



Consumers Health  
Forum **OF** Australia



# Annual Report **2023-2024**

representing consumers on national health issues

# ACKNOWLEDGEMENT OF COUNTRY

*CHF acknowledges the Aboriginal and Torres Strait Islander peoples of Australia.*

*We acknowledge the traditional custodians of the lands on which our organisation is located and where we conduct our business – the Ngunnawal and Wurundjeri peoples.*

*We pay our respect to their Elders, past and present, for they hold the traditions, culture and hopes of First Nation peoples.*

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*Cover photo: Consumers at the CHF capacity building workshop conducted with Department of Health and Aged Care employees in Canberra in May 2024.*

# WHO WE ARE

Consumers Health Forum of Australia (CHF) is the national peak body representing health consumers. We work to achieve safe, quality, timely health care for all Australians, supported by accessible health information and systems.

**CHF draws on consumer and community knowledge and experience to relentlessly drive innovation and improvements to the Australian health system. We work towards a society which provides greater equity and fairness to Australia's health consumers.**

Our membership is extensive and includes illness groups, disability groups, state peak health consumer organisations, professional, research and other health sector bodies, supported by thousands of individual health consumers. This diversity ensures we have the capacity, credibility and authenticity to provide deep, well-informed consumer insights and perspectives to governments and other decision makers.

**CHF is funded primarily by the Australian Government's Department of Health and Aged Care.**

Consumers Health Forum of Australia (CHF) has a vision for **a world class health system centred on consumers and communities.**

It is CHF's mission to draw on consumer and community knowledge and experience to relentlessly drive innovation and improvements to the Australian health care system.

To arrive at informed positions, CHF **works together** with its Members, individual consumers, partners and stakeholders.

We **respect the expertise, knowledge and skills** within and outside our organisation.

We are **committed to excellence** and **act with integrity.** We are **daring in the pursuit of our purpose.**

**CHF is pleased to present the Annual Report for 2023–2024 which outlines our key achievements and activities over the past year.**



# REPORT FROM THE CHF CHAIR

The 12 months to 30 June 2024 saw CHF expand its influence and improve its financial position following a substantial funding commitment by the Australian Government in the 2023 Federal Budget.

Careful management of the first tranche of our Strengthening Medicare funding (\$10.5m over four years) enabled the organisation to record a surplus of \$440,000, while increasing its staffing levels and investing in new systems.

This allowed us to increase our advocacy efforts so all Australians can benefit from innovations and improvements in the Australian health system.

After consulting widely with Member organisations, we made 12 submissions on topics ranging from dental care to health technology assessment, and advocated strongly for consumers in the media, on official committees and at sector conferences.

While we increased our public visibility as Australia's national peak body for health consumers, many of CHF's efforts were "below the waterline".

We created and implemented a new member engagement strategy aimed at increasing consultation with our 90+ organisational members.

Our executive team upgraded our financial, IT and HR management systems, and the Board also enhanced its approach to governance and risk.

Adjunct Professor Darryl O'Connor, who joined the Board in October 2023, now leads our Governance sub-committee, and brings to the organisation deep experience in health leadership and community representation.

While CHF continues to amplify the voice of consumers at a national level, we are especially concerned about the weakening of state-based consumer organisations,

especially Health Issues Centre, which was defunded by the Victorian state government during the year. This leaves three states and territories without adequate consumer representation at the state level.

This situation only underscores the importance of CHF continuing to increase its visibility and viability. Independent health consumer representation has never been more vital.

I congratulate our CEO Dr Elizabeth Deveny and the entire CHF team for their incredible and tireless efforts and contribution to strengthening our organisation during 2023-24. A special thank you to our Governance Officer Linden Audino who provides secretarial and logistical support to the Board and its Committees.

I also want to thank all the Board Directors for their commitment to the longevity and credibility of CHF, both for their governance oversight of the organisation and for supporting me in my role as Chair. Finally, I wish to pay tribute to all Directors retiring at the upcoming AGM, in particular to our Deputy Chair Jo Watson. Jo has made an inestimable contribution to CHF over many years, and to the consumer health movement in general through her many advocacy roles, in particular as the long-standing Deputy Chair of the Pharmaceutical Benefits Advisory Committee (PBAC).

A handwritten signature in black ink, appearing to read 'Tony Lawson', written in a cursive style.

*Tony Lawson  
Chair, CHF Board*



# REPORT FROM THE CEO

CHF became more visible, viable and vital during the 2023–24 financial year.

Having secured nearly \$4m funding this year, we were able to grow our team and increase our impact as we work to achieve safe, quality and timely health care for all Australians.

Most of this funding was received from the Australian Government's Strengthening Medicare program and we welcome the ongoing commitment from Health Minister Mark Butler and the Department of Health and Aged Care to integrating the consumer voice into policy discussions and decisions.

The 40th anniversary of Medicare in early 2024 was a timely reminder of the importance of healthcare accessibility, and we used this milestone to highlight cost-of-living issues including bulk-billing rates, rising private health insurance premiums, and cheaper medicines.

Increasingly, CHF is sought for media comment on important health issues, and we received coverage across national radio, TV and print. In our own proactive communications, our reach also continued to grow. Over the six months to 30 June, we saw a 124% lift in social media engagement, a 21% increase in website views and sent our fortnightly newsletter to more than 4000 subscribers.

We contributed to several key government enquiries and committees and promoted thought leadership on topics such as AI (Artificial Intelligence) in healthcare, women's health and the health impacts of climate change.

From digital health to MyMedicare, we ensured consumers were at the centre of our consultations and held regular roundtables and surveys to inform our positions and policy submissions.

We also had increased capacity to engage with our Members during the year and their feedback on how to improve our services led to the development of a new Member Engagement Strategy adopted by the Board during the year. Work has also begun on a revitalised Consumer Engagement Strategy.

Our growing team and increased funding also required us to put in place more sophisticated HR, IT and financial reporting systems and these will underpin the performance of CHF for years to come.

Of course, we can never rest on our laurels as we continue to advocate how and why consumers must influence health policy and service delivery from implementation to evaluation.

For me personally, I was honoured to be asked to participate in the international OECD health forum in January where a global commitment to consumers' involvement was shared. As the mantra states, 'nothing about us, without us'.

I would like to thank the CHF Board, our Members, funders and stakeholders for their support during the year and recognise the incredible efforts of our employees for their achievements in 2023-24.

*Dr Elizabeth Deveny*  
Chief Executive Officer

# IN 2023-24, ON BEHALF OF OUR 220 + MEMBERS, CHF...

**150+**

consumers attended events in person



**21%**

increase in website views



**12**

media releases driving national publicity

**6**

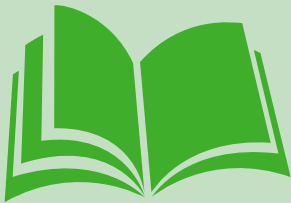
representations on government committees



**CHF**  
Australia's Health Panel

**1000+** people surveyed as part of Australia's Health Panel

**4000+** subscribers to our newsletter



**124%** increase in social media engagement

**14**

webinars reaching hundreds of consumers



**12**

submissions to Australian government



# OUR OBJECTIVES

## OBJECTIVE ONE

### CONSUMERS LEADING HEALTH

Initiatives:

- 1.1 Extend reach and relevance of consumer voice by engaging with diverse perspectives
- 1.2 Develop consumer leadership capability
- 1.3 Continue to build systems of engagement with consumers

## OBJECTIVE TWO

### ADVOCATING FOR IMPACT

Initiatives:

- 2.1 Strengthen the efficacy and impact of CHF's representation
- 2.2 Deliberate strategic partnerships and agenda creation

## OBJECTIVE THREE

### AN ADAPTABLE, VIABLE AND VISIBLE ORGANISATION

Initiatives:

- 3.1 Develop offerings that capitalise on CHF's best practice consumer leadership
- 3.2 Heighten organisational capacity and capability
- 3.3 Stabilise and grow financial resilience

# OUR PROGRESS

## OBJECTIVE ONE: CONSUMERS LEADING HEALTH

### MEMBER ENGAGEMENT

#### New Member Engagement Strategy

The Board adopted a new Member Engagement Strategy in April designed to deepen CHF's relationship with its 90 organisational members, which collectively represent millions of Australian health consumers.

Addressing Member feedback gathered in late 2023, the new strategy is designed to increase services and benefits to Members who are the backbone of CHF's status as Australia's peak body for health consumers.

Efforts are well advanced to provide Members with:

- Exclusive access to join CHF campaigns and access government briefings (such as the Members-only Federal Budget briefing by CEO Dr Elizabeth Deveny on 15 May)
- Regular input into submissions & policy positions
- More networking opportunities
- Targeted communications
- Opportunities to promote their activities via CHF's social media, website and annual report.

One example of CHF combining forces with its Members to advocate for consumers was a joint statement made with Arthritis Australia and Chronic Pain Australia in response to an ABC Four Corners episode in April called the "Pain Factory".

The program highlighted the many adverse events people living with chronic musculoskeletal pain have experienced when undergoing spinal fusion and spinal cord stimulator surgery to manage their pain.

We jointly called on the Australian Government to launch an inquiry into the chronic pain management sector and management of musculoskeletal conditions so that all Australians can be confident that patients' best interests and safety are prioritised when treating chronic pain. The inquiry should also examine evidence-based ways Australians can manage their pain and ensure that taxpayer money is being well spent.

#### Members Policy Forum

The Future of Community Pharmacy was the topic of CHF's annual Members' Policy Forum in October 2023, which was held exclusively online to increase accessibility, following feedback from our Members.

The changing role of community pharmacy, and what matters most to consumers, was discussed by guest panellists Angela Brown (consumer advocate) and Dr Fei Sim (National President of the Pharmaceutical Society of Australia) and Peter Bearden (Health Program Director at the Grattan Institute).

Angela highlighted that local pharmacies offer more than medication, providing a place to connect with your community and get health advice. Dr Sim agreed saying that there should be funding to help pharmacists reduce out-of-pocket costs for consumers.

CHF also shared early findings from its consumer pharmacy survey which included:

- Consumers value the convenience of getting services from their community pharmacy
- They found it cheaper than alternatives, especially visiting a GP
- They found it easier to access pharmacy services
- They mostly received services in person by visiting their pharmacy (rather than going online).

Not surprisingly the main reason for going to a pharmacy was to get medicines, either with a prescription or over-the-counter.

Consumers had mixed views on accessing other services from pharmacists. They supported pharmacists being able to prescribe them a repeat script but were not so sure about having the pharmacists diagnose and give them a new medicine.



## CONSUMER ENGAGEMENT

CHF's increased funding base in 2023-24 allowed us to connect with more consumers through more channels. Engaging consumers through face-to-face events, online surveys, webinars and social media all helped CHF arrive at policy and advocacy positions, stimulate thought leadership and gather consumers' diverse perspectives.

### Workshops

Over the year more than 150 consumers attended face-to-face events to provide their insights and feedback on topics across a broad spectrum of health issues.

Most of these were seeking consumer input into Strengthening Medicare reforms, with key events including :

- MyMedicare roundtable (October)
- Strengthening Medicare workshop (November)
- National Consumer Sentiment Survey (February)
- Frequent Hospital User Workshop (March).

CHF also recruited consumers for the Australian Digital Health Agency's Council for Connected Care which was established in 2023 as an avenue for stakeholders to identify opportunities and barriers to promote digital health initiatives.

A highlight of the year was the annual Minister's Roundtable held in April when five consumers from three states met Health Minister Mark Butler for a private meeting in Sydney (see case study p10)

### Surveys

CHF's Australia's Health Panel (AHP) conducts regular surveys to take the pulse of people across Australia on healthcare issues and experiences.

The findings of these surveys, which are sent to more than 1000 consumers, help inform our policy submissions and reports.

For example, the results of a 2023/24 AHP survey found that dental health services are out of reach for a significant proportion of Australians.

It found that the rising cost-of-living and the effects of the COVID-19 pandemic were being felt by many consumers, both with and without private health insurance. Consumers of dental services were very supportive of proposals to improve dental care.

In response, CHF called for a more integrated health system, with dental and oral care included under Medicare, the integration of dental care in aged care facilities, the introduction of incentives and programs to address the inequality in access to dental services and increased education for consumers across the lifespan, as well as for dental practitioners on best practice approaches. These results informed our submission to the Australian Senate Inquiry into dental services which can be found [here](#).<sup>1</sup>

Considerable time and effort were also spent during the year planning for the introduction of a major national consumer sentiment survey which is due to be launched in late 2024. Commissioned by the Department of Health and Aged Care, the survey's quantitative and qualitative findings will help inform the department's future initiatives and policies.

## Webinars

During the year hundreds of consumers registered for CHF's 14 online webinars which are designed to give consumers an opportunity to exchange views with leaders from government, academia and the wider health sector.

The topics covered were broad and stimulating, including:

- AI in healthcare
- Unleashing the potential of our health workforce
- An overview of the Federal Health Budget by Health Minister Mark Butler
- The impact of climate change and health
- Demystifying 60-day prescriptions
- Introducing MyMedicare
- A briefing on the Department of Health and Aged Care's Draft National Consumer Engagement Strategy
- The PASC (Long Covid-19) Research Plan
- Improving consumer involvement in Health and Medical research

Recordings of all webinars can be found on CHF's YouTube channel.<sup>2</sup>

## Social media

The development of CHF's first social media strategy in 2024, together with increased staffing resources, led to an excellent increase in engagement across CHF's three key channels.

Across LinkedIn, Facebook and X (formerly Twitter), we recorded year-on-year growth when compared to the previous 12 months:

- a 21% increase in total followers of 14,057 (11,618 in FY22-23)
- a 117% increase in the number of posts 377 (174 in FY22-23), and
- an average 5.14% engagement rate (up from 4.08% in FY22-23) which is about double the industry average.

We also partnered with Croakey Health Media which supported and shared our communications content with their thousands of subscribers and key influencers.

## COMMUNITY ENGAGEMENT

While CHF predominantly engages with consumers via our 'owned' communication channels, the organisation uses 'earned' media coverage to share its messages and views with the general community.

Substantial coverage was achieved across national TV, radio, press and online news outlets as a result of a proactive media strategy, engaging with trusted journalists and outlets and providing timely responses to all queries where appropriate.

We also issued 12 media releases on a range of health topics of high interest to the general community including:

- Vaping reforms
- Replica Ozempic compounding
- Chronic pain
- Gender bias in healthcare

In addition to our media releases, CHF CEO Dr Elizabeth Deveny began in April a new thought leadership blog called "Beyond the Symptoms".

Published on CHF's website, her thought-provoking reflections challenge traditional views on consumer-informed policy with topics including stigma in healthcare, financial consent and the increasing privatisation of healthcare services.



# CASE STUDY: CONSUMERS SHARE INSIGHTS WITH HEALTH MINISTER MARK BUTLER

One of CHF's main roles is to amplify consumers' voices so they can be heard amongst the many well-funded vested interests in the health sector.

In April 2024, CHF had the pleasure of hosting a face-to-face discussion between five amazing consumers and Health Minister Mark Butler who acknowledged that power imbalance and took genuine interest in the real-life stories relayed by consumers.

Those consumers were Justan Singh (from Sydney), Kelly Foran (Glen Innes, NSW), Jordan van Rosmalen (Coolangatta, QLD), Shivana Chandra and Karin Calford (ACT).

Nominated by some of our Member organisations, the consumers represented not only regional and metro areas, but a range of health conditions and issues.

Kelly, whose family founded Friendly Faces Helping Hands, to help rural patients access practical information and support with hospitalisation, spoke about the grassroots support needed by rural communities, often provided by community nurses especially when GPs and hospitals are not easily accessible.

Jordan, who represents consumers on various Queensland committees, spoke about a family member's experience with the mental health system, and the difficulty navigating the various points of care including pharmacy, primary care and specialists.

One example she quoted involved a \$600 cost to replace a prescription lost by a pharmacy requiring urgent visits to a GP and Psychiatrist — a massive expense for someone on a pension.

Shivana also spoke about difficulties in accessing mental health and allied health professionals, as well as equity issues for people from CALD communities who were under-represented in medical research and health system navigation.

Karin told of her difficulty securing a GP appointment while in crippling pain from what turned out to be appendicitis. Help from HealthDirect was positive but once admitted to hospital it took three days before she was operated on.

She said system navigation, communication with patients and health literacy were major issues for consumers, many of whom were both patients and carers.

All these real-life stories demonstrate some of the daily difficulties consumers face and while all acknowledged the government's actions on health reform, there is so much more to be done.

More grassroots funding for community-based education and support, a greater focus on promoting prevention and improving health literacy, as well as building the capability of consumers, were some of the solutions suggested.

CHF is proud of its role in advocating for this change on behalf of Australian health consumers and our education activities continue.



*Featured left to right: Shivana Chandra, Emma Sayers, Kelly Foran, Karin Calford, Dr Elizabeth Deveny, Jordan van Rosmalen, Justan Singh and Minister Butler*

## OBJECTIVE TWO: ADVOCATING FOR IMPACT

One of CHF's core beliefs is that all Australians should be able to access safe, quality and timely healthcare.

We amplified this key message, and reinforced the importance of universal healthcare in 2024 when Medicare marked its 40th anniversary.

As outlined in the case study (see p14), our advocacy efforts included presentations, stakeholder events and media interviews.

The funding we received from the Australian Government's Strengthening Medicare program also enabled us to look ahead at key primary health care reforms. We consulted widely and represented consumer views to the Department of Health and Aged Care on many initiatives including:

- **Cheaper Medicines** – as reported in last year's annual report, CHF spent considerable time advocating for the introduction of 60-day prescriptions for some of the most common medicines for a range of chronic conditions.

Once the legislation passed the Senate in August 2023, the first tranche of medicines became available from 1 September. While very supportive of the move, consumers did report some initial confusion around eligibility, access and pricing. To address these issues, CHF held a webinar with DoHAC officials so they could further explain the changes and answer consumer questions.

We were also funded to create a consumer-facing website (60dayscripts.com.au) which featured a range of fact sheets that were co-designed with consumers and updated when the second tranche of eligible medicines was announced on 1 March 2024.

These resources were also translated into seven common languages and promoted by FECCA (Federation of Ethnic Communities' Council of Australia) to their multi-cultural audiences.

- **MyMedicare** – MyMedicare is a new voluntary patient registration model which aims to formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams. CHF and consumer representatives participated in roundtables to give feedback on the program's implementation, including advocating for people who visit hospital frequently and those requiring longer MBS funded telehealth consultations with their GP.

- **Scope of Practice** – Along with many other countries, Australia faces a range of health workforce issues, including a shortage of doctors, nurses and mental health professionals. This has a direct impact on consumers' ability to access the care they need, when and where they need it, especially in rural and remote areas.

As one of the solutions, the Australian Government is reviewing the barriers and incentives for health practitioners to work to their full scope of practice. The Scope of Practice Review <sup>3</sup> began in September 2023, led by Professor Mark Cormack, a public policy executive and former chief executive of Health Workforce Australia. The release of Issues Paper 2 <sup>4</sup> marked the beginning of the third phase of the review and another opportunity for the public to submit their views.

In June 2024 CHF invited consumers to attend a webinar where Professor Cormack provided insights into the findings from Phase 2 of the consultation and the proposed solutions.

Following the webinar, there was a roundtable for consumers to share their thoughts on the release of Issues Paper 2, with key feedback being that consumers wanted the reforms pursued to enable more timely access to care when they needed it.

## STRENGTHENING REPRESENTATION

### Submissions

The team led by Director Policy and Research Jo Root strengthened CHF's representation at the policy level during the 2023–24 year and made a total of 12 submissions as follows:

#### July 2023:

- Submission to the National Health and Climate Strategy Consultation <sup>5</sup>

#### October 2023

- NHMRC consultation on the revision to the National Statement on Ethical Conduct in Human Research (October 2023) <sup>6</sup>

#### November 2023

- Submission to Pharmacists in 2030 consultation <sup>7</sup>



CHF CEO Dr Elizabeth Deveny with Assistant Minister for Health and Aged Care Ged Kearney (at left) and with delegates at the Medicare at 40 conference (at right).

#### December 2023

- Submission to the COVID-19 Response Inquiry <sup>8</sup>

#### January 2024

- Submission to the COVID-19 Royal Commission Terms of Reference Inquiry <sup>9</sup>
- Submission to the recognition of Rural Generalist Medicine consultation <sup>10</sup>
- Consumers Health Forum Budget Submission 2024-25 <sup>11</sup>

#### March 2024

- Submission to the Health Technology Assessment Review: Options Paper, Consultation 2 <sup>12</sup>
- CHF Submission to DOHAC Consultation on options to limit unhealthy food marketing to children <sup>13</sup>
- Submission to the “Co-design of an Enhanced Consumer Engagement Process for Health Technology Assessment” Consultation <sup>14</sup>

#### May 2024

- Submission to the Senate Select Committee on Adopting Artificial Intelligence <sup>15</sup>

When submission timeframes allowed, CHF consulted its Members to arrive at policy positions and recommendations.

As well as engaging our relevant organisational Members, we also held consultations (both online and in person) with individual health consumers who were recruited through an Expression of Interest (EOI) process to ensure we gathered a range of diverse views.

#### Government committees

As a national peak body, CHF was proud to be invited to represent health consumers on a range of key government committees including the National Women’s Health Advisory Council (chaired by Assistant Minister

for Health and Aged Care Ged Kearney) and the Expert Advisory Committee for the PASC (Long Covid-19 Research).

CHF CEO Dr Elizabeth Deveny was also a member of the following:

- Scope of Practice Expert Group
- Private Hospital Sector Financial Health Check Committee
- Strengthening Medicare Implementation Oversight Committee
- Therapeutic Consultative Committee.

## STRATEGIC PARTNERSHIPS

CHF also joins other stakeholders, including medical colleges and peak bodies, where common objectives exist, and collective advocacy is advantageous.

Two organisations we continued to support during the year were:

- The **Oral Health Alliance** which continues to call for increased funding of public dental services. As an alliance member, CHF supported its calls for the development of a new oral health plan, the appointment of a Chief Dental and Oral Health Officer and a levy on sugar sweetened drinks.
- **ACOSS** (Australian Council of Social Services) and CHF have long supported each other’s advocacy as the disparity between who can afford health care, and those who can’t, continues to grow. With the added cost-of-living pressures many Australians experienced during 2023-24, the affordability of health was an issue not only for those on low incomes, but also for the millions of working families who have to choose between health and housing as rent and mortgage costs rise.



*Sydney Organisational Members Lunch July 2024*

During the year we also worked with:

- Royal College of General Practitioners (RACGP) which supported CHF's call for the government to fund health literacy and education for Australians
- Medicines Australia to update their Working Together Guide which outlines how consumers and pharmaceutical companies can interact
- The Australian Commission on Safety and Quality in Health Care (ACSQH) on its Partnering with Consumers Guide <sup>16</sup>
- A range of stakeholders as part of our DoHAC grant to develop a National Quality Use of Medicines (QUM) Health Literacy Roadmap. The roadmap is intended for use by organisations to plan, implement and assess their progress and maturity as a promoter of consumer health literacy.
- Stakeholders who are part of the Australian Government's Quality Use of Diagnostics, Therapeutics and Pathology (QUOTP) Program looking at how to improve shared decision making when prescribing medicines.

### Sector meetings

CHF CEO Dr Elizabeth Deveny represented Australian health consumers at a range of sector forums and meetings including:

- The Post Operative Complications Summit (July 2023)
- Medical Research Future Fund Post-Acute Sequelae of COVID-19 (PASC) Research Plan Consumer Webinar (September 2023)
- Primary Care Conference (September 2023)
- Medicare 40th anniversary conference Deakin University (February 2024)

- ASQUA (Malaysia) Webinar for World Patient Safety Day (May 2024)
- DoHAC Workshop on Consumer Engagement Capacity Development (May 2024)
- Medicare Symposium: The Future of Medicare (June 2024)

### Political engagement

CHF has always engaged with politicians from across the parliament, regardless of whether they represent the government of the day, the opposition or are independent.

During 2023/24 CHF continued to meet regularly with politicians, providing advice and background information as issues emerged and as part of the socialisation of our 2024–25 Federal Budget Submission.

Most significant health reforms take years, usually more than one electoral cycle, to achieve, so it is essential all members of Parliament understand the views and challenges of consumers.

Consumers' lived experience and diverse perspectives must be considered before, during and after any program implementation. Program evaluation is also essential to understand how measures are valued by the general community and determine whether taxpayers' dollars are well spent and result in effective outcomes.



# CASE STUDY: MEDICARE'S 40<sup>TH</sup> BIRTHDAY A TIME OF REFLECTION AND ADVOCACY

The 40th anniversary of Medicare in early 2024 was an important advocacy platform for CHF as it provided the perfect opportunity to discuss the affordability and accessibility of health care.

After four decades of changes to the scheme, CHF believes many people do not understand all the benefits and services that Medicare care provides.

In the media<sup>17</sup> and directly to Health Minister Mark Butler, CHF CEO Elizabeth Deveny called on the government to fund CHF to deliver public education on how best to better understand and access all the health services that Medicare provides.

This need for greater support for health literacy education was supported by key sector representatives who attended a CHF stakeholder lunch in Melbourne on 31 January.

Attendees included representatives from key stakeholder groups including the Royal Australian College of General Practitioners, Australian Medical Association, Mental Health Australia, Australian Primary Health Care Nurses Association and Continence Foundation of Australia.

After cutting the Medicare "birthday cake", CHF Chair Tony Lawson welcomed guests and shared that CHF was also marking its 40th anniversary in 2024.

"Just like Medicare, the consumer health movement doesn't look like it did 40 years ago, and the needs of consumers have also changed, as has their involvement in each part of the healthcare system," he said.

"We now see consumers actively engaging with health bureaucracies to ensure that the health system is meeting their needs and where it doesn't, they look to hold the

people responsible accountable and create better ways of providing healthcare to remedy the problem.

"This is not going to go away and the next generation of health consumers, and the one after that, will continue to have their voices heard as we fight for full equality in the healthcare system.

"Health consumer organisations need to be properly funded, supported and included in decision-making to achieve this as we work alongside key stakeholders, such as those here today, to deliver full equality to consumers in the healthcare system," he said.

Dr Deveny reinforced this when speaking at Deakin University's conference 'Medicare: a 40-year health check' on 1 February, and again when presenting at the Academy of the Social Sciences in Australia conference held on 19 June in Canberra.

"Australia needs a healthy, robust and unapologetic consumer health movement which is determined to work alongside practitioners and bureaucrats to deliver full equality to consumers in the healthcare system," Dr Deveny said.

"While we know Australians like their little green card, the universality of our healthcare system is under threat. Medicare must ensure it can keep up with the changing needs of consumers," Dr Deveny said. "Australia's healthcare system needs to support good health for all – not just some."

As it has done for 40 years, CHF will continue to promote affordable and accessible healthcare for all Australians in 2024 and beyond.



Gathered for the CHF Medicare 40th anniversary stakeholder lunch are: Dr John Mathew, (AMA Victoria representative), Emma Greeney (Director, Policy and Advocacy, Mental Health Australia), Tony Lawson, (Chair, CHF), Ken Griffin (CEO, Australian Primary Health Care Nurses Association), Rowan Cockerell (former CEO, Continence Foundation), Dr Anita Munoz (Chair, Victoria Council, RACGP), Dr Elizabeth Deveny (CEO, CHF), Melissa Le Mesurier (former Director, Advocacy and Engagement, CHF)



*CHF employees visit Reconciliation Place in Canberra as part of their Reconciliation Action Plan education.*

## **OBJECTIVE THREE: AN ADAPTABLE, VIABLE AND VISIBLE ORGANISATION**

Over the 12 months to 30 June 2024, CHF greatly increased its sustainability and capability.

Financially, the organisation recorded nearly a \$1m turnaround in profitability, going from a deficit of \$0.6m in 2023 to a surplus of \$0.4m in 2024.

This was attributable largely to an increase in funding from the Department of Health and Aging, but also due to increased financial control, and better reporting and expense management.

This was the first full year of CHF bringing its financial management in-house, led by Director Finance and Corporate Arul Ruban, and this allowed us to have a clearer 'real-time' view on both income and expenditure.

In addition, a raft of associated financial policies and procedures were put in place around project management, resource allocation, delegations and budgeting.

Supported by an external expert, Arul was also responsible for reviewing our Information Technology (IT) architecture and platforms.

Activities included the transition to a new IT helpdesk (which became effective 1 August 2024) and the development of a new website (planned to be launched in the current financial year).

Assessing and reviewing CHF's risk appetite was also an important activity during the year and an ongoing topic of discussion between the Board and management.

In November 2023 Director People & Culture Tony James joined the executive team and has led the development

and socialisation of numerous HR policies and activities including:

- Reinventing CHF's occupational, health and safety (OHS) functions
- Harmonising our employment contracts
- Overseeing the recruitment and onboarding of several key positions, and
- Enhancing our leave, health and safety and privacy policies.

Guiding all these activities has ensured CHF remains compliant with changes to employment legislation, including the introduction of the Australian Government's Secure Jobs Better Pay Act and subsequent review of our employees' terms and conditions of employment.

Even more important is the desire for CHF to be an employer of choice so we can continue to attract and retain quality team members. We are underpinning this with a commitment to the professional development of staff, adopting best practice consultation processes, implementing a rewards and recognition program and offering enhanced paid leave benefits to staff.

The forming of a working group to establish a Reconciliation Action Plan demonstrates CHF's commitment to improving health equity for Aboriginal and Torres Strait Islander peoples and increasing cultural safety in the workplace.

In summary, CHF made significant progress towards its objectives of stabilising and growing its financial resilience and increasing its organisational capacity and capability during 2023-24.



## CASE STUDY: INTERNATIONAL ADVOCACY CONNECTIONS

While all of CHF's work is focussed on the Australian healthcare system, our advocacy was recognised internationally during 2024.

In January, CEO Dr Elizabeth Deveny was personally invited to participate in an international OECD health forum where a global commitment to consumers' involvement was shared.

After a welcome by OECD Secretary-General Mathias Cormann, Elizabeth was part of a panel that addressed the question: People-Centred Health Innovation: where do we stand?

Speakers discussed the robustness of health systems post-COVID, and how best to adapt to rapid advances in technologies, genomic medicine and artificial intelligence. It was agreed that healthcare systems are about to undergo major disruption, with innovative solutions offered directly to consumers, the emergence of new professions, and changes to how healthcare workers deliver services.

Another part of the forum focussed on the OECD's Patient-Reported Indicator Surveys (PaRIS) <sup>18</sup>

The surveys are the first of their kind, collecting data from over 100,000 patients across the globe, to measure what matters: the patient

voice. Australia is one of more than 20 countries participating and the PaRIS Survey will report the outcomes and experiences of patients living with chronic conditions in primary health care settings in early 2025.

As part of Elizabeth's trip to attend the OECD forum, she also fostered connections with other national health consumer organisations including the European Patients Forum (EPF) based in Brussels.

The EPF leads patient advocacy in Europe, providing a cross-disease perspective from a wide patient community to the policy-making process on issues that have a direct impact on patients' lives.

One such issue that has already been subsequently discussed by the EPF and CHF teams has been consumer input into Health Technologies Assessment (HTA) which is conducted slightly differently in each jurisdiction.

Learning from international consumer organisations and sharing CHF's experience is just one example of partnering for purpose.

# FOOTNOTES

1. <https://chf.org.au/publications/submission-senate-inquiry-provision-and-access-dental-services-australia>
2. <https://www.youtube.com/@ChfOrgAu>
3. <https://www.health.gov.au/our-work/scope-of-practice-review>
4. <https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-issues-paper-2?language=en>
5. <https://chf.org.au/publications/submission-national-health-and-climate-strategy-consultation>
6. <https://chf.org.au/publications/nhmrc-consultation-revision-national-statement-ethical-conduct-human-research>
7. <https://chf.org.au/publications/submission-pharmacists-2030-consultation>
8. <https://chf.org.au/publications/submission-covid-19-response-inquiry>
9. <https://chf.org.au/publications/submission-covid-19-royal-commission-terms-reference-inquiry>
10. <https://chf.org.au/publications/submission-recognition-rural-generalist-medicine-consultation>
11. <https://chf.org.au/publications/consumers-health-forum-budget-submission-2024-25>
12. <https://chf.org.au/publications/submission-health-technology-assessment-review-options-paper-consultation-2>
13. <https://chf.org.au/publications/chf-submission-dohac-consultation-options-limit-unhealthy-food-marketing-children>
14. <https://chf.org.au/publications/submission-co-design-enhanced-consumer-engagement-process-health-technology-assessment>
15. <https://chf.org.au/publications/submission-senate-select-committee-adopting-artificial-intelligence>
16. <https://www.safetyandquality.gov.au/our-work/partnering-consumers/partnering-consumers-guide-consumers>
17. <https://chf.org.au/media-releases/chf-calls-australian-government-fund-public-education-campaign-about-medicare>
18. <https://www.oecd.org/en/about/programmes/patient-reported-indicator-surveys-paris.html>

# FINANCIAL REPORTS

FOR THE YEAR ENDING 30 JUNE 2024

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

## **Financial Statements**

### **For the Year Ended 30 June 2023**

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## CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

### DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2024

The Directors present their report on the company for the financial year ended 30 June 2023.

#### Directors

The names of each person who has been a Director during the year and to the date of this report are:

Names	Position	Elected/Appointed/Term Concluded
Tony Lawson	Director, Chair	Re-elected November 2023
Jo Watson	Director, Deputy Chair	
Ros Chataway	Director	
Rowan Cockerell	Director	
Jan Donovan	Director	
Darryl O'Donnell	Director	Elected October 2023
Roxanne MacDonald	Director	Resigned September 2023
Christine Walker	Director	
Allison Willis	Director	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Principal activities

The principal activities of Consumers Health Forum of Australia Ltd (CHF) during the financial year were to provide information, representation and advocacy on national health issues for its membership of health consumer organisations. No significant changes in the nature of the company's activities occurred during the financial year.

#### Vision

The Consumers Health Forum of Australia (CHF) has a vision for a world class health care system centred on consumers and communities.

#### Strategy

To achieve this vision, the company will pursue its strategy based on the following four objectives:

##### **Objective One - Advocating for Impact:**

CHF will make credible, authoritative, and constructive contributions to national policy and system design. CHF will strive to set the agenda for a consumer-centered health system and advocate for the changes needed to realise that future.

##### **Objective Two - Consumers Shaping Health:**

CHF will support meaningful and authentic consumer engagement and participation at all levels of the health system. CHF will equip consumer leaders to act with impact and influence. CHF will facilitate opportunities to build capacity and improve the practice of consumer-centered health care.

##### **Objective Three - Partnering for Purpose:**

CHF will work with members and networks to maximise the impact of the consumer's voice at the national level. We will strategically partner with stakeholders to shape better healthcare by ensuring that a consumer focus is always front and centre.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT  
FOR THE YEAR ENDED 30 JUNE 2024

**Objective Four - Resilient and Strong:**

CHF will maintain and grow a strong and diverse membership. We will ensure our governance and leadership are of the highest standard. We will strengthen to our organisational resilience and assure our financial sustainability.

**Information on Directors**

Tony Lawson (Chair)

**Experience** Tony has been a member of the CHF Board since 2010 and Chair since 2014. He was re-elected as Chair at the November 2023 Board meeting.

Tony strives to operate at strategic levels in policy forums and meetings conducted by and with CHF, always promoting enhanced consumer participation and engagement in every encounter.

Tony continues to ensure the development and maintenance of sound, respectful and productive relationships with key stakeholders.

Tony has managed a number of not-for-profit organisations and was Chair of the SA peak consumer health body for six years. Tony has extensive experience in managing and implementing governance frameworks in a diverse range of organisations both as a leader and independent adviser. He has undertaken many health consumer participation projects and produced many reports and published articles on health issues. He was also Chair, Statewide Palliative Care Board of Governors, The Hospital Research Foundation Group, a member of a Project Advisory Committee of a 5-year Collaborative Statewide Palliative Care Research Program. Tony is also a former Consumer Director on the Board of the Australian Council on Healthcare Standards.

Overall, he has been involved at the highest levels in consumer health for over two decades and continues to strive to provide decisive and strategic leadership to CHF representing the interests of Australian healthcare consumers.



## CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

### DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2024

#### Jo Watson (Deputy Chair)

**Experience** Jo Watson was first appointed to the CHF Board in 2012 and has been Deputy Chair since 2014. She was re-elected Deputy Chair at the November 2023 Board meeting.

Jo was the Executive Director for the National Association of People living with HIV Australia (NAPWHA) from 1998 to 2014. Over the past several decades she has been a community advocate actively engaged in the areas of health policy, especially access to medicines, and optimal public health interventions.

She has been a consumer nominee to the Pharmaceutical Benefits Advisory Committee (PBAC) since 2013 and was appointed as the inaugural Deputy Chair in 2017. Jo is also the Chair of the HTA Consumer Consultative Committee, established in 2017 within the Commonwealth Department of Health. In 2021 she was appointed Deputy Chair to the MBS Review Advisory Committee (MRAC).

Jo is the CHF nominated Director on the Board of the Australian GP Accreditation Ltd Group (AGPAL) and is the Chair of the CHF Governance Committee.

#### Ros Chataway Experience

Ros was first elected to the CHF Board in 2018 and is a member of the Finance, Audit and Risk Management Committee. Ros has over 40 years' experience working in the healthcare field in both the public and private sectors. Responsibilities include managerial, clinical and administrative roles at corporate and clinical levels. Ros has managed the Safety, Quality and Risk Management Unit in acute hospital settings and has been able to implement change in staff practices arising from the feedback that consumers provided directly to the unit.

Ros had extensive experience with the Consumer Advisory Council (CAC) at the Queen Elizabeth Hospital and enjoys the exchange of ideas and input from consumers from a broad range of cultures and backgrounds. Ros was on the Board of Health Consumers Alliance (HCA), SA from 2013-2018 and is the immediate past President of the Australasian College of Health Service Management (ACHSM), SA Branch. Ros was previously on the National ACHSM Board and the National Rural Health Alliance (NRHA) Council.

Ros is a board member of the Immune Deficiency Foundation Australia (IDFA). Ros has substantial understanding and experience in the challenges of providing healthcare to rural and remote communities, whilst employed as the Safety and Quality Manager at Country Health SA Local Health Network.

Ros is a Registered Nurse and Midwife and has completed a Law degree and a Bachelor of Behavioural Science (Psychology). Ros is currently working part-time as an Australian Council on Healthcare Standards (ACHS) Assessor which involves ensuring organisations across Australia comply with the Australian Commission on Safety and Quality eight National Standards. Ros has been a carer and advocate for her recently deceased parents and still supports and promotes the consumer voice for those in Aged Care.

## CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

### DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2024

#### Rowan Cockerell Experience

Rowan was first elected to the CHF Board in 2014 and was re-elected in 2020 and again in 2023. She has been a committee member of the Governance Committee and Finance, Audit and Risk Management Committee for the same period of time. Over a span of over 40 years, Rowan has worked across various sectors, including rehabilitation health service management, community services, aged care, and service development projects. Rowan has executive level experience focusing on governance, people management, and the delivery of government funded health initiatives. Rowan has served as CEO of a not-for-profit organisation as the national peak body (Contenance Foundation of Australia) seeking better outcomes for consumers. She is a dedicated advocate for improving health systems and programs for consumers including enhancing the understanding of the consumer journey and engagement across health services. This contributes to influencing of future policy reforms for equitable access to healthcare.

Rowan has a Ministerial appointment to the Aged Care Advisory Committee reporting to the Independent Health and Aged Care Pricing Authority. Rowan's background is in nursing and has qualifications in business management. Additionally, Rowan is a Graduate of the Australian Institute of Company Directors.

#### Jan Donovan Experience

Jan was appointed to the CHF Board in 2014 and reappointed in 2017, 2020 and 2022.

She Chairs the Finance, Audit and Risk Committee. Her experience includes public policy, strategy, and governance matters at Board level through her nine years (1998- 2007) as a member of the Board of the National Prescribing Service (NPS Medicines Wise) and five years (2005-2009) as a member of the Board of the Australian Primary Health Care Research Institute at ANU.

Jan participates in National Policy Forums at the strategic level and has done so for three decades including eight years with Council on the Ageing - six years in the role of National Policy Officer. Jan is a passionate advocate for addressing health equity and the social determinants of health with a focus on people with chronic illness and disability. She has a strong interest in access to primary health care, the national medicines policy, health literacy, mental health, aged care and indigenous health.

Her appointments as a health consumer representative include a Ministerial Appointment to the National Medicines Policy Review Committee in 2021/22 and the Vision 2040 Strategic Advisory Committee for the development of a national health and medical research strategy. She was recently appointed to the Medicare Review Advisory Committee (MRAC) and the HTA Consumer Consultative Committee (HTACCC). Currently she Chairs the Community Reference Council of the Turner Institute for Brain and Mental Health at Monash University and the Project Steering Committee for the NSW Government – Sponsored Clinical Trial: Management of Urinary Tract Infections, oral contraceptives etc. by Community Pharmacists.

Jan participates in several national research advisory groups, the Centre for Excellence in Medicines Intelligence at University of NSW and the Dementia risk reduction in primary care: The Happi Mind Study at Monash University. Jan is also a member of the Australian Institute for Health and Welfare's Primary Care Committee.

Her experience includes as former Deputy Chair- Health Technologies Assessment Consumer Consultative Committee, and former member of the Drug Utilisation Sub Committee of the PBAC. She is also a former member of the Evaluation Committee of Health Care Homes, and the Medicines Safety Committee for the Australian Digital Health Agency.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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DIRECTORS' REPORT  
FOR THE YEAR ENDED 30 JUNE 2024

Jan has secondary teaching qualifications and experience in secondary education including in Papua New Guinea and Timor Leste.

Roxxanne MacDonald

**Experience** Roxxanne was appointed to the CHF Board in 2019 and resigned in September 2023. Roxxanne is consumer and carer representative in the youth health space and has had a focus on mental health. She was a member and young leader of CHF's Inaugural Youth Health Forum.

She served a two-year term on Orygen's Youth Advisory Council and has worked with several other organisations including Children's Health Queensland, Australian Government Department of Health, and the Queensland Centre for Mental Health Research.

Roxxanne is passionate about young people being meaningfully involved at all levels of Australia's health system.

Christine Walker

**Experience** Christine Walker was elected to the CHF Board in 2017, reappointed in 2020 and again in 2023. Christine has over 25 years' experience as a Director on Boards, and in governance, strategic planning, and building an evidence base around the needs of people with chronic illnesses in the health system through research and consultancies. Christine works to include consumers and the community in all levels of health service and policy development. Currently Christine is a Board member of the Epilepsy Foundation Victoria.

She is member of the Melbourne Genomics Health Alliance Community Advisory Group, the Australian Epilepsy Research Foundation and Epilepsy Australia and Global Epilepsy Research Association. She is also a member of the Executive of the Australian Health Care Reform Alliance, the RACGP National Standing Committee on Quality Care and on Stem Cells Australia Community Advisory Committee, and the lead researcher of The Australian Epilepsy Longitudinal Study.

Christine serves as a consumer representative on the MSAC ESC team which evaluates the evidence relating to new therapies, tests and medical devices and the Community Consultative Committee (CCC) in Health Technology Assessment. .

Past Board memberships have included NPS Medicinewise and Western Health Service in Victoria. In November 2023 Christine was awarded the Consumer Award from the UNSW Research Centre for Primary Health Care and Equity.

Allison Willis

**Experience** Allison was elected to the CHF Board in November 2021. She holds a Bachelor of Applied Science in Natural Resource Management, Hospital Certification Registered Nursing TQEH, a Bachelor of Health (Nursing), a Certificate in Management & Organisational Leadership and a Graduate Certificate in Diabetes Education. With over 30 years' experience in the health, community and disability sectors Allison's focus has been in policy development, legislative reform and human rights.

Allison is the Director of the Health Consumer CoLab, as a consultant and collaborator with health consumers, health services and policy makers to build strong, sustainable partnerships in health governance, policy and practice. She is

## CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

### DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2024

the Convener and Founder of the Health Consumer Advocacy Network SA (Health CAN SA) to provide an independent health consumer voice in South Australia. Allison works as a consultant and collaborative partner to support mental health policy and change, with LELAN, the Lived Experience and Leadership Network in SA, an independent peak body for people with lived experience of mental distress, social issues and injustice in SA. Allison was the Principal Adviser of the Policy and Strategy Health Consumers Alliance of South Australia until its closure due to defunding in September 2021.

#### Adjunct Professor Darryl O'Donnell Experience

Darryl has a long record of achievement in health leadership roles in government and community settings at state, national and regional levels. He has extensive research, public health, political and other professional networks and is deeply committed to the consumer and community advocacy movement.

Darryl is the former CEO of Health Equity Matters, the national federation for the HIV community response. Health Equity Matters is a long-standing member and friend to CHF. His adjunct appointment as Professor is with the Faculty of Medicine and Kirby Institute at the University of NSW.

Through his role as CEO of Health Equity Matters and adjunct appointment, he brings together researchers and community representatives to ensure a strong community voice in research agenda-setting.

Darryl was elected to the CHF Board in October 2023.

#### Meetings of directors

During the financial year, 13 meetings of directors were held: 6 board meetings and 7 meetings of subcommittees. Attendances by each director during the year were as follows:

Director Name	Directors' Meetings		Subcommittee Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Tony Lawson <sup>1</sup>	6	6	7	3
Jo Watson	6	6	3	3
Ros Chataway	6	3	4	4
Rowan Cockerell	6	6	7	6
Jan Donovan	6	6	4	4
Roxanne MacDonald	2	0	0	0
Darryl O'Donnell	4	3	3	3
Christine Walker	6	6	3	2
Allison Willis	6	6	3	3

<sup>1</sup>: As Chair of the Board Mr Tony Lawson is an ex officio member of all sub-committees of the Board however his attendance at all sub-committee meetings is not required.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD  
ABN 82 146 988 927

DIRECTORS' REPORT  
FOR THE YEAR ENDED 30 JUNE 2024

**Members guarantee**

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$ 1 each towards meeting any outstanding obligations of the company. At 30 June 2024, the total amount that members of the company are liable to contribute if the company is wound up is \$137 (2023: \$201).

**Auditor's independence declaration**

The lead auditor's independence declaration for the year ended 30 June 2024 has been received and can be found on page 8 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director:

Director:



Tony Lawson

Jan Donovan

Dated this 26<sup>th</sup> day of September 2024



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## AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE *AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012* TO THE DIRECTORS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

As lead auditor of Consumers Health Forum of Australia Ltd, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink that reads 'Jamie Glenn'.

Jamie Glenn, CA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 26<sup>th</sup> day of September 2024

*Liability limited by a scheme approved under Professional Standards Legislation*

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024 \$	2023 \$
<b>REVENUE AND OTHER INCOME</b>			
Revenue	2	3,852,336	1,604,568
Other income	2	56,004	20,313
<b>Total revenue and other income</b>		<u>3,908,340</u>	<u>1,624,881</u>
<b>EXPENSES</b>			
Employee benefits expense	3	2,391,451	1,245,607
Project contractor fees		4,750	323,534
Depreciation and amortisation expense	3	61,612	56,939
Interest expense	3	3,761	5,823
Administration expense		313,140	203,580
Consultancy fees		366,243	166,002
Insurance expense		42,527	27,392
Repairs and maintenance expenses		45,040	20,312
Travel and accommodation		162,227	70,638
Workshop expense		77,952	96,379
<b>Total expenses</b>		<u>3,468,703</u>	<u>2,216,206</u>
<b>Current year surplus/(deficit) before income tax</b>		439,637	(591,325)
Income tax expense	1(j)	-	-
Net current year surplus / (deficit)		<u>439,637</u>	<u>(591,325)</u>
<b>Other comprehensive income</b>			
Total other comprehensive income for the year		-	-
<b>Total comprehensive gain / (loss) for the year</b>		<u>439,637</u>	<u>(591,325)</u>
Net current year surplus / (deficit) attributable to members of CHF		<u>439,637</u>	<u>(591,325)</u>
Total comprehensive gain / (loss) attributable to members of CHF		<u>439,637</u>	<u>(591,325)</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2024

	Note	2024 \$	2023 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	4	388,736	198,225
Trade and other receivables	5	143,235	81,599
Other assets	6	93,860	21,308
Financial assets	7	1,200,000	400,000
TOTAL CURRENT ASSETS		<u>1,825,831</u>	<u>701,132</u>
NON-CURRENT ASSETS			
Other assets	6	8,000	8,000
Financial assets	7	26,045	26,045
Property, plant and equipment	8	60,973	29,609
Right of use assets	9(i)	44,817	87,334
TOTAL NON-CURRENT ASSETS		<u>139,835</u>	<u>150,988</u>
TOTAL ASSETS		<u><u>1,965,666</u></u>	<u><u>852,120</u></u>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	10	237,593	129,674
Contract liabilities	11	634,771	152,747
Provisions	12	220,798	92,874
Lease liabilities	13	43,291	43,654
TOTAL CURRENT LIABILITIES		<u>1,136,453</u>	<u>418,949</u>
NON-CURRENT LIABILITIES			
Lease liabilities	13	5,391	48,986
TOTAL NON-CURRENT LIABILITIES		<u>5,391</u>	<u>48,986</u>
TOTAL LIABILITIES		<u><u>1,141,844</u></u>	<u><u>467,935</u></u>
NET ASSETS		<u><u>823,822</u></u>	<u><u>384,185</u></u>
<b>EQUITY</b>			
Retained earnings		823,822	384,185
TOTAL EQUITY		<u><u>823,822</u></u>	<u><u>384,185</u></u>

The accompanying notes form part of these financial statements.



CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2024

	<b>Retained Surplus</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2022</b>	975,510	975,510
<b>Comprehensive income</b>		
Net deficit for the year	(591,325)	(591,325)
<b>Balance at 30 June 2023</b>	<u>384,185</u>	<u>384,185</u>
<b>Balance at 1 July 2023</b>	384,185	384,185
<b>Comprehensive income</b>		
Net surplus for the year	439,637	439,637
<b>Balance at 30 June 2024</b>	<u>823,822</u>	<u>823,822</u>

The accompanying notes form part of these financial statements.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024 \$	2023 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Receipt from customers		4,688,860	1,290,105
Interest received		18,942	10,366
Finance costs	3	(3,761)	(5,823)
Payments to suppliers and employees		(3,619,112)	(2,324,660)
Net cash generated / (used in) from operating activities		<u>1,084,929</u>	<u>(1,030,012)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Payment for investments in term deposit		(800,000)	-
Payment for property, plant and equipment	8	(50,459)	(28,888)
Net cash (used in) investing activities		<u>(850,459)</u>	<u>(28,888)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Repayment of lease liabilities		(43,959)	(40,294)
Net cash (used in) financing activities		<u>(43,959)</u>	<u>(40,294)</u>
Net increase / (decrease) in cash held		190,511	(1,099,194)
Cash and cash equivalents at beginning of financial year		198,225	1,297,419
Cash and cash equivalents at end of financial year	4	<u><u>388,736</u></u>	<u><u>198,225</u></u>

The accompanying notes form part of these financial statements.

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. Consumers Health Forum of Australia Ltd (CHF) is a not-for-profit company for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

**Accounting Policies****a. Revenue****Revenue recognition**

CHF is first required to determine whether amounts received are accounted for as Revenue per AASB 15: *Revenue from Contracts with Customers* or Income per AASB 1058: *Income of Not-for-Profit Entities*. Funding arrangements which are enforceable and contain sufficiently specific performance obligations are recognised as revenue under AASB 15. Otherwise, such arrangements are accounted for under AASB 1058, where upon initial recognition of an asset, the entity is required to consider whether any other financial statement elements should be recognised (e.g. financial liabilities representing repayable amounts), with any difference being recognised immediately in profit or loss as income.

*Grants, donations and bequests*

When CHF receives grants, donations and bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligation in accordance to AASB 15.

When both these conditions are satisfied, CHF:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreements
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligation, CHF:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognised related amounts (being contributions by owners, lease liability, financial instruments, provisions); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, CHF recognises income in profit or loss when or as it satisfies its obligations under the contract.

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**a. Revenue (continued)**

*Interest income*

Interest income is recognised using the effective interest method.

*Membership income*

Membership fees received are apportioned over the period to which the fee relates. Fees received for future periods are shown in the financial statements as current liabilities.

*Rendering of services*

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

All revenue is stated net of the amount of goods and services tax.

**b. Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

**Plant and equipment**

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

**Depreciation**

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to CHF commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Leasehold Improvements	33%
Office Equipment	20 - 33%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**b. Property, Plant and Equipment (continued)**

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

**c. Leases**

**CHF as lessee**

At inception of a contract, CHF assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by CHF where CHF is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options
- lease payments under extension options if lessee is reasonably certain to exercise the options
- payments for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that CHF anticipates exercising a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

**d. Financial Instruments**

**Initial recognition and measurement**

Financial assets and financial liabilities are recognised when CHF becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that CHF commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**d. Financial Instruments (continued)**

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified as “at fair value through profit or loss”, in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: *Revenue from Contracts with Customers*.

**Classification and subsequent measurement**

*Financial liabilities*

CHF’s financial liabilities are subsequently measured at amortised cost using the effective interest method. The financial liabilities of CHF comprise trade payables.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

*Financial assets*

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

**Derecognition**

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**d. Financial Instruments (continued)**

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

**Impairments**

At the end of the reporting period CHF assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

*Financial assets at amortised cost*

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset. Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

**e. Impairment of Assets**

At the end of each reporting period, CHF reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, CHF estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**f. Employee Benefits**

**Short-term employee benefits**

Provision is made for CHF's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and any applicable leave balances. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

CHF's obligations for short-term employee benefits such as wages, salaries and any applicable leave balances are recognised as part of current trade and other payables in the statement of financial position.

CHF's obligations for annual leave entitlements are presented as current liabilities in its statement of financial position, as CHF does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period in the event employees wish to use their leave entitlement.

CHF does not have any other long term employee benefits as at 30 June 2024.

**Superannuation contributions**

Obligations for contributions to employees' nominated superannuation funds are recognised as an employee benefit expense in profit or loss in the periods in which services are provided by employees.

**g. Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

**h. Trade and Other Receivables**

Trade and other receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(d) for further discussion on the determination of impairment losses.



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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**i. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

**j. Income Tax**

No provision for income tax has been raised as CHF is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

**k. Intangible Assets**

**Software**

Software is initially recognised at cost. Where software is acquired at no cost, or for a nominal cost, the cost is its fair value, as at the date of acquisition. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Software has an estimated useful life of between one and three years. It is assessed annual for impairment.

**l. Provisions**

Provisions are recognised when CHF has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

**m. Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

**n. Trade and Other Payables**

Trade and other payables represent the liabilities for goods and services received by CHF during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

**o. Critical Accounting Estimates and Judgements**

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within CHF.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**o. Critical Accounting Estimates and Judgements (continued)**

**Key estimates**

(i) *Useful lives of property, plant and equipment*

As described in Note 1(b), CHF reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

**Key judgements**

(i) *Performance obligations under AASB 15*

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by considering any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature / type, cost / value, quantity and the period of transfer related to the goods or services promised.

(ii) *Lease term and option to extend under AASB 16*

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that CHF will make. CHF determines the likeliness to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic, and which are key to its future strategy.

(iii) *Employee benefits*

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Based on past experience, CHF does not expect the full amount of annual leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since CHF does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

(iv) *Employee benefits – portable long service leave scheme*

CHF's employees are registered with the ACT Long Service Leave Authority and Victorian Long Service Leave Authority (the Authority) and covered under the portable long service leave schemes. The schemes allow eligible workers to move from employer to employer in the community sector, while still accruing service towards a long service leave entitlement. When a worker decides to claim some or all of their long service leave entitlement, CHF will pay the benefit and lodge a claim with the Authority. The Authority will repay the benefit to CHF.

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**o. Critical Accounting Estimates and Judgements (continued)**

(iv) *Employee benefits – portable long service leave scheme (continued)*

Obligations for contributions to the portable long service leave scheme are recognised as an employee benefit expense in profit or loss in the period in which services are provided by employees. Therefore, the Directors believe that no provision for long service leave entitlement is required to be raised in relation to the portions that have been covered under the portable long service leave scheme.

**p. Economic Dependence**

CHF is dependent on the Department of Health for the majority of its revenue used to operate the business. In May 2023, it was confirmed that CHF has been allocated \$10.5 million in funding over a period of four years starting 2023-24 from the Department of Health to support consumer engagement in the design and implementation of the Strengthening Medicare reforms. The funding was available from September 2023.

**q. New and Amended Accounting Standards Adopted by CHF**

***AASB 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates***

The entity adopted AASB 2021-2 which amends AASB 7, AASB 101, AASB 108 and AASB 134 to require disclosure of “material accounting policy information” rather than “significant accounting policies” in an entity’s financial statements. It also updates AASB Practice Statement 2 to provide guidance on the application of the concept of materiality to accounting policy disclosures.

The adoption of the amendment did not have a material impact on the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 2: REVENUE AND OTHER INCOME**

**Grants**

The majority of CHF's funding is in the form of grants from government departments and other bodies. CHF has assessed that the majority of its grant agreements are enforceable and contain sufficiently specific performance obligations. This determination was made on the basis that the funding agreements require CHF to carry out various types of services to be provided and duration of such programs prescribed within the relevant agreements. CHF therefore recognises funding received under such agreements as Revenue under AASB 15. Revenue is recognised as CHF delivers the required services, which is when expenditure is incurred or when each milestone of the underlying program is achieved.

	<b>Note</b>	<b>2024</b>	<b>2023</b>
		\$	\$
<b>Revenue</b>			
- grant revenue		3,822,101	1,561,742
- member subscriptions		30,235	42,826
		3,852,336	1,604,568
<b>Other income</b>			
- other income		26,846	8,245
- interest earnings		29,158	12,068
		56,004	20,313
Total revenue and other income		3,908,340	1,624,881

**NOTE 3: RESULT FOR THE YEAR**

The result for the year includes the following significant expenses:

Employee benefits expense		2,391,451	1,245,607
Depreciation and amortisation expense			
- office equipment		19,095	5,759
- leasehold improvements		-	8,148
- right of use assets		42,517	43,032
Total depreciation and amortisation expense		61,612	56,939
Finance costs			
- interest expense on lease liabilities		3,761	5,823

**NOTE 4: CASH AND CASH EQUIVALENTS**

**CURRENT**

Cash at bank	17	388,736	198,225
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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 5: TRADE AND OTHER RECEIVABLES**

	Note	2024 \$	2023 \$
CURRENT			
Trade receivables	17	143,235	81,599

**NOTE 6: OTHER ASSETS**

CURRENT			
Accrued income		59,100	11,243
Prepayments		34,760	10,065
		<u>93,860</u>	<u>21,308</u>
NON-CURRENT			
Rental bond		8,000	8,000
		<u>8,000</u>	<u>8,000</u>
		<u>101,860</u>	<u>29,308</u>

**NOTE 7: FINANCIAL ASSETS**

CURRENT			
Term deposit		1,200,000	400,000
Total current assets		<u>1,200,000</u>	<u>400,000</u>

NON-CURRENT			
Rental guarantee invested in a term deposit		26,045	26,045
Total non-current assets		<u>26,045</u>	<u>26,045</u>

<b>(i) Financial assets at amortised cost</b>			
Term deposit		1,200,000	400,000
Rental guarantee invested in a term deposit		26,045	26,045
	17	<u>1,226,045</u>	<u>426,045</u>

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2024**

**NOTE 8: PROPERTY, PLANT AND EQUIPMENT**

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Office equipment		
At cost	67,884	63,378
Less accumulated depreciation	(21,911)	(33,769)
	45,973	29,609
Work in progress – website		
At cost	15,000	-
	15,000	-
Total property, plant and equipment	60,973	29,609

	<b>Office equipment</b>	<b>Work in progress – website</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>2024</b>			
Balance at the beginning of the year	29,609	-	29,609
Additions at cost	35,459	15,000	50,459
Depreciation expense	(19,095)	-	(19,095)
Carrying amount at the end of the year	45,973	15,000	60,973

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 9: RIGHT OF USE ASSETS**

CHF's lease portfolio includes equipment lease and operating lease of CHF's office. The equipment lease has a lease term of five years and the underlying assets have an average of five years useful lives. There were no extension options for the equipment lease. The operating lease (office) had a non-cancellable lease period of six years with two options to extend of three years each. CHF exercised the the first option to extend the lease for a further three years. The expiry date of the office lease is May 2025 and there is no intention to extend the lease.

These clauses provide CHF opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by CHF. The extension options or termination options which were probable to be exercised have been included in the calculation of the right of use assets. The leases are measured at cost in accordance with CHF's accounting policy as outlined in Note 1.

**(i) AASB 16 related amounts recognised in the balance sheet**

<b>Right of use assets</b>	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Leased premises	207,103	207,103
Accumulated amortisation	(170,916)	(132,098)
	<u>36,187</u>	<u>75,005</u>
Leased equipment	18,724	18,725
Accumulated amortisation	(10,094)	(6,396)
	<u>8,630</u>	<u>12,329</u>
Total right of use asset	<u>44,817</u>	<u>87,334</u>

**Movements in carrying amounts**

<b>2024</b>	<b>Leased premises</b>	<b>Leased equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Balance at the beginning of the year	75,005	12,329	87,334
Amortisation expense	(38,818)	(3,699)	(42,517)
Net carrying amount	<u>36,187</u>	<u>8,630</u>	<u>44,817</u>

**(ii) AASB 16 related amounts recognised in the statement of profit or loss**

Depreciation charge related to right-of-use assets	42,517	43,032
Interest expense on lease liabilities	3,761	5,823

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 9: RIGHT OF USE ASSETS (continued)**

**(iii) Total future lease payments at the end of the reporting period**

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
No later than 1 year	45,704	47,714
Between 1 to 5 years	5,584	50,948
Total future lease payments	<u>51,288</u>	<u>98,662</u>

**NOTE 10: TRADE AND OTHER PAYABLES**

CURRENT

Trade payables	47,586	15,910
Accrued expenses	134,531	65,783
Other current payables (net of GST)	51,553	6,537
GST payable	3,923	41,444
	<u>237,593</u>	<u>129,674</u>

**(i) Financial liabilities at amortised cost classified as trade and other payables**

Trade and other payables:		
– total current	237,593	129,674
Less tax liability	(3,923)	(41,444)
Less accrued expenses	(134,531)	(65,783)
Less other current payables	(53,221)	(8,193)
Financial liabilities as trade and other payables	17	<u>45,918</u>
		<u>14,254</u>

**NOTE 11: CONTRACT LIABILITIES**

Closing balance at the end of the year

- grants for which performance obligations will only be satisfied in subsequent years	-	-
- unexpended grants	624,020	150,020
- other contract liability – membership received in advance	10,751	2,727
	<u>634,771</u>	<u>152,747</u>

If grants are enforceable and have sufficiently specific performance obligations in accordance with AASB 15, the amount received at that point in time, is recognised as a contract liability until the performance obligations have been satisfied.



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 12: PROVISIONS**

	Note	2024	2023
		\$	\$
<b>CURRENT</b>			
Provision for employee benefits: annual leave		187,622	92,874
Provision for former employee benefits: leave loading		33,176	-
Total provisions		220,798	92,874
		<b>Employee Benefits</b>	<b>Total</b>
		\$	\$
<b>Analysis of total provisions</b>			
Opening balance at 1 July 2023		92,874	129,662
Additional provisions raised		310,340	115,278
Leave taken		(56,415)	(68,855)
Leave paid-out		(159,177)	(83,211)
Former employee leave loading provision raised		33,176	-
Balance at 30 June 2024		220,798	92,874

**Provision for employee benefits**

Provision for employee benefits represents amounts accrued for annual leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, CHF does not expect the full amount of annual leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since CHF does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

**NOTE 13: LEASE LIABILITIES**

**CURRENT**

Lease liability – Operating lease	39,477	40,026
Leases liability – Leased equipment	3,814	3,628
	43,291	43,654

**NON-CURRENT**

Lease liability – Operating lease	-	39,780
Leases liability – Leased equipment	5,391	9,206
	5,391	48,986
	17 48,682	92,640

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 14: EVENT AFTER THE REPORTING PERIOD**

There have been no events subsequent to reporting date, which require disclosure in the financial statements.

**NOTE 15: KEY MANAGEMENT PERSONNEL COMPENSATION**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of CHF, directly or indirectly, including any director (whether executive or otherwise) of CHF, is considered key management personnel (KMP).

The totals of remuneration paid to KMP of CHF during the year are as follows:

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
– short-term employee benefits	318,648	342,848

**NOTE 16: OTHER RELATED PARTY TRANSACTIONS**

There were no transactions with related parties during the financial year ended 30 June 2024 (2023: None).

**NOTE 17: FINANCIAL RISK MANAGEMENT**

CHF's financial instruments consist mainly of deposits with banks, short-term and long-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, are as follows:

**Financial assets**

Financial assets at amortised cost:

– cash and cash equivalents	4	388,736	198,225
– trade and other receivables	5	143,235	81,599
– other financial assets	7(i)	1,226,045	426,045

**Total financial assets**

1,758,016      705,869

**Financial liabilities**

Financial liabilities at amortised cost:

– trade and other payables	10(i)	45,918	14,254
– lease liabilities	13	48,682	92,640

**Total financial liabilities**

94,600      106,894

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2024

**NOTE 18: ENTITY DETAILS**

The principal place of business is:

Consumers Health Forum of Australia Ltd  
Unit 7B, 17 Napier Close  
Deakin ACT 2600

**NOTE 19: MEMBERS' GUARANTEE**

CHF is incorporated under the *Corporation Act 2001* and is a company limited by guarantee. If CHF is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of CHF. On 30 June 2024, the number of members was 137 (2023: 201).

**NOTE 20: AUDITOR'S REMUNERATION**

	2024	2023
	\$	\$
Remuneration of the auditor:		
- auditing the financial statements	18,000	13,000
- other	4,400	4,000
	<u>22,400</u>	<u>17,000</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' DECLARATION

In accordance with a resolution of the Directors of Consumers Health Forum of Australia Ltd, the Directors of the registered entity declare that, in the Directors' opinion:

1. The financial statements and notes, as set out on pages 9 to 29, satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:

- a. comply with Australian Accounting Standards – Simplified Disclosures applicable to the entity; and
- b. give a true and fair view of the financial position of the registered entity as at 30 June 2024 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.



Position: Tony Lawson, Chair



Position: Jan Donovan, Director

Dated this 26<sup>th</sup> day of September 2024.

# INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

## Report on the Audit of the Financial Report

### Opinion

We have audited the accompanying financial report of Consumers Health Forum of Australia Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2024, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Consumers Health Forum of Australia Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

- (i) giving a true and fair view of the registered entity's financial position as at 30 June 2024 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – AASB 1060: *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of *Australian Charities and Not-for-profits Commission Regulation 2013*.

### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the ACNC Act and ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2024 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

*Liability limited by a scheme approved under Professional Standards Legislation*

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

In preparing the financial report, the directors are responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the registered entity's financial reporting process.

### **Auditor's Responsibility for the Audit of the Financial Report**

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

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

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Jamie Glenn, CA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 26<sup>th</sup> day of September 2024

[www.chf.org.au](http://www.chf.org.au)