### 2.1 Budgeted Expenses and Performance for Outcome 1

Outcome 1: Health Policy, Access and Support

Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community

#### Programs Contributing to Outcome 1

Program 1.1: Health Research, Coordination and Access

Program 1.2: Mental Health

Program 1.3: Aboriginal and Torres Strait Islander Health

Program 1.4: Health Workforce

Program 1.5: Preventive Health and Chronic Disease Support

Program 1.6: Primary Health Care Quality and Coordination

Program 1.7: Primary Care Practice Incentives and Medical Indemnity

Program 1.8: Health Protection, Emergency Response and Regulation

Program 1.9: Immunisation

#### Linked Programs

| Other Commonwealth entities that contribute to Outcome 1 |
| --- |
| Australian Commission on Safety and Quality in Health Care (ACSQHC)[[1]](#footnote-1)  Program 1.1: Safety and Quality in Health Care  The ACSQHC works to strengthen safety and quality across Australia’s healthcare system, with a focus on developing standards, improving appropriateness of care, and minimising risk of harm (1.1). |
| Australian Competition and Consumer Commission (ACCC)  Program 1.1: Australian Competition and Consumer Commission  The ACCC contributes to the health and safety of the community through the consideration and management of unacceptable safety risks posed by consumer goods (1.8). |
| Australian Digital Health Agency (Digital Health)[[2]](#footnote-2)  Program 1.1: Digital Health  Digital Health manages and governs the national digital health strategy and the design, delivery and operations of My Health Record (1.1). |
| Australian Institute of Health and Welfare (AIHW)[[3]](#footnote-3)  Program 1.1: Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community  The AIHW provides high quality national health-related data and analysis (1.1). |
| Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)[[4]](#footnote-4)  Program 1.1: Radiation Protection and Nuclear Safety  ARPANSA contributes to the health and safety of the community by protecting the Australian people and environment from the harmful effects of radiation (1.8). |
| Cancer Australia[[5]](#footnote-5)  Program 1.1: Improved Cancer Control  Cancer Australia provides national leadership in cancer control and works with the Department of Health to improve the detection, treatment and survival outcomes for people with cancer (1.5). |
| Department of Agriculture, Water and the Environment (DAWE)  Program 1.6: Management of Hazardous Wastes, Substances and Pollutants  Program 4.1: Biosecurity and Export Services  DAWE contributes to the protection of:   * the environment from the risks of industrial chemicals, and risks to human health related to exposure to industrial chemicals via the environment, by undertaking environmental risk assessments for the Australian Industrial Chemicals Introduction Scheme, and by providing advice, and receiving advice and recommendations, on risk management (1.8) * human health and safety and the environment from risks resulting from the use of gene technology, by providing advice on risk assessment and risk management (1.8) * the health and safety of the Australian community through implementation of activities under the *Biosecurity Act 2015*, such as the screening of travellers at international airports and seaports (1.8). |
| Department of Education, Skills and Employment (DESE)  Program 1.2: Child Care Subsidy  DESE contributes to increasing immunisation coverage rates by including childhood immunisation requirements as part of the eligibility criteria for the Child Care Subsidy. Eligibility for benefits is linked to satisfying the requirements for immunisation (1.9). |
| Department of Foreign Affairs and Trade (DFAT)  Program 1.1: Foreign Affairs and Trade Operations  DFAT works with the Department of Health to promote regional and global strategic interests as they relate to health (1.1). |

| Other Commonwealth entities that contribute to Outcome 1 |
| --- |
| Department of Home Affairs (Home Affairs)  Program 2.1: Migration  Program 2.2: Visas  Program 2.3: Refugee, Humanitarian Settlement and Migrant Services  Program 3.2: Border Management  Home Affairs facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma (1.2).  Through the effective management and delivery of the skilled and family migration programs and sustainable growth in temporary visa programs, Home Affairs supports a prosperous and inclusive society and advances Australia’s economic interests, ensuring visa programs include controls to minimise health risks or costs to the Australian community.  These programs include:   * Skilled migration visa programs, supplementing Australia’s skilled workforce including the health workforce (1.4). * Regional skilled visa programs, directing skilled migrants to regional Australia (1.4). * Visas for General Practitioners, including Better Distribution of Medical Practitioners initiative – a policy initiative implemented by the Departments of Health and Home Affairs, to regulate the supply of overseas trained doctors and direct them towards areas of health workforce shortages (regional, rural and remote areas) in Australia (1.4). * Health requirements, ensuring visa holders do not pose risks to public health (1.4 and 1.8). * Health insurance visa condition, ensuring visa holders maintain adequate health insurance while in Australia (1.4). * Enforceable family sponsorship obligations, ensuring sponsors accept liability for any health costs incurred by visiting families in Australia (1.4).   Home Affairs contributes to the protection of human health, or the environment, by maintaining records on the importation of products containing industrial chemicals, and regulations for the import and export of controlled substances and unapproved medicines and medical devices at the border (1.8). |
| Department of Industry, Science, Energy and Resources (DISER)  **Program 1.1: Investing in science, technology and commercialisation**  **Program 1.2: Growing innovative and competitive businesses, industries and regions**  DISER works with the Department of Health to implement the Biomedical Translation Fund and the Medical Research Future Fund. DISER provides input to a range of health policies to improve the support and regulatory environment for innovation by the health sector (1.1).  DISER also works with the Department of Health to support manufacturers of medical products through the Modern Manufacturing Strategy (1.1).  Through the National Measurement Institute, DISER contributes to reducing smoking prevalence in Australia by conducting tobacco plain packaging compliance and enforcement activities (1.5). |
| Department of Infrastructure, Transport, Regional Development and Communications (Infrastructure)  Program 2.3: Road Safety  Infrastructure co-funds the Australia New Zealand Trauma Registry with the Department of Health to record cases of severe injury, including from road trauma, and improve the treatment and health outcomes of people with injuries (1.1). |
| Department of Social Services (DSS)  Program 1.1: Family Assistance  Program 2.1: Families and Communities  Program 3.1: Disability and Carers  Program 3.2: National Disability Insurance Scheme  DSS contributes to:   * collaborating to design, test and establish the next development phase of  the National Disability Data Asset (1.1). * improving access to services and support for people with psychosocial disability through implementation of the National Disability Insurance Scheme (NDIS) and the provision of mental health services, including community mental health services (1.2). * improving access to services and support for young people with mental illness to achieve and maintain sustainable participation in employment and/or vocational education (1.2). * improving the capacity of mainstream services within the health care sector to respond to and include people with disability, increasing accessibility and use of mainstream services through the Information Linkages and Mainstream Capacity Building program (1.4). * improving the quality of Australia’s health workforce through targeted training on recognising and responding to clients impacted by family, domestic and sexual violence. The National Plan to End Violence Against Women and Children 2022–2032, includes domestic violence alert training and accredited training for sexual violence responses, targeted to health professionals and other frontline workers (1.4). * increasing immunisation coverage rates, which protect the health and safety of the Australian community by administering the Family Tax Benefit (FTB) Part A to eligible parents. Eligibility for the maximum rate of FTB Part A is linked to satisfying the requirements of age-related immunisation (1.9). * encouraging better collaboration between programs and services to support the development and wellbeing of children to help them thrive across and between life stages, by leading the Early Childhood Targeted Action Plan to support Australia’s Disability Strategy 2021–31. The Targeted Action Plan includes an action to strengthen training and resources to primary health care providers to better enable early detection of disability or developmental concerns in young children, and appropriate referral pathways, recognising the needs for priority population groups such as Aboriginal and Torres Strait Islander children, their parents and carers (1.3 and 1.4). * establishing a National Early Childhood Program for children with disability or developmental concerns. This program delivers a range of disability-specific information, workshops and supported playgroups for young children aged zero to 8 years with disability or developmental concerns. This program assists in meeting the Closing the Gap Target 4, Aboriginal and Torres Strait Islander children thrive in their early years (1.3). |
| Department of the Treasury (Treasury)  Program 1.5: Assistance to the States for Healthcare Services  Program 1.9: National Partnership Payments to the States  Treasury provides financial assistance through National Partnership Payments to state and territory governments as part of the Federal Financial Relations Framework.[[6]](#footnote-6)  Activities funded through National Partnership Agreements include:   * Hepatitis C Settlement Fund (1.1) * encouraging more clinical trials in Australia (1.1) * Health Innovation Fund (1.1) * National Health Reform Agreement (1.1) * National Partnership Agreement on COVID-19 Response (1.1) * Community Health and Hospitals Program, including the Tasmania Health Package and the additional health services for north-western Tasmania (1.1) * achieving better health outcomes (1.1) * Centre for National Resilience (1.1) * Proton beam therapy facility (1.1) * Health Infrastructure Programs (1.1) * multidisciplinary outreach care (1.1) * reducing stillbirths (1.1) * adult mental health centres trial (1.2) * national perinatal mental health check (1.2) * national mental health and suicide prevention (1.2) * New South Wales mental health support (1.2) * improving trachoma control services for Indigenous Australians (1.3) * addressing blood borne viruses and sexually transmissible infections in the Torres Strait (1.3) * Rheumatic Fever Strategy (1.3) * Northern Territory remote Aboriginal investment – health component (1.3) * National Bowel Cancer Screening Program – participant follow-up function (1.5) * Lymphoedema garments and allied health therapy programs (1.5) * Hummingbird House (1.5) * National Coronial Information System (1.5) * comprehensive palliative care in aged care (1.5) * Western Australian comprehensive cancer centre (1.5) * Surge Capacity for BreastScreen Australia (1.5) * Western Australia Children’s Hospice (1.6) * Royal Darwin Hospital – equipped, prepared and ready (1.8) * OzFoodNet (1.8) * mosquito control and cross border liaison in the Torres Strait (1.8) * management of Torres Strait/Papua New Guinea cross border health issues (1.8) * vaccine-preventable diseases surveillance (1.8) * mosquito control in Tennant Creek (1.8) * access to HIV treatment (1.8) * South Australia home quarantine application (1.8) * essential vaccines (1.9). |
| Food Standards Australia New Zealand (FSANZ)[[7]](#footnote-7)  Program 1.1: Food Regulatory Activity and Services to the Minister and Parliament  FSANZ contributes to the protection of:   * public health and safety by developing food standards for implementation by the states and territories. FSANZ also coordinates national food surveillance and recall activities to minimise the risk of adverse health events from food (1.5) * human health from the risks of industrial chemicals related to food by providing and receiving advice (1.8). |
| Independent Hospital Pricing Authority (IHPA)[[8]](#footnote-8)  Program 1.1: Public Hospital Price Determinations  IHPA determines the National Efficient Price for public hospital services as the basis for Activity Based Funding and the National Efficient Cost for those public hospital services under block funding arrangements (1.1). |
| National Blood Authority (NBA)[[9]](#footnote-9)  Program 1.1: National Blood Agreement Management  The NBA works to save and improve Australian lives through a world‑class blood supply that is safe, secure, affordable and well‑managed (1.1). |
| National Health and Medical Research Council (NHMRC)[[10]](#footnote-10)  Program 1.1: Health and Medical Research  NHMRC develops evidence-based health advice for the Australian community, health professionals and governments, and provides advice on ethical practice in health care and in the conduct of health and medical research, and administers research grant programs on behalf of the Department of Health (1.1).  NHMRC contributes to the protection of human health from the risks of industrial chemicals related to drinking water by providing and receiving advice (1.8). |
| National Health Funding Body (NHFB)[[11]](#footnote-11)  Program 1.1: National Health Funding Pool Administration  The NHFB is responsible for the transparent and efficient administration of Commonwealth, state and territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by Treasury (1.1). |
| National Indigenous Australians Agency (NIAA)  Program 1.3: Safety and Wellbeing  The NIAA works closely with the Department of Health to ensure the effectiveness of Indigenous health funding, and that mainstream policy, programs and services deliver benefits to Aboriginal and Torres Strait Islander people. NIAA also provides grants for health, wellbeing and resilience projects; substance use treatment and harm minimisation projects; and projects aimed at combating petrol sniffing and the use of other volatile substances (1.3). |
| National Mental Health Commission (NMHC)[[12]](#footnote-12)  Program 1.1: National Mental Health Commission  The NMHC provides independent policy advice and evidence on ways to improve Australia’s mental health and suicide prevention system, and acts as a catalyst for change to achieve those improvements (1.2). |
| Organ and Tissue Authority (OTA)[[13]](#footnote-13)  Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation  The OTA works to maximise organ and tissue donation for transplantation by increasing the capacity within the health system, and raising community awareness and stakeholder engagement in support of donation (1.1). |
| Safe Work Australia (SWA)  Program 1.1: Reform of and Improvements to Australian Work Health and Safety and Workers’ Compensation Arrangements  SWA contributes to the protection of human health from the risks of industrial chemicals related to the health of workers by providing advice, and receiving advice and recommendations (1.8). |
| Services Australia  Program 1.2: Services to the Community – Health  Services Australia contributes to:   * ensuring that Australia’s health system is better equipped to meet current and future health needs by administering the Australian Organ Donor Register (1.1) * increasing immunisation coverage rates, protecting the health and safety of the Australian community by administering the Australian Immunisation Register on behalf of the Department of Health (1.9).   Services Australia administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health:   * Indigenous access to the Pharmaceutical Benefits Scheme (1.3) * Workforce Incentive Program (1.4) * Rural Procedural Grants Program (1.4) * Scaling of Rural Workforce Program (1.4) * Health Care Homes Program (1.6 and 1.7) * Practice Incentive Program payments to general practices, general practitioners and Indigenous health services (1.7) * Medical indemnity activities, including indemnity for eligible midwives (1.7) * COVID-19 Vaccine Claims Scheme (1.7). |

Table 2.1.1: Budgeted Expenses for Outcome 1

Table 2.1.1 shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by administered and departmental funding sources.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Program 1.1: Health Research, Coordination and Access (a)** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 431,041 | 322,518 | 166,248 | 131,594 | 105,923 |
| Special accounts |  |  |  |  |  |
| Medical Research Future Fund | 455,000 | 650,000 | 650,000 | 650,000 | 650,000 |
| Special appropriations |  |  |  |  |  |
| *National Health Act 1953* - blood fractionation products and blood related products to National Blood Authority | 920,466 | 996,315 | 1,053,893 | 1,115,081 | 1,226,615 |
| *Public Governance, Performance and Accountability Act 2013* s77 - repayments | 4,000 | 2,000 | 2,000 | 2,000 | 2,000 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 113,399 | 106,096 | 106,357 | 103,630 | 103,646 |
| Expenses not requiring appropriation in the Budget year (d) | 7,521 | 9,460 | 8,518 | 7,996 | 7,115 |
| **Total for Program 1.1** | **1,931,427** | **2,086,389** | **1,987,016** | **2,010,301** | **2,095,299** |
| **Program 1.2: Mental Health (a)** |  |  |  |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 1,228,274 | 1,489,893 | 1,368,681 | 1,410,423 | 1,280,359 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 42,057 | 39,983 | 34,254 | 33,128 | 31,280 |
| Expenses not requiring appropriation in the Budget year (d) | 3,168 | 4,744 | 4,346 | 4,107 | 3,636 |
| **Total for Program 1.2** | **1,273,499** | **1,534,620** | **1,407,281** | **1,447,658** | **1,315,275** |
| **Program 1.3: Aboriginal and Torres Strait Islander Health (a)** | | | |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 975,616 | 1,126,175 | 1,128,923 | 1,164,156 | 1,137,016 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 24,142 | 22,977 | 22,813 | 22,930 | 21,213 |
| Expenses not requiring appropriation in the Budget year (d) | 3,635 | 3,518 | 3,063 | 2,838 | 2,551 |
| **Total for Program 1.3** | **1,003,393** | **1,152,670** | **1,154,799** | **1,189,924** | **1,160,780** |

Table 2.1.1: Budgeted Expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Program 1.4: Health Workforce** |  |  |  |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 1,516,332 | 1,603,614 | 1,611,029 | 1,617,458 | 1,621,123 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 38,322 | 38,533 | 36,755 | 36,574 | 36,480 |
| Expenses not requiring appropriation in the Budget year (d) | 3,932 | 4,837 | 4,345 | 4,075 | 3,629 |
| **Total for Program 1.4** | **1,558,586** | **1,646,984** | **1,652,129** | **1,658,107** | **1,661,232** |
| **Program 1.5: Preventive Health and Chronic Disease Support (a)** | | | |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 504,568 | 513,837 | 511,675 | 469,799 | 441,664 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 36,713 | 36,864 | 36,190 | 35,984 | 36,039 |
| Expenses not requiring appropriation in the Budget year (d) | 2,950 | 4,413 | 4,044 | 3,821 | 3,383 |
| **Total for Program 1.5** | **544,231** | **555,114** | **551,909** | **509,604** | **481,086** |
| **Program 1.6: Primary Health Care Quality and Coordination** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 1,185,714 | 689,656 | 450,858 | 432,101 | 430,251 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 41,312 | 34,030 | 32,700 | 32,550 | 32,709 |
| Expenses not requiring appropriation in the Budget year (d) | 3,050 | 4,567 | 4,185 | 3,954 | 3,500 |
| **Total for Program 1.6** | **1,230,076** | **728,253** | **487,743** | **468,605** | **466,460** |
| **Program 1.7: Primary Care Practice Incentives and Medical Indemnity** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 664,481 | 606,263 | 410,916 | 407,989 | 407,725 |
| Special appropriations |  |  |  |  |  |
| *Medical Indemnity Act 2002* | 97,027 | 102,328 | 107,964 | 114,164 | 120,764 |
| *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010* | 3,287 | 3,735 | 4,214 | 4,733 | 5,293 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 6,399 | 6,104 | 5,809 | 5,831 | 5,850 |
| Expenses not requiring appropriation in the Budget year (d) | 372 | 557 | 511 | 482 | 427 |
| **Total for Program 1.7** | **771,566** | **718,987** | **529,414** | **533,199** | **540,059** |

Table 2.1.1: Budgeted Expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Program 1.8: Health Protection, Emergency Response and Regulation (a)** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 4,221,174 | 4,103,582 | 683,173 | 288,917 | 472,397 |
| Non cash expenses (e) | 1,532,138 | 5,113 | 18,240 | 17,963 | 16,529 |
| Special appropriations |  |  |  |  |  |
| *National Health Act 1953*  - COVID-19 Vaccines and Treatments | 3,769,994 | - | - | - | - |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 215,061 | 155,845 | 70,497 | 69,106 | 68,237 |
| to Special accounts | (24,656) | (29,617) | (24,570) | (23,919) | (23,561) |
| Expenses not requiring appropriation in the Budget year (d) | 14,161 | 16,276 | 14,891 | 14,062 | 12,455 |
| Special accounts |  |  |  |  |  |
| OGTR (f) | 8,545 | 8,518 | 7,633 | 7,692 | 7,744 |
| AICIS (g) | 22,896 | 22,041 | 22,207 | 22,207 | 22,207 |
| TGA (h) | 193,147 | 199,031 | 190,366 | 189,591 | 189,181 |
| Expense adjustment (i) | (2,691) | (706) | 2,750 | 4,139 | 4,139 |
| **Total for Program 1.8** | **9,949,769** | **4,480,083** | **985,187** | **589,758** | **769,328** |
| **Program 1.9: Immunisation (a)** |  |  |  |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 32,855 | 28,694 | 28,443 | 29,033 | 29,468 |
| to Australian Immunisation Register Special Account | (7,133) | (7,133) | (7,133) | (7,133) | (7,133) |
| Special accounts |  |  |  |  |  |
| Australian Immunisation Register Special Account - s78 PGPA Act | 9,819 | 9,819 | 9,819 | 9,819 | 9,819 |
| Expense adjustment (i) | - | - | - | - | - |
| Special appropriations |  |  |  |  |  |
| *National Health Act 1953*  - essential vaccines | 442,058 | 440,827 | 446,594 | 446,594 | 446,594 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 6,633 | 6,485 | 6,483 | 6,513 | 6,540 |
| Expenses not requiring appropriation in the Budget year (d) | 531 | 795 | 728 | 688 | 609 |
| **Total for Program 1.9** | **484,763** | **479,487** | **484,934** | **485,514** | **485,897** |

Table 2.1.1: Budgeted Expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Outcome 1 totals by appropriation type** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 10,760,055 | 10,484,232 | 6,359,946 | 5,951,470 | 5,925,926 |
| to Special accounts | (7,133) | (7,133) | (7,133) | (7,133) | (7,133) |
| Special appropriations | 5,236,832 | 1,545,205 | 1,614,665 | 1,682,572 | 1,801,266 |
| Special accounts | 464,819 | 659,819 | 659,819 | 659,819 | 659,819 |
| Non cash expenses (e) | 1,532,138 | 5,113 | 18,240 | 17,963 | 16,529 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 524,038 | 446,917 | 351,858 | 346,246 | 341,994 |
| to Special accounts | (24,656) | (29,617) | (24,570) | (23,919) | (23,561) |
| Expenses not requiring appropriation in the Budget year (d) | 39,320 | 49,167 | 44,631 | 42,023 | 37,305 |
| Special accounts | 221,897 | 228,884 | 222,956 | 223,629 | 223,271 |
| **Total expenses for Outcome 1** | **18,747,310** | **13,382,587** | **9,240,412** | **8,892,670** | **8,975,416** |
|  |  |  |  |  |  |
|  | **2021–22** | **2022–23** |  |  |  |
| **Average staffing level (number)** | 2,767 | 2,495 |  |  |  |

(a) Budget estimates for this program exclude National Partnership funding paid to state and territory governments by Treasury as part of the Federal Financial Relations (FFR) Framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, please refer to Budget Paper No. 3 or Program 1.9 of Treasury's Portfolio Budget Statements.

(b) *Appropriation Act (No. 1) 2022–23.*

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

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

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

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

(g) Industrial Chemicals Special Account. The Australian Industrial Chemicals Introduction Scheme (AICIS) replaced the National Industrial Chemicals Notification and Assessment Scheme (NICNAS) on 1 July 2020.

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

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

#### Planned Performance for Outcome 1

Tables 2.1.2 – 2.1.10 detail the performance measures for each program associated with Outcome 1. These tables also provide the related key activities as expressed in the current Corporate Plan where further detail is provided about the delivery of the activities related to the program, the context in which these activities are delivered and how the performance of these activities will be measured. Where relevant, details of 2022–23 Budget measures that have created new programs or materially changed existing programs are provided.

Table 2.1.2: Performance Measures for Program 1.1

|  |  |  |
| --- | --- | --- |
| Outcome 1: Health Policy, Access and Support | | |
| Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community. | | |
| Program Objective – Program 1.1: Health Research, Coordination and Access | | |
| Collaborate with state and territory governments, the broader healthcare sector and engage internationally to improve access to high quality, comprehensive and coordinated health care to support better health outcomes for all Australians through nationally consistent approaches, sustainable public hospital funding, digital health, supporting health infrastructure, international standards and best practice, and world class health and medical research. | | |
| Key Activities | | |
| * Providing a sustainable source of funding for transformative health and medical research through sources including the Medical Research Future Fund (MRFF) and the Biomedical Translation Fund. * Supporting research into potential COVID-19 treatments and vaccines. * Working with states and territories to redesign clinical trial operating systems to make it easier to conduct and participate in safe, high quality clinical trials. * Implementing the National Clinical Quality Registry and Virtual Registry Strategy in collaboration with jurisdictions and key stakeholders. * Driving the Australian Immunisation Register and the Multi-Agency Data Integration Project data linkage to support prioritised rollout of COVID-19 vaccination for priority groups. * Providing streamlined, fit for purpose data governance to support safe data sharing in a rapidly evolving environment. * Implementing a whole of department evaluation strategy, streamlined data release strategy and data governance and data release strategy. * Providing our ministers and the Australian Digital Health Agency with timely and  well-informed research, policy and legislative advice that supports the Government’s digital health agenda, including the My Health Record system. * Working with the National Blood Authority, Organ and Tissue Authority, and states and territories to ensure access to a safe, secure supply of essential blood and blood products, as well as life saving organ, tissue and haemopoietic progenitor cell transplants. * Managing the Centre for National Resilience in the Northern Territory, including supports to maintain access to scalable quarantine capacity and invoicing arrangements for international arrivals who undertake quarantining at the Centre.[[14]](#footnote-14) * Continuing to work with jurisdictions and relevant federal departments to repatriate Australians and provide safe, reliable and compliant quarantine options. * Providing support to states and territories for costs incurred as a result of the COVID-19 pandemic under the National Partnership on COVID-19 Response. * Delivering health infrastructure projects and monitoring compliance as part of managing the Community Health and Hospitals Program and other infrastructure programs. * Supporting effective engagement with the Health Ministers’ Meeting Forum and Health Chief Executive Forum, managing the transition to the new arrangements, and providing secretariat support for the Health National Cabinet Reform Committee. * Leading collaboration with states and territories on long term, system-wide health reform and administration of the Addendum to the National Health Reform Agreement 2020–25. * Monitoring implementation and compliance with state and territory public hospitals through the National Health Reform Agreement. * Developing policies that embed emerging technologies into the Australian health system to effectively balance public benefit, cost and risk. This includes the staged introduction of mitochondrial donation in Australia. * Providing strong leadership on international health issues and reforms to international health architecture as a result of the COVID-19 pandemic. | | |
| Performance Measures | | |
| Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation. | | |
| Current Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | Forward Estimates 2023–26 Planned Performance Results |
| 100% of investments were  announced, grant  opportunities offered and grant  agreements were executed under various MRFF initiatives  consistent with the *Medical*  *Research Future Fund Act*  *2015* (MRFF Act). | Disburse 100% of the available budget for the MRFF in 2022–23 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan.  Support 40 new clinical trials.  Provide funding for 15 new projects to develop and commercialise health technologies, treatments, drugs and devices.  Build the capacity of Aboriginal and Torres Strait Islander people to lead Indigenous health and medical research.  Build the capacity of the health and medical research sector.  Support collaboration across the health and medical research sector.  Enhance the capacity of the health and medical research sector by expanding the range of entities able to receive MRFF funding. | As per 2022–23. |

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| The rate of avoidable readmissions to public hospitals reduces over time. | | |
| Current Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | Forward Estimates 2023–26 Planned Performance Results |
| Implemented more consistent definitions of avoidable readmissions, as per clauses A169-A171 of the 2020–25 National Health Reform Agreement. | Reduced rate of avoidable readmissions compared to 2021–22 baseline. | As per 2022–23. |
| Material changes to Program 1.1 resulting from the following measures:  There are no material changes to Program 1.1 resulting from measures. | | |

Table 2.1.3: Performance Measures for Program 1.2

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| --- | --- | --- |
| Program Objective – Program 1.2: Mental Health | | |
| Improve the mental health and wellbeing of all Australians, including a focus on suicide prevention. | | |
| Key Activities | | |
| * Working with states and territories to finalise and implement the National Mental Health and Suicide Prevention Agreement and associated bilateral schedules. * Implementing additional COVID-19 mental health support in New South Wales, Victoria and the Australian Capital Territory.[[15]](#footnote-15) * Implementing actions from the Digital Mental Health Strategy and Digital Mental Health Standards, and developing a comprehensive national digital mental health platform. * Establishing targeted regional initiatives for suicide prevention, building on the momentum and lessons from the National Suicide Prevention Trial.[[16]](#footnote-16) * Providing aftercare services to support Australians discharged from hospital following a suicide attempt, and suicide postvention services to support those bereaved by suicide. * Improving the mental health and wellbeing of children and their families through strengthened support for new and expectant parents, early intervention and multidisciplinary care.[[17]](#footnote-17) * Supporting stigma reduction and promoting help-seeking behaviour and early intervention and multidisciplinary care.[[18]](#footnote-18) * Enhancing the capacity of headspace youth services and improving access to community based mental health services for adults. * Providing additional support for Australians with eating disorders and their families, including operation of the national eating disorders research centre.[[19]](#footnote-19) * Improving access to Medicare-subsidised mental health care for patients, their families and carers, and aged care residents.[[20]](#footnote-20) * Providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme.[[21]](#footnote-21) * Implementing initiatives to address the impact of suicide and mental ill-health on Aboriginal and Torres Strait Islander people, including national leadership and governance, aftercare and regional network services, and the Indigenous 24/7 Crisis Line.[[22]](#footnote-22) * Providing support for culturally and linguistically diverse communities through the Program of Assistance for Survivors of Torture and Trauma and Mental Health Australia, including broader leadership, governance and targeted service support.[[23]](#footnote-23) * Establishing the National Rural and Remote Mental Health Strategy.[[24]](#footnote-24) * Expanding and implementing the standardised assessment and referral tool for a consistent, evidence-based approach to clinical assessment and referral.[[25]](#footnote-25) * Implementing actions under the National Mental Health Workforce Strategy.[[26]](#footnote-26) | | |
| Performance Measures | | |
| **Improve mental health outcomes for all Australians and combat suicide.** | | |
| Current Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | Forward Estimates 2023–26 Planned Performance Results |
| Finalised the National Mental Health and Suicide Prevention Agreement.  The National Suicide Prevention Office will be established by June 2022.  18 new headspace services commenced, bringing the network to 153 services nationally.  All 8 Head to Health adult mental health centres announced in the 2019–20 Budget will be operational. Up to a further 8 new centres and 15 satellites are expected to commence establishment.  The National Mental Health Workforce Strategy accepted by government. | Implement reforms agreed in the National Mental Health and Suicide Prevention Agreement, and implement agreed initiatives in associated bilateral schedules.  Work with Primary Health Networks and headspace National to establish new headspace services, including the establishment of the first phase of the 10 centres announced through the  2021–22 Budget.  Commence service delivery at new Head to Health adult mental health centres and satellites.  Establish new Head to Health satellites.  Establish up to 31 Indigenous Regional and Local Suicide Prevention Aftercare Networks.  Implement the Indigenous 24/7 Crisis Line (13 YARN).  Commence implementation of key actions to progress the National Mental Health Workforce Strategy. | Implement reforms agreed in the National Mental Health and Suicide Prevention Agreement, and implement agreed initiatives in associated bilateral schedules.  Continue to expand the national headspace network.  Continue to establish Head to Health adult mental health services.  Continue to implement actions to progress the National Mental Health Workforce Strategy. |
| Material changes to Program 1.2 resulting from the following measures:  There are no material changes to Program 1.2 resulting from measures. | | |

Table 2.1.4: Performance Measures for Program 1.3

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| Program Objective – Program 1.3: Aboriginal and Torres Strait Islander Health | | |
| Drive improved health outcomes for Aboriginal and Torres Strait Islander people. | | |
| Key Activities | | |
| * Supporting the delivery of the Government’s commitments under the National Agreement on Closing the Gap. * Working in partnership with Aboriginal Community Controlled Health Services and other Aboriginal and Torres Strait Islander health experts to reduce the impact of COVID-19, and ensure uptake of COVID-19 vaccines. * Implementing the refreshed Aboriginal and Torres Strait Islander Health Plan (the Health Plan) in partnership with Aboriginal and Torres Strait Islander people, communities and organisations. * Implementing the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31* (Workforce Plan). * Supporting action to end rheumatic heart disease, avoidable deafness and blindness, and for the prevention and early intervention of renal disease. * Prioritising investment in maternal, child and family health to support Aboriginal and Torres Strait Islander children having the best start in life. * Investing in activities that reduce smoking rates for Aboriginal and Torres Strait Islander people, and embedding improvements made to date. * Delivering approaches to reduce the burden of chronic disease among Aboriginal and Torres Strait Islander people. * Allocating workplace packages to Aboriginal Community Controlled Heath Organisations through the Allied Health Rural Generalist Pathway. | | |
| Performance Measures | | |
| Continue to implement the *National Aboriginal and Torres Strait Islander Health Plan 2021–31* (Health Plan) *and National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31* (Workforce Plan). | | |
| Current Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | Forward Estimates 2023–26 Planned Performance Results |
| Published and commenced implementation of the refreshed Health Plan and Workforce Plan in partnership with Aboriginal and Torres Strait Islander people, communities and organisations. | Continue to implement the Health Plan and Workforce Plan, in concert with the respective implementation frameworks. | As per 2022–23. |

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| By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%. | | | | |
| Current Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| 89.4% | 89.6% | 89.7% | 89.9% | 90.1% |
| 2021–22 Expected Performance Result |
| 88.0% |
| Material changes to Program 1.3 resulting from the following measures:  There are no material changes to Program 1.3 resulting from measures. | | | | |

Table 2.1.5: Performance Measures for Program 1.4

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| Program Objective – Program 1.4: Health Workforce | | | | | | | | | |
| Ensure Australia has the workforce necessary to improve the health and wellbeing of all Australians. Improve the quality, distribution and planning of the Australian health workforce to better meet the needs of the community and deliver a sustainable, well distributed health workforce. | | | | | | | | | |
| Key Activities | | | | | | | | | |
| * Implementing the National Medical Workforce Strategy (the Strategy) by: * improving the quality of the Australian health workforce through targeted support and incentives for medical practitioners working in general practice to achieve specialist recognition * supporting distribution of the health workforce across Australia, including in regional, rural and remote areas, through teaching programs, and establishing the Murray Darling Medical Schools Network * improving distribution of the health workforce through improved incentives for doctors, nurses and allied health professionals under the Workforce Incentive Program, with better support and targeting of doctors through the Bonded Medical Program * ensuring health workforce resources are targeted to specific needs, with ongoing enhancements of the health workforce planning tool * building on the Strategy through a range of reforms and improved investment by increasing junior doctor rotations in rural primary care settings. Patients in these communities will also benefit from increased delivery of health services and a more stable locally trained workforce * transitioning the Australian General Practice Training Program to a college-led training model in 2023 * new incentives for doctors and nurse practitioners to live and work in regional, rural and remote locations through student debt relief.[[27]](#footnote-27) * Strengthening the outcomes of the Government’s significant investment in the health workforce, and addressing immediate access issues, particularly in rural and remote areas, through key measures announced in the 2022–23 Budget, including[[28]](#footnote-28): * a significant investment in regional and rural medical, nursing and allied health student training, building on service learning capacity for health students. This will also support key government priorities to increase the aged care workforce and assist in closing the gap in Aboriginal and Torres Strait Islander Health outcomes * providing outreach support by building on the Government’s existing investment in primary aeromedical evacuations. | | | | | | | | | |
| Performance Measures | | | | | | | | | |
| **Effective investment in workforce programs will improve health workforce distribution in Australia.**   1. **Full time equivalent (FTE) vocationally registered Primary Care General Practitioners (GPs) per 100,000 population.[[29]](#footnote-29)** 2. **FTE non-vocationally registered primary care GPs per 100,000 population.[[30]](#footnote-30)** 3. **FTE non-general practice medical specialists per 100,000 population.[[31]](#footnote-31)** 4. **FTE primary and community nurses per 100,000 population.[[32]](#footnote-32)** 5. **FTE primary and community allied health practitioners per 100,000 population.[[33]](#footnote-33)** 6. **Proportion of GP trainingundertaken in areas outside major cities.[[34]](#footnote-34)** | | | | | | | | | |
| Current Year 2021–22 Planned Performance Result | | Budget Year 2022–23 Planned Performance Result | | Forward Estimates 2023–24 Planned Performance Result | | Forward Estimates 2024–25 Planned Performance Result | | Forward Estimates 2025–26 Planned Performance Result | |
| MM1[[35]](#footnote-35) | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 |
| a. 115.6 | 98.6 | 117.9 | 102.0 | 111.1 | 101.3 | 111.9 | 103.6 | 112.8 | 105.9 |
| b. 5.9 | 13.2 | 5.0 | 12.1 | 4.1 | 8.0 | 3.6 | 7.0 | 3.2 | 6.2 |
| c. 188.0 | 90.5 | 190.1 | 93.2 | 192.3 | 96.6 | 196.6 | 100.6 | 201.1 | 104.7 |
| d. 155.1 | 209.8 | 157.8 | 212.4 | 187.5 | 229.1 | 191.5 | 232.8 | 195.7 | 236.7 |
| e. 404.1 | 298.2 | 412.2 | 305.1 | 434.1 | 323.0 | 442.8 | 330.3 | 452.0 | 337.9 |
| f. N/A | >50% | N/A | >50% | N/A | >50% | N/A | >50% | N/A | >50% |
| 2021–22 Expected Performance Result | |  |  |  |  |  |  |  |  |
| MM1 | MM2-7 |
| a. 112.9 | 99.9 |
| b. 5.3 | 10.1 |
| c. 184.3 | 89.1 |
| d. 183.1 | 225.9 |
| e. 426.6 | 382.0 |
| f. N/A | >50% |
| Material changes to Program 1.4 resulting from the following measures:  There are no material changes to Program 1.4 resulting from measures. | | | | | | | | | |

Table 2.1.6: Performance Measures for Program 1.5

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| Program Objective – Program 1.5: Preventive Health and Chronic Disease Support |
| Support all Australians to live longer in full health and wellbeing through reducing the rates of harmful alcohol consumption, illicit drug use, and tobacco use, and increasing healthy eating patterns, levels of physical activity and cancer screening participation. |
| Key Activities |
| * Developing, implementing and monitoring: * national strategies for preventive health, obesity and injury prevention * national strategies for men’s and women’s health * existing national strategic action plans for chronic diseases and children’s health. * Supporting a collaborative approach to prevention and reduction of harm to individuals and communities from alcohol, tobacco and other drugs through: * implementing activities that align with the objectives of the National Drug Strategy 2017–2026, including the National Alcohol Strategy 2019–2028, the National Ice Action Strategy and finalising the next National Tobacco Strategy 2022–2030 * delivering health promotion and education activities to support smoking and nicotine cessation and prevention * delivering health promotion and education activities to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and raise awareness of the risks of drinking alcohol while pregnant and breastfeeding * delivering activities to prevent and minimise the impact of fetal alcohol spectrum disorder, including those under the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028. * Investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks.[[36]](#footnote-36) * Strengthening the alcohol and other drugs evidence base through the commissioning of high quality research and data, and consultation with industry experts. * Working with Commonwealth entities, states, territories and other relevant agencies to support the development, implementation and monitoring of Australia’s national alcohol, tobacco and other drug policy frameworks, including reporting on the National Drug Strategy and associated sub-strategies. * Improving access to evidence-based smoking and nicotine cessation services, such as through the delivery of the new national best practice support service for nicotine cessation with Cancer Council Victoria.[[37]](#footnote-37) * Supporting expansion of tobacco control program activities through investment in tobacco control research and evaluation, and international tobacco control.[[38]](#footnote-38) * Encouraging and enabling healthy lifestyles, physical activity and good nutrition through initiatives such as the Healthy Food Partnership, Health Star Rating system, Australian Guide to Healthy Eating and the Healthy Heart Initiative. * Enhancing national policy development to reduce lifestyle related chronic disease by strengthening the evidence base through high quality research, data analysis and consultation with expert networks. * Implementing a thalidomide financial support package through the Australian Thalidomide Survivors Support Program. |

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| * Improving early detection, treatment and survival outcomes for people with cancer by continuing to: * actively invite Australians to participate in cancer screening programs, such as the National Bowel Cancer Screening Program and the National Cervical Screening Program * support states and territories to deliver the BreastScreen Australia program * operate the National Cancer Screening Register * improve participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030.   Establishing the feasibility of implementing a national lung cancer screening program with Cancer Australia. |

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| Performance Measures | | | | |
| **Improve overall health and wellbeing of Australians by achieving preventive health targets.**   1. **National daily smoking prevalence.** 2. **Level of harmful alcohol consumption.** 3. **Prevalence of recent illicit drug use.** 4. **Increase the level of cancer screening participation over 5 years (i.e. 2025–26) in line with the Minister for Health’s commitment.** 5. **National Bowel Cancer Screening Program (towards 53%).** 6. **National Cervical Screening Program (towards 64%).** 7. **BreastScreen Australia Program (towards 65%).** | | | | |
| Current Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| a. ≤13.8%[[39]](#footnote-39) | Progressive decrease | Progressive decrease | Progressive decrease | Progressive decrease |
| b. ≤32.0%[[40]](#footnote-40) | Progressive decrease | Progressive decrease | Progressive decrease | Progressive decrease |
| c. ≤16.4%[[41]](#footnote-41) | Progressive decrease | Progressive decrease | Progressive decrease | Progressive decrease |
| 1. i. 43.8% 2. 46.5% 3. 54.3% | Progressive increase towards 53.0%  Progressive increase towards 64.0%  Progressive increase towards 65.0% | Progressive increase towards 53.0%  Progressive increase towards 64.0%  Progressive increase towards 65.0% | Progressive increase towards 53.0%  Progressive increase towards 64.0%  Progressive increase towards 65.0% | Progressive increase towards 53.0%  Progressive increase towards 64.0%  Progressive increase towards 65.0% |
| 2021–22 Expected Performance Result |
| a. 10.7%[[42]](#footnote-42) |
| b. Data not yet available |
| c. Data not yet available |
| 1. i. 43.5%[[43]](#footnote-43) 2. 56.0%[[44]](#footnote-44) 3. 54.3% |
| Material changes to Program 1.5 resulting from the following measures:  There are no material changes to Program 1.5 resulting from measures. | | | | |

Table 2.1.7: Performance Measures for Program 1.6

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| Program Objective – Program 1.6: Primary Health Care Quality and Coordination | | | | |
| Strengthen primary health care by delivering funding to frontline primary health care services and improving the access, delivery, quality and coordination of those services. This will help improve health outcomes for patients, particularly people with chronic and/or mental health conditions, and assist in reducing unnecessary hospital visits and admissions. | | | | |
| Key Activities | | | | |
| * Improving quality and coordination of primary health care. * Supporting Primary Health Networks (PHNs) to increase the efficiency, effectiveness, accessibility and quality of primary health care services, particularly for people at risk of poorer health outcomes, and improve care coordination and integration. * Supporting measures that improve the coordination and integration of health services to manage health in the community, with a focus on complex and chronic conditions, and reduce potentially preventable hospital attendances and admissions. * Supporting the delivery of health information, advice and services through interactive communication technology to help people care for themselves and their families. * Supporting the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities, and by supporting advance care planning. | | | | |
| Performance Measures | | | | |
| **The number of Primary Health Network regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare longitudinal data.** | | | | |
| Current Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| 25 | 26 | 27 | 28 | 29 |
| 2021–22 Expected Performance Result |
| Data not yet available[[45]](#footnote-45) |
| Material changes to Program 1.6 resulting from the following measures:  There are no material changes to Program 1.6 resulting from measures. | | | | |

Table 2.1.8: Performance Measures for Program 1.7

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| Program Objective – Program 1.7: Primary Care Practice Incentives and Medical Indemnity | | | | |
| Provide incentive payments to eligible general practices and general practitioners through the Practice Incentives Program (PIP) to support continuing improvements, increase quality of care, enhance capacity and improve access and health outcomes for patients. Promote the ongoing stability, affordability and availability of medical indemnity insurance to enable stable fees for patients and allow the medical workforce to focus on delivering high quality services. | | | | |
| Key Activities | | | | |
| * Providing incentive payments to eligible general practices and general practitioners. Incentives include the: * After Hours Incentive * Aged Care Access Incentive * eHealth Incentive * Rural Loading Incentive * Teaching Payment * Indigenous Health Incentive * Procedural General Practitioner Incentive * Quality Improvement Incentive. * Administering the medical and midwife indemnity schemes to promote ongoing stability, affordability and availability of medical indemnity insurance. Through these schemes, subsidise claims costs and ensure the cost of insurance premiums remains affordable. * Administering a contract with an eligible insurer for the provision of professional indemnity insurance to deliver the Midwife Professional Indemnity Scheme on behalf of the Government. * Administering the COVID-19 Vaccine Claims Scheme. | | | | |
| Performance Measures | | | | |
| **Maintain Australia’s access to quality general practitioner care through the percentage of accredited general practices submitting PIP Quality Improvement Incentive data to their Primary Health Network.** | | | | |
| Current Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| ≥89.0% | ≥92.0% | ≥94.0% | ≥95.0% | ≥95.0% |
| 2021–22 Expected Performance Result |
| ≥89.0% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Percentage of medical professionals who can access medical indemnity insurance without the application of a risk surcharge or a refusal of cover.** | | | | |
| Current Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |
| 2021–22 Expected Performance Result |
| 95.0% |
| Material changes to Program 1.7 resulting from the following measures:  There are no material changes to Program 1.7 resulting from measures. | | | | |

Table 2.1.9: Performance Measures for Program 1.8

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| Program Objective – Program 1.8: Health Protection, Emergency Response and Regulation | | | | |
| Protect the health of the Australian community through national leadership and capacity building to detect, prevent and respond to threats to public health and safety, including those arising from communicable diseases, natural disasters, acts of terrorism and other incidents that may lead to mass casualties. Protect human health and the environment through regulatory oversight of therapeutic goods, controlled drugs, genetically modified organisms (GMOs), and industrial chemicals. | | | | |
| Key Activities | | | | |
| * Strengthening preparedness to respond to public health threats and emergencies. * Coordinating the surveillance of nationally notified diseases.[[46]](#footnote-46) * Through the National Incident Centre, engaging with states and territories, and international partners, to refine coordination arrangements to ensure Australia maintains its capacity and capability to prepare for, and respond to, health emergencies. * Leading the Australian Government and national health sector response to health emergencies, including the COVID-19 pandemic and Japanese encephalitis outbreak.[[47]](#footnote-47) * Regulating therapeutic goods, including vaccines, to ensure safety, efficacy, performance and quality. Promote best practice, monitor compliance, and take appropriate action to address non-compliance. * Improving access to therapeutic goods for consumers and streamlining regulatory processes for industry, including via actioning relevant recommendations from the Inquiry by the House of Representatives Standing Committee on Health, Aged Care and Sport into approval processes for new drugs and novel medical technologies in Australia.[[48]](#footnote-48) * Delivering efficient, best practice therapeutic goods regulatory outcomes through regulatory science excellence, international collaboration and reform in accordance with the Regulatory Science Strategy 2020–2025. * Undertaking a range of education activities to inform the public and health professionals on reforms to the regulation of prescription opioid medicines.[[49]](#footnote-49) * Regulating nicotine liquid (vaping) products, including education, compliance, and a 2022 review of this regulation.[[50]](#footnote-50) * Regulating and providing advice on the import, export, cultivation, production and manufacture of controlled drugs to support Australia’s obligations under the International Narcotic Drugs Conventions. * Regulating the medicinal cannabis industry by issuing licences and permits, supporting domestic patient and international export requirements, and liaising with law enforcement and state and territory regulatory authorities. * Supporting Australian and state and territory law enforcement by regulating the import of chemicals which could be diverted into illicit drug manufacture. * Completing industrial chemical risk assessments and evaluations within statutory timeframes under the Australian Industrial Chemicals Introduction Scheme, to provide the Australian community with access to information about the safe use of industrial chemicals, and support innovation by Australian businesses. * Raising awareness of regulatory obligations and monitoring compliance among industrial chemical introducers. * Limiting the use of animal test data while maintaining human health and environment protections in accordance with the *Industrial Chemicals Act 2019*. * Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with genetically modified organisms (GMOs). * Supporting a modern, flexible and innovative National Gene Technology Scheme. * Working with the Australian and state and territory governments to implement recommendations outlined in the Third Review of the National Gene Technology Scheme. * Operationalising legislative changes resulting from the Third Review of the National Gene Technology Scheme. * Implementing the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2018–2022, and supporting a coordinated response to reducing the spread of BBV and STI. * Continuing compliance with the World Health Organization’s (WHO) International Health Regulations (2005) core capacities. * Maintaining a strategic reserve of essential pharmaceuticals and personal protective equipment through the National Medical Stockpile. * Ensuring Australia has a readily available supply of antivenoms, Q fever and pandemic influenza vaccines. * Providing a One Health response to detect, address and respond to the threat of antimicrobial resistance (AMR). * Providing national direction to minimise the spread of antimicrobial resistance and implement *Australia’s National AMR Strategy – 2020* *and beyond*, including the development of supporting action plans. * Delivering a national response for the prevention, early identification, control and management of accelerated silicosis caused by engineered stone, and other dust diseases.[[51]](#footnote-51) | | | | |
| Performance Measures | | | | |
| Percentage of therapeutic goods evaluations that meet statutory timeframes. | | | | |
| Current Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| 100% | 100% | 100% | 100% | 100% |
| 2021–22 Expected Performance Result |
| 100% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number of completed medicinal cannabis inspections. | | | | | | | |
| Current Year 2021–22 Planned Performance Result | | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | | Forward Estimates 2024–25 Planned Performance Result | | Forward Estimates 2025–26 Planned Performance Result |
| 15 | | 25 | 25 | | 25 | | 25 |
| 2021–22 Expected Performance Result | |
| 18 | |
| 1. Percentage of GMO licence decisions made within statutory timeframes. 2. Percentage of reported non-compliance with the conditions of GMO approvals assessed. | | | | | | | |
| **Current Year 2021–22 Planned Performance Result** | **Budget Year 2022–23 Planned Performance Result** | | | **Forward Estimates 2023–24 Planned Performance Result** | **Forward Estimates 2024–25 Planned Performance Result** | **Forward Estimates 2025–26 Planned Performance Result** | |
| 1. 100% 2. 100% | 100%  100% | | | 100%  100% | 100%  100% | 100%  100% | |
| **2021–22 Expected Performance Result** |
| 1. 100% 2. 100% |
| **Industrial chemical risk assessments and evaluations completed within statutory timeframes.** | | | | | | | |
| **Current Year 2021–22 Planned Performance Result** | **Budget Year 2022–23 Planned Performance Result** | | | **Forward Estimates 2023–24 Planned Performance Result** | **Forward Estimates 2024–25 Planned Performance Result** | **Forward Estimates 2025–26 Planned Performance Result** | |
| ≥95% | ≥95% | | | ≥95% | ≥95% | ≥95% | |
| **2021–22 Expected Performance Result** |
| 98% |
| Material changes to Program 1.8 resulting from the following measures:  There are no material changes to Program 1.8 resulting from measures. | | | | | | | |

Table 2.1.10: Performance Measures for Program 1.9

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| Program Objective – Program 1.9: Immunisation |
| Reduce the incidence of vaccine preventable diseases to protect individuals and increase national immunisation coverage rates to protect the Australian community. |
| Key Activities |
| * Developing, implementing and evaluating strategies to improve immunisation coverage. * Partnering with states, territories and other important stakeholders to deliver vaccine initiatives. * Promoting the safety and effectiveness of the National Immunisation Program (NIP) Schedule, including the need to remain vigilant against vaccine-preventable disease. * Implementing immunisation campaigns to ensure patients and carers of children have access to evidence-based information to inform their decision making. * Ensuring secure vaccine supply and efficient use of vaccines for the NIP. * Developing the next National Partnership on Essential Vaccines. * Implementing mandatory reporting of vaccinations to the Australian Immunisation Register (AIR). * Implementing governance and access requirements for AIR data – including enabling COVID-19 vaccinations to be recorded on the AIR. |

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| Performance Measures | | | | |
| Immunisation coverage rates:   1. For children at 5 years of age are increased and maintained at the protective rate of 95%. 2. For Aboriginal and Torres Strait Islander children 12 to 15 months of age are increased to close the gap and then maintained. 3. For adults at greater risk of vaccine preventable diseases due to age or underlying medical conditions are increased. | | | | |
| Current Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| a. ≥95.00%  b. ≥94.00%  c. Baseline to be set in 2022 based on  2021–22 data[[52]](#footnote-52) | ≥95.00%  ≥94.25%  To be set in 2022 following baseline being set based on 2021–22 data[[53]](#footnote-53) | ≥95.00%  ≥95.00%  To be set in 2022 following baseline being set based on 2021–22 data | ≥95.00%  ≥95.00%  To be set in 2022 following baseline being set based on 2021–22 data | ≥95.00%  ≥95.00%  To be set in 2022 following baseline being set based on 2021–22 data |
| 2021–22 Expected Performance Result |
| a. ≥95.00%  b. 92.90%  c. Project scoping commencing in the first half of 2022 |
| Material changes to Program 1.9 resulting from the following measures:  There are no material changes to Program 1.9 resulting from measures. | | | | |

1. Refer to the ACSQHC chapter in these Portfolio Budget Statements (PB Statements) for further information on the work of this entity. [↑](#footnote-ref-1)
2. Refer to the Digital Health chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-2)
3. Refer to the AIHW chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-3)
4. Refer to the ARPANSA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-4)
5. Refer to the Cancer Australia chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-5)
6. For Budget estimates relating to the National Partnership component of the program, refer to Budget Paper No. 3 or Program 1.9 of Treasury’s PB Statements. [↑](#footnote-ref-6)
7. Refer to the FSANZ chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-7)
8. Refer to the IHPA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-8)
9. Refer to the NBA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-9)
10. Refer to the NHMRC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-10)
11. Refer to the NHFB chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-11)
12. Refer to the NMHC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-12)
13. Refer to the OTA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-13)
14. Refers to updated key activities that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-14)
15. Refers to a new key activity that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-15)
16. Ibid. [↑](#footnote-ref-16)
17. Ibid. [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)
19. Refers to updated key activities that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-19)
20. Refers to a new key activity that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-20)
21. Ibid. [↑](#footnote-ref-21)
22. Refers to updated key activities that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-22)
23. Ibid. [↑](#footnote-ref-23)
24. Refers to a new key activity that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-24)
25. Ibid. [↑](#footnote-ref-25)
26. Ibid. [↑](#footnote-ref-26)
27. Refers to updated key activities that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-27)
28. Refers to new key activities that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-28)
29. Medical Benefits Scheme claims data 2013–14 to 2020 (date of processing). [↑](#footnote-ref-29)
30. Ibid. [↑](#footnote-ref-30)
31. National Health Workforce Datasets (NHWDS), Medical Practitioners, 2013–2020. [↑](#footnote-ref-31)
32. NHWDS, Nurses and Midwives, 2013–2020. [↑](#footnote-ref-32)
33. NHWDS, Allied Health, 2013–2020. [↑](#footnote-ref-33)
34. Australian General Practice Training Program 2020 training year data (as at 15 February 2021) and Rural Vocational Training Scheme data (as at 31 December 2020 and assuming one headcount = one FTE). [↑](#footnote-ref-34)
35. Geography: Cities (MM1) and rural (MM2-7) based on Modified Monash Model 2019. [↑](#footnote-ref-35)
36. Refers to updated key activities that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-36)
37. Ibid. [↑](#footnote-ref-37)
38. Refers to a new key activity that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-38)
39. Baseline figure used from data in the Australian Bureau of Statistics (ABS) National Health Survey in 2017–18. [↑](#footnote-ref-39)
40. Baseline figure used from the most recent data in the 2019 National Drug Strategy Household Survey and analysis conducted by the Australian Institute of Health and Welfare (AIHW) in mapping data to updated alcohol guidelines. [↑](#footnote-ref-40)
41. Baseline figure from the most recent national data in the 2019 National Drug Strategy Household Survey. [↑](#footnote-ref-41)
42. Figure used from the most recent ABS data released in December 2021, which combines current smoker status information from the National Health Survey in 2020–21, Survey of Income and Housing 2020–21, General Social Survey 2021, Time Use Survey 2020–21 and the National Study of Mental Health and Wellbeing 2020–21. [↑](#footnote-ref-42)
43. The latest estimates from the AIHW National Bowel Cancer Screening Program monitoring report 2021. [↑](#footnote-ref-43)
44. The latest estimates from the AIHW National Cervical Screening Program monitoring report 2021. [↑](#footnote-ref-44)
45. Data not yet available from the Australian Institute of Health and Welfare. When available, results will be published in the Department of Health Annual Report. [↑](#footnote-ref-45)
46. Refers to a new key activity that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-46)
47. Refers to updated key activities that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-47)
48. Ibid. [↑](#footnote-ref-48)
49. Refers to a new key activity that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-49)
50. Ibid. [↑](#footnote-ref-50)
51. Refers to a new key activity that will be reflected in the 2022–23 Corporate Plan. [↑](#footnote-ref-51)
52. Amendments to the *Australian Immunisation Register Act 2015* make it mandatory to report COVID-19 vaccinations to the Australian Immunisation Register from 20 February 2021, and influenza vaccinations from 1 March 2021. Accordingly, future targets will be determined using a baseline set in 2022 based on 2021–22 data. [↑](#footnote-ref-52)
53. 2022–23 planned performance result to be published in the Department’s 2022–23 Portfolio Additional Estimates Statements. [↑](#footnote-ref-53)