

Communicable diseases of public health concern – Access to HIV treatment for people who are not eligible for Medicare

FEDERATION FUNDING SCHEDULE - HEALTH

Table 1: Formalities and operation of Schedule	
Parties	Commonwealth New South Wales Victoria Queensland Western Australia South Australia Tasmania Australian Capital Territory Northern Territory
Duration	This Schedule will commence as soon as the Commonwealth and one other Party sign it and will expire on 30 June 2026 or on completion of final performance reporting and processing of final payments against project milestones, whichever is later.
Purpose	This Schedule will support the delivery of HIV care and treatment ¹² to people living with HIV in Australia who are not eligible for Medicare (the Program) ³ .

¹ For the purposes of this schedule:

- **Care** is defined as 'outpatient clinical care in public facilities' provided by medical professionals trained in HIV management, this includes but is not limited to, general practitioners, other community-based medical practitioners, and nurse practitioners. **Care** includes the provision of **Services**.
- **Services** are defined as consultations provided by medical professionals and/or diagnostic services such as pathology.
- **Treatment** is defined as the provision of antiretroviral therapy (ART) medications for the management of HIV. ART medications must be prescribed by an authorised s100 prescriber.

² This program applies to ART medications listed on the Pharmaceutical Benefits Scheme. Jurisdictional legislation / regulation may also apply.

³ This program is a public health program intended to support the national objective of the virtual elimination of HIV in Australia. 'Living with HIV in Australia' means Australia is the usual place of residence of the person living with HIV. This program is not intended for short-stay visitors to Australia. Medicare ineligible people living with HIV in Australia will be able to initiate or continue ART medication for the treatment of HIV to meaningfully reduce their viral load and the risk of ongoing transmission of HIV in Australia for the duration of their stay in Australia (or until they transition to another program, such as Medicare).

The provision of HIV care and treatment to people living with HIV in Australia who are not eligible for Medicare will:

- contribute to reducing the transmission rates of HIV in Australia and further protect Australians from acquiring the infection.
- support the Australian and state and territory governments in meeting international and national goals for the virtual elimination of HIV transmission in Australia.

The Program is a joint initiative of the Commonwealth, States and Territories to be delivered through jurisdictional public health infrastructure and excludes care or treatment through private health services. See **Attachment A** for information on expected outcomes.

The Program is expected to continue beyond the duration of this schedule. Annual reporting and a program evaluation will inform any future iteration of the program as agreed by all jurisdictions.

Estimated financial contributions

The Commonwealth will provide total financial and in-kind contributions to the states and territories of \$58,750,000 in respect of this Schedule.

Table 1

(\$' 000's)	2022-23	2023-24	2024-25	2025-26	2026-27	Total
Estimated Total budget	6,250	15,000	15,000	15,000	7,500	58,750
Less estimated National Partnership Payments	6,250	15,000	15,000	15,000	7,500	58,750
- NSW	3,166	TBC as per arrangements described below	TBC as per arrangements described below	TBC as per arrangements described below	TBC as per arrangements described below	
- VIC	1,638					
- QLD	812					
- WA	169					
- SA	169					
- TAS	68					
- ACT	137					
- NT	87					
Balance of non-Commonwealth contributions*	0	0	0	0		0

*Note: Funding figures for 2022-23 per Para b) iii) below.

* Note: Funding in 2022-23, the Commonwealth contribution includes funding to ART manufacturers for the supply of ART medicines to jurisdictions from 1 November 2022 until the execution of the agreement by each state and territory which will be deducted from the FY2022-23 activity first payment to jurisdictions.

The Commonwealth financial contribution includes \$7.5m in 2026-27 for the purpose of making the second (in-arrears) payments related to activity in the 2025-26 financial year.

<p>Additional terms</p>	<p>Responsibilities of the Commonwealth:</p> <ul style="list-style-type: none"> a) Provide a total capped financial and in-kind contribution, as per Table 1, to the states and territories for the purchase of ART medications to enable the treatment of people living with HIV in Australia who are not eligible for Medicare. b) Distribute the national annual funding allocation to states and territories: <ul style="list-style-type: none"> i. In 2022-23, account for and report on ART medication supplied and funded through ART manufacturers in each jurisdiction. ii. Annual funding to jurisdictions will be paid in two installments as set in paragraphs c) and d) below. The first payment will be made during the financial year, with the second payment in arrears in the following financial year. iii. Allocation of the total annual \$15.0 million in funding to each jurisdiction will be calculated using the proportion of people in each state and territory (of the national total) who received HIV treatment who are not eligible for Medicare. iv. The first payment of funding for 2022-23 under the Schedule will be based on 50% of the 2021-22 estimated number of people receiving HIV treatment who are not eligible for Medicare, as provided by states and territories. v. For the second payment for 2022-23 and all subsequent funding under the Schedule, calculations will be based on the reported number of people receiving HIV treatment who are not eligible for Medicare as reported by jurisdictions as at 30 June each financial year. vi. Final funding amounts will be confirmed in writing by the Commonwealth to the states and territories. c) Calculate and approve bi-annual payments to states and territories, in accordance with paragraphs a) and b): <ul style="list-style-type: none"> i. The first payment for the 2022-23 financial year will be calculated as described in paragraph b)iii, to be paid following execution of this Schedule. ii. The second (reconciliation) payment for the 2022-23 financial year will be paid in arrears following receipt of 2022-23 annual reporting from all jurisdictions (Table 2 refers). Payment 2 will be the annual amount owed less Payment 1. iii. From 2023-24 onwards, the first payment for the financial year will be 50% of the prior financial year's total reimbursement.
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- d) Second payments (reconciliation payments) will be paid in September of the following financial year, where possible. Timing of payments is contingent on submission of annual reports (see Attachment B for reporting template). Calculations and payments can only be made after all jurisdictions have provided annual reporting in accordance with the timing in this Schedule (Table 2 refers).
- e) Provide states and territories with a template for annual reporting in relation to this Schedule (Attachment B).
- f) Fund national promotion and communication activities to be delivered by peak organisations including communications to current patients to support their transition to the new arrangement, webinars and web-based resources for clinicians, and assist with communication activities to support new applicants to the program. Peak organisations will consult with states and territories to ensure consistent messaging with any state and territory communications.
- g) Initiate and fund the program evaluation. This evaluation will inform future arrangements for the program, including program demand and overall funding. **Attachment A** outlines the evaluation and expected outcomes. Commonwealth funding for the evaluation is separate from the HIV medication funding in this Schedule.
- h) Establish governance arrangements for the program and Schedule through existing Commonwealth, state and territory health committees.

Responsibilities of the states and territories:

- i) Procuring appropriate HIV medications through jurisdictional supply arrangements. Where the Commonwealth contribution under this Schedule is less than total purchase cost of HIV medications, states and territories will be expected to fund the difference.
- j) Delivering HIV Care and Services for people accessing the Program does not include services for comorbidities or any health condition arising from taking HIV medications.
- k) Advise health services that, when consulting with prospective patients under this program they must advise of the risks associated with HIV treatment and explain that only the cost of HIV medication directly related to antiretroviral treatment will be subsidised.
- l) Advise health services that, when consulting with prospective patients under this program, any costs incurred resulting from side effects from antiretroviral treatment will not be subsidised under this program and

are to be funded through private arrangements such as private health insurance.

- m) Advise health services that, when consulting with prospective patients under this program, they must advise that any medications made available under the Program are to be used only for the purpose of HIV treatment of the specified individual, for the duration of their stay in Australia during which they are ineligible for Medicare.
- n) Support communications activities by the Commonwealth and make best efforts to promote the Program to people living with HIV who do not have access to Medicare.
- o) Provide annual reports as detailed in Table 2. Annual reports provided by jurisdictions can include feedback on issues associated with financial and operational aspects.
- p) Participate in and support the Program evaluation. See **Attachment A** for high level outline of evaluation and expected outcomes.

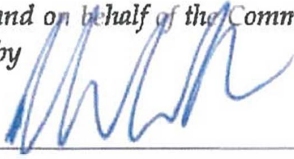
Table 2: Performance requirements, reporting and payment summary			
Output	Performance milestones	Report due	Payment
<p>+Delivery of HIV care for people living with HIV in Australia who are not eligible for Medicare.</p> <ul style="list-style-type: none"> See Attachment A for information on evaluation and expected outcomes. Jurisdictions are not required to report against Attachment A. The Commonwealth will fund the evaluation of the Program. See Attachment B for Annual Report template. 	<p>Execution of Federation Funding Agreement Schedule</p> <p>Commonwealth acceptance of estimates provided by the states and territories on:</p> <ul style="list-style-type: none"> the number of people living with HIV not eligible for Medicare treated by the jurisdiction for the period 1 July 2021 to 30 June 2022. 	N/A	<p>FY2022-23 activity first payment in accordance with Table 1 less Commonwealth funding to ART manufacturers for the supply of ART medicines to jurisdictions</p> <p>Payment is made to each state and territory following execution of this Schedule and acceptance of estimates.</p>
	<p>Commonwealth acceptance of an Annual Report (Attachment B) and data provided by the states and territories covering the period from execution of the agreement to 30 June 2023. The Annual Report will include:</p> <ul style="list-style-type: none"> the number of people living with HIV not eligible for Medicare treated by the jurisdiction up to 30 June 2023. a summary of the benefits and outcomes of the program for the financial year. This is not a condition of payment. line listed data as required in the report template (Attachment B) provided by the Commonwealth. Items 2,3,4,5,6 are not a condition of payment. 	31/07/2023	<p>FY2022-23 activity second payment.</p> <p>In accordance with para b) and c) of the schedule.</p> <p>Payment is made to states and territories following receipt of Annual Report.</p>
			<p>FY2023-24 activity first payment.</p> <p>In accordance with para b) and c) of the schedule.</p> <p>Payment is made to states and territories following receipt of Annual Report.</p>
			<p>FY 2023-24 additional payment⁴</p> <p>\$2.5m nationally upon signing of variation to FFA Schedule consistent with para biii).</p>

⁴ The 2023-24 Commonwealth Budget provided an additional \$2.5 million per annum for the program over four years. A variation to the FFA Schedule is required before this funding can be distributed to states and territories. As a result of this requirement, there will be an additional payment of \$2.5 million to be shared between jurisdictions in 2023-24. This additional payment will be distributed on the same basis as other payments made to this point in time, that is, using a head count of participants obtained from 2022-23 state and territory annual activity reports.

	<p>Commonwealth acceptance of an Annual Report and data provided by the states and territories covering the period 1 July 2023 to 30 June 2024. The Annual Report will include:</p> <ul style="list-style-type: none"> the number of people living with HIV not eligible for Medicare treated by the jurisdiction up to 30 June 2024. a summary of the benefits and outcomes of the program for the financial year. This is not a condition of payment. line listed data as required in the report template (Attachment B) provided by the Commonwealth. Items 2,3,4,5,6 are not a condition of payment. 	31/07/2024	<p>FY2023-24 activity second payment. In accordance with para b) and c) of the schedule. Payment is made to states and territories following receipt of Annual Report.</p>
	<p>Commonwealth acceptance of an Annual Report and data provided by the states and territories covering the period 1 July 2024 to 30 June 2025. The Annual Report will include:</p> <ul style="list-style-type: none"> the number of people living with HIV not eligible for Medicare treated by the jurisdiction up to 30 June 2025. a summary of the benefits and outcomes of the program for the financial year. This is not a condition of payment. line listed data as required in the report template (Attachment B) provided by the Commonwealth. Items 2,3,4,5,6 are not a condition of payment. 	31/07/2025	<p>FY2024-25 second payment. In accordance with para b) and c) of the schedule. Payment is made to states and territories following receipt of Annual Report.</p> <p>FY2025-26 first payment. In accordance with para b) and c) of the schedule. Payment is made to states and territories following receipt of Annual Report.</p>
	<p>Commonwealth acceptance of an Annual Report and data provided by the states and territories covering the period 1 July 2025 to 30 June 2026. The Annual Report will include:</p> <ul style="list-style-type: none"> the number of people living with HIV not eligible for Medicare treated by the jurisdiction up to 30 June 2026. a summary of the benefits and outcomes of the program for the financial year. This is not a condition of payment. line listed data as required in the report template (Attachment B) provided by the Commonwealth. Items 2,3,4,5,6 are not a condition of payment. 	31/07/2026	<p>FY2025-26 second payment. In accordance with para b) and c) of the schedule. Payment is made to states and territories following receipt of Annual Report.</p>

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

Signed for and on behalf of the Commonwealth
of Australia by



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] [Year]
13 11 2013

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



The Honourable [insert name] MP
Minister for [insert title] *Erwan Paire*

[Day] [Month] [Year]
10 12 2012

Signed for and on behalf of the
State of Queensland by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

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

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Australian
Capital Territory by

[insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the
State of Victoria by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

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

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the
State of Tasmania by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Northern
Territory by

The Honourable [insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the Commonwealth
of Australia by



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] [Year]

13 11 2023

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

Signed for and on behalf of the
State of Victoria by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the
State of Queensland by

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

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the
State of Tasmania by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Australian
Capital Territory by

Signed for and on behalf of the Northern
Territory by

Emma Davidson

[insert name] MLA
Minister for [insert title] Population Health

[Day] [Month] [Year]

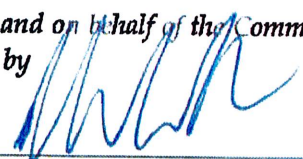
3 January 2024

The Honourable [insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] [Year]
13 11 2023

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

Signed for and on behalf of the State of Victoria by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the State of Queensland by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

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

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

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

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the State of Tasmania by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Australian Capital Territory by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Northern Territory by

[insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]


The Honourable [insert name] MLA
Minister for [insert title]

[Day] [Month] [Year] 18 DEC 2023

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

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] [Year]
17 11 2013

Signed for and on behalf of the State of Queensland by



The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women 4 March 2024

Signed for and on behalf of the State of Victoria by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the State of Queensland by

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

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the State of Tasmania by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Australian Capital Territory by

Signed for and on behalf of the Northern Territory by

[insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the Commonwealth
of Australia by



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] [Year]
13 11 2023

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

Signed for and on behalf of the
State of Victoria by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the
State of Queensland by

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

The Honourable [insert name] MP
Minister for [insert title]


[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the
State of Tasmania by


The Honourable [insert name] MP
Minister for [insert title] Health + Wellbeing

[Day] [Month] [Year]
22 / 1 / 24

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Australian
Capital Territory by

Signed for and on behalf of the Northern
Territory by

[insert name] MLA
Minister for [insert title]


[Day] [Month] [Year]

The Honourable [insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] [Year]
13 11 2023

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

Signed for and on behalf of the State of Victoria by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the State of Queensland by

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

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] 5 JAN 2024

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

Signed for and on behalf of the State of Tasmania by

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

Signed for and on behalf of the Australian Capital Territory by

Signed for and on behalf of the Northern Territory by

[insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

The Honourable [insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

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

Signed for and on behalf of the Commonwealth
of Australia by

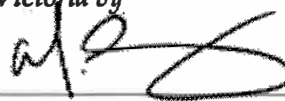


The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] [Year]
13 11 2023

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

Signed for and on behalf of the
State of Victoria by



The Honourable [insert name] MP
Minister for [insert title]

The Honourable Mary-Anne Thomas MP
Minister for Health

[Day] [Month] [Year]

4 April 2024

Signed for and on behalf of the
State of Queensland by

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

The Honourable [insert name] MP
Minister for [insert title]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

[Day] [Month] [Year]

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

Signed for and on behalf of the
State of Tasmania by

The Honourable [insert name] MP
Minister for [insert title]

The Honourable [insert name] MP
Minister for [insert title]

[Day] [Month] [Year]

[Day] [Month] [Year]

Signed for and on behalf of the Australian
Capital Territory by

Signed for and on behalf of the Northern
Territory by

[insert name] MLA
Minister for [insert title]

The Honourable [insert name] MLA
Minister for [insert title]

[Day] [Month] [Year]

[Day] [Month] [Year]