<b>Key Activity</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 2025–26	<b>1.8B</b> – Number of completed inspections of licence holders under the <i>Narcotic Drugs Act 1967</i> .	33 (Target: 32) <b>Target: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.8B</b> – Number of completed inspections of licence holders under the <i>Narcotic Drugs Act 1967</i> .	35
Forward Estimates 2027–30	As per 2026–27	2027–28: 36 2028–29: 36 2029–30: 36

<b>Program 1.8: Health Protection, Emergency Response and Regulation</b>		
<b>Key Activity</b>	Administering the National Gene Technology Scheme by evaluating applications and issuing approvals as appropriate, and by conducting routine inspections of certified facilities and licensed activities with genetically modified organisms (GMOs).	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<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>Targets: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<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%
Forward Estimates 2027–30	a. As per 2026–27 b. As per 2026–27	a. As per 2026–27 b. As per 2026–27

<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 2025–26	<b>1.8D</b> – Proportion of Industrial chemical risk assessments completed within statutory timeframes.	≥95% <b>Target: On track</b>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.8D</b> – Proportion of Industrial chemical risk assessments completed within statutory timeframes.	100%
Forward Estimates 2027–30	As per 2026–27	100%
Material changes to Program 1.8 resulting from 2026–27 Budget Measures: Nil		

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

<b>Program 1.9: Immunisation</b>		
Implement the National Immunisation Program to protect the Australian community from vaccine preventable diseases.		
<b>Key Activity</b>	Increase immunisation coverage rates by implementing the National Immunisation Program.	
<b>Year</b>	<b>Performance Measure</b>	<b>Expected Performance Results</b>
Current Year 2025–26	<b>1.9A – Immunisation coverage rates:</b> <ol style="list-style-type: none"> <li>For children at 5 years of age are increased to the protective rate of 95% and then be maintained.</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>≥95.00%</li> <li>Progressive increase towards ≥95.00%</li> <li>Progressive increase towards ≥90.00%</li> </ol> <p><b>Targets: Data not available<sup>11</sup></b></p>
<b>Year</b>	<b>Performance Measure</b>	<b>Planned Performance Results</b>
Budget Year 2026–27	<b>1.9A – Immunisation coverage rates:</b> <ol style="list-style-type: none"> <li>For children at 5 years of age are increased to the protective rate of 95% and then be maintained.</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>≥95.00%</li> <li>Progressive increase towards ≥95.00%</li> <li>Progressive increase towards ≥90.00%</li> </ol>
Forward Estimates 2027–30	As per 2026–27	<ol style="list-style-type: none"> <li>As per 2026–27</li> <li>As per 2026–27</li> <li>As per 2026–27</li> </ol>
Material changes to Program 1.9 resulting from 2026–27 Budget Measures: Nil		

<sup>11</sup> Data is not yet available. Results will be published in the Department of Health, Disability and Ageing 2025–26 Annual Report.