Australian Government
Department of Health

Keeping Australians well

Australia is ranked

20th

in the world for per capita **expenditure on preventive health**[1]

Each year, more than

13,000 cancer deaths

are due to risk factors such as **smoking, alcohol, inadequate exercise, diet or being overweight**[2]

36%

of 13-17 year olds reported **COVID-19 negatively affected their levels of stress and anxiety** in 2020[3]

The social cost of tobacco is

$137 billion

This includes **health care costs, workplace costs, premature mortality** and **other costs** (e.g. fires, litter)[4]

Women aged 18 years and over are more likely than men to have **at least one chronic condition**[5]

Smoking prevalence has **fallen significantly over the past 20 years**

from **23.8%** in 1995 to **13.8%** in 2017-18[6]

$320 million is spent each year on **avoidable hospital admissions** for chronic conditions[7]

Australia has **one of the highest rates of overweight and obesity** in the world[8]

67% adults
25% children

34% **of the health gap** for First Nations peoples is **due to the social determinants of health**[9]

Australia is ranked

96th

out of 168 countries in the world for rates of **adequate physical activity**[10]

First Nations peoples experience a

disease burden at 2.3 times

the rate of non-Indigenous people[11]

[1]Schneider E C, Sarnak D O, Squires D, et al., 2020. Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care. The Commonwealth Fund | [2]Cancer Council (2020), Causes and prevention; Reduce your cancer risk. Australia: Cancer Council, accessed December 2020 | [3]United Nations International Children's Emergency Fund (UNICEF), (2020). Swimming with sandbags: The views and experiences of young people in Australia five months into the COVID-19 pandemic, accessed: May 2022 | [4]National Drug Research Institute and Curtin University (2019), Identifying the Social Costs of Tobacco Use to Australia in 2015/16, accessed: May 2022 | [5]Australian Bureau of Statistics (2022), Health Conditions Prevalence, ABS, accessed May 2022 | [6]Australian Bureau of Statistics (2018), Smoking 2017-18 Financial Year, ABS, accessed May 2022 | [7]Swerissen, H., Duckett, S., and Wright, J., 2016, Chronic failure in primary medical care, Grattan Institute, accessed: April 2022 | [8]Australian Institute of Health and Welfare (2020), Infectious and communicable diseases, AIHW, accessed: May 2022. | [9]Australian Institute of Health and Welfare (2020), Social determinants and Indigenous health, AIHW, accessed 28 April 2022 |[10]Guthold R, Stevens G A, Riley L M, et al., 2018. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1·9 million participants. The Lancet. Global health. 6(10): p. e1077-e1086 | [11]Australian Institute of Health and Welfare (2021) Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018, AIHW, Australian Government, accessed: 20 April 2022

Australian Government
Department of Health

Primary care

About **31,000 GPs** in Australia work in up to 7,900 practices

171.5 million
GP attendances in 2020-21

$453 million
spent on ten **Practice Incentive Programs** in 2020-21

The Practice Incentives Program encourages general practices to continue providing quality care, enhance capacity, and improve access and health outcomes for patients

GP access is lower in Remote and Very remote areas

Remote and Very remote	Outer regional	Inner regional and Major cities
(**4.8** and **3.6** visits per person respectively)	(**6.0** per person)	(**6.4** per person for each area)

There are **31 Primary Health Networks** across Australia

As at 30 June 2021, there were
5,875 community pharmacies across Australia

The current Community Pharmacy Agreement (7CPA) provides **$18.3 billion in pharmacy remuneration** over five years starting from 1 July 2020

215,000
allied health professionals registered with AHPRA

Over 22%
of GP services were delivered by telehealth in 2020-21

Approximately 35,000 registered pharmacists dispensed almost
213.5 million
PBS/RPBS prescriptions in 2020–21[1]

Over 500,000 patients receive palliative care related medications or services every year

Of the 160,000 people who die in Australia each year, it is estimated that approximately **80,000 (50%) to 140,000 (90%) would benefit from receiving palliative care**

The Patient Experience Survey 2020–21 (ABS 2022)[2] estimated that for **people aged 15 and over**:

- nearly half **(48%) visited a dental professional** in the last 12 months of those who needed to and saw a dental professional, the majority **(54%) visited more than once**
- around **1 in 10 (11%) people who saw a dental professional received public dental care**
- around **3 in 10 (32%) who needed to see a dental professional delayed** seeing or did not see one at least once in the previous 12 months, with almost half **(46%) citing cost as a reason for the delay**

There are
25,900
registered dental practitioners in Australia

[1] Pharmaceutical Benefits Scheme (2022), PBS Expenditure and Prescriptions Report 1 July 2020–2021, accessed: May 2022
[2] Australian Bureau of Statistics (2022), Patient Experiences in Australia: Summary of Findings, ABS, accessed May 2022

Australian Government
Department of Health

Mental health and suicide prevention

One in five
Australian adults experienced a **mental illness** in the last year

Nearly half of Australian adults experience a mental illness in their lifetime

75%
of Australian adults with mental illness **first experience mental ill-health** before the **age of 25**

Nearly **one-third of unemployed people** had a mental illness in the last 12 months[1]

Mental illness costs the Australian economy around **$220 billion** per year

2.7 million people accessed **12.4 million** **Medicare-subsidised mental health** services in 2019–20

61% of Australians **took actions to help manage their mental health** in 2020–21, including doing more exercise or practising thinking positively[2]

In 2020-21, **197,000** Australians accessed **1.5 million PHN commissioned mental health services**

8 out of 10 **psychologists are employed in major cities**[3]

The average out of pocket **cost to see a psychologist was $72.91** in 2021

612,000 Australians accessed **phone or digital mental health services** in 2020-21[4]

Suicide remains the leading cause of death for those under 45 years

Suicide rates are more than two times higher for Indigenous Australians compared to non-Indigenous Australians

Deaths by suicide have increased steadily since the mid-2000s. Since 2017, **over 3,000 Australians died by suicide each year**

Two-thirds of people who die by suicide **had a mental illness, and two-thirds** were **experiencing psychosocial risk** such as relationship breakdown or financial distress

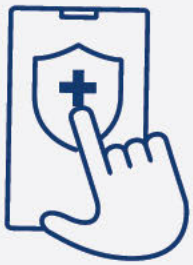
1 Australian Bureau of Statistics (2007). National Survey of Mental Health and Wellbeing: Summary of Results. ABS, accessed: May 2022
2 Australian Bureau of Statistics (2007). National Survey of Mental Health and Wellbeing: Summary of Results. ABS, accessed: May 2022
3 Australian Institute of Health and Wellbeing (2022). Summary of Mental Health Services in Australia. AIHW, accessed: April 2022
4 Australian Bureau of Statistics (2007). National Survey of Mental Health and Wellbeing: Summary of Results. ABS, accessed: May 2022

Australian Government
Department of Health

Commonwealth financing

Total Medicare Benefits Schedule (MBS) expenditure was

$27.5 billion in 2020–21[1]



In 2020–21, **23 million patients** (89.6% of the population) **received an MBS service**:

On average there were **20.2 services per Australian**

The average **benefit per patient was $1,193.37**

As at 1 July 2022 there will be

5,859 services

listed on the Medicare Benefits Schedule

From 13 March 2020 to 13 May 2022, **107.8 million telehealth services have been delivered** to 17.4 million patients. More than $5.4 billion in benefits has been paid (exclusive of bulk billing incentives) and **93,702 practitioners have now used telehealth services**

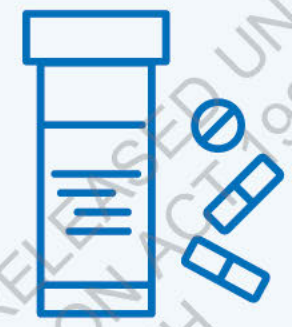
In 2020-21, the total amount paid for **private health insurance rebates was $6.6 billion**

Private health insurance **funded 4.7 million hospital episodes** in 2021

Total Pharmaceutical Benefits Scheme (PBS) cost was

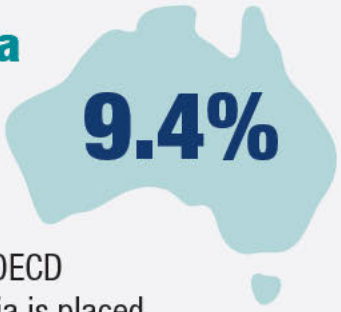
$11 billion net

after pharmaceutical company rebates to the Commonwealth in 2020-21[2]



There are **906 different medicines** listed on the PBS as at 30 June 2021[2]

In 2019, **Australia spent 9.4% of GDP on health**



This compares with the OECD average of 8.8%. Australia is placed 16 of 38 OECD countries in terms of health expenditure as a proportion of GDP[3]

In 2020-21, total **Medicare expenditure on pathology services was**

$3.9 billion[1]

In 2020-21, total **Medicare expenditure on genetic and genomic pathology services** (Group P7 – Genetics) was

$65.5 million

In 2020-21, **total Medicare expenditure on diagnostic imaging services** was

$4.5 billion[4]

[1] Department of Health (2022), Annual Medicare Statistics, accessed May 2022 | [2]Department of Health (2021), PBS Expenditure and Prescriptions, accessed May 2022 | [3] OECD (2022), Health at a Glance 2021, accessed May 2022 | [4] Source: Department of Health (2022), Statistics under Medicare, accessed May 2022

Australian Government
Department of Health

Commonwealth-state financing

$202.5 billion

In 2019–20 total health spending in Australia was **$202.5 billion**

42.7% by the Commonwealth

27.7% by state and territory governments

29.6% by non-government sources including individuals

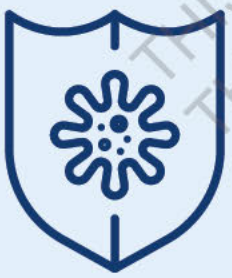
$22.4 billion

In 2020–21 the Commonwealth contributed **$22.4 billion** to states and territories through the **National Health Reform Agreement** for **public hospital services and public health activities**. This enabled:

6.7 million
public hospital admissions

8.8 million
emergency department presentations

38.2 million
public outpatient episodes



The Health portfolio manages **37 formal intergovernmental agreements** (excluding the National Health Reform Agreement) totalling around **$2.4 billion** over 2021–22 to 2025–26

The agreements range from major **infrastructure** projects to ongoing arrangements for **foodborne** and other **disease surveillance**

The National Partnership on **COVID-19 Response has paid over $11 billion to states and territories to date**

Australian Government
Department of Health

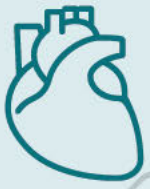
Hospitalisations

1 in 15 hospital admissions (6.6%) are potentially preventable

1 in 10 hospital bed days (9.8%) are potentially preventable

Continuity and quantity of care with the same doctor

before an urgent hospital admission was associated with a **decreased risk of delayed discharge**, especially in people with dementia over 70[1]



Australians with **chronic heart failure are hospitalised 38% more** often than Canadians with the same condition – reform can help deliver better care outside hospitals[2]

One local model of integrated care in **Queensland**

reduced hospitalisations for diabetes complications by **almost half** compared to standard healthcare practices[3]

7.2% of people over 65 with an overnight hospital stay were admitted from permanent residential aged care[4]

In 2019–20 there were **11.1 million hospitalisations** in Australian hospitals:

60% in public hospitals

40% in private hospitals

38 million

non-admitted patient service events were provided by public hospitals in various settings in 2019–20. This includes:

allied health and/or clinical nurse specialist intervention

diagnostic services

medical consultation

procedurals

Young children aged 0–4 and **people over 65** have the **highest rates of presentations to emergency departments**

The median wait time for **elective surgery** across all states and territories was **48 days** in 2020–21, compared to 41 days in 2018–19

The proportion of **patients waiting more than 365 days for their elective surgery increased threefold to 7.6%** in 2020–21 compared to 2.1% in 2018–19

1 Aaltonen M, Shiraz A, Martin-Matthews A, Sakamoto M, Strumpf E and McGrail K (2021) 'Dementia and Poor Continuity of Primary Care Delay Hospital Discharge in Older Adults: A Population-Based Study From 2001 to 2016', Journal of the American Medical Directors Association, 22(7): 1484-1492, doi: 10.1016/j.jamda.2020.11.030
2 Australian Commission on Safety and Quality in Health Care (2021), The Fourth Australian Atlas of Healthcare Variation, accessed: May 2022
3 Zhang J, Donald M, Baxter KA, Ware RS, Burridge L, Russell AW and Jackson CL (2015) 'Impact of an integrated model of care on potentially preventable hospitalizations for people with Type 2 diabetes mellitus', Diabetic Medicine, 32(7): 872-880, doi: 10.1111/dme.12705
4 Australian Institute of Health and Welfare (2017), Interfaces between the aged care and health systems in Australia—movements between aged care and hospital 2016–17, AIHW, accessed: May 2022

Australian Government
Department of Health

Health protection

Australia's health system contributes approximately **7% of the nation's CO2 emissions**

Between 2030 and 2050, **climate change** is expected to cause approximately **250,000 additional deaths per year,** from **malnutrition, malaria, diarrhoea and heat stress**[1]

The **Black Summer bushfires** in Australia in 2019/2020 **caused 33 deaths** directly and exposed millions of people to **heavy particulate pollution**

Immediate **smoke-related health costs** from the 2019-20 fires are estimated at **$1.95 billion**[2]

National Cabinet has agreed a **national approach to 2022 winter preparedness**

8 **COVID-19 treatments have received provisional registration by the TGA for use in Australia**

Australia has committed at least **20 million COVID-19 vaccine doses to developing countries**

As at 30 April 2022 the **National Medical Stockpile** (NMS) **was valued at $1.573 billion** compared to $117 million at 30 June 2019

In response to the **COVID-19 pandemic**, the role of the NMS was expanded to increase the types and quantity of items held, including:

PPE, Rapid Antigen Tests and **COVID-19 treatments**; and increase the number of eligible recipients, including aged care and primary care, disability workers and indigenous communities through Aboriginal Community Controlled Health Organisations

More than **593,000 cases of notifiable diseases were reported** to the National Notifiable Disease Surveillance System in 2019[3].

Four infectious diseases accounted for 82% of these notifications to Australian health authorities in 2019:

- **influenza** – more than 313,000 notifications
- **chlamydia** – almost 103,000 notifications
- **campylobacter** (a gastrointestinal infection) – almost 36,000 notifications
- **gonorrhoea** – more than 34,000 notifications

Data from the Fourth Australian **report on antimicrobial use and resistance in human health** 2021, showed:

- Over **26.6m prescriptions for antibiotics** were dispensed in 2019
- **2 in 5 people** in Australia had at least **one antimicrobial dispensed** in 2019
- Approximately **50% of antibiotic prescriptions were ordered with repeats**, approximately half were filled within 10 days of the original prescription
- More than **80% of people with acute bronchitis or sinusitis were prescribed antimicrobials** when not recommended
- In hospitals, nearly **one-quarter of antibiotic prescriptions assessed were found to be inappropriate** in 2019
- In aged care, almost **1 in 6 antimicrobials were prescribed for use "when required"** in 2019, which may lead to unnecessarily long treatment

Australia has deployed its Australian Medical Assistance Team capability to 12 domestic and 15 international missions to support COVID-19 responses Over 360 AUSMAT members have deployed between 31 January 2020 – April 2022

Since January 2019, there have been six non-COVID-19 AUSMAT missions:

2019
Solomon Islands – Oil spill
Samoa measles outbreak
Whakaari/White Is volcano
Bushfires – NSW and VIC

2021
Afghanistan repatriation

2022
Ukraine response

Availability from 2016 of **direct acting antivirals** for **hepatitis C on the Pharmaceutical Benefits Scheme resulted in an increase in diagnoses** associated with increased testing levels followed by declines as the reservoir of infections begins to recede

There are 29 human cases of Japanese encephalitis virus (JEV) confirmed with definitive laboratory evidence as at 18 May 2022

[1]World Health Organisation (2021), Climate Change and Health, WHO, accessed May 2022 | [2] Vardoulakis S, Jalaludin B, Morgan G, Hanigan I and Johnston F (2018) 'Bushfire smoke: urgent need for a national health protection strategy', Medical Journal of Australia, 212(8): 349-353, doi: 10.5694/mja2.50511 | [3] Australian Institute of Health and Welfare (2020), Infectious and communicable diseases, accessed: May 2022

Australian Government
Department of Health

Digital health

There was a **321% increase** in consumer views of **My Health Record** from April 2021 – March 2022 compared to the previous 12 months

From April 2021 to March 2022
67,940,502 consumer views

26,877,100 provider views

63% increase unique consumer views
May 2021 to April 2022

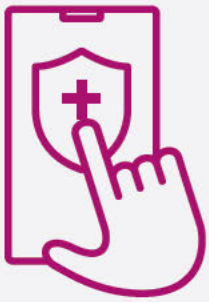
244,876,825 provider uploads

14% of pathology tests are ordered due to **lack of access to patient history**[1]

Over **50 million visits** from February 2021–April 2022 to the **COVID-19 Vaccine Eligibility Checker and Clinic Finder** with translations in **16 languages**

Over **4 million calls** to the **National Coronavirus Helpline** from February 2021-April 2022

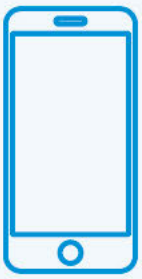
70% of Australians are willing to use **virtual healthcare services**[3]



As at 4 May 2022:

52 million electronic prescriptions issued

In May 2022



83% of Australians were interested in being able to **access their own health records, share their health information, send messages to their healthcare team and edit their care plans** using a personal device

36% of consumers[2] are currently using digital technologies to monitor their health

47% of consumers living with disability use technology to monitor their health compared to 35% of healthcare consumers without disability

49% of consumers with complex health needs said that using digital health has made their healthcare experience more efficient and accessible

10% of consumers said that affordability of technologies and data is preventing them from using digital health

[1] Early cost and safety benefits of an inpatient electronic health record Zlabek et al, J Am Med Inform Assoc (2011) 18 (2): 169-17
[2] Data sourced from research done by the Australian Digital Health Agency between August and December 2021.
[3] Deloitte, Curtin University and Consumers Health Forum of Australia

Australian Government
Department of Health

Innovation, quality and safety

In 2020–21, **hospital-acquired complications** in Australia were estimated to cost **$4.85 billion**

It is estimated that **1 in 10 patients is harmed while receiving hospital care**, with nearly 50% of these events likely to be preventable[1]

Since 2009, there has been a **24%** **increase in the overall hand hygiene compliance rate** in public and private hospitals from 63% (2009) to 87% (2021)

There are **over 96,000 entries on the Australian Register of Therapeutic Goods**

The number of people leaving hospital with a **hospital-acquired complication reduced by 21% over 4 years** to 2019–20

Up to 15% of total health expenditure in OECD countries is spent on **treating patient safety failures**, many of which could have been avoided[1]

Australia's **medical technology, biotechnology, pharmaceutical and digital health sector** supports approximately **70,000 Australian jobs**[2] and contributed more than **$5 billion in Gross Value Added** to the Australian economy in 2019[2]

Since 1 January 2020 the TGA received **13,767 applications for COVID-19 related medical devices and disinfectants**, including

85 rapid antigen tests

3,179 personal protective equipment

Every year in Australia over **1,000 new clinical trials** are started by **pharmaceutical, biotechnology and medical device companies**, and the academic research sector. This represents over **$1 billion of direct investment**[3]

344% **increase in Department of Health website visitors following the COVID-19 pandemic**, due to consumer interest in the regulation of COVID vaccines and treatments (2019 – 2,877,309 users to 2021 – 9,907,724 users)

In Australia, there are[4]

- **4.1 million** cases of gastro each year
- **230,000** cases of Campylobacter each year
- **55,000** cases of Salmonella each year

The total cost to society of **food borne illnesses** is **$1.249 billion**[6]

The wider medical research industry in Australia provides a return of **$3.90 for every dollar invested** and **employs approximately 32,000 people**[5]

43% of all **packaged food and beverages manufacturers display the Health Star Rating** (HSR). **Two thirds of consumers** who use the HSR were **influenced to make a healthier choice**[7]

1 Australian Institute of Health and Welfare (2020), Safety and quality of health care, AIHW, accessed: May 2022
2 Austrade, (2021), Why Australia for clinical trials, accessed: 2022
3 MTPConnect, (2020), Medical Technology, Biotechnology & Pharmaceutical Sector Competitiveness Plan, accessed: May 2022
4 Department of Health, (2010), Foodborne incidence in Australia: Annual Incidence circa 2010, accessed: May 2022
5 KPMG, (2018), Economic Impact of Medical Research in Australia, accessed: May 2022
6 The George Institute for Global Health, (2021), Foodswitch: State of the Food Supply Report Australia 2021, accessed: May 2022
7 Australian Food and Grocery Council, (2022). State of the industry, accessed: May 2022

Australian Government
Department of Health

Ageing and aged care

Approximately
1.5 million
Australians used aged care services
in 2020–21[1]

Almost **two-thirds** of aged care consumers **accessed basic at home support** in 2020–21[1]

As at 30 June 2021, **one-fifth** of aged care consumers **lived in residential care**[1]

53% of residential aged care residents had a **diagnosis of dementia** on 30 June 2021[1]

In 2020, there were:

277,700 staff working in **residential aged care**

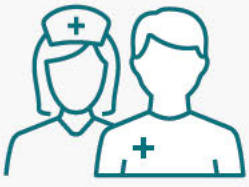
80,300 supporting the delivery of care through the **Home Care Packages Program**

76,100 supporting the delivery of care through the **Commonwealth Home Support Programme**[2]

About
86%

of the residential aged care **workforce across direct care roles identify as female**[2]

Australia is forecast to face a **shortage** of approximately
26,400
residential aged care nurses within the next decade based on 215 care minute standard and 24/7 onsite coverage



The number of Australians
aged 85
and over **is projected to double by 2042**, increasing to over 1 million[3]

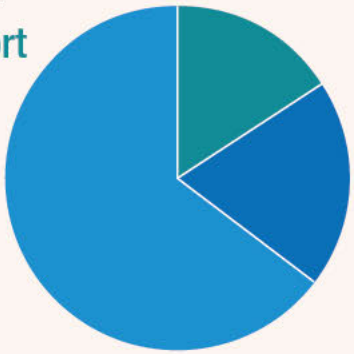
The **average age** of entry to **residential aged care** is **85.0 for women** and **82.9 for men**[1]

Total expenditure on aged care was **$23.6 billion** in 2020–21[1]

Commonwealth home support
$2.7 billion[1]

Home care packages
$4.2 billion[1]

Residential aged care
$14.1 billion[1]



By 2025–26, **total aged care expenditure** is expected to reach over **$34.7 billion** per year based on current policy

Around **90%** of aged care residents are part or full **age pension recipients**

1 Australian Department of Health (2021), 2020–21 Report on the Operation of the Aged Care Act 1997, accessed: May 2022
2 Australian Department of Health (2020), Aged Care Workforce Census Report 2020, accessed: May 2022
3 Australian Bureau of Statistics (2018), Population Projections Australia, 2017 to 2066, ABS, accessed: May 2022

Australian Government
Department of Health

Workforce

In 2020, there were

105,293 employed medical practitioners

This comprised:

- **100,260** clinicians and
- **5,033** non-clinicians

Within the clinical workforce, there were:

- **31,620** GPs
- **36,189** specialists
- **13,161** hospital non-specialists
- **17,001** specialists in training
- **2,289** other clinicians

In the same year, there were **382,280 registered nurses and midwives** and **579,228 employed allied health professionals** and **460,000 care and support workers**

Although the **health workforce has been growing faster** (3.0%) **than average annual population growth** (1.48%), **there are shortages** in some part of the workforce (**nurses, care workers**), in some specialties (**GPs, psychiatrists**), and in some settings (rural, aged care and mental health)

The number of **medical graduates** in Australia has increased from **1,287** in 2004 to **3,656** in 2019

New workforce entrants in 2020 to the **Nursing and Midwifery Workforce**

18,516 registered nurses	**6,280** enrolled nurses	**291** midwives

In 2020, **16.1% of final year medical students indicated general practice** as their preferred specialty[1]

The care and support workforce has grown rapidly, with up to 46% growth between 2015 and 2021. **Around 720,000 workers are likely to be needed in the sector by 2049-50 (up from 260,000 in 2021)**

In 2016, First Nations peoples were under-represented in the health workforce at 1.8%, despite being 3.3% of the Australian population[2]

Half of the current **care and support** workforce is part-time and 28% is casual. 40% were born overseas[3]

[1] Medical Deans Australia and New Zealand (2021), Medical Schools Outcome Database: National Data Report 2021, accessed May 2022
[2] Australian Indigenous Doctors' Association (2017), Report on the findings of the 2016 AIDA member survey on bullying, racism and lateral violence in the workplace, AIDA, accessed May 2021
[3] Australian Bureau of Statistics (2017), The 2016 Census of Population and Housing, ABS, accessed May 2021

Australian Government
Department of Health

Sport

17.17 million

(80.3%) Australians over 15 **participate in sport and physical activity** at least once a week

The number of **people participating weekly in sport and physical activity** has **slightly decreased from 82.6% to 80.3%** between 2019 and 2021[1]

Each year
2.2 million
children participate in the Sporting Schools Initiative[2]

In the **coming decade**, **22 major international sporting events** will be **hosted in Australia**

2022 UCI Road World Championships
2,100 cyclists
75 nations
300,000+ spectators

Inaugural 2022 Virtus Oceania Asia Games
1,000 competitors
25+ nations

2022 FIBA Women's Basketball World Cup
144 players
12 nations
286,000 spectators

2023 FIFA Women's World Cup
32 teams
200+ nationalities
1.5 million spectators
$215 million international direct expenditue

2023 World Transplant Games
2,000 transplant athletes
1,000+ spectators

2032 Brisbane Olympic and Paralympic games[1]

$4.6 billion
tourism and trade benefit to Queensland

$8.5 billion
tourism and trade benefit to Australia

91,600
full-time equivalent jobs in Queensland

122,900
full-time equivalent jobs nationally

$9.1 billion
social benefits nationally

There were
294 drowning deaths
in Australia in 2020–21,
a **20% increase** compared to 2019–20[3]

It is estimated the **2026 Commonwealth Games** will contribute more than **$3 billion to Victoria's economy**, creating more than **600 full-time equivalent jobs** before the Games, **3,900 jobs during** the Games and a further **3,000 jobs beyond** the closing ceremony[4]

1 ClearingHouse for Sport (2022), Ausplay, accessed: May 2022
2 Department of Health (2022), Budget 2022-23: Sporting Schools extension fact sheet, accessed: May 2022
3 Royal Life Saving Australia (2022), RLSS National Drowning Report, accessed: May 2022
4 Internal Department of Health modelling conducted by KPMG

Department of Health

The Department of Health is a Department of State. We operate under the *Public Service Act 1999* and the *Public Governance, Performance and Accountability Act 2013*.

The Commonwealth Department of Health has been in continuous operation for over 101 years, first established on 7 March 1921, in part as a response to the Spanish influenza pandemic of 1919.

Over following decades, the department added responsibilities including the subsidisation of medicines following the *1944 Pharmaceutical Benefits Act*, a precursor to the Pharmaceutical Benefits Scheme we still have today.

The department has continued to evolve, undergoing changes in name, function and structure. The department's focus is improving health and wellbeing for all Australians, now and into the future.

Our Vision

Better health and wellbeing for all Australians, now and for future generations.

Our Purpose

With our partners, support the Government to lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.

Our Commitment

We are committed to working in partnership with stakeholders to develop, implement and oversee policies and programs that are coherent, connected and evidence based.

We are committed to learning from, and sharing our experience and expertise with, partners in Australia and around the world, and improving health in the region and globally.

We are committed to being a high-performance organisation focused on improving workforce capability across the Department, providing high quality advice, reducing inequality and delivering key reforms and priorities.

We are committed to an inclusive, collaborative workplace.

Australian Government
Department of Health

Organisational Chart

Monday, 09 May 2022

Secretary
Dr Brendan Murphy

Health Products Regulation
Adj. Prof. John Skerritt

- **Medicines Regulation**
  Nick Henderson A/g
- **Chief Medical Adviser**
  Dr Jane Cook
- **Medical Devices & Product Quality**
  Tracey Duffy
- **Regulatory Practice & Support**
  Gillian Mitchell
- **Regulatory Legal Services**
  Dr. Bridget Gimlour-Walsh

Chief Medical Officer
Prof. Paul Kelly

- **Deputy Chief Medical Officers**
- **Chief Nursing & Midwifery Officer**
  Prof. Alison McMillan
- **Office of Health Protection & Response – Strategy**
  Mary Wood
- **Office of Health Protection & Response – Operations**
  Sarah Norris A/g

Ageing & Aged Care
Michael Lye

- **Reform Implementation**
  Greg Keen A/g
- **Home & Residential**
  Dr Nick Hartland
- **Market & Workforce**
  Eliza Strapp
- **Quality & Assurance**
  Amy Laffan
- **Service Delivery**
  Helen Grinbergs
- **Outbreak Response**
  Nicole Jarvis A/g

Primary & Community Care
Tania Rishniw

- **Indigenous Health**
  Gavin Matthews
- **Cancer, Hearing & Program Support**
  Lisa Schofield
- **Population Health**
  Celia Street
- **Primary Care**
  Simon Cotterell
- **Primary Care Living with COVID Taskforce & Floods**
  Chris Bedford A/g
- **Mental Health**
  Mark Roddam

Health Resourcing
Penny Shakespeare

- **Benefits, Integrity & Digital Health**
  Daniel McCabe
- **Medical Benefits**
  Travis Haslam A/g
- **Medical Officer**
  Adj Prof Andrew Singer
- **Technology Assessment & Access**
  Adriana Platona
- **Health Workforce**
  Matthew Williams

Strategy Evidence & Research
Paul McBride A/g

- **Health Economics & Research**
  Phillip Gould
- **Portfolio Strategies**
  Bronwyn Field
- **Rapid Antigen Testing**
  Allyson Essex A/g

Corporate Operations
Charles Wann

- **Office of Sport**
  Andrew Godkin
- **Financial Management**
  Paul McCormack
- **Legal & Assurance**
  Jackie Davis
- **People Communication & Parliamentary**
  Rachel Balmanno
- **Strategy Sourcing & Delivery**
  Ian Scensor
- **Digital Transformation & Delivery**
  Fay Flevaras

Australian Government
Operation COVID Shield

*SES on Secondment from another Agency

Operation COVID Shield Organisational Chart

Monday May 23 2022

Coordinator General
Lt Gen John Frewen*

Chief of Staff
Ben Peoples*

Program Implementation & Primary Care Response
Dr. Lucas De Toca

Vaccine Operations & Data
Trish Garrett

Strategic Communications & Media
Nigel Blunden

Disability and Aged Care Workforce
Dr. James Hart*

Executive contact list

Position/ Group	Name	Email	Phone (Office)	Mobile
Secretary	Dr Brendan Murphy	Brendan.Murphy@health.gov.au	(02) 6289 8400	s22
Executive Officer	s 22	s 22	s 22	s22
Deputy Secretaries				
Chief Medical Officer	Professor Paul Kelly	Paul.Kelly@health.gov.au	(02) 6289 8408	s22
Chief Operating Officer	Charles Wann	Charles.Wann@health.gov.au	(02) 6289 1829	s22
Strategy, Evidence & Research	Paul McBride (A/g)	Paul.McBride@health.gov.au	(02) 6289 1016	s22
Health Resourcing	Penny Shakespeare	Penny.Shakespeare@health.gov.au	(02) 6289 3348	s22
Primary & Community Care	Tania Rishniw	Tania.Rishniw@health.gov.au	(02) 6289 1235	s22
Ageing & Aged Care	Michael Lye	Michael.Lye@health.gov.au	(02) 6289 4648	s22
Health Products Regulation	Adj. Prof. John Skerritt	John.Skerritt@health.gov.au	(02) 6289 4200	s22

Secretary – Dr Brendan Murphy

Dr Brendan Murphy commenced as the Secretary of the Department of Health on 13 July 2020.

Prior to his appointment as Secretary, Brendan was the Chief Medical Officer (CMO) for the Australian Government, including during the first 6 months of the COVID-19 pandemic.

Prior to coming to the Commonwealth in 2016, he was the Chief Executive Officer of Austin Health in Victoria for 11 years.

He was formerly CMO and Professor of Nephrology at St Vincent's Health, and sat on the Boards of the Centenary Institute, Health Workforce Australia, the Florey Institute of Neuroscience and Mental Health, the Olivia Newton-John Cancer Research Institute and the Victorian Comprehensive Cancer Centre. He is also a former president of the Australian and New Zealand Society of Nephrology.

Dr Murphy is a Professorial Associate with the title of Professor at the University of Melbourne, an Adjunct Professor at Monash University and at the Australian National University, a Fellow of the Australian Academy of Health and Medical Sciences, a Fellow of the Royal Australian College of Physicians, and a Fellow of the Australian Institute of Company Directors.

Contact details

Role: Secretary of the Department of Health

Email: Brendan.Murphy@health.gov.au

Phone: (02) 6289 8400

Mobile: s22 [redacted]

Chief Medical Officer – Professor Paul Kelly

Professor Paul Kelly is the Chief Medical Officer for the Australian Government and is the principal medical adviser to the Minister for Health and the Department of Health. He also holds direct responsibility for Health's Office of Health Protection and Response Division.

Professor Kelly joined the Department in 2019, initially as Chief Medical Adviser at the Therapeutic Goods Administration. He is a public health physician and epidemiologist with more than 30 years' research and practice experience. He has worked in Western Australia, New South Wales, Northern Territory and the ACT as well as around the world in clinical care, health system development, infectious disease epidemiology and as a health service executive.

Paul has vast experience in infectious disease epidemiology, most recently with the COVID-19 pandemic but also in influenza, pneumonia and tuberculosis. During his time as ACT Chief Health Officer, he led the development and implementation of the ACT Healthy Weight Initiative.

Contact details

Role: Chief Medical Officer

Email: Paul.Kelly@health.gov.au

Phone: (02) 6289 8408

Mobile s22 [redacted]

Chief Operating Officer and Deputy Secretary Corporate Operations – Charles Wann

Charles has been Chief Operating Officer (COO) since February 2020. He holds a Bachelor of Arts (Hons) from the Australian National University, specialising in Classics.

Charles joined the Department of Health in 2016, initially as Chief Budget Officer. In July 2017, he became First Assistant Secretary of the Financial Management Division. In April 2019, he moved to the Aged Care Reform and Compliance Division where he and his team implemented reforms to aged care quality and safety, workforce and the transition of compliance functions to the Aged Care Quality and Safety Commission.

Before joining the department, Charles worked in diverse roles for the Department of Immigration and Border Protection and the Department of Home Affairs in policy, program management and client and corporate services in Australia and overseas.

He has led teams responsible for introducing risk-based approaches to visa compliance and status resolution, and providing health, income and employment support to asylum seekers living in the community.

Contact details

Role: Chief Operating Officer

Email: Charles.Wann@health.gov.au

Phone: (02) 6289 1829

Mobile: s22 [redacted]

Deputy Secretary A/g for Strategy, Evidence and Research Group –

Paul McBride

Paul McBride is currently the Acting Deputy Secretary for the Strategy Evidence and Research Group, Department of Health. Paul has responsibility for whole of portfolio strategic policy, international relations, health economics and data and research functions, including the Medical Research Future Fund (MRFF).

Paul manages public hospital funding arrangement with the States and Territories and is also responsible for rapid antigen testing policy and procurement

Paul recently managed the departments negotiations with Moderna on the ten-year strategic agreement to produce mRNA vaccines in Australia.

In Paul's previous role he was responsible for the Medical Benefits Division (MBD).

Paul commenced with the Department in 2018 and led the Health Economics and Research function. Prior to joining Health, he spent more than a decade in senior policy and advisory roles across the Commonwealth Government, in roles ranging across the social security payment system, housing, Superannuation, international tax and the microeconomic reform of markets.

Paul holds a Bachelor of Commerce (eco major) ANU, and a master's degree in Taxation Law (UNSW).

Contact details

Role: Acting Deputy Secretary for the Strategy Evidence and Research Group

Email: Paul.McBride@health.gov.au

Phone: (02) 6289 1016

Mobile: s22 [redacted]

Deputy Secretary for Health Resourcing – Penny Shakespeare

Penny Shakespeare is Deputy Secretary of the Health Resourcing Group. This includes the Health Workforce Division, Technology Assessment and Access Division, Medical Benefits Division, and Benefits Integrity and Digital Health Division.

Since joining Health in 2006, Penny has held a number of senior leadership positions, including First Assistant Secretary of the Technology Assessment and Access Division and Health Workforce Division.

Prior to joining Health, Penny was an industrial relations lawyer in the Department of Employment and Workplace Relations and worked in regulatory policy roles, including as head of the ACT Office of Industrial Relations.

Penny has a Bachelor of Laws, a Master's degree in International Law and is admitted as a Barrister and Solicitor.

Contact details

Role: Deputy Secretary, Health Resourcing

Email: Penny.Shakespeare@health.gov.au

Phone: (02) 6289 3348

Mobile: s22 [redacted]

Deputy Secretary for Primary and Community Care – Tania Rishniw

Tania joined the Department of Health in 2015. With a background in social, environmental and economic policy, Tania has more than 20 years of experience as a leader in the Australian Public Service. Tania is currently the Deputy Secretary of the Primary and Community Care Group and is responsible for leading the Department's work on policies and programs relating to mental health; primary care; population health, prevention and cancer screening; and Aboriginal and Torres Strait Islander health.

She was involved in the reconstruction and development taskforce responding to the 2004 Tsunami and the development and implementation of the Australian Government's cost recovery policy.

Tania has worked across several Commonwealth agencies, including the Departments of Prime Minister and Cabinet, Finance, Education and Employment, and Environment and Heritage. She has worked as a regulator in environmental protection and financial management.

She has extensive experience in developing innovative policies and programs, working with diverse stakeholder and industry groups to develop solutions that work.

Tania holds degrees in Law, psychology and an Executive Master's degree in Public Administration.

Contact details

Role: Deputy Secretary for Primary and Community Care

Email: Tania.Rishniw@health.gov.au

Phone: (02) 6289 1235

Mobile: s22 [redacted]

Deputy Secretary for Ageing and Aged Care Group – Michael Lye

Michael Lye joined the Department of Health in December 2019 as Deputy Secretary responsible for Ageing and Aged Care. During his time in Health, he has overseen the development of the Australian Government's response to the Royal Commission into Aged Care Quality and Safety, which includes delivery of a $18.8 billion reform package.

Prior to joining Health, Michael was the Deputy Secretary for the Department of Social Services, where his responsibilities included disability and carers policy and programs, the National Disability Strategy, the National Disability Insurance Scheme and Disability Employment Services.

Michael has a Bachelor of Arts degree majoring in Psychology and a Master of Social Welfare Administration and Planning, both of which are from the University of Queensland.

Contact details

Role: Deputy Secretary, Ageing and Aged Care

Email: Michael.Lye@health.gov.au

Phone: (02) 6289 4648

Mobile s22 [redacted]

Deputy Secretary for Health Products Regulation – Adjunct Professor John Skerritt

Adjunct Professor John Skerritt heads the Health Products Regulation Group (the HPRG), which through the Therapeutic Goods Administration (TGA) works to safeguard and enhance the health of all Australians through effective, timely and risk proportionate regulation of therapeutic goods.

Through the Office of Drug Control, the HPRG also regulates the import, export and manufacture of controlled drugs as well as the cultivation and manufacture of cannabis for medicinal purposes.

John joined the Department of Health as Deputy Secretary in 2012 and is a former Deputy Secretary in the Victorian Government. He has extensive experience in medical, agricultural and environmental policy, regulation, research management, technology application and commercialisation. John was the Deputy Chief Executive Officer of the Australian Centre for International Agricultural Research and a Ministerial appointee to the Gene Technology Technical Advisory Committee.

John is an Adjunct Full Professor in medicine, pharmacy and agriculture at the Universities of Sydney, Queensland and Canberra. He has a University Medal and PhD in Pharmacology from the University of Sydney. He is a graduate of the Senior Executive Programs of both the London Business School and the IMD Business School in Switzerland. He is a Fellow of the Academy of Technological Sciences and Engineering, and a Fellow of the Institute of Public Administration of Australia (Vic).

He is the Chair of the Scientific Advisory Council of the Centre for Innovation in Regulatory Science, Vice Chair of the International Coalition of Medicines Regulatory Authorities, and a member of the Advisory Board of the Melbourne Institute.

Contact details

Role: Deputy Secretary, Health Products Regulation

Email: John.Skerritt@health.gov.au

Phone: (02) 6289 4200

Mobile: s22 [redacted]

Department of Health Office locations

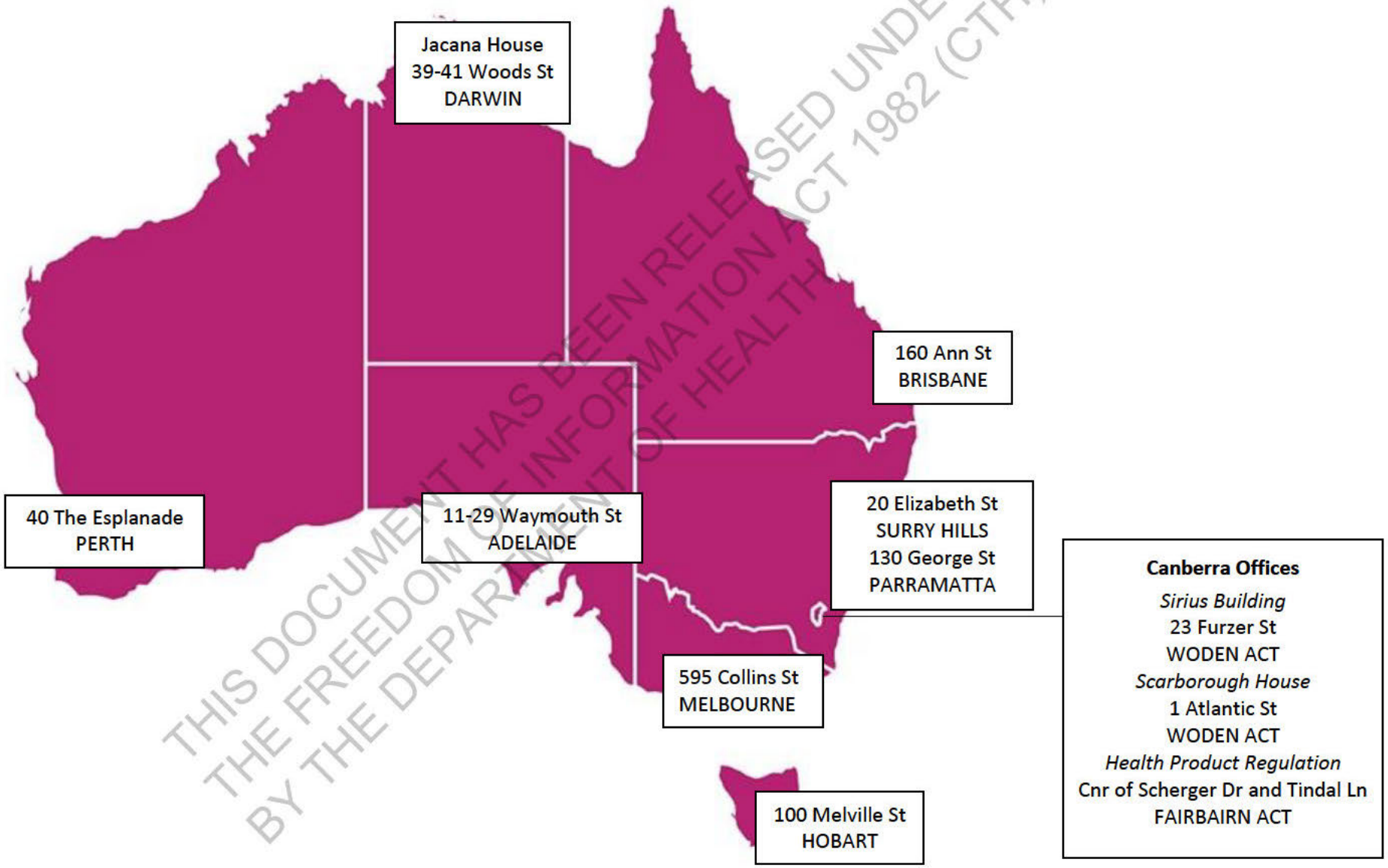
As of 9 May 2022

Location	State Manager	Street Address
Australian Capital Territory	Bernard Philbrick (Full onshore network) (02) 6289 1418	**Sirius Building** 23 Furzer St WODEN ACT 2606
		Scarborough House 1 Atlantic St WODEN ACT 2606
		Health Products Regulation 27 Scherger Dr and 1 Tindal Ln FAIRBAIRN ACT 2609
New South Wales	Sarah Rumble[1] (NSW) (02) 9263 3700	Levels 7-10 and 12 260 Elizabeth St SURRY HILLS NSW 2150
		Level 12 130 George Street PARRAMATTA NSW 2150
Victoria	Natalie Bekis (Vic/Tas) (03) 9665 8425	Levels 4, 7 and 8 595 Collins St MELBOURNE VIC 3000
Tasmania		Level 3 200 Collins St HOBART TAS 7000
South Australia	Brigid Dohnt (SA/WA) (02) 6289 3340	Levels 9 and 11 11-29 Waymouth St ADELAIDE SA 5000
Western Australia		Level 12 40 The Esplanade PERTH WA 6000
Queensland	Kerri-Anne Reeves A/g (Qld/NT) (07) 3360 2802	Levels 15, 16 & 17 160 Ann St BRISBANE QLD 4000
Northern Territory		Level 7 Jacana House 39-41 Woods St DARWIN NT 0800

[1] Sarah Rumble's role also includes some local functions in the ACT consistent with other State/Territory managers.

Location	State Manager	Street Address
Singapore (TGA staff posted to program funded by DFAT, supporting regulation in SE Asia and the Pacific)	Michael Wiseman (02) 6289 2222	Australian High Commission, Singapore 25 Napier Road, Off Middlesex Road Singapore 258507
Switzerland (liaison to the World Health Organization)		Geneva CH Grand-Sacconex Chemin des Fins 2 1211 Geneva 19

State and Territory Offices



Status of Bills

Status of Bills before Parliament when it was prorogued and the House of Representatives dissolved

2022 Winter legislation bids and Ministerial action required

- It is expected that the Department of the Prime Minister and Cabinet (PM&C) will require the 2022 Winter bids to be approved by the Minister for Health and Aged Care shortly after the election result is known.
- To meet PM&C's anticipated timeframe, it is anticipated the 2022 Winter bids will be progressed to the Minister's Office around two days after the Ministry has been sworn in, with Ministerial approval required within four to five days

The following **Bills were before Parliament and have lapsed**:

- Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill – implements recommendations by the Royal Commission, including a new subsidy calculation model and nationally consistent pre-employment screening for aged care workers.
- Health Insurance Amendment (Administrative Actions) Bill – allows Services Australia to use a computer system to place and remove doctors from the Register of Approved Placements, following a decision by the specified body including general practice colleges.
- Health Legislation Amendment (Medicare Compliance and Other Measures) Bill – facilitates the operation of the Professional Services Review and to assist in the recovery of debts.
- National Health Amendment (Pharmaceutical Benefits Transparency and Cost Recovery) Bill – permits the publication of information relating to listings on the Pharmaceutical Benefits Scheme.

Health Portfolio legislation by Group

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
Ageing & Aged Care Group	• *Aged Care Act 1997* regulates the provision of aged care • *Aged Care (Accommodation Payment Security) Act 2006* protects care recipients if an insolvent approved provider fails to refund an accommodation payment when the recipient has left the residential aged care service • *Aged Care (Accommodation Payment Security) Levy Act 2006* relates to the imposition of levies, including in respect of certain obligations to refund accommodation payment balances • *Aged Care Quality and Safety Commission Act 2018* creates the Aged Care Quality and Safety Commission to protect the quality of life of aged care consumers • *Aged Care (Transitional Provisions) Act 1997* maintains a legacy system for residential care recipients • *Home and Community Care Act 1985* relates to grants for home and community care
Chief Medical Officer Group	• *Australian Radiation Protection and Nuclear Safety Act 1998* establishes protections from the harmful effects of radiation • *Biosecurity Act 2015* protects against diseases and pests that may cause harm to human health. The Department of Agriculture, Water and the Environment administers the Act in relation to animal and plant health • *Epidemiological Studies (Confidentiality) Act 1981* establishes a regime to protect the confidentiality of certain studies • *Industrial Chemicals Act 2019* regulates the manufacture or import of industrial chemicals in Australia • *National Health Security Act 2007* enables the exchange of health information and the regulation of security sensitive biological agents
Corporate Operations Group	• *Australian Sports Commission Act 1989* establishes the Australian Sports Commission • *Major Sporting Events (Indicia and Images) Protection Act 2014* protects against the commercial use of indicia and images connected with certain major sporting events • *National Sports Tribunal Act 2019* establishes the National Sports Tribunal, for the hearing and resolution of sporting disputes

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
	• *Sport Integrity Australia Act 2020* establishes Sport Integrity Australia
Health Products Regulation Group	• *Narcotic Drugs Act 1967* regulates narcotic drugs – including medicinal cannabis • *Therapeutic Goods Act 1989* regulates therapeutic goods
Health Resourcing Group	• *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* establishes the Australian Organ and Tissue Donation and Transplantation Authority, which leads the Australian Government's national program to improve organ and tissue donation • *Health and Other Services (Compensation) Act 1995* enables the recovery of money paid out of health funds like Medicare where people are compensated for these costs otherwise (e.g. court orders) • *Health Insurance Act 1973* regulates the payment of medical benefits • *Healthcare Identifiers Act 2010* assigns healthcare identifiers to healthcare recipients, individual healthcare providers, and healthcare provider organisations • *Human Services (Medicare) Act 1973* confers functions on the Chief Executive Medicare • *Medical Indemnity Act 2002* supports medical practitioners and midwives to maintain professional indemnity insurance • *Medicare Guarantee Act 2017* provides for special account funding for Medicare benefits and the Pharmaceutical Benefits Scheme • *My Health Records Act 2012* establishes My Health Record, a national public system for patient health records • *National Health Act 1953* establishes the Pharmaceutical Benefits Scheme and the National Immunisation Program as well as other funding programs • *National Blood Authority Act 2003* establishes the National Blood Authority, to ensure the integrity and supply of blood and blood products • *Private Health Insurance Act 2007* provides for the regulation of private health insurance
Primary and Community Care Group	• *Australian Hearing Services Act 1991* subsections 8(4) to 8(8) provide for specific hearing services. The remainder of the Act is administered by the Department of Social Services • *Australian Immunisation Register Act 2015* establishes a vaccination register

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
	• *Australian Institute of Health and Welfare Act 1987* establishes the Australian Institute of Health, which develops information and statistics relating to health and welfare • *Australian National Preventive Health Agency Act 2010* established to advise on and manage national preventive health programs, agency and CEO functions • *Dental Benefits Act 2008* provides for certain dental benefits • *Cancer Australia Act 2006* establishes Cancer Australia, for national leadership in cancer control • *Food Standards Australia and New Zealand Act 1991* establishes Food Standards Australia New Zealand, which sets food standards in both countries • *Gene Technology Act 2000* governs the National Gene Technology Scheme to protect the health and safety of people and the environment by identifying and managing risks with genetically modified organisms • *Hearing Services Administration Act 1997* supports the provision of hearing services • *National Cancer Screening Register Act 2016* establishes a register of cancer screening results • *Tobacco Advertising Prohibition Act 1992* prohibits tobacco advertising • *Tobacco Plain Packaging Act 2011* limits the features of tobacco packaging to reduce consumption
Strategic Evidence and Research Group	• *Medical Research Future Fund Act 2015* establishes a Medical Research Future Fund to provide grants for medical research and medical innovation • *National Health Reform Act 2011* creates the Australian Commission on Safety and Quality in Health Care, the Independent Hospital Pricing Authority, the Office of Administrator of the National Health Funding Pool, and the National Health Funding Body • *National Health and Medical Research Council Act 1992* establishes the National Health and Medical Research Council, which fosters public health research and training • *Prohibition of Human Cloning for Reproduction Act 2002* establishes protections against human cloning for reproduction • *Research Involving Human Embryos Act 2002* regulates activities involving the use of human embryos created by assisted reproductive technology or other means • *World Health Organization Act 1947* facilitates Australia's membership of the World Health Organization

Australian Government
Department of Health

Portfolio Agency Overview

Monday, 09 May 2022

Non-corporate Commonwealth entities

- Aged Care Quality and Safety Commission (ACQSC)
- Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)
- Sports Integrity Australia (SIA
- National Health and Medical Research Council (NHMRC)
- National Health Funding Body (NHFB)
- National Mental Health Commission (NMHC)
- Organ and Tissue Authority (OTA)
- Professional Services Review (PSR)
- Cancer Australia (CA)
- National Blood Authority (NBA)

Corporate Commonwealth entities

- Australian Commission on Safety & Quality in Health (ACSQHC)
- Australian Digital Health Agency (ADHA)
- Australian Institute of Health and Welfare (AIHW)
- Australian Sports Commission (ASC)
- Food Standards Australia and New Zealand (FSANZ)
- Independent Hospital Pricing Authority (IHPA)

Commonwealth companies

- Australian Sports Foundation (ASF)

Portfolio agencies and Statutory Officials at 21 May 2022

Entity	Office holder and role	Office address and contact details
Australian Commission on Safety & Quality in Health Care (ASQSC)	Adjunct Professor Deborah Picone AO *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: Level 5, 255 Elizabeth Street, Sydney NSW 2000
Australian Commission on Safety and Quality in Health Care (Board)	Professor. Villis Marshall AC Chair	Secretariat email: s 22 [redacted]
Australian Institute of Health & Welfare (AIHW)	Robert Heferen *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 1 Thynne Street, Fern Hill Park Bruce, ACT 2617
Australian Institute of Health and Welfare (Board)	Ms. Louise Markus Chair	Secretariat email: s 22 [redacted]
Australian Digital Health Agency (ADHA)	Amanda Cattermole PSM *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: Scarborough House, Level 7, 1 Atlantic Street Woden ACT 2606
Australian Digital Health Agency (Board)	Dr. Elizabeth Deveny Chair	Secretariat email: s22 [redacted]
Australian Sports Commission (ASC)	Kieren Perkins *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: AIS Leverrier Crescent, Bruce ACT 2617In the
Australian Sports Commission (Board)	Josephine Sukkar AM Chair	Secretariat Contact email: s 22 [redacted]
Australian Sports Foundation Limited (ASF)	Patrick Walker *Chief Executive Officer*	Email: s22 [redacted] Phone s22 [redacted] Address: AIS Leverrier St Bruce, ACT 2617, AU
Australian Sports Foundation Limited (Board)	Mr. Grant O'Brien Chair	Secretariat Contact email: s22 [redacted]
Food Standards Australia New Zealand (FSANZ)	Sandra Cuthbert *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 15 Lancaster Place, Majura Park ACT 2609
Food Standards Australia New Zealand (Board)	Ms. Glenys Beauchamp PSM Chair	Secretariat email s22 [redacted]
Independent Hospital Pricing Authority (IHPA)	James Downie *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 1 Oxford Street, Paddington New South Wales 2021
Independent Hospital Pricing Authority (Board)	Mr. David Tune AO PSM Chair	Secretariat email s22 [redacted]
National Blood Authority (NBA)	John Cahill *General Manager*	Email: s22 [redacted] Phone: s22 [redacted] Address: L 2 243 Northbourne Avenue, Lyneham Australian Capital Territory 2602
National Blood Authority (Board)	Dr. Amanda Rischbieth Chair	Secretariat email s22 [redacted]
National Mental Health Commission (NMHC)	Christine Morgan *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: Level 29, 126 Philip Street SYDNEY, NSW 2000
National Mental Health Commission (Board)	Ms. Lucinda Brogden Chair	Secretariat email: s22 [redacted]
Organ & Tissue Authority (OTA)	Lucinda Barry *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 14 Childers Street, Level 3 CANBERRA, ACT 2600
Australian Organ and Tissue Donation and Transplantation Advisory (Board)	Dr. Malcolm Washer Chair	Secretariat email: s22 [redacted]

Australian Radiation Protection & Nuclear Safety Agency (ARPANSA)	Dr Gillian Hirth *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 38-40 Urunga Parade, Miranda, NSW, 2228
Cancer Australia (CA)	Professor Dorothy Keefe PSM MD *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 300 Elizabeth St Surry Hills, Sydney, New South Wales 2010
National Health Funding Body (NHFB)	Shannon White *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 21-23 Marcus Clarke Street ACTON, ACT 2601
National Health funding Pool (NHFP)	Michael Lambert *Administrator*	Email: s22 [redacted] Phone s22 [redacted] Address: 21-23 Marcus Clarke Street Acton, ACT 2601
National Health & Medical Research Council (NHMRC)	Professor Anne Kelso AO *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 16 Marcus Clarke St, Canberra ACT 2601
Professional Services Review (PSR)	Professor Julie Quinlivan *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: 20 Brindabella Circuit, Canberra Airport Australian Capital Territory 2609
Sport Integrity Australia (SIA)	David Sharpe APM OAM *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: Sirius Building, Furzer Street, WODEN, ACT 2606
Aged Care Pricing Commissioner (ACPC)	David Weiss *Commissioner*	Email: s22 [redacted] Phone: s22 [redacted] Address: Scarborough House, Atlantic Street, WODEN, ACT 2606
Aged Care Quality & Safety Commission (ACQSC)	Janet Anderson PSM *Commissioner*	Email: s22 [redacted] Phone: s22 [redacted] Address: Level 9, 111 Phillip Street, PARRAMATTA, NSW 2150
Australian Industrial Chemicals Introduction Scheme (AICIS)	Graeme Barden *Director*	Email: s22 [redacted] Phone: s22 [redacted] Address: 260 Elizabeth Street, Level 7, 260 SURRY HILLS, NSW 2010
Office of Gene Technology Regulator (OGTR)	Dr Raj Bhula *Regulator*	Email: s22 [redacted] Phone: s22 [redacted] Address: Scarborough House, Atlantic Street. WODEN, ACT 2606
National Rural Health Commissioner (NRHC)	Professor Ruth Stewart Commissioner	Email: s22 [redacted] Phone: s22 [redacted] Address: 1 Pier Point Road, Suite 2, Shangri-La Hotel, CAIRNS, QLD 4870
National Sports Tribunal (NST)	John Boultbee AM *Chief Executive Officer*	Email: s22 [redacted] Phone: s22 [redacted] Address: Sirius Building, Furzer Street, WODEN, ACT 2606
Therapeutic Goods Administration (TGA)	John Skerritt *Deputy Secretary*	Email s22 [redacted] Phone: s22 [redacted] Address: 27 Scherger Dr and 1 Tindal Ln, FAIRBAIRN ACT 2609

Portfolio agency summaries	51
Aged Care Pricing Commissioner	
Aged Care Quality & Safety Commission	
Australian Commission on Safety & Quality in Health Care	
Australian Digital Health Agency	
Australian Institute of Health & Welfare	
Australian Radiation Protection & Nuclear Safety Agency	
Australian Sports Commission	
Australian Sports Foundation Limited	
Cancer Australia	
Food Standards Australia New Zealand	
Independent Hospital Pricing Authority	
National Blood Authority	
National Health Funding Body	
National Health & Medical Research Council	
National Mental Health Commission	
Organ & Tissue Authority	
Professional Services Review	
Sport Integrity Australia	

Aged Care Pricing Commissioner

The Aged Care Pricing Commissioner is a statutory office holder and is responsible for:

- reviewing and, where considered appropriate, approving aged care providers to charge Refundable Accommodation Deposits (RAD) that are higher than $550,000; and
- reviewing applications from aged care providers for changes in Extra Service Fees.

As part of the former Government's response to the recommendations of the Royal Commission into Aged Care Quality and Safety, the Aged Care Pricing Commissioner statutory position was to be abolished and the functions of the Aged Care Pricing Commissioner were to be incorporated into a new and expanded Independent Health and Aged Care Pricing Authority. The legislation to give effect to this (the *Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021*) was not passed prior to the calling of the 2022 Federal Election.

About us

The Aged Care Pricing Commissioner position was established in 2013 as part of amendments to the *Aged Care Act 1997* and is essentially a consumer protection function. The Commissioner seeks to ensure that RAD prices represent value -for -money for prospective aged care residents, and that higher prices reflect the standard of accommodation rather than a resident's capacity to pay.

Prior to the introduction of this function as part of the 2013 reforms, issues included:

- prices often determined according to a resident's means rather than the actual value of the accommodation;
- a lack of information available to prospective residents when choosing accommodation; and
- inconsistency across the sector in how accommodation was valued and priced.

In 2020–21, the Aged Care Pricing Commission received 446 applications from aged care providers seeking approval to charge a RAD of more than $550,000. Most applications are for an accommodation group tha includes similar rooms within a facility, so the 446 applications covered approximately 10,000 rooms. Factors considered by the Commissioner in reviewing applications include the quality and amenity of the room (size, views, presence of a balcony or kitchenette, specific design features, etc.), market and competitor analysis, and construction/refurbishment costs. An approval by the Commissioner is valid for four years, after which the provider must re-apply if they wish to continue charging a RAD of more than $550,000.

A secondary function of the Commission is the review of proposed changes in Extra Service Fees, which are intended to cover significantly higher standards of accommodation, food, or personal services on offer to residents in some residential aged care facilities. The number of applications for changes to Extra Service Fees have been declining (only 25 in 2020–21) and appears to be part of a shift away from Extra Service Fees towards charging residents Additional Service Fees instead.

The current Commissioner since May 2021 is David Weiss. He is supported in the role by five staff. The Commissioner operates under a statutory requirement to resolve an application within 60 days of receiving it. In 2020-21, the Commissioner took an average of 26 days to resolve applications.

Aged Care Quality and Safety Commission

The functions of the Aged Care Quality and Safety Commission (Commission) are set out in the *Aged Care Quality and Safety Commission Act 2018* (ACQSC Act) and Rules.

About us

As the national regulator of aged care services, the Commission's role is to approve providers' entry to the (Government-subsidised) aged care sector, to accredit, monitor, assess and investigate aged care services against quality, safety and prudential requirements, and to hold providers to account for meeting their obligations through the use of a range of compliance and enforcement powers.

Another of the Commission's core roles is to manage and, where possible, resolve complaints about aged care services. The Commission values its engagement with consumers and their representatives to understand their experiences, inform its regulatory strategy, and shape communications with providers about the importance of working with consumers in designing and delivering best practice care.

The Commission's regulatory strategy encompasses activities focused on preventing, detecting and responding to risks to the safety and wellbeing of aged care consumers. The Commission draws on data and intelligence at sector-wide, provider and service levels to target its efforts and determine the nature and intensity of its engagement with providers in relation to particular risks.

Education, information and targeted communications are used as key preventative tools, with monitoring and assessment of high-risk providers leading to timely and proportionate compliance action where their care and services fall short of legislated standards.

The Commission routinely publishes the outcomes of its regulatory activities to promote greater transparency and accountability, and also seeks to highlight best practice.

Our vision

Older Australians trust and have confidence that aged care services protect and enhance their safety, health, wellbeing and quality of life.

Our mission

To protect and improve the safety, health, wellbeing and quality of life of people receiving Australian Government funded aged care.

Australian Commission on Safety and Quality in Health Care

About us

The Commission is a corporate Commonwealth entity and part of the Health portfolio of the Australian Government. In 2006, the Council of Australian Governments established the Commission to lead and coordinate national improvements in the safety and quality of health care. The Commission's permanent status was confirmed with the passage of the *National Health and Hospitals Network Act 2011*, while its role was codified in the *National Health Reform Act 2011*.

The Commission commenced as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and by state and territory governments

Our purpose is to contribute to better health outcomes and experiences for all patients and consumers, and improved value and sustainability in the health system. Within this overarching purpose, the Commission aims to ensure that people are kept safe when they receive health care and that they receive the care they should.

The functions of the Commission are specified in section 9 of the *National Health Reform Act 2011*, and include:

- formulating standards, guidelines and indicators relating to health care safety and quality matters
- advising health ministers on national clinical standards
- promoting, supporting, and encouraging the implementation of these standards, and related guidelines and indicators
- monitoring the implementation and impact of the standards
- promoting, supporting, and encouraging the implementation of programs and initiatives relating to health care safety and quality
- formulating model national schemes that provide for the accreditation of organisations that provide health care services, and relate to health care safety and quality
- publishing reports and papers relating to health care safety and quality.

Our vision

Safe and high-quality health care for every person, everywhere, every time.

Our mission

To lead and coordinate national improvements in the safety and quality of health care.

Australian Digital Health Agency

Digital health services contribute to the efficiency and sustainability of the health system, improve health outcomes for patients and help grow the broader digital economy.

About us

The Australia Digital Health Agency (ADHA) is a statutory authority, established by the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016*. The ADHA is co-funded by the Australian, state and territory governments under an Intergovernmental Agreement, reflecting the bipartisan commitment at all levels of government to digital health reform to underpin the future of the health care system and improve health and wellbeing of all Australians. The ADHA is the national steward for national digital health strategy and connected systems, including electronic prescribing and My Health Record (MHR).

Our work is guided by a skills-based board (the Accountable Authority) chaired by Dr Elizabeth Deveny, and draws on expertise from across the medical sector, including practitioners, administrators, software providers and peak bodies.

Our vision

A healthier future for Australians through connected health care.

The future of health is digital

The pandemic accelerated adoption of digital health—over 23 million Australians have access to MHR and usage has grown tenfold in one year from 1.38 million views in January 2021 to 13.75 million in January 2022; 99% of pharmacies and General Practitioners and 97% of public hospitals are now using MHR; public hospital views have more than doubled over the past year.

The timing is right to consider adjusting policy and legislative levers to meet the growing demand for connected health data. Policy change and continued investment in digital health capability will capitalise on this momentum to ensure Australia's federated health system is integrated and better connected to: support person centric care; ease pressure on the health workforce; contribute to a more sustainable health system and deliver savings to governments.

The transformative opportunities that a modern digital health system can support include:

- providing consumer centred health services for all Australians, particularly our more vulnerable citizens, by ensuring clinical information is safely and securely shared—with GPs, pharmacies, pathology, imagery, specialists, hospitals, and aged care—through an interoperable digital health ecosystem that talks the same language (standards), about the right person at the right time
- empowering consumers to participate in their own health care by providing access to trusted health information, from birth through to end-of-life care
- improving health outcomes for individuals and the community, with quicker diagnosis and treatment, less adverse outcomes and rapid responses to future pandemics and health emergencies
- delivering more efficient care across the system at lower costs, streamlining health delivery by increasing productivity, reducing red tape, duplication and over servicing, ensuring the affordable and sustainability of future Australian Government health expenditure

- enabling new models of care and technology -driven clinical practice, such as real-time- health monitoring through smart watches and wearable technologies, AI informed diagnosis and data driven- preventative care
- building a comprehensive health data asset to underpin research and inform new treatments, enhancing Australia's reputation as leader in medical research
- incubating and stewarding our nascent digital health industry as part of the global digital economy.

It's about time! Digital health… is an absolutely essential part of a world class healthcare system for Australians. It should empower us all to take greater ownership of our personal health, provide greater access to health services, support health care workers to achieve better patient outcomes, and enhance public health literacy.

Consumer – National Digital Health Survey 2021

Australian Institute of Health and Welfare

About us

The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity, established under the *Australian Institute of Health and Welfare Act 1987*, and operates under the guidance of a Board.

We collect health and welfare data to support government agencies, researchers, policy makers and the community. This includes assisting the Department of Health to collate national COVID-19 and other notifiable communicable disease data; data to better understand pandemic impacts, such as national hospital capacity and activity data and mental health and suicide data; and developing a national, linked COVID-19 register and data set to support research into the medium and longer-term health impacts of COVID-19, including impacts on health system use.

Our vision

Stronger evidence, better decisions, improved health and welfare.

Our purpose

To create authoritative and accessible information and statistics that inform decisions and improve the health and wellbeing of all Australians.

Our strategic goals

We produce high quality data sets and analysis to support improvements in health and welfare. In 2022 and beyond, we will focus on four strategic goals – a trusted leader in health and welfare data and analysis, inno ative producers of data sets and analysis, a strong strategic partner and recognised for our organisational excellence.

Key risks and opportunities of current focus

- Board membership stability at a time that several appointment terms will come to an end.
- Strategic decisions in relation to organisational priorities. We need to strike a balance between (close to) real-time data, considered analysis and requests to undertake new work on the fringes of our core role and responsibilities.
- Continue to prioritise data gaps, including primary care and engage with funders to fill data gaps.
- Address workforce issues. This includes increasing our workforce, which comprises about 35% contractors, addressing skills and capacity gaps, and improving knowledge management. Our systems need to support quick transitions to take on additional work, and support changes to workforce demography.
- Consider the impact of any potential centre for disease control on the role of the AIHW.

Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)

A statutory agency under the *Australian Radiation Protection and Nuclear Safety Act 1998*.

- The Government's primary authority on radiation protection and nuclear safety
- Supporting the AUKUS nuclear-powered submarine taskforce
- Integrated Regulatory Review Services Mission scheduled for 2023
- Draft National Strategy for Radiation Safety being prepared for adoption
- National Radioactive Waste Management Facility potential licensing application

About us

The Australian Government's primary authority on radiation protection and nuclear safety. The Agency's mission is the protection of people and the environment through radiation protection and nuclear safety research, policy, advice, codes, standards, services, and regulation.

ARPANSA is the independent regulator of Commonwealth entities and facilities that use or produce radiation. The Agency also works with the states and territories to promote nationally consistent regulation and the adoption of international best practice.

Key issues and activities

ARPANSA is supporting the Nuclear Powered Submarine Taskforce, a multi-agency effort to identify the optimal pathway to deliver at least eight nuc ear-powered submarines for Australia, under the trilateral security partnership between Australia, the United Kingdom and the United States of America (AUKUS).

ARPANSA is preparing for Australia to receive an International Atomic Energy Agency mission in 2023 that will peer-review Australia's radiation regulatory framework. This is a follow-up mission to a full Integrated Regu atory Review Service conducted in 2018 which included all the states and territories.

ARPANSA is working with the Department of Health on a Draft National Strategy for Radiation Safety and Implementation Plan, developed in partnership with states and territories. It aims to improve the consistency of radiation safety regulation in Australia and act as an incremental step towards developing an Intergovernmental Agreement.

ARPANSA is preparing for a significant regulatory effort to assess an expected licence application for a National Radioactive Waste Management Facility (NRWMF) that is to be established in Kimba, South Australia. The Australian Radioactive Waste Agency is responsible for this project and ARPANSA will only licence a NRWMF if we are confident that it would not have an adverse impact on human health or the environment.

Australian Sports Commission

About us

The Australian Sports Commission (ASC) is the Australian Government's leading sport agency, responsible for supporting and investing in sport. The ASC's purpose is to increase participation in organised sport and continued international sporting success including through leadership and development of a cohesive and effective sports sector, provision of targeted financial support, and the operation of the Australia Institute of Sport (AIS).

Key programs:

- Sport Funding – grants to National Sporting Organisations (to support high performance and participation outcomes) and National Sporting Organisations for People with Disability (for participation outcomes).
- Sporting Schools – providing free opportunities for children to participate in quality sporting experiences through their school.
- Women Leaders in Sport – providing leadership development opportunities for women on and off the field.
- Participation Grants – grants to sport and physical activity organisations to support innovative projects to increase participation
- Local Sporting Champions / Local Para Champions – financial assistance to young Australian sportspeople to participate in state, national or international championships.
- dAIS – direct financial support to athletes for training and competitions to prepare for Olympic, Paralympic and Commonwealth Games.
- Athlete Wellbeing – providing mental health and wellbeing support for athletes across the Australian high performance system
- Athlete Pathways – providing support to sporting organisations to deliver programs for emerging Olympic, Paralympic and Commonwealth Games athletes including potential future champions through to Brisbane 2032 and beyond.

Australian Sports Foundation

The Australian Sports Foundation is advocating for a legislative change to secure Charitable Status for Amateur Sport, to grow philanthropic funding for sport to $300m a year by 2032.

We are seeking investment funding of $10.3m from Government, being the balance of the $15m request submitted in 2019, to enable the Australian Sports Foundation to drive this growth in new philanthropic funding.

About us

The Australian Sports Foundation is Australia's leading sports fundraiser and national sports charity, and the only organisation that can provide a tax-deductible receipt for donations to sport. We have been helping athletes, sporting clubs and organisations fundraise for more than 35 years, and donations have grown from under $20m in 2014, to $51m in FY21. This figure is expected to exceed $65m in FY22, and we aim to increase this to $300m pa in the 'Green and Gold Decade' to the 2032 Brisbane Olympic and Paralympic Games.

We partner with sporting organisations at all levels, from community and grassroots sporting clubs in every state and territory, to regional, state, national and Olympic teams, as well as eligible representative level athletes. We fund anything that benefits sport, including new or improved facilities, coaching, training, participation and performance initiatives etc. The Australian Sports Foundation is operationally self-funding and retains 5% of donations to cover costs.

The Australian Sports Foundation Charitable Fund was established in 2019 to help unlock support for sports from Ancillary Funds, receiving and distributing funding for sport where there is a charitable purpose. In FY21 this raised $1m, and $15m of future funding commitments from such funds have been secured over the next 3 years. However, Ancillary Funds currently hold over $10bn in assets and distribute close to $1bn a year – so the Australian Sports Foundation has implemented a strategy to significantly increase funding from this source.

The key current strategic priorities for the Australian Sports Foundation are:

- enhance financial sustainability of key sports by a focused and integrated approach to fundraising at elite and National Sporting Organisation level
- grow participation in community sport by helping more clubs raise more money
- grow participation and inclusion in sport by raising funds to expand our grant programs
- establish sport as a mainstream philanthropic cause through effective advocacy

Our vision

An Australia where everyone can play

Our mission

That everyone in Australia, regardless of background, ability or culture, has access to the health and social benefits of sport

Cancer Australia

About us

Cancer is the leading cause of death and burden of disease in Australia[1], with one in two people being diagnosed within their lifetime[2].

As the Australian Government's national cancer control agency, Cancer Australia (CA) aims to reduce the impact of all cancers and improve outcomes for all people affected by cancer.

The *Cancer Australia Act* 2006 established CA to provide leadership and vision support to consumers and health professionals, and make recommendations to the government about cancer policy and priorities.

CA works collaboratively across the entire cancer control ecosystem, with Australians affected by cancer, health professionals, researchers, policy makers and service providers. CA is a respected thought leader in the sector and is uniquely positioned to provide robust, world-leading advice to the Government on cancer policy priorities.

CA works closely with Aboriginal and Torres Strait Islander people to co-design improved cancer outcomes for Aboriginal and Torres Strait Islander people. CA fulfills its statutory obligations to fund cancer research by building research capability and addressing emerging priorities for cancer research and data. CA lends its expertise to inform international cancer control activity.

CA uses its position as a trusted collaborator to facilitate a unity of purpose across the sector in setting priorities for action for cancer control in Australia.

You can rely on CA to leverage its stakeholder relationships to cost-effectively harness the most eminent advice on any cancer issue at short notice.

Our strategic priorities

- Develop an Australian Cancer Plan as a national framework to deliver better outcomes for all people from all cancers
- Co-design and deliver improved Aboriginal and Torres Strait Islander Cancer Control
- Implement the National Pancreatic Cancer Roadmap
- Guide the development of a national lung cancer screening program
- Invest in cancer research and data to support world leading cancer control in Australia
- Provide thought leadership on the opportunities and impacts of genomics for cancer control
- Contribute to and harness the expertise of international cancer control.

The role and functions of CA are set out in the *Cancer Australia Act 2006*. CA is subject to the *Public Service Act 1999* and the *Auditor General Act 1997* and is a non-corporate *Commonwealth entity under the Public Governance, Performance and Accountability Act 2013*.

[1] Australian Institute of Health and Welfare 2021a. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018. Australian Burden of Disease Study series no. 23. Cat. no. BOD 29. Canberra: Accessed: April 2022; https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-in-aus/summary

[2] Australian Institute of Health and Welfare 2021b. Cancer data in Australia. Cat. no. CAN 122. Canberra: Accessed: April 2022; https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/data

Food Standards Australia New Zealand (FSANZ)

Food Standards Australia New Zealand (FSANZ) develops and maintains world-leading standards that ensure a safe food supply, achieve public health outcomes and enable industry to innovate and remain competitive in the global market.

Australia and New Zealand share an international reputation for producing safe and nutritious food. The Australia New Zealand Food Standards Code is at the heart of the bi-national food regulatory system, providing standards that quality-assure domestic and export food production and manufacturing, and ensure imported foods meet mandated safety requirements.

In the near-term, FSANZ is focussed on:

- regulatory stewardship that prioritises food safety and delivers an effective, transparent and accountable standards framework within which industry can work efficiently
- international harmonisation and engagement with regional and global partners
- digital transformation to improve client services and modernise agency processes
- responding to rapid change driven by evolving science, advancing technologies, globalisation of supply chains and shifting market and consumer needs
- food regulation system modernisation, including the *Food Standards Australia New Zealand Act 1991* (FSANZ Act) review and risk-proportionate assessment of applications
- partnering with industry and government to support innovation and facilitate trade.

About us

FSANZ is an independent statutory authority established by the FSANZ Act to implement a partnership agreement with states and territories and a Treaty between Australia and New Zealand. Our key activities are:

- developing food standards informed by the best available scientific evidence
- coordinating regulatory activities across the food regulation system, including food incident responses and recalls
- providing advice to food regulators and food standards information to consumers.

Our vision

World-leading standards, safe food for life.

Our mission

We develop world leading food standards for Australia and New Zealand that enable a wide variety of safe foods to be available to consumers. We achieve this by applying the talent of our highly skilled subject matter experts, in collaboration with stakeholders to make informed decisions on food safety, public health and science that ensure consumers can trust the foods they choose.

Independent Hospital Pricing Authority

The Independent Hospital Pricing Authority is an independent government agency established to contribute to significant reforms to improve Australian public hospitals.

About us

The Independent Hospital Pricing Authority is an independent Commonwealth statutory authority established on 15 December 2011 under the *National Health Reform Act 2011* as part of the National Health Reform Agreement. The National Health Reform Agreement sets out the intention of all Australian governments to work in partnership to improve health outcomes for all Australians.

The Independent Hospital Pricing Authority is governed by the Pricing Authority, consisting of a Chair, a Deputy Chair and up to seven other members appointed by the Australian Government.

Our vision

For all Australians to have access to a safe, efficient and sustainable health system that funds public hospital services using activity based funding where practicable, based on a national efficient price.

Our mission

The mission of the Independent Hospital Pricing Authority is to promote improved efficiency and access to quality public hospital services, primarily through setting the national efficient price for activity based funding and the national efficient cost for block funding.

The Independent Hospital Pricing Authority's primary functions are as follows:

- to determine the national efficient price for health care services provided by public hospitals where the services are funded on an activity basis
- to determine the national efficient cost for health care services provided by public hospitals where the services are block funded
- to publish the national efficient price, national efficient cost and other information each year for the purpose of informing decision makers in relation to the funding of public hospitals.

The Federal Budget 2021–22 further expands upon the Independent Hospital Pricing Authority's functions to include informing Government decisions on annual funding increases in residential aged care and providing pricing advice for home-based aged care from 1 July 2023.

The Independent Hospital Pricing Authority's organisational values are as follows:

- to act with independence, transparency, fairness, respect, accuracy and accountability
- to value collaboration with internal and external stakeholders, and the broader community
- to value the work, talent and contribution of its staff, and create organisation-wide development strategies to maintain and grow expertise and intellectual capital
- to promote its staff to act ethically and support a collaborative culture.

National Blood Authority

About us

The National Blood Authority (NBA) manages and coordinates national arrangements for the supply of blood, blood products and blood services on behalf of all Australian governments in accordance with the National Blood Agreement. Funding is shared between the Commonwealth (63%) and states and territories (37%). Budgeted expenses for 2021-22 are estimated to be approximately $1.5 billion, most of which is for the contracted supply of blood and blood products. Approximately $9.8 million is allocated for the NBA's operations. The NBA operates with an average staffing level cap of 52 staff and usually employs an additional 40-50 contracted staff to supplement the limitations of the cap for essential program activities.

The NBA is a statutory agency established under the *National Blood Authority Act 2003* (NBA Act) and has a range of corporate and compliance responsibilities under the NBA Act, *the Public Governance, Performance and Accountability Act 2013* (PGPA Act) and the *Public Service Act 1999*. The NBA falls within the portfolio responsibilities of the Minister for Health and the Chief Executive, Mr John Cahill, has direct accountability to the Commonwealth Minister for Health.

Our vision

Providing a safe, secure, and affordable supply
The NBA forecasts annual supply and demand fo blood and blood products with input from state and territory jurisdictions. The NBA manages procurement and supply from 11 suppliers across 18 contracts that had a total value of $1 37 billion in 2020-21. This includes managing:

- a Deed of Agreement with Lifeblood to collect, process and supply domestically sourced fresh blood products, with a total contract value of some $700 million per annum. Lifeblood delivered over 1 million units of blood to hospitals and health care providers in 2020-21;
- the National Fractionation Agreement for Australia (NaFAA) with CSL Behring to manufacture and supply domestic, fractionated blood plasma products. This contract has a total va ue of $3.4 billion over nine years from 2018; and
- arrangements with a diverse set of multi-national pharmaceutical suppliers to import plasma-derived and recombinant products from overseas to complement products supplied by CSL Behring under the NaFAA.

In 2020-21, there were 535,280 active blood donors in Australia, with 867 tonnes of plasma collected, and 2,445,781 units of fresh blood products supplied to health care facilities.
The NBA works with clinicians, specialist advisors and experts, patient groups, governments and suppliers to ensure patients can access the right blood products when needed, without cost to individual patients, and to promote best practice management and use of blood and blood related products.

Key issues

The COVID-19 pandemic has impacted the demand and supply of blood and plasma, both in Australia and globally. Australia maintains a stronger position than many comparable countries and there is no overall shortage of blood or blood related products in Australia.

To manage the challenges that have emerged throughout the pandemic and increase supply security, the NBA has worked even more closely with Lifeblood and other suppliers to ensure clinical demand is being met. This work includes:

- diversifying and increasing the number of contracts for imported products;
- supporting the introduction of new, more effective and lower cost products into the nationally funded arrangements;
- more actively managing emerging pressures through closer engagement with Lifeblood, other suppliers, health providers and jurisdictional governments;
- authorising Lifeblood to increase domestic plasma collection by some 10% annually, from some 883 tonnes to almost 1300 tonnes by 2024-25, thus reducing dependencies on imported products;
- supporting measures to significantly increase the blood donor panel, including through a major advertising campaign due to commence shortly; and
- managing the growth in demand for plasma-derived products through clinical guidance and governance arrangements, ensuring the most appropriate clinical use and management of precious and costly products for patients who genuinely need them and achieving potential savings for governments of some $2.2 billion.

National Health Funding Body (NHFB)

The NHFB performs a unique role in Australia's health system, delivering best practice financial administration of $56 billion (exclusive of COVID-19 funding) in 2020-21.

We perform the calculations, payments and reporting of public hospital funding across 145 Local Hospital Networks (LHNs) comprising of 692 public hospitals and delivering in excess of 39 million hospital services.

Since March 2020, we have paid over $11 billion in Commonwealth funding to States and Territories for COVID-19. This provided funding for critical PPE, cleaning, COVID-19 testing and COVID-19 vaccinations.

About us

The NHFB and the Administrator of the National Health Funding Pool (Administrator) were established through the National Health Reform Agreement (NHR Agreement) of 2011. The NHFB is an independent agency who support the Administrator to oversee the administration of Commonwealth, State and Territory public hospital funding and payments under the NHR Agreement.

Our vision

To improve the transparency of public hospita funding in Australia.

Our objectives

Our primary objectives are to assist the Administrator in:

- calculating and advising the Commonwealth Treasurer of the Commonwealth's contribution to public hospital funding in each State and Territory.
- reconciling estimated and actual public hospital services, and adjusting Commonwealth payments
- undertaking funding integrity analysis to identify public hospital services that potentially received funding through other Commonwealth programs
- monitoring payments of Commonwealth, State and Territory public hospital funding into the National Health Funding Pool (the Pool)
- making payments from the Pool to each LHN
- reporting publicly on funding, payments and services
- developing and providing three-year data plans to the Commonwealth, States and Territories
- administration of the National Partnership on COVID-19 Response (NPCR)

Our funding integrity analysis has identified there is approximately $0.5 billion per annum of potential duplicate payments in relation to public hospital activity.

National Health and Medical Research Council (NHMRC)

Funds all areas of health and medical research in Australian universities, medical research institutes and hospitals, including administering grant and selection processes on behalf of the Medical Research Future Fund, a $20 billion long-term investment supporting Australian health and medical research.

The NHMRC translates research into evidence-based practice and policy through public health, environmental health and clinical practice guidelines, and fosters the ethical conduct of research

Regulates research using human embryos, including supporting implementation of the recently passed 'Maeve's Law' legalising mitochondrial donation in Australia

About us

Established in 1937, NHMRC is a statutory authority within the Portfolio, operating under the *National Health and Medical Research Council Act 1992*. The agency's objectives are:

- to raise the standard of individual and public health throughout Australia
- to foster the development of consistent health standards between the various states and territories
- to foster medical research and training and public health research and training throughout Australia
- to foster consideration of ethical issues relating to health.

As Australia's leading expert body for supporting health and medical research, NHMRC funds high quality research, investing in the creation of new knowledge about the origins, prevention and treatment of disease, and supports delivery of the Medical Research Future Fund. NHMRC promotes the translation of research into evidence-based health practice and policy by developing key public and environmental health guidelines and ensuring the quality of clinical practice guidelines. NHMRC also provides guidance on responsible research practices and ethical issues to promote the highest standard of ethics and integrity in the conduct of research and the delivery of health care. NHMRC is the regulator under legislation prohibiting human cloning and regulating the use of human embryos in research

Our mission

'Building a healthy Australia', by

- creating knowledge and building research capability through investment in the highest-quality health and medical research and the best researchers ($923 million in 2022)
- driving the translation of health and medical research into clinical practice, policy and health systems and supporting the commercialisation of research discoveries
- maintaining a strong integrity framework underpinning rigorous and ethical research and promoting community trust.

National Mental Health Commission

The National Mental Health Commission (Commission) is an executive agency under the Public Service Act 1999 and a non-corporate Commonwealth Entity under the Public Governance, Performance and Accountability Act 2013.

About us

The Commission monitors and reports on investment in mental health and suicide prevention initiatives, provides evidence-based policy advice to Government and disseminates information on ways to continuously improve Australia's mental health and suicide prevention systems, and acts as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The Commission works with stakeholders, particularly people with living experience of mental health, their families and other support people to ensure mental health reforms are collectively owned and actioned. The Commission works across all areas that promote mental health and prevent mental illness and suicide – not just government and not just health, but education, housing, employment, human services and social support, so that all Australians achieve the best possible mental health and wellbeing.

The National Suicide Prevention Office is a new office within the Commission that has been established to lead a national whole-of-government approach to suicide prevention. It will ensure those aspects of suicide prevention which, due to scalability, the need for consistency, and reach, are implemented at a national level. It will work across the Australian Government and in close consultation with all jurisdictions with a focus on integrating collaborative efforts, identifying evidence based best practice, and reducing the potential for duplication.

Our vision

All people in Australia are enabled to lead contributing lives in socially and economically thriving communities

Our mission

Promote understanding of the outcomes that matter and drive transformational change across mental health and suicide prevention systems for people with lived experience of mental health issues.

The Commission's strategic priorities in our *NMHC Corporate Plan 2021-25* are:

1. Mental health and suicide prevention system performance and reform
2. Provide advice to the Australian Government on mental health and suicide prevention
3. Shaping the future – strategic reform and catalyst for change
4. Collaboration and engagement.

Australian Organ and Tissue Donation and Transplantation Authority

About us

The Australian Government's national program to implement a leading practice approach to organ and tissue donation for transplantation was endorsed by the Council of Australian Governments on 3 July 2008.

The Australian Organ and Tissue Donation and Transplantation Authority, known as the Organ and Tissue Authority (OTA), was established in 2009 and operates under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*.

The OTA leads the national program in partnership with the states and territories; the national DonateLife Network in each state and territory; the donation and transplantation clinical sectors; eye and tissue banks; and the Australian public.

Our purpose

Our purpose is to save and improve the lives of more Australians through optimising potential organ and tissue donation for transplantation.

The national program focuses on two key areas:

1. delivering a best-practice clinical program to optimise donation and transplantation rates
2. increasing public awareness to get more people to say "yes" to donation.

This work is informed by comprehensive data analysis to monitor and share performance, drive ongoing improvements and provide opportunities for growth in the sector.

Our challenge

Despite the pressure that COVID-19 put on the Australian health care system, in 2021 the lives of 1,174 Australians were changed by receiving an organ transplant, due to the generosity of 421 deceased organ donors and their families. 2021 was the second year of significantly reduced donation and transplantation activity, resulting in an overall decrease of 25% compared to 2019. This follows 10 years of growth since the national program was first established, with rates more than doubling.

Australia's consent rate has also decreased a further 2% in 2021 to 56%, meaning fewer families said "yes" to donation. With a limited pool of potential donors as very few people can become an organ donor when they die, increasing consent is critical to increasing the donation rate. With a consent rate of 70%, Australia would be the top 10 globally for donation outcomes.

Professional Services Review

The Professional Services Review (PSR) safeguards the public against the risks and costs of inappropriate practice by health practitioners and healthcare corporations, and aims to protect the integrity of Commonwealth Medicare benefits, dental benefits and pharmaceutical benefits programs.

The role and functions of PSR are set out in Part VAA of the Health Insurance Act 1973. PSR is a non-corporate Commonwealth entity under the Public Governance, Performance and Accountability Act 2013.

About us

PSR reviews and investigates health practitioners and employers of health practitioners who are suspected of inappropriate practice, on request from the Chief Executive Medicare. 'Inappropriate practice' includes inappropriately rendering or initiating health services that attract a Medicare Benefits Schedule (MBS) payment, or inappropriately prescribing under the Pharmaceutical Benefits Scheme (PBS).

The PSR Scheme is part of a strong regulatory regime designed to ensure that appropriate and costeffective clinical services are delivered. In the pas five years there has been a doubling in PSR activity and six-fold increase in ordered recoveries and eight-fold increase in disqualifications and significant increased proportion of referrals to Ahpra against historic averages.

The PSR Scheme covers the activities of medical practitioners, dentists, optometrists, midwives, nurse practitioners, chiropractors, physiotherapists, podiatrists, osteopaths, audiologists, diabetes educators, dieticians, exercise physiologists, mental health nurses, occupational therapists, psychologists, social workers, speech pathologists, Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers and orthoptists.

Reviews are conducted by he Director of PSR, who is appointed after consultation and with the agreement of the Australian Medical Association. The PSR Director can enter into a negotiated agreement with a health practitioner or corporation or refer them to a committee of peers constituted by appointed PSR Panel members and Deputy Directors. The PSR Scheme applies sanctions to practitioners and corporations where a finding of inappropriate practice is made.

Our vision

The vision of the PSR Agency is to:

- Conduct its business in a transparent process that resolves concerns efficiently and accurately.
- Continue to play a key role in protecting the integrity of Australia's universal health system.
- Be held in high esteem by the profession, who actively support the process and the people charged with running the Scheme.
- Be a model Public Service Agency by meeting the expectations of the Government and the Australian public and demonstrating the principles of good governance.

Sport Integrity Australia

Sport Integrity Australia was established on 1 July 2020, bringing together the Australian Sports Anti-Doping Authority, the National Integrity of Sport Unit, and the nationally focused integrity functions of Sport Australia as one entity providing national coordination and streamlined support to sports. Sport Integrity Australia is the cornerstone of the Government's comprehensive sport integrity strategy: Safeguarding the Integrity of Sport.

Our Role

Our role is to provide advice and assistance to counter the:

- use of prohibited substances and methods in sport
- abuse of children and other persons in a sporting environment
- manipulation of sporting competitions
- failure to protect members of sporting organisations and other persons in a sporting environment from bullying, intimidation, discrimination, or harassment.

Sporting organisations, and other stakeholders, will benefit from the ability to deal with a single nationally coordinated organisation to address all sport integrity issues.

Sport Integrity Australia will offer guidance on integrity matters to sports which don't have developed integrity capabilities.

Our Key Activities and Strategic Goals (under our 2021-2025 Corporate Plan)

1. deliver an innovative and informed anti-doping program
2. provide a transparent, independent assessment and review process to address integrity issues
3. ensure Australia ratifies the Council of Europe Convention on the Manipulation of Sports Competitions (Macolin Convention)
4. develop and implement the Australian Sports Wagering Scheme for Australian Sport
5. advocate for National Sporting Organisations to adopt and implement a comprehensive National Integrity Framework
6. establish a National Platform for information sharing with all partners to address integrity threats/risks
7. establish a whistle-blower Scheme to enable confidential reporting of integrity threats
8. advocate a culture of child safeguarding and member protection across all levels of sport
9. improve the global response to sports integrity
10. build positive brand awareness so people recognise who we are, what we do and why it matters
11. enhance knowledge and capability of our stakeholders to strengthen the response to integrity threats in sport at all levels
12. listen to and support all sport participants.