



Australian Government

Australian Institute of Health and Welfare



Australian Institute of Health and Welfare

Annual report 2023–24



The AIHW is a corporate Commonwealth entity producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing.

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Australian Institute of Health and Welfare

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About this report

The Australian Institute of Health and Welfare (AIHW) is a corporate Commonwealth entity producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing.

Board Chair: **The Honourable Nicola Roxon**

Chief Executive Officer: **Dr Zoran Bolevich**

The report has been prepared in accordance with [Resource Management Guide No. 136: Annual reports for corporate Commonwealth entities](#), the [Public Governance, Performance and Accountability Act 2013](#) (PGPA Act) and the [Public Governance, Performance and Accountability Rule 2014](#) (PGPA Rule). It describes the AIHW's performance from 1 July 2023 to 30 June 2024, in accordance with objectives outlined in the AIHW Corporate plan 2023–24 and measures in the Health Portfolio Budget Statements 2023–24.



Acknowledgement of Country

The AIHW acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands, waters and communities. We pay our respect to the people, the cultures and Elders past and present.

Data & Diversity.

Created by Jay Hobbs.

Meriam-Mir and Kuku Yalanji man

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At a glance

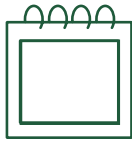
654 staff



413 products released



85% of annual products released within 6 months of receipt of final data



\$113m revenue



8 million sessions on the AIHW website



Staff engagement score: 81%



45 projects approved by the AIHW Ethics Committee



19 performance measures achieved, on track or partially achieved



Letter of transmittal



Australian Government
Australian Institute of
Health and Welfare

AIHW



The Hon Mark Butler MP
Minister for Health and Aged Care
Parliament House
Canberra ACT 2600

Dear Minister Butler,

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, I am pleased to present the AIHW's annual report for 2023–24. This report was approved by the board on 30 September 2024.

This report has been prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013*, the *Public Governance, Performance and Accountability Rule 2014* and other relevant legislation.


The report includes the AIHW's audited financial statements and annual performance statements for 2023–24.

I am satisfied that the AIHW has, in accordance with section 10 of the *Public Governance, Performance and Accountability Rule 2014*, prepared fraud risk assessments and a fraud control plan and has appropriate fraud prevention, detection, investigation, reporting and data collection mechanisms to meet the specific needs of the AIHW.


Yours sincerely,

The Honourable Nicola Roxon
Chair, AIHW Board
30 September 2024

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Chair's report



September 2024 marks my one-year anniversary as Chair of the AIHW Board. It has been a year of many changes both within the AIHW and across the health and welfare data landscape.

In the wake of the COVID-19 pandemic, the value of health data is ever-more prominent and visible. A current picture of the health and welfare of Australians is important when developing health policy and planning health services.

To get this clear picture of Australia's health, we depend on data.

Accurate, comparable, and comprehensive data enable authorities to identify health trends, assess the effectiveness of existing programs, allocate resources efficiently and develop targeted strategies for improving health outcomes. Moreover, such data can facilitate early intervention, preventive measures, and better-informed patient care, ultimately contributing to the overall wellbeing and quality of life for the population.

There are growing requirements for greater access to complex and sensitive datasets, increasingly 'networked' data integration through multi-organisation projects, and the ability to access data from more sources and from a greater variety of systems. Demand continues for more enduring data linkages to answer complex cross-sector and cross-jurisdictional health questions.

One such enduring linkage system is the National Health Data Hub (NHDH). Launched in May 2024, the NHDH is a major national data linkage system for health research and analysis. No other collection routinely brings together the [core data](#) (including hospitals data, the National Death Index, Australian Immunisation Register, aged care data, Medicare Benefits Schedule and Pharmaceutical Benefits Scheme) that the NHDH does, nor delivers such a vast range of insights for health and aged care policy and research. This more complete picture provides authoritative evidence to support better policy and service delivery decisions to improve Australia's health and welfare.

Efforts are being made to reduce data gaps in Family Domestic and Sexual Violence (FDSV) data and reporting by improving the availability of data on specialist FDSV services and developing nationally linked data. In partnership with the Department of Social Services, the AIHW has established cross-jurisdictional governance arrangements for the pilot collection. Consultation with relevant data custodians and data governance experts is ongoing. To complement this ongoing development work, the AIHW is also undertaking several analysis activities which aim to provide new evidence about people experiencing family, domestic and sexual violence and methodological learnings for the integrated data system.

The AIHW Board continues to explore new opportunities to move towards a truly national data linkage system that supports efficient, safe, legal, and ethical linkage to support policy analysis and research.

The board continues to be attentive to our stakeholders' ongoing needs to ensure our work continues to make an impact in decision making. Our focus on taking steps to improve AIHW Ethics Committee project approval timeframes has been successful, with approvals up 25% on last year.

In January 2024, the Australian Government released the 2030 Data and Digital Government Strategy, designed to act as a unified blueprint for how government will deliver simple, secure and connected public services to people and businesses through world-class data and digital capabilities.

To address the need to rapidly enhance its digital capabilities, the AIHW developed and approved a cyber security strategy for 2023–2025. The strategy paves the way for the delivery of contemporary systems and software that support best practice in the protection, use, management, and sharing of data.

In May 2024, following a competitive selection process, the Australian Government appointed Dr Zoran Bolevich to the role of Chief Executive Officer (CEO) of the AIHW. Dr Bolevich brings a wealth of experience in effective use of digital technologies, data analytics, research, and innovation to improve the health system. He was previously the Chief Executive of eHealth New South Wales and the Chief Information Officer for NSW Health. He has been a member of the AIHW Board since 2016. I look forward to Dr Bolevich's fresh perspective as we work together to meet new challenges and unlock new opportunities, further strengthening our role as the authoritative source of health and welfare information in Australia.

I would like to thank the former CEO, Rob Heferen, for his exemplary work during his tenure at the AIHW. We did not work together long, but he left behind an institute that is high-performing and extremely committed to the important work it produces. His contributions will be felt for many years to come. I would also like to thank Matthew James for his time and hard work as acting CEO.

On behalf of the board, I extend my gratitude to the institute's staff for their dedication, expertise and valued contribution to the institute's achievements this year.

Thank you for your continued support as we strive to report on and improve the health and welfare of all Australians.



The Honourable Nicola Roxon

Chair, AIHW Board

30 September 2024

CEO's report



Having joined the institute as CEO in June 2024, I have been thoroughly impressed with the dedication and expertise displayed by our staff. The institute has had a busy and productive year, solidifying its position as a national leader in health and welfare data.

We believe that stronger evidence via data and information is crucial for better decisions and improved health and welfare. In 2023–24, the AIHW delivered on our purpose to create information and statistics on a range of health and welfare topics, and prepared data and analysis on the long-term trends and patterns in Australia's health and welfare. The institute released 413 health and welfare data products, which are accessible, transparent and available for anyone to access from the AIHW website.

Understanding the needs and priorities of our funders, data suppliers and, most importantly, the wide variety of users of our products and services, is one of the keys to achieving greater impact.

The institute measures how the information and statistics we produce are used to inform and support better policy and service delivery decisions, directly seeking feedback from funders, stakeholders and users of our products to ensure content meets their needs. We work on a cycle of continuous improvement as we implement changes to future published products based on this feedback.

While this direct feedback is invaluable to the work we produce, the ways in which our data and information influence health and welfare outcomes are not always so easy to demonstrate.

One of the ways we track and measure our impact with data users is through case studies, some of which you will see throughout this report. Impact case studies demonstrate the different ways in which the information and statistics we produce are used to inform and support better policy and service delivery decisions.

I am excited to continue these conversations about the impact of the institute's work. They encourage us to think about the value and utility of our products and services, as well as the experience of people accessing and using the incredible wealth of information provided by the institute.

Other exciting developments at the institute include our focus on developing more user-specific plans to manage the linkage and integration of health and welfare data in the future. Our goal is to maximise the value of our data sets, ensure efficient and timely access to integrated data, and enable the production of high-quality data and analysis to support improvements in health and welfare. During the first half of 2023–24 the AIHW data integration strategy: 2023–2028 was finalised, outlining the agreed vision, objectives and priorities for AIHW's data integration activities over the next 5 years.

We also made significant strides to improve access to national linked health data.

The AIHW released the NHDH in May 2024, a key linked data resource in the National Health Data System. The NHDH will facilitate person-based and longitudinal studies to support contemporary medical research, inform health and aged care services planning and policy development, and monitor service delivery.

The development of the NHDH is supported by the Australian National Data Integration Infrastructure (ANDII), which enhances data linkage and integration across Australia. In partnership with the Australian Bureau of Statistics (ABS) and the Department of Social Services (DSS), we are developing ANDII and working to establish the National Disability Data Asset (NDDA) as the first use case for this new national infrastructure.

Through projects like these, ANDII will improve the quality and timeliness of linked data, supporting policy, evaluation, and research efforts nationwide. In addition to this development work, AIHW also completed 30 custom data linkage projects during the period, enabling a wide range of high-quality research projects in areas such as kidney disease and early childhood cancers.

The AIHW is renowned for its essential role in turning data into useful insights and analytical products to support better policy and service delivery decisions. I am very proud to have been appointed to lead an organisation that has such an outstanding national and international reputation, and I look forward to continuing to deliver our vision of stronger evidence, better decisions, and improved health and welfare.



Dr Zoran Bolevich
Chief Executive Officer

30 September 2024





About us

Our vision

Stronger evidence, better decisions, improved health and welfare.

Our values

In pursuing our vision, we draw on our independence and our expertise in health and welfare to strive for excellence in all we do. We also uphold the Australian Public Service values.

Our purpose

We produce high quality data sets and analysis to support improvements in health and welfare.

Partners, collaborators and clients

What we do is driven by the needs of our stakeholders – some of whom we have worked with since the beginning of the institute in 1987. This means we are informed by contemporary best practice and a wide range of perspectives.

Our partners, collaborators and clients include:

- Australian, and state and territory governments.
- International organisations, such as World Health Organization (WHO) and Organisation for Economic Co-operation and Development (OECD).
- Peak bodies and non-government organisations (NGOs), including Aboriginal and Torres Strait Islander (First Nations) organisations.
- Universities and research centres.
- Clinicians, health and welfare service providers and Primary Health Networks (PHNs).



Legislative objectives and functions

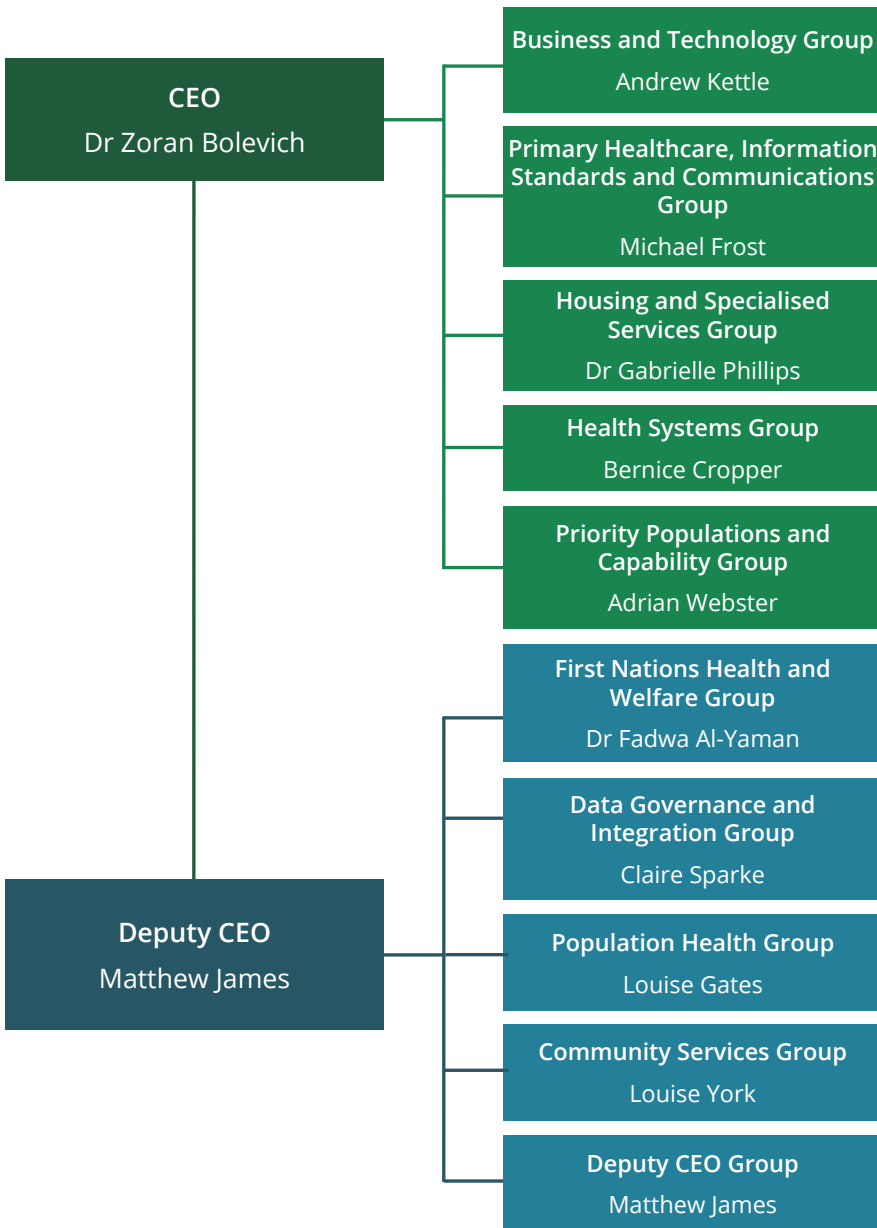
As an information agency, we:

- Collect and create quality data from multiple sources on a range of health and welfare topics.
- Link data from multiple sources to deliver new insights.
- Publish information that provides a holistic picture of health and welfare in Australia.
- Develop nationally consistent health and welfare data standards and classifications.
- Provide customised data extracts for researchers, consumers, service providers and other organisations.
- Manage controlled access to Australia's most comprehensive collection of health and welfare data.
- Develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies.
- Make recommendations to the Minister on the prevention and treatment of diseases, and the improvement and promotion of the health and health awareness of the people of Australia.
- Work with numerous data holdings and possess extensive knowledge of data and information related to the Australian health and welfare sectors.

Our structure

Our Chief Executive Officer (CEO) Dr Zoran Bolevich is appointed under the [Australian Institute of Health and Welfare Act 1987](#) (AIHW act) and is responsible for the institute's day-to-day operations. The structure of our [leadership team](#) and organisation is shown in Figure 1.

Figure 1: AIHW organisation chart, 30 June 2024







The table below describes the outcome and program structure relevant to the AIHW as set out in the [Health Portfolio Budget Statements 2023–24](#).

Table 1: Outcome and program

Outcome	Program
<p>Outcome 1:</p> <p>A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.</p>	<p>Program 1.1:</p> <p>Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.</p>

Strategic goals

We have developed 4 strategic goals that shape our direction, as set out in the AIHW strategic directions 2022–2026:



A trusted leader in health and welfare data and analysis

- Proactively inform and respond to emerging policy issues.
- Build our reputation as an authoritative source of health and welfare data and analysis.
- Lead the adoption of best practice in data collection, presentation and analysis.



Innovative producers of data sets and analysis

- Invest in capability and systems to respond quickly to emerging issues and deliver an innovative approach to data and analysis to meet stakeholder needs.
- Identify and fill priority gaps.
- Facilitate sustainable and secure access to timely, relevant and fit-for-purpose data and analysis.



A strong strategic partner

- Expand and deepen our partnerships.
- Enhance our engagement and communications to increase the impact of our work.



Recognised for our organisational excellence

- Grow our capability and support a high-performing and adaptable workforce.
- Expand our program of renewal to ensure provision of high-quality technology and tools to deliver our data and analysis.

Our services and products

We are Australia's authoritative source of health and welfare data and analysis. We provide valuable evidence to inform and support better research, policy and service delivery.

Our information is crucial to inform good health and welfare policy and effective service delivery for the benefit of all Australians. We do this by:

- developing nationally consistent health and welfare data standards and classifications
- collecting information and creating high quality data from multiple sources on a range of health and welfare topics
- linking data from multiple sources to deliver new insights and better understand complex interactions Australians have with health and welfare services
- publishing products that provide a holistic picture of health and welfare in Australia and how this is changing over time.

National data standards and classifications

State, territory and local governments share responsibility for running Australia's health and support systems and they all use different methods and modes of collecting data.



Metadata standards ensure all the information collected by different health services is categorised in the same way and can be compared. The standards generally apply to data that would be collected administratively for local purposes, but in a way that is comparable nationally.

We manage the online metadata registry for Australia's health and welfare data, Metadata Online Registry (METEOR). METEOR is an important tool for upholding Australia's data standards. It:

- is the system where metadata standards for Australia's health and welfare are stored, managed and shared
- provides a best-practice model for the standardised development and use of metadata
- offers a clear process for consistent and comparable national data, reflecting the principle of 'collect and define metadata once, and use often'
- is based on the international information modelling standard (ISO/IEC 11179), which is the benchmark for metadata standard development and use.

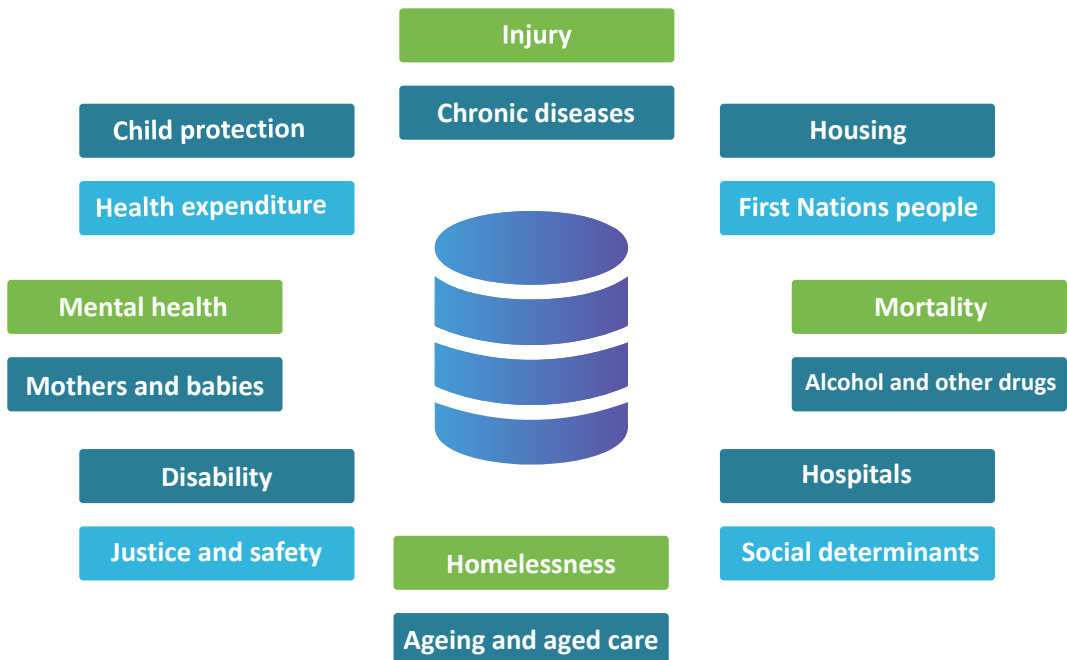
By facilitating accessible, consistent, and comparable national data, METEOR makes it easier for organisations to build quality evidence-based policies, frameworks and reporting mechanisms.

In 2023–24, we processed 22 Data Set Specifications to guide collection and reporting activities. These included the Aboriginal and Torres Strait Islander specific primary health care National Best Endeavours Data Set (NBEDS), the Mental health establishments National Minimum Data Set (NMDS), and the Perinatal NMDS. We also published 39 Data Quality Statements which summarise the timeliness, accessibility, interpretability, relevance, accuracy and coherence of reported data for quality assessment purposes. Metadata and quality statements published during this period informed data collection and interpretation across our health and welfare reports. We progressed METEOR redevelopment work and will continue to bring improvements to the platform in the 2024–25 financial year.

Data collections

Australia’s data collections are resources that offer great potential to better understand health and welfare issues, shape and refine health and welfare services and programs and improve the health and welfare of Australians. All governments in Australia agree that, while protecting privacy, data should be more freely available so it can be used more widely and efficiently to improve policies and services.

Figure 2: A selection of AIHW data collections



We collect and hold substantial datasets across a range of health and welfare topics. These data are used in many of the reports, bulletins and data products available on the AIHW website. The data are also used by the community, policymakers, researchers and service providers.

The establishment of each collection was approved by the AIHW Ethics Committee. The assessment process for each collection included a comprehensive assessment of any impact on individuals' privacy.

We continue to strengthen data holdings to address gaps and promote nationally consistent health and welfare information.

Data linkage

One of the AIHW's core services is linking datasets to help researchers and policymakers tell a more comprehensive story. Data linkage (also referred to as data integration) is a method of bringing together data relating to the same individual, organisation, event, or other unit, from multiple sources. Data linkage re-uses existing data to provide new insights without the need to collect (or re-collect) additional data.

Where project requirements cannot be met using our linked data assets, we provide a cost-recovered, customised data linkage service to external government and non-government users.



More information on customised data linkage services can be found on our data linkage page, www.aihw.gov.au/our-services/data-linkage.

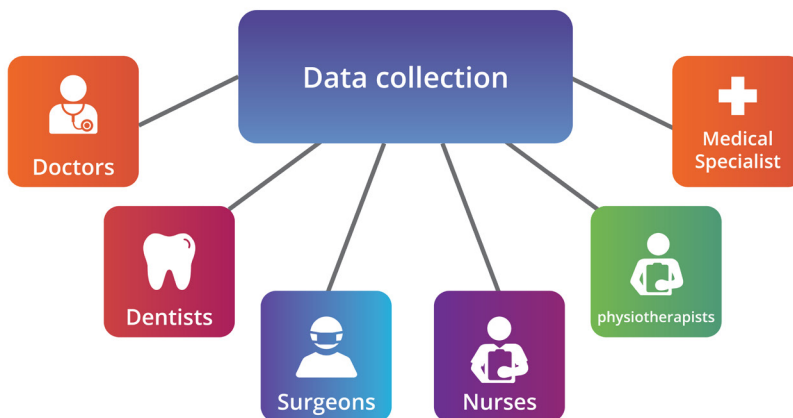
The AIHW linkage system

Data are collected whenever a person engages with the health system, from seeing their GP and collecting a script to presenting to hospital or outpatient services. The way this data is collected differs across the states and territories, but also across the health service sector, making it difficult to connect, compare and measure over time.

The AIHW linkage system brings these data sources together, making it easier for researchers to conduct complex cross-sector and cross-jurisdictional research. This research can be used to improve health policies, provide better access to services and inform treatment pathways and care for chronic disease management for the benefit of all Australians.

The institute's linkage system enables various linked data assets to be made available.

Figure 3: AIHW linkage system



National Health Data Hub (NHDH)

The NHDH is a major national linked data linkage system that draws together core government administrative health and aged care datasets. No other collection routinely brings together the core data that the NHDH does or delivers such a vast range of insights for health and aged care policy and research.

There is a high level of interest in having more datasets available for health research through linked data. The AIHW is working towards having many more datasets available over time.

The NHDH is the cornerstone of the AIHW linkage system. It is the source of state and territory data for the NDDA and is the infrastructure through which the COVID-19 Register and Child Wellbeing Data Asset will be made available to researchers.

National Aged Care Data Asset (NACDA)

The purpose of the NACDA is to better understand the pathways, experiences and outcomes of people receiving aged care and the operation and performance of the aged care system. It brings together de-identified person-level data collected across aged care, health and community service settings for aged care research purposes.

The NACDA was a recommendation of the Royal Commission into Aged Care Quality and Safety to ensure reliable and comprehensive data about the sector is available for research.

The NACDA is available via the NHDH, data will be updated regularly and new data sets added over time.

National Disability Data Asset (NDDA)

The AIHW is working with the DSS and ABS to create the NDDA. The NDDA is a new way to connect information about all Australians to improve outcomes for people with disability. It will bring together de-identified data from Australian, state and territory government agencies to provide insights about the needs and outcomes of people with disability that could not be seen previously.

COVID-19 Register

The COVID-19 Register combines COVID-19 case data with a range of health administrative data sets to further explore demographic patterns and monitor related health outcomes, such as reinfections, hospitalisations and deaths.

During 2023–24, the AIHW released Version 2.0 and Version 2.5 as data supplies expanded. Version 2.6 of the Register is being released in July 2024, with more than 9 million records linked to a range of administrative data sets. This asset provides a growing longitudinal resource for COVID-19 cases and allows research into patients' health journey over time.

By late 2024, COVID-19 case data and other data collections from the COVID-19 Register will be integrated with the NHDH.

Child Wellbeing Data Asset (CWDA)

The Child Wellbeing Data Asset (CWDA) aims to improve outcomes for children, young people and their families by enabling holistic analyses of their wellbeing and pathways through government services via enduring, longitudinal, integrated cross-sectoral data.

The CWDA is in development and planned to be ready for use in 2025 via the NHDH.

Our products

We collect and report information on many topics, ranging from health and welfare expenditure, hospitals, disease, injury and mental health, to ageing, homelessness, disability and child protection. Our products include simple fact sheets, in-depth statistical reports, data cubes, custom data visualisations and our comprehensive biennial reports – *Australia's health and Australia's welfare*.



We released **413** products in 2023–24.

We believe that stronger evidence (via data and information) is crucial for better decisions and improved health and welfare. This is why our products are accessible, transparent and readily available to anyone via our website www.aihw.gov.au.

Product highlight: Australia's welfare 2023



Released 7 September 2023

Australia's welfare 2023 is the AIHW's 16th biennial welfare publication. It serves as a 'report card' on the welfare of Australians by looking at how we are faring as a nation. The report was launched by the Hon Mark Butler MP, Minister for Health and Aged Care and the Hon Amanda Rishworth MP, Minister for Social Services in a joint statement.

Australia's welfare 2023 draws insights from high-quality and comprehensive data which serve to strengthen the evidence base for informed decision-making, including for delivering services and supports to people who need them.

This report brings together a variety of data sources to look at employment and work, housing, income and income support, education, social support, justice and safety and use of welfare services in Australia. The report considers the temporary and lasting effects the COVID-19 pandemic had on the way Australians live and work, including through accelerating existing social trends.

Australia's welfare 2023 also assesses the current information environment for long-established welfare topics as well as emerging policy issues, including aged care and the welfare workforce.

Australia's welfare 2023 has 3 products:

- *Australia's welfare 2023: data insights* – a print report containing 9 articles on welfare-related issues and the welfare information environment in Australia.
- *Australia's welfare topic summaries*: over 40 online web pages presenting key statistics and supporting information on housing, education and skills, employment and income, social support, and justice and safety.
- *Australia's welfare 2023: in brief* – a print report providing a short holistic summary of welfare and wellbeing in Australia.

View the full suite at www.aihw.gov.au/reports-data/australias-welfare.

At a glance: Australia's welfare



663,000 people

were employed in the welfare workforce in 2022



\$212.4 billion

was spent on welfare-related services and payments by Australian and state and territory governments in 2021–22



5.0 million people

received an income support payment as at 31 March 2023



178,000 children

aged 0–17 were in the child protection system in 2021–22



573,000 people

were active participants in the National Disability Insurance Scheme as at 31 December 2022



4.4 million people

were estimated to have some form of disability in 2018



2.6 million people

received Age Pension as at 31 March 2023



Over 800,000 people

aged 65 and over used home support services during 2021–22



272,700 clients

were assisted by Specialist Homelessness Services in 2021–22



3.8 million people

aged 18 and over were estimated to have experienced physical and/or sexual family and domestic violence since the age of 15 in 2021–22



2.1 million people

aged 15–74 were enrolled in non-school qualifications in May 2022



24,000 First Nations

students were enrolled in university, at 2021

Websites

We manage 8 websites as outlined below.

Table 2: AIHW websites, 2023–24

Website	Description
Australian Institute of Health and Welfare aihw.gov.au	The AIHW website is our main channel for publishing our statistical products. We are continuing to work towards compliance with the World Wide Web Consortium’s Web Content Accessibility Guidelines version 2.1 (WCAG 2.1) at level AA so the information we produce is accessible to all.
Aboriginal and Torres Strait Islander Health Performance Framework indigenoushpf.gov.au	This website brings together information from numerous sources in one place to provide a comprehensive, up-to-date view of the state of First Nations health outcomes and the broader determinants of health and health system performance. Content is regularly updated to inform policy, service planning, program development and research.
Australian Mesothelioma Registry mesothelioma-australia.com	This registry contains information about people with mesothelioma, monitors new cases diagnosed in Australia from 1 July 2010 and collects information about asbestos exposure. We manage the registry on behalf of Safe Work Australia.
GEN – Aged Care Data gen-agedcaredata.gov.au	This is a comprehensive website for data and information about aged care services in Australia. It reports on capacity and activity in the aged care system, focusing on the people, their care assessments and the services they use.
Housing data housingdata.gov.au	This website brings together data from over 20 key national data sets into an interactive housing data dashboard.
Indigenous Mental Health and Suicide Prevention Clearinghouse indigenoustmhspc.gov.au	This clearinghouse further strengthens the evidence base to improve mental health services and outcomes for First Nations people. The website was established under the Fifth National Mental Health and Suicide Prevention Plan. Content is developed with First Nations stakeholders and experts through the Clearinghouse Steering Committee.
METEOR (Metadata Online Registry) meteor.aihw.gov.au	METEOR is the repository for Australian metadata standards for statistics and information in areas such as health, housing and homelessness, aged care, First Nations people, disability, children and families.
Regional Insights for Indigenous Communities (RIFIC) rific.gov.au	This website provides access to a wide range of data and statistics about First Nations people. Statistics can be compared by region, state, territory or remoteness. It helps First Nations communities set their own priorities and informs joint planning with government and service providers.

Digital capabilities

Information and communications technology (ICT) infrastructure and services are critical to achieve our vision to provide stronger evidence, better decisions and improved health and welfare.

Against the backdrop of rapid institute growth and technology advancements, the way we work and the technology we work with is rapidly evolving. To address the need to rapidly enhance our ICT capabilities, the AIHW developed and approved a cyber security strategy for 2023–2025 that sets the direction for ICT investment and priorities. The strategy was developed through extensive consultation across the institute, including staff, the senior executive, the Risk, Audit and Finance Committee (RAFC) and the AIHW Board. Further advice was sought externally. The final strategy was approved by the board in November 2023.

The AIHW Technology Strategy 2023–2026 sets an ambitious plan to address the increasing requirement for:

1. accessing and using complex and secure datasets
2. building resilience to the increasing threat of cyber attacks
3. maintaining sustainable digital platforms and technology solutions.

In 2023–24, we continued to build our digital capability to better support core analyses, safe and secure data and systems, and a geographically dispersed workforce.

Use of AI/Machine Learning

The AIHW has been following the evolution of Artificial Intelligence (AI) and machine learning (ML) techniques and tools over the past decade and incorporating emerging approaches and tools as relevant. We use ML techniques to conduct statistical analysis and improve data linkage. We continue to explore the potential for generative AI models to streamline our data validation and analysis.

In addition to ongoing internal AI and ML exploration, we are currently investigating the use of Large Language Models (LLM) within Microsoft applications. We have seen some of the possibilities of utilising LLMs in our day-to-day work through the trial of Microsoft Copilot. This trial is part of a whole of government approach to explore the safe, responsible and innovative use of generative AI.

Several AIHW staff have joined the Digital Transformation Agency's AI community of practice and APS professional communities that are investigating the use of AI more generally – such as for chatbots. We are also collaborating across the world, sharing what is happening with AI particularly in other governments including the UK and Canada.

In-depth investigation is underway into the ICT security implications of using AI while respecting and upholding privacy rights, as well as data protection and data security.

The risks with the use of such AI tools are largely related to ensuring that the outputs being generated maintain the AIHW's high standards of quality and transparency.

We have a range of support arrangements in place to manage these risks, including:

- dedicated authoring support and expert statistical guidance on the use of these tools via centralised expert teams
- a short guideline on experimenting with AI that references various whole of government policies
- instruction not to enter data or any sensitive materials into public AI tools
- following the whole of government guidance on the use of AI.

The AIHW has not experienced any issues associated with the use of AI/ML techniques or tools, such as the release of unpublished data.

We will continuously improve our security posture, focusing on our maturity level against the Essential Eight cyber mitigation strategies and aligning with best-practice guidance from the Australian Cyber Security Centre. With the evolving cyber threat environment, we continue to keep cyber security at the forefront of ICT decision-making and capability.

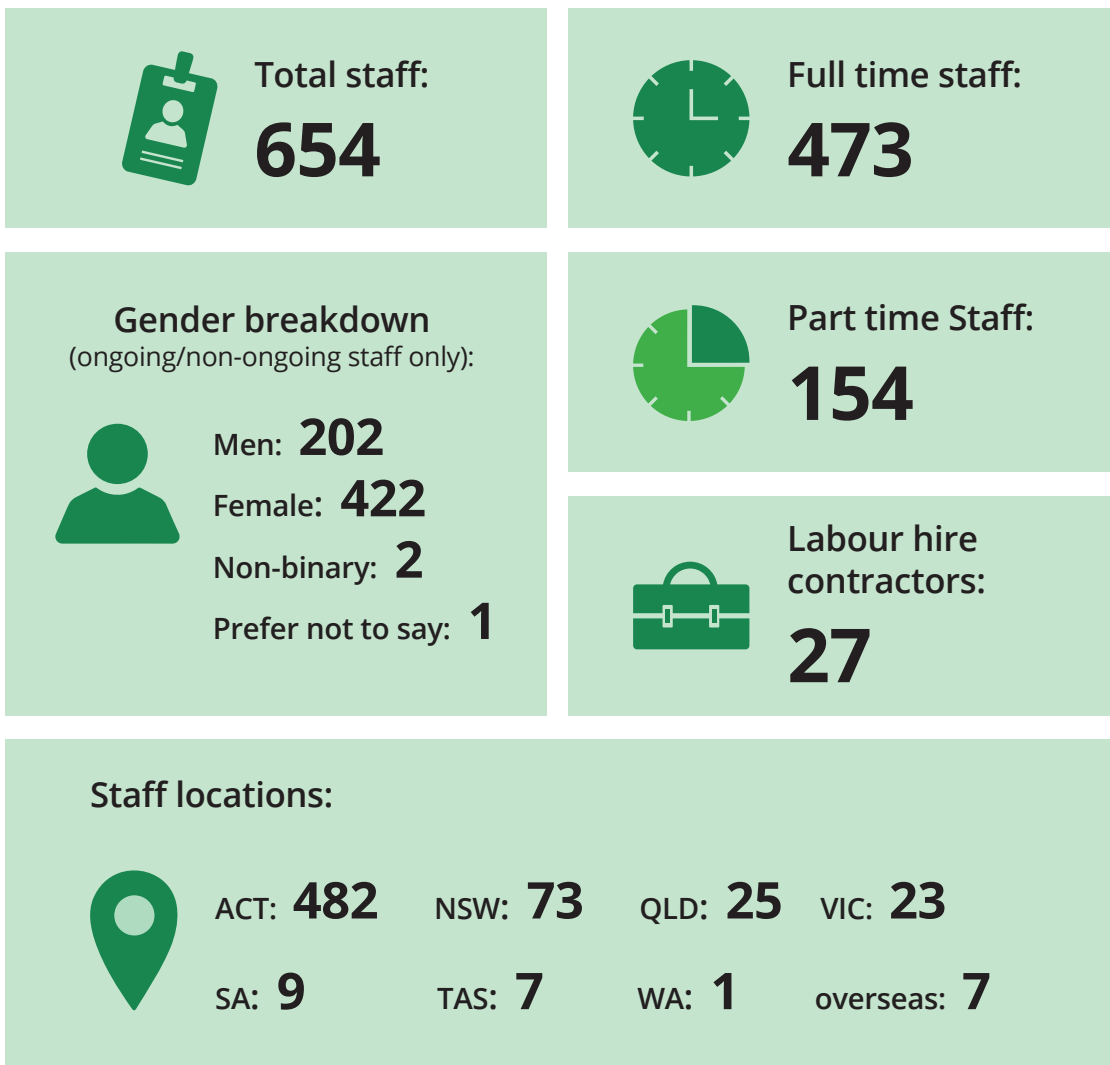
4

Our people

Our workforce

Our people are the greatest assets to our high-performing and diverse workforce, and we continue to be dedicated to enhancing staff experience. We recognise the importance of staff expertise and skill development while offering flexible work conditions, a positive work environment, competitive salaries and opportunities for continuous learning and development.

Figure 4: AIHW workforce statistics at a glance



Note: Full workforce statistics for the AIHW are available in Appendix C.

Building capability

We recognise that skilled, engaged and versatile people are critical to the achievement of our strategic goals, and we are committed to developing the capabilities of our staff through learning and development (L&D). We also recognise the value in supporting talent and career progression within the AIHW and the broader Australian Public Service (APS).

Our newly engaged employees are provided with a comprehensive corporate induction to ensure they are as informed as possible. They also complete mandatory training for subjects such as Work Health & Safety and their obligations under the [Privacy Act 1988 \(Privacy Act\)](#).

The AIHW Learning & Development Strategy 2022–24 defines how the People and Facilities Unit (PFU) will continue to support the institute to achieve its objectives. It provides a vision that supports change management, promotes employee engagement, enhances career development and helps maintain our high-performing culture.

As part of this strategy, all employees are required to have a Performance and Development Agreement. These agreements align individual performance with the institute's strategic goals and focus on specific L&D needs and career development. PFU conducts an annual L&D planning survey to assess staff feedback and learning needs.

The Learning and Development Advisory Committee meets several times a year to direct the institute's corporate L&D activities. The list below outlines initiatives which were completed in 2023–24 to build the capability of our people.

L&D activities 2023–24

- A broad range of technical and corporate learning and development opportunities are available to our staff. This includes in-house specialist technical training courses including Tableau, SAS and Validata, a range of e-learning modules available through our Learning Management System, diversity awareness training and supporting our staff to attend APS Academy courses.
- Guest speakers are regularly invited to share their unique and valuable perspectives and expertise with AIHW staff. This year the guest speaker series featured 13 guest speakers.
- Study assistance is available for all eligible staff in the form of paid time off and/or financial assistance for tuition expenses.
- Internships are organised through the Aurora program, which offers 4–6-week placements. The program supports Indigenous and selected non-Indigenous interns to gain work experience, build practical skills and develop professional networks.
- The Institute facilitates a reciprocal 12-month exchange program with the Canadian Institute for Health Information (CIHI). Our employees are provided with the opportunity to apply for a secondment to CIHI, an organisation that provides data and information to improve health care, population health and health systems in Canada. CIHI employees are provided the opportunity to undertake placements with the AIHW.

- Employees are offered secondments in Indigenous organisations through the Jawun APS Secondment Program. The secondments offer employees with the opportunity to work on a project designed to develop greater self-sufficiency for First Nations people and their communities.
- The AIHW's annual Graduate Program and the Australian Government Graduate Program intake continue to provide an important pathway for building workforce capability. Eleven graduates commenced during 2023–24.

Diversity and inclusion

We remain committed to acknowledging and supporting the diversity of our employees and providing a welcoming and inclusive workplace where individuals from various backgrounds come together to collaborate and innovate. This diversity fosters enhanced creativity and organisational culture, while improving our ability to deliver better-informed health and welfare data and information to our stakeholders.

In 2022, we launched the Diversability Network with the aim to encourage awareness of, empathy towards, and normalisation of disability and neurodiversity among our staff across the institute. Over the past 2 years we have continued to provide connections, peer support and a safe community for people with diverse abilities and circumstances.

The AIHW Pride Network promotes an inclusive culture and LGBTIQ+ visibility. Monthly conversation sessions are held for staff who may be seeking support. In 2023–24, we enlisted the services of ACON Pride Training to run 2 sessions of their LGBTIQ+ introduction webinar to provide all staff with training to enhance culture and create a more welcoming and inclusive environment.

Our Culturally and Linguistically Diverse (CALD) Network promotes awareness of the many different cultures and languages we have represented at AIHW while providing opportunities for CALD staff to create connections with others. The CALD Network organises events throughout the year, including celebrations for culturally significant events and informal discussion sessions.

We are an Equal Employment Opportunity employer. Our recruitment and selection processes are fair, equitable and consistent with anti-discrimination legislation. Our policies and practices reflect the principles of the Australian Public Service Disability Employment Strategy 2020–2025 and the Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020–2024. Our Enterprise Agreement (EA) and related policies also provide flexible working and leave arrangements to support religious commitments and attendance at cultural events.

Highlight: Reconciliation Action Plan 2023–25



The AIHW launched its [Reconciliation Action Plan June 2023 – June 2025](#) on 28 July 2023. This new Innovate RAP is the AIHW's fifth and continues our commitment to building and managing respectful relationships with First Nations people. This RAP highlights that our dedication to reconciliation has only grown stronger.

During National Reconciliation Week 2024, staff were encouraged to enhance their cultural understanding and many proactively participated in reconciliation activities. This included attending the AIHW all-staff event, screenings of Indigenous films, and cultural and artistic workshops.

Throughout the year, our staff participated in many reconciliation activities. To celebrate NAIDOC week, staff were given the opportunity to attend cultural tours of local sites in Canberra and Sydney, which provided insights into First Nations cultures and history of the area. A book swap to raise money for the Indigenous Literacy Foundation was held on 31 October 2023 and will be held again in September 2024.



Encouraging workplace health and safety

This year we continued our commitment to maintaining a productive and safe work environment and meeting our obligations under the *Work Health and Safety Act 2011*. In 2023–24:

- We continued our annual health and wellbeing offering, providing our staff with access to:
 - free confidential counselling services onsite, virtual or face-to-face through our Employee Assistance Program,
 - free flu vaccinations and
 - a reimbursement of up to \$299 for the purchase of equipment and clothing to support them to participate in a healthy lifestyle.
- We surveyed our staff to understand drivers and solutions for work-related burnout and implemented several initiatives based on the results.
- We piloted tools developed by the Australian Public Service Commission to identify and assess psychosocial hazards in the workplace.
- We created a hub of information and resources to support our remote workforce, including key work health and safety considerations for isolated staff and their managers.
- Our work health and safety incident management systems were reviewed by Comcare as part of their proactive inspection program and found to be compliant with relevant legislation.
- The Health and Safety Committee met 4 times to discuss health and safety initiatives, policies, and workplace hazards and risks.

The institute maintains a network of trained contact officers to support the health, safety and wellbeing of our staff, including workplace harassment officers, health and safety representatives, first aid officers and wardens.

We continue to provide case management support for rehabilitation and return to work of staff with a work-related injury or illness. This support is provided in partnership with third-party providers, staff and their managers. Two compensation claims were lodged with Comcare in 2023–24, however, these were not accepted. The institute reported 2 notifiable incidents to Comcare in 2023–24. A notifiable incident refers to a workplace incident that involves the death of a person, a serious injury or illness, or a dangerous incident. No investigations or notices were service to the institute in relation to work health and safety.

Employee engagement

We are committed to maintaining an engaged workforce, taking immense pride in staff engagement and recognising the positive impact it has on the institute. Employee engagement is not just seeking staff input to improve service, resource use, performance and experiences. It is also about promoting job satisfaction and creating a work culture that encourages positive involvement beyond just work-related tasks. This is demonstrated through our consistently strong APS Employee Census results. In 2024, AIHW ranked 8th out of 104 agencies in the Census Employee Engagement Index. The Consultative Committee, established under the AIHW Enterprise Agreement, serves as the primary platform for discussing workplace relations and change management. The committee met 4 times in 2023–24.

Employment conditions

The AIHW's new Enterprise Agreement (EA) was approved by the Fair Work Commission and came into effect on 5 March 2024. The EA provides the terms and conditions of employment for APS staff within the Institute. Of the 607 eligible voters, 529 (87%) of staff voted on the EA, with 512 (97%) of those voting yes.

The EA contains provisions for flexible arrangements to tailor remuneration and conditions for staff in particular circumstances.

The AIHW's internal HR policies, procedures and forms are currently being reviewed and updated to reflect the provisions in the new EA. All consultation with staff on policies will be facilitated through members of the AIHW's Consultative Committee.

Case study: A trusted leader in health and welfare data analysis

Partnering with experts to enhance national family domestic and sexual violence reporting

The AIHW is recognised as a national leader in analysing and reporting national data on Family Domestic and Sexual Violence (FDSV). We work collaboratively with expert groups and organisations to undertake this work.



This year, we also partnered with a group of ‘experts by experience’ the co-design team of Women and their children who have experienced Abuse and Violence: Researchers and advisors (WEAVERS) – to add lived experience expertise to the AIHW’s quantitative reporting for the first time.

In a collaborative effort with our stakeholders, we developed a website designed to enhance the understanding of FDSV and support better policy and service-delivery decisions.

The updated website incorporates the following features:

- Written contributions from people with lived experience of FDSV throughout the topic pages. These contributions help to make the information more meaningful, channeling the focus on data and statistics through the experiences of real people. The WEAVERS developed this material as high-level commentary to accompany the data. They also advised on how best to use their contributions across AIHW reporting – such as suggesting topic areas that would be most relevant, and the structure and format that would be most suitable.
- Design elements that improve our ability to display key findings from the data in an infographic format. The infographic format is an effective tool for presenting information that is concise, visually appealing and accessible to a wider range of users. Infographics are more successful in enticing users to engage with the website and can also be used to break up text-heavy content.
- Topic spotlight boxes positioned on the FDSV homepage that draws readers attention to new findings or timely information.
- Related material boxes at the end of each topic page that allow users to navigate to related content. This increases the visibility of related research and material available on the platform, allowing users to further explore topics.

To further enhance the user experience, some WEAVERS participated in the user-testing phase of development and gave feedback on design, usability, and appropriateness of language and visual material.

Our partnership with the WEAVERS was a success because our approach to working with them was collaborative, meaningful, and respectful of the team's diverse skills and knowledge. We have received very positive commentary from our stakeholders about the updates to the website.

The website can be accessed at www.aihw.gov.au/family-domestic-and-sexual-violence.

Case study: Innovative producers of data sets and analysis

An innovative approach to suicide and self-harm monitoring

The AIHW developed an innovative interactive mapping product that presents findings of the Australian Youth Self-Harm Atlas on the AIHW website. We worked in close partnership with the study authors, Dr Emily Hielscher and Professor David Lawrence, to develop maps that display combined data from multiple sources to give estimates of suicidality and self-harm prevalence for more granular populations. Detailed regional data provide evidence upon which community members and decision-makers can use to strengthen regional planning and evaluation of suicide prevention initiatives. Developed by the authors, these synthetic estimates were generated by linking Young Minds Matter survey data with 2016 Census data and the use of sophisticated statistical small-area estimation models.



The maps present data on 12-month prevalence estimates of suicidality and self-harm outcomes for 12-to-17-year-olds in Australia. They may be used to generate insights into local populations and the variability of suicidality and self-harm across Australia. Users can choose to view data for states and territories, PHN, Statistical Area 4 (SA4), or Statistical Area 3 (SA3), and the type of area for which geographic boundaries are displayed.

For example, a user may choose to view data for a suicidal or self-harm prevalence outcome aggregated to SA3 areas, but with PHN boundaries displayed. In doing so, the user can visually inspect the variability between SA3 areas within each PHN. In addition, users can view regional variability in associations between youth self-harm and a select number of risk and protective factors. The interactive maps and more detail about the study, including strengths and limitations, can be accessed on the AIHW website at www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/youth-self-harm-atlas.

The maps provide a valuable resource to support the development of targeted self-harm and suicide intervention and prevention activities for Australian youth. The addition of data from the Youth Self-Harm Atlas study further solidifies the AIHW's position as an innovative producer of data sets and analysis.

The maps are just one component of the National Suicide and Self-harm Monitoring System. The AIHW leads the system, which brings together key statistical data on suicide and self-harm from multiple national sources that are updated regularly as new data become available. It aims to improve the quality, accessibility and timeliness of data on suicidality and self-harm in Australia, providing a key resource to enable better understanding of these issues, support further research, and improve policy, decision-making and service delivery.

Case study: A strong strategic partner

Annual report on First Nations ear and hearing health

In partnership with the Aboriginal and Torres Strait Islander Ear and Hearing Health Data and Reporting Advisory Group, the AIHW launched the first annual Ear and hearing health of Aboriginal and Torres Strait Islander people report on 4 December 2023. The report presents information on the ear and hearing health of First Nations people, their use of health services, and highlights areas where more data is needed.

The Advisory Group, chaired by Professor Kelvin Kong, worked with the AIHW to develop the report. The Advisory Group is multi-disciplinary, made up of members who are experts in the ear and hearing health of First Nations people from a clinical, policy, research, service-delivery or advocacy perspective. The Advisory Group provides expertise on the interpretation of findings and draws out key messages. Over time the Advisory Group will continue to shape the report.



Informed by the expertise of the Advisory Group, the report draws together ear and hearing-related data from a range of different sources, including the Census, national health surveys, hospitals data and data from hearing programs that deliver services such as screening and testing or fitting hearing aids. This reporting can support efforts to improve health services, facilitating the development of more comprehensive and coordinated approaches to service delivery, ensuring it is both timely and appropriate for different areas and communities.

First Nations people, and in particular First Nations children, experience high rates of ear and hearing problems, which can have profound impacts on overall health and quality of life, including the ability to communicate cultural knowledge and immersion in culture. Hearing problems in children can affect speech, language, thinking skills and behavioural development. Early detection of middle ear infections – the main cause of hearing loss among children and young people – is vital for appropriate treatment.

The 2023 report showed that some progress has been made towards better ear and hearing health for First Nations people since the foundational report was released in 2022. The report provides valuable insights into the ear and hearing health of First Nations people, supporting the development of policies and the provision of services to improve ear and hearing health among First Nations people and strengthening AIHW's partnerships with government, non-government organisations and the First Nations community.

The report can be read in full at www.aihw.gov.au/reports/indigenous-australians/ear-hearing-health-indigenous-people-2023.

Case study: Recognised for our organisational excellence

The 2024 APS Employee Census

The APS Employee Census is an annual survey conducted by the Australian Public Service Commission to collect confidential attitude and opinion information from APS employees on issues in the workplace. It is an opportunity for APS employees to share their experiences of working in their organisation and provide detailed feedback on various aspects of their work environment, including job satisfaction, engagement, communication and overall organisational culture. It is a benchmark tool for measuring employee satisfaction across the APS and organisational performance within APS agencies directly from the staff.

With 90% of our staff participating in the 2024 census survey, the results provide us with a clear view of how our staff feel about working at the AIHW. They demonstrate that we are an inclusive, flexible and productive workplace where people are treated with respect and courtesy, and diverse and unique attributes are recognised and valued.



Our results indicate that we are an employer of choice among the APS. The AIHW recorded positive responses at a higher level than the broader APS for 93% of comparable questions, and 95% of staff indicated they would recommend the AIHW as a good place to work. This is the third year in a row the agency has maintained this excellent result, which is 23 percentage points higher than the overall APS response. We also achieved top 10 rankings in staff engagement, communication, and wellbeing scales out of 104 APS agencies.

Other outstanding responses include:

- My agency supports and actively promotes an inclusive workplace culture: **94% agreed.**
- I am confident that if I requested a flexible work arrangement, my request would be given reasonable consideration: **94% agreed.**
- I am satisfied with my non-monetary employment conditions (e.g. leave, flexible work arrangements, other benefits): **92% agreed.**

Our workforce's commitment and high performance is also showcased, with results for almost every performance-related question scoring at least 5 percentage points higher than other specialist and medium-sized agencies and the wider APS. Responses indicate our staff feel they have the appropriate skills, capabilities, and knowledge to perform, and are happy to go the 'extra mile' at work when required. Learning and development opportunities were highlighted as a strength for the agency through free-text comments, in particular our strong emphasis on the provision of training to stay current with the latest industry trends and competencies.

Employee feedback suggested that enhancing the technology within the institute would drive improved performance and outcomes. We are listening to this feedback and have prioritised the development of an ICT modernisation roadmap and an investment plan. This work program will assist in achieving the outcomes set in the AIHW Technology Strategy and the AIHW Strategic Directions.

Overall, our APS census results clearly demonstrate our organisational excellence and commitment to maintaining a productive workplace. Our focus on fostering a flexible workplace, growing our capability and supporting a high-performing workforce is evident and we aim to maintain or improve these results going forward.





Performance



Annual performance statement

Introductory statement

On behalf of the AIHW Board which is the accountable authority, I present the institute's 2023–24 annual performance statement, as required under section 39(1)(a) of the PGPA Act.

This statement reports the institute's performance in 2023–24, including performance measures defined in the institute's [Corporate plan 2023–24](#) and the [Health Portfolio Budget Statements 2023–24](#).

In my opinion, on advice from the AIHW Board and management team, this performance statement accurately reflects the performance of the AIHW for 2023–24 and complies with subsection 39(2) of the PGPA Act.

The Honourable Nicola Roxon

Chair, AIHW Board

30 September 2024

Our performance

The annual performance statement presents results against criteria from the [Health Portfolio Budget Statements 2023–24](#) and against measures as set out in our corporate plan from 1 July 2023 to 30 June 2024.

Figure 2 provides an overview of our performance framework and the relationship between the [Health Portfolio Budget Statements 2023–24](#), corporate plan and annual performance statement. Regular performance reports are provided to the AIHW Board and the RAFC.

On 30 June 2022, the board issued the [AIHW Strategic Directions 2022–2026](#) to ensure that the institute remains aligned with national health and welfare priorities. These directions informed our performance framework for 2023–24.

In 2023–24, out of our 20 performance measures 14 were achieved, 4 were partially achieved, one was on track to being achieved and one was not achieved.

Figure 5: Relationships between Portfolio Budget Statements, corporate plan and annual performance statements



Risk management

Performance results

In 2023–24 we delivered on our purpose to create information and statistics on a range of health and welfare topics, and prepared data and analysis for various purposes.

Our 20 performance indicators comprise of both qualitative and quantitative measures. A summary of our results against our performance criteria are provided in table 3 in the 'Performance summary' section. More detailed information for each indicator is provided in the 'Results achieved' section.

Performance summary

Table 3: Results against performance measures

Performance measure	2023–24 result
1. Finalise and present Australia's welfare 2023 to the Minister for Health and Aged Care by 31 December 2023. <i>Source: 2023–24 Health Portfolio Budget Statements</i>	Achieved
2. Undertake planning and preparation of Australia's health 2024 for presentation to the Minister for Health and Aged Care by 30 June 2024. <i>Source: 2023–24 Health Portfolio Budget Statements</i>	Achieved
3. Publish ≥210 health and welfare data products incorporating AIHW expert analysis on the AIHW's website for public access. <i>Source: 2023–24 Health Portfolio Budget Statements</i>	Achieved
4. Publish ≥85% of annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data. <i>Source: 2023–24 Health Portfolio Budget Statements</i>	Achieved
5. Collaborate with the Australian Bureau of Statistics (ABS), the Department of Social Services (DSS) and participating jurisdictions to co-design, test, and establish new national data integration infrastructure for the National Disability Data Asset (NDDA). <i>Source: 2023–24 Health Portfolio Budget Statements</i>	Partially achieved
6. Collaborate with stakeholders to implement continuous improvement of the National Suicide and Self-Harm Monitoring project and publish updated data quarterly <i>Source: 2023–24 Health Portfolio Budget Statements</i>	Achieved

Performance measure	2023–24 result
7. Data linkage projects completed in accordance with agreed requirements. Source: <i>Corporate Plan 2023–24</i>	Achieved
8. Enhance the AIHW website. Source: <i>AIHW Corporate Plan 2023–24</i>	Partially achieved
9. Improve access to national linked health data. Source: <i>AIHW Corporate Plan 2023–24</i>	Achieved
10. Enhance data resources with 4 new or significantly enhanced data collections or linkages to fill in identified information gaps. Source: <i>2023–24 Health Portfolio Budget Statements</i>	Achieved
11. Increase the number of annual reports produced on a quarterly basis by one. Source: <i>2023–24 Health Portfolio Budget Statements</i>	Not achieved
12. Improve the visibility of our strategic approaches to data Source: <i>Corporate Plan 2023–24</i>	Partially achieved
13. Improve the breadth of our partnerships. Source: <i>Corporate Plan 2023–24</i>	Achieved
14. Demonstrate the impact of our work on decision making. Source: <i>Corporate Plan 2023–24</i>	Achieved
15. Support staff by facilitating flexible work arrangements. Source: <i>AIHW Corporate Plan 2023–24</i>	Achieved
16. Support staff and manage growth by implementing a Learning and Development Strategy focused on capability development. Source: <i>AIHW Corporate Plan 2023–24</i>	Achieved
17. Facilitate greater diversity in AIHW staff. Source: <i>AIHW Corporate Plan 2023–24</i>	Partially achieved
18. Provide accessible, scalable and available ICT services to staff. Source: <i>AIHW Corporate Plan 2023–24</i>	Achieved
19. Ensure ICT and data environments are protected against malicious attacks. Source: <i>AIHW Corporate Plan 2023–24</i>	On track
20. Enable access to contemporary analytics tools and applications to facilitate AIHW business delivery. Source: <i>AIHW Corporate Plan 2023–24</i>	Achieved

Results achieved

1. Finalise Australia's welfare 2023 for presenting to the Minister for Health and Aged Care in 2023–24

Australia's welfare 2023 was provided to the Minister for Health and Aged Care on 30 August 2023. It was publicly released on 7 September 2023, launched via joint media release by the Hon Mark Butler, Minister for Health and Aged Care and the Hon Amanda Rishworth, Minister for Families and Social Services.

Overall result: achieved.

2. Undertake planning and preparation of Australia's health 2024 for presentation to the Minister for Health and Aged Care by 30 June 2024

Australia's health 2024 was provided to the Minister for Health and Aged Care before the 30 June deadline, as per the AIHW Act. The report was received by the Minister on 26 June 2024 and tabled and released on 2 July 2024.

Overall result: achieved.

3. Publish ≥ 210 health and welfare data products incorporating AIHW expert analysis on the AIHW's website for public access

In 2023–24, 413 health and welfare data products were published on the AIHW's public facing websites.

Overall result: achieved.

4. Publish $\geq 85\%$ of annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data

Over 85% of baseline annual products were published on the AIHW's website within 6 months of the receipt of final data.

Overall result: achieved.

5. Collaborate with ABS, DSS and participating jurisdictions to co-design, test, and establish new national data integration infrastructure for the NDDA

Target 1: confirm AIHW role and responsibilities for ANDII by 1 December 2023.

The AIHW's role and responsibilities for the ANDII, the underlying technical and governance infrastructure that will deliver the NDDA, were confirmed by 1 December 2023.

The NDDA project has made significant progress in building trust with the disability community, establishing ICT to host the data, as well as the governance ecosystem for data sharing across all governments. The project remains in the establishment phase and is forecasting a 96-month delay to the sharing of data agreed in NDDA Bilateral Schedules between commonwealth and state/territory governments.

Target 2: Assist delivery of initial NDDA data by 30 June 2024.

The AIHW is assisting with the delivery of initial NDDA data, responsible for on-sharing collated and standardised national minimum datasets from state/territory service systems. The first release of the NDDA has been deferred from end June to December 2024 due to delays in resolving privacy and legal authorisations for state/territory and Commonwealth data. A range of NDDA data sharing agreements have now been signed, including for selected Commonwealth datasets and for hospitals data from some states and territories. Some Commonwealth data is now being hosted in the ANDII environment providing an opportunity to test the new system. The initial data sharing agreements and negotiation process will provide a template for future agreements. These agreements are expected to accelerate data sharing although legal authorisations remain a significant challenge.

Overall result: partially achieved.

6. Collaborate with stakeholders to implement continuous improvement of the National Suicide and Self-Harm Monitoring project and publish updated data quarterly

The National Suicide and Self-harm Monitoring Project Research Commissioning, Data Development and Data Linkage Plan was presented to the Expert Advisory Group on 14 July 2023. The plan has been subject to subsequent revision and will evolve over time as further opportunities arise.

Since July 2023, the AIHW has updated and published data on 14 occasions, greatly exceeding our performance target to publish quarterly.

Overall result: achieved.

7. Data linkage projects completed in accordance with agreed requirements

During the first half of 2023–24 the AIHW data integration strategy: 2023–2028 was finalised, outlining the agreed vision, objectives and priorities for our data integration activities over the next 5 years. Work has already begun on these objectives including:

- an expanded effort to recruit and train more data integration staff including an Executive Level 2 Technical Lead to guide efforts to enhance and modernise our data integration capabilities
- preparation of an application to be granted status as an Accredited Data Service Provider under the new DAT Act
- installation and testing of new, easier-to-use data linkage software
- building and updating key elements of our data linkage system such as developing a new AIHW Health Spine, expanding use of the National Master Linkage Key and preparing to make the institute's National Minimum Data Sets ready for routine linkage
- building of linkage infrastructure and methods to enable the first release of NHDH and later additions of new data sets
- ongoing collaboration with ABS and jurisdictions and re-purposing of NHDH work for the NDDA/ANDII.

In addition to this development work, the institute also completed 30 custom data linkage projects during the period in accordance with researcher requirements.

Overall result: achieved.

8. Enhance the AIHW website

The AIHW updated its website to a new content management system for better performance and security, and enhanced user experiences.

The institute began a review on data delivery and content for stakeholders, which will guide our web content strategy. A discovery project on our products and dissemination methods was completed. The project included stakeholder workshops and strategic reviews.

Concurrently, navigation improvements were made to lower-level site content. However, as common navigation terms across all reports and microsites are used frequently, significant changes are considered unwise due to potential site-wide impact. It became apparent that we needed to broaden the scope of the project and extend the timeframe for completion to after end of the reporting period.

To facilitate this, the institute engaged usability experts PeakXD for training in information architecture improvement, enabling iterative improvements to be made internally while maintaining common terms and making enhancements.

As a result of the change in scope, the initial target (to complete all enhancements by 30 June 2024) was only partially achieved.

Overall result: partially achieved.

9. Improve access to national linked health data

The AIHW established the NHDH on 1 January 2024. The NHDH subsumes the NIHSI and its governance and researcher access arrangements. Government and non-Government researcher access to national linked health data has been actioned in various secure access environments including the institute's Research-Only Network, the Department of Health and Aged Care Enterprise Data Warehouse and an AIHW managed instance of the Secure Environment for Analysing Data Pod hosted by the ABS.

The release of various data enhancements to the national linked health data was made available to researchers via the NHDH in mid-2024.

Overall result: achieved.

10. Enhance data resources with 4 new or significantly enhanced data collections or linkages to fill in identified information gaps

The AIHW has developed approaches to reduce data gaps for these 5 priorities:

1. FDSV

The AIHW is closing data gaps in FDSV by enhancing data availability on specialist services and developing nationally linked data. A draft report on a prototype data collection for specialist FDSV services was submitted to DSS in March 2024, and reviews and consultations started in May 2024.

Additionally, work is ongoing to develop an integrated data system that will link data from national collections on homelessness and child protection services with the NHDH.

2. First Nations nKPIs (ear health and sexually transmissible infections)

The national Key Performance Indicators (nKPI) collection gathers process-of-care and health-status indicators from organisations funded by the Indigenous Australians Health Programme.

A comprehensive review by the AIHW identified key data gaps, leading to the approval of 2 new indicators for sexually transmissible infections and ear health checks. Specifications for these indicators were developed in consultation with an expert group from the First Nations Health Services Data Advisory Group, and public feedback from the Department of Health and Aged Care's online Consultation Hub was incorporated.

3. Perinatal linkage

The AIHW is progressing a pilot project on perinatal linkage. The project is on track, with aims to link 4 states and territories with federal government data in the NHDH in late 2024. Two of 4 jurisdictions have their approvals in place (QLD and Tas) and liaison continues with the other 2 (ACT and NSW).

4. National sports injury

The National Sports Injury Data Program, funded by the Australian Sports Commission until mid-2026, aims to improve sports injury data availability in Australia by addressing data gaps. The program focuses on data development, methodology development, and injury surveillance. In July 2024, the institute released a data collection manual and dictionary to standardise sports injury data collection methods and processes. Additionally, a new data update on national sports injury hospitalisations for 2021–22 is scheduled for July 2025.

5. Primary care

The AIHW undertook a small-scale data demonstration project to fill gaps in nationally consistent primary health care data on the priority area of dementia. The data analysis for this project was completed and the institute is seeking feedback from participating Public Health Networks on the draft report. The intention is to publish a summary of the findings and develop a second primary care demonstration project building on the insights from this project. Collaboration with the Commonwealth Scientific and Industrial Research Organisation (CSIRO) to develop and mandate Fast Healthcare Interoperability Resources standards for medical software is underway.

Overall result: achieved.

11. Increase the number of annual reports produced on a quarterly basis by 1

The AIHW undertook work on several candidates for a new annual report to be produced on a quarterly basis. These candidates, including a PBS dashboard and Medicare Bulk Billing dashboard, were on track for release before 30 June 2024. However, due to higher priority work, resources needed to be diverted and the institute did not have capacity to progress either of the 2 dashboards within the reporting period. They are scheduled to be released in the next financial year.

Overall result: not achieved.

12. Improve the visibility of our strategic approaches to data

Over the last several months, the AIHW's focus has shifted away from an organisation-level data strategy towards the development of a specific approach to manage the linkage and integration of health and welfare data in the future. The institute's goal is to maximise the value of AIHW data sets, ensure efficient and timely access to integrated data for AIHW staff and external researchers and organisations, and enable the production of high-quality data and analysis to support improvements in the health and welfare of Australians. The institute is considering how to best communicate its approach and priorities externally, and has developed a high-level implementation plan.

Overall result: partially achieved.

13. Improve the breadth of our partnerships.

Target 1: Ensure each of our substantial areas of work have an appropriate advisory committee.

Most of the AIHW's substantial areas of work have appropriate advisory committees. Some work streams have time-limited advisory groups which are formed to support the institute to develop and deliver one-off projects (e.g. the Refugee and Humanitarian Entrant Health Expert Advisory Group). For some areas that cross the entire health sector e.g. Medicare Benefit Scheme (MBS) Dashboards, key stakeholders at the Department of Health and Aged Care are liaised with directly. If required, feedback is sought from other relevant advisory committees as appropriate e.g. the Primary Healthcare Advisory Committee. The AIHW has an overarching advisory group for work on First Nations people (Indigenous Statistical and Information Advisory Group).

Target 2: Partner with First Nations people and organisations to implement Closing the Gap (CTG) priority reforms.

The AIHW has continued to partner with First Nations people and organisations to implement CTG priority reforms in many ways. Key initiatives include updating the RIFIC website with a new CTG progress dashboard, supporting Queensland Aboriginal and Islander Health Council in data analysis and capabilities, collaborating with Barang Regional Alliance on their data needs, and ongoing cultural training by JobTrail. The institute's engagement plan with First Nations stakeholders is under review, with plans to consult key First Nations organisations.

Overall result: achieved.

14. Demonstrate the impact of our work on decision making

The AIHW regularly seeks feedback from funding partners that demonstrates the impact of the institute's work. Examples include:

- **Australian Burden of Disease Study:** the study received positive feedback from the Department of Health and Aged Care, highlighting its use for informing health policy, planning, and developing preventative measures.
- **Refugee and Humanitarian Entrant Health project:** the Department of Home Affairs provided positive feedback about the project, specifically its role in filling key information gaps and how it will be used to inform the development of progress measures for the department.
- **COVID-19 Register Integration:** positive feedback on the register was received from the Department of Health and Aged Care for integration with the NHDH and its support of the COVID Inquiry Taskforce and Recovery Project.
- **Chronic Conditions Framework:** feedback from the Department of Health and Aged Care emphasised the importance of the institute's baseline indicators for measuring framework impact.
- **Cancer Screening Programs:** there has been consistent positive feedback on the responsiveness and strategic advice provided by the AIHW on the data aspects of existing cancer screening programs. Additionally, the institute's innovative suggestions for monitoring the new lung cancer and skin cancer screening programs have been well-received.

Overall result: achieved.

15. Support staff by facilitating flexible work arrangements

Staff satisfaction with flexible work arrangements are measured by the APS Employee Census 2024.

The AIHW received a 94% positive response to the statement “I am confident that if I requested a flexible work arrangement, my request would be given reasonable consideration” and 91% of respondents from the AIHW access flexible working arrangements indicating a very high level of responsiveness to staff needs.

These results are in line with the expectations of the AIHW Board.

Overall result: achieved.

16. Support staff and manage growth by implementing a Learning and Development (L&D) Strategy focused on capability development

The *AIHW learning and development strategy 2022–24* aims to strengthen workforce capability and provides a vision that supports the management of change, enhances employee engagement and career development, and helps foster a high performing culture to drive organisational success. Additionally, the institute conducts an annual L&D survey to identify staff training needs, allowing for more meaningful and useful provision of formal learning.

Impact of the L&D strategy is measured by the APS Employee Census 2024.

The AIHW received a 70% positive response to “In the last 12 months, the formal learning I have accessed has improved my performance”, and received an 81% positive response to “My supervisor is invested in my development”.

Additionally, there were numerous positive responses about learning and development in free-text comments. Feedback included that the AIHW always provides opportunities to expand individual skills, and that professional development is prioritised through providing regular training to ensure currency with the latest industry trends and skills.

These results are in line with the expectations of the AIHW Board.

Overall result: achieved.

17. Facilitate greater diversity in AIHW staff

According to the APS Employee Census 2024, the AIHW has greater representation (as a percentage) than specialist and medium-sized agencies across the following demographic groups:

- culturally and linguistically diverse
- ongoing disability
- neurodivergent
- lesbian, gay, bisexual, transgender, gender diverse, intersex and queer (LGBTIQ+)
- carers.

The institute has 1% First Nations employee representation, which is lower than comparable agencies. For that reason, this measure is considered partially achieved.

Overall result: partially achieved.

18. Provide accessible, scalable and available ICT services to staff

The availability of ICT services (data centre, network and email connectivity) that are essential to AIHW operations was over 99% at all locations.

Overall result: achieved.

19. Ensure ICT and data environments are protected against malicious attacks

In February 2024, a timetable of deliverables for improving Essential Eight maturity has been set in the Cyber Security Implementation Plan which was approved. A system engineer was appointed to implement some of these improvements, beginning work in March 2024.

Overall result: on track.

20. Enable access to contemporary analytics tools and applications to facilitate AIHW business delivery

The AIHW continues to make data analysis tools (programs including SAS, R, Python and Tableau) available to all data analysts. Other tools such as geographic information system mapping software (programs including ESRI) are available on a limited basis. Several open-source packages for R and Python have been security checked and approved for use. The installation of Sonatype, a supply chain management software, will speed up the approval of open-source packages.

Overall result: achieved.

Closing the Gap

We are committed to the implementation of the priority reforms from the 2020 National Agreement on Closing the Gap (Agreement) which are closely aligned with the AIHW's strategic directions. We play a crucial role in the provision of data and information to support the Agreement – continually strengthening the evidence base across key areas, such as life expectancy, social and emotional wellbeing, suicide and self-harm and access to services relative to need.

The AIHW continues to play a leadership role in promoting best practice in the governance of data about First Nations people and in implementing the 4 Priority Reforms underpinning the Agreement.

Priority Reform 1: Formal Partnerships and Shared Decision Making



We provide timely, accurate and authoritative statistical reporting on the health and welfare of First Nations people. As a trusted leader in health and welfare data and analysis, we have established formal strategic partnerships and other consultative mechanisms with First Nations experts and groups to bring First Nations perspectives into the work that we do.

Priority Reform 2: Building the Community-Controlled Sector



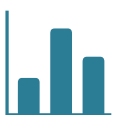
As an innovative producer of data sets and analysis, we provide data and advice to First Nations organisations and researchers. These data and advice are used to build the community-controlled sector through informing decision-making, attracting investment, and supporting advocacy for change. As a strong strategic partner, we work with First Nations organisations to build data capabilities, improve access to data and develop shared learnings.

Priority Reform 3: Transforming Government Organisations



We are recognised for our organisational excellence. We embrace the diversity of our employees, providing a workplace that is inclusive, respectful, and free of discrimination. We are committed to increasing the number of First Nations trainees and employees at the AIHW and we support Indigenous businesses.

Priority Reform 4: Shared Access to Data and Information at a Regional Level



We inform and shape policy, service delivery and community debate by highlighting key health and welfare priorities and the needs of First Nations people. To support this work, we engage with First Nations people and organisations to continually improve the quality of our data holdings and enhance the accessibility, cultural relevance and appropriateness of our products and services for First Nations audiences. We continue to release more regional data publicly to help support local decision making.

Aboriginal and Torres Strait Islander Health Performance Framework (HPF)

Since 2006, the Aboriginal and Torres Strait Islander HPF reports have provided information about health outcomes, key drivers of health and the performance of the health system for First Nations people. Since 2020, detailed HPF findings and data have been presented together on a dedicated website: indigenoushpf.gov.au.

The HPF was designed in consultation with First Nations stakeholder groups to promote accountability, inform policy and research, and foster informed debate about the health of First Nations people. The HPF also provides information to support progressive improvements in national goals and targets. The HPF reporting process is overseen by a Steering Committee made up of First Nations representatives and other stakeholders.

The HPF highlights that enhancing health services and continuously improving access to comprehensive, culturally appropriate and safe primary health care services are important to support improvements in health and reduce the burden of disease inequities among First Nations people.

A key focus of the HPF analyses is to examine differences in health outcome by remoteness given the significant disparities experienced by First Nations people living in remote areas. These findings are crucial to informing policy, service planning, program development and research, and will lead to further improvements as we track progress toward CTG.

Regional Insights for Indigenous Communities (RIFIC)

Access to accurate and locally relevant data and statistics is key to informed decision-making by local communities, services, and policy makers. The RIFIC website was launched in December 2021 and is updated and enhanced yearly. It brings together a range of government data at the local level into one location. In December 2023, we made several enhancements to the website based on user experiences and feedback, including new features that make the website more useful and accessible. Notably, the website now includes a new CTG dashboard that specifically tracks progress towards CTG Targets at the regional level; new and updated content based on Census 2021 data; and new data topics with statistics available at the most granular geographic level such as MBS health checks, top reasons for hospitalisations, perinatal statistics, leading causes of death, information about the available health workforce, and many more. Furthermore, we introduced new 'Life stages' dashboards in the latest June 2024 update. The site now has an enhanced dashboards design with improved accessibility, such as print and listen functionality.

The Community Data Projects

The Community Data Project is a key initiative of Priority Reform 4 of the Agreement. Enabling participating communities and organisations to access locally relevant data and information and evidence to help with local decisions relating to each community's identified priorities. We have been working with governments and communities to develop, demonstrate and refine data portal prototypes to ensure they align with community requirements and expectations. The first community secure data portal prototype has now been developed and is pending community consultation.

Eye health and ear and hearing health

Eye health and ear and hearing health are linked to CTG targets across health, education and employment. Of the 28 eye health measures updated in the December 2023 report, 11 measures or sub-measures appear to be improving, while 4 measures or sub-measures appear to be worsening. The report on Ear and hearing health of Aboriginal and Torres Strait Islander children and adults released in December 2023, showed that some progress has been made towards better ear and hearing health for First Nations people since the inaugural report was released in 2022.

Better cardiac care

In March 2024, we released the eighth national report on Better Cardiac Care measures for Aboriginal and Torres Strait Islander people. In this report, linked data have been used for the first time to examine follow-up care and medication use among people discharged from hospital with a cardiac condition.

Rheumatic heart disease

Also released in March 2024 was the annual report of the National Rheumatic Heart Disease data collection. The report, Acute rheumatic fever and rheumatic heart disease in Australia 2022, found that 95% of acute rheumatic fever diagnoses and 79% of rheumatic heart disease diagnoses occurred in First Nations people, with the highest rates in the Northern Territory and remote areas. These preventable conditions are associated with poor socioeconomic conditions such as household crowding, low levels of functioning 'health hardware' (for example, showers and taps) and lack of access to health care services.

Mental health and suicide prevention

The Indigenous Mental Health and Suicide Prevention Clearinghouse (IMHSP Clearinghouse) was launched in 2021 to strengthen the research and evidence base needed to improve mental health and suicide prevention services and outcomes for Aboriginal and Torres Strait Islander people. The IMHSP Clearinghouse brings together information about First Nations mental health, suicide prevention and social and emotional wellbeing, and contains data and commissioned publications on relevant topics, as well as a research and evaluation register. In 2023–24, reports were published on a range of issues affecting First Nations people and communities, including digital mental health resources, education, climate change, and physical activity. Summary papers of 15 published reports were also released. In addition, new analysis of the 2018–19 ABS National Aboriginal and Torres Strait Islander Health Survey using social and emotional wellbeing measures were included on the Clearinghouse topic pages.

CTG Targets – Drivers of Change project

In 2022–23 we carried out a project investigating the drivers of change for the CTG targets, with funding from the National Indigenous Australians Agency (NIAA).

The project involved preparation of a series of reports presenting the progress on and modelling the drivers of change for 14 out of 17 CTG targets agreed to in the Agreement. Utilising a wide range of administrative, population and survey data, each report looked at the change in target outcome over time, disaggregated by jurisdiction, remoteness areas, areas of relative socio-economic disadvantage, Indigenous Regions, demographic and other relevant characteristics.

The reports also presented a review of literature and the outcomes of more advanced analyses modelling the drivers of change for each target and discussed the policy implications of these findings. Summary reports on 14 targets and a chapter discussing the interrelationships between the targets and their main drivers have been submitted to the NIAA in June 2023, which informed the work on a CTG proof of concept model commissioned by NIAA.

The reports have been circulated among members of the Indigenous Statistical and Information Advisory Group and the National Aboriginal Community Controlled Health Organisation for consultation and feedback in preparation for publication at the end of 2024.

The AIHW continues to contribute to work related to progressing the Agreement. The full range of our relevant products and publications can be viewed on our website at www.aihw.gov.au/indigenous-australians.

Our financial performance

The AIHW has 2 main types of income – appropriation from the Australian Parliament and income from externally funded projects. The institute also earned income from interest on its financial assets.

The overall financial result for the year was a surplus of \$1.3 million before changes in the asset revaluation reserve.

We received an unqualified audit opinion from the Australian National Audit Office for the 2023–24 financial statements. The statements comply with subsection 42(2) of PGPA Act and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

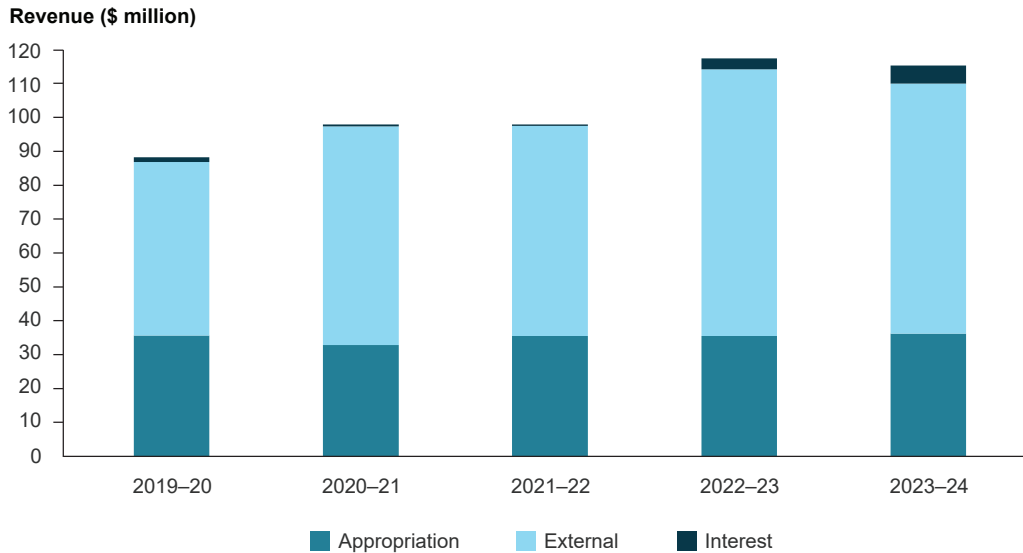
Our financial results from 2022–23 to 2023–24 are summarised in Table 4. Audited 2023–24 financial statements are available at Appendix E.

Table 4: Financial results, 2022–23 to 2023–24 (\$million)

	2022–23	2023–24	Change (2022–23 to 2023–24)
Income	115.396	113.478	Decrease
Expenditure	115.697	112.224	Decrease
(Deficit)/surplus	(301)	1.254	Increase
Total assets	154.149	151.952	Decrease
Total liabilities	118.582	115.384	Decrease
Total equity	35.567	36.568	Increase

In 2023–24 our appropriation was \$35.5 million, compared with \$34.8 million in 2022–23. Income from externally funded projects decreased to \$72.5 million from \$77.3 million in 2022–23. Most of the externally funded income came from Australian Government departments. The largest funder being the Department of Health and Aged Care, which funded large projects including Chronic Diseases, National Suicide and Self-Harm Monitoring and Mental Health Services. The Department of Social Services funded work on the National Disability Data Asset and the Department of Veterans' Affairs funded work on Veterans Health and Welfare Data Development.

Figure 6: Revenue sources 2019–20 to 2023–24



The cash balance component of the institute’s financial assets remained high at \$103.9 million, most of which is invested in term deposits in accordance with our investment policy. In 2023–24, interest income was \$5.2 million, compared with \$3.2 million in 2022–23.

Our total revenue for 2023–24 was \$113.5 million, which is a decrease of \$1.9 million from 2022–23.

Our contract income received has decreased by \$4.8 million. 2022–23 included some larger payments for Veterans Health & Welfare, Closing the Gap Targets 2020 - Drivers of change project, chronic diseases, National Commissioner into Defence & Veteran Suicides and Disability Data Dashboard.

The institute’s operating expenditure for 2023–24 was \$112.2 million compared to \$115.7 million in 2022–23.

Employee-related expenditure increased to \$76.0 million in 2023–24 from \$63.5 million in 2022–23. This was due to an increase in average staff numbers as the AIHW transitioned staff to payroll from contracts and a pay increase during the year.

There was a decrease of \$16.2 million in supplier expenses, mostly due to a decrease in contractors and agency staff, data and research providers and consultants.

Financial outlook

Appropriation is expected to increase by \$0.9 million in 2024–25 to \$36.5 million. We have budgeted for income from externally funded projects to be \$73.0 million.

We received approval to budget for an operating loss in 2024–25 of \$1.0 million. The loss is for non-ongoing expenses related to improving information management and data analytical capability.



Management and accountability

The AIHW was established under the Australian Institute of Health and Welfare Act 1987 and operates as an independent corporate Commonwealth entity under the PGPA Act.

Our principal place of business is 1 Thynne St Bruce ACT 2617. We maintain 3 other offices:

- 11 Thynne St Bruce ACT 2617
- 26 Thynne St Bruce ACT 2617
- Level 9, 1 Oxford Street Darlinghurst 2010.

We are a part of the Health and Aged Care Portfolio and governed by the AIHW Board.

The board is accountable to the Parliament of Australia through the Minister for Health and Aged Care, the Honourable Mark Butler MP.

Our governance structure includes the AIHW Board, the CEO, Executive Committee, and other committees that provide strategic direction and oversight of our operations.

The AIHW Board

The AIHW Board is established under the AIHW Act and is the institute's accountable authority under the PGPA Act. The board is responsible for determining the institute's vision, purpose and values and sets our overall policy and strategic direction. Its functions and responsibilities are detailed in the Charter of Corporate Governance available on our website. The board is accountable to the Minister for Health and Aged Care.

Board members, except for the CEO, are appointed by the Minister for Health and Aged Care and hold office for a specified term not exceeding 5 years. The CEO is an ex-officio board member. Under section 18F of the AIHW Act, the CEO does not attend board deliberations or take part in any decision relating to their appointment, remuneration or performance.

During the year the Minister appointed:

- The Honourable Nicola Roxon as AIHW Chair.
- Dr Zoran Bolevich as AIHW CEO.
- Existing members Mr Romlie Mokak and Ms Cathryn Ryan for an additional term.
- New members: Ms Julie Bignell, Adj. Professor Paul Burgess, Dr Wally Jammal and Adj. Professor Tarun Weeramanthri.

Other membership changes comprised:

- Dr Erin Lalor was Acting AIHW Chair until Ms Roxon’s commencement.
- Mr Rob Heferen resigned from the CEO role.
- Mr Matthew James assumed the role of Acting CEO while this position was filled.
- Terms on the board concluded for Ms Christine Gee, Mr Heferen, Dr Christine Pascott and Mr Michael Perusco.
- Dr Bolevich resigned as board member following his appointment as AIHW CEO.

Dr Bolevich did not attend the 2 AIHW Board meetings that occurred during the CEO recruitment process.

The AIHW Act states that the board must comprise no more than 12 members. As at 30 June 2024, it had 11 members, including the ex-officio member.

Table 5: AIHW Board meeting attendance 2023–24

Name	Position	Meetings attended	Eligible meetings
Hon Nicola Roxon	Chair from 8 September 2023	5	5
Dr Erin Lalor	Deputy Chair Acting Chair to 7 September 2023	4	5
Mr Rob Heferen	CEO to 23 February 2024	2	2
Dr Zoran Bolevich	CEO from 4 June 2024	1	1
Mr Matthew James	Acting CEO 24 February 2024 to 3 June 2024	1	1
Ms Julie Bignell	Member from 3 December 2023	3	3
Dr Zoran Bolevich	Member to 9 May 2024	1	4
Adjunct Professor Paul Burgess	Member from 3 December 2023	3	3
Ms Marilyn Chilvers	Member	4	5
Ms Christine Gee	Member to 2 December 2023	2	2
Dr Walid Jammal	Member from 8 September 2023	5	5
Mr Romlie Mokak	Member	5	5
Dr Christine Pascott	Member to 2 December 2023	2	2
Mr Michael Perusco	Member to 2 December 2023	2	2
Ms Cathryn Ryan	Member	5	5
Adjunct Professor Tarun Weeramanthri	Member from 3 December 2023	3	3
Mr Peter White	Member	5	5

Current board members as at 30 June 2024



Chair:
The Honourable Nicola Roxon BA/LLB (Hons), GAICD
Current term: 8 September 2023 to 7 September 2028

The Honourable Nicola Roxon has broad experience in government, business, and the not-for-profit sector, with an emphasis on health, legal, property and finance. She was the Health Minister from 2007 to 2011 and Australia's first female Attorney-General from 2011 to 2013.

After 15 years in Parliament, and 6 as a Minister, Ms Roxon has spent the last decade since leaving politics as a non-executive director.

She currently chairs HESTA (the health sector industry superannuation fund) and VicHealth and is a non-executive director on the boards of Murdoch Children's Research Institute and Dexus.

Ms Roxon completed a BA/LLB at the University of Melbourne and worked as an industrial lawyer, union official and High Court Associate prior to entering parliament.



Deputy Chair:
Dr Erin Lalor AM BSc (Hons) (Speech and Hearing),
GAICD, PhD, GCCM
Current term: 3 December 2022 to 2 December 2027

Dr Erin Lalor AM was appointed CEO of the Alcohol and Drug Foundation in November 2017. She has over 20 years of leadership experience in the health sector, working in clinical, academic, and executive roles. Dr Lalor was previously the CEO of the National Stroke Foundation and a director of the World Stroke Organization. Dr Lalor is a former director of VincentCare Victoria, a member of the Australian National Advisory Council on Alcohol and Other Drugs and Chair of Alcohol Change Australia. She was twice recognised as a Victorian finalist in the Telstra Businesswoman of the Year awards and identified in the Financial Review's Top 100 Women of Influence in 2013. Dr Lalor was awarded a Member of the Order of Australia in January 2019 for her services to health through the not-for-profit sector and to people with stroke.

Dr Lalor was Acting Chair 14 December 2022 to 7 September 2023, in accordance with section 11B of the AIHW Act. This acting period coincided with the departure of Louise Markus on 13 December 2023 and the commencement of the Honourable Nicola Roxon on 8 September 2023.



**Executive Director:
Dr Zoran Bolevich**

**Current Term: 4 June 2024 to 3 June 2029; ex-officio appointment
Former Non-Executive Director, term: 3 March 2023 to 9 May 2024**

The head of the AIHW is the CEO. Dr Zoran Bolevich was appointed to the role of CEO on 4 June 2024. The CEO is responsible for the effective day-to-day administration of the institute and is the primary point of liaison between the board and the Executive Committee.

Prior to appointment as CEO of the AIHW, Dr Bolevich was the Chief Executive of eHealth NSW and the Chief Information Officer for NSW Health and responsible for planning, implementing, and supporting a digitally enabled, integrated and patient-centric health information environment. During his prior 25-year career, Dr Bolevich worked in a range of senior health management and ICT leadership roles in Australia and New Zealand.

Before joining eHealth NSW, Dr Bolevich worked at NSW Health as executive director for health system information and performance reporting and as acting deputy secretary for system purchasing and performance.

Dr Bolevich served as a member of the AIHW Board from 11 February 2016 to 9 May 2024. He is a Doctor of Medicine and has a Master of Business Administration (MBA) with Distinction.



**Non-Executive Director:
Ms Julie Bignell BA, Grad Dip (IR/HR), FGIA**

Current term: 3 December 2023 to 7 September 2028

Ms Julie Bignell is an experienced board member with extensive experience in corporate governance, risk management, strategic planning, stakeholder engagement and industrial relations. She is currently a Director of the Australasian Centre for Corporate Responsibility and Women's Health Victoria. Ms Bignell's previous board experience includes directorships with Austin Health, CareSuper, the Australian Council of Superannuation Investors, North Queensland Bulk Ports Corporation, and Workplace Health & Safety Queensland. She was the Secretary of the Australian Services Union (Central & Southern Queensland Branch), a member of the National Executive, and Vice-President of the Australian Services Union.



Non-Executive Director:
Adjunct Professor Paul Burgess GAICD, PhD, FAFPHM, FRACGP-RG

Current term: 3 December 2023 to 7 September 2028

Adjunct Professor Paul Burgess is currently Senior Director Health Statistics and Informatics at NT Health and Adjunct Professor at Charles Darwin University. Adjunct Professor Burgess has over 15 years of experience as a dual qualified Rural Generalist and Public Health Physician with extensive clinical experience in First Nations health, rural and remote health, continuous quality improvement and health services research. His previous roles include directorships with the NT Primary Health Network and the Australian Healthcare & Hospitals Association.



Non-Executive Director:
Ms Marilyn Chilvers BEc (Hons), MAppStat, GradDipTertEd

Current term: 3 March 2023 to 2 March 2026

Ms Marilyn Chilvers is an Executive Director in the NSW Government, working in the Customer, Delivery and Transformation Division of the Department of Customer Service. Ms Chilvers is responsible for driving data integration and insight development initiatives to improve outcomes for citizens, particularly those who are most vulnerable. She led the design, development and implementation of the NSW Human Services Outcomes Framework, and enabled data sharing, modelling and measurement of outcomes and benefits for NSW citizens, driving a reformed NSW Human Services data ecosystem to deliver better outcomes.

Ms Chilvers is currently shaping transformational design of complex integrated data initiatives, including the NDDA and the NSW Stronger Communities Data Partnership.



Non-Executive Director:
Dr Walid Jammal MBBS FRACGP MHL DCH

Current term: 8 September 2023 to 7 September 2028

Dr Walid Jammal is a general practitioner in a well-established family practice in Western Sydney. He has various clinical and non-clinical interests including ethics, as well as a post-graduate Master of Health Law. Dr Jammal has a keen interest in quality and safety in health care, health policy, health reform and health economics, as well as innovative models of care in primary care. Dr Jammal has been involved in various advisory committees focused on health reform for many years, including co-chairing the Primary Care Reform Steering Group, which informed the development of the 10-year Primary Care Plan, and a member of the former Strengthening Medicare Taskforce.

Dr Jammal is a current member of the Medicare Services Advisory Committee; co-chair of the GP Advisory Committee for the Agency for Clinical Innovation (NSW Health); Member of the Western Sydney Primary Health Network Board; and member of the Western Sydney Local Health District Board.



Non-Executive Director:
Mr Romlie Mokak BSocSc, PGDipSpEd

Current term: 3 December 2023 to 7 September 2028

Mr Romlie Mokak is a Djugun man and a member of the Yawuru people. He was most recently a Commissioner with the Productivity Commission leading a body of work including the review of the National Agreement on Closing the Gap, Aboriginal and Torres Strait Islander Visual Arts and Crafts and Indigenous Evaluation Strategy.

Prior to the Commission, Mr Mokak led key national Aboriginal and Torres Strait Islander organisations as CEO of the Lowitja Institute and the Australian Indigenous Doctors' Association. Mr Mokak previously worked for the Australian Government where he had policy and program responsibility in areas such as substance use, male health and eye health, within the Office for Aboriginal and Torres Strait Islander Health. At the state level, he was the first Aboriginal policy officer appointed to the NSW Department of Ageing and Disability. Mr Mokak was a past chair of the National Health Leadership Forum, the Canada–Australia Indigenous Health and Wellness Working Group and the Pacific Region Indigenous Doctors Congress CEOs' Forum. Mr Mokak is a co-chair of the Indigenous Governance Awards and patron of Winnunga Nimmityjah Aboriginal Health and Community Services.



Non-Executive Director:
**Ms Cathryn Ryan RN, BEd, GDipHlthAdmin, GDipENT (UK),
GCertCritCare(Emerg), GAICD**

Current term: 3 December 2023 to 7 September 2028

Ms Cathryn Ryan has worked for over 35 years in the public and private health sectors in both Australia and the UK. She has held a wide range of operational and senior managerial roles, focusing on care outcomes, efficiency, productivity and funding.

Ms Ryan held the national role as General Manager of Health Funding, Strategy and Performance at Australia's largest not-for-profit private/public hospital operator, St John of God Health Care. In this role, Ms Ryan headed up an integrated team responsible for funding, health information, audit and related analytics for just over 10 years. Ms Ryan is currently the Group Director for Health Funding and Patient Services with Cabrini Health who provide acute, sub-acute and aged care services in Victoria. Ms Ryan also has over 10 years' experience as a non-executive director of a not-for-profit organisation for children with special needs. She is a graduate of the Australian Institute of Company Directors, a current Grant Assessor for the Medical Research Future Fund (NHMRC) and a member of the Commonwealth's Prostheses Listing Advisory Committee.



Non-Executive Director:
**Adjunct Professor Tarun Weeramanthri AM, MBBS, FRACP,
FAFPHM, PhD**

Current term: 3 December 2023 to 7 September 2028

Adjunct Professor Tarun Weeramanthri is a public health physician with extensive healthcare and senior executive experience. He is currently President of the Public Health Association of Australia, an Adjunct Professor at the School of Population and Global Health, University of Western Australia, Deputy Chair of PathWest, and an independent public health consultant.

His previous roles include Chief Health Officer in NT from 2004 to 2007, and Chief Health Officer in WA from 2008 to 2018. In 2022, Adjunct Professor Tarun Weeramanthri was appointed as a Member (AM) of the Order of Australia for significant service to public health administration.

In 2014, he was awarded the Sidney Sax Medal by the Public Health Association of Australia, for his contribution to public health in Australia.



**Non-Executive Director:
Mr Peter White MBA**

Current term: 1 September 2021 to 31 August 2026

Mr Peter White was the inaugural Chief Executive Officer of Homes Tasmania in the Tasmanian Government and recently moved into a consultancy role to assess the feasibility of housing developments within a key infrastructure project. Mr White has more than 30 years of experience in senior executive state government housing roles, including more than 15 years in Housing Tasmania. He has an extensive history in the development of new housing and facilitating the growth of community housing providers. Mr White was responsible for the management of over 11,400 public housing dwellings, with a further 1,600 dwellings under management by the not-for-profit sector. He managed the delivery of 530 units under the Nation Building Economic Stimulus Plan, oversaw the transfer of 6000 homes to management by the community housing sector and delivered a range of initiatives under the Tasmanian Government's Affordable Housing Strategy.

Prior to this, Mr White was the Project Manager for the Tasmanian Natural Gas Project.

Mr White holds a Bachelor of Business in Property from the Royal Melbourne Institute of Technology and a Bachelor of Economics. He also has a Masters of Business Administration from the University of Tasmania, where he was awarded the McCarthy Medal for Most Outstanding Student in the MBA course. He is also an Associate of the Australian Property Institute.

Former board members

Ms Christine Gee AM MBA

Former non-executive Director (3 December 2018 to 2 December 2023)

Ms Christine Gee brought to the board extensive experience in private hospital administration, having held executive management positions for more than 30 years. At the conclusion of her term on the AIHW Board she was the CEO of Toowong Private Hospital since 1997.

Ms Gee is involved in a number of state and national boards and committees including as the National President of the Australian Private Hospitals Association and Chair of its Policy and Advocacy Taskforce and Psychiatric Committee. Ms Gee is also the President of the Private Hospitals Association of Queensland and Chair of its Mental Health Facilities Network. Ms Gee is a member of the Board of the Australian Commission on Safety and Quality in Health Care, Chair of its Private Hospital Sector Committee, Mental Health Advisory Group and Co-chair of its Patient Safety Reporting Technical Working Group. She is a community member of the Queensland Medical Board of Australia and is the Chair of the Medical Board of Australia's National Special Issues Committee (Sexual boundaries and family violence).

Ms Gee was honoured as the 2021 recipient of the Gold Medal of the Australian Council on Healthcare Standards. She was appointed as a Member (AM) of the Order of Australia (General Division) on 12 June 2023.

Christine Pascott MBBS, FRACGP, MPH, MHLM, GradCert IDI, CHIA, GAICD

Former non-executive Director (3 December 2018 to 2 December 2023)

Dr Pascott brought to the board extensive experience in the health system, including general practice, public health and mental health sectors and patient safety and clinical quality.

At the conclusion of her term on the AIHW Board, Dr Pascott's roles included medical advisor at the WA Department of Health, Clinical Excellence Division and non-executive director on the board of MDA National.

Dr Pascott's previous roles include Medical Director at the University of Western Australia and Digital Health Advisor at the Australian Digital Health Agency.

Michael Perusco BBus (Acc)

Former non-executive Director (23 December 2018 to 2 December 2023)

Mr Perusco brought to the board extensive experience in welfare issues. He was the CEO of community organisations for over 20 years. Mr Perusco also worked at the Department of Prime Minister and Cabinet where he was responsible for the social inclusion unit, not for profit reform and service delivery reform.

Mr Perusco is an experienced non-executive director having served on a range of boards including Catholic Social Services Victoria, NSW Council of Social Services and the Council to Homeless Persons. He has also served on various government advisory boards including the NSW Premiers Council on Homelessness, Aboriginal Children's Forum, Victorian Government Family Violence Housing Assistance Taskforce and the Victorian Government Ministerial Advisory Committee on Homelessness.

Mr Rob Heferen

Former AIHW CEO, Executive Director (1 July 2021 – 23 February 2024); ex-officio appointment

Mr Heferen was appointed to the position of AIHW CEO on 1 July 2021. Before this, he was deputy secretary for higher education, research and international in the Department of Education, Skills and Employment. Mr Heferen had considerable experience as a deputy secretary, having been first promoted to deputy secretary in 2010 to the Department of Families, Housing, Community Services and Indigenous Affairs, with responsibility for Indigenous Affairs.

Mr Heferen commenced as the Commissioner of Taxation on 1 March 2024.

Mr Matthew James

AIHW Acting CEO, Executive Director (24 February 2024 to 3 June 2024); ex-officio appointment

Matthew James was appointed as Acting CEO from 24 February 2024 and remained in this position until the appointment of Dr Bolevich on 4 June 2024.

Ethics Committee

The AIHW Ethics Committee was established under subsection 16(1) of the AIHW Act to ensure data about people is handled with respect and in line with best practice. The committee plays an essential role in the AIHW's data governance and privacy arrangements and is recognised as a properly constituted Human Research Ethics Committee by the National Health and Medical Research Council.

The functions of the committee are described in the Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018.

Ethics Committee membership

Consistent with established practice, a standing Selection Committee comprising the Chair of the board or her nominee, the Chair of the Ethics Committee and the AIHW CEO were asked in July to consider and provide advice to the board on several Ethics Committee appointments. The board were asked to consider the Selection Committee's advice out of session, due to timing.

The committee comprises 12 members including professionals experienced in providing care, researchers and people representing the general community (Table 6). The AIHW Ethics Committee Chair receives an annual fee and members receive a daily sitting fee in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination (No 2.) 2023.

The board re-appointed 2 existing members during the year:

- Ms Kimberly Flanagan, who occupies the position 'Woman able to represent general community attitudes'.
- Professor Ray Mahoney, who occupies the member category 'Person with knowledge of, and current experience in, areas of research that are regularly considered by the Ethics Committee'.

The board appointed 2 new members to fill the following vacated positions:

- Reverend Dr Nick White occupied the position 'Person who performs a pastoral care role in a community' until his term expired on 11 December 2023. Following a public call for expressions of interest, the board appointed Ms Angela Clapham to this position on 14 February 2024.
- Ms Maryjane Crabtree occupied the position of 'a qualified lawyer' until her term expired on 14 April 2024. Following a public call for expressions of interest, the board appointed Ms Suzanne Hillier to this position on 30 April 2024.

In 2023–24, the committee met 8 times and provided approvals regarding the ethical acceptability of new projects and data collections.

Table 6: AIHW Ethics Committee membership and meeting attendance 2023–24

Name	Position	Number of meetings attended	Number of eligible meetings
Ms Jennifer Taylor	Chair	8	8
Vacant	Deputy Chair	0	0
Mr Rob Heferen (until 29 February 2024)	AIHW CEO (formerly in this position)	3	6
Mr Matthew James (from 1 March 2024 to 3 June 2024)	Acting AIHW CEO (formerly in this position)	3	4
Dr Zoran Bolevich (from 4 June 2024)	AIHW CEO (currently in this position)	0	0
Ms Barbara Anderson	Person experienced in professional care, counselling and treatment of people	8	8
Dr Owen Bradfield	Person experienced in professional care, counselling and treatment of people	6	8
Ms Maryjane Crabtree (until 14 April 2024)	Person who is a lawyer (formerly in this position)	6	7
Ms Suzanne Hillier (from 30 April 2024)	Person who is a lawyer (currently in this position)		
Professor Tim Driscoll	Person experienced in areas of research regularly considered by the committee	7	8
Ms Kimberley Flanagan	Female representing general community attitudes	8	8
Mr Charlie Perriman	Nominee of the Registrars of Births, Deaths and Marriages	8	8
Professor Ray Mahoney	Person experienced in areas of research regularly considered by the committee	6	8
Mr Damien Tillack	Male representing general community attitudes	6	8
Rev Dr Nicholas White (until 11 December 2023)	Person performing a pastoral care role in a community (formerly in this position)	4	5
Ms Angela Clapham (from 14 February 2024)	Person performing a pastoral care role in a community (currently in this position)	3	3

In 2023–24, the committee considered 46 new applications, compared with 42 in 2022–23, with 45 projects approved (Table 7). New applications were submitted by Australian Government departments and agencies, university-affiliated research centres, large metropolitan teaching hospitals and other research organisations or care providers.

Table 7: AIHW Ethics Committee outcomes 2022–23 and 2023–24

	2022–23	2023–24
Final project reports received	20	20
New project applications	42	46
Project applications approved	36	45
Annual monitoring reports submitted	512	465
Requests to modify or extend a project	140	260

The committee publishes the results of all approved projects, including data linkage projects, on the AIHW website. In limited circumstances, research may not be released into the public domain.

Risk, Audit and Finance Committee (RAFC)

The RAFC provides independent advice and assurance to the AIHW Board on the integrity of our financial reporting and our systems of risk management, performance management, compliance with laws and policies and internal controls. The RAFC functions and responsibilities are detailed in our [Charter of Corporate Governance](#), available on our website.

Table 8: Risk, Audit and Finance Committee meeting attendance 2023–24

Name	Position/ membership period	Qualifications, skills, knowledge or experience	Meetings attended	Eligible meetings	Remuneration (\$)
Ms Cathryn Ryan	Board member Chair from 3 December 2023	See 'current board members'	3	4	0
Dr Erin Lalor	Board member	See 'current board members'	3	4	0
Mr Peter White	Board member	See 'current board members'	3	4	0
Mr Alistair Nicholson	Independent member	See below	4	4	\$5,280.00
Mr Michael Perusco	Chair and Board Member until 2 December 2023	See 'former board members'	2	2	0

Alistair Nicholson is a director of e-Strategists Pty Ltd. He is President of the Canberra Chapter of ISACA (international professional information systems audit and control association), a member of the Audit and Risk Committee of the Department of the House of Representatives, and a past member of the Australian Computer Society's Canberra Branch Board.

Mr Nicholson is active in governance, risk management, cyber security framework development, and consultative committees. His industry awards include a Government Technology Efficiency Award and an IBM Asia Pacific Achievement Award.

Remuneration Committee

The AIHW Board is the employing body of the CEO. The CEO position is in the Principal Executive Office structure administered by the Remuneration Tribunal.

During 2023–24, this committee advised the board on CEO performance and remuneration within the parameters set in the Remuneration Tribunal (Principal Executive Offices – Classification Structure and Terms and Conditions) Determination 2020.

On 19 March 2024, the AIHW Board agreed to expand the name and role of the Remuneration Committee. From 2024–25, this committee will also support the CEO to enhance the AIHW's approaches to people and culture. It will be named the AIHW People Committee.

Table 9: Remuneration Committee meeting attendance 2023–24

Name	Position	Meetings attended	Eligible meetings
Hon Nicola Roxon	Chair	1	1
Ms Cathryn Ryan	Member – Chair RAFC	1	1
Mr Romlie Mokak	Member	1	1
Dr Erin Lalor	Former Acting Chair	1	1
Dr Christine Pascott	Former member	1	1
Mr Michael Perusco	Former member – Chair RAFC	1	1

Data governance and privacy

Privacy, confidentiality, and respect for the sensitivity of data are assured through our governing legislation and are deeply ingrained in our organisational culture, ICT infrastructure, policies, guidelines and procedures.

Our data governance framework is underpinned by the Five Safes framework. The Five Safes framework is an internationally recognised approach to considering strategic, privacy, security, ethical and operational risks. It is part of a holistic assessment of risks associated with data sharing.

Our Privacy Management Plan 2023–24, which is a requirement under the [Australian Government Agencies Privacy Code](#), was endorsed in August 2023. The plan sets out specific goals and targets to meet our compliance obligations under the [Australian Privacy Principles](#) and the Privacy Act. Under the plan, we have identified a privacy officer and a privacy champion. The privacy officer is the primary point of contact for all privacy matters. The privacy champion provides strategic privacy leadership and promotes a privacy culture within the institute. The Executive Committee monitors performance against the plan each year.

Management and accountability for privacy and data governance is supported by a range of systems and policies. The Ethics Committee provides ethical oversight of AIHW activities including data governance and privacy as they relate to submissions considered by the committee, and consistent with its role as a Human Research Ethics Committee registered with the NHMRC and functions under the AIHW (Ethics Committee) Regulations. Management committees including the Statistical Leadership Committee and Data Governance Committee have a leading role in considering privacy issues relating to AIHW's activities and advising our Executive Committee and CEO. Privacy incidents and breaches are reported to the Privacy Officer when they are identified, who informs the Privacy Champion and activates the Response Team and the CEO if required. Our Data Governance Framework, Privacy Policy and contact details for the Privacy Officer are published on the AIHW website.

Under the Notifiable Data Breach scheme, any entity covered by the Privacy Act must notify affected individuals and the Office of the Australian Information Commissioner when a data breach involving personal information is likely to result in serious harm.

Data breaches

The AIHW has rigorous controls and protocols in place regarding information security, privacy and confidentiality, with a strong focus on protecting data. In the event of an identified risk or occurrence, the AIHW will act swiftly to mitigate risk and/or prevent recurrence.

The AIHW is committed to protecting the data in its custody and will not tolerate breaches that undermine the systems put in place to protect the safety and privacy of health information. Breach of the confidentiality requirements of section 29 of the AIHW Act constitutes a criminal offence. The AIHW CEO may appoint a person to investigate the circumstances of a suspected breach. If a breach is proven, the CEO may initiate disciplinary or legal action under the relevant legislation.

The AIHW will apply sanctions (and has done so) to approved external users of AIHW data in cases of an established breach. Sanctions will be proportionate to the specifics of the data breach and may include suspension or revocation of ethics approval, formal warnings for minor breaches or periods of suspension or termination of access for significant breaches.

In 2023–24, the institute had no notifiable data breaches.

Managing risk and fraud

Our risk oversight and management are underpinned by the institute's risk management framework.

The risk management framework applies a consistent and coordinated approach to managing risk, articulating the institute's risk appetite and risk tolerance levels. It aligns with the [Commonwealth Risk Management Policy](#) and the International Risk Management Standard (AS/NZS ISO 31000) and supports the institute in meeting its obligations under the PGPA Act.

The AIHW Board is responsible for risk management oversight with support from the RAFC. The Chief Risk Officer is responsible for monitoring the framework and oversees its implementation.

Business continuity planning is also an important part of our approach to risk management. This planning supports the institute to continue to operate, or minimise recovery time, following a significant operational disruption. Business continuity plans are reviewed each year to ensure they remain effective.

Fraud control

We have zero tolerance for dishonest, fraudulent, or corrupt behaviour. The institute's Fraud and Corruption Control Plan 2021–2023 outlines our approach to managing fraud and corruption through prevention, detection, and response arrangements.

The plan complies with section 10 of the Public Governance, Performance and Accountability Rule 2014 and the former Commonwealth Fraud Control Framework and was approved by the RAFC and endorsed by the AIHW Board. Due to the creation of the Commonwealth Fraud and Corruption Control Framework, which came into effect on 1 July 2024, the RAFC decided to defer the scheduled biennial update of the AIHW's Fraud and Corruption Control Plan until 2024–25.

Under the plan, all staff must complete online fraud awareness training as part of the institute's induction program and annually thereafter.

We also assess and, where appropriate, investigate all allegations of fraud and corruption. Reports of suspected fraud or corruption can be made directly to the Fraud Control Officer or submitted as a Public Interest Disclosure.

We did not undertake any fraud investigations in 2023–24.

Internal audit

The internal auditor undertakes the annual internal audit program as directed by the RAFC. Our internal audit service provider is Synergy.

Appendices

Appendix A: List of reporting requirements

This annual report was prepared in accordance with schedule 2A of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

PGPA Rule Reference	Description	Requirement	Page number
17BE	<i>Contents of annual report</i>		
17BE(a)	Details of the legislation establishing the body.	Mandatory	52
17BE(b)(i)	A summary of the objects and functions of the entity as set out in legislation.	Mandatory	2
17BE(b)(ii)	The purposes of the entity as included in the entity's corporate plan for the reporting period.	Mandatory	2
17BE(c)	The names of the persons holding the position of responsible Minister or responsible Ministers during the reporting period, and the titles of those responsible Ministers.	Mandatory	52
17BE(d)	Directions given to the entity by the Minister under an Act or instrument during the reporting period.	If applicable, mandatory	73
17BE(e)	Any government policy order that applied in relation to the entity during the reporting period under section 22 of the Act.	If applicable, mandatory	73
17BE(f)	Particulars of non-compliance with: (a) a direction given to the entity by the Minister under an Act or instrument during the reporting period; or (b) a government policy order that applied in relation to the entity during the reporting period under section 22 of the Act.	If applicable, mandatory	73
17BE(g)	Annual performance statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the rule.	Mandatory	30
17BE(h), 17BE(i)	A statement of significant issues reported to the Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with finance law and action taken to remedy non-compliance.	If applicable, mandatory	73
17BE(j)	Information on the accountable authority, or each member of the accountable authority, of the entity during the reporting period.	Mandatory	52–61
17BE(k)	Outline of the organisational structure of the entity (including any subsidiaries of the entity).	Mandatory	3

PGPA Rule Reference	Description	Requirement	Page number
17BE(ka)	<p>Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following:</p> <p>(a) statistics on full-time employees</p> <p>(b) statistics on part-time employees</p> <p>(c) statistics on gender</p> <p>(d) statistics on staff location.</p>	Mandatory	78–79
17BE(l)	Outline of the location (whether or not in Australia) of major activities or facilities of the entity.	Mandatory	52
17BE(m)	Information relating to the main corporate governance practices used by the entity during the reporting period.	Mandatory	52
17BE(n), 17BE(o)	<p>For transactions with a related Commonwealth entity or related company where the value of the transaction, or if there is more than one transaction, the aggregate of those transactions, is more than \$10,000 (inclusive of GST):</p> <p>(a) the decision-making process undertaken by the accountable authority to approve the entity paying for a good or service from, or providing a grant to, the related Commonwealth entity or related company</p> <p>(b) the value of the transaction, or if there is more than one transaction, the number of transactions and the aggregate of value of the transactions.</p>	If applicable, mandatory	74
17BE(p)	Any significant activities and changes that affected the operation or structure of the entity during the reporting period.	If applicable, mandatory	n/a
17BE(q)	Particulars of judicial decisions or decisions of administrative tribunals that may have a significant effect on the operations of the entity.	If applicable, mandatory	73
17BE(r)	<p>Particulars of any reports on the entity given by:</p> <p>(a) the Auditor-General (other than a report under section 43 of the Act); or</p> <p>(b) a Parliamentary Committee; or</p> <p>(c) the Commonwealth Ombudsman; or</p> <p>(d) the Office of the Australian Information Commissioner.</p>	If applicable, mandatory	73
17BE(s)	An explanation of information not obtained from a subsidiary of the entity and the effect of not having the information on the annual report.	If applicable, mandatory	n/a

PGPA Rule Reference	Description	Requirement	Page number
17BE(t)	Details of any indemnity that applied during the reporting period to the accountable authority, any member of the accountable authority or officer of the entity against a liability (including premiums paid, or agreed to be paid, for insurance against the authority, member or officer's liability for legal costs).	If applicable, mandatory	74
17BE(taa)	The following information about the audit committee for the entity: (a) a direct electronic address of the charter determining the functions of the audit committee (b) the name of each member of the audit committee (c) the qualifications, knowledge, skills or experience of each member of the audit committee (d) information about each member's attendance at meetings of the audit committee (e) the remuneration of each member of the audit committee.	Mandatory	65
17BE(ta)	Information about executive remuneration.	Mandatory	80–81
17BF	<i>Disclosure requirements for government business enterprises</i>		
17BF(1)(a)(i)	An assessment of significant changes in the entity's overall financial structure and financial conditions.	If applicable, mandatory	n/a
17BF(1)(a)(ii)	An assessment of any events or risks that could cause financial information that is reported not to be indicative of future operations or financial conditions.	If applicable, mandatory	n/a
17BF(1)(a)(ii)	An assessment of any events or risks that could cause financial information that is reported not to be indicative of future operations or financial conditions.	If applicable, mandatory	n/a
17BF(1)(b)	Information on dividends paid or recommended.	If applicable, mandatory	n/a
17BF(1)(c)	Details of any community service obligations the government business enterprise has including: (a) an outline of actions taken to fulfil those obligations (b) an assessment of the cost of fulfilling those obligations.	If applicable, mandatory	n/a
17BF(2)	A statement regarding the exclusion of information on the grounds that the information is commercially sensitive and would be likely to result in unreasonable commercial prejudice to the government business enterprise.	If applicable, mandatory	n/a

Appendix B: Mandatory reporting requirements

Non-compliance with finance law

In 2023–24, the institute made no reports to the Minister for Health and Aged Care of significant non-compliance with finance law under section 19(1)(e) of the PGPA Act.

Ministerial directions and policy orders

Under section 7 of the AIHW Act, the Minister for Health may give the institute directions about the performance of its functions or the exercise of its powers.

We received no such directions in 2023–24. We did not receive any government policy orders in 2023–24, as defined under section 22 of the PGPA Act.

Legal services expenditure

The institute's legal services expenditure for 2023–24, in accordance with the requirements of paragraph 11.1(ba) of the Legal Services Directions 2017, was \$354,966 (excluding GST).

Freedom of Information

In 2023–24, we received 10 requests under the [Freedom of Information Act 1982](#) (FOI Act). The institute publishes information about how documents released in response to a request under the FOI Act may be obtained. Further information about FOI requests is available on our website.

The FOI Act requires us to publish information as part of the Information Publication Scheme. An agency plan showing the information that is published in accordance with the scheme's requirements is available on our website.

External scrutiny

Our operations are subject to examination by tribunals or courts, parliamentary committees, the Auditor-General, the Commonwealth Ombudsman, and the Office of the Australian Information Commissioner.

In 2023–24, no judicial decisions or decisions of administrative tribunals affected our operations.

No reports were made by the Auditor-General (excluding financial statements), the Commonwealth Ombudsman, the Office of the Australian Information Commissioner or capability reviews, relating to the institute in 2023–24.

Advertising and market research

Under section 311A of the [Commonwealth Electoral Act 1918](#), we are required to report payments of \$15,200 and above for advertising and market research.

We did not undertake any advertising campaigns or individual payments for advertising or market research that exceeded the prescribed threshold during 2023–24.

Insurance premiums and indemnities

We have insurance policies through Comcover and Comcare for insurable risks such as property damage, general liability, and business interruption. In 2023–24, the Comcover insurance policy included coverage for directors and officers against various liabilities that may occur in their capacity as officers of the institute.

The Comcover insurance premium paid for this coverage in 2023–24 was \$145,425 (excluding GST) compared with \$120,808 in 2022–23.

No claims were made against AIHW directors and officers liability insurance in 2023–24.

Modern slavery

Under section 5 of the *Modern Slavery Act 2018*, all entities based or operating in Australia, with an annual consolidated revenue greater than \$100 million, must report on the risks of modern slavery in their operations and supply chains, and actions to address those risks.

Our first annual Modern Slavery Statement is available on our website, which describes our actions to assess and address modern slavery risks.

Our Modern Slavery Statement 2023–24 will be published before 31 December 2024.

Related entity transactions

In 2023–24, one board member was also a board member of a related entity. This board member declared a conflict of interest, where applicable, and was not involved in any negotiations related to the related entity.

Please refer to the financial statements (appendix E) for details of related entity transactions.

Australian Public Service Net Zero 2030

The APS Net Zero 2030 policy aims to reduce greenhouse gas emissions to net zero by 2030 across the Australian Public Service, and transparently report on its emissions. As part of this policy, we are required to report on our operational greenhouse gas emissions each year.

The Greenhouse Gas Emissions Inventory (Table 10) presents greenhouse gas emissions over the 2023–24 period. Results are presented as Carbon Dioxide Equivalent (CO₂-e) emissions. The institute's greenhouse gas emissions reporting has been developed with methodology that is consistent with the whole-of-Australian Government approach as part of the APS Net Zero 2030 policy.

Table 10: Greenhouse gas emissions inventory

Emission Source	Scope 1 CO ₂ -e	Scope 2 CO ₂ e	Scope 3 CO ₂ -e	Total CO ₂ -e
Electricity (Location Based Approach)	N/A	306.555	24.459	331.014
Natural Gas	0.000	N/A	0.000	0.000
Solid Waste*	N/A	N/A	0.000	0.000
Refrigerants*†	0.000	N/A	N/A	0.000
Fleet and Other Vehicles	0.000	N/A	0.000	0.000
Domestic Commercial Flights	N/A	N/A	113.837	113.837
Domestic Hire Car*	N/A	N/A	0.000	0.000
Domestic Travel Accommodation*	N/A	N/A	44.445	44.445
Other Energy	0.000	N/A	0.000	0.000
Total t CO₂-e	0.000	306.555	182.741	489.296

Note: the table above presents emissions related to electricity usage using the location-based accounting method. CO₂-e = Carbon Dioxide Equivalent.

*indicates emission sources collected for the first time in 2023–24. The quality of data is expected to improve over time as emissions reporting matures.

†indicates optional emission source for 2023–24 emissions reporting.

Table 11: Electricity greenhouse gas emissions 2023–24

Emission Source	Scope 2 CO ₂ -e	Scope 3 CO ₂ -e	Total CO ₂ -e	Percentage of electricity use
Electricity (Location Based Approach)	306.555	24.459	331.014	100%
Market-based electricity emissions	48.902	6.037	54.939	13.33%
Total renewable electricity	-	-	-	86.67%
Mandatory renewables ¹	-	-	-	18.72%
Voluntary renewables ²	-	-	-	67.95%

Note: the table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO₂-e = Carbon Dioxide Equivalent.

1. Mandatory renewables are the portion of electricity consumed from the grid that is generated by renewable sources. This includes the renewable power percentage.
2. Voluntary renewables reflect the eligible carbon credit units surrendered by the entity. This may include purchased large-scale generation certificates, power purchasing agreements, GreenPower and the jurisdictional renewable power percentage (ACT only).

It is accepted that emissions reporting in the first few years will see gaps while capability is fully instated and quality of data is improved. At this stage reporting has been completed on a best-efforts basis, acknowledging that data may not always be accurate or complete.

Reporting on refrigerants is optional for 2023–24 and will be phased in over time as emissions reporting matures.

Errors and omissions

On page 60 of the AIHW Annual Report 2022–23, under 'Fraud control' we stated, 'We did undertake any fraud investigations in 2022–23.' The correct wording should have been, 'We did not undertake any fraud investigations in 2022–23.'

Appendix C: Workforce statistics

Table C.1: All ongoing employees current report period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	19	0	19	31	13	44	0	0	0	0	0	0	0	0	0	63
Qld	4	1	5	10	7	17	0	0	0	0	0	0	0	0	0	22
SA	4	0	4	1	3	4	0	0	0	0	0	0	0	0	0	8
Tas	0	0	0	4	2	6	0	0	0	0	0	0	0	0	0	6
Vic	4	0	4	12	5	17	0	0	0	0	0	0	0	0	0	21
WA	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
ACT	127	20	147	204	76	280	2	0	2	1	0	1	0	0	0	430
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	1	0	1	1	4	5	0	0	0	0	0	0	0	0	0	6
Total	160	21	181	263	110	373	2	0	2	1	0	1	0	0	0	557

Table C.2: All non-ongoing employees current report period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	2	1	3	5	2	7	0	0	0	0	0	0	0	0	0	10
Qld	0	0	0	2	1	3	0	0	0	0	0	0	0	0	0	3
SA	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1
Tas	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
Vic	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	2
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	12	6	18	23	11	34	0	0	0	0	0	0	0	0	0	52
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1
Total	14	7	21	33	16	49	0	0	0	0	0	0	0	0	0	70

Appendix D: Executive remuneration

Table D.1: Information about remuneration for key management personnel

Name	Position Title	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination Benefits	Total remuneration
		Base salary*	Bonuses	Other benefits and allowances		Long service leave*	Other long-term benefits		
Rob Heferen	CEO	250,063	-	-	55,315	-52,137	-	-	253,241
Zoran Bolevich	CEO	34,638	-	-	1,764	287	-	-	36,689
Matthew James	Deputy CEO	314,456	-	25,963	53,186	20,656	-	-	414,261
Nicola Roxon	Chair	64,884	-	-	7,137	-	-	-	72,021
Erin Lalor	Deputy Chair	50,167	-	-	5,518	-	-	-	55,685
Cathryn Ryan	Board Member	41,305	-	-	4,543	-	-	-	45,848
Peter White	Board Member	41,304	-	-	4,543	-	-	-	45,847
Walid Jammal	Board Member	32,442	-	-	4,996	-	-	-	37,438
Tarun Weeramamthri	Board Member	22,741	-	-	3,502	-	-	-	26,243
Julie Bignell	Board Member	22,741	-	-	3,502	-	-	-	26,243
Paul Burgess	Board Member	22,741	-	-	3,502	-	-	-	26,243
Michael Perusco	Board Member	18,563	-	-	2,042	-	-	-	20,605
Christine Pascott	Board Member	18,563	-	-	2,042	-	-	-	20,605
Christine Gee	Board Member	18,563	-	-	2,042	-	-	-	20,605
Romlie Mokak	Board Member	-	-	-	-	-	-	-	-
Zoran Bolevich	Board Member	-	-	-	-	-	-	-	-
Marilyn Chilvers	Board Member	-	-	-	-	-	-	-	-

- Rob Heferen ceased as CEO on 29 February 2024
- Zoran Bolevich was a non-paid Director prior to his appointment as CEO on 4 June 2024
- Erin Lalor acted as Chair during the financial year, see [Chapter 7 - Management and accountability](#) for details
- Nicola Roxon commenced as Chair on 8 September 2023
- Walid Jammal commenced 8 September 2023
- Julie Bignell, Tarun Weeramamthri and Paul Burgess commenced 3 December 2023
- Michael Perusco, Christine Pascott and Christine Gee ceased 2 December 2023

*Base salary and long service leave includes the cost to the AIHW of changes in the person's annual leave accrual and long service leave accrual respectively.

Table D.2: Information about remuneration for senior executives

Total remunerations bands	Number of senior executives	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination Benefits	Total remuneration
		Average base salary*	Average bonuses	Average other benefits and allowances		Average long service leave*	Average other long-term benefits		
\$0-\$220,000	1	115,382	-	-	14,985	7,509	-	-	137,876
\$220,000-\$245,000	-	-	-	-	-	-	-	-	-
\$245,001-\$270,000	1	209,169	-	-	33,759	6,763	-	-	249,691
\$270,001-\$295,000	2	212,601	-	4,205	45,676	20,814	-	-	283,295
\$295,001-\$320,000	5	248,164	-	-	45,061	12,472	-	-	305,698
\$320,001-\$345,000	1	267,526	-	-	45,478	14,011	-	-	327,015
\$345,001-\$370,000	-	-	-	-	-	-	-	-	-
\$370,001-\$395,000	-	-	-	-	-	-	-	-	-
\$395,001-\$420,000	-	-	-	-	-	-	-	-	-
\$420,001-\$445,000	-	-	-	-	-	-	-	-	-
\$445,001-\$470,000	-	-	-	-	-	-	-	-	-
\$470,001-\$495,000	-	-	-	-	-	-	-	-	-
\$495,001-	-	-	-	-	-	-	-	-	-

* Base salary and long service leave includes the cost to the AIHW of changes in the person's annual leave accrual and long service leave accrual respectively.

Appendix E: Financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare (the Entity) for the year ended 30 June 2024:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2024 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2024 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement; and
- Notes to the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the board is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The board is also responsible for such internal control as the board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the board is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Xiaoyan Lu

Acting Group Executive Director

Delegate of the Auditor-General

Canberra

30 September 2024

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2024 comply with subsection 42(2) of *the Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Institute of Health and Welfare will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the directors.



Nicola Roxon
Board Chair

30 September 2024



Zoran Bolevich
Chief Executive Officer

30 September 2024



Andrew Kettle
Chief Financial Officer

30 September 2024

Statement of Comprehensive Income

for the period ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	75,973	63,469	80,762
Suppliers	1.1B	29,381	45,582	24,767
Depreciation and amortisation	2.2A	6,285	6,295	7,030
Finance costs	1.1C	313	351	280
Revaluation decrement		272	-	-
Total expenses		112,224	115,697	112,839
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers	1.2A	72,547	77,336	73,000
Interest	1.2B	5,216	3,191	2,600
Other revenue		171	23	30
Total own-source revenue		77,934	80,550	75,630
Net cost of services		34,290	35,147	37,209
Revenue from Government	1.2C	35,544	34,846	35,444
Surplus/(Deficit)		1,254	(301)	(1,765)
OTHER COMPREHENSIVE INCOME				
Changes in asset revaluation reserve		(253)	-	-
Total other comprehensive (loss)		(253)	-	-
Total comprehensive surplus/(deficit)		1,001	(301)	(1,765)

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

Employee Benefits are lower than budgeted as less staff were converted from contractors into employee positions. As a result, supplier expenses are higher than budget due to the higher than anticipated contractor expenses.

Depreciation and amortisation are lower than budget because purchases of property, plant and equipment were lower than budgeted.

Interest is higher because of conservative estimates on interest rates.

Revenue from Government is higher than budget due to extra funding allocated in Additional Estimates.

Statement of Financial Position

as at 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
ASSETS				
Financial assets				
Cash and cash equivalents	2.1A	103,860	106,780	91,035
Trade and other receivables	2.1B	14,192	7,771	16,788
Total financial assets		118,052	114,551	107,823
Non-financial assets¹				
Buildings	2.2A	26,667	30,674	27,371
Plant and equipment	2.2A	2,013	2,881	4,984
Intangibles	2.2A	1,383	1,574	1,336
Prepayments		3,837	4,469	2,489
Total non-financial assets		33,900	39,598	36,180
Total assets		151,952	154,149	144,003
LIABILITIES				
Payables				
Suppliers		1,186	5,321	6,124
Other payables	2.3A	2,081	1,839	1,866
Contract liability		66,249	63,085	60,676
Total payables		69,516	70,245	68,666
Interest bearing liabilities				
Lease liability	2.4A	24,994	28,488	24,924
Total interest bearing liabilities		24,994	28,488	24,924
Provisions				
Employee provisions	3.1	19,881	19,129	17,158
Makegood provision		993	720	720
Total provisions		20,874	19,849	17,878
Total liabilities		115,384	118,582	111,468
Net assets		36,568	35,567	32,535
EQUITY				
Contributed equity		31,824	31,824	31,824
Reserves		1,578	1,831	1,830
Retained surplus		3,166	1,912	(1,119)
Total equity		36,568	35,567	32,535

The above statement should be read in conjunction with the accompanying notes.

1. Right-of-use assets are included in Buildings.

Budget Variances Commentary

Cash and cash equivalents are higher than budget because of higher payments received in advance included in contract liability and a higher opening balance than budgeted.

Contract liability is higher than budget as the AIHW received more payments from customers in advance than anticipated.

Prepayments include advance payments for ICT related expenditure.

Employee provisions is higher than budget because of increased staff numbers and a staff pay increase during the year.

Purchase of property, plant and equipment is lower than budget due to anticipated capital expenditure being lower than expected.

Reserves are lower than budget due to a formal revaluation of assets at 30 June 2024.

Suppliers are lower than budgeted as most suppliers were paid at 30 June.

Statement of Changes in Equity

for the period ended 30 June 2024

Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
CONTRIBUTED EQUITY			
Opening balance as at 1 July			
Balance carried forward from previous period	31,824	31,824	31,824
Closing balance as at 30 June	31,824	31,824	31,824
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	1,912	2,213	646
Comprehensive income			
Surplus/(deficit) for the period	1,254	(301)	(1,765)
Total comprehensive income	1,254	(301)	(1,765)
Closing balance as at 30 June	3,166	1,912	(1,119)
ASSET REVALUATION RESERVE			
Opening balance			
Balance carried forward from previous period	1,831	1,831	1,830
Other comprehensive income	(253)	-	-
Total comprehensive income	(253)	-	-
Closing balance as at 30 June	1,578	1,831	1,830
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	35,567	35,868	34,300
Adjusted opening balance	35,567	35,868	34,300
Comprehensive income			
Surplus/(deficit) for the period	1,254	(301)	(1,765)
Other comprehensive income	(253)	-	-
Total comprehensive income	1,001	(301)	(1,765)
Closing balance as at 30 June	36,568	35,567	32,535

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

The main reason for the surplus was higher interest income than budgeted.

Cash Flow Statement

for the period ended 30 June 2024

	2024	2023	Original Budget
Notes	\$'000	\$'000	\$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations ¹	35,544	35,343	35,444
Sale of goods and rendering of services	70,390	88,503	73,000
Interest	4,115	2,385	2,600
Other	171	23	30
Total cash received	110,220	126,254	111,074
Cash used			
Employees	(74,980)	(60,435)	(80,762)
Suppliers	(32,882)	(45,875)	(23,622)
Interest payments on lease liabilities	(313)	(351)	(280)
Repayment of appropriation ¹	-	(497)	-
Total cash used	(108,175)	(107,158)	(104,664)
Net cash from operating activities	2,045	19,096	6,410
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	(236)	(524)	(1,945)
Total cash used	(236)	(524)	(1,945)
Net cash (used by) investing activities	(236)	(524)	(1,945)
FINANCING ACTIVITIES			
Cash used			
Principal payments of lease liabilities	(4,729)	(4,940)	(4,372)
Total cash used	(4,729)	(4,940)	(4,372)
Net cash (used by) financing activities	(4,729)	(4,940)	(4,372)
Net increase/(decrease) in cash held	(2,920)	13,632	93
Cash and cash equivalents at the beginning of the reporting period	106,780	93,148	90,942
Cash and cash equivalents at the end of the reporting period	103,860	106,780	91,035

The above statement should be read in conjunction with the accompanying notes.

1 An appropriation received in 22-23 in Supply Act 3 for \$497,000 was returned to Department of Health temporarily pending clarification. The cashflow reflects the initial amount received which was repaid and subsequently returned to the AIHW.

Budget Variances Commentary

The sale of goods and rendering of services are lower than the budget due to advance payments received for revenue projects for future work in the previous financial year.
Interest is higher because of higher rates received on term deposits.
Purchase of property, plant and equipment is lower than budget due to anticipated capital expenditure being lower than expected.

Overview

The AIHW is a Corporate Commonwealth Entity that provides meaningful information and statistics for the benefit of the Australian people.

The principal place of business is 1 Thynne St Bruce ACT 2617

The continued existence of the entity in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the AIHW's administration and programs.

The Basis of Preparation

The financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR)*; and
- b) Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are prepared in Australian dollars.

New Accounting Standards

All new, revised or amended standards and interpretations issued prior to the sign-off date and applicable to the current reporting period did not have a material effect on the AIHW's financial statements.

Standard/ Interpretation	Nature of change in accounting policy, transitional provisions, and adjustment to financial statements
AASB 18 - New Australian Accounting Standard - <i>Presentation and Disclosure in Financial Statements</i>	AASB 18 replaces AASB 101. The new standard was developed to improve how entities communicate in their financial statements, with a particular focus on information about financial performance in the statement of profit or loss. The new standard will apply to annual reporting periods beginning on or after 1 January 2028
AASB 2021-2 <i>Amendments to Australian Accounting Standards - Disclosure of Accounting Policies and Definition of Accounting Estimates</i> (AASB 2021-2)	AASB 2021-2 amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2. The amending standard requires the disclosure of material, rather than significant, accounting policies, and clarifies what is considered a change in accounting policy compared to a change in accounting estimate.
AASB 2021-6 <i>Amendments to Australian Accounting Standards - Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards</i> (AASB 2021-6)	AASB 2021-6 amends the Tier 2 reporting requirements set out in AASB 1049, AASB 1054 and AASB 1060 to reflect the changes made by AASB 2021-2.

Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant notes. They may arise from uncertainty about the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

The AIHW has no contingent assets or liabilities (2022-23: \$0)

Taxation

The AIHW is exempt from all forms of taxation except the Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Revenues, expenses, assets and liabilities are recognised net of GST except:

- where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- for receivables and payables.

Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in the notes, the AIHW has made judgements in relation to the valuation of property, plant and equipment and the carrying amount of leave liabilities recognised. The underlying basis for these estimates is described in the respective notes, specifically Note 2.2 for property, plant and equipment, and Note 3.1 for the employee leave liabilities.

Events After the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the AIHW.

1.1 Expenses

	2024	2023
	\$'000	\$'000
1.1A: Employee Benefits		
Wages and salaries	58,949	48,087
Superannuation		
Defined contribution plans	7,255	6,144
Defined benefit plans	2,959	2,846
Leave and other entitlements	6,648	6,182
Separation and redundancies	162	210
Total employee benefits	75,973	63,469

Accounting policies for employee related expenses is contained in Note 3.1

1.1B: Suppliers

Audit of financial statements	42	42
Contractors	7,023	20,991
Consultants	497	1,877
Collaborating centres	-	124
Data and research service providers	8,755	10,767
Internal audit program	74	83
Internet connectivity & cloud services	2,441	1,978
IT services	5,849	4,972
Printing & stationery	73	77
Training	536	449
Travel	949	671
Telecommunications	59	47
Other	2,342	2,787
Total goods and services supplied or rendered	28,640	44,865

Other suppliers

Workers compensation expenses	741	717
Total other suppliers	741	717
Total suppliers	29,381	45,582

1.1C: Finance costs

Interest on lease liabilities	313	351
Total finance costs	313	351

The above leases disclosures should be read in conjunction with the accompanying notes 2.2A, 2.4A

1.2 Own-Source Revenue and gains	2024	2023
	\$'000	\$'000

Own-Source Revenue

1.2A: Revenue from contracts with customers

Rendering of services	72,547	77,336
Total revenue from contracts with customers	72,547	77,336

Major product / service line:

Data and research services	72,547	77,336
	72,547	77,336

Type of customer:

Australian Government entities (related parties)	64,135	69,162
State and Territory Governments	6,921	5,882
Non-government entities	1,491	2,292
	72,547	77,336

Timing of transfer of goods and services:

Over time	72,547	77,336
Point in time	-	-
	72,547	77,336

1.2B: Interest

Deposits	5,216	3,191
Total interest	5,216	3,191

1.2C: Revenue from Government

Department of Health		
Corporate Commonwealth entity payment item	35,544	34,846
Total revenue from Government	35,544	34,846

Accounting Policy

Revenue from rendering of services

Performance obligations are satisfied over time with revenue from the rendering of services recognised by reference to the completion stage of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and inputs can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The completion stage of contracts at the reporting date is determined by reference to the proportion that inputs to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30-day terms, are recognised at the nominal amounts due, less any allowance for impairment. The collectability of debts is reviewed at the balance date. Allowances are made when the collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method.

Revenue from Government

The AIHW is not directly appropriated as it is a corporate Commonwealth entity. Appropriations are made to the Department of Health, which are then paid to the AIHW and are considered 'departmental' for all purposes.

2.1 Financial Assets

	2024	2023
	\$'000	\$'000
2.1A: Cash and cash equivalents		
Cash at bank	3,360	3,280
Term deposits - cash equivalents	100,500	103,500
Total cash and cash equivalents	103,860	106,780

Accounting Policy

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- cash on hand; and
- demand deposits in bank accounts that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value

2.1B: Trade and Other Receivables

Goods and services receivables

Goods and services	10,772	6,426
Contract assets	3,420	1,345
Total goods and services receivables	14,192	7,771
Total trade and other receivables	14,192	7,771

Credit terms for goods and services were within 30 days (2023: 30 days).

Accounting Policy

Financial Assets

Financial assets are recognised when the AIHW becomes a party to the contract and, consequently, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

The entity classifies its financial assets in the following categories

- financial assets at fair value through profit or loss
- financial assets at fair value through other comprehensive income
- financial assets are measured at amortised cost.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet 2 criteria:

- the financial asset is held in order to collect the contractual cash flows; and
- the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period. When recovery of a financial asset is assessed as unlikely, an impairment allowance is made. If there is objective evidence that an impairment loss has been incurred for loans and receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an impairment allowance, recognised in the Statement of Comprehensive Income.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

2.2 Non-Financial Assets

2.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

Reconciliation of the opening and closing balances of property, plant and equipment for 2024

	Buildings \$'000	Plant and equipment \$'000	Intangibles \$'000	Total \$'000
As at 1 July 2023				
Gross book value	49,382	3,814	1,765	54,961
Accumulated depreciation, amortisation and impairment	(18,708)	(933)	(191)	(19,832)
Total as at 1 July 2023	30,674	2,881	1,574	35,129
Additions				
Purchase	-	235	-	235
Right-of-use assets	1,235	-	-	1,235
Depreciation and amortisation	(466)	(832)	(191)	(1,489)
Depreciation on right-of-use assets	(4,796)	-	-	(4,796)
Revaluations and impairments recognised in statement of comprehensive income	(714)	(2,036)	-	(2,750)
Write back of depreciation on revaluation	734	1,765	-	2,499
Total as at 30 June 2024	26,667	2,013	1,383	30,063
Total as at 30 June 2024 represented by				
Gross book value	49,903	2,013	1,765	53,681
Accumulated depreciation, amortisation and impairment	(23,236)	-	(382)	(23,618)
Total as at 30 June 2024 represented by	26,667	2,013	1,383	30,063
Carrying amount of right-of-use-assets	23,316	-	-	23,316

Accounting Policy

1. Assets may be sold over the next 12 months in line with a regular replacement program.
2. All assets were assessed for impairment at 30 June. There were no indications of impairment.

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than \$5,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the makegood recognised.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Revaluations

Fair values for each class of asset are determined as shown below:

Asset class	Fair value measured at:
Buildings-leasehold improvements	Fair market value
Property, plant and equipment	Fair market value

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

A formal revaluation of assets was completed by AllBids as at 30 June 2024.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the AIHW using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2024	2023
Leasehold improvements	Lease term	Lease term
Buildings/Right-of-use assets	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2024. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Intangibles

The AIHW's intangibles comprise internally developed software (METeOR System) for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the entity's software are 10 years for METeOR. All software assets were assessed for indications of impairment as at 30 June 2024.

2.3 Payables		
	2024	2023
	\$'000	\$'000
<u>2.3A: Other Payables</u>		
Salaries and wages	1,792	1,582
Superannuation	289	257
Total other payables	2,081	1,839

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Amortised Cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Suppliers and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

2.4 Interest bearing liabilities

	2024	2023
	\$'000	\$'000
2.4A: Lease liability		
Lease liability	24,994	28,488
Total lease liability	24,994	28,488

Accounting Policy

For all new contracts entered into, the AIHW considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the AIHW's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

3.1 Provisions		
	2024	2023
	\$'000	\$'000
3.1: Employee Provisions		
Annual leave	7,073	6,450
Long service leave	12,808	12,679
Total employee provisions	19,881	19,129

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 Employee Benefits) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the AIHW is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration, including the AIHW's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2024 using the shorthand method. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

AIHW staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the Public Sector Superannuation Scheme accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance as an administered item.

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

3.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the AIHW, directly or indirectly, including any director (whether executive or otherwise) of the AIHW. Key management personnel remuneration is reported in the table below.

	2024 \$'000	2023 \$'000
Short-term employee benefits	979	944
Post-employment benefits	154	157
Other long-term employee benefits	(31)	65
Total key management personnel remuneration expenses	1,102	1,166

The total number of key management personnel included in the above table is 14 (2023: 13).

Long term benefits are negative due to departure of personnel with the liability calculated in the financials higher than transferred to other Government agencies.

The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the AIHW.

3.3 Related Party Disclosures

Related party relationships:

The AIHW is an Australian Government controlled entity. Related parties to this entity are the Minister for Health and Executive, Directors, Key Management Personnel and AIHW Executive, and other Australian Government entities.

Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. The AIHW's arrangements with the government sector are conducted under contracts as normal business with the same conditions as with private enterprise. These transactions have not been separately disclosed in this note.

In 2023–24, 1 board member was also a board member of a related entity to which the AIHW provided services on a fee-for-service basis. This board member declared a conflict-of-interest (where applicable) and was not involved in any negotiations related to the provision of those services.

There were no other related party transactions during the financial year (2022-23: \$0)

4.1 Financial Instruments

2024	2023
\$'000	\$'000

4.1A: Categories of Financial Instruments**Financial assets at amortised cost**

Cash and Cash Equivalents	103,860	106,780
Trade and Other Receivables	10,772	6,426
Total financial assets at amortised cost	114,632	113,206

Total financial assets

114,632	113,206
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Financial Liabilities**Financial liabilities measured at amortised cost**

Trade Creditors	1,186	5,321
Total financial liabilities measured at amortised cost	1,186	5,321

4.2 Fair Value Measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.

4.2A: Fair Value Measurements, Valuations Techniques and Inputs Used

The following tables provide an analysis of assets and liabilities that are measured at fair value.

	Fair Value (\$'000)	
	2024	2023
Leasehold improvements	3,352	3,797
Other property, plant and equipment	2,013	2,881
Total non-financial assets	5,365	6,678
Total fair value measurements of assets in the statement of financial position	5,365	6,678

Fair value measurements - highest and best use differs from current use for non-financial assets (NFAs)

The highest and best use of all non-financial assets are the same as their current use.

There are no liabilities measured at fair value

In 2024 the AIHW procured valuation services from AllBids and relied on valuation models provided by AllBids. AllBids provided written assurance to the entity that the model developed is in compliance with AASB 13 - Fair Value Measurement. All assets were valued using the Fair Market Value Technique.

5.1 Current/non-current distinction for assets and liabilities

5.1A Current/non-current distinction for assets and liabilities

	2024	2023
	\$'000	\$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	103,860	106,780
Trade and other receivables	14,192	7,771
Prepayments	2,789	2,613
Total no more than 12 months	120,841	117,164
More than 12 months		
Buildings	26,667	30,674
Plant and equipment	2,013	2,881
Intangibles	1,383	1,574
Prepayments	1,048	1,856
Total more than 12 months	31,111	36,985
Total assets	151,952	154,149
Liabilities expected to be recovered in:		
No more than 12 months		
Suppliers	1,186	5,321
Other payables	2,081	1,839
Lease liability	4,945	4,629
Employee provisions	5,299	4,867
Contract liability	66,249	63,085
Total no more than 12 months	79,760	79,741
More than 12 months		
Employee provisions	14,582	14,262
Lease liability	20,049	23,859
Makegood provision	993	720
Total more than 12 months	35,624	38,841
Total liabilities	115,384	118,582

User guides

Abbreviations and acronyms

Abbreviations	Meaning
ABS	Australian Bureau of Statistics
Agreement	National Agreement on Closing the Gap
AI	Artificial Intelligence
AIHW	Australian Institute of Health and Welfare
AM	Member of the Order of Australia
ANDII	Australian National Data Integration Infrastructure
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CIHI	Canadian Institute for Health Information
CO2-e	Carbon Dioxide Equivalent
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CTG	Closing the Gap
CWDA	Child Wellbeing Data Asset
DAT Act	Data Availability and Transparency Act 2022
DSS	Department of Social Services
EA	Enterprise Agreement
FDSV	Family Domestic and Sexual Violence
FOI	Freedom of Information Act 1982
HPF	Health Performance Framework
ICT	Information and communications technology
ISM	Information Security Manua
ISACA	International professional information systems audit and control association
L&D	Learning and Development
LLM	Large Language Models
MBA	Master of Business Administration
METEOR	Metadata Online Registry
ML	Machine learning
NACDA	National Aged Care Data Set

Abbreviations	Meaning
NDDA	National Disability Data Asset
NGO	Non-government organisation
NHDH	National Health Data Hub
NHMRC	National Health and Medical Research Council
NIAA	National Indigenous Australians Agency
nKPI	National Key Performance Indicators
NMDS	National Minimum Data Set
OECD	Organisation for Economic Co-operation and Development
PFU	People and Facilities Unit
PGPA Act	Public Governance, Performance and Accountability Act 2013
PHN	Primary Health Network
PSPF	Australian Government's Protective Security Policy Framework
QAIHC	Queensland Aboriginal and Islander Health Council
RAFC	Risk, Audit and Finance Committee
RAP	Reconciliation Action Plan
RIFIC	Regional Insights for Indigenous Communities
SA3	Statistical Area 3
SA4	Statistical Area 4
SES	Senior Executive Service
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WCAG	World Wide Web Consortium's Web Content Accessibility Guidelines
WEAVERS	Women and their children who have Experienced Abuse and Violence: Researchers and advisors
WHO	World Health Organisation
WHO-FIC	World Health Organization's Family of International Classifications

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Australian Institute of Health and Welfare



Annual report 2023–24



The Annual Report 2023–24 describes our performance from 1 July 2023 to 30 June 2024, in accordance with objectives outlined in our Corporate Plan 2023–24 and measures in the Health Portfolio Budget Statements 2023–24.

The report has been prepared in accordance with Resource Management Guide No. 136: Annual reports for corporate Commonwealth entities, the Public Governance, Performance and Accountability Act 2013 and the Public Governance, Performance and Accountability Rule 2014.

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Stronger evidence,
better decisions,
improved health and welfare