



Dear Colleagues

The 2020–21 Budget has been delivered in unprecedented times. As the world battles a once-in-100-year pandemic, never before has a strong and capable health system been more important to Australians.

This Budget continues important reforms to strengthen Australia's Long-Term National Health Plan. It guarantees support and investment in Medicare, builds on commitments to deliver access to affordable medicines, supports and strengthens our hospitals, makes mental health a top priority, and invests in preventive health, sport, and medical research. It also continues to fund the Government's ongoing health response to the COVID-19 pandemic – a \$16.5 billion investment to date. Overall Health portfolio spending will increase by \$11.5 billion compared to last year's Budget to record levels over the forward estimates, from \$115.5 billion in 2020–21 to \$121.8 billion in 2023–24.

We are increasing Medicare funding by \$6 billion over the forward estimates, up from \$19.5 billion in 2012–13, to \$28.8 billion in 2020–21, to \$31.6 billion in 2023–24. Further strengthening primary care, supporting our medical workforce and providing Medicare-subsidised telehealth and primary care services are key components of our response to the COVID-19 pandemic. We delivered 10 years of reform in 10 days with the introduction of whole-of-population access to telehealth. A new PBS New Medicines Funding Guarantee will guarantee funding for life-saving and life-changing medicines recommended by the independent Pharmaceutical Benefits Advisory Committee (PBAC) for listing on the Pharmaceutical Benefits Scheme (PBS). While the PBS remains a demand-driven program, this PBS New Medicines Funding Guarantee will deliver new funding each year for the listing of new medicines on the PBS, to be replenished each year to meet the expected cost of new and amended listings. We have negotiated and delivered the 7th Community Pharmacy Agreement, providing \$18.3 billion for pharmacy and dispensing programs.

We continue our reform of private health insurance, this includes expanded Hospital in the Home coverage and increasing the aged of family dependants from 24 to 31. We are investing \$133.6 billion in hospitals over five years, an increase of \$33.6 billion. We're investing \$4.8 billion to support our hospitals under the National Partnership on COVID-19 and have moved to ensure hospital capacity through the pandemic via the State Health and Hospital 50:50 Sharing Agreement and private hospitals agreement. We're delivering an unprecedented \$5.7 billion for mental health in these difficult times. The Government recognises that the 2019–20 bushfires and the COVID-19 pandemic have significantly affected the mental health and wellbeing of individuals, families and communities. We are continuing to ensure that support is available at both the national and local level and this includes the doubling of support under Better Access.

The Budget funds targeted investments in medical research to ensure Australians will have early access to a safe and effective COVID-19 vaccine when it becomes available. To date, we have invested \$2.3 billion in research and development activities in support of COVID-19 vaccines, treatments, therapeutics and diagnostics, including advanced purchasing agreements. Investing in health and medical research is a key pillar of our Long Term National Health Plan. The \$20 billion Medical Research Future Fund (MRFF) reached maturity in July 2020. The Government will invest more than \$6.6 billion in life-saving medical research through the MRFF, National Health and Medical Research Council and the Biomedical Translation Fund over the next four years.

We're continuing to provide funding for preventive health. This Budget funds key initiatives to improve hearing health and support the work undertaken by Cancer Australia – allowing it to build on its successes in treatments for breast and gynaecological cancers by providing funding to focus on other types of cancers.

In sport, we are continuing to implement Australia's national sport plan – Sport 2030 – to get more Australians moving more often, from grassroots through to elite sport. We are also providing more support for women in sport with \$2.4 million in funding for the FIFA Women's World Cup that will be held in Australia and New Zealand in 2023.

The Government is providing \$23.9 billion in 2020-21 and remains committed to improving aged care services, with a 4 year increase of \$8 billion. Older Australians want quality, responsive and safe care – care that helps them to stay independent in their own homes and communities, and responds to their changing needs. This Budget tackles the urgent issues identified by the Royal Commission into Aged Care Quality and Safety, including on COVID-19, and lays the foundations for change – planning sequencing and developing the necessary changes to deliver unified, sustainable and responsive care.

We are investing \$1.6 billion to provide 23,000 more home care packages in response to the clear preference of many senior Australians to stay in their own home. We're funding initiatives to improve capacity and capability in the workforce and deliver a funding model focused on people and their unique care needs.

This Budget builds on preliminary work to identify and evaluate options to assess, classify and fund the varied needs of older Australians and their carers, with one, simple, unified system. This measure funds further research and consultation with the sector, consumer representatives and peak bodies to ensure the best solution is delivered for older Australians.

Australians living in rural and regional Australia deserve to receive health care of a standard comparable to that in our major cities. This Budget invests in key areas to help ensure this is the case, through training more medical professionals in regional areas, supporting remote, rural and regional hospitals and increasing access to mental health supports.

An additional \$125 million has been provided to improve the health of Australians in rural, remote and regional areas through access to innovative clinical trials. The Rural, Regional and Remote Clinical Trial Enabling Infrastructure Program, funded under the MRFF, will help improve access to equipment, services and clinical trials for people living in the regions.

This information pack provides you with materials on the health, aged care and sport initiatives in the 2020–21 Budget, including Budget at a Glance, and fact sheets summarising key measures.

Finally, we want to acknowledge the key role you play in driving and informing our reform agenda. This has been an extraordinarily challenging year. Our health system has never faced such a test – and it has passed. You have played a pivotal role in ensuring our response to the COVID-19 pandemic has been one of the best in the world.

Thank you for your contribution and partnership in delivering a world-class health system for the Australian people.

The Hon Greg Hunt MP

Minister for Health

Senator the Hon Richard Colbeck

*Minister for Aged Care and Senior
Australians
Minister for Youth and Sport*

The Hon Mark Coulton MP

*Minister for Regional Health,
Regional Communications and Local
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The Hon. Greg Hunt MP

Minister for Health

MEDIA RELEASE

6 October 2020

RECORD HEALTH AND AGED CARE INVESTMENT UNDER AUSTRALIA'S COVID-19 PANDEMIC PLAN

The Morrison Government is delivering a record \$115.5 billion in 2020–21 and \$467 billion over the forward estimates to deliver the essential health services Australians need under the Long Term National Health Plan.

The 2020–21 Budget funds the Government's ongoing health response under the Australian Health Sector Emergency Response Plan, extending initial key COVID-19 health initiatives. It helps chart the road out, including through unprecedented mental health support, and implementation of our COVID-19 Vaccine and Treatment Strategy.

Our Government has committed more than \$16 billion to the emergency health response to the pandemic. Aged care is a particular focus. Since the pandemic began, we have invested more than \$1.6 billion to protect senior Australians and workers in aged care, and support providers.

At the same time, this year's Budget strengthens the four pillars of our Long Term National Health Plan. It guarantees Medicare, delivers a Pharmaceutical Benefits Scheme (PBS) New Medicines Funding Guarantee, invests in mental health and backs medical research.

Since January we have funded initiatives across all pillars of the health and aged care system. This includes Medicare, health and aged care workforce capacity, improvements to health infrastructure and systems, hospitals, primary care, mental health, medical research, and the important COVID-19 Vaccination and Treatment Strategy. It also includes the implementation of the COVID-19 Health Plan and the COVID-19 Aged Care Response Plan.

The Government's record investment in health includes:

- A record four-year investment of \$467 billion, up \$32 billion over last year's Budget
- A record \$115.5 billion in health investment in 2020–21, up \$11.5 billion on last year's Budget
 - More than \$16 billion for the pandemic health response
- Medicare investment of \$119.3 billion over the forward estimates, up \$6 billion
 - \$2.4 billion total investment in telehealth
- \$41.5 billion for medicines funding over four years
 - Including the creation of the PBS New Medicines Funding Guarantee
- Ensuring hospital capacity with a \$133.6 billion investment over five years, and 2020–21 funding of \$23.6 billion

- An increase of \$33.6 billion through the new five-year National Hospital Funding Agreement
- \$3.3 billion for the National Medical Stockpile, Australia’s strategic reserve of time-critical and essential medical supplies
- Continuing Private Health Insurance (PHI) Reforms to deliver reduced costs for insurers and consumers
- \$5.7 billion for mental health
 - Doubling of support under Better Access, from 10 to 20 Medicare-funded psychological services
- \$20 billion Medical Research Future Fund (MRFF) has reached maturity to deliver life-changing research, with \$424.3 million in new grants programs and opportunities
- \$2.3 billion investment in COVID-19 treatments and vaccines
- Funding for aged care boosted to \$23.9 billion, up \$2.2 billion
 - Includes \$1.6 billion for 23,000 additional home care packages
- A \$230.8 million injection into sport and preventive health
 - \$44.9 million support for thalidomide survivors.

Guaranteeing Medicare

Providing Australians with affordable access to universal health care is a key pillar of the Long Term National Health Plan. The Medicare Guarantee Fund, established in 2017–18, allocates \$39 billion in guaranteed funds for spending on the Medicare Benefits Schedule (MBS) and PBS in 2020–21 and \$160.8 billion over the forward estimates, up \$7.9 billion from last year’s budget.

The introduction of telehealth has been a revolution in the delivery of primary care. To 30 September 2020, more than 32.8 million telehealth services have been delivered, with a total investment of more than \$2.4 billion. This Budget extends the telehealth services for a further six months while the long-term design is developed in conjunction with medical groups and the community. Telehealth for specialists and allied health has also been extended.

Testing is essential to our COVID-19 suppression strategy. The Budget extends up to 150 GP-led respiratory clinics to continue their pivotal role testing people with symptoms and reducing the pressure on hospital emergency departments and GPs (\$377.5 million since the start of the pandemic). The Government will continue Medicare-subsidised pathology testing for COVID-19 (\$1.1 billion since the start of the pandemic), including testing at the point of care for rural and remote Aboriginal and Torres Strait Islander communities.

Stronger Rural Health Strategy

The Government will continue to support Australians living in rural and remote areas, implementing the \$550 million Stronger Rural Health Strategy. This will give doctors more opportunities to train and practise in rural and remote Australia, and give nurses and allied health professionals a greater role in the delivery of multidisciplinary, team-based primary care.

A \$50.3 million investment will build on, and expand, the Rural Health Multidisciplinary Training (RHMT) Program, which has been successfully operating for more than 20 years. This program also provides valuable economic benefits to communities and regions.

This Budget also supports trials to test new ways of providing health services to smaller, connected rural communities across New South Wales, focusing on models to create efficient, coordinated networks of GPs, nurses and other health providers. The outcomes will inform wider primary care reform in rural Australia. We will also improve rural and regional health by expanding the National

Rural Health Commissioner's function to take a system-wide view of rural health, ensuring initiatives are integrated and address gaps.

Additional funding has been provided to improve the health of Australians in rural, remote and regional areas through access to innovative clinical trials. The \$125 million Rural, Regional and Remote Clinical Trial Enabling Infrastructure Program, funded under the MRFF, will help improve access to equipment, services and clinical trials for people living in the regions.

Improving access to medicines

The Morrison Government is committed to ensuring Australians have access to medicine when they need it through guaranteed listing of all medicines on the PBS that receive a positive recommendation from the independent, expert Pharmaceutical Benefits Advisory Committee (PBAC).

Our investment in new PBS medicines continues to grow, with more than 2,450 new or amended medicines listed on the PBS through an investment of more than \$11.8 billion since 2013.

The Budget creates a landmark PBS New Medicines Funding Guarantee. This Guarantee provides new funding for the listing of new medicines. It gives Australians certainty that the listing of new medicines will never again be at risk, as occurred in 2011.

While the PBS remains a demand-driven program, this PBS New Medicines Funding Guarantee will deliver new funding each year for the listing of new medicines on the PBS, to be replenished each year to meet the expected cost of new and amended listings.

Our Government will also complete new long-term agreements with Medicines Australia and the Generic and Biosimilar Medicines Association to commence at the expiry of the current agreements in 2022. These agreements, to be finalised over the coming months, will help ensure continued access to new medicines for patients and provide certainty for the medicines industry and incentives to invest in Australia.

We continue to list high cost drugs on the PBS:

- From 1 November 2020:
 - Lynparza® (olaparib) will be made available for the treatment of newly diagnosed advanced high grade epithelial ovarian, fallopian tube or primary peritoneal cancers. An average of 300 patients per year may benefit from this listing and would normally pay up to \$139,500 per course of treatment for this medicine
 - Tecentriq® (atezolizumab) and Avastin® (bevacizumab) will also be listed for Hepatocellular carcinoma (HCC), the most common type of primary liver cancer. An average of 500 patients per year may benefit from this. They would normally pay up to \$170,000 for a course of treatment without PBS subsidy
- From 1 October 2020:
 - Eylea® (aflibercept) was listed for the treatment of subfoveal choroidal neovascularisation due to pathologic myopia. In 2019, around 500 patients accessed a comparable treatment. Without PBS subsidy, patients may pay around \$5,000 per year
- From 1 September 2020:
 - Calquence® (acalabrutinib) was listed for the treatment of chronic lymphoma leukaemia or small lymphocytic lymphoma. Around 1,600 patients may benefit from this listing. Without PBS subsidy, patients may pay around \$140,000 per course of treatment

- From 1 August 2020:
 - Rozlytrek® (entrectinib) was listed for the treatment of non-small cell lung cancer. Around 130 patients per year may benefit from this listing. Without PBS subsidy, patients may pay around \$177,000 per course of treatment
- From 1 July 2020:
 - Ozempic® (semaglutide) was listed for the treatment of insufficiently controlled type 2 diabetes. Around 40,000 patients per year may benefit from this treatment. Without PBS subsidy, patients may pay around \$1,700 per course of treatment.

With a \$49 million investment over four years, the National Immunisation Program (NIP) has been amended from 1 July 2020 to improve protection for those most at risk from potentially fatal meningococcal and pneumococcal diseases. For the first time, the meningococcal B vaccine is available for free to Aboriginal and Torres Strait Islander infants under two years. A catch-up program will be available until 30 June 2023 with approximately 20,000 Indigenous children expected to be vaccinated each year.

Patient safety will be enhanced through the establishment of a Unique Device Identification System for medical devices. The system is an Australian first and will allow tracking and tracing of medical devices that have been implanted in patients. It will enhance the ability for doctors to notify patients quickly if there is a safety issue and strengthen Australia's post market medical device adverse event system. A unique identification framework for PBS medicines will also be devised to offer a tracking system for medicines.

The Government has negotiated and funded a new Seventh Community Pharmacy Agreement with the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia, providing \$18.3 billion for pharmacy dispensing and medication managements programs.

This ensures Australians continue to have access to more than 200 million subsidised PBS prescriptions each year through their pharmacy of choice and access to medication management programs focusing on the safe use of medicines.

We are ensuring access to medicines during the COVID-19 pandemic by fast-tracking electronic prescribing (\$5 million) and home delivery of medicines to protect vulnerable Australians (\$25 million).

Supporting our hospitals

The Morrison Government is supporting our hospitals through a \$133.6 billion investment over five years, an increase of \$33.6 billion, under the National Health Reform Agreement. Funding has grown from \$13.3 billion in 2012–13 to an estimated \$23.6 billion in 2020–21, \$25.2 billion in 2021–22, \$26.7 billion in 2022–23 and \$28.2 billion in 2023–24.

We are ensuring hospital capacity through the COVID-19 pandemic through the National Partnership on COVID-19 Response, which includes a State Health and Hospital 50:50 Sharing Agreement (\$3.1 billion) and a private hospital viability guarantee (\$1.7 billion).

This has played a vital role during the second wave in Victoria, enabling more than 500 aged care residents to transfer to private hospitals to receive care.

Over the course of the pandemic and the coming year, the Government has and will invest \$3.3 billion to ensure the National Medical Stockpile continues to provide access to medicines and personal protection equipment to our hospitals and health workforce.

Reforming private health insurance

Ongoing reforms to PHI will widen patient choice, support access to essential care, and improve its affordability, value, attractiveness and sustainability.

Our first wave of reforms reduced costs for insurers and consumers, increased access to mental health services, and improved transparency and affordability for policy holders. This Budget begins a second wave of reform.

Insurers will be able to increase the age of dependants – from 24 to 31 – to encourage continuity of cover, and will also allow people with a disability to remain on their family policy.

The Government will also make home and community-based care when clinically appropriate, more accessible through PHI for mental health and general rehabilitation services, with an initial focus on mental health and orthopaedics, with the goal of commencing on 1 April 2021.

The transparency of out-of-pocket costs for more than 13.6 million Australians with private health insurance has been improved thanks to the Medical Cost Finder website. This Budget commits \$17.1 million to enhance the website which collects, validates and publishes individual non-GP medical specialist fees for consumers.

Addressing mental health and suicide prevention

The Australian Government has made mental health and suicide prevention a national priority, with an unprecedented \$5.7 billion to be spent on mental health in 2020–21. This Budget reaffirms this strong commitment to mental health, in addition to the significant investment in mental health services provided through telehealth.

Our Government will double the number of Medicare-funded psychological services from 10 to 20 through the Better Access Initiative, in response to the recommendation of the draft Productivity Commission report with an investment of \$100.8 million.

The Government recognises that the 2019–20 bushfires and the COVID-19 pandemic have significantly affected the mental health and wellbeing of individuals, families and communities. Through this Budget, we are continuing to ensure that support is available.

We have provided \$76 million for mental health support for Australians affected by the bushfire emergency. This includes distress and trauma counselling, additional Medicare-subsidised sessions, training and support for frontline emergency personnel, funding for Kids Helpline and Lifeline, and small grants to assist community recovery and connectedness and bolstering of headspace services in fire-affected areas.

The Government is implementing the largest expansion of the headspace network to date, with the current network of 124 services to grow to 153 services nationally by 2022. Over the next four years from 2020–21, the Government is investing \$630.4 million in the national headspace network. This includes \$534.4 million for the establishment of new services and ongoing service delivery at existing services and \$96 million to address demand and reduce wait times to access headspace services.

The Budget also delivers funding for a number of emergency response measures to support the mental health and wellbeing of Australians through the COVID-19 pandemic. This includes funding of \$74 million to create a new Coronavirus Mental Wellbeing Support Line and boost the capacity of key

mental health services, \$48.1 million to support the National Mental Health and Wellbeing Pandemic Response Plan including delivering better data and modelling capacity.

Recognising the particular difficulties faced by Victorians, we have provided a further \$12 million to support outreach to young people and secure helpline capacity, \$26.9 million for 15 new *HeadtoHelp* enhanced mental health clinics, and \$5 million for additional digital services for specific vulnerable groups. From 7 August 2020, \$7.3 million was provided for 10 additional Medicare-subsidised psychological therapy sessions for people subject to further COVID-19 restrictions.

Our Government continues to work on major reforms to ensure that we have a unified national mental health system. As part of this process, this Budget supports the Prime Minister's Suicide Prevention Adviser's initial advice by providing \$64.1 million for extension and evaluation of the national suicide prevention trials, expansion of aftercare services for those who have self-harmed or attempted suicide, new postvention services to support families and carers who have been bereaved by suicide, youth peer support, and support for Aboriginal and Torres Straits Islander youth through the Pilbara trial and headspace services.

Additional funding of \$2.1 million will also be provided to continue the valuable work of the Prevention Hub – a collaboration of the Black Dog Institute and Everymind. This will deliver a research program that targets people at greater risk of mental health conditions and suicide.

This Budget delivers vital support for mental health right now while providing a solid foundation as we engage with the sector to bring about the long-term structural transformation necessary for a mental health system that delivers the best possible care for all Australians now and in the future.

Investing in preventive health

The Morrison Government is laying the foundations for long-term future investment in preventive health. Our National Preventive Health Strategy is a major part of our Long Term National Health Plan. It is the key to improved health outcomes and a sustainable health system.

Our Government will build on Cancer Australia's success in improving health outcomes for people with breast and gynaecological cancers by broadening the focus to include other types of cancer. The move will improve cancer care for a wider range of patients.

A life time support package will be provided for all recognised thalidomide survivors. The \$44.9 million package responds to the 11 recommendations of the Final Report from the Senate Inquiry into support for Australia's thalidomide survivors.

Australians battling melanoma will benefit from a world-class melanoma and clinical trials centre. The Government will provide \$50 million to establish the Victorian Melanoma and Clinical Trials Centre at the Alfred Hospital in Melbourne.

In this Budget, we fund initiatives to improve hearing health, particularly for older and vulnerable Australians (\$21.2 million). A national three-year hearing health campaign will focus on preventing, treating and destigmatising avoidable hearing loss and damage, including for people in aged care. It includes research, a rural hearing health workforce summit, and developing tele-audiology standards. Around 3.6 million Australians have impaired hearing.

The Government is providing \$0.6 million to support people who suffer from migraines to improve management, and increase awareness of, migraines.

Australia has experienced increasing rates of antimicrobial resistance (AMR) which threatens the health of Australians, livestock and our agricultural and food sectors. Our Government is providing more than \$22.5 million to continue administration of the national Antimicrobial Use and Resistance in Australia (AURA) Surveillance System, and Australia's national antimicrobial strategy.

AMR infections can move across borders and between health care and community settings, including aged care facilities, and challenge the safety of routine medical procedures, such as hip replacements and chemotherapy.

Investing in life-saving medical research

The landmark Medical Research Future Fund (MRFF) reached maturity at \$20 billion in July 2020. This is an unprecedented investment that will provide ongoing sustainable funding for ground breaking health and medical research. It has reached this target just five years after it was established in 2015.

The earnings of the MRFF have been used to fund important health and medical research projects, supporting Australia's best and brightest health and medical researchers over the long term.

This budget includes significant investment in medical research, including:

- \$6.6 billion over the next four years for
 - MRFF (\$2.5 billion)
 - National Health and Medical Research Council (NHMRC) (\$3.6 billion)
 - BTF (\$500 million)
- \$424.3 million for new research grants and new program openings, including:
 - Pathogen Genomics Grant Round
 - University of Melbourne - \$10 million pathogen genomics research program, to demonstrate utility, cost-effectiveness, and capacity for translation of genomics into public health nationally
 - 2020 COVID-19 Mental Health Research Grant Round
 - Monash University - \$610,000 mental health research – reducing longer-term risk of adolescent mental health problems by enhancing parents' ability to support them through the pandemic
 - Targeted Calls for Research Grant Round
 - Deakin University - \$1 million for Chronic Fatigue Syndrome research
- New program rounds, including:
 - \$110 million for 2021 Frontier Health and Medical Research program, to open on 7 October 2020
 - \$7.5 million for Efficient Use of Existing Medicines, to open on 7 October 2020
 - \$44 million for 2021 Centres of Research Excellence, to open on 21 October 2020
 - \$9 million for Childhood Cancer Research Grant, opened on 29 September 2020.

The Morrison Government is investing a total of \$2.3 billion to support our home-grown researchers and manufacturers to develop and produce a COVID-19 vaccine, while engaging in strategic international partnerships to support access for Australia and our region. Under our COVID-19 Vaccine and Treatment Strategy, the Budget funds the first tranche of investments in COVID-19 vaccine candidates, totalling a potential \$1.7 billion to pre-order 84.8 million doses of vaccine with leading Australian manufacturer CSL Limited (Seqirus) and UK-based AstraZeneca.

The Australian Government has also joined the COVAX facility, providing access to a large portfolio of COVID-19 vaccine candidates and manufacturers across the world. The Government's initial

commitment of \$123.2 million guarantees we receive offers to purchase a number of vaccine candidates from around the world as they become available, meeting safety and effectiveness standards.

Separately, we are buying the vital needles and syringes needed to deliver vaccine doses as soon as we have them (\$24.7 million).

So far, we have invested \$362 million in research and development activities in support of COVID-19 vaccines, treatments, therapeutics, diagnostics, and research capability. This includes \$95.2 million from the MRFF, including more than \$19 million to support Australian researchers in the development of COVID-19 vaccines.

Supporting senior Australians

In this Budget, we are investing \$408.5 million to improve the care and quality of the aged care system. This responds to both the COVID-19 pandemic and urgent issues raised by the Royal Commission into Quality and Safety in Aged Care.

Funding has increased from \$13.3 billion in 2012–13 to \$23.9 billion in 2020–21, \$24.5 billion in 2021–22, \$25.9 billion in 2022–23 and \$27.1 billion in 2023–24.

A record 23,000 home care packages are being delivered at a cost of \$1.6 billion. This continues our support for senior Australians who seek to live in their homes for longer. The packages will start to be released from 2020. The Government has now invested an additional \$4.6 billion in more than 73,105 packages since the 2018–19 Budget. The Government has increased packages from 60,308 at 30 June 2013 to 155,625 at 30 June 2020 and an estimated 185,597 at 30 June 2021.

Building on COVID-19-specific support already provided, and our initial response to the recommendations of the Aged Care Royal Commission report on COVID-19, we have now provided an additional \$1.6 billion to support the aged care sector's pandemic response. As part of this funding, aged care providers must have one or more trained infection control officers to improve infection control management. This Budget delivers \$746.3 million which includes:

- \$81 million for additional surge workforce and increased training for aged care workers on top of \$101.2 million announced in March 2020
- \$8.4 million for supplementary payments to help cover quarantine costs and interstate staff
- \$205.1 million extension of the Aged Care Workforce Retention Bonus Payment
- More than \$9.1 million to support the establishment of the Victorian Aged Care Response Centre
- More than \$12.5 million to increase availability of grief and trauma support services for aged care residents and their families.

We are continuing the COVID-19 supplement to all Commonwealth-funded aged care providers and the 30 per cent increase in the viability supplement and the residential care homeless supplement for a further six months (\$245 million). Further funding helps providers cover the costs of implementing single site workforce arrangements in hotspots (\$92.4 million). We are also providing support for older Australians who temporarily relocate from residential aged care facilities to live with their family during the pandemic (\$71.4 million).

The Budget tackles issues already identified by the Royal Commission. The misuse of chemical and physical restraints for people living with dementia will be targeted. More specialist counselling teams

will be available to provide expert psychosocial services, including face-to-face and by video and telephone (\$11.3 million).

People in residential aged care will be better protected from abuse, and serious incidents will be better responded to and managed. A Serious Incident Response Scheme will provide more ‘boots on the ground’ staff – nearly 70 extra staff – to regulate the scheme, inspect services and provide safeguards for people in aged care. Providers will be held to account for managing and reporting incidents (\$29.8 million). This will assist in addressing concerns raised by the Aged Care Royal Commission report into COVID-19.

We will stop younger people with a disability going into aged care. A new national organisation, supported by up to 40 system co-ordinators, will connect young people to more age-appropriate facilities (\$10.6 million).

We are reforming how residential aged care is funded. The Budget funds the second stage in the implementation of the new Australian National Aged Care Classification system (\$91.6 million). This will enable independent assessments to deliver more accurate funding to meet the care needs of residents.

Our Government will continue the Business Improvement Fund and add funding capacity to provide grants to eligible residential aged care facilities that are experiencing financial difficulty (\$35.6 million).

Our Government will invest \$10.3 million in the Aged Care Workforce Council. This will build a workforce with the required skills, attitudes and flexibility to provide high quality consumer-focused care to older Australians, and increase recruitment and retention.

This Budget provides funding of \$10.8 million to help ensure that our aged care nurses are supported and well equipped to improve the care and in particular, infection control in aged care as raised by the Royal Commission.

Prioritising Aboriginal and Torres Strait Islander health

This Budget provides \$4 billion in Indigenous health funding over the coming four years, including \$975.5 million in 2020–21. It builds on our efforts to work in partnership with Aboriginal and Torres Strait Islander people to improve health outcomes.

The COVID-19 response measures in this Budget continue the significant work undertaken to keep Aboriginal and Torres Strait Islander people safe. This includes funding to extend the 86 Point of Care testing sites in rural and remote areas, support to the National Aboriginal Community Controlled Health Organisation and enabling unprecedented access to culturally safe assessment and testing across urban and regional areas, with Aboriginal and Torres Strait Islander community controlled health organisations operating 23 of the up to 150 GP-led Respiratory Clinics.

From 1 July 2020 the Government has also provided an additional \$90 million to Aboriginal and Torres Strait Islander community controlled health organisations under a new funding model, which provides three-year funding agreements and annual indexation.

The Government has also announced the investment of almost \$35 million in 42 projects in areas such as ending avoidable Indigenous deafness, ending avoidable Indigenous blindness, and helping to

eradicate chronic kidney disease (including investment of \$14.4 million provided through the first grant round of the Indigenous Health Research Fund).

A further \$33 million is being provided through the Indigenous Australians' Health Programme to expand Aboriginal and Torres Strait Islander primary health care services.

In addition, work is under way to refresh the National Aboriginal and Torres Strait Islander Health Plan, and to develop a National Aboriginal and Torres Strait Islander Health Workforce Plan, both of which are being developed in full partnership with Aboriginal and Torres Strait Islander representatives.

Building a healthy, active Australia

As Australia charts a path to living with COVID-19, it is important for people to engage in healthy, active and connected lifestyles.

We continue to fund the successful Sporting Schools Program for another year, supporting schools to partner with national sporting organisations to deliver high quality sport-based activity, free to students (\$39.6 million). Up to 5,500 primary schools and 500 secondary schools will receive grants. Since it started in 2015, Sporting Schools has distributed \$240 million in grants.

Australians will see the world's best female football players in action when the FIFA Women's World Cup 2023 is held in Australia and New Zealand. The Morrison Government is providing \$2.4 million to Football Federation Australia to start planning now, pending impacts of COVID-19 on international travel. Australia has not hosted a sporting event of this magnitude since the Sydney 2000 Olympic Games.

The Government will also provide funding of \$4.7 million in 2020-21 to the Australian Sports Foundation to increase the fundraising capacity of community sport clubs, and enhance the organisation's information technology network and cyber security functions.

Guaranteeing Medicare and Access to Medicines

COVID-19 Strengthening primary care – \$4.3 billion investment

- ▶ Building on the 32.8 million telehealth services provided to date (30 Sept 2020), continuing access to Medicare-subsidised telehealth for general practitioner, nursing, midwifery, allied health, allied mental health services, specialist services and Medicare-subsidised pathology.
- ▶ Medicare-subsidised pathology and testing at the point of care will continue in 86 rural and remote Aboriginal and Torres Strait Islander communities.
- ▶ Funding for up to 150 GP-led respiratory clinics nationally.

Ensuring access to medicines during the pandemic

- ▶ Supporting access to medicines through fast tracking e-prescribing (\$5m) and home delivery of medicines to protect vulnerable Australians (\$25m).
- ▶ Continued dispensing of medicines emergency measure.

Guaranteeing Medicare – \$28.8 billion investment

- ▶ \$6b increase in Medicare funding over the next four years.

Improving Access to Medicines – \$10.2 billion investment

- ▶ PBS New Medicines Funding Guarantee.
- ▶ Seventh Community Pharmacy Agreement (\$18.3b).
- ▶ Listing of Evolocumab for hypercholesterolaemia (\$179.2m) and Lynparza® (olaparib) for ovarian, fallopian tube or primary peritoneal cancers (\$57.4m).
- ▶ New payment arrangements for high cost medicines.
- ▶ New strategic agreements to be negotiated with Medicines Australia and GBMA.
- ▶ Funding vaccines under the National Immunisation Program (\$49m), potentially fatal meningococcal and pneumococcal diseases.
- ▶ Modernising business with the TGA (\$12m), improved regulation for medicinal cannabis (\$1.7m), introduction of a unique device identification system for implanted medical devices (\$7.7m) and development of a medicines unique identification framework.

Stronger Rural Health Strategy – \$550 million investment

- ▶ Rural, Regional and Remote Clinical Trial Enabling Infrastructure Program (\$125m).
- ▶ Rural Health Multidisciplinary training infrastructure (\$50.3m).
- ▶ New models of primary care to address rural workforce shortages (\$3.3m).

Prioritising Aboriginal and Torres Strait Islander Health – \$4 billion over four years

- ▶ \$975.5m in 2020–21.
- ▶ \$546.9m in Indigenous Australians Health Programme (IAHP) funding to Aboriginal and Torres Strait Islander community-controlled health clinics. A further \$33m is being provided through the IAHP to expand Aboriginal and Torres Strait Islander primary health care services.

Supporting our hospitals

Ensuring hospital capacity through COVID-19 – \$4.8 billion investment

- ▶ Ensuring hospital capacity through the National Partnership on COVID-19 Response, which includes the State Health and Hospital 50/50 Sharing Agreement (\$3.1b) and harnessing the private hospital viability guarantee (\$1.7b).

National Hospital Funding Agreement – \$33.6 billion increase over 5 years

- ▶ Record \$133.6b funding for the next five years across all states and territories through the National Health Reform Agreement, including a \$33.6b increase in funding.
- ▶ Up from \$13.3b in 2012–13, to \$23.6b in 2020–21 to \$28.2b in 2023–24.
- ▶ Private Health Insurance reforms, including increasing the age of dependants, improving transparency of out of pocket costs website and consultation for hospital in the home initiatives, including for mental health and rehabilitation.

COVID National Medical Stockpile – \$3.3 billion investment

- ▶ Additional funding to ensure the National Medical Stockpile continues to provide access to medicines, PPE and medical supplies and equipment (\$3.3b) and increasing onshore mask manufacturing capability (\$9.2m).

2020–21 Budget

Long Term National Health Plan

\$115.5 billion in 2020–21 for health, aged care and sport. \$32 billion additional funding for health, aged care and sport over 4 years from 2020–21 to 2023–24.

- ▶ \$6b additional for Medicare.
 - \$2.4b total investment in telehealth.
- ▶ \$1.9b for life-saving medicines over four years.
 - PBS New Medicines Funding Guarantee.
- ▶ \$33.6b additional for hospitals.
 - \$133.6b funding for five-year National Hospital Reform Agreement, an increase of \$33.6b.
 - New Private Health Insurance reforms to support hospital in the home and lower premiums for young Australians.
- ▶ \$5.7b for Mental Health.
 - Doubling the Better Access psychological services from 10 to 20.
- ▶ \$6.6b for life-saving medical research.
 - \$20b MRFF reached maturity in July 2020.
 - \$424m in new MRFF grants and new program openings.
- ▶ \$8b additional for aged care.
 - 23,000 additional home care packages.
- ▶ \$8.4b for preventive health and sport over four years.
 - Lifetime support for Australia's Thalidomide Survivors.

Prioritising Mental Health, Preventive Health and Sport

COVID-19 Supporting mental health – \$165.9 million investment

- ▶ Support to implement the National Mental Health Pandemic Response Plan (\$48.1m).
- ▶ Support for frontline health workers, older Australians, young people, new parents and Indigenous Australians (\$45.6m).
- ▶ Additional mental health support for Victorians, including \$26.9m for 15 new *HeadtoHelp* clinics.

A commitment to mental health – \$319.8 million investment

- ▶ Additional Medicare-subsidised psychology sessions – doubling Better Access sessions from 10 to 20 sessions nationally (\$100.8m).
- ▶ Supporting young Australians with funding for Lifeline and Kids HelpLine (\$2m).
- ▶ Funding to support Australia's youth through headspace (\$26.1m).
- ▶ Expansion of Standby Support After Suicide program for bereaved families (\$10m), and the Way Back Support Service following a suicide attempt (\$7m).
- ▶ (\$50.3m) to support people affected by bushfires through funding for trauma response co-ordinators, trauma care training and expansion of mental health services and community grants for bushfire-affected areas, and telehealth services.
- ▶ Funding for immediate frontline emergency counselling and hotlines (\$10.5m).

Preventive health – \$184.1 million investment

- ▶ Support for Australia's Thalidomide Survivors (\$44.9m).
- ▶ Implementation of the Roadmap for Hearing Health (\$21.2m).
- ▶ Streamlining Cancer Australia's Tumour Specific Funding Streams (\$11.5m).
- ▶ Investment in antimicrobial usage and resistance (AMR) surveillance (\$22.5m).
- ▶ Victorian Melanoma and Clinical Trials Centre (\$50m).

Sport and physical activity – \$46.7 million investment

- ▶ Continuation of Sporting Schools (\$39.6m).
- ▶ Supporting women in sport with funding for the 2023 Women's World Cup (\$2.4m).

Ageing and Aged Care

Supporting home care – \$1.6 billion investment

- ▶ Helping older Australians live at home for longer through providing an additional 23,000 home care places (\$1.6b). Increase of 73,105 places since May 2018.

COVID-19 Aged Care Response Plan – \$1.6 billion investment

- ▶ Introduction in March and subsequent expansion of the COVID-19 Aged Care Response Plan (\$1.6b total since March, including \$746.3b this Budget), including:
 - Surge workforce support:
 - Funding for the Aged Care Workforce Retention Payment (\$440m).
 - Investment to support aged care surge workforce (\$204.6m).
 - Grants to support aged care workers at single sites (SACWIC) (\$92.4m).
 - Public and private hospital COVID-19 partnerships – more than 500 patients transferred.
 - Increased testing services:
 - More than 165,000 tests to aged care residents and staff across Australia.
- ▶ More than 38.5 million personal protective equipment items provided for aged care and mandating Infection control officers, enhanced nurse training.
- ▶ Establishment of the Victorian Aged Care Response Centre (\$9.1m).
- ▶ Supporting older Australians living at home through CHSP (\$70m).
- ▶ Short-Term Support for Older Australians on Leave from Residential Aged Care (\$71.4m).
- ▶ Supporting aged care nurses to enhance their skills and training (\$10.8m).

Safety and quality and foundations for reform – \$408.5 million investment

- ▶ Dementia training and support (\$11.3m).
- ▶ Implementation of aged care workforce strategy (\$10.3m).
- ▶ Keeping young people out of residential aged care (\$10.6m).
- ▶ New funding model to support better care (\$91.6m).
- ▶ Support for the Royal Commission (\$4.1m).
- ▶ Support through the Business Improvement Fund (\$35.6m).
- ▶ Commonwealth Disability Support for Older Australians (\$125.3m).
- ▶ Investments in the Serious Incident Response Scheme (\$29.8m).
- ▶ Expanding the Single In Home Support Program to support older people at home (\$4.6m).

Life-saving and job-creating medical research

\$20 billion Medical Research Future Fund (MRFF) endowment fully established in July 2020

Research into COVID-19 treatments and vaccines – \$2.3 billion investment

- ▶ Securing COVID-19 vaccine access for all Australians (\$1.7b).
- ▶ National Vaccine and Treatment Strategy to guide strategic investments to access and manufacture COVID-19 vaccines.
- ▶ Initial investment to access COVID vaccine doses through the Gavi COVAX Facility (\$123.2m).
- ▶ Funding for life-saving research into treatments for COVID-19 via the MRFF (\$95.2m).

Ground-breaking medical research and clinical trials – \$6.6 billion over 4 years

- ▶ \$424.3m in MRFF grants and new program openings.
- ▶ \$6.6b funding for MRFF, NHMRC and BTF over the next four years.
- ▶ Patients (\$1.3b) – clinical trials for innovative treatments, delivering more advanced health care and medical technology.
- ▶ Researchers (\$0.8b) – Frontier Health and Medical Research.
- ▶ Missions (\$1.4b) – Genomics Health Futures Missions (\$500m); Stem Cell Mission; Cardiovascular Mission; and Traumatic Brain Injury Mission (\$49m).
- ▶ Translations (\$1.5b) – Rapid Applied Research Translation Centres (\$218m); National Critical Infrastructure (\$605m); and Research Data Infrastructure (\$80m).



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Response to the COVID-19 pandemic

The Australian Government has made every effort to minimise the spread of the coronavirus and its impact on Australians. Australia stands as a model for many nations on how to navigate the COVID-19 crisis.

The Australian Government’s \$16.5 billion emergency health response includes:

GUARANTEEING MEDICARE AND ACCESS TO MEDICINES	
Measure	Funding (\$)
Temporary Access to Medicare-subsidised Telehealth - GP, nursing, midwifery, allied health and mental health services and for essential specialist services	2.4 billion
Interim System Build to Support Ongoing Telehealth	18.6 million
Establishment and extension of 150 GP-led Respiratory Clinics	377.5 million
Continued access to GPs during the pandemic	54.8 million
Microbiology and pathology testing and industry support	1.0 billion
COVID-19 Pathology Testing in Aged Care	145.9 million
Access to medicines (home delivery) and e-prescribing	30.0 million
Workforce infection control training and surge capacity	30.0 million
Funding for early retrieval and evacuation for people with potential COVID-19	30.0 million
Support for COVID-19 triage helplines and communications	143.6 million
Support for planning and preparedness activities in remote communities, including increased screening protocols to reduce travel	5.0 million
Medical Indemnity coverage for returning medical practitioners and midwives	3.7 million

Response to Outbreaks: Australian Medical Assistance Teams (AUSMAT) deployment	7.8 million
Support for the National Incident Room capability in response to the pandemic	49.2 million
Modelling and surveillance to support the response to COVID-19	4.5 million
Australian Health Practitioner Regulation Agency - increased registration capacity	6.3 million
Response to Outbreaks: staffed mobile respiratory clinics	15.0 million
COVID-19 Remote Point Of Care Testing (POCT) Program in Aboriginal and Torres Strait Islander communities	9.8 million
Total	\$4.3 billion
SUPPORTING OUR HOSPITALS	
Measure	Funding (\$)
Harnessing private hospital capacity	1.7 billion
National Partnership Agreement on a joint COVID-19 public health response	3.1 billion
National Medical Stockpile - purchase of masks and other personal protective equipment (PPE) and pharmaceuticals	3.3 billion
Total	\$8.0 billion
AGEING AND AGED CARE	
Measure	Funding (\$)
Supporting aged care preparedness - surge workforce	204.6 million
Support payments to home care and residential aged care providers	574.5 million
Aged Care continuity of workforce - Workforce Retention Payments	440.0 million

COVID-19 support through Commonwealth Home Support Programme	200.7 million
Support for Aged Care Workers in COVID-19 grant to additional regions	92.4 million
Business Improvement Fund to provide emergency COVID-19 support and targeted prudential intervention	55.8 million
Operation of the Victorian Aged Care Response Centre	9.1 million
Supporting quality and safety monitoring of aged care services	9.0 million
Enhancing nursing skills and leadership capability in aged care measure	10.8 million
Emergency funding for the My Aged Care Contact Centre for COVID-19	12.3 million
Total	\$1.6 billion
MEDICAL RESEARCH AND VACCINES	
Measure	Funding (\$)
Securing early access to COVID-19 vaccines through agreements between the Australian Government and the University of Oxford/AstraZeneca and the University of Queensland/CSL	1.7 billion
Initial investment to the Gavi COVAX Facility (up to 25.5 million doses)	123.2 million
Purchase of peripherals to enable COVID-19 vaccine administration	24.7 million
Research investment (including \$95 million from the MRFF) for diagnostics, vaccine development, antiviral development, clinical trials, digital health research infrastructure and research into the human immune response to COVID-19 infection	362 million
Investment to secure COVID-19 vaccines for developing countries through the Advance Market Commitment component of Gavi Facility	80 million
Total	\$2.3 billion

PRIORITISING MENTAL HEALTH AND PREVENTIVE HEALTH	
Measure	Funding (\$)
Supporting Better Access - additional psychological therapies	100.8 million
National Mental Health Pandemic Response Plan	48.1 million
Early intervention support - Beyond Blue, Lifeline and Kids Helpline	24.0 million
Supporting transition of psychosocial support clients to the NDIS	28.4 million
Targeted support for vulnerable groups and enhanced access to clinical care, including aged care	20.2 million
PHNs to establish 15 mental health clinics at selected GP clinics and headspace centres in Victoria	31.9 million
Additional mental health support and crisis services in Victoria to respond to COVID-19	12.0 million
COVID-19 mental health response - awareness and prevention	1.4 million
Total	\$266.8 million
TOTAL COVID-19 INVESTMENT	\$16.5 billion



Strengthening Primary Care – COVID-19 pandemic response – primary care

The Australian Government is extending two primary care initiatives critical to the pandemic response – with total investments in Medicare-subsidised telehealth (\$2.4billion) and General Practitioner (GP) led respiratory clinics (\$377.5 million). Both are extended to 31 March 2021.

The Government has moved quickly to build the capacity of the health, aged care and broader care workforce with up-to-date training in infection prevention and control and for a surge in demand. The pandemic has fast-tracked the delivery of telehealth in Australia. Video and phone consultations are now available for GP, nursing, midwifery, allied health and mental health services and for essential specialist services, such as consultant physician, geriatrician, and neurosurgery services. The Government is developing options for the permanent adoption of telehealth beyond the COVID-19 pandemic. This Budget will fund work to begin system changes to support future reform (\$18.6 million).

Our world-leading testing is supported by a network of up to 150 GP-led respiratory clinics, which complement state run fever clinics. As well, free testing at the point of care will continue in 86 rural and remote Aboriginal and Torres Strait Islander communities in Western Australia, Northern Territory, Queensland, South Australia, New South Wales and Victoria.

Why is this important?

Telehealth and frontline testing for COVID-19 are key elements in the Government's strategy to slow the spread of the virus. Extending telehealth services gives people continued access to essential health services in their home. Maintaining GP-led respiratory clinics conserves the capacity of public hospitals and general practice. Point-of-care testing enables early identification of cases, and allows local health services to respond quickly and decisively if COVID-19 is detected. A surge workforce, coupled with up-to-date infection prevention and control training to the health, aged care and broader care workforce, is critical, particularly for vulnerable Australians and frontline health workers.

These measures are informed by, and support, the Government's Coronavirus National Health Plan, to ensure Australians have the support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

This extended response will continue to protect all Australians, particularly vulnerable groups such as the elderly, people with chronic conditions and Indigenous communities, from COVID-19.

How much will this cost?

This will cost \$2.8 billion from 2019–20 to 2020–21.



Strengthening Primary Care – COVID-19 pandemic response – Pathology

The Australian Government continues to support the pathology sector's critical role in the COVID-19 response and will extend funding for COVID-19 testing for a further six months, to 31 March 2021. The Government will continue to:

- Supplement state and territory testing efforts, funding 50 per cent of the costs of public health testing facilities.
- Fund bulk-billed COVID-19 tests through Medicare, for patients referred for testing by their doctor.
- Fund special bulk-billed tests for aged care workers, interstate truck drivers and interstate rail crew workers. These tests can be for asymptomatic workers, and these people do not need to be referred by a doctor.
- Provide funding for a dedicated 'in-reach' COVID-19 pathology collection and testing services for residential aged care facilities.
- Provide an extension to Laboratory Medicare accreditations which are due to expire in the next six months.

Both public and private sector pathology providers have contributed to the more than 7.6 million COVID-19 tests conducted since the pandemic began.

Why is this important?

Pathology testing remains an important part of the strategy to contain the spread of COVID-19. Australian Government funding under Medicare has assisted in increasing testing rates, by incentivising testing and facilitating testing platform diversification.

Extending support for COVID-19 testing through Medicare, including special arrangements for aged care and transport workers, will maintain Australia's capacity to detect and track the spread of the disease, support the easing of restrictions and minimise the economic consequences of the pandemic.

There has been an upswing in usual pathology services following a sharp decrease in March and April 2020 as a result of lockdown measures. This increase in usual services has made it possible to bring forward the end date of two temporary pathology viability measures introduced in April 2020: a temporary waiver of approved pathology collection centre renewal fees; and the moratorium on opening of new approved collection centres. These two

temporary viability support measures, previously planned for removal from 1 September, concluded on 30 June 2020.

Who will benefit?

This continued support will ensure all Australians have access to bulk-billed COVID-19 tests under Medicare. Essential workers in the aged care sector and interstate freight industry will continue to get priority access to rapid testing under Medicare.

The risks to aged care residents from COVID-19 are higher than the general population, requiring a coordinated and targeted testing approach. Maintaining dedicated residential aged care testing capacity will ensure services are available quickly and without additional administrative work for aged care providers at a time of crisis.

Disease progression in the community and advice from the Australian Health Protection Principal Committee will determine whether these measures are required for a longer time.

How much will this cost?

This Government has committed over \$1.1 billion from 2019–20 to 2020–21, including for the demand-driven COVID-19 testing under Medicare.



Strengthening Primary Care – implementation of MBS Review

The Medicare Benefits Schedule (MBS) will be reviewed on a continuous basis to ensure it continues to fund high value care, remains flexible and modern, and provides value for money for patients and taxpayers. Meanwhile, patients continue to benefit from changes to the MBS recommended by the clinician-led MBS Review Taskforce.

The MBS Taskforce has completed its review of the more than 5,700 items on the MBS to ensure quality, safe and modern care for all Australians. More than 1,600 MBS items have been updated, and obsolete items removed. In this Budget, the Government is also establishing a continuous review to ensure the MBS continues to be supported, improved and made secure for Australia's future.

Why is this important?

The MBS supported more than 424 million health services in 2018–19. The Review has already delivered improvements in patient care. Embedding a permanent review function will create a more clinically safe, appropriate and fiscally sustainable MBS.

Also, as clinical practice continues to change and evolve, it is necessary to build a system of review that provides continual program assurance for the MBS, including for fundamental changes to the delivery of services.

Who will benefit?

Patients will benefit from an MBS that delivers high value care, aligns with contemporary clinical evidence, represents best value for money and improves health outcomes.

How much will this cost?

The continued implementation of review reforms and building continuous review mechanisms will cost \$17.3 million over two years from 2020–21 to 2021–22.



Strengthening Primary Care – stronger Indigenous health

The Australian Government is working in partnership with Aboriginal and Torres Strait Islander people to improve their health outcomes and deliver on commitments under the new Closing the Gap National Agreement.

This Budget includes \$4 billion in Indigenous health funding over the coming four years, including \$975 million in 20-21.

Supporting Aboriginal and Torres Strait Islander people through COVID-19

- In March 2020, the Australian Government established the Aboriginal and Torres Strait Islander COVID-19 Advisory Group, co-chaired by the National Aboriginal Community Controlled Health Organisation and the Department of Health. This genuine partnership between all levels of government and Aboriginal and Torres Strait Islander health experts has been widely acknowledged as a key factor in the low rate of Aboriginal and Torres Strait Islander COVID-19 infections to date.
- This has been backed up by decisive action to protect Aboriginal and Torres Strait Islander people in remote communities. To support local community planning and preparedness, \$5 million was provided to 56 regional and remote organisations, supporting more than 121 remote communities.
- In addition, the Australian Government is keeping Aboriginal and Torres Strait Islander people safe by providing \$9.8 million to deliver free COVID-19 testing at the point-of-care in 86 remote locations, and \$52.8 million to support early evacuations, aeromedical retrievals, as well as mobile respiratory clinics.
- Aboriginal Community Controlled Health Services are enabling unprecedented access to culturally safe assessment and testing across urban and regional areas, by operating 23 of the up to 150 General Practitioner-led Respiratory Clinics. As part of that \$377.5 million package, additional support worth \$8.3 million is also being provided through the National Aboriginal Community Controlled Health Organisation for community controlled organisations to respond flexibly to COVID-19.

New funding model for primary health care services.

- The Australian Government has worked in partnership with the Aboriginal and Torres Strait Islander Community Controlled health sector to develop a new funding model for primary health care services. From 1 July 2020, more than \$90 million over three years in additional funding will be provided for community controlled health organisations, with three year funding agreements and annual indexation, under the Indigenous Australians' Health Program.

Expanding services

- A further \$33 million over 3 years from 2020–21 is being provided through the Indigenous Australians' Health Programme to expand Aboriginal and Torres Strait Islander primary health care services by investing in regions of high need or high population growth, or where there are service gaps.
- Almost \$35 million has recently been provided to fund 42 projects and research to tackle issues such as ending avoidable deafness and avoidable blindness and helping eradicate chronic kidney disease among Aboriginal and Torres Strait Islander people. This includes investment of \$14.4 million from the first grant round of the Indigenous Health Research Fund.
- This Budget provides \$5 million in 2020–21 to improve early identification of hearing and speech difficulties for Aboriginal and Torres Strait Islander children.
- It also includes an expansion of the Closing the Gap Pharmaceutical Benefits Scheme (PBS) Co-Pay Program. This will make it easier for Aboriginal and Torres Strait Islander people to access PBS medications by reducing restrictions on patient registration and who can issue scripts. This will especially benefit Aboriginal and Torres Strait Islander people when moving between primary health care settings and/or geographic locations.

Why is this important?

The Australian Government is committed to improving the health and wellbeing of all Australians.

The new Closing the Gap National Agreement sets out a clear framework to improve outcomes, including health, based on genuine partnerships with Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people have a 10-year-lower life expectancy and 2.3 times the burden of disease compared to non-Indigenous Australians.

Who will benefit?

Aboriginal and Torres Strait Islander people around Australia will benefit from better access to health care and improved health outcomes. Preparations and interventions developed in partnership with Aboriginal and Torres Strait Islander health experts are keeping Aboriginal and Torres Strait Islander people and their communities safe from COVID-19.



Strengthening Primary Care – innovative models of primary care to address rural workforce shortages

The Australian Government is committed to ensuring all Australians can access quality health care, when and where they need it. This Budget provides funding to test new primary care models across western and southern New South Wales, providing local health services to rural communities.

Each model will reflect local needs and take a multi-disciplinary approach to create efficient, co-ordinated networks of GPs, nurses, and other health providers to deliver local services. The aim for each model is to demonstrate how new and flexible approaches can help alleviate workforce shortages and establish sustainable models of service delivery in rural communities.

The suite of new primary care models has been identified based on their readiness for implementation. These projects are the product of collaboration between local Primary Health Networks, state government health districts, and local medical leaders. Outcomes from testing these new models will inform options for wider primary care reforms across rural Australia.

The National Rural Health Commissioner will play an integral role in the implementation and evaluation.

Why is this important?

Australians should have access to high quality health care – regardless where they live. Too often, rural and remote Australians face difficulty accessing the health care they need. This program is an important part of creating an integrated rural health workforce.

A stronger, integrated rural health workforce will improve the health outcomes for people in rural communities, better reflect how modern primary care is to be delivered across a region, and eliminate the need to travel great distances to access primary care.

The Government is committed to delivering rurally-focused health programs and reforms to give rural and remote Australians improved access to essential health services.

Who will benefit?

This will improve access to health services for patients across western and southern NSW and create an attractive environment for rural health professionals. Outcomes will guide future approaches to improving health outcomes for the seven million people who call rural and remote Australia home.

How much will this cost?

This will cost \$3.3 million from 2020–21 to 2021–22.

Strengthening Primary Care – innovative models of primary care to address rural workforce shortages



Strengthening Primary Care – Rural Health Multidisciplinary Training Program infrastructure

Improving access to health services in small rural communities is a priority for the Australian Government. A strong rural health workforce is central to this improvement.

This Budget provides funding for infrastructure to strengthen and develop a critical element of the rural training pipeline, the Rural Health Multidisciplinary Training Program (RHMT).

This expands the network of 16 University Departments of Rural Health (UDRH) delivered under the RHMT Program. UDRHs provide training to students across a range of health disciplines, including nursing and allied health. They also offer a range of innovative learning opportunities in aged care, disability and rehabilitation, childcare, education, community facilities, and Aboriginal Community Controlled Health Organisation (ACCHO) settings.

Expansion of the program will deliver four key elements: funding a new UDRH; increasing training in five remote communities through existing UDRHs (including student accommodation); funding five projects to enhance aged care training; and a feasibility study to identify best approaches to increase dental training in regional locations.

The RHMT program recently underwent a program evaluation, and Government will continue to consult with the sector on implementation of the remaining recommendations.

Why is this important?

Having more medical professionals undertake their training in rural and remote settings is integral to the Government's rural workforce strategy. Evidence shows when students train in rural settings they are more likely to live and work in the regions. The RHMT program provides important rural training opportunities that help grow the rural health workforce.

Capital investment to expand the UDRH training network will directly benefit rural communities and local jobs both in construction and through the future health workforce.

The program has been operating successfully for more than 20 years, directly benefiting local communities and regional economies, and providing important infrastructure for health students and academics to live, work, and train in small rural communities.

Increasing the Aboriginal and Torres Strait Islander health workforce will support the provision of culturally appropriate health care and increase employment opportunities.

Who will benefit?

Australians living in rural and remote areas will benefit from a stronger health workforce and the economic benefits of construction and university presence of local UDRHs. Students participating in the program will benefit from high quality infrastructure in new rural training locations.

How much will this cost?

This will cost \$50.3 million from 2020–21 to 2023–24.



Guaranteeing Medicare and Access to Medicines – Rural, Regional and Remote Clinical Trial Enabling Infrastructure Program

The Australian Government is investing \$125 million to improve the health of Australians in rural, remote and regional areas through access to innovative clinical trials. The Rural, Regional and Remote Clinical Trial Enabling Infrastructure Program removes barriers to participating in clinical trials by:

- improving facilities, equipment and services in rural, regional and remote Australia
- providing patients quicker and easier access to medical treatments, drugs, therapies and devices, through participation in clinical trials
- increasing research capacity, including linkages and enhancements of existing local and national organisations, facilities and workforce, with flow-on effects to broader health services.

The Program will fund these three projects with:

- \$18.6 million to the Border Medical Oncology Research Unit for the *ReViTALISE Project* to bridge the metro-regional trials gap by 2025. This project will, among other things, add the Mildura Base Hospital and Latrobe Regional Hospital as new sites to Regional Trials Network Victoria and introduce seven unique projects across the network resulting in an increased number of trials and improved recruitment.
- \$75.2 million to the Department of Health, Queensland for the *Australian Teletrial Program*. This project will enrol more than 5000 new patients in rural, remote and regional areas in trials. Regional Clinical Trial Coordinating Centres (RCCC) will be established in Queensland, supporting 11 new trial locations, in Western Australia, supporting seven new trial locations, in Victoria, supporting five new trial locations, in Tasmania supporting three new trial locations, and in South Australia and the Northern Territory, supporting eleven new trial locations.

- \$30.6 million to the NSW Ministry of Health for the *Improving access to innovative healthcare in rural, regional and remote NSW and ACT Project*. This project will address clinical trials inequality for 1.8 million people in rural regional and remote NSW.

This grant program, funded under the Medical Research Future Fund, is giving patients access to clinical trials where they live.

Why is this important?

Australians in rural, regional and remote areas face barriers in taking part in clinical trials, including distance, cultural difference, geographical isolation and workforce capacity.

It is through the research done in clinical trials that people gain access to better treatments. This funding will help put our researchers and doctors at the forefront of global research and give more patients more treatment options regardless of where they live.

Who will benefit?

Almost a third of Australians live in rural, regional and remote areas, and these communities have significantly worse health outcomes and shorter life expectancies.

Under this program, people living in rural and remote areas will be able to access clinical trials.

Through this funding, three grants will be funded enabling more clinical trials to be conducted over the next five years.

How much will this cost?

This will cost \$125 million from 2020–21 to 2024–25.



Improving Access to Medicines – ongoing access to medicines during COVID-19

The Australian Government is ensuring ongoing access to essential and life-saving medicines during the COVID-19 pandemic.

The Government has fast-tracked implementation of electronic prescribing (ePrescribing) to allow doctors to prepare and electronically share a prescription with a patient's preferred pharmacy, which can then deliver medicines to their home.

The COVID-19 Home Medicines Service is being extended until 31 March 2021. This supports community pharmacies to remotely fill Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions and provide free delivery of medication to the homes of vulnerable patients or patients who are in home isolation, helping reduce their risk of exposure to the coronavirus.

Australians who are unable to visit their doctor to access a new prescription can also benefit once per year from the expanded list of eligible PBS medicines that can be dispensed without a prescription under Continued Dispensing Arrangements until 31 March 2021.

Why is this important?

COVID-19 has presented many challenges to the provision of health services.

Australians isolating in their homes due to COVID-19 need to have reliable and flexible access to critical medicines and pharmaceutical therapies.

These measures are informed by, and support, the Government's Coronavirus National Health Plan, to ensure Australians have the support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

Improved access to essential and lifesaving medicines through these arrangements, particularly home delivery of medicines, will benefit Australians who are particularly vulnerable to coronavirus (COVID-19), including:

- those advised to isolate at home because of suspected or confirmed COVID-19 infection
- Australians over 70 years old
- Aboriginal and Torres Strait Islander people over the age of 50
- those living with chronic health conditions or who are immunocompromised
- pregnant women and families with newborn babies.

How much will this cost?

This will cost \$30 million from 2019–20 to 2020–21.



Improving Access to Medicines – PBS New Medicines Funding Guarantee

The Government has established a New Medicines Funding Guarantee to meet the cost of future, new, and amended Pharmaceutical Benefits Scheme (PBS) medicines listings.

This landmark forward funding guarantee will further safeguard the PBS listings of innovative, life-saving and life-changing medicines.

While the PBS remains a demand-driven program this PBS New Medicines Funding Guarantee will deliver new funding each year for the listing of new medicines on the PBS, to be replenished each year to meet the expected cost of new and amended listings.

All existing items on the PBS have their funding guaranteed through the Medicare Guarantee Fund, which is established in legislation and secures ongoing funding for all medicines listed on the PBS.

Why is this important?

Access to affordable medicines through the PBS saves and protects lives.

The Government has a policy to list all medicines on the PBS as recommended by the Pharmaceutical Benefits Advisory Committee (PBAC).

The New PBS Medicines Funding Guarantee will ensure that medicines continue to be listed on the PBS.

The PBAC will continue its rigorous examination of clinical and cost-effectiveness prior to making a recommendation to list a medicine on the PBS.

Who will benefit?

All Australians benefit from equitable and sustainable access to the most effective medicines, including highly specialised, expensive and lifesaving medicines, through the PBS.

This change will also benefit the Australian medicines industry, including pharmaceutical manufacturers, wholesalers, compounders, hospital pharmacies, community pharmacies and consumers by providing a funding guarantee.

How much will this cost?

Since 2013, the Government has made over 2,450 new and amended medicines listings on the PBS through an investment of over \$11.8 billion.

This commitment will guarantee new funding each year for the listing of new medicines on the PBS. Whilst the cost of new PBS listings fluctuates each year, approximately \$2.8 billion in new funding is expected to be committed over the next four years to meet the cost of new and amended medicines listings.



Improving Access to Medicines – Seventh Community Pharmacy Agreement

The Australian Government has negotiated the new Seventh Community Pharmacy Agreement (7CPA) with the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia – providing \$18.3 billion for pharmacy dispensing and programs over five years.

This agreement will ensure Australians will continue to have access to Pharmaceutical Benefits Scheme (PBS)-subsidised medicines.

Why is this important?

The 7CPA will continue to support improved affordability of, and increased access to, PBS medicines and effective pharmacy services.

During the first year of the 7CPA, there is a particular focus on reforming community pharmacy programs to provide improved medication management for older Australians, wherever they live, such as reviewing use of psychotropic medicines and delivering follow-up pharmacy services.

Aboriginal and Torres Strait Islander people will have better access to affordable PBS medicines and medication management by registering for the Closing the Gap PBS co-payment wherever they live and regardless of their chronic disease status. People who live in rural and remote areas will have greater access to PBS medicines and medication review services.

In addition, a new scholarship program will enable the pharmacy workforce to exchange skills and knowledge in international best practice.

Who will benefit?

Thanks to the 7CPA, Australians will continue to have access to more than 200 million subsidised PBS prescriptions each year through their pharmacy of choice. Community pharmacies will have additional remuneration and predictable funding for the next five years. In addition, the optional \$1 discount on PBS patient co-payments will continue to provide patients with access to cheaper medicines.

How much will this cost?

The Seventh Community Pharmacy Agreement will provide \$18.3 billion from 2020–21 to 2024–25.



Improving Access to Medicines – listing of new items on the PBS

The Australian Government's commitment to the Pharmaceutical Benefits Scheme (PBS) is steadfast. This year's Budget continues the commitment to list all medicines recommended by the medical experts on the Pharmaceutical Benefits Advisory Committee (PBAC). Since October 2013, more than 2,450 new or amended PBS items have been listed at an overall cost of around \$11.8 billion. The Government is averaging 30 new and amended listings per month – approximately one every day.

- 1 November 2020, Lynparza® (olaparib) will be made available for the treatment of newly diagnosed advanced high grade epithelial ovarian, fallopian tube or primary peritoneal cancers. An average of 300 patients per year may benefit from this listing. Without PBS subsidy, patients would pay over \$140,500 per course of treatment for this medicine.
- 1 November 2020, Tecentriq® (atezolizumab) and Avastin® (Bevacizumab) will be made available for Hepatocellular carcinoma, the most common type of primary liver cancer. An average 500 patients per year may benefit from this listing. Without PBS subsidy, patients may pay \$170,000 for a course of treatment.
- From 1 October 2020, Eylea® (aflibercept) was listed for the treatment of subfoveal choroidal neovascularisation due to pathologic myopia. In 2019, around 500 patients accessed a comparable treatment. Without PBS subsidy, patients may pay around \$5,000 per year.
- From 1 September 2020, Calquence® (acalabrutinib) was listed for the treatment of chronic lymphoma leukaemia or small lymphocytic lymphoma. Around 1,600 patients may benefit from this listing. Without PBS subsidy, patients may pay around \$140,000 per course of treatment.
- From 1 August 2020, Rozlytrek® (entrectinib) was listed for the treatment of non-small cell lung cancer. Around 130 patients per year may benefit from this listing. Without PBS subsidy, patients may pay around \$177,000 per course of treatment.

- From 1 July 2020, Ozempic® (semaglutide) was listed for the treatment of insufficiently controlled type 2 diabetes. Around 40,000 patients per year may benefit from this listing. Without PBS subsidy, patients would pay \$1,700 per year for treatment.
- From 1 June 2020, Revlimid® (lenalidomide) was expanded to allow use in combination with Velcade® (bortezomib) and dexamethasone for previously untreated multiple myeloma. Around 2,300 patients per year may benefit from this listing. Without PBS subsidy, patients may pay around \$64,000 per course of treatment.
- From 1 May 2020, Repatha® (evolocumab) was made available for the treatment of atherosclerotic cardiovascular disease and familial hypercholesterolaemia. Up to 30,000 patients may benefit each year. Without PBS subsidy patients would pay more than \$5,400 per year.
- From 1 April 2020, Revlimid® (lenalidomide) was made available to include the treatment of patients with newly diagnosed multiple myeloma – a cancer of the bone marrow – after an autologous stem cell transplant. Around 1,000 patients per year may benefit from this listing. Without PBS subsidy patients would pay more than \$194,000 for a course of treatment.

Why is this important?

The Government has committed to list positive Pharmaceutical Benefits Advisory Committee recommendations on the PBS schedule, subject to successful negotiations with sponsors.

The PBS continues to provide timely, reliable and affordable access to necessary medicines for Australians.

Who will benefit?

All Australians benefit from access to affordable medicines. The PBS listing of these medicines means that eligible patients will pay only a maximum of \$41 per script, or just \$6.60 with a concession card.

How much will this cost?

This will cost \$1.1 billion from 2019–20 to 2023–24.



Improving Access to Medicines – new payment management for high cost, life-saving medicines

The Government will ensure medicines remain affordable and accessible for all Australians and seek to provide Australia’s medicines industry with policy predictability so that it can continue to invest in medicines, research and Australian jobs.

From 2021, rebates will be paid on a monthly basis by the sponsors of high cost medicines to ensure they are available, and pharmacists and other parts of the supply chain are not left out of pocket.

Consultations on new strategic agreements with Medicines Australia and Generic and Biosimilar Medicines Association with implementation of the new agreement to commence, after the expiry of the current agreements in 2022. The agreements will provide a guaranteed framework to help ensure coordinated access to medicines for patients from 2022.

Why is this important?

The COVID-19 pandemic has emphasised the importance of timely and affordable access to PBS medicines and the critical need for stability in the medicines supply chain.

Monthly rebate payments from manufacturers for new and existing Special Pricing Arrangements medicines will strengthen the administration and efficiency of invoicing and payment processes for PBS medicines where rebates are applicable.

Who will benefit?

The timely supply of medicines benefit all Australians. Pharmacists, medicine wholesalers and manufacturers will also benefit from a more efficient system. It will also improve the Government’s ability to quickly respond to future health emergencies.



Improving Access to Medicines – improving the administration of the Pharmaceutical Benefits Scheme (PBS) and patient support programs

The Australian Government will continue to improve the administration of the Pharmaceutical Benefits Scheme (PBS), and ensure ongoing access to life saving medicines for Australian patients.

The Medication Program for Homeless People will be improved to ensure eligible homeless people have access to essential PBS medicines at no cost. Changes will streamline processes and improve efficiency.

From 1 January 2021, the Government will change the Pharmaceutical Benefits Advisory Committee (PBAC) submission categories to increase efficiency, cut red tape and improve transparency.

The Government will continue to pursue financial compensation from pharmaceutical companies whose actions delay the listing of cheaper generic versions of medicines on the PBS.

Why is this important?

Access to affordable medicines helps to save and protect lives. A more efficient, transparent and sustainable PBS will ensure all Australians continue to have access to affordable medicines. The Government will continue to drive targeted reforms to the administration of the PBS to ensure patients can receive affordable medicines as quickly as possible.

Who will benefit?

All Australians will benefit from affordable medicines that are listed as quickly as possible on the PBS. By streamlining the process for listings, the Government is making sure Australians get the medicines they need, where and when they need them.

How much will this cost?

Combined, these measures will save \$0.8 million from 2020–21 to 2023–24.



Immunisation – new and amended listings

The National Immunisation Program (NIP) has been amended from 1 July 2020 to improve protection for those most at risk from potentially fatal meningococcal and pneumococcal diseases.

For the first time, the meningococcal B vaccine is now available for free to Aboriginal and Torres Strait Islander infants under two years. A catch-up program will be available until 30 June 2023. Approximately 20,000 Indigenous children are expected to be vaccinated each year.

Other changes to the NIP include:

- People aged 70 years and over are eligible for the pneumococcal vaccine based on expert medical advice that people aged over 70 years old are in need of the most protection.
- After they turn 50, Aboriginal and Torres Strait Islander people are eligible for three pneumococcal vaccines.
- More people with medical conditions that place them at a higher risk of infection can access free pneumococcal, meningococcal ACWY and the Haemophilus Influenzae type b (Hib) vaccines.

Why is this important?

Immunisation protects and saves lives. Meningococcal and pneumococcal diseases are rare but can kill, and have serious effects for survivors.

Aboriginal and Torres Strait Islander children are almost four times as likely to contract meningococcal as non-Indigenous children.

Maintaining high rates of immunisation against vaccine preventable disease is vital to keep them under control in all Australian communities. This is even more important as the nation enters a critical stage in the fight to suppress COVID-19.

Australia has record high childhood immunisation rates of 94.77% for five year old children and 96.9% for Aboriginal and Torres Strait Islander children.

Who will benefit?

Aboriginal and Torres Strait Islander children aged two years and under will benefit from free meningococcal vaccines.

People aged over 70, Aboriginal and Torres Strait Islander people over 50 and people of all ages with medical conditions that increase their risk will get free pneumococcal vaccination.

More than 260,000 people will benefit from these new and amended listings each year.

How much will this cost?

The Government will invest \$49 million from 2020–21 to 2023–24.



Improving Access to Medicines – development of Unique Identification framework for PBS medicines

A Unique Identification (UID) framework will be developed to improve patient safety by tracking medicines dispensed through the Pharmaceutical Benefits Scheme (PBS).

The UID will be on medicine packs and allow products to be traced quickly, resulting in better product safety and quality use of medicines to benefit patients. At the same time it will help support the timely access to PBS medicines by the community. It will also likely prevent incorrect and/or fraudulent PBS claims – ensuring the PBS remains strong and sustainable now and in the future.

Why is this important?

Access to affordable medicines helps to save and protect lives.

This framework will protect the integrity of the medicines supply chain, increase transparency and enhance the Government's ability to respond to future health emergencies.

Introducing a UID for PBS medicines will provide the Government with the ability to manage vital medicine stockpiles in real time, as well as greater ability to support recalls with fast reliable data on medicine distribution. It will also provide assurance to consumers that they are receiving the right medicines.

Since 2013, the Australian Government has approved more than 2,450 new or amended listings on the PBS, through investment of \$11.8 billion.

Who will benefit?

All Australians benefit from safe, reliable and affordable medicines.

How much will this cost?

The financial impact of developing the framework will be negligible. Extensive consultation with the Therapeutic Goods Administration and the sector will inform its development.



Improving Access to Medicines – reducing red tape for business interactions with the Therapeutic Goods Administration

The Australian Government is funding reforms to the Therapeutic Goods Administration (TGA) processes, to significantly reduce red tape for the Australian medicines and medical device industry. Industry will be able to securely interact with the TGA to apply for, track, pay, and manage listings for regulated and subsidised health related products and services electronically in a simpler and more streamlined way. There will be stringent cybersecurity measures for the highly valuable, commercially confidential data submitted by industry to the TGA. Modernising business systems and infrastructure and joining up services will also support medicines and devices getting to patients sooner.

Why is this important?

As at 31 August, there were 94,078 products on the Australian Register of Therapeutic Goods. The TGA receives around 26,000 applications each year. Faster and more efficient decisions on the safety, quality and efficacy of therapeutic goods are important to the health of all Australians. Digital transformation will support better health outcomes through timely and trusted access to medicines and medical devices information. It will mean a significant reduction in red tape and on costs to the medicines and medical devices industry. It will also ensure Australia is well positioned to respond to emerging and new health technologies in the international market.

Who will benefit?

Consumers and health care professionals will have greater confidence in the safety and efficacy of therapeutic goods as a result of increased transparency in regulating medicines and medical devices.

The medicines and medical device industry will benefit through simpler and faster interactions with Government, earlier approvals of medical products, reduced administrative effort, and more timely information and decision-making by the TGA. More than 4,000 businesses engage with the TGA each year.

How much will this cost?

This will cost \$12.0 million from 2020–21 to 2023–24.



Improving Access to Medicines – Unique Device Identification system for the safety of medical devices

The Australian Government will strengthen patient safety through the establishment of a Unique Device Identification (UDI) System for medical devices.

The system is an Australian first and will allow tracking and tracing of medical devices that have been implanted in patients. It will enhance the ability for doctors to notify patients quickly if there is a safety issue with a medical device and strengthen Australia's post market medical device adverse event system.

The UDI system is a key pillar of the Government's response to the Senate Inquiry into *The number of women in Australia who have had transvaginal mesh implants and related matters*. It underpins the response to four recommendations made by the Senate Committee, relating to post-market surveillance and monitoring throughout the healthcare system.

Why is this important?

In 2017–18 there were more than 2.8 million devices implanted and funded by private health insurance alone – with many more implanted in the public system.

Implementing a UDI system protects patient safety and allows for a quick response to any safety issues that may arise with implanted devices.

Who will benefit?

Patients who have medical devices implanted will benefit from the additional safety and monitoring protections the UDI system will provide.

How much will this cost?

The Government will invest \$7.7 million from 2020–21 to 2023–24 through the Therapeutic Goods Administration to support this initiative.



Improving Access to Medicines – regulation of medicinal cannabis

The Australian Government will provide ongoing funding for the administration of the medicinal cannabis research, cultivation and manufacture regulation scheme.

The medicinal cannabis sector is rapidly evolving in size and complexity. This funding ensures that essential regulatory functions such as the assessment of licence and permit applications and compliance are undertaken in a streamlined and timely manner.

This measure will support the continued operation and growth of the Australian medicinal cannabis industry in supplying high quality products to patients both locally and internationally.

Why is this important?

In the three years of the scheme's operation, the medicinal cannabis sector has continually grown. The value of the domestic medicinal cannabis industry is approaching \$1.8 billion.

On 30 June 2020, there were 114 licences in force, including in rural and regional areas. It is expected that up to 140 licences will be in force by the end of 2020–21. It is important that the cultivation of medicinal cannabis is properly managed to ensure patients who need it benefit from it and product produced under these licences is used for its intended purpose.

As at 28 September 2020, over 65,000 prescriptions are estimated to have been issued for medicinal cannabis under the Special Access Scheme (SAS) and Authorised Prescriber (AP) scheme.

This scheme will also support jobs in this emerging sector, many of which are based in regional areas.

Who will benefit?

Patients who rely on medicinal cannabis will benefit from this measure. The industry will benefit from an increased capacity to assess applications.

How much will this cost?

The Government will invest an additional \$1.7 million from 2020–21 to 2023–24 in the Office of Drug Control.



Supporting our Hospitals – COVID-19 pandemic response

The Australian Government is continuing the historic National Partnership Agreement on COVID-19 Response with all states and territories to support the management of COVID-19. Under the National Partnership, the Australian Government pays for 50 per cent of costs incurred by hospitals and state public health authorities to assess, diagnose, treat and contain COVID-19.

In addition, the Australian Government meets 100 per cent of the cost of ensuring that private hospital beds and the private hospital workforce are available to supplement public hospitals during COVID-19 outbreaks.

Since March, the Australian Government has invested \$4.8 billion in the National Partnership Agreement – \$3.1 billion to states and territories, and \$1.7 billion for the private hospital viability guarantee, an unprecedented integration of the public and private hospital systems. This has provided support for elective surgeries, IT systems, cleaning, personal protective equipment (PPE) and ventilators.

Why is this important?

The full resources of our world-class health system – a blend of public and private systems – are needed to focus on treating COVID-19 patients. While Victoria is managing a second wave of COVID-19 cases, it is critical that national support continues to ensure states and territories can proactively manage the pandemic. Support for states and territories is critical to mitigate the risk of further outbreaks as much as possible.

Guaranteeing the viability of private hospitals ensures states and territories have access to private hospital beds, staffing and resources (such as PPE stocks and ventilators) to support their ongoing response to the pandemic. This has proven critical during the recent Victorian outbreak, particularly for supporting aged care facilities, with more than 47 aged care residents transferred to public hospitals and more than 500 aged care residents transferred to private hospitals.

These measures are informed by, and support, the Government's Coronavirus National Health Plan, to ensure Australians have the support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

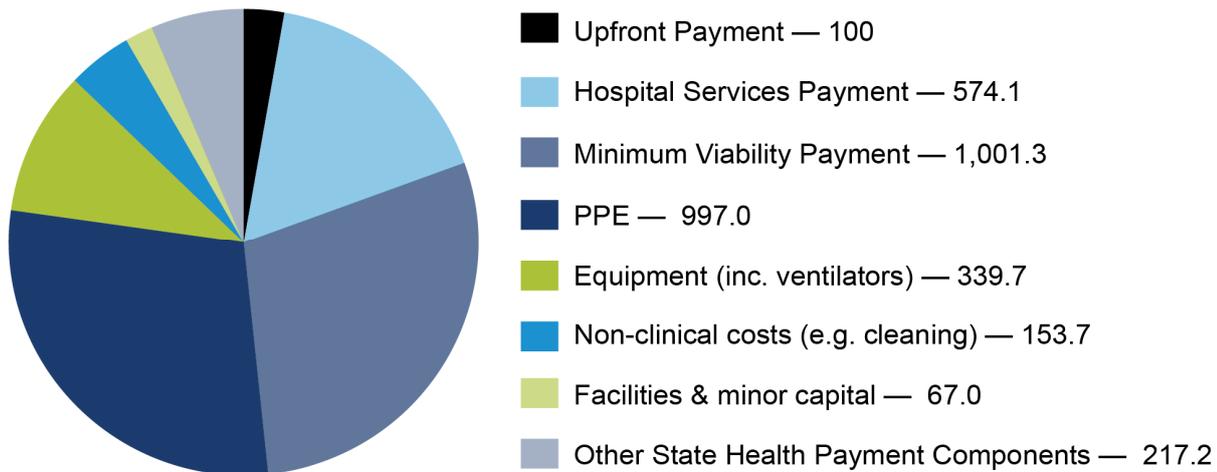
Building the capacity of the health system will ensure people with COVID-19 are effectively assessed, diagnosed and treated. People, particularly those most at risk, can continue to access essential health care in a way that reduces their potential exposure to infection. The

viability of private hospitals guarantees our capacity to respond to COVID-19, meaning that more beds, doctors and nurses are available in the event of an outbreak.

How much will this cost?

This will cost \$4.8 billion over two years commencing 2019–20.

Funding paid by the Australian Government through the National Partnership as of 30 September 2020, by intended purpose and \$ million:





Supporting our Hospitals – National Hospitals Agreement

The new 2020–25 National Health Reform Agreement provides public hospitals across the country with a record \$133.6 billion in funding over five years. This delivers an increase of \$33.6 billion compared with the previous five years.

Why is this important?

This commitment ensures the Australian health system remains stable and nationally coordinated, particularly during this unprecedented time.

It will deliver more doctors, more nurses and more services across public hospitals in every state and territory.

This guarantee is critical to ensuring state and territory governments can continue to deliver safe and effective public hospital services for all Australians, especially as all Australian governments respond to the COVID-19 pandemic.

The new agreement also includes a commitment by all Australian governments to a shared long-term vision for health reform, at a time when shared investment and coordination in health has never been more important.

Who will benefit?

Under this agreement, lifesaving, high-cost and innovative therapies, such as immunotherapy, will be available to treat serious blood and bone cancers – free of charge. The Australian Government and states have agreed to jointly fund this cancer treatment.

States are also funded to deliver more flexible care, including hospital care in the home, to give patients care where and when they need it. This will include rehabilitation in the home after a stroke. This provides better long term outcomes for patients.

New funding arrangements under the agreement mean people with some of the rarest conditions will have better access to new innovative life-saving high-cost therapies in public hospitals around the country.

Importantly, the agreement strengthens all governments' commitment to ensuring equitable access to public hospitals for all Australians by removing incentives that can lead to the preferential treatment of private patients in public hospitals.

How much will this cost?

The new Agreement provides an estimated \$133.6 billion in funding to public hospitals over five years from 2020–21. This is equivalent to an additional \$33.6 billion compared with the previous five years.



Supporting our Hospitals – COVID-19 National Medical Stockpile

The Australian Government is continuing support for the National Medical Stockpile (NMS) through an investment of \$3.3 billion.

The NMS is a crucial component of Australia’s critical health emergency infrastructure, and underpins Australia’s preparedness for public health emergencies such as COVID-19 and the 2019–20 bushfires.

Expiring antiviral, chemical, biological, radiological and nuclear inventory items are being replenished, along with pharmaceuticals and personal protective equipment (PPE) – including face masks, respirators, gloves, face shields and gowns – and medical supplies and equipment.

The Government is working with local Australian suppliers to purchase sterile nasal swab kits for the NMS.

As of 30 September 2020, the NMS has purchased a total of:

- 166 million P2/N95 respirators
- 595 million surgical masks
- 12 million face shields
- 32 million goggles
- 53 million gowns
- 261 million gloves

As of 30 September 2020, disbursements from the NMS have included:

- 21 million P2/N95 respirators
- 56 million surgical masks
- 4 million face shields
- 900,000 goggles
- 6 million gowns
- 12 million gloves

Why is this important?

Australia's health security and national emergency response capability is critical. The NMS is a significant mitigation strategy against potential and actual threats to Australia's health security, including natural disasters and terrorist threats. Australia will always require a strategic national reserve of time critical and essential medical supplies. It is important to maintain stock levels and implement strategies to ensure continued national capability and onshore access to essential medical supplies.

In the event of a pandemic or other public health emergency, all Australians, especially vulnerable and at-risk groups and health care workers, need access to essential medical supplies, including medicines and PPE.

A key learning from the COVID-19 pandemic is the need to increase Australia's domestic production of critical supplies.

The Department of Health entered into new arrangements with a number of Australian manufacturers to build our onshore manufacturing capabilities and ensure sovereign supply. A proposed review of the NMS will look at the feasibility of additional onshore manufacturing and supply of specific products into future agreements.

This measure is informed by, and supports, the Government's Coronavirus National Health Plan, to ensure Australians have the support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

All Australians, especially vulnerable and at risk groups such as the elderly, will have access to essential medical supplies, including medicines and PPE. Health practitioners and staff and aged care workers will also be protected from infection when caring for patients.

How much will this cost?

This will cost \$3.3 billion from 2019–20 to 2020–21.



Private Health Insurance – increasing the age of dependants

The Government is implementing the most significant reforms to private health insurance (PHI) in over a decade, which is making PHI simpler and more affordable.

From 1 April 2021, the Government will increase the maximum age of dependants for private health insurance policies from 24 to 31 years and remove the age limit for dependants with a disability.

This is part of the Government's commitment to ensuring PHI is affordable and provides value for money for consumers.

Why is this important?

This will help provide continuity of care for younger Australians and encourage them to continue with PHI when they reach the age of 31, which is the age at which Lifetime Health Cover commences.

Allowing dependants to remain on the family policy until the start of Lifetime Health Cover provides them with a clear moment for decision about maintaining their PHI, and increases PHI's attractiveness to young people.

People with a disability will be provided with the flexibility to access more affordable private health insurance without age limits as they can be covered under a family policy at no or low cost – rather than purchase a standalone policy.

Who will benefit?

Young people, families and people with a disability will benefit from these changes to PHI.



Private Health Insurance – transparency of out-of-pocket costs

The Australian Government is implementing the most significant reforms to private health insurance (PHI) in over a decade, which is making it simpler and more affordable.

The Government has embarked on a significant PHI reform journey to improve access to services and ensure value for money for consumers. The Budget begins delivery of the second wave of these reforms.

The transparency of out-of-pocket costs has been improved thanks to the Medical Cost Finder website. The website is a medical costs finder tool which collects, validates and publishes individual non-GP medical specialist fees. The website will be enhanced, and specialists will be supported to use the tool and update fee information.

Why is this important?

Currently 13,610,795 Australians hold private health insurance. The Government is delivering on its commitment to improve the transparency of out-of-pocket costs, which are a significant concern to consumers and influence their decisions about taking out PHI.

The out-of-pocket costs website will give PHI consumers and referring doctors access to information on individual specialists and government and insurer benefits. This will support choice of specialist, minimise out-of-pocket costs and improve understanding of the value of private health insurance.

Who will benefit?

Patients will have a better understanding of PHI and find it more attractive and value for money.

How much will this cost?

This will cost \$17.1 million from 2020–21 to 2023–24.



Private Health Insurance – expanding home and community based mental health and rehabilitation care

This Budget will make home and community-based care for rehabilitation services more accessible through private health insurance (PHI). Home and community care will be expanded, allowing patients to recover and rehabilitate in their own homes – if that is their preference and is clinically appropriate – with the support of their doctor.

A rehabilitation plan will be developed by an appropriate doctor, which explicitly considers home and community care options, in consultation with the patient.

This measure will also expand insurer options for funding of non-MBS mental health care services from general treatment and hospital treatment policies.

Why is this important?

Most patients prefer to recover and rehabilitate in their comfort of their own homes, if it is safe to do so. This is often a more cost-effective option than in-hospital care. Expanding community care will allow patients to recover at home and increase capacity in hospitals.

Consultations with the sector aim to ensure consumers with PHI can have access to greater range of mental health and rehabilitation services.

Who will benefit?

Australians with PHI will benefit from being able to recover – supported – in their own homes.

For mental health services, consumers will have access to a wider range of non-MBS and non-hospital services, including early intervention services.

How much will this cost?

The Department of Health will commence detailed consultation with the sector on these initiatives, with the goal of implementing these reforms from 1 April 2021.



Private Health Insurance – actuarial studies of incentives

The Government is implementing the most significant reforms to private health insurance (PHI) in over a decade, which is making PHI simpler and more affordable.

The Government will fund external actuarial studies of two key pillars of Australia's PHI system, to inform the next wave of reforms. The Government's recent reforms are making PHI simpler and more affordable for Australian consumers and these studies will ensure they remain appropriate.

The studies will look at:

- Lifetime Health Cover, which provides a financial incentive for people to take out private hospital cover before the age of 31 years.
- Risk equalisation, which supports community rating by sharing the cost of certain claims between insurers, however may not adequately incentivise private health insurers to provide access to new preventive health measures.

Why is this important?

These actuarial studies will highlight whether any changes to these policy settings could improve value and effectiveness for consumers. Changes to risk equalisation could also incentivise insurers to provide better preventive health benefits to help prevent illness and hospitalisations.

Who will benefit?

All Australians with PHI benefit from affordable policies that provide value for money.

How much will this cost?

The Government will invest \$2.4 million over 2020–21 and 2021–22.



Aged Care – more Home Care Packages

Older Australians will be supported to live at home for longer with the funding of substantially more Home Care Packages (HCPs) in this Budget. This is part of the Government's commitment to support older Australians to live in their own homes, reducing wait times for packages and connecting older Australians to essential care sooner. This Budget provides \$1.6 billion for an additional 23,000 packages.

This builds on the \$325.7 million investment for 6,105 packages, announced by the Prime Minister on 8 July 2020.

The Government has now invested an additional \$4.6 billion in 73,105 packages since the 2018–19 Budget. The Government has increased packages from 60,308 at 30 June 2013 to 155,625 at 30 June 2020 and an estimated 185,597 at 30 June 2021.

This significant boost to Home Care Packages helps pave the way for future reform and provides a solid foundation to build upon once the recommendations of the Royal Commission into Aged Care Quality and Safety are handed down next year.

Why is this important?

We know that many older Australians want to remain in the homes and communities they have built their lives around for as long as possible – and the Government is committed to supporting this. With the release of more HCPs, older Australians will be connected to essential care sooner.

Boosting the number of HCPs helps older Australians access the care they need, when they need it at home.

Who will benefit?

This measure will benefit older Australians who will be connected more quickly with care. This measure means people who are seeking home care can stay in the communities they have built their lives around.

How much will this cost?

This will cost \$1.6 billion from 2020–21.



Aged Care – home care reform

Senior Australians will be supported to live at home, as improvements to aged care systems will make assistance much easier to access.

Single in-home care program

The Government has listened to older Australians – they want a simple, easy to navigate system that meets their needs. To deliver this it is vital to have a model that can match the changing needs of individuals to the support they require. This Budget makes navigating the aged care system easier for older Australians and their families. It builds on preliminary work to identify and evaluate options to assess, classify and fund the varied needs of older Australians and their carers, with one, simple, unified system.

This measure funds further research and consultation with the sector, consumer representatives and peak bodies to ensure the best solution is delivered for older Australians.

Improved Payment Administration arrangements in home care

In addition, improved payment arrangements means, from February 2021, providers of home care will be paid once aged care services are delivered, rather than in advance.

Why is this important?

We know that many older Australians want to remain in their homes and in the communities they have built their lives around for as long as possible – and the Government is committed to supporting this.

It will make the aged care system easier for senior Australians and their families to navigate and ensure quality support services are delivered.

Making these important adjustments to aged care services will ensure senior Australians can access the care they need, when they need it.

This work will pave the way for a fast and effective response to the Royal Commission's Final Report next year.

Who will benefit?

These measures will benefit senior Australians who will connect more quickly and easily with home care so they can stay in their communities for longer in the comfort of their homes.

How much will this cost?

This will cost \$25.5 million from 2020–21 until 2023–24.



Aged Care – COVID-19 pandemic response

The Australian Government is committed to supporting the aged care sector's response to COVID-19. An additional \$746.3 million further extends support announced in March, May and August as part of the Aged Care COVID-19 response plan. This takes the total support for older Australians in aged care to more than \$1.6 billion since the start of the pandemic.

In addition to the \$205.3 million COVID-19 Support Payment provided to residential aged care providers in May 2020, the Government is extending this payment as part of a \$245 million package. Under this funding, trained infection control officers will be mandated, responding to the recommendation of the Aged Care Royal Commission COVID-19: a special report.

This also includes, for a further six months, an extension to the Government's 30 per cent increase in the viability supplement which assists providers in rural and remote areas, and the residential care homeless supplement for aged care homes specialising in caring for people who were homeless or at risk of becoming homeless.

Additional support for the aged care workforce includes:

- \$81 million for additional surge workforce and increased training for aged care workers on top of \$101.2 million announced in March 2020.
- \$8.4 million for supplementary payments to help cover quarantine costs and interstate staff.
- A total of \$440 million for the Aged Care Workforce Retention Bonus Payment – across three payments – to encourage residential and home care workers to continue providing direct care services during the COVID-19 pandemic.
- \$92.4 million for Support for Aged Care Workers in COVID-19 to work at a single site.
- \$71.4 million for additional short-term support for older Australians.
- \$1.5 million to ensure appropriate and regular communication from Health Direct to the families and loved ones of Aged Care Residents affected by COVID-19.
- \$10.8 million for nursing skills and competence.
- \$9 million for the Aged Care Quality Safety Commission.

More than \$9.1 million has supported the establishment of the Victorian Aged Care Response Centre alongside the Victorian Government. This allows Victorian aged care providers to boost their workforce while undergoing training, and provides a prototype for similar emergency centres to be rolled out as necessary where outbreaks occur across the country.

More than \$12.5 million has been committed to supporting residents and their families with increased availability of grief and trauma support services for aged care residents and their families, as well as the \$10 million Community Visitors Scheme which supports volunteer visits to provide friendship and companionship to older people.

Pathology providers have been contracted to deploy specialised mobile testing and asymptomatic teams to aged care facilities in outbreak areas and undertake testing of staff and residents before they begin to show symptoms.

Why is this important?

The COVID-19 pandemic has had a significant effect on older people in aged care, both globally and here at home.

Residents of aged care facilities are particularly vulnerable and at risk.

This funding is critical to support senior Australians, workers and providers in the aged care sector. It responds to the Aged Care Royal Commission and supports the Government's Aged Care COVID-19 response plan and Coronavirus National Health Plan, to ensure older Australians have the support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

Older Australians in residential and in-home care and their families, and aged care workers and providers will benefit from this extended support.

How much will this cost?

This will cost more than \$1.6 billion from 2019–20 to 2020–21.



Aged Care – COVID-19 pandemic response

The Australian Government is protecting the lives of older Australians in the face of the COVID-19 pandemic with more than \$1.6 billion invested in the aged care response to the virus.

The Australian Government investment includes:

Investment	Announced
<p>National Medical Stockpile</p> <ul style="list-style-type: none"> \$3.3 billion to supplement the National Medical Stockpile, including Purchase of Masks and Other Personal Protective Equipment (PPE), pharmaceuticals, and medical supplies and equipment 	<p>8 March 2020 with subsequent additions</p> <p>https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australian-government-secures-additional-54-million-face-masks-to-contain-coronavirus-outbreak</p> <p>* These commitments have been accounted for separately in the Fact Sheet titled <i>Supporting our Hospitals – National Medical Stockpile</i>.</p>
<p>Supporting Aged Care Preparedness - surge workforce and training –</p> <ul style="list-style-type: none"> \$101.2 million for the COVID-19 preparedness measure 2020 	<p>11 March 2020</p> <p>https://www.pm.gov.au/media/24-billion-health-plan-fight-covid-19</p>
<p>COVID-19 Pathology Testing in Aged Care</p> <ul style="list-style-type: none"> \$145.9 million including ‘inreach’ pathology testing in aged care and bulk billed Medicare testing for asymptomatic aged care workers 	<p>11 March 2020 with subsequent additions</p> <p>https://www.pm.gov.au/media/24-billion-health-plan-fight-covid-19</p> <p>* These commitments have been accounted for separately in the Fact Sheet titled <i>Aged Care -COVID-19 Pandemic Response – pathology testing in aged care</i>.</p>

Investment	Announced
<p>Supporting our Hospitals – COVID-19 Pandemic Response</p> <p>\$3.1 billion to cover 50 per cent of the additional costs incurred by state and territory health services as a result of the diagnosis and treatment of patients with COVID-19, those suspected of having the virus or activities to prevent the spread of it. This support is uncapped and demand driven.</p>	<p>13 March 2020 with subsequent additions</p> <p>https://www.pm.gov.au/media/press-conference-australian-parliament-house-act-7</p> <p>* These commitments have been accounted for separately in the Fact Sheet titled <i>Supporting our Hospitals – COVID-19 Pandemic Response</i>.</p>
<p>Aged Care Continuity of Workforce - Workforce Retention Payments</p> <ul style="list-style-type: none"> • \$234.9 million for direct care staff retention in residential and home care • \$78.3 million for a temporary increase to residential care subsidy • \$28.4 million for an increase to the viability supplement and homeless supplement • \$22.1 million to support home care • \$70 million for temporary support through the Commonwealth Home Support Programme • \$12.3 million to boost My Aged Care services 	<p>20 March 2020</p> <p>https://www.health.gov.au/ministers/senator-the-hon-richard-colbeck/media/measure-to-support-senior-australians-and-those-who-care-for-them</p>
<p>COVID-19 support through Commonwealth Home Support Programme – includes other CHSP</p> <p>COVID-19 supports</p> <ul style="list-style-type: none"> • \$59.3 million for meal delivery services • \$10 million for the Community Visitors Scheme 	<p>31 March 2020</p> <p>https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/meals-on-wheels-programs-reinforced-to-help-senior-australians-at-home</p>

Investment	Announced
<p>Private Hospital Viability Guarantee</p> <ul style="list-style-type: none"> • \$1.7 billion to ensure the viability of private hospitals in return for maintenance and capacity during the COVID-19 response. These facilities have also supported the needs of aged care patients, long-stay public hospital National Disability Insurance Scheme participants and general needs patients 	<p>31 March 2020</p> <p>https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australian-government-partnership-with-private-health-sector-secures-30000-hospital-beds-and-105000-nurses-and-staff-to-help-fight-covid-19-pandemic</p> <p>* These commitments have been accounted for separately in the Fact Sheet titled <i>Supporting our Hospitals – COVID-19 Pandemic Response</i>.</p>
<p>Support Payments to residential aged care providers</p> <ul style="list-style-type: none"> • \$205.3 million for residential aged care providers for costs associated with COVID-19 • \$55.8 million for the extension to the Business Improvement Fund for another year 	<p>1 May 2020</p> <p>https://www.pm.gov.au/media/new-covid-19-payment-keep-senior-australians-residential-aged-care-safe</p>
<p>Scale up aged care support programs in Victoria and across Australia</p> <ul style="list-style-type: none"> • \$81.0 million for additional surge workforce and increased training for aged care workers • \$8.4 million for supplementary payments to include quarantine costs and interstate staff • \$1.5 million to ensure appropriate and regular communication from Health Direct to the families and loved ones of Aged Care Residents impacted by COVID-19 • \$12.5 million to provide increased availability of grief and trauma support services to assist aged care residents and their families who have experienced a COVID-19 outbreak 	<p>21 August 2020</p> <p>https://www.pm.gov.au/media/reinforcement-australias-aged-care-sector</p>

Investment	Announced
<ul style="list-style-type: none"> • \$50.6 million additional funding for the Workforce Retention Bonus, to account for additional demand • \$9.1 million for the Operation of the Victorian Aged Care Response Centre following the onset of the second wave in that state • \$9.0 million to ensure quality care is maintained by supporting the Aged Care Quality and Safety Commission to continue its critical work supporting aged care providers across the country to prepare for and respond to COVID-19 outbreaks 	
<p>Additional Short-Term Support for Older Australians on Leave from Residential Aged Care</p> <ul style="list-style-type: none"> • \$71.4 million for the Community Home Support Programme to expand support for older Australians who temporarily relocate from residential aged care facilities to the community to live with their families due to concerns about COVID-19 <p>Support Payments to residential aged care providers</p> <ul style="list-style-type: none"> • \$245 million in additional COVID-19 Support Payments <p>Support for Aged Care Workers in COVID-19 (SACWIC) Grant to additional</p> <ul style="list-style-type: none"> • \$92.4 million to deliver the Support Aged Care Workers in COVID-19 Grant <p>Aged Care Continuity of Workforce - Workforce Retention Payments</p> <ul style="list-style-type: none"> • \$154.5 million for a third Workforce Retention Payment based on employment at 30 November 2020 	<p>31 August 2020</p> <p>https://www.health.gov.au/ministers/senator-the-hon-richard-colbeck/media/additional-funding-to-reinforce-australias-aged-care-sector</p>

Investment	Announced
<p>Supporting Indigenous Elders living in urban areas</p> <ul style="list-style-type: none"> • \$10 million to provide support for Indigenous Elders living in urban areas 	<p>6 October 2020</p>



Aged Care – COVID-19 pandemic response – pathology testing in aged care

The Australian Government is committed to protecting older Australians and the aged care workforce from the COVID-19 pandemic.

The Budget funds COVID-19 testing for aged care residents and workers as an important intervention to help limit and prevent potential outbreaks in residential aged care facilities – and among older Australians who receive care in their own homes.

The Australian Government has delivered more than 165,000 tests to aged care residents and staff across Australia through a contract with pathology provider, Sonic Healthcare. The Government has provided further support by funding bulk-billed Medicare tests for asymptomatic Victorian aged care workers and home care workers.

Why is this important?

Older Australians, including residents of aged care facilities, are particularly vulnerable and at risk of severe illness from COVID-19.

Where there are high levels of community transmission there is an increased risk of outbreaks at residential aged care facilities. This is why more stringent protections to protect older Australians have been introduced.

Testing for COVID-19 is a central pillar in Australia's suppression strategy. Testing requirements, including asymptomatic testing of aged care workers and home care workers, has helped detect cases of COVID-19 and allowed contact tracing to identify those at risk.

This measure is informed by, and supports, the Government's Coronavirus National Health Plan, to ensure all Australians have the support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

The 282,000 people in residential and associated aged care services around Australia and their families can have greater confidence that they are being protected from COVID-19.

The pathology testing also protects the aged care and home care workforce and ensures it is able to provide necessary care to older vulnerable Australians.

How much will this cost?

This will be delivered under *Guaranteeing Medicare – COVID-19 Pandemic Response - Pathology* at a cost \$146 million in 2019–20 to 2020–21.



Aged Care – funding for dementia care and support

The Australian Government will support carers of people experiencing behavioural and psychological symptoms of dementia through increased psycho-social support services across the health and aged care sectors.

People living with dementia have specific care needs, and their loved ones are right to expect that the care they receive is the highest quality.

The Budget provides further investment to deliver and meet demand for face-to-face, video and telephone dementia support services across aged care.

This funding of \$11.3 million builds on the \$10 million 2019–20 investment in additional support and training services for the aged care sector and informal carers of people experiencing behavioural and psychological symptoms of dementia.

Why is this important?

The Government is committed to ensuring aged care residents with dementia receive quality and appropriate care.

This commitment will also help reduce the inappropriate use of chemical restraints and enhance safer, effective non-pharmacological interventions for dementia care.

Who will benefit?

Australians living in aged care facilities, Australians experiencing moderate to severe behavioural and psychological symptoms of dementia and their carers, aged care providers and their staff and health care professionals will all benefit from this measure.

How much will this cost?

This will cost \$11.3 million in 2020–21.



Aged Care – supporting Workforce Industry Council reforms

The Australian Government will support older Australians to access quality aged care services by supporting the Aged Care Workforce Industry Council to lead the implementation of the Aged Care Workforce Strategy, A Matter of Care, with an investment of \$10.3 million.

The Government is committed to working with the Industry Council to drive workforce reforms recommended in the Strategy. A well trained and capable workforce is key to delivering quality care. Implementation of the workforce strategy will provide the platform for the Government to act quickly in response to recommendations from the Royal Commission.

This \$10.3 million measure builds on the initial \$2.6 million investment provided in 2019–20 to establish the Aged Care Workforce Industry Council and to commence the implementation of the Strategy.

Implementation of the Strategy is also supported by the selection of Flinders University to commence the development of the model for the Aged Care Centre for Growth and Translational Research (CGTR). This is an additional \$34 million commitment designed to support workforce capability and innovation in service delivery with operation of the CGTR due to commence from early 2021.

Why is this important?

Older Australians deserve a skilled and responsive workforce – one which is able to deliver quality and safe aged care services to meet changing resident needs. The aged care workforce needs a responsive training system that builds the right skills to deliver this care and strong leadership that provides for career pathways and improved job satisfaction into the future.

Who will benefit?

People receiving aged care services will benefit from the improved capability and capacity of the aged care workforce to provide high quality care. Aged care providers will benefit from having a skilled, engaged workforce that meets the needs and expectations of care recipients. Workers will benefit from extra training and job opportunities.

How much will this cost?

This will cost \$10.3 million from 2020–21 to 2022–23.



Aged Care – younger people in residential aged care

The Australian Government is providing \$10.6 million to reduce the number of younger people aged under 65 years in, or at risk of entering, residential aged care.

This Budget establishes a network of independent system coordinators to actively engage with younger people living in, or at risk of entering residential aged care, and help them navigate various state and federal government systems. The Government will also commission the Australian Institute of Health and Welfare to report on progress in this area.

This important work responds to key recommendations in the Interim Report of the Royal Commission and lays foundations to be built upon when the Final Report is received. It also provides important support for the work of the National Disability Insurance Agency.

The measure builds on existing programs to address any gaps in services to meet the complex needs of younger people.

Why is this important?

It is important that younger people with complex care needs get the right care, in the right setting.

The Government is proactively working to address the Aged Care Royal Commission finding that residential aged care is not an appropriate setting for younger people, except in exceptional circumstances.

This new measure builds on work and progress already under way to reduce the number of younger people in residential aged care and meet any targets in response to the Royal Commission.

It will help us better understand younger people's needs, and help to address them by supporting personalised assistance, hospital discharge planning, and informing Government decision making.

Who will benefit?

Younger people who are currently living in, or are at risk of entry to, residential aged care will benefit from a more considered and strategic approach to addressing their specific care requirements.

How much will this cost?

This will cost \$10.6 million from 2020–21 to 2022–23.



Aged Care – preparatory funding to support better care and funding outcomes (AN-ACC)

This measure provides preparatory funding of \$91.6 million to support the potential implementation of the proposed new Australian National Aged Care Classification (AN-ACC) funding model.

This funding builds on previous investments of \$166.9 million announced in the *July Economic and Fiscal Update* to continue to improve the aged care funding model, bringing the total investment to date to \$258.5 million.

This preparatory work will ensure the Government is poised to respond to the recommendations from the Royal Commission into Aged Care Quality and Safety next year.

It includes the development of a new residential aged care payment system and modifications to the My Aged Care IT system, as well as funding to undertake one year of ‘shadow assessment’ starting in the first half of 2021.

During this year of shadow assessment, all residents will be assessed by an independent assessor using the AN-ACC assessment tools though funding will continue to be provided through the existing Aged Care Funding Instrument during this period.

The Government will continue to consult with the sector on implementation matters before final decisions on the commencement of AN-ACC and an ongoing assessment workforce are finalised.

Why is this important?

This work on a new residential aged care funding model addresses the acknowledged limitations of the current system, the Aged Care Funding Instrument, as well as preparing for the recommendations of the Aged Care Royal Commission.

The investment in the new residential aged care payment system will ensure it is stable and adaptable to reforms to improve the system into the future.

Who will benefit?

Older Australians in residential care will benefit from a funding model that better supports the care they need. Rural and remote, Indigenous and homeless residential aged care services will benefit from a more equitable distribution of funds. Aged care providers will benefit from reduced red tape, freeing up resources to focus on quality care.

How much will this cost?

This will cost \$91.6 million from 2020–21 to 2021–22.

Aged Care – preparatory funding to support better care and funding outcomes (AN-ACC)



Aged Care – support for the Royal Commission into Aged Care Quality and Safety

The Australian Government is committed to ensuring older Australians get the high quality aged care services they deserve. This includes supporting the important work of the Royal Commission into Aged Care Quality and Safety.

Funding of \$135 million has been provided to the Department of Health and the Aged Care Safety and Quality Commission to date – and this Budget provides an additional \$4.1 million.

It provides funding to ensure the Department of Health remains responsive to requests made by the Royal Commission.

This support will be provided by the Department of Health and the Aged Care Quality and Safety Commission.

Why is this important?

The Royal Commission was established by the Government to understand how it can meet the challenges and opportunities of delivering aged care services now and into the future. Older Australians want – and deserve – high quality and safe aged care services.

The work of the Royal Commission will inform future reform of the aged care sector – and for this reason, it's vital that the recommendations from the Commission are well informed and evidence-based.

Who will benefit?

Supporting the Royal Commission will help ensure older Australians can access high quality, safe aged care services.

How much will this cost?

This will cost \$4.1 million in 2020–21.



Aged Care – Business Improvement Fund for providers

The Australian Government will support older Australians living in aged care by helping to ensure they have high quality services and facilities. The Budget will provide additional funding for eligible residential aged care providers to deliver quality care and achieve a stronger and more viable sector through extension of the Business Improvement Fund.

The Fund supports eligible residential aged care providers that are experiencing financial difficulty to undertake business improvement activities; assist with the sale or transfer of a facility to another provider; or close a facility in a safe and orderly way.

Why is this important?

There are 242,612 Australians living in residential aged care. This measure supports providers to improve their operations and sustainability. It is important that facilities which are experiencing financial challenges are given support to resolve their financial matters so residents can have certainty over their accommodation.

Who will benefit?

Australians living in aged care facilities will benefit from strong providers able to deliver quality care. Eligible aged care providers will benefit from this assistance.

How much will this cost?

This will cost \$35.6 million from 2020–21 to 2021–22.



Aged Care – Commonwealth Disability Support for Older Australians

The Australian Government will continue to support vulnerable older Australians who cannot access the National Disability Insurance Scheme (NDIS).

The Disability Support for Older Australians (DSOA) Program will replace the Commonwealth Continuity of Support (CoS) Programme on 1 July 2021.

The Government is committed to supporting vulnerable older people with disability aged 65 years and over (50 years and over for Indigenous people) who are not eligible for the NDIS.

The DSOA will deliver specialist services to these older Australians.

This funding will be more in line with the NDIS, and provide a more client-centred program. It will help to meet growing demand, from providers and consumers, for funding higher needs.

Why is this important?

Approximately 3,600 Australians currently use the CoS Programme. It is vital that they receive support that is comparable to people on the NDIS.

A focus on their needs means the DSOA will provide more transparency, control, more equitable pricing and continuing access to support that is in line with their needs.

Who will benefit?

Close to 3,600 existing CoS clients will benefit from the more client-centred DSOA program.

How much will this cost?

This will cost \$125.3 million from 2020–21 to 2023–24.



Aged Care – Serious Incident Response Scheme

Senior Australians will have access to improved, safer aged care services through the Australian Government’s Serious Incident Response Scheme (SIRS) for residential aged care, which is of increased importance due to COVID-19. This also addresses one of the recommendations in the Aged Care Royal Commission COVID-19 special report.

The scheme will ensure providers actively manage risk and deliver continuous improvements to ensure residents are safe, protected and receiving high quality care.

This additional funding of \$29.8 million from 2020–21 will:

- protect older Australians, by responding to reports of serious incidents and working with providers to reduce future incidents of abuse and neglect
- ensure a risk-based approach is taken to regulation of the aged care sector
- equip the Aged Care and Quality Safety Commission with the resources it needs to hold providers to account.

This additional funding builds on the earlier investments and actions in previous budgets, to establish the reporting system of abuse or serious incidents in aged care facilities. The Government’s total investment in the scheme to date is \$26.3 million, which includes \$23.0 million announced in June 2020.

Why is this important?

There are about 242,612 Australians living in residential aged care. It is important that aged care residents are safe and protected at all times. Residents and their families should rightfully expect that they are receiving quality care and protection in what is their home.

The Government is committed to strengthening arrangements to protect aged care residents from the risk of abuse.

Who will benefit?

Older Australians living in residential aged care will be better protected under the scheme.

How much will this cost?

This will cost \$29.8 million from 2020–21 to 2023–24.



Aged Care – Greater Choice for At Home Palliative Care

Australians needing palliative care – and their loved ones – will have more choice when it comes to their care at this difficult time. Palliative care services across health, aged care and primary care will benefit from the extension of the Greater Choice for At Home Palliative Care program. This will support access to end-of-life care for Australians, regardless of where they live, including in residential aged care facilities.

Implementation of the program will be extended through 11 Primary Health Networks in rural, regional and metropolitan trial sites across Queensland, New South Wales, Victoria, Tasmania, South Australia and Western Australia.

Why is this important?

The demand for palliative care is growing with an ageing population and increasing burden of chronic disease. It is estimated between 80,000 and 140,000 people could benefit from palliative care each year.

Australians will have improved access to safe, quality palliative care at home, which will reduce unnecessary hospitalisations and distress – for themselves and their families.

This investment will help support Australians needing palliative care, allowing more choice and better coordination.

Who will benefit?

This measure will help people who need palliative care, their family and carers.

How much will this cost?

This will cost \$3.6 million in 2020–21.



Aged Care – enhancing nursing skills and leadership capability in aged care

Aged care nurses will be supported to enhance their skills, ensuring older Australians receive the best possible care and responds to the Aged Care Royal Commission COVID-19: a special report, by improving infection control.

This Budget provides funding of \$10.8 million to:

- expand the Australian College of Nursing scholarship program, and introduce a completion bonus
- establish an Aged Care Transition to Practice Program
- establish a skills development program for nurses and personal care workers in aged care.

The funding will provide opportunities for the aged care workforce to increase their skills and capabilities – and support them to be well equipped to ensure the care and protection of the people in their care.

Why is this important?

Aged care nurses make up around 14 per cent of Australia's total nursing workforce and care for more than 1.2 million senior Australians.

Australia's aged care nurses and personal care workers have been working tirelessly to protect older Australians from COVID-19. It is demanding and has created many challenges to the way care is delivered, including ensuring vital infection prevention and control processes are in place to better protect senior Australians.

Additional opportunities for nurses to train in leadership and clinical skills will enhance their capability to support and supervise personal care workers.

The Aged Care Transition to Practice Program will assist nurses who are new to working in aged care by providing the support needed to develop their knowledge, skills and competence in the delivery of quality aged care services.

Training for personal care workers will ensure that they have the skills required to deliver safe and quality care. Together, the skilled care team will deliver, safe and quality care to our vulnerable senior Australians.

The program, along with the mandating of infection control officers, responds to Recommendation 5 of the Aged Care Royal Commission COVID-19: a special report.

Who will benefit?

This measure will benefit Australia's aged care nurses who will have enhanced access to important training opportunities to boost their skills. Nurses who are interested in pursuing a career in aged care will have the formal support to do so. The older Australians in their care will benefit from the care nurses provide. Aged care services will benefit by having a larger pool of nurses to employ.

How much will this cost?

This will cost \$10.8 million over five years from 2020–21.



Prioritising Mental Health and telehealth – COVID-19 pandemic response

The Australian Government is providing unprecedented support to ensure the mental health and wellbeing of all Australians is protected during and after the pandemic. Since March, the Australian Government has invested \$165.9 million in mental health as part of the COVID-19 response. Telehealth has been a landmark reform and has underpinned mental health support as part of the \$2.4 billion investment.

As part of the response, and in addition to further funding for additional psychological therapy sessions and support in Victoria, the Government has provided:

- \$74 million to deliver immediate support and bolster key mental health services, including funding for:
 - A dedicated coronavirus support line delivered by Beyond Blue, additional capacity for Lifeline and Kids Helpline, and specific support for frontline health workers.
 - Support for socially isolated older Australians through the Community Visitors Scheme, young people through headspace, and for new parents and Indigenous Australians.
 - Further support for people with severe mental illness who require psychosocial support services to access the National Disability Insurance Scheme (NDIS).
 - Targeted mental health services commissioned by Primary Health Networks.
- \$48.1 million to assist implementation of the first three priorities of the National Pandemic Mental Health Plan, including:
 - Collecting evidence and modelling mental health impacts of COVID-19, strengthening research into suicide prevention and promoting a nationally coordinated, strategic approach to suicide prevention.
 - Supporting particularly vulnerable groups including providing additional in-reach mental health services for older Australians; support for carers of people with or at risk of mental illness; and extra mental health services for indigenous Australians.

- Improving connections with and between services by developing a system to provide patients with more direct transfers between different mental health services, and delivering a national communication campaign in more than 20 languages, and providing parents with information to support discussions with their children about their mental health and career options.

The Government is closely monitoring mental health service usage and predicting where increases in demand may happen so it can respond quickly and lessen the mental health impacts of the pandemic and the recovery phase.

Why is this important?

The COVID-19 pandemic has put pressure on the mental health and wellbeing of many Australians. Providing the right support at the right time for people experiencing impacts of the pandemic is essential to respond to and reduce anxiety, distress and other mental illness.

Boosting the capacity and responsiveness of key services is an essential immediate requirement for ensuring that all Australians have access to support, and are able to receive vital advice and assistance to manage increased distress and anxiety.

More specific challenges to mental health and wellbeing associated with each phase of the pandemic are identified in the National Mental Health Pandemic Response Plan. In particular:

- Monitoring demand for mental health services and modelling the impact of the pandemic is important in shaping the COVID-19 response. It helps us to understand service need, workforce requirements, and impacts on key groups, including the rate at which patients are recovering from mental health challenges.
- Providing enhanced support for the most vulnerable groups to help protect the mental health of people most at risk and most affected by COVID-19 and the restrictions in some areas.
- Improving connection with and between services to ensure people can receive mental health support when and where they need – seamlessly.

The plan will ensure the mental wellbeing of all Australians is protected during and after the pandemic, and the effects on social and economic prosperity are limited.

These measures are informed by, and support, the Government's Coronavirus National Health Plan and the National Mental Health and Wellbeing Pandemic Response Plan, to ensure Australians have the mental health support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

All Australians will benefit from the Government's comprehensive approach to tackle mental health issues during and after the pandemic, with particular focus on high risk and vulnerable groups and Victorians.

How much will this cost?

This will cost \$165.9 million from 2020–21 to 2021–22.



Prioritising Mental Health – COVID-19 pandemic response – Victorian support

The Australian Government recognises that ongoing restrictions are having a significant effect on the wellbeing and mental health of people and communities in Victoria, and is ensuring that support is available. Since March, the Australian Government has invested \$43.9 million in extra assistance to Victoria. This includes:

- \$17 million to enhance the capacity of key services, comprising:
 - \$12 million for headspace, Beyond Blue, Lifeline and Kids Helpline
 - \$5 million for extra digital and phone services for vulnerable groups.
- \$26.9 million for 15 new enhanced mental health centres.
- An additional 10 Medicare subsidised psychological therapy sessions for those subject to further restrictions were made available from 7 August 2020.

Why is this important?

The second outbreak of the pandemic in Victoria is having a significant effect on the mental health and wellbeing of many Victorians, with data indicating that there has been an increase in people presenting to hospitals and in the use of mental health services.

Funding for key services ensures they are better able to meet demand, provide immediate phone and online advice, and link people to further support. In addition, mental health centres in familiar local settings allow people to rapidly and conveniently access care without having to present at emergency departments. They also support GPs and health professionals by providing a local referral point for dedicated mental health treatment linked to more intensive and ongoing care.

Who will benefit?

Victorians affected by the second wave of the pandemic will be better able to get the mental health support they need, when they need it, including through 24/7 phone and online services, and from more mental health professionals working in the community.

How much will this cost?

This will cost \$43.9 million over two years from 2020–21.



Prioritising Mental Health – Doubling Better Access Initiative sessions

The Australian Government is committed to supporting Australians experiencing mental health issues as a result of the COVID-19 pandemic through an expanded Better Access Pandemic Support measure. This measure will provide \$100.8 million for up to 10 additional Medicare-subsidised psychological therapy sessions each year for patients with an existing Mental Health Treatment Plan.

This measure supports the Government's efforts to improve mental health outcomes for Australians and reduce the number of lives lost to suicide, by providing greater access to medical professionals and primary care services such as mental health support.

Why is this important?

The COVID-19 pandemic is having a significant effect on the mental health of many Australians, especially those with pre-existing mental health conditions. It has led to increased psychological distress and greater demand for services.

This measure is critical for people who require more intensive support to get through, and recover from, the pandemic. It will help reduce severe or prolonged mental health conditions by enhancing access to recovery treatments.

This measure is informed by, and supports, the Government's Coronavirus National Health Plan and the National Mental Health and Wellbeing Pandemic Response Plan, to ensure Australians have the mental health support they need throughout this pandemic and that we remain prepared across the country.

Doubling Better Access sessions was also a recommendation in the Productivity Commission Draft Report into mental health.

Who will benefit?

Individuals with pre-existing mental health conditions, families and communities across Australia directly affected by the COVID-19 pandemic, health professionals including general practitioners, allied health workers, psychologists and Primary Health Networks will benefit from this funding.

How much will this cost?

This will cost \$100.8 million from 2020–21 to 2021–22.



Prioritising Mental Health – enhancing suicide prevention

The Australian Government is investing significantly in suicide prevention in response to early recommendations from the National Suicide Prevention Adviser. This investment focuses on using ‘lived experience’ to intervene early, concentrate on specific at-risk groups, strengthen families and communities, and ensure all government services are working to reduce suicide. It includes:

- \$13.4 million to extend the National Suicide Prevention Trials for a further year and enhancement of the evaluation of the various suicide prevention trial activities across the country.
- \$7.0 million to expand Beyond Blue’s Way Back Program which provides assertive outreach and practical aftercare to people following a suicidal crisis or attempt.
- \$10 million for additional postvention support for families and carers who have been bereaved by suicide through the StandBy Support After Suicide Program.
- \$4.6 million for enhanced youth support and peer support delivered by ReachOut, the Raise Foundation, and the headspace Schools Suicide Prevention Activities Program.
- \$4.4 million to extend support of the headspace National Youth Mental Health Foundation to deliver suicide prevention training and education sessions in schools.
- \$21.7 million to extend the headspace Pilbara regional trial, establish headspace centres in Port Hedland and Karratha and upgrades to headspace services in Roma and Emerald.
- \$2 million for further crisis support through Lifeline and Kids Helpline and earlier roll out of the Government’s adult mental health centres.

Additional \$2.1 million will also be provided to continue the work of the Prevention Hub – a collaboration of the Black Dog Institute and Everymind – to deliver a research program that targets people at greater risk of mental health conditions and suicide.

Why is this important?

The Australian Government has made mental health and suicide prevention a national priority. In 2018, 3046 Australians tragically lost their lives to suicide. Every life lost has a devastating impact on families, friends and communities.

The Government is implementing the largest expansion of the headspace network to date, with the current network of 124 services to grow to 153 services nationally by 2022. Over the next four years from 2020–21, the Government is investing \$630.4 million in the national headspace network. This includes \$534.4 million for the establishment of new services and ongoing service delivery at existing services and \$96 million to address demand and reduce wait times to access headspace services.

These measures enhance early intervention, aftercare, postvention, peer support and the provision of vital services in regional areas. They support the Government's ongoing work to transform the national approach to suicide prevention.

Who will benefit?

Young people, their families and those who support them including schools, communities, the mental health workforce, frontline responders, service providers and peak bodies will benefit from this funding boost.

How much will this cost?

This will cost \$65.2 million from 2020–21 to 2021–22.



Prioritising Mental Health – bushfire response

The Australian Government is providing critical mental health support to people, communities and first responders impacted by the 2019–20 bushfire emergency.

This includes:

- Frontline emergency distress and trauma counselling in affected areas.
- Providing up to 10 additional face-to-face and telehealth Medicare-subsidised psychological therapy sessions under the Bushfire Recovery Access Initiative.
- Training for emergency services personnel and their employers to ensure they are equipped to recognise and respond to trauma.
- Expanding local mental health services commissioned by Primary Health Networks (PHNs) to meet increased demand.
- Bolstering the capacity of headspace services in areas significantly affected, including expansion of the planned Bateman’s Bay service.
- Funding for bushfire trauma response coordinators to be a single point of contact and link individuals with appropriate mental health supports.
- Small community grants for grass-roots activities to strengthen social connectedness, improve mental health and assist community recovery.

Why is this important?

The scale and ferocity of the 2019–20 bushfires has had a devastating effect on our communities, environment and infrastructure – and significantly affected the mental health of many Australians. This measure provides immediate and improved longer-term access to the critical resources people and communities affected by the bushfires need to assist recovery from this disaster.

Who will benefit?

Communities and emergency service personnel across Australia who are directly affected by bushfires during 2019–20 will benefit from this support.

How much will this cost?

This will cost \$76 million from 2019–20 to 2021–22.



Preventive Health – support for thalidomide survivors

The Australian Government will provide a life-time support package for all recognised thalidomide survivors to help with out of pocket health care costs and daily living expenses. This support can improve their quality of life and help meet their specialised needs, particularly as they get older.

This package will support thalidomide survivors through:

- a one-off lump sum payment up to a maximum of \$500,000 in 2020–21, scaled according to disability
- ongoing annual payments starting in 2021–22, scaled according to disability
- extraordinary assistance payments for healthcare support worth \$14.1 million

The support package will provide \$44.9 million over the forward estimates.

The support package is in response to the 11 recommendations of the Final Report from the Senate Inquiry into support for Australia’s thalidomide survivors.

While payments can never compensate for a lifetime of hardship, it is hoped they will offer some peace of mind and reassurance to survivors, and also to their families and carers.

Why is this important?

Survivors of thalidomide have suffered from circumstances beyond their control that have caused a lifetime of pain and hardship. It cannot ever compensate for the hardship and suffering, but it will provide support and recognition going forward.

Who will benefit?

There are currently around 135 recognised thalidomide survivors. Other individuals who come forward with claims as a thalidomide survivor will be individually assessed.

How much will this cost?

This will cost \$44.9 million over four years from 2020–21, and \$3.9m ongoing from 2024–25.



Preventive Health – implementation of Roadmap for Hearing Health

The Australian Government will implement key initiatives from the Roadmap for Hearing Health and adjust Hearing Services Program settings to ensure Australians who are hard of hearing have access to the services and support they need.

Hearing health priorities will be progressed under the Roadmap package, including: education and awareness-raising activities; improved aged care support; expanded screening and research; and enhanced workforce capability. Initiatives will focus on improving access to services for vulnerable Australians.

Voucher duration under the Hearing Services Program will be extended from three to five years to align with improvements in technology. Maintenance payments will be updated to better reflect manufacturer warranties.

The Australian Government is delivering the Roadmap with state and territory governments and aligning program settings with contemporary standards to ensure Australians who are hard of hearing can access modern, fit-for-purpose services.

Why is this important?

Early awareness and intervention can help prevent further hearing loss. Having access to quality screening and support services, supported by best practice evidence, is integral to ensuring such prevention is possible.

As Australia's population ages, the number of people with a hearing impairment is expected to double to an estimated 7.8 million people in 2060. Ensuring these Australians are able to access necessary services and support will be vital to their future livelihoods and national productivity.

Who will benefit?

Any Australian in need of hearing services support will benefit from this package of investment. The 3.6 million Australians who currently live with a hearing impairment – and the millions who will develop one in the future – will benefit from this measure.

Targeted support for Aboriginal and Torres Strait Island people, people living in rural and remote areas, and older Australians will help ensure they receive the care they need, when and where they need it.

How much will this cost?

This will cost \$21.2 million from 2020–21 to 2024–25.



Preventive Health – streamlining Cancer Australia’s tumour-specific funding streams and support for blood cancers

The Australian Government will consolidate the tumour-specific funding streams of Cancer Australia, allowing for a broader range of initiatives to be supported.

A more flexible funding model will allow Cancer Australia to respond to emerging cancer priorities, with a focus on delivering funding to support a broader range of cancer types.

This new approach to funding will allow Cancer Australia to continue its work to support better patient outcomes, including a focus on cancers with poorer outcomes or population groups such as Aboriginal and Torres Strait Islander people and rural and remote communities.

In addition, The Australian Government is supporting the Leukaemia Foundation (\$0.6 million) to implement the National Strategic Action Plan for Blood Cancer. The Action Plan is the first in Australia to comprehensively address best practice care for this group of cancers. Through a coordinated effort across the blood cancer sector, the plan’s 21 steps will improve survival rates for all Australians diagnosed with blood cancer.

Why is this important?

Over the last three decades, the survival rates for most cancers have improved. However, survival for some cancers has not shown significant improvement in the same period. These include cancers of the larynx, lip cancer, cancer of other digestive organs, mesothelioma and brain cancer.

There is a range of cancers including pancreas, liver and lung whose five-year relative survival rate is 30 per cent or less. Australia has the opportunity to take the lessons from Cancer Australia’s work in breast and gynaecological cancers and apply it to improve outcomes for patients with other types of cancers. Directing efforts to address these disparities will help improve survival outcomes.

In 2019, more than 12,000 Australians were diagnosed with leukaemia, lymphoma and myeloma.

Who will benefit?

Australians fighting cancers with lower survival rates will benefit from this new flexibility in how Cancer Australia can direct its efforts. The Action Plan will improve diagnosis, treatment and survival rates for all Australians with blood cancers.

How much will this cost?

The Government will invest \$12.1 million from 2020–21 to 2023–24.



Preventive Health – antimicrobial resistance

The Australian Government's critical national leadership continues through an additional \$22.5 million investment in antimicrobial usage and antimicrobial resistance (AMR) surveillance, to monitor and address the threat from increasing rates of AMR. AMR increases the likelihood of superbugs in Australia. This builds on a previous investment of \$4.8 million.

The Government is providing funding to continue administration of the national Antimicrobial Use and Resistance in Australia (AURA) Surveillance System. This system provides a full picture of trends in AMR and use in human health.

Funding has also been provided for Australia's national antimicrobial strategy to provide guidance on how to protect the health of humans, animals and the environment by minimising the development and spread of AMR – while continuing to have effective antimicrobials available.

Why is this important?

AMR is an increasing global threat that needs a proactive response. Without intervention, by 2050 more than 10,000 Australians are estimated to die from infections related to AMR. The widespread and often inappropriate use of antibiotics in both humans and animals has contributed to the development of microbial resistance across the globe. No country is immune. Australia's high use of antibiotics increases the chance of organisms developing resistance. The more they are used – appropriately or not – the less effective they become. AMR infections can move across borders and between health care and community settings, including aged care facilities, and challenge the safety of routine medical procedures, such as hip replacements and chemotherapy.

It is important to ensure that surveillance continues. The AURA Surveillance System was established in 2014 to collect and analyse data to improve our understanding of antimicrobial use and AMR across Australia. It provides valuable information that has informed Australia's response to AMR and established Australia as a global leader in antimicrobial usage and AMR surveillance, with AURA reports published biennially.

Who will benefit?

Combatting the threat of AMR will benefit all Australians and our animal, agriculture and food sectors. All Australians are at risk of harm from increasing rates of drug-resistant organisms.

How much will this cost?

This will cost \$22.5 million from 2020–21 to 2023–24.



Preventive Health – Victorian Melanoma and Clinical Trials Centre

Australians battling melanoma will benefit from a world-class melanoma and clinical trials centre.

The Government will provide \$50 million to establish the Victorian Melanoma and Clinical Trials Centre at the Alfred Hospital in Melbourne.

The purpose-built centre will provide state-of-the-art facilities and world-class diagnostic, treatment and laboratory facilities. Patients will also have access to life saving clinical trials through a ‘TrialHub’.

This will be one of only a few facilities able to provide comprehensive treatment for every stage, and complication, of melanoma by one dedicated team.

The co-location of melanoma, oncology, clinical trials and research operations will support the TrialHub initiatives, including clinical trials for melanoma.

Why is this important?

According to Cancer Australia, more than 16,000 Australians will be diagnosed with melanoma this year, and sadly, almost 1,500 people will lose this battle.

The survival rates for melanoma decrease the later the disease is diagnosed.

The new Victorian Melanoma and Clinical Trials Centre will provide best practice and world leading treatment and access to clinical trials for patients – offering new hope where there may have been none.

Who will benefit?

The almost 16,000 Australians fighting melanoma and their families will benefit from the establishment of this world-class facility.

How much will this cost?

This will cost \$50 million from 2020–21 to 2021–22.



Preventive Health – increasing awareness of migraines

The Australian Government is supporting people who suffer from migraines, providing funding to improve management, and increase awareness of, migraines.

The frequency of migraine attacks varies between patients and across the course of disease. Treatments are generally divided into:

- Acute pain relief.
- Preventive, to reduce the frequency and severity.
- Lifestyle changes to eliminate triggers.

Why is this important?

Migraine is a neurological disorder that can be very distressing and disabling.

About 20 per cent of the population suffers from migraine at some stage in their lives. Migraine often first appears in childhood, adolescence or early adulthood, but affects the greatest number of people between 35 and 45 years of age.

Importantly, it will also educate the medical profession on the latest treatments and raise awareness with employers to better understand and assist in managing the impact migraines can have on workers.

This funding will provide vital support to people suffering from migraine headache, helping them know the triggers and symptoms – and how to manage a migraine when it occurs.

Who will benefit?

Australians who suffer from migraines will benefit from increased awareness of migraines and treatments.

How much will this cost?

This will cost \$0.6 million over two years from 2021–22.



Towards Sport 2030 – Sporting Schools and supporting sport

Sporting Schools

The Australian Government will build a healthy, active and sporting Australia through initiatives that get more people moving more often, promote sport and physical activity in communities and schools. We continue to fund the successful Sporting Schools Program for another year, supporting schools to partner with national sporting organisations (NSOs) to deliver high quality sport-based activity, free to students (\$39.6m).

Supporting Sport

The Australian Sports Foundation will receive \$4.7 million to support community sporting clubs grow their fundraising capacity and enhance their IT and cyber security.

The Organ and Tissue Authority will receive \$4 million to partner with community, corporate and sporting partners to raise awareness about organ and tissue donation and encourage discussion and registration on the Australian Organ Donor Register.

Why is this important?

Encouraging greater community participation in sport and physical activity provides mental, physical and economic benefits to all Australians.

As Australia charts a path to living with COVID-19, it is important for people to engage in healthy, active and connected lifestyles.

Delivering sport based activity in schools, free of charge to students, helps to embed sport and physical activity into their daily routines.

Who will benefit?

Communities, schools and sporting clubs will benefit from a healthier, more active Australia through sport that is easy to access, safe, and socially inclusive.

How much will this cost?

This will cost \$48.3 million from 2020–21 to 2023–24.



Supporting women in sport – FIFA Women’s World Cup

The Australian Government’s strong support for the role of women in sport is demonstrated with initiatives to increase opportunities for women in the sport. The Government will help host the FIFA Women’s World Cup 2023 in Australia – the nation’s largest sporting event since the Sydney 2000 Olympic and Paralympic Games.

The FIFA Women’s World Cup 2023 will be the first to feature 32 teams. It will also be the first to be hosted by Australia and New Zealand – across two confederations.

Why is this important?

Hosting the third largest global sporting event, the FIFA Women’s World Cup 2023, will deliver extensive economic benefits and provide a rare platform to promote women’s sport. The successful delivery of an event of this scale will strengthen Australia’s reputation as a world leader in the promotion of women’s sport, and provide extensive economic and leveraging opportunities to support Australia’s recovery from COVID-19.

This support builds on the recent commitment to support Australia’s Olympic, Paralympic and Commonwealth Games sports via high performance grants to NSOs (\$50.6m).

Who will benefit?

Hosting the FIFA Women’s World Cup 2023 will provide socio-economic benefits for Australia, including the creation of jobs.

How much will this cost?

This will cost \$2.4 million in 2020–21.



Life Saving and Job Creating Medical Research – COVID-19 pandemic response

The Australian Government is investing \$2.3 billion for COVID-19 vaccine doses and research to ensure early access to safe and effective vaccines and to fast-track the development of treatments and vaccines for Australians and the global community.

The Government has made finding an effective vaccine and treatments for COVID-19 the highest priority through Australia's COVID-19 Vaccine and Treatment Strategy. This includes supporting the development and production of a tested and proven vaccine and ensuring we have enough vaccine for every Australian.

The Government is investing \$1.9 billion in COVID-19 supply and production of vaccine doses, including:

- \$1.7 billion to secure early access to COVID-19 vaccine doses, for the Oxford Vaccine (33.8 million doses) and the University of Queensland Vaccine (51 million doses) where these are proven to be safe and effective, including a production agreement with Seqirus to support the on-shore manufacture of the Oxford Vaccine.
- \$123.2 million initial investment to access vaccine doses through the self-financing component of the Gavi COVAX Facility (up to 25.5 million doses).
- \$24.7 million to purchase and store 100 million needles, syringes and associated sharps disposal containers.

In addition:

- \$362 million, including \$95.2 million from the Medical Research Future Fund for diagnostics, vaccine development, antiviral development, clinical trials, digital health research infrastructure and research into the human immune response to COVID-19 infection.
- \$80 million to secure COVID-19 vaccines for developing countries through the Advance Market Commitment component of Gavi COVAX Facility.

Funding is enabling Australian researchers to drive innovation and contribute to global efforts to find treatments for COVID-19. Research efforts will develop preventative and diagnostic tools to help protect Australians.

The three priority streams of activity include:

1. Vaccine development – there are critical steps in developing vaccines including safety and efficacy trials in humans. This funding will support each step, including the development of an alternative vaccine candidate.
2. Anti-viral development – finding and repurposing anti-viral treatments for COVID-19 is critical in managing the response to the outbreak. This funding will provide for up to 10 COVID-19 anti-viral candidates to be tested. The most promising candidates will then be moved into the next stage and be accelerated to clinical practice.
3. Respiratory medicine research – supporting research to characterise the disease, develop diagnostic tools, inform public health advice and provide guidance on personal protective measures.

Why is this important?

The COVID-19 pandemic is the greatest health challenge the world has faced in living memory.

A vaccine is the greatest hope we have of returning our lives and our country to normal. In the meantime, new diagnostic tools will better support early identification of the virus, while proven treatments will reduce the effect of COVID-19 on individuals.

This funding supports Australian Government investment, through the Medical Research Future Fund, to find a vaccine and treatments for COVID-19, and better prepare for future pandemics.

As a responsible global citizen, we have also committed to supporting every country to have access to a vaccine.

These measures are informed by, and support, the Government's Coronavirus National Health Plan, to ensure Australians have the support they need throughout this pandemic and that we remain prepared across the country.

Who will benefit?

Every Australian, particularly those at higher risk of developing serious disease if they contract COVID-19.

How much will this cost?

This will cost \$2.3 billion from 2019–20 to 2021–22.

Table – Breakdown of \$95.2 million Medical Research Future Fund (MRFF) COVID-19 Research Response

Investments	Total (\$m)
<i>Vaccine development - \$19 million</i>	
University of Queensland to further develop and accelerate their vaccine candidate into clinical trials	5
University of Melbourne to progress two vaccine candidates under development	3
University of Sydney to evaluate their vaccine candidate in early stage clinical trials	3
Further competitive grant opportunity closing on 11 November 2020. This grant opportunity allows Australian researchers to apply for up to \$3 million to support research on a COVID-19 vaccine	7.7
<i>Antivirals</i>	
Funding to nine research teams to support the development of promising antiviral therapies for COVID-19. The most successful of the projects will have an opportunity to seek additional funding of up to \$10 million to accelerate their therapy to clinical practice, including for human trials	7.3 (10)
University of Queensland for the ASCOT study assessing hydroxychloroquine and a combination HIV drug (lopinavir-ritonavir) as potential treatments for COVID-19	0.4
Walter and Eliza Hall project assessing the effectiveness of hydroxychloroquine for prevention of COVID-19 infection amongst health care workers (COVID-SHIELD trial)	3
Innovative project using stem cell-derived tissues to rapidly test drugs already approved for use in humans for activity against COVID-19. The project commenced in 2019-20 through The Peter Doherty Institute for Infection and Immunity and The Queensland Institute of Medical Research Berghofer. Other labs are expected to join the project in 2020–21	2
<i>Respiratory Medicine Research</i>	
Funding for seven clinical trials to support better treatment and management of COVID-19 patients with severe acute respiratory distress	6.8
<i>Diagnostics</i>	
Peter Doherty Institute for Immunity and Infection to increase Australia's ability to conduct widespread testing for the diagnosis and clearance of COVID-19	2.6
University of Sydney for a project using artificial intelligence to support frontline health workers using CT scans to quickly and more accurately diagnose the severity of coronavirus in patients who are having difficulty breathing	1

<i>Public Health</i>	
Development of 'living guidelines' on the clinical management of patients with suspected or confirmed COVID-19 infection across primary, acute and critical care settings	1.5
Competitive grant opportunity for rapid research to improve the national mental health system response to the impacts of the COVID-19 pandemic (under assessment)	3
<i>Cross-cutting</i>	
Competitive grant opportunity for clinical trials to investigate effective mechanisms for the prevention or treatment of COVID-19 or its symptoms (under assessment)	25
University of New South Wales for genomics research into the behaviour, spread and evolution of the SARS-CoV-2 virus.	3.3
Competitive grant opportunity for digital health research infrastructure to help health systems respond faster to high-need emerging challenges	4
Competitive grant opportunity for research into the human immune response to COVID-19 infection, particularly in at-risk people	2
Competitive grant opportunity for research to understand the community's information needs and behavioural drivers during outbreaks, and strategies to address these	0.6
Support from the MRFF's Biomedical Translation Bridge (BTB) program ¹ for five COVID-19 research projects including: <ul style="list-style-type: none"> • a new treatment for respiratory complications as a result of COVID-19 (Dimerix Bioscience Pty Ltd) • an intranasal spray, utilising an already-marketed, broad-spectrum antiviral dendrimer for COVID-19 (Starpharma Pty Ltd) • a rapid-response COVID-19 assay (Speedx Pty Ltd) • a novel ventilated hood for patient isolation to provide better patient respiratory treatment and protect hospital staff from COVID-19 (University of Melbourne) • an Australian COVID-19 vaccine, COVAX-19® (Vaxine Pty Ltd) 	4.1
Total	95.2

¹The Biomedical Translation Bridge (BTB) Program is a four-year \$22.3 million Australian Government initiative operating in partnership with the not-for-profit organisation MTPConnect to help researchers transform their ideas into new products and treatments. The emphasis of the Program is on rapid translation to clinical practice.



Life Saving and Job Creating Medical Research – Medical Research Future Fund

The Australian Government builds on its commitment to lifesaving medical research by continuing funding for all existing programs under the \$5 billion 10-year Investment Plan for the Medical Research Future Fund (MRFF), which reached maturity at \$20 billion in July 2020.

The MRFF cements Australia's reputation as a world leader in health and medical research. It supports the search for cures and treatments, including for rare cancers, and gives researchers and industry certainty and direction.

This 10-year plan builds on \$3.6 billion in health and medical research funding provided through the National Health and Medical Research Council, and the \$500 million Biomedical Translation Fund.

The MRFF is a priority driven fund with disbursements made primarily through competitive peer reviewed processes, with 457 grants to the value of \$1.1 billion since inception of the MRFF in 2015.

Under the 10-year plan, a total of \$579.9 million will be spent in 2020–21 on ground-breaking health and medical research under four key themes:

- Patients (\$140.3 million) – funding innovative treatments, supporting clinical trials, and delivering more advanced health care and medical technology.
- Researchers (\$92.6 million) – supporting our researchers to make breakthrough discoveries, develop their skills and progress their careers in Australia.
- Research Missions (\$175.7 million) – helping researchers think big to tackle significant health challenges through investment, leadership and collaboration, including in genomics, stem cell therapies, cardiovascular health, traumatic brain injury, mental health, brain cancer, Aboriginal and Torres Strait Islander health, and dementia, ageing and aged care.
- Research Translation (\$171.2 million) – moving research ideas from the lab to the clinic, so that medical discoveries become part of clinical practice.

Why is this important?

Today's research is tomorrow's health care. Australians will receive the highest quality health care by investing in health and medical research. These programs will harness innovation, deliver more clinical trials, provide vital infrastructure and improve patient outcomes.

Who will benefit?

People will be able to access cutting edge therapies and health services. Researchers and industry will benefit through ongoing support for their vital work.

How much will this cost?

This will cost \$579.9 million in 2020–21 from the ongoing \$20 billion MRFF.



Life-Saving and Job Creating Medical Research – research grant opportunities

The Australian Government is building on its commitment to life-saving medical research. It is providing \$424.3 million in new grants and programs to assist researchers around the country to tackle problems from chronic fatigue syndrome and skin cancer, to COVID-19, and mental health.

The funding, which is divided among new grants announced and newly opened opportunities, comes from the Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC).

The MRFF cements Australia's reputation as a world leader in health and medical research. It supports the search for cures and treatments, including for rare cancers, and gives researchers and industry certainty and direction.

The NHMRC creates new knowledge and builds research capacity through investment in the highest quality health and medical research and the best researchers. It helps translate scientific discoveries into real world outcomes that will benefit communities in Australia and around the world.

Among the successful grant recipients are:

- Deakin University which receives more than \$1 million under the Targeted Calls for Research grant opportunity, for work using stem cells to better understand the role of cell powerhouses in myalgic encephalomyelitis/chronic fatigue syndrome.
- Almost \$10 million under the Pathogen Genomics Grant Opportunity, to support work at the University of Melbourne establishing a national genomic platform to analyse illness including major infectious diseases.
- The University of Queensland which will receive almost \$725,000 under the Development Grants program, towards the development of a new drug to help prevent skin cancer in organ transplant recipients.

New program rounds include:

- \$110 million for 2021 Frontier Health and Medical Research, open on 7 October 2020
- \$7.5 million for Efficient Use of Existing Medicines, open on 7 October 2020
- \$44 million for 2021 Centres of Research Excellence, open on 21 October 2020
- \$9 million to research causes, biology and progression of cancer in children and young adults

Why is this important?

The strength of Australia's health and medical research sector keeps us at the forefront of development of new treatments and therapies and fresh insights and understandings to tackle the wicked problems in health.

Investing in health and medical research helps research teams progress their work from bench to bedside, from laboratories into clinics and hospitals, and from concept into life-saving treatments and therapies to improve the lives of more Australians.

Who will benefit?

Dozens of research teams around Australia will directly benefit as recipients of funding grants to investigate ways to improve the health of Australians. The downstream benefits from funding medical research not only include improved health outcomes for Australians, but also significant educational and economic opportunities.

How much will this cost?

This will cost \$424.3 million in 2020–21.

Grant Opportunity Outcomes

Medical Research Future Fund – Grant Opportunity Outcomes	
COVID-19 Immunological Studies	<ul style="list-style-type: none"> • \$3 million • 3 grants awarded
COVID-19 Mental Health Research	<ul style="list-style-type: none"> • \$3.1 million • 6 grants awarded
Pathogen Genomics	<ul style="list-style-type: none"> • \$27 million • 4 grants awarded
Rural, Regional and Remote Clinical Trials	<ul style="list-style-type: none"> • Up to \$125 million • 3 grants awarded

National Health and Medical Research Council – Grant Opportunity Outcomes	
2020 Centres of Research Excellence	<ul style="list-style-type: none"> • \$35 million • 14 grants awarded
Partnership Projects 2019 Peer Review Cycle 3 (PRC3)	<ul style="list-style-type: none"> • \$20.4 million • 22 grants awarded
Targeted Call for Research into Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS)	<ul style="list-style-type: none"> • \$3.3 million • 3 grants awarded
2020 Development Grant scheme	<ul style="list-style-type: none"> • \$15 million • 18 grants awarded
2020 Commonwealth Health Minister's Award for Excellence in Health and Medical Research	<ul style="list-style-type: none"> • Associate Professor Eric Chow will receive \$50,000 to support his research in addition to his \$1.5 million five-year Investigator Grant

Grant Opportunity Openings

Medical Research Future Fund - Grant Opportunities Opening		
Grant Opportunity	Available funding (\$)	Opening
2021 Frontier Health and Medical Research	110,000,000	Opening 7 October 2020
Maternal health and the first 2000 days + Exercise and Nutrition + Early Childhood	12,000,000	Opening 12 October 2020
Efficient Use of Existing Medicines	7,500,000	Opening 12 October 2020
Primary Health Care Research Data Infrastructure	10,000,000	Launching 12 October 2020
Childhood Cancer Research Grant Opportunity	9,000,000	Opening 7 October 2020

National Health and Medical Research Council - Grant Opportunities Opening		
Grant Opportunity	Available funding (\$)	Opening
2021 Centres of Research Excellence Four streams: <ul style="list-style-type: none"> • clinical • health services • public health • dementia research 	44,000,000	Opening 21 October 2020 Closing 2 December 2020

Medical Research Future Fund – Grant Opportunity Outcomes

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
2020 COVID-19 Immunological Studies	999,999.30	University of Melbourne	Defining immune responses in COVID-19 to understand susceptibility and target treatments	An advanced COVID-19 immunology program which will define protective and long-lasting immunity against SARS-CoV-2 and delineate detrimental immunopathology in COVID-19. In-depth immune studies in wide ranging cohorts will provide key insights into the rational design of vaccines and therapies to limit disease spread and protect high-risk groups.
2020 COVID-19 Immunological Studies	994,584.00	University of New South Wales	Cellular and molecular correlates to SARS CoV2 immunity in convalescent patients	Studying the natural infection and the level of immunity across patient groups with varying disease characteristics will support: <ul style="list-style-type: none"> - understanding the immunological correlates of protection against SARS-CoV-2 infection - understanding how genetic variation between SARS-CoV-2 isolates (as the virus mutates) affects the immune response of different patient groups.
2020 COVID-19 Immunological Studies	998,876.00	The Council of the Queensland Institute of Medical Research	Defining SARS-CoV-2 immune maintenance in the Australian population	Control of viruses in humans is dependent on B cells that produce antibodies to recognise and neutralise virus particles, and T cells that recognise and remove virally infected cells. Currently, we do not know how long immune cells live for in individuals who have recovered from COVID-19. This must be determined in order to assess the risk of reinfection and identify which part of the population may benefit from vaccine boosters if a COVID-19 vaccine becomes available.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
2019–20 Pathogen Genomics	9,999,499.00	University of Melbourne	Precision Public Health in Australia through Integrated Pathogen Genomics	The PPHAGE multidisciplinary team will deliver a large scale integrated public health pathogen genomics research program, to demonstrate utility, cost-effectiveness, and capacity for translation of genomics into public health nationally. The program will deploy a national genomic platform (AusTrakka), for consistent analysis and reporting and, working with health departments and public health laboratories, will implement national genomics based responses to major infectious disease, focusing on respiratory and vaccine preventable diseases, foodborne diseases, sexually transmitted infections and antimicrobial resistance. Evaluation programs will determine cost-effectiveness and public health utility of PPHAGE.
2019–20 Pathogen Genomics	6,629,162.00	University of New South Wales	H2Seq: Viral genomics for public health interventions in HIV and HCV	This project will establish national networks, governance and infrastructure for improved public health metadata collection of HIV and hepatitis C infections sharing of existing viral sequence datasets, and deployment of high throughput viral sequencing and bioinformatic systems for 'near real time' molecular epidemiological analyses. H2Seq will deliver actionable data to guide national and regional public health interventions, with cost-saving outcomes.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
2019–20 Pathogen Genomics	3,403,772.00	Monash University	Genomics, Digital Health and Machine Learning: the SuperbugAi Flagship	The SuperbugAi Flagship will integrate pathogen genomic data and electronic health care data to address the problem of antimicrobial resistance in the health care system. The research program will involve testing, clinical validation and implementation of a decision support system for precision medicine and AMR treatment and the creation of an AMR tracking, and response system. This research will lead to earlier detection of AMR, personalised treatments for improved patient survival, and prevention of AMR outbreaks in the health care system.
2019–20 Pathogen Genomics	6,984,360.00	University of Melbourne	META-GP: Delivering a Clinical Metagenomic s Platform for Australia	Clinical metagenomic next-generation sequencing (mNGS) is a transformative approach in microbial diagnostics and patient care, because it can be used to detect and characterise all known pathogens - bacterial, viral, fungal, parasitic - in one single test. The META-GP program will develop and implement clinical metagenomic diagnostics for infectious diseases in Australia. By the end of this program Australia will have the first accredited, nationally-accessible network of laboratories that can apply metagenomic approaches in patient care.
2020 COVID-19 Mental Health Research	218,139.85	University of Canberra	Implementing Artificial Intelligence (AI) to enhance Lifeline's crisis support service capacity in response to COVID-19 and emerging crises	Lifeline is Australia's national 24-hour crisis service for the general community. This research aims to boost Lifeline's capacity by using artificial intelligence to enhance its ability to respond rapidly and effectively to emerging community mental health crises.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
2020 COVID-19 Mental Health Research	610,922.75	Monash University	Mobilising and empowering parents in the COVID-19 mental health response: A single-arm trial of an enhanced online parenting intervention to improve parent risk and protective factors for adolescent mental health	Project to reduce the mental health impacts of COVID-19 and risk of longer-term adolescent mental health problems by enhancing their parents' ability to support them through the pandemic. It will involve parents in a co-designed process that learns and responds to changing needs; to dynamically adapt an evidence-based parenting program integrated with an online peer-support network for parents. The research will empower parents in their capacity to support their adolescents' mental health.
2020 COVID-19 Mental Health Research	748,750.00	University of Technology Sydney	Identifying the mental health effects and support needs of people bereaved during and following COVID-19: A Mixed Methods Project	Bereavement is linked with mental health conditions such as major depression, anxiety and suicidal ideation. Many of the risk factors for poor mental health have been amplified by the COVID-19 pandemic restrictions on gatherings and physical contact. This project will quantify the mental health outcomes and support needs of bereaved individuals impacted by COVID-19.
2020 COVID-19 Mental Health Research	885,302.50	Deakin University	Evaluating the effectiveness of lifestyle therapy versus standard psychotherapy for reducing depression in adults with COVID-19 related distress: The CALM trial	CALM is an 8-week group-based, telehealth, lifestyle program for those with elevated psychological distress. It is delivered in Victoria in a partnership between Deakin University & Barwon Health's Mental Health, Drug and Alcohol Services. It is anticipated that CALM will be as effective and cost-effective as therapy for reducing depression.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
2020 COVID-19 Mental Health Research	425,803.45	University of Wollongong	Narratives of Recovery - Practices supporting community mental health and wellbeing post bush fires and COVID-19	Some communities have implemented their own strategies to address mental health problems following COVID-19. Local responses to community need are grounded in contextual knowledge and use existing resources. This project will investigate two different interventions delivered on the South Coast of NSW. The research will provide evidence about ways the interventions ameliorated crises. The outcomes will include recommendations for place-based, culturally safe approaches to mental health care.
2020 COVID-19 Mental Health Research	232,159.00	University of New South Wales	A text mining and data linkage approach to investigate the mental health needs of the population during the COVID-19 period	The impact of COVID-19 is expected to affect individuals with increases in mental illness, suicide, and self-harm events. The police are often the first to respond to these events, and their records contain valuable information that has not been used for mental health reporting purposes. This project will use an automated method to process police records of the last four years and investigate whether there have been any increases in mental illnesses before and during the COVID-19 crisis.
2020 Rural, Regional and Remote Clinical trials Enabling Infrastructure	Up to \$125 million for all three projects, pending grant negotiations	Border Medical Oncology Research Unit	ReViTALISE Project Bridging the metro-regional trials gap by 2025	ReViTALISE will add Mildura Base Hospital and Latrobe Regional Hospital as new sites to Regional Trials Network Victoria and expand existing sites and introduce 7 unique projects across the network increase trial participation in Regional Rural and Remote (RRR) areas by 2025, improve models of care for Indigenous, palliative and supportive care patients, establish new research programs in older patients, improve research literacy in the regional workforce of a Regional Research Teaching Hub and improve access to registry and immunotherapy trials.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
2020 Rural, Regional and Remote Clinical trials Enabling Infrastructure		Department of Health, Queensland	The Australian Teletrial Program - access to clinical trials closer to home	This program brings clinical trials closer to the homes of regional, rural and remote (RRR) patients by implementing the Australasian Teletrial Model (ATM) across Australia. The program creates Regional Clinical Trial Coordinating Centres (RCCC) to support clinical trials to adopt a scaled-up ATM. The RCCCs are supported by policy cohesion ensuring national regulatory harmonisation, equipment and logistics, education and promotion, recruitment boosting initiatives, including primary care. The impact and evaluation will measure success based on equitable numbers of regional, rural and remote patients on clinical trials, increased workforce capacity and patient outcomes.
2020 Rural, Regional and Remote Clinical trials Enabling Infrastructure		NSW Ministry of Health	Improving access to innovative health care in rural, regional and remote NSW and ACT	This proposal led by NSW Health (MoH) and ACT Health will address clinical trials inequality for 1.8M people in rural regional and remote (R3) NSW. The project will include a new model of delivery, "virtual clinical trials", enhance traditional approaches to trials, provide R3 based skilled staff to support trials delivery, and professional education. MoH will coordinate and embed the proposal within the health system, with strong governance, and active collaboration with other infrastructure projects to achieve national cohesion.

National Health and Medical Research Council, Grant Opportunity Outcomes

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Centres of Research Excellence	2,500,000	University of Sydney	NHMRC Centre of Research Excellence for Better Outcomes in Coronary Artery Disease	One Australian suffers a heart attack every 10 minutes, many without any prior warning. What contributes to atherosclerosis beyond traditional risk factors, and how to manage patients that suffer a heart attack despite no risk factors is not well known. This CRE will establish new biomarkers and clinical pathways for detection of subclinical atherosclerosis as well as secondary prevention strategies whilst fostering the cardiovascular research leaders of the future.
Centres of Research Excellence	2,500,000	University of Western Australia	The National Centre for Asbestos Related Diseases (NCARD)	The National Centre for Asbestos Related Diseases studies the deadly cancers mesothelioma and lung cancer. The ongoing Centre of Research Excellence program includes research from the development and genetics of asbestos-related cancers, through to new treatments, novel ways of imaging cancer, and the supportive care of people with these cancers. This program will improve the detection, diagnosis, and treatment of mesothelioma and asbestos-related lung cancer.
Centres of Research Excellence	2,500,000	University of Melbourne	PRE-EMPT: Prediction of Early Mental Disorder and Preventive Treatment - Centre of Research Excellence	Mental health clinicians currently do not have the means to predict which young people with emerging symptoms are most at risk of progressing to serious mental illness. This CRE will help us better understand how mental illnesses develop, identify the risk and protective factors, and introduce tools for use in clinical practice to better predict onset of serious mental illness. This will help with providing and further developing early treatments to delay or prevent the onset of mental illness.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Centres of Research Excellence	2,500,000	University of Newcastle	Centre of Research Excellence in Asthma Treatable Traits (CREATT)	This CRE will focus on personalised medicine in asthma, specifically using the treatable traits approach. It identifies disease management areas of highest importance to people with asthma and health care providers. It will generate new knowledge, develop and strengthen collaborations and train translation focused researchers to develop high quality evidence and translate this to practice.
Centres of Research Excellence	2,500,000	University of Sydney	Centre of Research Excellence in the Prevention of Fall-related Injuries	Fall-related injuries are increasing in Australia. Our rapidly ageing population will lead to even greater numbers of injuries unless effective interventions are widely implemented. This CRE aims to collaboratively prioritise, co-design and test pragmatic cost-effective solutions that are ready for scale up and involve better implementation of effective interventions and generation of new interventions where none are available.
Centres of Research Excellence	2,500,000	University of Western Australia	Good Spirit Good Life: Better health and wellbeing for older Aboriginal and Torres Strait Islander Australians	Aboriginal and Torres Strait Islanders are living to older ages, with numbers of older people expected to double by 2026. Respecting and supporting this population to age well is vital, yet the challenges and impacts of meeting these needs are poorly understood. The world first Good Spirit Good Life Centre for Research Excellence, will deliver the evidence needed to improve health and wellbeing of this group and build the capability of services and systems that support them as they age.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Centres of Research Excellence	2,500,000	Griffith University	Centre of Research Excellence in Wiser Wound Care	Wounds cause pain, discomfort and can compromise quality of life. They also place patients at risk of various complications such as deadly infections. This CRE in Wiser Wound Care will improve the care provided to hospitalised patients with wounds, resulting in better patient experiences and outcomes and savings to the health system. Almost all patients in hospital have a wound, whether it be a surgical wound, a wound from an intravascular device (drip) or a pressure injury (or bedsore).
Centres of Research Excellence	2,500,000	University of New South Wales	Centre of Research Excellence in Medicines Intelligence	The Centre of Research Excellence in Medicines Intelligence is a co-ordinated research program that will accelerate the development and translation of evidence on prescribed medicines use and outcomes for regulators and payers.
Centres of Research Excellence	2,500,000	Charles Darwin University	Redesigning maternal, newborn and child health services for the best start in life for First Nations families	This is a leading maternity care reform in partnership with First Nation communities and health services. The research has seen improvements in maternal and infant health for First Nation families. This funding will drive expansion to more communities using our innovative RISE Framework: Redesign the health service; Invest in the health and research workforce; Strengthen family capacity; and Embed First Nations governance for the best start in life for First Nation families.
Centres of Research Excellence	2,500,000	University of Sydney	Integrated Community Care for People with Complex Multi-morbidities	The focus will be on reducing hospitalisation through innovative, high quality, collaborative research of home and community-based service systems, including the development of digital and virtual modes of community-based service delivery.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Centres of Research Excellence	2,500,000	Murdoch Childrens Research Institute	Asia-Pacific Pneumococcal Disease Control in the Pneumococcal Conjugate Vaccine Era	Pneumonia is one of the most common causes of childhood death worldwide. PCV is a vaccine that prevents pneumonia but it is costly; and causes an increase in disease from strains which are not in the vaccine. The CRE will address two outstanding issues: when to switch from a 3 to 2 dose PCV schedule to make it more affordable; and create new understanding of the non-vaccine strains' impact on disease in low- and middle-income countries in the Asia-Pacific region.
Centres of Research Excellence	2,500,000	University of Melbourne	Centre of Research Excellence in Healthy Housing	Australia is one of a few high income countries that does not have a healthy housing policy. As a consequence we fail to leverage the enormous potential for housing and housing focused interventions to have a positive impact on population health. The Centre for Research Excellence will provide Australian specific evidence, work with key stakeholders to make change and build capacity in the overlapping domains of housing and health.
Centres of Research Excellence	2,500,000	Murdoch Childrens Research Institute	Stronger Futures CRE: building resilience and breaking cycles of intergenerational trauma and social inequity	The transmission of complex trauma across generations is a global public health and human rights issue. The Stronger Futures CRE will implement a collaborative, multi-stakeholder program of translational research activity to reduce the impacts of intergenerational trauma and family violence within Aboriginal and Torres Strait Islander, refugee and socially disadvantaged families and communities.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Centres of Research Excellence	2,500,000	University of Queensland	The Centre of Research Excellence on Achieving the Tobacco Endgame (CREATE)	The Centre of Research Excellence on Achieving the Tobacco Endgame (CREATE) will develop a strategy to make Australia smoke-free. Multi-disciplinary research will determine which strategies are the most effective, equitable and acceptable to the public and policymakers. It will identify the barriers and enablers, and make recommendations on the optimal suite of policies to end the cigarette epidemic and reduce the health care burden associated with smoking related diseases.
Partnership Projects	1,273,553	University of Sydney	Delivering precision diagnosis to patients with mitochondrial disease: Using digital technologies to enhance the delivery pathway to provide an accurate genetic diagnosis for patients with mitochondrial disease	Mitochondrial disease (MD) is the most common inherited metabolic condition. MD can be diagnosed by using whole genome sequencing and enables treatment and accurate family planning. This project will create a web-based platform to support the diagnosis and treatment of patients with or suspected to have MD. Using a custom-built web-based platform, telemedicine and automated software it will integrate care by primary care givers and MD experts to deliver a precise genetic diagnosis to MD patients.
Partnership Projects	1,035,071	University of Sydney	Midwives and Obstetricians Helping Mothers to Quit - the MOHMQuit trial	Smoking is the most important preventable cause of negative pregnancy outcomes. Delivery of quitting support by health care professionals is currently poor. This project will trial an innovative program, MOHMQuit, which uses a whole-of-system approach to improve support provided to pregnant smokers and increase quitting among this critical group.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Partnership Projects	963,843	Monash University	GooD4Mum: A randomised controlled implementation trial to reduce conversion from gestational diabetes to type 2 diabetes using follow-up in general practice.	Gestational diabetes (GDM) is increasingly common with short and long term health risks for mothers and babies. This project generated considerable evidence on identification, screening and interventions to improve lifestyle and prevent type 2 diabetes in these high risk women after GDM. They aim to address how best to implement scalable, low cost, effective identification, screening and lifestyle intervention strategies in routine primary care, to improve women's health.
Partnership Projects	1,065,665	University of Queensland	Implementation of Comprehensive High-dose Aphasia Treatment (CHAT)	Aphasia is a communication disability that occurs in up to 30% of stroke survivors. Most people with aphasia do not currently receive the amount and type of treatment they need. The aim of this research is to evaluate the implementation of comprehensive high dose aphasia treatment in clinical settings. Implementation will occur through partnerships with service providers, consumer organisations and clinical networks. This work will provide a new way to manage aphasia and improve lives.
Partnership Projects	743,438	Monash University	Improving Rehabilitation Outcomes through Self-Management: My Therapy	During rehabilitation, patients don't often receive enough therapy and actually spend most of the day sitting and lying down. My Therapy was designed to increase independent practice of therapy exercises during rehabilitation, in addition to usual care, without additional staff. Through My Therapy, patients achieved 100 extra minutes of weekly therapy participation and better function.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Partnership Projects	1,230,191	Flinders University	Optimising evidence translation in the high-risk time-critical environment of the emergency management for suspected cardiac chest pain (RAPIDx)	Few clinical processes are purposefully redesigned to optimally incorporate new diagnostic test into routine practice. Using artificial intelligence to enhance the interpretation of newly identified troponin elevation with high sensitivity troponin assays, this will implement a myocardial injury registry in practice. It will also form a platform to explore the clinical impact of artificial intelligence, through a cluster randomised trial evaluating decision-support on 12-month outcomes.
Partnership Projects	735,795	University of New South Wales	Unifying and quality assuring disparate health silos with a common data model	Australia has silos of disconnected data holdings across community, primary and secondary care settings, with disparate terminologies, data models and data quality assurance mechanisms. Mapping MedicineInsight, a national general practice data repository, to a common data model can contribute to unifying Australia's digital data assets. There are cost-efficiencies and benefits from sharing interoperable data and tools for large-scale multicentre and multisystem data analytics.
Partnership Projects	703,705	University of Tasmania	InforMS – an electronic patient-driven health care model with digital biomarker monitoring that improves the clinical care of people with MS	Clinicians are lacking timely and sensitive data to detect treatment failure in MS. This project will develop an electronic patient-centred health care system, 'InforMS', that becomes a "one-stop-shop" management system which empowers and activates people with MS to collect invaluable time-sensitive monitoring data. It will test InforMS on around 3,000 people with MS to measure uptake and ensure it supports health improvements and changes to clinical practice.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Partnership Projects	475,920	University of Newcastle	The impact of individualised care plans for elderly patients discharged home from hospital after neck of femur fracture: A randomised controlled trial	Improved delivery of care to older Australians who sustain a broken hip is a major health need. Transitions from hospital remain a high-risk process. Written discharge plans are recommended nationally, but are not routinely implemented. This randomised controlled trial will test whether a discharge intervention can improve hip fracture patient's capacity to live well in the community. The intervention harnesses existing services and infrastructure, and can be rapidly scaled up if effective.
Partnership Projects	532,120	Queensland University of Technology	The Limit of Detection in the Emergency Department Trial: A stepped-wedge cluster randomised trial for rapid assessment of patients with suspected acute coronary syndrome in the Emergency Department	Over 450,000 patients present to Australian emergency departments with chest pain every year. The current approach to rule out heart attack for these patients is lengthy, costly and creates overcrowding in the emergency department. This study will evaluate a rapid assessment pathway for investigating chest pain in the emergency department. The pathway will reduce health care utilisation while retaining patient safety.
Partnership Projects	842,951	La Trobe University	Making football safe for women: implementing an injury prevention program	The risk of serious knee injury in female football is high, and injuries are continuing to increase. In partnership with the AFL, Medibank, Aust. Physiotherapy Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia, the team will aim to increase the use of a knee injury prevention program (Prep-to-Play) in ~4200 female community football players in the 2021 and 2022 seasons.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Partnership Projects	1,158,722	University of New South Wales	National prisons hepatitis C education: improving health literacy to enhance treatment uptake	This Partnership Project will evaluate the National Prisons Hepatitis Education Program, which aims to improve the knowledge, attitudes, and behaviours of health care providers, correctional officers, and prisoners regarding hepatitis C (HCV) and its treatment. This initiative is a key element of the national approach to achieve the World Health Organization goal of elimination of HCV as an ongoing public health concern by 2030.
Partnership Projects	909,752	University of New South Wales	Australasian Partnership for Improving Outcomes in Severe Depression	This 5-year project examines how proven treatments are used in real-world clinical practice, and how this can be improved. The project focuses on important physical interventions for depression: Electroconvulsive therapy (ECT), Ketamine, repetitive Transcranial Magnetic Stimulation (rTMS), transcranial Direct Current Stimulation (tDCS). The use of ECT to treat schizophrenia will also be examined. The research team will partner with clinical service providers and a government health department.
Partnership Projects	1,497,570	University of Melbourne	Piloting, Implementing and Evaluating First Few Hundred Protocols in the Australian Context	The World Health Organization identifies pandemic influenza as one of ten top threats to human health in 2019. Australia has invested extensively in preparedness planning, but gaps remain. We do not presently have finalised study protocols to collect evidence from early identified cases and household contacts in a pandemic, information needed to inform targeted public health responses. The team will work across governments and settings to test and advise on these study protocols for all Australians.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Partnership Projects	1,496,095	University of Melbourne	Stopping Buruli ulcer in Victoria	Buruli ulcer (BU) is a destructive skin and soft tissue infection that can cause permanent deformity. Australian native possums carry the bacteria that causes BU and mosquitoes spread it to people from areas contaminated by possum faeces. A targeted intervention based on screening possum faeces followed by control of mosquitoes in areas where possums and mosquitoes are shown to carry the bacteria will be trialed here, giving public health officials a means to stop this disease.
Partnership Projects	1,004,341	University of New South Wales	Community Health Workers Extending Care in the Community	Community Health Workers (CHW) have an important role in bridging the transition between hospital and community. With consumer co-researchers and our partners, the research team will co-design a model of CHW follow up and support care following hospitalisation. It will then conduct a trial to evaluate implementation and impact on hospital readmission, health outcomes and value for money, translate them into policy, and practice.
Partnership Projects	1,068,044	University of New South Wales	Implementing population-specific psychosocial interventions to optimise treatment, care and support among men who have sex with men who use methamphetamine	Methamphetamine dependence is a key public health priority and men who have sex with men are identified as a priority population. This partnership will develop interventions which will be linked to the cohort data to monitor the impact on health outcomes and access to care and support over time. The findings will support the process of creating and evaluating innovations with the ultimate goal of improving access to care and support and reducing dependence and its harmful outcomes.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Partnership Projects	956,115	University of New South Wales	Development and evaluation of regional health care alliances to improve health system performance in New South Wales – Patient Centred Co-commissioning Groups	This project involves the NSW Government, Primary Health Networks, Local Hospital Districts and the Consumers Health Forum partnering with leading health services researchers to design and evaluate a new service delivery model that could transform the health system. If successful it will overcome waste and inefficiencies, enhance patient and provider experience and improve health outcomes.
Partnership Projects	522,284	University of Queensland	Exposure to Trihalomethanes in pregnancy and birth outcomes in Queensland: integrated data analysis and case studies for better policy and health outcomes	The researchers will assist the project partners in implementing evidence-based changes for disinfection by-products called Trihalomethanes (THMs) risk management, incident resolution, and exposure minimisation in pregnant women in Queensland, particularly those residing in high-risk areas. It is anticipated that the findings contribute to the advocacy for revising the Australian Drinking Water Guidelines for THMs.
Partnership Projects	752,694	Monash University	Advancing women in health care leadership	A national collaboration to generate new knowledge, co-design, implement, evaluate and measure individual and organisational level interventions that will address key barriers to leadership across capacity, perceived capability and credibility and cultural diversity, to successfully advance women in health care leadership. This work is highly prioritised by partners and in a policy context.
Partnership Projects	857,288	University of Melbourne	The who, why, what, where and when of primary youth mental health care: The 5W research program	headspace has been an international pioneer for primary mental health care for young people. A better understanding of how to match the range of services headspace provides to the diverse needs of its clients is needed. The 5W research program, will use a range of big data techniques, machine learning, data linkage, discrete choice experiments and economic modelling to develop an acceptable, equitable and efficient stepped care model for headspace.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Partnership Projects	537,855	University of Melbourne	Developing and implementing an ethical framework for HIV phylogenetic analysis in Australia	Many countries are using genetic analysis to detect clusters of HIV transmission. This is an important part of reducing the number of new HIV infections, and making sure that all people with HIV receive timely medical care. In partnership with HIV community organisations and public health policy makers, this will provide the first evidence-base for the public health utility of real-time HIV genetic analysis in the Australian setting.
Development Grants	687,994	University of Melbourne	Development of AD214 a novel anti-fibrotic treatment for advanced Age related macular degeneration	Age related macular degeneration remains the leading cause of blindness in this and other industrialised countries. Although treatment is available for an advanced form of the disease, many do not respond, or lose significant amounts of vision with long term treatment. This proposal will provide critical data for commercialising a novel therapy called an i-body (AD214) that reduces vision loss by blocking the formation of scarring with reduced need for injections.
Development Grants	808,978	QIMR Berghofer Medical Research Institute	New multivalent antibodies for immunology	Cancer is now the number one killer of Australians and there is an unmet medical need to develop new therapies that are safe and maximise anti-cancer efficacy. Cancer immunotherapy now represents a new fourth pillar in cancer treatment to complement surgery, radiotherapy and chemo-targeted therapies. This application aims to develop new therapeutic approaches to broaden the effectiveness of cancer immunotherapy and potentially allow the treatment of a broader range of cancers and patients.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Development Grants	729,037	Monash University	Development of a New Class of Broad-Stage Antimalarial Agents	In 2017, there were almost 220 million cases of malaria across 90 different countries, associated with 435,000 deaths, and with 65-70% of all malaria deaths tragically being children under the age of five. No significant progress in reducing global malaria cases has been made over the last four years and the need for new and better treatments remains dire. This research and development plan will develop novel and safer drugs for the treatment of drug resistant malaria.
Development Grants	1,107,069	University of Melbourne	Repair of tooth enamel/dentine by biomimetic mineralisation	Dental caries and erosion involve loss of tooth mineral and are major public health problems. The project will involve the proof-of-concept testing of a prototype dental professional product MI Enamel/Dentine Repair™ to repair early stages of mineral loss non-invasively. This could revolutionise dental practice globally for the non-invasive repair of early tooth decay and erosion lesions with a surface seal of tooth-like mineral.
Development Grants	636,329	University of Queensland	Targeting complement C5a receptor 2 as a disease-modifying treatment for motor neuron disease	Motor neuron disease (MND) is a devastating terminal condition that has no effective treatment. The researchers have identified a novel drug which inhibits an immune protein that can potentially treat MND. This project will test the drug in rodent models of MND, and validate its effectiveness in relevant MND immune cells. Ultimately, this project will identify a new potential drug for MND.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Development Grants	636,492	Monash University	A bispecific antibody to synergise checkpoint blockers in oncology	Cancer hides from the immune system in its earliest stages by evading immune surveillance and a cell type named myeloid derived suppressor cell (MDSC) has been identified as the main accomplice in this evasion. Currently, there is no drug able to specifically target those cells. This project will develop a new drug that will prevent their recruitment to the tumors. The team believe that when used in synergy with recent immunotherapies, it will dramatically improve survival in cancer patients.
Development Grants	879,010	University of Melbourne	The Neonav ECG Tip Location System: Better & safer care for paediatric intensive care patients	When babies and children need intensive care, thin, flexible tubes (catheters) are placed in their blood vessels to deliver fluids and medications. Despite best efforts, catheters may not reach or move from the correct location inside the patient and the procedures may need to be repeated. The Neonav ECG Tip Location System is an innovative medical device that tracks where the catheter is during and after the procedure; this makes care safer and less stressful for the babies and children.
Development Grants	726,160	Monash University	Next generation hand-held nebulisers for aerosol drug delivery: using microfluidics to tune particle size	Chronic respiratory diseases (Asthma, COPD) affect 14% of Australians with a greater disease burden felt by elderly and young patients. These patients experience more difficulty administering medication through conventional inhalers due to a lack of coordination and dexterity. The grant supports a patented technology which improves the pulmonary delivery of medication through a microfluidic method, within a system designed specifically to improve user experience and patient monitoring.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Development Grants	724,957	University of Queensland	Preclinical development of Q2361, a transforming new drug for skin cancer prevention in organ transplant recipients	Patients that receive organ transplants need additional medications in order to prevent organ rejection. Unfortunately, these drugs carry an unwanted side-effect - they permit the development of skin cancer. Currently, other than surgery, little can be done to help these patients. Preliminary data suggest, that a new drug may prevent these skin cancers from forming. This project aims to deliver key insights into the influence of this drug and its role in skin cancer prevention.
Development Grants	674,659	Baker Heart and Diabetes Institute	Anti-inflammatory compound development for the treatment of heart failure with preserved ejection fraction	Heart failure with preserved ejection fraction (HFpEF) is a highly prevalent and rapidly growing heart condition with no proven effective therapies. This project will develop novel drugs to treat HFpEF by focusing on heart scarring and inflammation. Promising drug candidates will be developed during the project, and these will be ready for phase I clinical trial by the end of this grant. The outcome of this study is poised to address the significant unmet medical need.
Development Grants	1,377,149	University of Queensland	OctapeptinX Potentiators to treat XDR Gram-negative infections	There is an urgent need for the development of new antibiotics to treat drug-resistant infections, with the World Health Organization and other agencies warning of a critical threat to human health. Potentiators are drugs that help obsolete antibiotics regain activity against resistant bacteria. This project aims to develop a novel class of potentiators, the octapeptins, to resurrect the activity of old antibiotics so they can be used to treat infections caused by highly-resistant Gram-negative bacteria.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Development Grants	934,902	University of Melbourne	Stentrode Neuro-stimulator	Epilepsy affects over 65 million people worldwide and approximately 30% of sufferers do not respond to drugs. For these people, electrodes are placed in the brain to monitor activity and stop the initiation or progression of seizures. However, state-of-the-art devices require risky open-brain surgery. This project develops a Stentrode Neuro-Stimulator (SNS) for the treatment of drug-resistant epilepsy without the need for open-brain surgery.
Development Grants	781,353	Burnet Institute	Development of a molecular point-of-care test for hepatitis C to increase uptake of curative antiviral treatment	This project seeks to develop a new point-of-care test to detect hepatitis C virus infections. This will enable the diagnosis and initiation of curative treatment in a single health care visit. It is expected that this will overcome a major barrier to treating high-risk groups with highly effective medications and will lead to higher number of cured patients.
Development Grants	656,985	University of New South Wales	Development of a therapeutic monoclonal antibody	Monoclonal antibodies, such as the cancer therapeutic Pembrolizumab, have revolutionised the treatment of cancer and many inflammatory conditions. With over \$100 billion in sales in 2018, they also underpin a growing biotech industry. The researchers have developed a highly specific, high affinity therapeutic antibody candidate, and demonstrated efficacy in animal models of malignancy. This project will advance and develop this monoclonal, leading to clinical studies in patients.
Development Grants	1,058,537	University of Melbourne	Hear Assure: Saving natural hearing during cochlear implantation	Cochlear implants provide hearing by electrical stimulation of the hearing nerve. People receiving cochlear implants may have natural hearing, which is lost in up to 70% of patients through trauma caused during implantation. This is a major barrier to the adoption of cochlear implants. To overcome this, Hear Assure is a novel hearing-monitoring product that is integrated with the cochlear implant, enabling safe positioning of the implant to minimise loss of natural hearing.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Development Grants	926,673	University of Queensland	Development of a first-in-class therapeutic for protecting the ischemic heart	Heart disease is the leading cause of death globally. Heart attacks are the primary cause of death associated with heart disease. The researchers have discovered a drug, Hi1a, that blocks the injury response of the heart when a heart attack happens. There are no other drugs currently available or in the discovery pipeline that address this problem. This proposal will use models of injury to the heart as well as safety studies to help develop Hi1a as a new drug for people who suffer from heart attacks.
Development Grants	972,244	Bionics Institute	Delivering hearing therapeutics to the clinic	This project aims to develop a treatment for hearing loss that can be progressed to a clinical trial for patients with significant hearing impairment. The treatment involves the use of drug delivery particles that have shown to be effective in preventing the loss of sensory auditory cells in deafness. The project will further develop and validate this technology in deafness models so that it can be applied to human patients in a first in human trial.
Development Grants	660,133	University of New South Wales	Media formulations to enhance embryo formation in assisted reproduction	The increasing age of parenthood has led to an explosion in the demand for assisted reproductive technologies such as in vitro fertilisation (IVF). This procedure is limited by the ability of fertilised eggs to mature into early embryos in the lab prior to being transferred into women.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Targeted Calls for Research	1,083,010	Deakin University	Using 'omics to unravel the pathophysiology and repurpose drugs to treat ME/CFS	The cause(s) of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) are not well known, but may involve altered function by the component of the cell that produces energy (mitochondria). This project will use cutting edge stem cell technology to investigate this in detail and generate vital new knowledge that could identify new targets for the treatment of ME/CFS. It will also use complex technology to screen a library of drugs to identify those that may be useful in the treatment of ME/CFS.
Targeted Calls for Research	1,460,700	Griffith University	Ion channel dysfunction in the pathophysiology of Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome: diagnostic biomarkers, therapeutic targets and treatments	Research suggests that ion channels that transfer calcium within cells are dysfunctional in ME/CFS. This research will investigate ion channels and calcium transfer using immune cells to help develop biomarkers for the illness and discover better treatments for these patients.
Targeted Calls for Research	784,064	University of Melbourne	Exploring the role of nitrogen metabolism, energy metabolism and mitochondrial function in the pathophysiological mechanisms of paediatric ME/CFS.	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) is a disease diagnosed by symptoms. This extensive research has led to a hypothesis that ME/CFS results from toxic by-products of energy production in their cells. This problem can be caused by many unique ways, which could explain the diversity of the ME/CFS patient population. This research will test this hypothesis with a novel personalised experimental design to simultaneously produce a plethora of new knowledge for the field of ME/CFS.