Australia

Amplify Impact: Patient Organisation Sustainability & Health Equity

03

Australia country audit

Audit parameters

Field	Australia audit specification
Jurisdiction	Australia
Primary unit	Commonwealth government support framework
Subnational treatment	Targeted scan of material state and territory instruments
Organisations in scope	Registered health charities, health-related not-for-profit organisations, community-controlled organisations, advocacy bodies and NGOs delivering health or related community services
Evidence standard	Publicly accessible and independently verifiable sources
Scoring basis	Desk evidence only; scores assess the documented framework rather than every organisation's lived experience
Instrument status	Predominantly current instruments, with selected earlier emergency instruments used to demonstrate the existence of an emergency-support mechanism

Overall finding

Australia has a substantial but fragmented government support framework for health charities and NGOs. Its strongest features are:

- a central Commonwealth grants framework;
- public grant-opportunity and award reporting;
- a national charity regulator and searchable register;
- significant tax concessions and donor incentives;
- substantial government purchasing and commissioning of services;
- specific support for Aboriginal community-controlled health organisations; and
- several program-based mechanisms for health-sector coordination, capacity building and referral integration.

Government support is economically significant. The Productivity Commission reported that Australian, state, territory and local governments provided approximately $97 billion in direct funding to charities through grants and contracts in 2021, equivalent on average to about half of charity-sector revenue. This figure covers the whole charity sector rather than health charities alone but demonstrates the importance of government funding to the operating environment.

The framework is less strong in relation to:

- routinely available unrestricted or organisational core funding;
- consistency across portfolios and jurisdictions;
- public evidence about payment timeliness;
- explicit recognition of the full indirect costs of service delivery;
- simplified access for very small organisations;
- nationally harmonised fundraising and subnational regulatory requirements; and
- evidence that proportionality principles are consistently implemented in individual funding programs.

Instrument matrix

A. Direct financial support

Code	Instrument	Level	Description and health-sector relevance	Evidence assessment
DF-01	Health Peak and Advisory Bodies Program	Commonwealth	Competitive funding for selected national peak health and advisory bodies. It is the clearest health-specific example of funding that can support representation, policy participation, information and sector leadership rather than only discrete frontline projects. The current program is described as capped and competitive.	Strong primary evidence.
DF-02	Health portfolio project grants	Commonwealth	The Department of Health, Disability and Ageing administers grants under the Commonwealth grants framework. Programs cover health promotion, disability, aged care, mental health, preventive health, research, consumer support and community services.	Strong framework evidence, but individual program conditions vary.
DF-03	Information, Linkages and Capacity Building Program	Commonwealth	Time-limited competitive grants to eligible organisations for disability inclusion, information, community participation and organisational or community capacity-building activities.	Strong evidence; principally project-based and one-off rather than recurrent core support.
DF-04	Indigenous Australians' Health Program	Commonwealth	Funds First Nations-led and culturally appropriate health initiatives, with an explicit priority for Aboriginal Community Controlled Health Services to lead program and service delivery.	Strong evidence of targeted and equity-oriented funding.
DF-05	Primary Health Network funding and commissioning	Commonwealth and regional	The Commonwealth funds 31 Primary Health Networks as regional coordinating and commissioning organisations. PHNs assess local needs and commission primary health services, creating contract and grant opportunities for NGOs and community providers.	Strong evidence of a large-scale commissioning pathway.
DF-06	Commissioned mental health, alcohol and other drug, suicide	Commonwealth-funded/regional	PHNs and other commissioning bodies contract community organisations to deliver regionally targeted services, including severe	Strong evidence that commissioning exists; access and contract conditions differ by region.

Code	Instrument	Level	Description and health-sector relevance	Evidence assessment
	prevention and chronic disease services		mental illness, suicide prevention and integrated care.	
DF-07	Commonwealth Home Support and aged-care community programs	Commonwealth	Community and charitable organisations receive grants and agreements to provide home support, aged-care, disability and community services. Published departmental contract lists show both smaller community grants and multi-million-dollar agreements.	Strong evidence, although not all recipients are charities.
DF-08	Health and medical research grants	Commonwealth	Medical Research Future Fund and related programs support medical research institutes, universities, foundations and eligible not-for-profit entities. Some initiatives involve long-term mission funding and community-driven research priorities.	Strong evidence, but research funding is not generally available to all patient or service organisations.
DF-09	State and territory health NGO grants	Subnational	States and territories operate health-specific NGO grants and service agreements. NSW, for example, has a Ministry of Health NGO Grants Program and targeted palliative-care NGO grants.	Strong evidence of material subnational support, but arrangements are not nationally uniform.
DF-10	Multi-year subnational project funding	Subnational	NSW palliative-care NGO grants have included four-year funding ranges of $320,000–$800,000, while additional grants have provided up to $240,000 over specified periods.	Demonstrates that multi-year funding exists, although it remains program-specific.
DF-11	Emergency and crisis funding	Commonwealth and subnational	During COVID-19, government funded additional capacity for helplines and community mental-health services and provided preparedness, viability and workforce payments to aged-care and community providers.	Strong evidence that emergency mechanisms can be activated, but they are episodic rather than standing entitlements.
DF-12	Volunteer workforce grants	Subnational	Targeted grants can support volunteer coordination, recruitment and training. NSW's community-based palliative-care grant supported a volunteer manager position.	Verified but narrow and program-specific.

Direct financial support assessment

Australia clearly supports health charities and NGOs through a mixture of grants, commissioning, contracts and emergency assistance. The framework is broad, but most publicly documented opportunities are restricted to specified activities, populations or outputs. The Health Peak and Advisory Bodies Program is an important exception because it supports sector-level functions, although it is capped and competitive. There is no desk-verifiable evidence of a universal or broadly available Commonwealth mechanism through which health charities can routinely obtain unrestricted organisational funding. Core or infrastructure support therefore appears selective rather than systemic.

B. Indirect financial support

Code	Instrument	Level	Description and relevance	Evidence assessment
IF-01	Income-tax exemption	Commonwealth	Registered charities may apply to the ATO for endorsement as income-tax exempt.	Strong evidence.
IF-02	GST concessions	Commonwealth	Eligible registered charities may access concessional GST treatment, including treatment of donations and some charitable activities.	Strong evidence.
IF-03	Fringe Benefits Tax concessions	Commonwealth	Eligible charities may qualify for an FBT rebate or, for certain public benevolent institutions and health promotion charities, relevant exemptions subject to legislative conditions and caps.	Strong evidence that the concession class exists; eligibility varies by charity subtype.
IF-04	Deductible Gift Recipient endorsement	Commonwealth	Eligible organisations can obtain DGR endorsement, enabling donors to claim tax deductions for qualifying gifts.	Strong evidence, but DGR is not automatic for all registered charities.
IF-05	Donor income-tax deductions	Commonwealth	Individuals may deduct eligible gifts and donations made to DGR-endorsed organisations, subject to ATO rules and recordkeeping.	Strong evidence.
IF-06	Integrated ACNC/ATO application pathway	Commonwealth	Applicants can request relevant tax concessions through the ACNC charity-registration application, avoiding a completely separate initial ATO application process for those concessions.	Strong evidence of procedural facilitation.
IF-07	State and territory tax concessions	Subnational	Depending on jurisdiction and eligibility, charities may access payroll tax, land tax, stamp duty, rates or other concessions. The ACNC confirms that state, territory and local concessions exist but are separately administered.	Strong evidence of availability; fragmented eligibility and processes.

Code	Instrument	Level	Description and relevance	Evidence assessment
IF-08	Regulatory and application fee relief	Commonwealth/subnational	Some charity-related processes are free or integrated, and individual grant programs may waive requirements for registered charities. However, no comprehensive national health-NGO fee-waiver framework was identified.	Partial evidence; instrument is not systematic.
IF-09	Government-backed loans or guarantees for health NGOs	Commonwealth/subnational	No broad, standing, health-charity-specific government-backed loan or guarantee mechanism was identified through this search. Organisations may access general programs where eligible.	Evidence gap/no sector-wide instrument located.
IF-10	Import and customs concessions	Commonwealth	No general import-facilitation or customs-exemption framework specifically for domestic health charities was identified. Limited concessions may exist for particular goods or circumstances but were not established as a general support instrument.	Evidence gap.

Indirect financial support assessment

Australia has a mature and valuable charity tax-concession system. The combination of charity registration, income-tax exemption, GST and FBT concessions, DGR endorsement and donor deductibility represents a substantial indirect subsidy.

However, the framework involves multiple legal classifications. A registered charity is not necessarily a DGR, and access to particular concessions depends on organisational purpose, subtype and endorsement. The system is therefore comprehensive but not uniformly accessible to every health charity.

Operational support

Code	Instrument	Level	Description and relevance	Evidence assessment
OS-01	Australian Charities and Not-for-profits Commission	Commonwealth	National charity regulator providing registration, guidance, education, compliance information and a public Charity Register.	Strong national infrastructure.
OS-02	Online charity registration and integrated tax-concession request	Commonwealth	Organisations can apply for charity registration and request ATO tax concessions through the ACNC process.	Strong evidence of registration facilitation.

Code	Instrument	Level	Description and relevance	Evidence assessment
OS-03	ACNC guidance and education	Commonwealth	The ACNC publishes factsheets, guidance, webinars, reporting resources and governance information to help charities understand their obligations.	Strong and accessible operational support.
OS-04	Public Charity Register	Commonwealth	Free searchable database covering registered charities, activities, finances, responsible persons and compliance information.	Strong transparency infrastructure.
OS-05	GrantConnect	Commonwealth	Central portal for Commonwealth grant opportunities and awards. Commonwealth entities must publish relevant individual grant information within prescribed periods.	Strong transparency and discoverability mechanism.
OS-06	Commonwealth grant templates and guidance	Commonwealth	Standardised low-risk, standard and other grant templates are available. Guidance requires agreements and monitoring to be proportionate to activity risk and complexity.	Strong framework-level proportionality support.
OS-07	Health-system commissioning infrastructure	Commonwealth/regional	PHNs identify community needs, coordinate primary care and commission services, providing NGOs with pathways into publicly funded regional health delivery.	Strong operational integration, although locally variable.
OS-08	Referral and care coordination	Commonwealth-funded/regional	Integrated Team Care links clients to general practice, specialist, allied-health and medication services and supports communication between mainstream and Aboriginal health sectors.	Strong, population-specific integration.
OS-09	Organisational and community capacity building	Commonwealth	ILC and Indigenous health initiatives fund organisational capacity, community participation, culturally appropriate care and workforce capability.	Strong but program-targeted rather than universally available.
OS-10	Sector advisory and consultation structures	Commonwealth	Peak and advisory body funding and program advisory structures enable selected NGOs and community-controlled organisations to	Material but selective.

Code	Instrument	Level	Description and relevance	Evidence assessment
			contribute to policy and program governance.	
OS-11	Procurement framework	Commonwealth	Commonwealth Procurement Rules govern government purchasing. They contain general value-for-money and procurement requirements but do not establish a broad preference for ordinary health charities as a class.	Strong general infrastructure; limited charity-specific access measure.
OS-12	Indigenous procurement and community-controlled participation	Commonwealth	Procurement and program policy provides targeted opportunities for eligible First Nations organisations, although some Indigenous procurement mechanisms are business-focused and may exclude charities from particular joint-venture arrangements.	Strong equity intent but mixed applicability to charities.
OS-13	Subnational grant portals and health NGO programs	State/territory	States maintain separate portals and health funding programs. These expand available support but require organisations to navigate multiple systems.	Material support accompanied by fragmentation.
OS-14	Shared government infrastructure or facilities	Mixed	No general national entitlement for health charities to access public buildings, clinical facilities or administrative infrastructure was identified. Access appears to arise through individual partnerships and contracts.	Limited/systematic evidence not found.
OS-15	General data-sharing framework for health NGOs	Mixed	Program-specific data and referral integration exists, particularly through PHNs and coordinated-care programs, but no single cross-system mechanism giving health charities routine access to public health data or referral platforms was identified.	Moderate and fragmented.

Evidence and instrument coverage summary

Taxonomy group	Coverage	Overall assessment
Direct financial support	Broad	Multiple grant, contract and commissioning pathways; predominantly restricted and program-specific
Indirect financial support	Broad	Strong tax-concession and donor-incentive framework, but eligibility categories are complex
Registration facilitation	Strong	National regulator, online registration and extensive guidance
Capacity building	Moderate–strong	Significant targeted programs, but no universal support platform
Procurement access	Moderate	General procurement access plus targeted First Nations measures; few charity-specific preferences
Health-system integration	Moderate–strong	Strong through PHNs and particular care programs; uneven across conditions and regions
Infrastructure access	Limited	Mostly dependent on individual contracts and partnerships
Emergency support	Demonstrated	Government can activate emergency funding, but support is episodic
Government-backed finance	Limited/not identified	No broad health-charity-specific mechanism found
Import facilitation	Limited/not identified	No broad instrument found

Australia scorecard

Scoring table

Dimension	Score	Summary
1. Transparency	3 – Comprehensive	Central grant and charity information systems are established and extensively documented
2. Accessibility/admin burden	2 – Established but uneven	Centralised systems and simplified processes exist, but complexity and jurisdictional fragmentation remain
3. Funding quality	1 – Limited/fragmented	Funding is substantial but generally restricted, competitive and program-specific; broad core funding is uncommon
4. Timeliness and reliability	1 – Limited evidence	Publication deadlines exist, but there is insufficient consistent public evidence on payment timeliness and renewal reliability
5. Equity and inclusion	2 – Established but uneven	Strong targeted First Nations and underserved-population mechanisms, but access is not uniformly embedded across all instruments
6. Proportional accountability	2 – Established but uneven	Formal proportionality principles and tiered charity reporting exist; implementation across funders and jurisdictions varies
7. Operational enablement	2 – Established but uneven	Strong regulator, commissioning and selected integration mechanisms, but infrastructure, procurement and data access remain fragmented
Total	13/21	A developed but fragmented framework
Mean	1.86/3	—

1. Transparency — Score: 3/3

Australia has a highly developed formal transparency architecture. GrantConnect centralises Commonwealth grant opportunities and award information, and non-corporate Commonwealth entities must publish individual grant information no later than 21 calendar days after the grant agreement takes effect. The ACNC provides a free searchable register containing information on registered charities, their programs, finances and responsible people. The Department of Health also publishes grant information, program pages, guidelines and some departmental grant-contract listings.

The score does not imply that every program is equally easy to find. State and territory instruments remain dispersed, and contract-performance, payment and renewal information is less consistently visible than award information. Nevertheless, the core national framework is systematic, public and desk-verifiable.

Score rationale: Comprehensive national systems exist for charity registration, grant opportunities and grant-award disclosure.

2. Accessibility and administrative burden — Score: 2/3

Australia has introduced several accessibility measures. The ACNC offers online registration, extensive guidance and an integrated pathway through which applicants can request relevant ATO tax concessions. GrantConnect provides a central Commonwealth opportunity portal, and standard grant documents are available for different levels of risk and complexity.

However, organisations may still need to navigate the ACNC, ATO, Commonwealth departments, PHNs, state and territory regulators, separate grant portals and differing fundraising or incorporation requirements. DGR endorsement is not automatic for all charities. Smaller organisations must also develop the governance, financial and technical capacity required for competitive grants and service contracts. Evidence submitted to public inquiries has continued to identify cross-jurisdictional regulation and administrative burden as material concerns.

Score rationale: Entry points and guidance are well developed, but access is not sufficiently simple or harmonised for a score of 3.

3. Funding quality — Score: 1/3

The volume and range of government funding is substantial. Health organisations can receive project grants, peak-body funding, research grants, commissioned-service contracts and emergency assistance. Some programs provide multi-year support.

The principal weakness is the nature of that funding. Much of the publicly documented support is competitive, capped, activity-specific or tied to commissioned outputs. The ILC program, for example, is expressly described as time-limited and one-off, while the Health Peak and Advisory Bodies Program is capped and competitive. There is no broadly available mechanism guaranteeing that health charities can recover governance, evaluation, information technology, workforce development, advocacy and other organisational overhead costs.

Score rationale: Funding is extensive in aggregate but does not consistently exhibit the unrestricted, long-term and full-cost characteristics required for a higher funding-quality score.

4. Timeliness and reliability — Score: 1/3

The Commonwealth framework imposes a clear deadline for publishing grant awards and encourages entities to track payments and progress. Standard grant agreements can specify payment schedules and performance milestones.

However, publication timeliness is not the same as payment timeliness. The desk search did not locate a government-wide, publicly reported standard showing:

- average time from application closure to decision;
- average time from approval to contract execution;
- the percentage of NGO payments made on schedule;
- treatment of late government payments;
- minimum notice periods for non-renewal; or
- funding-continuity performance.

There are examples of multi-year agreements, but continuation and renewal remain program-dependent. The available evidence therefore supports the existence of administrative processes, not consistently timely or predictable funding from the recipient's perspective.

Score rationale: Insufficient nationally consistent evidence is available to demonstrate reliable decision, contracting, payment and renewal performance.

5. Equity and inclusion — Score: 2/3

Australia has strong targeted instruments for Aboriginal and Torres Strait Islander organisations and communities. The Indigenous Australians' Health Program prioritises Aboriginal Community Controlled Health Services and aims to increase access to First Nations-led, culturally appropriate and self-determined health care. Integrated Team Care supports culturally appropriate referral, coordination and access to specialist and allied-health services.

Other programs target disability, rural and remote communities, culturally diverse populations and specific underserved groups. PHNs are intended to commission services in response to regional need.

The limitations are that equity measures are frequently confined to designated programs, eligibility streams or priority populations. The framework does not establish that all mainstream grants provide adjustments, application support or proportionate requirements for small, rural, culturally specific or lived-experience-led organisations.

Score rationale: Equity is a significant and visible feature of several major programs, but it is not consistently demonstrated across the entire support framework.

6. Proportional accountability — Score: 2/3

The Commonwealth grants framework explicitly states that grant agreements, monitoring and reporting should be proportionate to the risk and complexity of the activity. Standard templates are available for different risk levels.

ACNC reporting is also graduated by organisational size. Small charities with annual revenue below $500,000 generally submit an Annual Information Statement without a mandatory financial report; medium charities must submit a reviewed or audited financial report; and large charities must provide an audited report.

These are significant proportionality measures. Nevertheless, charities funded by several departments or governments may face overlapping regulatory, contractual, acquittal and evaluation requirements. The available desk evidence establishes good framework principles but does not demonstrate uniform implementation by every funding body.

Score rationale: Proportionality is formally embedded and visible in regulatory thresholds, but duplication and inconsistent application prevent the highest score.

7. Operational enablement — Score: 2/3

Australia provides substantial operational infrastructure. The ACNC supports registration, education and compliance; GrantConnect supports opportunity discovery; PHNs create regional commissioning and coordination structures; and programs such as Integrated Team Care build referral pathways and cross-sector communication. Capacity-building grants and peak-body funding support selected organisations' capability and policy participation.

Operational enablement is nevertheless program-dependent. There is no general entitlement to public infrastructure, shared administrative services, health-data access or government referral systems. General Commonwealth procurement rules do not create a comprehensive access pathway specifically for health charities, although First Nations procurement and community-controlled policies create important targeted opportunities.

Score rationale: Strong enabling institutions and selected integration mechanisms exist, but they do not form a comprehensive, universally accessible NGO-support system.

Evidence gaps

The following matters could not be scored confidently from public desk evidence alone:

Evidence gap	Why it matters
Average grant decision time	Determines whether organisations can plan staffing and service continuity
Contract execution time	Delays can require charities to carry unfunded costs
Payment-on-time performance	Essential to assessing cash-flow risk
Renewal notice periods	Determines workforce and program stability
Percentage of grants permitting full indirect-cost recovery	Central measure of funding quality
Prevalence of indexation	Determines whether funding retains real value
Prevalence of unrestricted/core funding	Distinguishes organisational support from purchase of activities
Application completion time and cost	Needed for a robust administrative-burden comparison
Success rates by organisation size and community type	Needed to test equitable access
Duplication across Commonwealth and state reporting	Needed to assess actual proportionality
NGO access to health data and referral systems	Needed to distinguish isolated examples from system-wide integration
Availability of government-backed finance	No clear health-charity-specific mechanism was identified
Outcome reporting	There is no systematic access to reports on outcomes of funded projects

Policy interpretation

Australia's system is best characterised as a well-regulated, tax-supported and heavily commissioned model, rather than a comprehensive civil-society operating-support model.

The principal policy strengths are:

1. national charity regulation and disclosure;
2. central Commonwealth grant publication;
3. substantial tax concessions;
4. high aggregate levels of grants and contracts;
5. established health-service commissioning;
6. targeted First Nations community-controlled funding; and
7. formal risk-proportional grant principles.

The main policy vulnerabilities are:

1. limited broadly accessible core funding;
2. uncertain full-cost and overhead recovery;
3. fragmentation across Commonwealth, states, territories and regional commissioners;
4. limited public reporting of payment and renewal performance;
5. uneven access for small organisations;
6. program-specific rather than system-wide operational integration; and
7. no clearly identified government-backed finance or shared-infrastructure framework for health charities.

Country fiche conclusion

Australia has a mature and economically significant framework for supporting charities and NGOs. Health organisations can access direct funding, commissioned service delivery, tax concessions, donor incentives, registration assistance, capacity building and health-system partnerships. Transparency at the Commonwealth framework level is particularly strong.

The framework is not, however, equivalent to a coherent whole-of-government strategy for sustaining health charities as institutions. Support is spread across grants, contracts, tax rules, regulators, regional commissioners and state or territory programs. Most funding is attached to specified activities, populations or services, while evidence about payment reliability, indirect-cost recovery and organisational sustainability is limited.

Desk score: 13/21, or 1.86/3. This places Australia in the category of a developed but fragmented support framework, subject to recalibration after the same protocol is applied to the five comparator countries.

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