

Essential Vaccines (2025-28)

FEDERATION FUNDING AGREEMENT – 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 of the other Parties sign and is expected to expire on 30 June 2028 or on completion of final performance reporting and processing of final payments against performance milestones.
Purpose	<p>This Schedule will support the coordinated and effective delivery of the National Immunisation Program (NIP)¹ and Australia's National Immunisation Strategy (NIS)² 2025-30 to:</p> <ul style="list-style-type: none"> a) Minimise the incidence of vaccine preventable diseases in the eligible Australian population. b) Minimise the incidence of human papillomavirus (HPV) in the eligible Australian population. c) Provide a national respiratory season immunisation program. d) Deliver on and monitor NIS 2025-30 priorities.

¹ Information about the National Immunisation Program (NIP) is available from the Department of Health and Aged Care website (www.health.gov.au).

² Information about the National Immunisation Strategy for Australia (NIS) is available from the Department of Health and Aged Care website (www.health.gov.au).

Estimated financial contributions	<p>The Commonwealth will provide an estimated total financial contribution to the States and Territories (the States) of \$91.2m in respect of this Schedule.</p> <table><tr><th>Table 1.1 (\$ million)</th><th>2025-26</th><th>2026-27</th><th>2027-28</th><th>Total</th></tr><tr><td>Estimated total budget¹</td><td></td><td></td><td></td><td></td></tr><tr><td>Estimated National Partnership Payments</td><td>32.3</td><td>32.0</td><td>26.9</td><td>91.2</td></tr><tr><td>Balance of non-Commonwealth contributions</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td></tr></table> <p>Notes:</p> <p>¹ These amounts may require adjustment at the sole discretion of the Commonwealth from time to time as changes are made to the NIP Schedule and adjusted amounts are published in the Budget papers.</p>	Table 1.1 (\$ million)	2025-26	2026-27	2027-28	Total	Estimated total budget ¹					Estimated National Partnership Payments	32.3	32.0	26.9	91.2	Balance of non-Commonwealth contributions	0.0	0.0	0.0	0.0
Table 1.1 (\$ million)	2025-26	2026-27	2027-28	Total																	
Estimated total budget ¹																					
Estimated National Partnership Payments	32.3	32.0	26.9	91.2																	
Balance of non-Commonwealth contributions	0.0	0.0	0.0	0.0																	
Additional Terms	<ul style="list-style-type: none">• 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, subject to the achievement of this Schedule’s performance benchmarks and milestones by each state. A breakdown of the total 4.5 per cent is detailed at Attachment A.• The Commonwealth and the States have specific roles and responsibilities under this Schedule as detailed at Attachment B.• The Commonwealth and the States have obligations to deliver effective implementation of the NIP in accordance with the arrangements detailed at Attachment C.• The Australian Immunisation Register (AIR) is a national register that records vaccines given to all people in Australia, in accordance with the <i>Privacy Act 1988</i> and the <i>Australian Immunisation Register Act 2015</i>. 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 Attachment D for further detail on arrangements for each State.• An interpretation of key terms used in this Schedule is detailed at Attachment E.• Where a state or territory does not meet a performance benchmark (see Table 2) and considers that this outcome is beyond its control because of exceptional circumstances, then the state or territory may present a case to the designated delegate outlining mitigating circumstances supported by appropriate evidence. Such circumstances may include																				

	<p>unforeseen or isolated events (e.g. natural disasters). If it is determined upon consideration of the presented evidence that the exceptional circumstance(s) 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. Where exceptional events demonstrably have a national impact (including but not limited to active pandemics, national vaccine supply shortages or changes to the National Immunisation Program schedule within a reporting period), the Commonwealth will consider available evidence on behalf of jurisdictions and make a determination to support fair performance assessment.</p> <ul style="list-style-type: none">• This Schedule pertains only to “designated vaccines” under section 9B of the <i>National Health Act 1953</i>, which are recommended by the Pharmaceutical Benefits Advisory Committee and form part of the NIP.
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Table 2: Performance requirements, reporting and payment summary

Output	Performance requirement	Report Due	Payment
Annual jurisdictional action plan with alignment to National Immunisation Strategy (NIS) 2025-30 priorities	<p>MILESTONE 1:</p> <p>Provision of an annual jurisdictional action plan for the implementation activities being undertaken in alignment with the NIS 2025-30 for the respective financial year ahead.</p> <p>The States will be required to provide information covering an agreed scope including jurisdictional activities for both NIP and non-NIP program delivery, alignment of activities with NIS 2025-30 priorities and reporting on the use of Commonwealth funding provided under the EVS to deliver immunisation programs.</p>	<p>By 1 October of each financial year from 2025-26 to 2027-28.</p> <p>For 2025, this date may be revised by the Commonwealth following consultation with jurisdictions, taking into account the timing of the Strategy's release.</p>	1.5% of the funded 4.5% of each State's total vaccine costs in the relevant financial year.
Agreed information on respiratory illness season immunisation program rollout provided to facilitate vaccination planning activities	<p>MILESTONE 2:</p> <p>Provision of immunisation program rollout plan for the yearly respiratory illness season ahead containing information covering an agreed scope including local plans for the yearly season, including priority groups for targeting, timing of ordering, supply and local activities, and any state-based communication activities.</p>	By 11 March of each financial year from 2025-26 to 2027-28.	0.75% of the funded 4.5% of total vaccine costs in the relevant financial year, distributed equally to each State and Territory.
Maintained or increased vaccination coverage rates for children.	<p>BENCHMARK 1:</p> <p>Maintained or increased (to 95.0%) vaccination coverage rates for the following cohorts relative to the baseline:</p> <ul style="list-style-type: none"> 12 < 15 month olds 60 < 63 month olds. <p>Performance benchmark specifications are detailed at Attachment F.</p>	<ul style="list-style-type: none"> By 31 March each financial year from 2025-26 to 2027-28: relevant performance data processed (see Additional Information to Table 2 for age cohorts in scope of each annual assessment) By 30 September of each following financial year (from 2026-27 to 2028-29): Preliminary assessment outcomes notified 	<p>0.75% of the funded 4.5% of each State's total vaccine costs in the relevant financial year.</p> <p>Payments will be made as follows if the State maintained or increased in one or two of the cohorts (or achieved 95.0% coverage or greater):</p> <ul style="list-style-type: none"> 50% for one cohort 100% for two cohorts.

		<ul style="list-style-type: none"> By 31 March of each following financial year (from 2026-27 to 2028-29): Assessment finalised and report published 	
Maintained or increased vaccination coverage rates in Aboriginal and Torres Strait Islander children.	<p>BENCHMARK 2:</p> <p>Maintained or increased (to 95.0%) vaccination coverage rates for Aboriginal and Torres Strait Islander children in the following cohorts relative to the baseline:</p> <ul style="list-style-type: none"> 12 < 15 month olds 60 < 63 month olds. <p>Performance benchmark specifications are detailed at Attachment F.</p>	<ul style="list-style-type: none"> By 31 March each financial year from 2025-26 to 2027-28: relevant performance data processed (see Additional Information to Table 2 for age cohorts in scope of each annual assessment) By 30 September of each following financial year (from 2026-27 to 2028-29): Preliminary assessment outcomes notified By 31 March of each following financial year (from 2026-27 to 2028-29): Assessment finalised and report published 	<p>0.75% of the funded 4.5% of each State's total vaccine costs in the relevant financial year.</p> <p>Payments will be made as follows if the State maintained or increased in one or two of the cohorts (or achieved 95.0% coverage or greater):</p> <ul style="list-style-type: none"> 50% for one cohort 100% for two cohorts.
Maintained or increased HPV coverage rates for adolescents.	<p>BENCHMARK 3:</p> <p>Maintained or increased (to 90.0%) vaccination coverage rates for adolescent boys and girls aged 15 years for HPV, relative to the baseline.</p> <p>Performance benchmark specifications are detailed at Attachment F.</p>	<ul style="list-style-type: none"> By 31 March each financial year from 2025-26 to 2027-28: relevant performance data processed (see Additional Information to Table 2 for age cohorts in scope of each annual assessment) By 30 September of each following financial year (from 2026-27 to 2028-29): Preliminary assessment outcomes notified By 31 March of each following financial year (from 2026-27 to 2028-29): Assessment finalised and report published 	<p>0.75% of the funded 4.5% of each State's total vaccine costs in the relevant financial year.</p> <p>Payments will be made as follows if the State maintained or increased in one or two of the cohorts (or achieved 90.0% coverage or greater):</p> <ul style="list-style-type: none"> 50% for one cohort 100% for two cohorts.

Additional information to Table 2: Performance requirements, reporting and payment summary

Summary Age cohorts, Birthdate ranges and Age Calculated Dates for the four quarters comprising each performance reference period, by EVS year

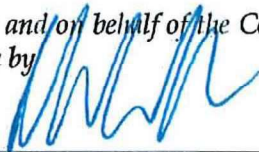
EVS year	Age cohort	Birthdate ranges	Age Calculated Dates	Dates of Processing
Year 1 (2025-26)	Children aged 12 < 15 months	1 Jan 2024 - 31 Mar 2024	31-Mar-25	Agreed dates under AIR National Immunisation Coverage Rules - Standard Coverage Reporting
		1 Apr 2024 - 30 Jun 2024	30-Jun-25	
		1 Jul 2024 - 30 Sep 2024	30-Sep-25	
		1 Oct 2024 - 31 Dec 2024	31-Dec-25	
	Children aged 60 < 63 months	1 Jan 2020 - 31 Mar 2020	31-Mar-25	Agreed dates under AIR National Immunisation Coverage Rules - Standard Coverage Reporting
		1 Apr 2020 - 30 Jun 2020	30-Jun-25	
		1 Jul 2020 - 30 Sep 2020	30-Sep-25	
		1 Oct 2020 - 31 Dec 2020	31-Dec-25	
	Adolescents aged 180 < 183 months	1 Jan 2010 - 31 Mar 2010	31-Mar-25	Agreed dates under AIR National Immunisation Coverage Rules - Standard Coverage Reporting
		1 Apr 2010 - 30 Jun 2010	30-Jun-25	
		1 Jul 2010 - 30 Sep 2010	30-Sep-25	
		1 Oct 2010 - 31 Dec 2010	31-Dec-25	

EVS year	Age cohort	Birthdate ranges	Age Calculated Date	Date of Processing
Year 2 (2026-27)	Children aged 12 < 15 months	1 Jan 2025 - 31 Mar 2025	31-Mar-26	Agreed dates under AIR National Immunisation Coverage Rules - Standard Coverage Reporting
		1 Apr 2025 - 30 Jun 2025	30-Jun-26	
		1 Jul 2025 - 30 Sep 2025	30-Sep-26	
		1 Oct 2025 - 31 Dec 2025	31-Dec-26	
	Children aged 60 < 63 months	1 Jan 2021 - 31 Mar 2021	31-Mar-26	Agreed dates under AIR National Immunisation Coverage Rules - Standard Coverage Reporting
		1 Apr 2021 - 30 Jun 2021	30-Jun-26	
		1 Jul 2021 - 30 Sep 2021	30-Sep-26	
		1 Oct 2021 - 31 Dec 2021	31-Dec-26	
	Adolescents aged 180 < 183 months	1 Jan 2011 - 31 Mar 2011	31-Mar-26	Agreed dates under AIR National Immunisation Coverage Rules - Standard Coverage Reporting
		1 Apr 2011 - 30 Jun 2011	30-Jun-26	
		1 Jul 2011 - 30 Sep 2011	30-Sep-26	
		1 Oct 2011 - 31 Dec 2011	31-Dec-26	

EVS year	Age cohort	Birthdate ranges	Age Calculated Date	Date of Processing
Year 3 (2027-28)	Children aged 12 < 15 months	1 Jan 2026 - 31 Mar 2026	31-Mar-27	Agreed dates under <i>AIR National Immunisation Coverage Rules - Standard Coverage Reporting</i>
		1 Apr 2026 - 30 Jun 2026	30-Jun-27	
		1 Jul 2026 - 30 Sep 2026	30-Sep-27	
		1 Oct 2026 - 31 Dec 2026	31-Dec-27	
	Children aged 60 < 63 months	1 Jan 2022 - 31 Mar 2022	31-Mar-27	Agreed dates under <i>AIR National Immunisation Coverage Rules - Standard Coverage Reporting</i>
		1 Apr 2022 - 30 Jun 2022	30-Jun-27	
		1 Jul 2022 - 30 Sep 2022	30-Sep-27	
		1 Oct 2022 - 31 Dec 2022	31-Dec-27	
	Adolescents aged 180 < 183 months	1 Jan 2012 - 31 Mar 2012	31-Mar-27	Agreed dates under <i>AIR National Immunisation Coverage Rules - Standard Coverage Reporting</i>
		1 Apr 2012 - 30 Jun 2012	30-Jun-27	
		1 Jul 2012 - 30 Sep 2012	30-Sep-27	
		1 Oct 2012 - 31 Dec 2012	31-Dec-27	

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, Disability and Ageing

18 June 2025

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

The Honourable Ryan Park MP
Minister for Health

July 2025

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

The Honourable Timothy Nicholls MP
Minister for Health and Ambulance Services

July 2025

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

The Honourable Chris Picton MP
Minister for Health and Wellbeing

July 2025

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

Rachel Stephen-Smith MLA
Minister for Health, Minister for Mental Health

July 2025

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

The Honourable Mary-Anne Thomas MP
Minister for Health

July 2025

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



The Honourable Meredith Hammat MLA
Minister for Health; Mental Health

27 July 2025
June

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

The Honourable Jacqui Petrusma MP
Minister for Health

July 2025

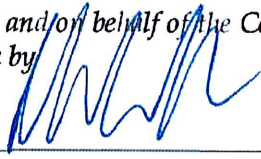
*Signed for and on behalf of the Northern
Territory by*

The Honourable Steven Edgington MLA
Minister for Health, Mental Health

July 2025

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July 2025

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Minister for Health and Ambulance Services
July 2025

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Minister for Health; Mental Health
July 2025

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July 2025

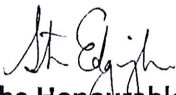
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State of Tasmania by*

The Honourable Jacquie Petrusma MP
Minister for Health
July 2025

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

Rachel Stephen-Smith MLA
Minister for Health, Minister for Mental Health
July 2025

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


The Honourable Steven Edgington MLA
Minister for Health, Mental Health
July 2025 29 JUN 2025

Attachment A. Funding allocations and payments under the EVS

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:

- Milestone 1 (Annual NIS Action Plan): 1.5% of the cost of each State's total vaccine purchases
- Milestone 2 (Respiratory Illness Season Plan): 0.75% of the total cost of vaccines purchases to be divided equally amongst the States.
- Performance Benchmark 1: 0.75% of the cost of each State's total vaccine purchases (with partial reward of 50% for 1 of 2 cohorts, 100% for 2 of 2)
- Performance Benchmark 2: 0.75% of the cost of each State's total vaccine purchases (with partial reward of 50% for 1 of 2 cohorts, 100% for 2 of 2)
- Performance Benchmark 3: 0.75% of the cost of each State's total vaccine purchases (with partial reward of 50% for 1 of 2 cohorts, 100% for 2 of 2)

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.

Attachment B. Roles and responsibilities of the Parties

Role of the Commonwealth

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

- supplying vaccines, including:
 - o listing vaccines on the NIP;
 - o 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
 - o 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;
- coordinating national monitoring and surveillance of adverse events following immunisation; and
- maintaining the Australian Immunisation Register (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 (see Attachment D for further details regarding the AIR).

Role of the States

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

- delivering the NIP, including:
 - o ordering vaccines from the contracted suppliers [facilitated through use of the NIP Vaccine Administrative System (VAS)];
 - o delivering vaccines to immunisation providers in accordance with guidelines on vaccine safety and cold chain management;
 - o promptly notifying the Commonwealth of substantial or unavoidable situations relating to the volume and supply of vaccines;
 - o all necessary actions set out in vaccine supply deeds; and
 - o delivering school immunisation programs.
- assisting the Commonwealth with procurement of vaccines to be supplied under the NIP, including:
 - o providing advice on tender documentation;
 - o participating in tender panels and procurement processes; and
 - o providing accurate forecasts of required volumes of vaccines listed on the NIP, including stock on hand and doses distributed. This includes providing:
 - o quarterly updates in the VAS to an 18-month rolling Forecast of vaccine requirements.

- monthly Stock on Hand updates in the VAS of vaccines remaining in storage.
- 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;
- coordinating local monitoring and surveillance of adverse events following immunisation and reporting them to the Commonwealth; and
- providing the agreed data to the AIR and data related to vaccines provided within schools and state-funded health services (see Attachment D for further details regarding the AIR).

Role of all Parties

Under this Schedule, all Parties agree to be jointly responsible for:

- collaborating and sharing information and insights on the best-practice operation, management and implementation of Commonwealth-funded immunisation programs;
- participating in scheduled meetings of the Jurisdictional Immunisation Coordinators Advisory Group (JICAG) in accordance with the agreed Terms of Reference and meeting formats (teleconference and bi-annual face-to-face);
- implementing respective national and jurisdictional activities required to achieve the objectives and outcomes of the NIS 2025-30; subject to jurisdictional budgets; and participating in monitoring and evaluation activities as part of the Strategy's implementation; and
- financial contributions for notification payments under the AIR (see Attachment D for further details).

Refer to Attachment C for further detail on arrangements for implementation of the NIP.

Attachment C. Arrangements for implementation of the National Immunisation Program

Description

This Attachment provides for:

- (a) 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 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 18 months, or such other period as is agreed in the relevant Vaccine Agreement;
- (c) use its best endeavours to negotiate with the relevant Vaccine Sponsor amendments to any Head Deed or Vaccine Agreement which all of the States and Territories agree are required to be made for the extension of a Head Deed or Vaccine Agreement or negotiation of a new Head Deed or Vaccine 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 the Payment Cap as required.

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

- (a) comply with the terms and conditions of the relevant Head Deed or Vaccine 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 Head Deed or Vaccine Agreements;
- (c) provide to the Commonwealth 18 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) 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 Vaccine Agreement, and of any persistent late delivery of Orders of NIP vaccines;
- (f) 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;
- (g) 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 Vaccine Agreement;
- (h) promptly verify to the Commonwealth that the NIP vaccines were received from the Vaccine Sponsor in accordance with its Order within three days of receipt;
- (i) promptly notify the Commonwealth in writing of any substantial and unavoidable changes in levels of vaccine wastage and leakage;
- (j) promptly notify the Commonwealth in writing in relation to an intention to reject any NIP vaccine delivery under a Contract or a recall or retrieval by the Vaccine Sponsor of any NIP vaccine;
- (k) notify the Vaccine Sponsor of its requirements in relation to Additional Supplies in accordance with the relevant Head Deed or Vaccine Agreement;
- (l) refer any dispute under a Contract to the Commonwealth in accordance with the requirements of the relevant Head Deed or Vaccine Agreement;
- (m) provide early notice to the Commonwealth, and in any case six months prior to the expiry of the term of any Head Deed or Vaccine Agreement, if it requires amendments to be made before the extension of a Head Deed or Vaccine Agreement or negotiation of a new Head Deed or Vaccine Agreement. The Commonwealth will only negotiate amendments that are agreed by the Commonwealth and all States and Territories;
- (n) notify the Commonwealth promptly in writing if the State or Territory becomes aware of any claim that may give rise to damages or rights under an indemnity under a Head Deed or Vaccine Agreement;
- (o) notify the Commonwealth in writing 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 Vaccine Agreement;
- (p) promptly notify the Commonwealth in writing if that State or Territory:
 - a. would like the Commonwealth to consider terminating a Head Deed or Vaccine Agreement (noting that a State or Territory on its own cannot terminate a Head

- Deed or Vaccine Agreement); and
- b. 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 Head Deed or Vaccine Agreement.
- (q) 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;
- (r) consider any information relating to a Critical Event as requested by the Commonwealth and in accordance with the Head Deed and Vaccine Agreement;
- (s) not purchase any NIP vaccine affected by a Critical Event where the Commonwealth has made a decision under the relevant Vaccine Agreement that a Critical Event has occurred where the Commonwealth has notified the States and Territories of that decision; and
- (t) 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 purchaser, pay Vaccine Sponsors directly for NIP vaccines:

- (a) ordered and managed by that State or Territory in accordance with this Table;
- (b) verified 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 Vaccine Agreement; and
- (c) up to the Payment Cap, after receipt of a copy of the Tax Invoice from the Vaccine Sponsor and verification of deliveries being received 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 Vaccine 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 Vaccine Deed in accordance with this Table and the Deed or Head Agreement.

Compensation amount payable under a Head Deed or Vaccine Agreement

The State or Territory agrees to:

- (a) comply with the market share provisions set out in each Vaccine Agreement; and
- (b) use its best endeavours to avoid any delays in providing delivery confirmation to enable

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 each Vaccine Agreement, the States and Territories agree to work closely with the Commonwealth in managing vaccine orders to ensure market share arrangements under a Vaccine 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 Head Deed or Vaccine Agreement, audits may be conducted of:

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

Attachment D. Contributions to Australian Immunisation Register Notification Payments

State and Territory contributions

- (a) The Australian Immunisation Register (AIR) is a national immunisation register that records vaccines given to all people in Australia. The purpose of the AIR is to facilitate: monitoring immunisation coverage and administration; identifying regions at risk during disease outbreaks; and monitoring effectiveness of vaccination programs in preventing vaccine preventable diseases. It also enables individuals to access a complete record of their vaccinations that can be provided as evidence for education, employment, and/or travel purposes.
- (b) Services Australia updates the AIR upon receipt of vaccination details from health professionals including general practitioners, practice nurses, health clinics, hospitals and other vaccination providers.
- (c) Services Australia makes payments to eligible vaccination providers for notifying the AIR of immunisation encounters that complete a vaccination schedule for a child up to 7 years old. These are referred to as Notification Payments. Each State and Territory agrees to provide funding to the AIR for Notification Payments in line with their respective State or Territory formula below.
- (d) The formula used to calculate the contribution for New South Wales, Australian Capital Territory, Queensland, South Australia, Western Australia, Tasmania and Northern Territory is as follows:

$$\{[(\text{cohort 1} \times 95\%) \times \$6.00 \times 3] + [(\text{cohort 2} \times 95\%) \times \$6.00 \times 1] + [(\text{cohort 3} \times 95\%) \times \$6.00 \times 1] + [(\text{cohort 4} \times 95\%) \times \$6.00 \times 1]\} \times 50\%$$

- (e) The formula used to calculate the contribution for Victoria is as follows:

$$\{[(\text{cohort 1} \times 95\%) \times \$6.00 \times 3] + [(\text{cohort 2} \times 95\%) \times \$6.00 \times 1] + [(\text{cohort 3} \times 95\%) \times \$6.00 \times 1] + [(\text{cohort 4} \times 95\%) \times \$6.00 \times 1]\} \times 33^{1/3}\%$$

Victoria's annual contribution under this agreement reflects the level of childhood vaccination service delivery provided by local councils, supported by State subsidy payments. This differentiated arrangement is contingent on local councils continuing to deliver a similar proportion of childhood vaccinations to that observed, on average, over 5 years prior to this agreement.

- (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 Notification Payments is based on 95% 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 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

In August, 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 30 September each financial year, and the final payment is due by 28 February each financial year.

Attachment E. Interpretation of key terms

For the purposes of this Schedule:

Additional Supplies	<p>Means:</p> <ul style="list-style-type: none">e) New Supplies;e) State Scheme Supplies;e) New Cohorts added to the NIP during the Term;e) Additional Orders for Other Procurement Supplies; ore) 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	<p>Means the eligible target group for a National Immunisation Program vaccine and the projections of population size of such target groups.</p>
Cold Chain Breach	<p>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'.</p>
Compensation Payment	<p>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.</p>
Coverage	<p>Means the proportion of the relevant cohort population that has been vaccinated against specific diseases or strains of disease.</p>
Critical Event	<p>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.</p>
Deed	<p>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.</p>
Eligible person	<p>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>.</p>
Essential Vaccines/National Immunisation Program Vaccines	<p>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.</p>
Eighteen / 18 Month Rolling Estimate of Vaccine Purchases	<p>Means forecast estimates for an 18-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.</p>

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 the Schedule's Attachments B and C.
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.

Attachment F. Performance Benchmark Specifications

Benchmark	Specifications
<p>1. Maintained or increased (to 95.0%) vaccination coverage rates for the following cohorts relative to the baseline:</p> <ul style="list-style-type: none"> • 12 < 15 month olds • 60 < 63 month olds. 	<ul style="list-style-type: none"> • The numerators are the numbers of children enrolled in Medicare aged 12 < 15 months and 60 < 63 months reported as fully immunised as defined by an agreement of all Parties. • The denominators are the numbers of children enrolled in Medicare and registered in the Australian Immunisation Register aged 12 < 15 months and 60 < 63 months. • Age and birthdate cohorts are summarised in the Additional Information to Table 2. • Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$ calculated for each age cohort. • For each age cohort, the current reference period's coverage rate will be compared to both the target of 95.0% and a baseline of the pooled average coverage rate of the previous three years. <ul style="list-style-type: none"> • The benchmark is considered met if the vaccination coverage rate in the assessment period has met the national target of 95.0%, or if the vaccination coverage rate has maintained or exceeded the baseline rate. • The assessment considers statistical uncertainties and random variation resulting from data quality issues in the AIR. The national target is considered met if the upper bound of the 95% variability band for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level. • Should the calculation methodology for 'fully immunised' change in the period, the baseline will be reviewed and reset where appropriate in consultation with all Parties. The process may include independent review by an external body if required. • Data for baselines and coverage will be calculated to 1 decimal place for the purposes of performance assessment and reporting.
<p>2. Maintained or increased (to 95.0%) vaccination coverage rates for Aboriginal and Torres Strait Islander children in the following cohorts relative to the baseline:</p> <ul style="list-style-type: none"> • 12 < 15 month olds • 60 < 63 month olds. 	<ul style="list-style-type: none"> • The numerators are the numbers of Aboriginal and Torres Strait Islander children enrolled in Medicare aged 12 < 15 months and 60 < 63 months reported as fully immunised as defined by an agreement of all Parties. • The denominators are the numbers of Aboriginal and Torres Strait Islander children enrolled in Medicare and registered in the Australian Immunisation Register aged 12 < 15 months and 60 < 63 months. • Age and birth cohorts are summarised in the Additional Information to Table 2. • Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$ calculated for each age cohort. • For each age cohort, the current period's coverage rate will be compared to both the target of 95.0% and a baseline of the pooled average coverage rate of the previous three years. <ul style="list-style-type: none"> • The benchmark is considered met if the vaccination coverage rate in the assessment period has met the national target of 95.0%, or if the vaccination coverage rate has maintained or exceeded the baseline rate.

	<ul style="list-style-type: none"> • The assessment considers statistical uncertainties and random variation resulting from data quality issues in the AIR. The national target is considered met if the upper bound of the 95% variability band for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level. • Should the calculation methodology for 'fully immunised' change in the period, the baseline will be reviewed and reset where appropriate in consultation with all Parties. The process may include independent review by an external body if required. • Data for baselines and coverage will be calculated to 1 decimal place for the purposes of performance assessment and reporting.
3. Maintained or increased (to 90.0%) vaccination coverage rates for adolescent boys and girls aged 15 years for HPV, relative to the baseline.	<ul style="list-style-type: none"> • The numerator is the number of adolescents enrolled in Medicare reported as meeting a full-dose HPV (1-dose) immunisation as defined by the AIR, by age 15 (180 < 183 months). • The denominator is the number of adolescents enrolled in Medicare aged 15 years (180 < 183 months). • Age and birth cohort are summarised in the Additional Information to Table 2. • Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$. • The current reference period's coverage rate will be compared to both the 90.0% target and a baseline of the pooled average coverage rate (based on 1 dose HPV vaccination coverage) of the previous three years. <ul style="list-style-type: none"> • The benchmark is considered met if the vaccination coverage rate in the assessment period has met the national target of 90.0%, or if the vaccination coverage rate has maintained or exceeded the baseline rate. • The assessment considers statistical uncertainties and random variation resulting from data quality issues in the AIR. The national target is considered met if the upper bound of the 95% variability band for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level. • Should the calculation methodology for 'fully immunised' change in the period, the baseline will be reviewed and reset where appropriate in consultation with all Parties. The process may include independent review by an external body if required. • Data for baselines and coverage will be calculated to 1 decimal place for the purposes of performance assessment and reporting.