

Essential Vaccines

FEDERATION FUNDING AGREEMENT – HEALTH

Table 1: Formalities and operation of schedule	
Parties	<p>Commonwealth</p> <p>States and Territories (the States):</p> <ul style="list-style-type: none"> New South Wales Victoria Queensland Western Australia South Australia Tasmania Australian Capital Territory Northern Territory
Duration	<p>This Schedule varies the second National Partnership on Essential Vaccines and is expected to expire on 30 June 2023. The second National Partnership on Essential Vaccines was effected in July 2017.</p>
Purpose	<p>This Schedule will support the cost-effective and efficient delivery of the National Immunisation Program (NIP) to protect the Australian public from the spread of vaccine preventable diseases.</p> <p>The NIP is a joint initiative of the Commonwealth and the States, making free vaccines available to eligible individuals through a range of vaccination providers nationally. The NIP provides vaccines for eligible individuals against multiple disease groups, ensuring those most at risk are protected. Arrangements for the NIP are set out in Table 2.</p>
Outcomes	<p>This Schedule will facilitate achievement of the following outcomes:</p> <ul style="list-style-type: none"> a) minimise the incidence of vaccine preventable diseases in the eligible Australian population for diseases with vaccines listed under the NIP; b) minimise the incidence of vaccine preventable diseases in Aboriginal and Torres Strait Islander people for diseases with vaccines listed under the NIP; c) minimise the incidence of Human Papillomavirus (HPV) in the eligible Australian population; d) ensure that Australian HPV immunisation data is provided to the Commonwealth annually;

- e) minimise the incidence of vaccine preventable diseases in the eligible Australian population in geographic areas of low coverage; and
- f) ensure that vaccines listed under the NIP are managed in a way that minimises wastage and leakage, with a target rate of wastage and leakage of 5 per cent or lower.

Estimated financial contributions

The Commonwealth will provide an estimated total financial contribution to the States of \$39.5m in respect of this Schedule.

Table 1.1 (\$ million)	2021-22	2022-23	Total
Estimated total budget			
Estimated National Partnership Payments	19.6	19.9	39.5
Commonwealth own purpose expense	442.1	440.8	882.9
Total Commonwealth contribution	461.7	460.7	922.4
Balance of non-Commonwealth contributions	0.0	0.0	0.0

Notes:

- Commonwealth own purpose expenses include the procurement of all vaccines covered under the NIP. This Schedule does not include COVID-19 vaccines.
- States are not required to provide a financial or in-kind contribution under the terms of this Agreement. However, as States are responsible for achieving outcomes under this Agreement, the States allocate their own source of funding and provide in-kind contributions accordingly, including support of services and activities funded under this Agreement.

Funding allocations and payments

The Commonwealth will allocate a total of 4.5 per cent of the cost of vaccine purchases to the States for the purposes of this Agreement as follows:

- 0.75 per cent of the cost of each State's total vaccine purchases to each of the five performance benchmarks, totalling 3.75 per cent; and
- 0.75 per cent of the total cost of vaccines purchases, to be divided equally amongst the States, to the milestone.

Payments will be made annually for each performance benchmark and milestone where a performance report demonstrates that a performance benchmark or milestone has been met. All payments are exclusive of GST.

Roles and responsibilities of each Party

Role of the Commonwealth

Under this Schedule, the Commonwealth agrees to be responsible for:

- supplying vaccines, including:
 - listing vaccines on the NIP;
 - tendering for the supply of all vaccines on the NIP through Commonwealth Own-Purpose Expenses, including any vaccines added over the life of the Agreement; and
 - funding and purchasing vaccines for delivery by the States through the NIP.
- providing leadership in the development of national consumer and medical professional communication activities; and
- coordination national monitoring and surveillance of adverse events following immunisation.

Role of the States

Under this Schedule, the States agree to be responsible for:

- delivering the NIP, including:
 - ordering vaccines from the contracted suppliers;
 - delivering vaccines to immunisation providers in accordance with guidelines on vaccine safety and cold chain management;
 - promptly notifying the Commonwealth of substantial or unavoidable situations relating to the volume and supply of vaccines;
 - all necessary actions set out in vaccine supply deeds; and
 - delivering school immunisation programs.
- assisting the Commonwealth with procurement of vaccines to be supplied under the NIP, including:
 - providing advice on tender documentation;
 - participating in tender panels and procurement processes; and
 - providing accurate forecasts of required volumes of vaccines listed on the NIP, including stock on hand and doses distributed. This includes:
 - A report outlining a 15-month rolling estimate of vaccine purchases in the template and format provided by the Commonwealth quarterly.
 - A report outlining vaccines distributed, and vaccines remaining in storage in the template and format provided by the Commonwealth quarterly.

	<ul style="list-style-type: none"> • supporting individuals' access to immunisation services for immunisations covered under the NIP; • monitoring, minimising and reporting on vaccine wastage and leakage and promptly notifying the Commonwealth of any substantial and unavoidable changes in levels of vaccine wastage and leakage; and • coordinating local monitoring and surveillance of adverse events following immunisation and reporting them to the Commonwealth. <p>Refer to Table 2 for further detail on arrangements for implementing the NIP.</p>
<p>Australian Immunisation Register</p>	<p>The Australian Immunisation Register (AIR) is a national register that records vaccinations given to people of all ages in Australia in accordance with the <i>Privacy Act 1988</i> and the <i>Australian Immunisation Register Act 2015</i>.</p> <p>Arrangements for the AIR are subject to separate funding arrangements under the <i>Public Governance, Performance and Accountability Act Determination (Australian Immunisation Register Special Account 2016)</i>. Refer to Table 3 for further detail on arrangements for each State.</p> <p>In addition to the activities at 'Roles and responsibilities of each Party':</p> <ul style="list-style-type: none"> • the Commonwealth agrees to be responsible for maintaining the AIR and the data related to vaccines provided, including regular reviews of data transmission to the AIR to support accuracy and improvements to data reporting; • the States agree to be responsible for providing the agreed data to the AIR and data related to vaccines provided within schools; and • the Commonwealth and States agree to be responsible for financial contributions for notification payments under the AIR (see Table 3).
<p>Interpretation</p>	<p>For the purposes of this Schedule:</p> <p>Additional Supplies Means:</p> <ul style="list-style-type: none"> (a) New Supplies; (b) State Scheme Supplies; (c) New Cohorts added to the NIP during the Term; (d) Additional Orders for Other Procurement Supplies; or (e) Additional Orders of Supplies, excluding Pandemic Supplies, above the National Market Share. <p>Pandemic Supplies are not Additional Supplies (the purchase of Pandemic Supplies is addressed under Part 6 of the relevant vaccine supply Deed).</p>

Cohort	Means the eligible target group for a National Immunisation Program vaccine and the projections of population size of such target groups.
Cold Chain Breach	Means vaccines stored or exposed to temperatures outside the recommended range of +2°C to +8°C (excludes excursions up to +12°C lasting no longer than 15 minutes, when stock taking or restocking). In technical documents a cold chain breach may be referred to as an 'adverse vaccine storage event'.
Compensation Payment	Means the amount the Commonwealth becomes liable to pay to any Vaccine Sponsor under the relevant clause in a Head Agreement relating to the market share of vaccine supplies.
Coverage	Means the proportion of the relevant cohort population that has been vaccinated against specific diseases or strains of disease.
Critical Event	Means an event identified by the TGA after an audit, investigation or inspection to be a critical event which has produced or gives rise to a significant risk of producing supplies outside the adverse event profile in the approved product information for those supplies.
Deed	Means the Deeds of Agreement between the Commonwealth, States and Territories and a Vaccine Sponsor for the supply of National Immunisation Program vaccines, as amended from time to time.
Eligible person	Means a person eligible to receive a free NIP vaccine, as specified in the <i>National Health (Immunisation Program – Designated Vaccines) Determination 2014 (No 1)</i> .
Essential Vaccines/National Immunisation Program Vaccines	Means the vaccines listed in a determination under section 9B of the <i>National Health Act 1953</i> (Cth) as amended from time to time.
Fifteen / 15 Month Rolling Estimate of Vaccine Purchases	Means forecast estimates for a 15 month period, which are provided by jurisdictions each quarter outlining the numbers of doses of essential National Immunisation Program vaccines required to meet expected demand.
Geographic Areas of Low Coverage	Means geographic areas with vaccination coverage rates below the target coverage rate of 95 per cent.
Head Agreement	Means an agreement between the Commonwealth, States and Territories and a Vaccine Sponsor for the supply of National Immunisation Program vaccines including its amendments.
National Immunisation Program (NIP) Vaccine Management	Means the inventory monitoring, forecasting, ordering, data collection and reporting, cold chain maintenance, delivery and invoice verification, storage, vaccine wastage and leakage prevention, and distribution activities that States and Territories are required to undertake with respect to National Immunisation Program vaccines under the arrangements outlined in this Schedule. Further detail

		is at Tables 2 and 3.
	Vaccines	Means essential vaccines or National Immunisation Program vaccines.
	Vaccine Leakage	Means a vaccine that is purchased for administration to eligible cohorts is administered to a person who is not eligible to receive the vaccine.
	Vaccine Preventable Diseases	Means communicable diseases that can be prevented by vaccination.
	Vaccine Sponsor	Means a third party who is under a contractual agreement with the Commonwealth, States or Territories to supply a National Immunisation Program vaccine.
	Vaccine Wastage	Means loss of vaccines due to cold chain breaches, expiry or other damage.

Table 2: Arrangements for implementation of the National Immunisation Program

Description

This Table provides for: National Immunisation Program (NIP) vaccine management by the States and Territories and distribution of NIP vaccines to immunisation providers by the States and Territories;

- (b) Commonwealth coordination of procurement of NIP vaccines and the provision of Commonwealth payments to Vaccine Sponsors for NIP vaccines as purchaser for the States and Territories; and
- (c) State and Territory assistance to the Commonwealth for the coordination of procurement of NIP vaccines under the Deed or Head Agreements.

The Commonwealth and the States and Territories will agree, from time to time as new contracts for purchasing NIP vaccines are entered into, on specific obligations relating to those new NIP vaccines.

In this Table and broader Schedule, words that are capitalised and not defined have the meaning ascribed to them in the relevant Deed or Head Agreement.

General obligations of the Parties

The Commonwealth agrees to:

- (a) appoint a "contract manager" responsible for all aspects of the Deed or Head Agreement between the Commonwealth and the States and Territories, and the Vaccine Sponsor for supply of NIP vaccines;
- (b) provide written quarterly forecasts to the Vaccine Sponsor (in accordance with the timeframes in this Schedule or relevant Deed or Head Agreement), in accordance with advice from the States and Territories, of the quantities of NIP vaccines required nationally for the next 15 months, or such other period as is agreed in the relevant Deed or Head Agreement;
- (c) use its best endeavours to negotiate with the relevant Vaccine Sponsor amendments to any Deed or Head Agreement which all of the States and Territories agree are required to be made for the extension of a Deed or Head Agreement or negotiation of a new Deed or Head Agreement;
- (d) promptly notify all States and Territories of any actual or potential interruptions to the supply of NIP vaccines advised by the Vaccine Sponsor or of any product recall or retrieval for NIP vaccines advised by the Vaccine Sponsor or otherwise advised to the Commonwealth and promptly provide all relevant information as requested by the States in relation to those events;
- (e) negotiate with Vaccine Sponsors to resolve NIP vaccine supply issues that impact on the delivery of the NIP;
- (f) consult with each State and Territory on any critical event and proposed actions;
- (g) liaise with the Therapeutic Goods Administration (TGA) in relation to the registration and cancellation of Supplies under the *Therapeutic Goods Act 1989* (Cth); and

- (h) review and increase the Payment Cap as required.

The States and Territories agree to comply with the terms and conditions of the relevant Deed or Head Agreement and Order when purchasing NIP vaccines and, in addition to such compliance, to:

- (a) comply with the terms and conditions of the relevant Deed or Head Agreement and Order when purchasing NIP vaccines;
- (b) appoint an "authorised representative/s" responsible for all aspects of the Contract with the Vaccine Sponsor, as well as liaising with the Commonwealth in relation to the Deed or Head Agreements;
- (c) provide to the Commonwealth 15 month rolling dose estimates for all NIP vaccines on a quarterly basis;
- (d) enter into local arrangements, if required, with the Vaccine Sponsor or its distributor regarding the actual dates and times for which supplies of NIP vaccines will be delivered to a site(s) nominated by a State or Territory;
- (e) keep a record of the dates on which each delivery of NIP vaccines are delivered to a nominated site, noting that such records will be required in the event of consideration of a supply credit to the Commonwealth due to late delivery;
- (f) promptly notify the Commonwealth in writing of any deliveries of orders for NIP vaccines to a site that is outside the delivery timeframe requirements of the Deed or Head Agreement, and of any persistent late delivery of Orders of NIP vaccines;
- (g) promptly notify the Commonwealth in writing of any financial or in kind reimbursement from the Vaccine Sponsor or organisation warehousing NIP vaccines, on behalf of a State or Territory, resulting from vaccine wastage or leakage;
- (h) promptly notify the Commonwealth in writing if NIP vaccines have not been transported within agreed temperature range and if NIP vaccines and/or their packaging or labelling are found not to comply with the Deed or Head Agreement;
- (i) promptly verify in writing to the Commonwealth that the NIP vaccines were received from the Vaccine Sponsor in accordance with its Order and send a copy of the delivery docket to the Commonwealth within three days of receipt;
- (j) promptly notify the Commonwealth of any substantial and unavoidable changes in levels of vaccine wastage and leakage;
- (k) promptly notify the Commonwealth in relation to rejection by that State or Territory of any NIP vaccine delivery under a Contract or a recall or retrieval by the Vaccine Sponsor of any NIP vaccine;
- (l) notify the Vaccine Sponsor of its requirements in relation to Additional Supplies in accordance with the relevant Deed or Head Agreement;
- (m) refer any dispute under a Contract to the Commonwealth in accordance with the requirements of the relevant Deed or Head Agreement;
- (n) provide early notice to the Commonwealth, and in any case six months prior to the expiry of the term of any Deed or Head Agreement, if it requires amendments to be made before the extension of a Deed or Head Agreement or negotiation of a new Deed or Head Agreement. The Commonwealth will only negotiate amendments that are agreed by the Commonwealth and all States and Territories;

- (o) notify the Commonwealth promptly if the State or Territory becomes aware of any claim that may give rise to damages or rights under an indemnity under a Deed or Head Agreement;
- (p) notify the Commonwealth as soon as practicable of any problems or issues concerning a relevant Vaccine Sponsor or the State or Territory's dealings with a relevant Vaccine Sponsor in connection with NIP vaccines, including any failure by a Vaccine Sponsor to comply with the terms and conditions of the relevant Deed or Head Agreement;
- (q) promptly notify the Commonwealth if that State or Territory:
 - i. would like the Commonwealth to consider terminating a Deed or Head Agreement (noting that a State or Territory on its own cannot terminate a Deed or Head Agreement); and
 - ii. discuss in good faith with the Commonwealth the implications, including financial implications (if any), of the termination before any termination action is taken in respect of the Deed or Head Agreement.
- (r) repay to the Commonwealth any monies a State or Territory receives from a Vaccine Sponsor which should have been received by the Commonwealth as a result of it being purchaser for the NIP vaccine;
- (s) consider any information relating to a Critical Event as requested by the Commonwealth and in accordance with the Deed or Head Agreement;
- (t) not purchase any NIP vaccine affected by a Critical Event where the Commonwealth has made a decision under the relevant Deed or Head Agreement that a Critical Event has occurred where the Commonwealth has notified the States and Territories of that decision; and
- (u) promptly notify the Commonwealth of any transfers of NIP vaccines between States and Territories. Payments will be adjusted accordingly.

Payment for NIP vaccines

The Commonwealth will, as a purchaser, pay Vaccine Sponsors directly for NIP vaccines:

- (a) ordered and managed by that State or Territory in accordance with this Table;
- (b) verified in writing to the Commonwealth by the State or Territory as having been delivered by the Vaccine Sponsor to that State or Territory under, and in accordance with the relevant Deed or Head Agreement; and
- (c) up to the Payment Cap, after receipt of a copy of the Tax Invoice from the Vaccine Sponsor and the verification of the Tax Invoice to the Commonwealth by the relevant State or Territory.

The Commonwealth will not be required to make any payment to a Vaccine Sponsor in excess of the Payment Cap for a Reference Period unless an extension to the Payment Cap has been agreed by the Commonwealth. The Payment Cap is specified in the relevant Deed or Head Agreement.

The Commonwealth and the States and Territories may agree to adjust the size of the Cohort, but must not do so prior to funds being committed by the Commonwealth.

Payments for State Scheme Supplies are the responsibility of the State or Territory ordering those supplies.

Payments subject to Parliamentary Appropriation

The Commonwealth will, subject to the appropriation of the funds by the Commonwealth Parliament, provide payments under or in connection with the Deed or Head Agreement in accordance with this Table and the Deed or Head Agreement.

Compensation amount payable under a Deed or Head Agreement

The State or Territory agrees to:

- (a) comply with the national market share provisions set out in the Deed or Head Agreement; and
- (b) use its best endeavours to avoid any delays in providing documentation to the Commonwealth for payment verification.

The States and Territories acknowledge that failure to comply with these arrangements may result in the Commonwealth becoming liable to pay an amount to a Vaccine Sponsor under the Head Agreement (Compensation Payment).

Further to the General obligations of the Parties where the State or Territory agrees to purchase NIP vaccines in accordance with the market shares set out in the Deed or Head Agreement, the States and Territories agree to work closely with the Commonwealth in managing vaccine orders to ensure market share arrangements under a Deed or Head Agreement are met.

Goods and Services Tax

Unless otherwise expressly stated, all sums payable and all consideration to be provided pursuant to this Schedule or Payments are exclusive of Goods and Services Tax (GST).

Where a Party is required under this Schedule or Table to pay or reimburse an expense or outgoing of the other Party, including under an indemnity or other claim made under this Agreement, the amount to be paid or reimbursed by the first Party will be the sum of:

- (a) the amount of the expense or outgoing less any input tax credits in respect of the expense or outgoing to which the other Party, or to which the representative member for a GST group of which the other Party is a member, is entitled; and
- (b) if the payment or reimbursement is subject to GST, an amount equal to that GST.

Audit requirements

Without limiting the provisions of any Deed or Head Agreement, audits may be conducted of:

- (a) the provision of the NIP vaccines under a Deed or Head Agreement or a Contract;
- (b) the accuracy of the Vaccine Sponsor's Tax Invoices and reports in relation to the provision of the NIP vaccines under a Deed or Head Agreement or a Contract;

- (c) the Vaccine Sponsor's compliance with its confidentiality, privacy and security obligations under the Deed or Head Agreement or a Contract; and
- (d) any other matters reasonably determined by the Commonwealth to be relevant to the provision of the NIP vaccines.

States and Territories must participate in audits conducted under Audit requirements of this Table as reasonably required.

The Commonwealth may appoint an independent person to assist in any audit under Audit requirements of this Table. The State or Territory agrees to assist any such person as if such person was the Commonwealth subject to any confidentiality and privacy obligations as applicable to the State or Territory.

Priority

In the event of any inconsistency between this Table and a Deed or Head Agreement, the Deed or Head Agreement will prevail to the extent of the inconsistency.

Table 3: Australian Immunisation Register contributions

State and Territory contributions

- (a) The Australian Immunisation Register (AIR) is a national register that records details of the immunisation status of all Australians. Services Australia updates the Register upon receipt of vaccination details from health professionals including general practitioners, practice nurses, health clinics, hospitals and other immunisation providers.
- (b) The purpose of the AIR is to monitor immunisation coverage levels and service delivery and identify regions at risk during disease outbreaks.
- (c) Each State and Territory (excluding Queensland) agrees to provide funding to the AIR in line with their respective State or Territory formula below. Note: Queensland does not participate as the jurisdiction maintains its own childhood immunisation register.
- (d) The formula used to calculate the contribution for New South Wales, Australian Capital Territory, South Australia, Western Australia, Tasmania and Northern Territory is as follows:
- $$[(\text{cohort 1} * \$6.00 * 3) + (\text{cohort 2} * \$6.00 * 1) + (\text{cohort 3} * \$6.00 * 1) + (\text{cohort 4} * \$6.00 * 1)] * 50\%$$
- (e) The formula used to calculate the contribution for Victoria is as follows:
- $$[(\text{cohort 1} * \$6.00 * 3) + (\text{cohort 2} * \$6.00 * 1) + (\text{cohort 3} * \$6.00 * 1) + (\text{cohort 4} * \$6.00 * 1)] * 33 \frac{1}{3}\%$$
- (f) The cohorts used in the formula calculations are as follows:
- cohort 1 = children in the State or Territory aged less than 1 year;
 - cohort 2 = children in the State or Territory aged 1 year;
 - cohort 3 = children in the State or Territory aged 18 months; and
 - cohort 4 = children in the State or Territory aged 4 to 5 years.
- (g) The formula used to calculate the State and Territory contributions to support the AIR is based on 100% immunisation coverage. The number of immunisation encounters reported in each State and Territory will fluctuate throughout the year and payments to providers made by Services Australia in each State and Territory will be made in accordance with payment demand. The States and Territories agree to adjust their contributions under this Agreement in order to meet this demand.
- (h) The formula assumes the following immunisation encounters: 2 months, 4 months, 6 months, 12 months, 18 months and 4-5 years. If the National Immunisation Program is amended then this Table will be amended to reflect those changes.
- (i) Funding will only be provided in respect to services provided for childhood vaccinations up to the age of 7 years.
- (j) Population figures are sourced from Population Projections (ABS Cat. No. 3222.0).
- (k) The States and Territories will be informed of the relevant population figures and concomitant financial obligation following publication of this data.

Arrangements for transferring funds to Services Australia

- (l) In July of each year, the Commonwealth will advise the States and Territories of its projected bi-annual payments for the AIR contribution for the financial year. These projections will take into account any shortfalls or carry-overs from the previous year. The States and Territories are required to make bi-annual payments to the Commonwealth. The first payment is due by 31 August, and the second payment is due by 30 January of each year.

Table 4: Performance requirements, reporting and payment summary

Output	Performance milestones	Measurement parameters	Reporting	Payment (see Funding allocations and payments)
Agreed, quality assured data on HPV delivered in schools provided to the immunisation register	<p>MILESTONE: Provision of annual schools HPV immunisation data for the previous school year by 1 March each year.</p>	The provision of HPV immunisation data provided via school programs in the previous calendar year to enable measurement of Benchmark 3.	<p>2021-22 (Year 5)</p> <ul style="list-style-type: none"> 1 January 2021 – 31 December 2021: Calendar year data to be provided 1 March 2022: Due date for provision of data to meet Milestone <p>2022-23 (Year 6)</p> <ul style="list-style-type: none"> 1 January 2022 – 31 December 2022: Calendar year data to be provided 1 March 2023: Due date for provision of data to meet Milestone 	0.75% of the funded 4.5% of total vaccine costs, distributed equally to each State and Territory.
Maintained or increased vaccination coverage rates for 60 ≤ 63 month olds.	<p>BENCHMARK 1: Maintained or increased vaccination coverage rates for 60 ≤ 63 month olds relative to the baseline.</p>	<ul style="list-style-type: none"> The numerator is the number of children enrolled in Medicare reported as fully immunised as defined by the Australian Immunisation Register (AIR), aged 60 ≤ 63 months. The denominator is the number of children enrolled in Medicare and registered in the Australian Immunisation Register aged 60 ≤ 63 months. Calculation is 100 x (Numerator ÷ Denominator) presented as a rate per 100 children aged four years. The current year coverage rate will be compared to a baseline of the average 	<p>2021-22 (Year 5)</p> <ul style="list-style-type: none"> 1 April 2021 – 31 March 2022: Reference period assessed By 30 September 2022: Assessment outcomes notified By 31 December 2022: Assessment report published <p>2022-23 (Year 6)</p> <ul style="list-style-type: none"> 1 April 2022 – 31 March 2023: Reference period assessed 	0.75% of the funded 4.5% of each State and Territory's total vaccine costs.

		<p>coverage rate of the previous three years.</p> <ul style="list-style-type: none"> • Should the definition of fully immunised change, the baseline will be reset following an independent review by an external body. • Where a State or Territory has reached 95 per cent coverage or above, they will only be required to maintain coverage rates at 95 per cent. • Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate. • Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment. 	<ul style="list-style-type: none"> • By 30 September 2023: Assessment outcomes notified • By 31 December 2023: Assessment report published 	
Maintained or increased vaccination coverage rates in Aboriginal and Torres Strait Islander children.	BENCHMARK 2: Maintained or increased vaccination coverage rates for Aboriginal and Torres Strait Islander children in two of the following three cohorts relative	<ul style="list-style-type: none"> • The numerator is the number of Aboriginal and Torres Strait Islander children enrolled in Medicare reported as fully immunised as defined by the AIR, aged $12 \leq 15$ months, $24 \leq 27$ months and $60 \leq 63$ months. • The denominator is the number of Aboriginal and Torres Strait Islander children enrolled in 	<p>2021-22 (Year 5)</p> <ul style="list-style-type: none"> • 1 April 2021 – 31 March 2022: Reference period assessed • By 30 September 2022: Assessment outcomes notified 	0.75% of the funded 4.5% of each State and Territory's total vaccine costs.

	<p>to the baseline:</p> <ul style="list-style-type: none"> • 12 ≤ 15 month olds • 24 ≤ 27 month olds • 60 ≤ 63 month olds. 	<p>Medicare and registered in the Australian Immunisation Register aged 12 ≤ 15 months, 24 ≤ 27 months and 60 ≤ 63 months.</p> <ul style="list-style-type: none"> • Calculation is 100 x (Numerator÷ Denominator) calculated for each age cohort. • The current year coverage rate will be compared to a baseline which is the lowest coverage rate from the previous three years. • For the purposes of this benchmark, an increase is required in two of the following three cohorts: 12 ≤ 15 months, 24 ≤ 27 months and 60 ≤ 63 months. • Should the definition of fully immunised change, the baseline will be reset following an independent review by an external body. • Where a State or Territory has reached 95 per cent coverage or above, they will only be required to maintain coverage rates at 95 per cent. • Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate. • Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance 	<ul style="list-style-type: none"> • By 31 December 2022: Assessment report published <p>2022-23 (Year 6)</p> <ul style="list-style-type: none"> • 1 April 2022 – 31 March 2023: Reference period assessed • By 30 September 2023: Assessment outcomes notified • By 31 December 2023: Assessment report published 	
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		benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.		
Increased HPV coverage rates for adolescents.	BENCHMARK 3: An increase in the vaccination coverage rate for both adolescent boys and adolescent girls for HPV, relative to the baseline.	<ul style="list-style-type: none"> The numerator is the number of adolescents reported as meeting a full-dose HPV (2-dose) immunisation as defined by the AIR, by age 15. The denominator is the number of adolescents enrolled in Medicare. Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$ presented as a rate per 100 children aged 15 years. The current year coverage rate will be compared to a baseline of the average coverage rate of the previous three years. Should the definition of fully immunised change, the baseline will be re-set following an independent review by an external body. Where a State or Territory has reached 95 per cent coverage or above, they will only be required to maintain coverage rates at 95 per cent. Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate. Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon 	<p>2021-22 (Year 5)</p> <ul style="list-style-type: none"> 1 January 2021 – 31 December 2021: Reference period assessed By 30 September 2022: Assessment outcomes notified By 31 December 2022: Assessment report published <p>2022-23 (Year 6)</p> <ul style="list-style-type: none"> 1 January 2022 – 31 December 2022: Reference period assessed By 30 September 2023: Assessment outcomes notified By 31 December 2023: Assessment report published 	<p>0.75% of the funded 4.5% of each State and Territory's total vaccine costs.</p> <p>Payments will be made as follows if the State or Territory achieves an increase in one of the two cohorts:</p> <ul style="list-style-type: none"> 40% for one cohort (either boys or girls) 100% for two cohorts.

		consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark (either in part or in full), then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.		
Increased coverage rates in areas of lowest coverage for 60 ≤ 63 month olds.	<p>BENCHMARK 4: An increase in vaccination coverage rates for 60 ≤ 63 month olds in four of the ten lowest vaccination coverage SA3 geographical areas, relative to the baseline.</p>	<ul style="list-style-type: none"> • The numerator is the number of children enrolled in Medicare residing in an area of low immunisation coverage reported as fully immunised as defined by the AIR, at age 60 ≤ 63 months. • The denominator is the total number of children enrolled in Medicare residing in an area of low immunisation coverage and registered with the AIR at age 60 ≤ 63 months. • Calculation is 100 x (Numerator ÷ Denominator) calculated for each age cohort. • The current year coverage rate is compared to a baseline of the previous year's coverage rate. • Areas calculated at the SA3 level. • SA3 areas with less than 100 children are excluded from the calculation. • For the purposes of this benchmark, a geographical area of low coverage is included if it is in the 10 lowest areas with coverage below 95 per cent. • Where less than 10 SA3 areas have coverage rates below 95 per cent, the State is still required to choose 4 areas to target from the lowest coverage areas. • If all SA3 areas have coverage rates of 95 per cent or above, this benchmark is deemed to have been met. • Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may 	<p>2021-22 (Year 5)</p> <ul style="list-style-type: none"> • 1 April 2021 – 31 March 2022: Reference period assessed • By 1 September 2021: Jurisdictions to notify the Commonwealth of the four areas being targeted for Year 5. • By 1 June 2022: Assessment outcomes notified • By 31 December 2022: Assessment report published <p>2022-23 (Year 6)</p> <ul style="list-style-type: none"> • 1 April 2022 – 31 March 2023: Reference period assessed • By 1 September 2022: Jurisdictions to notify the Commonwealth of the four areas being targeted for Year 6. • By 1 June 2023: Assessment outcomes notified • By 31 December 2023: Assessment report published 	<p>0.75% of the funded 4.5% of each State and Territory's total vaccine costs.</p> <p>Payments will be made as follows if the State or Territory achieves an increase in some, but not all, of the four areas:</p> <ul style="list-style-type: none"> • 25% for one area • 50% for two areas • 75% for three areas • 100% for four areas.

		<p>include third party review as appropriate.</p> <ul style="list-style-type: none"> • Should the definition of fully immunised change, the baseline will be re-set following an independent review by an external body. • Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark (either in part or in full), then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment. 		
<p>Reduced wastage and leakage for vaccines listed on the NIP</p>	<p>BENCHMARK 5: An annual decrease in the wastage and leakage rate for agreed vaccines, relative to the baseline (where a state achieves a wastage and leakage rate of 5 per cent or lower, it will be deemed to have met the Benchmark).</p>	<ul style="list-style-type: none"> • All vaccines on the NIP provided to children and excluding those provided to other at-risk groups are to be included in the calculation of wastage and leakage. • The numerator is the number of National Immunisation Program vaccines lost to wastage and leakage. • The denominator is the total number of vaccines distributed. • Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$. <p>Calculation = $\left(\frac{A - (B \times 1.03) - C}{A} \right) \times 100$</p>	<p>2021-22 (Year 5)</p> <ul style="list-style-type: none"> • 1 April 2021 – 31 March 2022: Reference period assessed • By 30 September 2022: Assessment outcomes notified • By 31 December 2022: Assessment report published <p>2022-23 (Year 6)</p> <ul style="list-style-type: none"> • 1 April 2022 – 31 March 2023: Reference period assessed • By 30 September 2023: Assessment outcomes notified 	<p>0.75% of the funded 4.5% of each State and Territory's total vaccine costs.</p>

		<p>Where:</p> <p>A = total number of doses distributed by states and territories to providers. B = total number of doses given to children aged <10 years on the AIR. C = total number of doses lost to unavoidable wastage and leakage.</p> <ul style="list-style-type: none"> • The wastage and leakage calculation includes an adjustment factor of 3 per cent to account for underreporting to AIR. • The current wastage and leakage rate is compared to a baseline which is the previous year's wastage and leakage rate for that jurisdiction. • Analysis by State/Territory is based on postcode of residence of the child as recorded on the AIR. As children may receive vaccinations in locations other than where they live, this data does not necessarily reflect the location in which services were received. • The wastage and leakage calculation discounts vaccines lost due to uncontrollable events such as natural disasters, power outages or refrigeration failures. States must provide reports that outline any known wastage that has occurred due to uncontrollable events. Reports are required to include the number of vaccines distributed during the reporting period. • Where a new vaccine is added to the NIP for children only, a baseline of 10 per cent wastage and leakage will be applied. • Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate. • Where a state or territory does not meet the 	<ul style="list-style-type: none"> • By 31 December 2023: Assessment report published 	
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		<p>performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.</p>		
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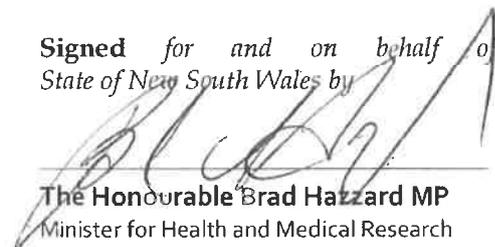
The Parties have confirmed their commitment to this Schedule as follows:

Signed for and on behalf of the Commonwealth of Australia by


The Honourable Greg Hunt MP
Minister for Health and Aged Care

~~June 2021~~ 28/10/2021

Signed for and on behalf of the State of New South Wales by


The Honourable Brad Hazzard MP
Minister for Health and Medical Research

23 July 2021

Signed for and on behalf of the State of Victoria by

The Honourable Martin Foley MP
Minister for Health

July 2021

Signed for and on behalf of the State of Queensland by

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

July 2021

Signed for and on behalf of the State of Western Australia by

The Honourable Roger Cook MLA
Minister for Health

July 2021

Signed for and on behalf of the State of South Australia by

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

July 2021

Signed for and on behalf of the State of Tasmania by

The Honourable Jeremy Rockliff MP
Minister for Health

July 2021

Signed for and on behalf of the Australian Capital Territory by

Rachel Stephen-Smith MLA
Minister for Health

July 2021

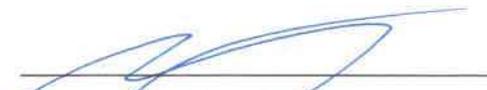
Signed for and on behalf of the Northern Territory by

The Honourable Natasha Fyles MLA
Minister for Health

July 2021

The Parties have confirmed their commitment to this Schedule as follows:

Signed for and on behalf of the Commonwealth of Australia by


The Honourable Greg Hunt MP
Minister for Health and Aged Care

~~June 2021~~

30/210 28/10/2021

Signed for and on behalf of the State of New South Wales by

The Honourable Brad Hazzard MP
Minister for Health and Medical Research

July 2021

Signed for and on behalf of the State of Victoria by


The Honourable Martin Foley MP
Minister for Health

6th September 2021

Signed for and on behalf of the State of Queensland by

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

July 2021

Signed for and on behalf of the State of Western Australia by

The Honourable Roger Cook MLA
Minister for Health

July 2021

Signed for and on behalf of the State of South Australia by

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

July 2021

Signed for and on behalf of the State of Tasmania by

The Honourable Jeremy Rockliff MP
Minister for Health

July 2021

Signed for and on behalf of the Australian Capital Territory by

Rachel Stephen-Smith MLA
Minister for Health

July 2021

Signed for and on behalf of the Northern Territory by

The Honourable Natasha Fyles MLA
Minister for Health

July 2021

The Parties have confirmed their commitment to this Schedule as follows:

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The Honourable Greg Hunt MP
Minister for Health and Aged Care

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The Honourable Brad Hazzard MP
Minister for Health and Medical Research

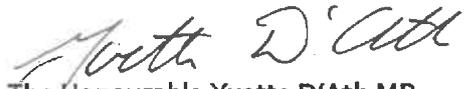
July 2021

Signed for and on behalf of the State of Victoria by

The Honourable Martin Foley MP
Minister for Health

July 2021

Signed for and on behalf of the State of Queensland by


The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

~~July 2021~~ 30/9/21

Signed for and on behalf of the State of Western Australia by

The Honourable Roger Cook MLA
Minister for Health

July 2021

Signed for and on behalf of the State of South Australia by

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

July 2021

Signed for and on behalf of the State of Tasmania by

The Honourable Jeremy Rockliff MP
Minister for Health

July 2021

Signed for and on behalf of the Australian Capital Territory by

Rachel Stephen-Smith MLA
Minister for Health

July 2021

Signed for and on behalf of the Northern Territory by

The Honourable Natasha Fyles MLA
Minister for Health

July 2021

The Parties have confirmed their commitment to this Schedule as follows:

*Signed for and on behalf of the Commonwealth
of Australia by*


The Honourable Greg Hunt MP
Minister for Health and Aged Care

~~June 2021~~ 28/10/2021

*Signed for and on behalf of the
State of New South Wales by*

The Honourable Brad Hazzard MP
Minister for Health and Medical Research

July 2021

*Signed for and on behalf of the
State of Queensland by*

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

July 2021

*Signed for and on behalf of the
State of South Australia by*

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

July 2021

*Signed for and on behalf of the Australian
Capital Territory by*

Rachel Stephen-Smith MLA
Minister for Health

July 2021

*Signed for and on behalf of the
State of Victoria by*

The Honourable Martin Foley MP
Minister for Health

July 2021

*Signed for and on behalf of the
State of Western Australia by*


The Honourable Roger Cook MLA
Minister for Health

July 2021
8/8/21

*Signed for and on behalf of the
State of Tasmania by*

The Honourable Jeremy Rockliff MP
Minister for Health

July 2021

*Signed for and on behalf of the Northern
Territory by*

The Honourable Natasha Fyles MLA
Minister for Health

July 2021

The Parties have confirmed their commitment to this Schedule as follows:

Signed for and on behalf of the Commonwealth of Australia by


The Honourable Greg Hunt MP
Minister for Health and Aged Care

~~June 2021~~ 28/10/2021

Signed for and on behalf of the State of New South Wales by

The Honourable Brad Hazzard MP
Minister for Health and Medical Research

July 2021

Signed for and on behalf of the State of Queensland by

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

July 2021

Signed for and on behalf of the State of South Australia by


The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

~~July 2021~~

16 September 2021

Signed for and on behalf of the Australian Capital Territory by

Rachel Stephen-Smith MLA
Minister for Health

July 2021

Signed for and on behalf of the State of Victoria by

The Honourable Martin Foley MP
Minister for Health

July 2021

Signed for and on behalf of the State of Western Australia by

The Honourable Roger Cook MLA
Minister for Health

July 2021

Signed for and on behalf of the State of Tasmania by

The Honourable Jeremy Rockliff MP
Minister for Health

July 2021

Signed for and on behalf of the Northern Territory by

The Honourable Natasha Fyles MLA
Minister for Health

July 2021

The Parties have confirmed their commitment to this Schedule as follows:

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Greg Hunt MP
Minister for Health and Aged Care

June 2021 *28/10/2021*

Signed for and on behalf of the State of New South Wales by

The Honourable Brad Hazzard MP
Minister for Health and Medical Research

July 2021

Signed for and on behalf of the State of Queensland by

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

July 2021

Signed for and on behalf of the State of South Australia by

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

July 2021

Signed for and on behalf of the Australian Capital Territory by

Rachel Stephen-Smith MLA
Minister for Health

July 2021

Signed for and on behalf of the State of Victoria by

The Honourable Martin Foley MP
Minister for Health

July 2021

Signed for and on behalf of the State of Western Australia by

The Honourable Roger Cook MLA
Minister for Health

July 2021

Signed for and on behalf of the State of Tasmania by



The Honourable Jeremy Rockliff MP
Minister for Health

*21 July 2021
sept*

Signed for and on behalf of the Northern Territory by

The Honourable Natasha Fyles MLA
Minister for Health

July 2021

The Parties have confirmed their commitment to this Schedule as follows:

Signed for and on behalf of the Commonwealth of Australia by


The Honourable Greg Hunt MP
Minister for Health and Aged Care

~~June 2021~~

14/2/2022

Signed for and on behalf of the State of New South Wales by

The Honourable Brad Hazzard MP
Minister for Health and Medical Research

July 2021

Signed for and on behalf of the State of Queensland by

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

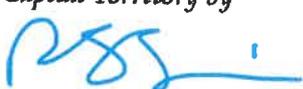
July 2021

Signed for and on behalf of the State of South Australia by

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

July 2021

Signed for and on behalf of the Australian Capital Territory by


Rachel Stephen-Smith MLA
Minister for Health

July 2021

24 November 2021

Signed for and on behalf of the State of Victoria by

The Honourable Martin Foley MP
Minister for Health

July 2021

Signed for and on behalf of the State of Western Australia by

The Honourable Roger Cook MLA
Minister for Health

July 2021

Signed for and on behalf of the State of Tasmania by

The Honourable Jeremy Rockliff MP
Minister for Health

July 2021

Signed for and on behalf of the Northern Territory by

The Honourable Natasha Fyles MLA
Minister for Health

July 2021

The Parties have confirmed their commitment to this Schedule as follows:

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Greg Hunt MP
Minister for Health and Aged Care

June 2021

28/10/2021

Signed for and on behalf of the State of New South Wales by

The Honourable Brad Hazzard MP
Minister for Health and Medical Research

July 2021

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July 2021

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Minister for Health

July 2021

Signed for and on behalf of the Northern Territory by



The Honourable Natasha Fyles MLA
Minister for Health

July 2021