**2.1 Budgeted expenses and performance for Outcome 1**

Outcome 1: Health Policy, Access and Support

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

#### Programs Contributing to Outcome 1

Program 1.1: Health Research, Coordination and Access

Program 1.2: Mental Health

Program 1.3: Aboriginal and Torres Strait Islander Health

Program 1.4: Health Workforce

Program 1.5: Preventive Health and Chronic Disease Support

Program 1.6: Primary Health Care Quality and Coordination

Program 1.7: Primary Care Practice Incentives and Medical Indemnity

Program 1.8: Health Protection, Emergency Response and Regulation

Program 1.9: Immunisation

#### Linked programs

| Other Commonwealth entities that contribute to Outcome 1 |
| --- |
| Australian Commission on Safety and Quality in Health Care (ACSQHC)[[1]](#footnote-1) |
| Program 1.1: Safety and Quality in Health Care  The ACSQHC works to strengthen safety and quality across Australia’s healthcare system, with a focus on developing standards, improving appropriateness of care, and minimising risk of harm (1.1). |
| Australian Competition and Consumer Commission (ACCC) |
| Program 1.1: Australian Competition and Consumer Commission  The ACCC contributes to the health and safety of the community through the consideration and management of unacceptable safety risks posed by consumer goods (1.8). |
| Australian Digital Health Agency (Digital Health)[[2]](#footnote-2) |
| Program 1.1: Digital Health  Digital Health manages and governs the national digital health strategy and the design, delivery and operations of My Health Record (1.1). |

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| | Other Commonwealth entities that contribute to Outcome 1 | | --- | |
| Australian Institute of Health and Welfare (AIHW)[[3]](#footnote-3) |
| Program 1.1: Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community  The AIHW provides high quality national health-related data and analysis (1.1). |
| Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)[[4]](#footnote-4) |
| Program 1.1: Radiation Protection and Nuclear Safety  ARPANSA contributes to the health and safety of the community by protecting the Australian people and environment from the harmful effects of radiation (1.8). |
| Cancer Australia[[5]](#footnote-5) |
| Program 1.1: Improved Cancer Control  Cancer Australia provides national leadership in cancer control and works with the Department of Health and Aged Care to improve the detection, treatment and survival outcomes for people with cancer (1.5). |
| Department of Agriculture, Fisheries and Forestry (DAFF) |
| Program 2.1: Biosecurity and Export Services  DAFF contributes to the protection of:   * the health and safety of the Australian community through implementation of activities under the *Biosecurity Act 2015*, such as the screening of travellers at international airports and seaports (1.8) * public health and safety through the regulation of imported food and the imported food inspection scheme which undertakes food surveillance and recall activities to minimise the risk of adverse health events from food (1.5). |
| Department of Climate Change, Energy, the Environment and Water (DCCEEW) |
| Program 2.6: Management of Hazardous Wastes, Substances and Pollutants  DCCEEW contributes to the protection of:   * the environment from the risks of industrial chemicals, and risks to human health related to exposure to industrial chemicals via the environment, by undertaking environmental risk assessments for the Australian Industrial Chemicals Introduction Scheme, and by providing advice, and receiving advice and recommendations, on risk management (1.8) * human health and safety and the environment from risks resulting from the use of gene technology by providing advice on risk assessment and risk management (1.8). |
| Department of Education |
| Program 1.2: Child Care Subsidy  The Department of Education contributes to increasing immunisation coverage rates by including childhood immunisation requirements as part of the eligibility criteria for the Child Care Subsidy. Eligibility for benefits is linked to satisfying the requirements for immunisation (1.9). |

| Other Commonwealth entities that contribute to Outcome 1 |
| --- |
| Department of Foreign Affairs and Trade (DFAT) |
| Program 1.1: Foreign Affairs and Trade Operations  DFAT works with the Department of Health and Aged Care to promote regional and global strategic interests as they relate to health (1.1). |
| Department of Home Affairs (Home Affairs) |
| Program 2.1: Migration  Program 2.2: Visas  Program 2.3: Refugee, Humanitarian Settlement and Migrant Services  Program 3.2: Border Management  Home Affairs facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma (1.2).  Through the effective management and delivery of the skilled and family migration programs and sustainable growth in temporary visa programs, Home Affairs supports a prosperous and inclusive society and advances Australia’s economic interests, ensuring visa programs include controls to minimise health risks or costs to the Australian community.  These programs include:   * Skilled migration visa programs, supplementing Australia’s skilled workforce including the health workforce (1.4). * Regional skilled visa programs, directing skilled migrants to regional Australia (1.4). * Visas for General Practitioners, including Better Distribution of Medical Practitioners initiative – a policy initiative implemented by the Departments of Health and Aged Care and Home Affairs, to regulate the supply of overseas trained doctors and direct them towards areas of health workforce shortages (regional, rural and remote areas) in Australia (1.4). * Health requirements, ensuring visa holders do not pose risks to public health (1.4 and 1.8). * Health insurance visa condition, ensuring visa holders maintain adequate health insurance while in Australia (1.4). * Enforceable family sponsorship obligations, ensuring sponsors accept liability for any health costs incurred by visiting families in Australia (1.4).   Home Affairs contributes to the protection of human health, or the environment, by maintaining records on the importation of products containing industrial chemicals, and regulations for the import and export of controlled substances and unapproved medicines and medical devices at the border (1.8). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| Department of Industry, Science and Resources (DISR) |
| **Program 1.1: Investing in science, technology and commercialisation**  **Program 1.2: Growing innovative and competitive businesses, industries and regions**  DISR works with the Department of Health and Aged Care to implement the Biomedical Translation Fund and the Medical Research Future Fund. DISR provides input to a range of health policies to improve the support and regulatory environment for innovation by the health sector (1.1).  DISR also works with the Department of Health and Aged Care to support manufacturers of medical products and supported industry and business response to COVID-19 impacts; in particular to establish and implement an onshore sovereign mRNA vaccine manufacturing capability. DISR also works with the Department of Health and Aged Care on supply chain disruptions in the health sector that require domestic industry considerations (1.1).  Through the National Measurement Institute, DISR contributes to reducing smoking prevalence in Australia by conducting tobacco plain packaging compliance and enforcement activities (1.5). |
| Department of Infrastructure, Transport, Regional Development, Communications and the Arts (Infrastructure) |
| Program 2.3: Road Safety  Infrastructure co-funds the Australia New Zealand Trauma Registry with the Department of Health and Aged Care to record cases of severe injury, including from road trauma, and improve the treatment and health outcomes of people with injuries (1.1). |
| Department of the Prime Minister and Cabinet (Office for Women) |
| Program 1.1: Prime Minister and Cabinet  The Office for Women is leading the development of a National Strategy to Achieve Gender Equality which will provide a framework for national gender equality approaches, including in relation to health and wellbeing (1.5). |
| Department of Social Services (DSS) |
| Program 1.1: Family Assistance  Program 2.1: Families and Communities  Program 3.1: Disability and Carers  Program 3.2: National Disability Insurance Scheme  DSS contributes to:   * collaborating to design, test and establish the next development phase of  the National Disability Data Asset (1.1) * improving access to services and support for people with psychosocial disability through implementation of the National Disability Insurance Scheme (NDIS)(1.2) * improving access to services and support for young people with mental illness to achieve and maintain sustainable participation in employment and/or vocational education (1.2) * improving the capacity of mainstream services within the health care sector to respond to, and include, people with disability, increasing accessibility and use of mainstream services through the Information Linkages and Capacity Building –Mainstream Capacity Building program (1.4). |
| | Other Commonwealth entities that contribute to Outcome 1 | | --- | |
| Department of Social Services (DSS) (continued) |
| * improving the quality of Australia’s health workforce through targeted training on recognising and responding to clients impacted by family, domestic, and sexual violence. DSS fund domestic violence alert training and accredited training for sexual violence responses, targeted to health professionals, and other frontline workers (1.4) * improving access to services and support for children, young people, and their families experiencing disadvantage or who are vulnerable to abuse and neglect. Safe and Supported: The National Framework for Protecting Australia’s Children 2021-2031 (Safe and Supported) includes actions to improve early intervention and targeted support, system navigation, and health workforce capability * Safe and Supported sets out Australia’s 10-year strategy to make significant and sustained progress in reducing the rates of child abuse and neglect and its intergenerational impacts * Safe and Supported and its Action Plans will focus on priority groups that are experiencing disadvantage and/or vulnerability. Achieving safety and wellbeing outcomes for these children, young people and families will help Safe and Supported achieve its goal (1.2 – 1.6) * increasing immunisation coverage rates, which protect the health and safety of the Australian community by administering the Family Tax Benefit (FTB) Part A to eligible parents. Eligibility for the maximum rate of FTB Part A is linked to satisfying the requirements of age-related immunisation (1.9) * encouraging better collaboration between programs and services to support the development and wellbeing of children to help them thrive across and between life stages, by leading the Early Childhood Targeted Action Plan to support Australia’s Disability Strategy 2021–31. The Targeted Action Plan includes an action to strengthen training and resources to primary health care providers to better enable early detection of disability or developmental concerns in young children and appropriate referral pathways, recognising the needs for priority population groups such as First Nations children, their parents, and carers (1.3 and 1.4) * improving coordination and delivery of early childhood development policies, programs and supports across government by leading development of an Early Years Strategy to prioritise collective effort across government (1.3 and 1.5) * establishing a National Early Childhood Program for children with disability or developmental concerns. This program delivers a range of disability-specific information, workshops and supported playgroups for young children aged zero to 8 years with disability or developmental concerns. This program assists in meeting the Closing the Gap Target 4, Aboriginal and Torres Strait Islander children thrive in their early years (1.3). |

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| |  |  | | --- | --- | | | Other Commonwealth entities that contribute to Outcome 1 | | --- | | |
| Department of the Treasury (Treasury) |
| Program 1.5: Assistance to the States for Healthcare Services  Program 1.9: National Partnership Payments to the States  Treasury provides financial assistance through National Partnership Payments to state and territory governments as part of the Federal Financial Relations Framework.[[6]](#footnote-6)  Activities funded through funding agreements include:   * Hepatitis C Settlement Fund (1.1) * encouraging more clinical trials in Australia (1.1) * National Health Reform Agreement (1.1) * National Partnership Agreement on COVID-19 Response (1.1) * Community Health and Hospitals Program (1.1) * achieving better health outcomes (1.1) * Centre for National Resilience (1.1) * Proton beam therapy facility (1.1) * Health Infrastructure projects (1.1) * multidisciplinary outreach care (1.1) * reducing stillbirths (1.1) * Health and Medical Research Centre for Launceston (1.1) * Expansion of the Flinders Medical Centre (1.1) * Bentley Hospital Surgicentre (1.1) * adult mental health centres (1.2) * National Mental Health and Suicide Prevention Agreement – Bilateral schedules (1.2) * improving trachoma control services for Indigenous Australians (1.3) * addressing blood borne viruses and sexually transmissible infections in the Torres Strait (1.3) * Rheumatic Fever Strategy (1.3) * Northern Territory remote Aboriginal investment – health component (1.3) * Expansion of the John Flynn Prevocational Doctor Program (1.4) * National Bowel Cancer Screening Program – participant follow-up function (1.5) * Lymphoedema garments and allied health therapy programs (1.5) * National Coronial Information System (1.5) * Western Australian comprehensive cancer centre (1.5) * Comprehensive Cancer Centres (1.5) * Surge Capacity for BreastScreen Australia (1.5) * Child Development Unit at Campbelltown Hospital (1.5) * World-class Newborn Bloodspot Screening Program (1.5) * South Australia Genomics Lab (1.5) * Comprehensive palliative care in aged care (1.6) * Hummingbird House (1.6) * Supporting Palliative Care in Launceston (1.6) * Medicare Urgent Care Clinics (1.6) * Royal Darwin Hospital – equipped, prepared and ready (1.8) * OzFoodNet (1.8) * Mosquito Control in the Torres Strait Protected Zone (1.8) * management of Torres Strait/Papua New Guinea cross border health issues (1.8) |
| Other Commonwealth entities that contribute to Outcome 1 |
| Department of the Treasury (Treasury) (continued) |
| * vaccine-preventable diseases surveillance (1.8) * mosquito control in Tennant Creek (1.8) * access to HIV treatment (1.8) * essential vaccines (1.9). |
| Food Standards Australia New Zealand (FSANZ)[[7]](#footnote-7) |
| Program 1.1: Food Regulatory Activity and Services to the Minister and Parliament  FSANZ contributes to the protection of:   * public health and safety by developing food standards for implementation by the states and territories. FSANZ also coordinates national food surveillance and recall activities to minimise the risk of adverse health events from food (1.5) * human health from the risks of industrial chemicals related to food by providing and receiving advice (1.8). |
| Independent Health and Aged Care Pricing Authority (IHACPA)[[8]](#footnote-8) |
| Program 1.1: Development of Pricing Advice and Annual Determinations  IHACPA determines the National Efficient Price for public hospital services as the basis for Activity Based Funding and the National Efficient Cost for those public hospital services under block funding arrangements (1.1). |
| National Blood Authority (NBA)[[9]](#footnote-9) |
| Program 1.1: National Blood Agreement Management  The NBA works to save and improve Australian lives through a world‑class blood supply that is safe, secure, affordable and well‑managed (1.1). |
| National Health and Medical Research Council (NHMRC)[[10]](#footnote-10) |
| Program 1.1: Health and Medical Research  NHMRC develops evidence-based health advice for the Australian community, health professionals and governments, and provides advice on ethical practice in health care and in the conduct of health and medical research, and administers research grant programs on behalf of the Department of Health and Aged Care (1.1).  NHMRC contributes to the protection of human health from the risks of industrial chemicals related to drinking water by providing and receiving advice (1.8). |
| National Health Funding Body (NHFB)[[11]](#footnote-11) |
| Program 1.1: National Health Funding Pool Administration  The NHFB is responsible for the transparent and efficient administration of Commonwealth, state and territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by Treasury (1.1). |

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| | Other Commonwealth entities that contribute to Outcome 1 | | --- | |
| National Indigenous Australians Agency (NIAA) |
| Program 1.3: Safety and Wellbeing  The NIAA works closely with the Department of Health and Aged Care to ensure the effectiveness of Aboriginal and Torres Strait Islander health funding, and that mainstream policy, programs and services deliver benefits to First Nations people. NIAA also provides grants for health, wellbeing and resilience projects; substance use treatment and harm minimisation projects; and projects aimed at combatting petrol sniffing and the use of other volatile substances (1.3). |
| National Mental Health Commission (NMHC)[[12]](#footnote-12) |
| Program 1.1: National Mental Health Commission  The NMHC provides independent policy advice and evidence on ways to improve Australia’s mental health and suicide prevention system, and acts as a catalyst for change to achieve those improvements (1.2). |
| Organ and Tissue Authority (OTA)[[13]](#footnote-13) |
| Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation  The OTA works to maximise organ and tissue donation for transplantation by increasing the capacity within the health system, and raising community awareness and stakeholder engagement in support of donation (1.1). |
| Safe Work Australia (SWA) |
| Program 1.1: Reform of and Improvements to Australian Work Health and Safety and Workers’ Compensation Arrangements  SWA contributes to the protection of human health from the risks of industrial chemicals related to the health of workers by providing advice, and receiving advice and recommendations (1.8). |

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| |  |  | | --- | --- | | | Other Commonwealth entities that contribute to Outcome 1 | | --- | | |
| Services Australia |
| Program 1.2: Customer Service Delivery  Program 1.3: Technology and Transformation  Services Australia contributes to:   * ensuring that Australia’s health system is better equipped to meet current and future health needs by administering the Australian Organ Donor Register (1.1) * increasing immunisation coverage rates, protecting the health and safety of the Australian community by administering the Australian Immunisation Register on behalf of the Department of Health and Aged Care (1.9).   Services Australia administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health and Aged Care:   * Indigenous access to the Pharmaceutical Benefits Scheme (1.3) * Workforce Incentive Program (1.4) * Rural Procedural Grants Program (1.4) * Scaling of Rural Workforce Program (1.4) * Health Care Homes Program (1.6 and 1.7) * Practice Incentive Program payments to general practices, general practitioners and Indigenous health services (1.7) * Medical indemnity activities, including indemnity for eligible midwives (1.7) * COVID-19 Vaccine Claims Scheme (1.7). |

*Budgeted expenses for Outcome 1*

This table shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by Administered and Departmental funding sources.

Table 2.1.1: Budgeted expenses for Outcome 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Program 1.1: Health Research, Coordination and Access (a)** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 440,243 | 326,175 | 167,374 | 129,014 | 106,909 |
| to Services for Other Entities and Trust Moneys Special Account | (8,733) | - | - | - | - |
| Special accounts |  |  |  |  |  |
| Services for Other Entities and Trust Moneys Special Account | 11,783 | - | - | - | - |
| Expense adjustment | 1,596 | - | - | - | - |
| Medical Research Future Fund | 454,895 | 650,000 | 650,000 | 650,000 | 650,000 |
| Special appropriations |  |  |  |  |  |
| *National Health Act 1953* - blood fractionation products and blood related products to National Blood Authority | 926,865 | 996,315 | 1,053,893 | 1,115,081 | 1,226,615 |
| *Public Governance, Performance and Accountability Act 2013* s77 – repayments | 5,454 | 2,000 | 2,000 | 2,000 | 2,000 |
| Other Services Appropriation Act (No. 2) | 4,754 | - | - | - | - |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 115,003 | 104,333 | 107,838 | 105,310 | 105,497 |
| Expenses not requiring appropriation in the Budget year (d) | 7,218 | 9,460 | 8,518 | 7,996 | 7,115 |
| **Total for Program 1.1** | **1,959,078** | **2,088,283** | **1,989,623** | **2,009,401** | **2,098,136** |
| **Program 1.2: Mental Health (a)** |  |  |  |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 1,155,163 | 1,468,966 | 1,353,364 | 1,385,301 | 1,256,323 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 42,956 | 39,236 | 35,283 | 34,075 | 32,322 |
| Expenses not requiring appropriation in the Budget year (d) | 3,920 | 4,744 | 4,346 | 4,107 | 3,636 |
| **Total for Program 1.2** | **1,202,039** | **1,512,946** | **1,392,993** | **1,423,483** | **1,292,281** |
| **Program 1.3: Aboriginal and Torres Strait Islander Health (a)** | | |  |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 973,031 | 1,105,674 | 1,206,565 | 1,282,140 | 1,246,249 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 23,765 | 23,937 | 24,220 | 24,260 | 22,558 |
| Expenses not requiring appropriation in the Budget year (d) | 2,706 | 3,518 | 3,063 | 2,838 | 2,551 |
| **Total for Program 1.3** | **999,502** | **1,133,129** | **1,233,848** | **1,309,238** | **1,271,358** |

Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Program 1.4: Health Workforce (a)** |  |  |  |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 1,503,031 | 1,608,364 | 1,663,950 | 1,687,182 | 1,689,640 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 41,557 | 37,465 | 37,754 | 37,632 | 37,641 |
| Expenses not requiring appropriation in the Budget year (d) | 5,710 | 4,837 | 4,345 | 4,075 | 3,629 |
| **Total for Program 1.4** | **1,550,298** | **1,650,666** | **1,706,049** | **1,728,889** | **1,730,910** |
| **Program 1.5: Preventive Health and Chronic Disease Support (a)** | | | |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 463,162 | 536,976 | 518,200 | 480,088 | 452,849 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 38,588 | 37,801 | 38,417 | 38,344 | 38,552 |
| Expenses not requiring appropriation in the Budget year (d) | 3,859 | 4,413 | 4,044 | 3,821 | 3,383 |
| **Total for Program 1.5** | **505,609** | **579,190** | **560,661** | **522,253** | **494,784** |
| **Program 1.6: Primary Health Care Quality and Coordination (a)** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 1,064,692 | 1,005,506 | 534,736 | 488,350 | 485,404 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 47,621 | 35,330 | 38,705 | 36,760 | 36,900 |
| Expenses not requiring appropriation in the Budget year (d) | 4,093 | 4,567 | 4,185 | 3,954 | 3,500 |
| **Total for Program 1.6** | **1,116,406** | **1,045,403** | **577,626** | **529,064** | **525,804** |
| **Program 1.7: Primary Care Practice Incentives and Medical Indemnity** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 592,804 | 545,041 | 420,113 | 419,494 | 420,249 |
| Special appropriations |  |  |  |  |  |
| *Medical Indemnity Act 2002* | 45,485 | 104,154 | 98,358 | 103,458 | 109,058 |
| *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010* | 6,200 | 2,837 | 3,194 | 3,630 | 4,750 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 5,523 | 5,978 | 5,906 | 5,941 | 5,971 |
| Expenses not requiring appropriation in the Budget year (d) | 470 | 557 | 511 | 482 | 427 |
| **Total for Program 1.7** | **650,482** | **658,567** | **528,082** | **533,005** | **540,455** |
|  |  |  |  |  |  |

Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Program 1.8: Health Protection, Emergency Response and Regulation (a)** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 4,478,315 | 4,699,947 | 695,826 | 320,741 | 483,615 |
| Non cash expenses (e) | 1,342,279 | 732,700 | 18,240 | 17,963 | 16,529 |
| Special appropriations |  |  |  |  |  |
| *National Health Act 1953*  - COVID-19 Vaccines and Treatments | 821,036 | - | - | - | - |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 173,359 | 155,819 | 73,663 | 72,824 | 72,299 |
| to Special accounts | (24,655) | (30,468) | (24,124) | (23,649) | (23,389) |
| Expenses not requiring appropriation in the Budget year (d) | 20,689 | 16,276 | 14,891 | 14,062 | 12,455 |
| Special accounts |  |  |  |  |  |
| OGTR (f) | 8,247 | 8,518 | 7,818 | 7,909 | 7,977 |
| AICIS (g) | 17,351 | 23,191 | 22,207 | 22,207 | 22,207 |
| TGA (h) | 213,215 | 229,613 | 217,272 | 208,359 | 211,471 |
| Expense adjustment (i) | (4,121) | (14,386) | (7,289) | 3,001 | 2,879 |
| **Total for Program 1.8** | **7,045,715** | **5,821,210** | **1,018,504** | **643,417** | **806,043** |
| **Program 1.9: Immunisation (a)** |  |  |  |  |  |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 25,131 | 32,694 | 28,892 | 29,578 | 30,080 |
| to Australian Immunisation Register Special Account | (7,362) | (7,133) | (7,133) | (7,133) | (7,133) |
| Special accounts |  |  |  |  |  |
| Australian Immunisation Register Special Account - s78 PGPA Act | 7,909 | 9,819 | 9,819 | 9,819 | 9,819 |
| Expense adjustment (i) | (393) | - | - | - | - |
| Special appropriations |  |  |  |  |  |
| *National Health Act 1953*  - essential vaccines | 401,637 | 440,827 | 446,594 | 446,594 | 446,594 |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 7,357 | 6,288 | 6,635 | 6,685 | 6,730 |
| Expenses not requiring appropriation in the Budget year (d) | 735 | 795 | 728 | 688 | 609 |
| **Total for Program 1.9** | **435,014** | **483,290** | **485,535** | **486,231** | **486,699** |
|  |  |  |  |  |  |

Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2021–22 Estimated actual** $'000 | **2022–23 Budget** $'000 | **2023–24 Forward estimate** $'000 | **2024–25 Forward estimate** $'000 | **2025–26 Forward estimate** $'000 |
| **Outcome 1 totals by appropriation type** | | | | | |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 10,695,572 | 11,329,343 | 6,589,020 | 6,221,888 | 6,171,318 |
| to Special accounts | (16,095) | (7,133) | (7,133) | (7,133) | (7,133) |
| Special appropriations | 2,206,677 | 1,546,133 | 1,604,039 | 1,670,763 | 1,789,017 |
| Special accounts | 475,790 | 659,819 | 659,819 | 659,819 | 659,819 |
| Non cash expenses (e) | 1,342,279 | 732,700 | 18,240 | 17,963 | 16,529 |
| Other Services Appropriation Act (No. 2) | 4,754 | - | - | - | - |
| Departmental expenses |  |  |  |  |  |
| Departmental appropriation (c) | 495,730 | 446,187 | 368,420 | 361,831 | 358,469 |
| to Special accounts | (24,655) | (30,468) | (24,124) | (23,649) | (23,389) |
| Expenses not requiring appropriation in the Budget year (d) | 49,400 | 49,167 | 44,631 | 42,023 | 37,305 |
| Special accounts | 234,692 | 246,936 | 240,008 | 241,476 | 244,534 |
| **Total expenses for Outcome 1** | **15,464,144** | **14,972,684** | **9,492,920** | **9,184,981** | **9,246,469** |
|  |  |  |  |  |  |
|  | **2021–22** | **2022–23** |  |  |  |
| **Average staffing level (number)** | 2,796 | 2,645 |  |  |  |

(a) Budget estimates for this program exclude National Partnership payments to state and territory governments by Treasury as part of the Federal Financial Relations framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, please refer to Budget Paper 3 or Program 1.9 of Treasury's Portfolio Budget Statements.

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

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

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

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

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

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

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

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

#### Performance measures for Outcome 1

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

Table 2.1.2: Performance measures for Program 1.1

|  |  |  |
| --- | --- | --- |
| Outcome 1: Health Policy, Access and Support | | |
| Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community. | | |
| Program Objective – Program 1.1: Health Research, Coordination and Access | | |
| Collaborate with state and territory governments, the broader healthcare sector and engage internationally to improve access to high quality, comprehensive and coordinated health care to support better health outcomes for all Australians through nationally consistent approaches, sustainable public hospital funding, digital health, supporting health infrastructure, international standards and best practice, and world class health and medical research. | | |
| Key Activities | | |
| * Supporting effective collaboration with Commonwealth state and territory governments to improve health and wellbeing for all Australians. * Leading collaboration with states and territories on long term, system wide health reform and administration of the Addendum to the National Health Reform Agreement 2020–25. * Providing support to states and territories for costs incurred as a result of the COVID-19 pandemic under the National Partnership on COVID-19 Response. * Providing a sustainable source of funding for transformative health and medical research through sources including the Medical Research Future Fund (MRFF) and the Biomedical Translation Fund. * Supporting research into potential COVID-19 treatments and vaccines. * Working with states and territories to redesign clinical trial operating systems and to make it easier to conduct and participate in safe, high quality clinical trials. * Implementing the National Clinical Quality Registry and Virtual Registry Strategy in collaboration with jurisdictions and key stakeholders. * Providing streamlined, fit for purpose data governance to support safe data sharing in a rapidly evolving environment. * Implementing a whole of department evaluation strategy, a whole of department Data Strategy, and an update to the Department’s Data Governance and Release Framework. * Providing our Ministers, the Australian Digital Health Agency and other key stakeholders with timely and well-informed research, policy and legislative advice that supports the Government’s digital health agenda, including the My Health Record System. * Working with the National Blood Authority, Organ and Tissue Authority, and states and territories to ensure access to a safe, secure supply of essential blood and blood products, as well as life-saving organ, tissue and haemopoietic progenitor cell transplants. * Delivering health infrastructure projects and monitoring compliance as part of managing the Community Health and Hospitals Program and other infrastructure programs. * Developing policies that embed emerging technologies into the Australian health system to effectively balance public benefit, cost and risk. This includes the staged introduction of mitochondrial donation in Australia. * Working in partnership with key countries and international organisations on international health issues and reforms to global health architecture. | | |
| Performance Measures | | |
| Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation. | | |
| Prior Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | Forward Estimates 2023–26 Planned Performance Results |
| In 2021–22, a total of 38 grant opportunities opened under the MRFF 10-Year Investment Plan. Funding was fully disbursed for 16 of the 38 grant opportunities by 30 June 2022.  Funding was awarded and announced for a total of 237 grants commencing in 2021–22, with a combined value of $612.2 million. This figure includes disbursements from grant opportunities that opened in 2020–21 and 2021–22. All grant awards and announcements are consistent with the *Medical Research Future Fund Act 2015*. | Disburse 100% of the available budget for the MRFF in 2022–23 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan.  Support 40 new clinical trials.  Provide funding for 15 new projects to develop and commercialise health technologies, treatments, drugs and devices.  Build the capacity of First Nations people to lead Indigenous health and medical research.  Build the capacity of the health and medical research sector.  Support collaboration across the health and medical research sector.  Enhance the capacity of the health and medical research sector by expanding the range of entities able to receive MRFF funding. | As per 2022–23. |

|  |  |  |
| --- | --- | --- |
| The rate of avoidable readmissions to public hospitals reduces over time. | | |
| Prior Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | Forward Estimates 2023–26 Planned Performance Results |
| More consistent definitions of avoidable readmissions were implemented as per clauses A169-A171 of the 2020–25 National Health Reform Agreement.  For the first time, the National Efficient Price Determination included a mechanism for pricing services that are considered an avoidable readmission. | Reduced rate of avoidable readmissions compared to 2021–22 baseline. | As per 2022–23. |
| Material changes to Program 1.1 resulting from the following measures:  There are no material changes to Program 1.1 resulting from measures. | | |

Table 2.1.3: Performance measures for Program 1.2

|  |
| --- |
| Program Objective – Program 1.2: Mental Health |
| Improve the mental health and wellbeing of all Australians, including a focus on suicide prevention. |
| Key Activities |
| * Working with states and territories to implement the National Mental Health and Suicide Prevention Agreement and associated bilateral schedules. * Establishing targeted regional initiatives for suicide prevention and implementing initiatives to address the impact of suicide and mental ill-health on First Nations people. * Improving the mental health and wellbeing of children and their families through support for new and expectant parents, early intervention and multidisciplinary care. * Enhancing the capacity of headspace youth services and improving access to community based mental health services for adults. * Improving access to Medicare-subsidised mental health care for patients, their families and carers, and aged care residents. * Providing aftercare services to support Australians discharged from hospital following a suicide attempt, and suicide postvention services to support those bereaved by suicide. * Providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme. * Providing additional support for Australians with eating disorders and their families. * Providing support for culturally and linguistically diverse communities through the Program of Assistance for Survivors of Torture and Trauma and Mental Health Australia. * Expanding and implementing the standardised clinical assessment and referral tool for a consistent and evidence-based approach. |

|  |  |  |
| --- | --- | --- |
| Performance Measures | | |
| **PHN-commissioned mental health services used per 100,000 population.** | | |
| Prior Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | Forward Estimates 2023–26 Planned Performance Results |
| N/A[[14]](#footnote-14) | Annual increase on 2021–22 numbers. | Annual increase. |
| **Medicare mental health services used per 100,000 population.** | | |
| Prior Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | **Forward Estimates 2023–26 Planned Performance Results** |
| N/A[[15]](#footnote-15) | Annual increase on 2021–22 numbers. | Annual increase. |
| **Number of headspace services delivered per 100,000 population of 12-25 year olds.** | | |
| Prior Year 2021–22 Expected Performance Results | Budget Year 2022–23 Planned Performance Results | **Forward Estimates 2023–26 Planned Performance Results** |
| N/A[[16]](#footnote-16) | Annual increase on 2021–22 numbers. | Annual increase. |
| Material changes to Program 1.2 resulting from the following measures:  There are no material changes to Program 1.2 resulting from measures. | | |

Table 2.1.4: Performance measures for Program 1.3

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| --- |
| Program Objective – Program 1.3: Aboriginal and Torres Strait Islander Health |
| Drive improved health outcomes for First Nations peoples. |
| Key Activities |
| * Supporting the delivery of the Government’s commitments under the National Agreement on Closing the Gap. * Embedding structural reform across the Department to implement the Priority Reforms of the National Agreement on Closing the Gap. * Supporting and growing primary health care for First Nations peoples, particularly through Aboriginal Community Controlled Health Services. * Delivering health infrastructure projects that create modern high quality health clinics in areas of need. * Working in partnership with First Nations leaders to determine the accountability and implementation arrangements for the Aboriginal and Torres Strait Islander Health Plan 2021-2031, and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. * Delivering approaches to reduce the burden of chronic disease among First Nations peoples. * Strengthening First Nations peoples’ health through supporting actions to end rheumatic heart disease, avoidable deafness and blindness, and address renal disease. * Prioritising investment in maternal, child and family health to support First Nations children having the best start in life, including supporting the establishment of the dedicated Waminda Birthing on Country Centre of Excellence. * Investing in activities that reduce smoking rates for First Nations peoples, and embedding improvements made to date. * Supporting improvements in First Nations peoples’ health outcomes through primary health care data collection and use. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Performance Measures | | | | | | |
| Finalise and commence implementation of the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (Health Plan) and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Workforce Plan). | | | | | | |
| Prior Year 2021–22 Expected Performance Results | | Budget Year 2022–23 Planned Performance Results | | | Forward Estimates 2023–26 Planned Performance Results | |
| In partnership with First Nations people, communities and organisations, the Health Plan was published in December 2021, with the Workforce Plan published in March 2022.  The Department continued to build on its commitment to genuine partnership, and is working with First Nations health sector representatives and other relevant stakeholders to develop implementation and accountability arrangements to support the Health Plan, and develop a monitoring and evaluation framework to support the Workforce Plan. | | Develop accountability and implementation arrangements for the Health Plan and the Workforce Plan. | | | Deliver annual report on the implementation of the Health Plan and the Workforce Plan. | |
| By 2031, increase the proportion of First Nations babies with a healthy birthweight to 91%. | | | | | | |
| Prior Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | | Forward Estimates 2025–26 Planned Performance Result |
| 89.3% | 89.6% | | 89.7% | 89.9% | | 90.1% |
| 2021–22 Expected Performance Result |
| Data not available[[17]](#footnote-17) |
| Material changes to Program 1.3 resulting from the following measures:  There are no material changes to Program 1.3 resulting from measures. | | | | | | |

Table 2.1.5: Performance measures for Program 1.4

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| Program Objective – Program 1.4: Health Workforce | | | | | | | | | |
| Ensure Australia has the workforce necessary to improve the health and wellbeing of all Australians. Improve the quality, distribution and planning of the Australian health workforce to better meet the needs of the community and deliver a sustainable, well distributed health workforce. | | | | | | | | | |
| Key Activities | | | | | | | | | |
| Implementing workforce programs to improve the health and wellbeing of all Australians by:   * Improving the quality of the Australian health workforce, including through implementation of the $146 million Rural Health Package through targeted support and incentives for medical practitioners working in general practice to achieve specialist recognition. * Supporting the Health Workforce Taskforce, established by Health Ministers, who are developing and driving short, medium and long term strategies to improve the attraction, recruitment, and migration of international health workers, and streamline registration processes once in-country. The focus is on developing actions with joint, collaborative responsibility between jurisdictions. * Leading work agreed to by federal, state and territory health ministers to take urgent action to address concerns regarding cosmetic surgery, especially the risks to consumers. * Supporting distribution of the health workforce across Australia, including in regional, rural and remote areas, through teaching programs. * Improving distribution of the health workforce through improved incentives for doctors, nurses and allied health professionals under programs such as the Workforce Incentive Program. * Ensuring health workforce resources are targeted to specific needs, with ongoing enhancements of the health workforce planning tool. * Transitioning the Australian General Practice Training Program to a college-led training model in 2023. | | | | | | | | | |
| Performance Measures | | | | | | | | | |
| **Effective investment in workforce programs will improve health workforce distribution in Australia.**   1. **Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population.[[18]](#footnote-18)** 2. **FTE non-general practice medical specialists per 100,000 population.[[19]](#footnote-19)** 3. **FTE primary and community nurses per 100,000 population.[[20]](#footnote-20)** 4. **FTE primary and community allied health practitioners per 100,000 population.[[21]](#footnote-21)** 5. **Proportion of GP trainingundertaken in areas outside major cities.[[22]](#footnote-22)** | | | | | | | | | |
| Prior Year 2021–22 Planned Performance Result[[23]](#footnote-23) | | Budget Year 2022–23 Planned Performance Result | | Forward Estimates 2023–24 Planned Performance Result | | Forward Estimates 2024–25 Planned Performance Result | | Forward Estimates 2025–26 Planned Performance Result | |
| MM1[[24]](#footnote-24) | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 |
| a. N/A | N/A | 115.2 | 109.2 | 115.6 | 110.6 | 116.0 | 112.0 | 110.1 | 115.2 |
| b. N/A | N/A | 192.3 | 96.6 | 196.6 | 100.6 | 201.1 | 104.7 | 205.9 | 109.1 |
| c. N/A | N/A | 187.5 | 229.1 | 191.5 | 232.8 | 195.7 | 236.7 | 225.4 | 187.5 |
| d. N/A | N/A | 437.2 | 412.1 | 445.9 | 421.5 | 455.1 | 431.2 | 403.0 | 437.2 |
| e. N/A | N/A | N/A | >50% | N/A | >50% | N/A | >50% | >50% | N/A |
| 2021–22 Expected Performance Result | |  |  |  |  |  |  |  |  |
| MM1 | MM2-7 |
| a. N/A | N/A |
| b. N/A | N/A |
| c. N/A | N/A |
| d. N/A | N/A |
| e. N/A | N/A |
| Material changes to Program 1.4 resulting from the following measures:  There are no material changes to Program 1.4 resulting from measures. | | | | | | | | | |

Table 2.1.6: Performance measures for Program 1.5

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| --- | --- | --- | --- | --- |
| Program Objective – Program 1.5: Preventive Health and Chronic Disease Support | | | | |
| Support all Australians to live longer in full health and wellbeing through reducing the rates of harmful alcohol consumption, illicit drug use, and tobacco use, and increasing healthy eating patterns, levels of physical activity and cancer screening participation. | | | | |
| Key Activities | | | | |
| * Developing, implementing and monitoring: * national strategies for preventive health, obesity, breastfeeding and injury prevention * national strategies for men’s and women’s health * existing national strategic action plans for chronic diseases and children’s health. * Addressing disparities in health care and health outcomes for priority population groups through effective services, policies and programs, recognising the impact of the wider determinants of health. * Working with Commonwealth entities, states, territories and other relevant agencies to support a collaborative approach to policy frameworks, as well as prevention and reduction of harm to individuals, families, and communities from alcohol, tobacco, and other drugs through: * implementing activities that align with the objectives of the National Drug Strategy  2017–2026, including the National Alcohol Strategy 2019–2028, the National Ice Action Strategy, and finalising the next National Tobacco Strategy 2022–2030 * delivering health promotion and education activities to support smoking and nicotine cessation and prevention * delivering health promotion and education activities to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and raise awareness of the risks of drinking alcohol while pregnant and breastfeeding * delivering activities to prevent and minimise the impact of fetal alcohol spectrum disorder, including those under the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028. * Investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks. * Supporting expansion of tobacco control program activities through investment in tobacco control research and evaluation, and international tobacco control. * Encouraging and enabling healthy lifestyles, physical activity, and good nutrition through initiatives such as the Healthy Food Partnership, Health Star Rating system, Australian Guide to Healthy Eating’s Shaping a Healthy Australia – Healthy Habits Project, update the Physical Activity Guidelines for adults (18 to 64 years) and older Australians  (65+ years), and the Healthy Heart Initiative. * Implementing a thalidomide financial support package through the Australian Thalidomide Survivors Support Program. * Improving early detection, treatment, and survival outcomes for people with cancer by continuing to: * actively invite Australians to participate in cancer screening programs, such as the National Bowel Cancer Screening Program and the National Cervical Screening Program * support states and territories to deliver the BreastScreen Australia program * operate the National Cancer Screening Register * improve participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030. * Implementing investments in new infrastructure to enhance high quality cancer care, including a network of Comprehensive Cancer Centres with new Centres in Adelaide, Perth, and Brisbane to be established in partnership with state governments. | | | | |
| **Performance Measures** | | | | |
| **Improve overall health and wellbeing of Australians by achieving preventive health targets.**   1. **Percentage of adults who are daily smokers.** 2. **Percentage of population who drink alcohol in ways that put them at risk of alcohol‑related disease or injury.** 3. **Percentage of Australians who have used an illicit drug in the last 12 months.** | | | | |
| Prior Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| a. ≤13.8%[[25]](#footnote-25) | Progressive decrease | Progressive decrease | Progressive decrease | Progressive decrease |
| b. ≤32.0%[[26]](#footnote-26) | Progressive decrease | Progressive decrease | Progressive decrease | Progressive decrease |
| c. ≤16.4%[[27]](#footnote-27) | Progressive decrease | Progressive decrease | Progressive decrease | Progressive decrease |
| 2021–22 Expected Performance Result |  |  |  |  |
| a. 10.7%[[28]](#footnote-28) |
| b. Data not available[[29]](#footnote-29) |
| c. Data not available[[30]](#footnote-30) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Increase the level of cancer screening participation.**   1. **National Bowel Cancer Screening Program.** 2. **National Cervical Screening Program.** 3. **BreastScreen Australia Program.** | | | | |
| Prior Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| a. 43.8% | Progressive increase towards 53.0% | Progressive increase towards 53.0% | Progressive increase towards 53.0% | Progressive increase towards 53.0% |
| b. 46.5% | Progressive increase towards 64.0% | Progressive increase towards 64.0% | Progressive increase towards 64.0% | Progressive increase towards 64.0% |
| c. 54.3% | Progressive increase towards 65.0% | Progressive increase towards 65.0% | Progressive increase towards 65.0% | Progressive increase towards 65.0% |
| 2021–22 Expected Performance Result |  |  |  |  |
| a. Data not available[[31]](#footnote-31) |
| b. Data not available[[32]](#footnote-32) |
| c. Data not available[[33]](#footnote-33) |
| Material changes to Program 1.5 resulting from the following measures:  There are no material changes to Program 1.5 resulting from measures. | | | | |

Table 2.1.7: Performance measures for Program 1.6

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| --- |
| Program Objective – Program 1.6: Primary Health Care Quality and Coordination |
| Strengthen primary health care by delivering funding to frontline primary health care services and improving the access, delivery, quality and coordination of those services. This will help improve health outcomes for patients, particularly people with chronic and/or mental health conditions, and assist in reducing unnecessary hospital visits and admissions. |
| Key Activities |
| * Improving quality and coordination of primary health care. * Health policy for activities combatting family, domestic and sexual violence, including oversight of the family and domestic violence Primary Health Network pilot, and providing increased support to primary care providers to assist in early identification, intervention and coordinated referral to support services. * Supporting and implementing the work of the Strengthening Medicare Taskforce. * Supporting measures that improve the coordination and integration of health services to manage health in the community, with a focus on complex and chronic conditions, and reduce potentially preventable hospital attendances and admissions. * Supporting Primary Health Networks (PHNs) to increase the efficiency, effectiveness, accessibility, and quality of primary health care services, particularly for people at risk of poorer health outcomes, and to improve care coordination and integration. * Commencing implementation of 50 Urgent Care Clinics, which will make it easier for Australian families to see a healthcare professional when they have an urgent, but not life threatening, need for care. * Improving health outcomes for people with intellectual disability through establishment and operation of a National Centre of Excellence in Intellectual Disability Health. * Supporting the delivery of health information, advice, and services through interactive communication technology to help people care for themselves and their families. * Supporting the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities, and by supporting advanced care planning. * Supporting practices to provide better, safe and quality care, and see more patients through one off grants under the Strengthening Medicare GP Grants program. * Supporting measures to implement the Woman-centred care: Strategic directions for Australian maternity services, which provides national strategic directions to support Australia’s high-quality maternity care system and enables improvements in line with contemporary practice, evidence and international developments. Together with state and territory governments, this includes implementation of actions under the National Stillbirth Action and Implementation Plan. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Measures | | | | |
| **The number of Primary Health Network regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare longitudinal data.** | | | | |
| Prior Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| 25 | 26 | 27 | 28 | 29 |
| 2021–22 Expected Performance Result |
| Data not available[[34]](#footnote-34) |
| Material changes to Program 1.6 resulting from the following measures:  There are no material changes to Program 1.6 resulting from measures. | | | | |

Table 2.1.8: Performance measures for Program 1.7

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Objective – Program 1.7: Primary Care Practice Incentives and Medical Indemnity | | | | |
| Provide incentive payments to eligible general practices and general practitioners through the Practice Incentives Program (PIP) to support continuing improvements, increase quality of care, enhance capacity and improve access and health outcomes for patients. Promote the ongoing stability, affordability and availability of medical indemnity insurance to enable stable fees for patients and allow the medical workforce to focus on delivering high quality services. | | | | |
| Key Activities | | | | |
| * Providing incentive payments to eligible general practices and general practitioners. Incentives include the: * After Hours Incentive * Aged Care Access Incentive * eHealth Incentive * Rural Loading Incentive * Teaching Payment * Indigenous Health Incentive * Procedural General Practitioner Incentive * Quality Improvement Incentive. * Administering the medical and midwife indemnity schemes to promote ongoing stability, affordability and availability of medical indemnity insurance. Through these schemes, subsidise claims costs and ensure the cost of insurance premiums remains affordable. * Administering a contract with an eligible insurer for the provision of professional indemnity insurance to deliver the Midwife Professional Indemnity Scheme on behalf of the Government. * Overseeing the administration of the COVID-19 Vaccine Claims Scheme by Services Australia (currently scheduled to cease on 17 April 2024). | | | | |
| Performance Measures | | | | |
| **Maintain Australia’s access to quality general practitioner care through the percentage of accredited general practices submitting PIP Quality Improvement Incentive data to their Primary Health Network.** | | | | |
| Prior Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| ≥89.0% | ≥92.0% | ≥94.0% | ≥95.0% | ≥95.0% |
| 2021–22 Expected Performance Result |
| 91.8% |

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

Table 2.1.9: Performance measures for Program 1.8

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Objective – Program 1.8: Health Protection, Emergency Response and Regulation | | | | |
| Protect the health of the Australian community through national leadership and capacity building to detect, prevent and respond to threats to public health and safety, including those arising from communicable diseases, natural disasters, acts of terrorism and other incidents that may lead to mass casualties. Protect human health and the environment through regulatory oversight of therapeutic goods, controlled drugs, genetically modified organisms (GMOs), and industrial chemicals. | | | | |
| Key Activities | | | | |
| * Responding to public health threats and emergencies. * Coordinating the surveillance of nationally notified diseases. * Establishing an Australian Centre for Disease Control (CDC). * Through the National Incident Centre (NIC), engaging with states and territories, and international partners, to refine coordination arrangements to ensure Australia maintains its capacity and capability to prepare for, and respond to, health emergencies. * Leading the Government and national health sector response to health emergencies. * Regulating therapeutic goods, including COVID-19 vaccines and treatments, to ensure safety, efficacy, performance, and quality. Promote best practice, monitor compliance, and take appropriate action to address non-compliance. * Maintaining a strategic reserve of essential pharmaceuticals and personal protective equipment through the National Medical Stockpile. * Improving access to therapeutic goods for consumers and streamlining regulatory processes for industry through, for example, the Therapeutic Goods Administration’s Digital Transformation program. * Delivering efficient, best practice therapeutic goods regulatory outcomes through regulatory science excellence, international collaboration and reform in accordance with the Regulatory Science Strategy 2020–2025. * Regulating nicotine liquid (vaping) products, including education and compliance activities. * Regulating and providing advice on the import, export, cultivation, production, and manufacture of controlled drugs to support Australia’s obligations under the International Drug Conventions. * Regulating the medicinal cannabis industry by issuing licences and permits, supporting domestic patient and international export requirements, and liaising with law enforcement and state and territory regulatory authorities. * Supporting Australian and state and territory law enforcement by regulating the import of chemicals which could be diverted into illicit drug manufacture. * Completing industrial chemical risk assessments and evaluations within statutory timeframes under the Australian Industrial Chemicals Introduction Scheme, to provide timely information and recommendations about the safe use of industrial chemicals. * Raising awareness of regulatory obligations and monitoring compliance among industrial chemical introducers. * Limiting the use of animal test data, while maintaining human health and environment protections in accordance with *the Industrial Chemicals Act 2019*. * Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with GMOs. * Supporting a modern, flexible and innovative National Gene Technology Scheme. * Working with the Australian and state and territory governments to implement recommendations outlined in the Third Review of the National Gene Technology Scheme. * Implementing the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2018–2022 and supporting a coordinated response to reducing the spread of BBV and STI. * Continuing compliance with the World Health Organization’s (WHO) International Health Regulations (2005) core capacities. * Ensuring Australia has a readily available supply of antivenoms, Q fever and pandemic influenza vaccines. * Providing a One Health response to detect, address, and respond to the threat of antimicrobial resistance (AMR). * Delivering a national response for the prevention, early identification, control, and management of accelerated silicosis caused by engineered stone, and other dust diseases. | | | | |
| Performance Measures | | | | |
| **Percentage of therapeutic goods evaluations that meet statutory timeframes.** | | | | |
| Prior Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| 100% | 100% | 100% | 100% | 100% |
| 2021–22 Expected Performance Result |
| 99.78% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number of completed inspections of licence holders under the *Narcotic Drugs Act 1967*. | | | | | | | |
| Prior Year 2021–22 Planned Performance Result | | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | | Forward Estimates 2024–25 Planned Performance Result | | Forward Estimates 2025–26 Planned Performance Result |
| 15 | | 25 | 25 | | 25 | | 25 |
| 2021–22 Expected Performance Result | |
| 25 | |
| 1. Percentage of GMO licence decisions made within statutory timeframes. 2. Percentage of reported non-compliance with the conditions of GMO approvals assessed. | | | | | | | |
| **Prior Year 2021–22 Planned Performance Result** | **Budget Year 2022–23 Planned Performance Result** | | | **Forward Estimates 2023–24 Planned Performance Result** | **Forward Estimates 2024–25 Planned Performance Result** | **Forward Estimates 2025–26 Planned Performance Result** | |
| 1. 100% 2. 100% | 100%  100% | | | 100%  100% | 100%  100% | 100%  100% | |
| **2021–22 Expected Performance Result** |
| 100%  100% |
| **Industrial chemical risk assessments and evaluations completed within statutory timeframes.** | | | | | | | |
| **Prior Year 2021–22 Planned Performance Result** | **Budget Year 2022–23 Planned Performance Result** | | | **Forward Estimates 2023–24 Planned Performance Result** | **Forward Estimates 2024–25 Planned Performance Result** | **Forward Estimates 2025–26 Planned Performance Result** | |
| ≥95% | ≥95% | | | ≥95% | ≥95% | ≥95% | |
| **2021–22 Expected Performance Result** |
| 96.8% |
| Material changes to Program 1.8 resulting from the following measures:  There are no material changes to Program 1.8 resulting from measures. | | | | | | | |

Table 2.1.10: Performance measures for Program 1.9

|  |
| --- |
| Program Objective – Program 1.9: Immunisation |
| Reduce the incidence of vaccine preventable diseases to protect individuals and increase national immunisation coverage rates to protect the Australian community. |
| Key Activities |
| * Developing, implementing and evaluating strategies to improve immunisation coverage of vaccines covered by the National Immunisation Program (NIP). * Partnering with states, territories and other important stakeholders to deliver vaccine initiatives. * Promoting the safety and effectiveness of the NIP Schedule, including the need to remain vigilant against vaccine preventable disease. * Implementing immunisation activities/campaigns to encourage uptake and ensure eligible groups have access to evidence-based information to inform their decision making. * Ensuring secure vaccine supply and efficient use of vaccines for the NIP. * Developing the next National Partnership on Essential Vaccines. * Ensuring compliance with mandatory reporting of vaccinations to the Australian Immunisation Register (AIR). * Continuing to deliver the national COVID-19 vaccine response, while working with stakeholders to transition COVID-19 vaccination program to a sustainable operating model. * Implementing governance and access requirements for AIR data. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Measures | | | | |
| Immunisation coverage rates:   1. For children at 5 years of age are increased and maintained at the protective rate of 95%. 2. For First Nations children 12 to 15 months of age are increased to close the gap and then maintained. 3. For adults at greater risk of vaccine preventable diseases due to age are increased. | | | | |
| Prior Year 2021–22 Planned Performance Result | Budget Year 2022–23 Planned Performance Result | Forward Estimates 2023–24 Planned Performance Result | Forward Estimates 2024–25 Planned Performance Result | Forward Estimates 2025–26 Planned Performance Result |
| a. ≥95.00%  b. ≥94.00%  c. Baseline to be set in 2022 based on  2021–22 data.[[35]](#footnote-35) | ≥95.00%  ≥94.25%  To be set in 2022 following baseline being set based on 2021–22 data. | ≥95.00%  ≥95.00%  To be set in 2022 following baseline being set based on 2021–22 data. | ≥95.00%  ≥95.00%  To be set in 2022 following baseline being set based on 2021–22 data. | ≥95.00%  ≥95.00%  To be set in 2022 following baseline being set based on 2021–22 data. |
| 2021–22 Expected Performance Result |
| a. 94.54%  b. 91.53%  c. Data not available[[36]](#footnote-36) |
| Material changes to Program 1.9 resulting from the following measures:  There are no material changes to Program 1.9 resulting from measures. | | | | |

1. Refer to the ACSQHC chapter in these Portfolio Budget Statements (PB Statements) for further information on the work of this entity. [↑](#footnote-ref-1)
2. Refer to the Digital Health chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-2)
3. Refer to the AIHW chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-3)
4. Refer to the ARPANSA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-4)
5. Refer to the Cancer Australia chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-5)
6. For Budget estimates relating to the National Partnership component of the program, refer to Budget Paper No. 3 or Program 1.9 of Treasury’s PB Statements. [↑](#footnote-ref-6)
7. Refer to the FSANZ chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-7)
8. Refer to the IHACPA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-8)
9. Refer to the NBA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-9)
10. Refer to the NHMRC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-10)
11. Refer to the NHFB chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-11)
12. Refer to the NMHC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-12)
13. Refer to the OTA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-13)
14. This is a new performance measure for 2022–23, therefore there is no performance result for 2021–22. [↑](#footnote-ref-14)
15. Ibid. [↑](#footnote-ref-15)
16. Ibid. [↑](#footnote-ref-16)
17. This data is reported under Target 2 of the National Agreement on Closing the Gap, available at: www.closingthegap.gov.au/national-agreement/targets. Data updates are made by the Productivity Commission and typically use prior year data, which is usually only available 1 to 2 years after the relevant year. Once available, results will be published in future Annual Reports. [↑](#footnote-ref-17)
18. Medical Benefits Scheme claims data 2013–14 to 2020 (date of processing). [↑](#footnote-ref-18)
19. National Health Workforce Datasets (NHWDS), Medical Practitioners, 2013–2020. [↑](#footnote-ref-19)
20. NHWDS, Nurses and Midwives, 2013–2020. [↑](#footnote-ref-20)
21. NHWDS, Allied Health, 2013–2020. [↑](#footnote-ref-21)
22. Australian General Practice Training Program 2020 training year data (as at 15 February 2021) and Rural Vocational Training Scheme data (as at 31 December 2020 and assuming one headcount = one FTE). [↑](#footnote-ref-22)
23. This performance measure has been updated for 2022–23. For Prior Year Planned Performance Result and the 2021–22 Performance Result refer to the 2021–22 Department of Health Annual Report. For information on the changes to this performance measure refer to the 2022-23 Department of Health and Aged Care Corporate Plan. [↑](#footnote-ref-23)
24. Geography: Cities (MM1) and rural (MM2-7) based on Modified Monash Model 2019. [↑](#footnote-ref-24)
25. Baseline figure used from data in the Australian Bureau of Statistics (ABS) National Health Survey in 2017–18. [↑](#footnote-ref-25)
26. Baseline figure used from the most recent data in the 2019 National Drug Strategy Household Survey and analysis conducted by the Australian Institute of Health and Welfare (AIHW) in mapping data to updated alcohol guidelines. [↑](#footnote-ref-26)
27. Baseline figure from the most recent national data in the 2019 National Drug Strategy Household Survey. [↑](#footnote-ref-27)
28. ABS Smoker Status Australia 2020–21 dataset. ABS have advised that comparisons to previous datasets are not recommended due to changes in data collection methodology during COVID-19. Available from: www.abs.gov.au/statistics/health/health-conditions-and-risks/smoking/2020-21 [↑](#footnote-ref-28)
29. Data not available due to data collection only occurring every 3 years by AIHW, with the latest data available in 2019. Results for 2022 will be available in late 2023, and will be published at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey [↑](#footnote-ref-29)
30. Data not available due to data collection only occurring every 3 years by the AIHW, with the latest data available in 2019. Results for 2022 will be available in late 2023, and will be published at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey [↑](#footnote-ref-30)
31. Due to the time between an invitation being sent, test results and collection of data from the National Bowel Cancer Screening Register, participation rates (actual) are only available until January 2018 to December 2019. Participation rates for January 2021 to December 2022 are expected to be available in June 2024. [↑](#footnote-ref-31)
32. The National Cervical Screening Program was renewed on 1 December 2017, when it changed from 2 yearly pap testing to a 5 yearly human papillomavirus (HPV) test. Five years of program datasets are required in order to fully assess participation under the renewed program. Participation rates for the 5 year period 2020–2024 will not be available until 2025. [↑](#footnote-ref-32)
33. Due to the time between an invitation being sent, test results and collection of data from BreastScreen registries, participation rates for January 2020 to December 2021 are not yet available. These results are expected to be available in October 2023. [↑](#footnote-ref-33)
34. Due to delays in receiving hospitals data from states and territories, there is currently a 2 year lag when receiving results. 2021–22 data will become available in late 2023. Finalised results will be published in future annual reports. [↑](#footnote-ref-34)
35. Amendments to the *Australian Immunisation Register Act 2015* make it mandatory to report COVID-19 vaccinations to the Australian Immunisation Register from 20 February 2021, influenza vaccinations from 1 March 2021, and National Immunisation Program vaccines from 1 July 2021. Accordingly, future targets will be determined using a baseline set in 2022 based on 2021–22 data. [↑](#footnote-ref-35)
36. This was a new performance target developed for use from 2021–22 onward. Future targets will be determined using a baseline figure, which will be set in 2022 and based on 2021–22 data in the Australian Immunisation Register and utilising the Multi-Agency Data Integration Project. 2021–22 results will be published at: www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage [↑](#footnote-ref-36)