



Australian Government

Australian Institute of
Health and Welfare

Australian Institute of Health and Welfare

Corporate plan

2017–18 to 2020–21



AIHW



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Health and Welfare**

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Corporate Plan 2017–18 to 2020–21

Australian Institute of Health and Welfare
Canberra

Cat. no. AUS 218

The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

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Statement of preparation

On behalf of the AIHW Board, which is the accountable authority of the Australian Institute of Health and Welfare, I am pleased to present the *Australian Institute of Health and Welfare Corporate Plan 2017–18 to 2020–21*, as required under section 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*. The plan is prepared for 2017–18 in accordance with the *Public Governance, Performance and Accountability Rule 2014*.

The AIHW is established as a body corporate under section 4 of the *Australian Institute of Health and Welfare Act 1987* and is subject to the *Public Governance, Performance and Accountability Act 2013*.

Mrs Louise Markus

Board Chair

22 June 2017

Introduction

The Australian Institute of Health and Welfare (AIHW) is a nationally recognised independent information management agency. We enable other organisations to improve their policies and services and achieve their goals by making better use of evidence—a fundamental requirement for good decision making. This corporate plan is the primary strategic planning document for the Institute. It sets out the key strategic priorities and the activities we will pursue to achieve our purpose. It covers the 2017–18 year in greatest detail but extends out to 2020–21.

The plan assists the Australian Parliament, the Australian Government and the people of Australia to assess how we are performing, how we use the public resources entrusted to us and how we cooperate with others to achieve wider objectives, in accordance with the requirements of the *Public Governance, Performance and Accountability Act 2013*.

Section 1, ‘About the AIHW’, describes the role of the AIHW and provides information about who we are and what we do.

Section 2, ‘Our environment’, describes the nature and complexities of the environment in which we operate.

Section 3, ‘Our strategic priorities’, outlines our key areas of focus for the coming years that will increase our capability to respond to the needs of our stakeholders.

Section 4, ‘Enhancing our capability’, presents our approach to building on the major inputs required to achieve our purposes during the course of this corporate plan, namely: workforce, information and communication technology, and capital investment.

Section 5, ‘Our planned performance’, outlines the measures, targets and approach that we will use to assess our own performance.

Section 6, ‘Our risk oversight and management systems’, explains the systems we use to manage and control business risk, as well as measures we have implemented to ensure compliance with finance law.

The Appendix provides information about members of the AIHW Board.

The ‘Reader guides’ section comprises: a list of abbreviations; a glossary; references; related publications and a compliance index showing where to find information required by law to be published in this corporate plan.

Contact information is available on the final page, including information about how to provide feedback on this plan.

1 About the AIHW

Our strategic directions

In 2017 the AIHW celebrates 30 years of providing high-quality, independent evidence on health and welfare in Australia. This corporate plan is guided by the *AIHW strategic directions*, which were approved by the AIHW Board in 2017. The *AIHW strategic directions* set out the organisation's vision, purpose and values and identify a set of strategic goals as outlined below.

Our vision

Stronger evidence, better decisions, improved health and welfare.

Our purpose

To create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Our strategic goals

In pursuing our vision over the next five years we will apply and strengthen our capabilities to be:

Leaders in health and welfare data

We will engage nationally and internationally with authorities in our domain to develop, promote and deliver quality standards, systems and processes for collecting, curating and linking health and welfare data.

Drivers of data improvements

We will build on our trusted status to identify and respond to gaps and opportunities in multisource health and welfare data holdings. We will support our partners to develop and capture the data required to inform national priorities.

Expert sources of value-added analysis

We will harness and enhance our capabilities in the health and welfare domains to turn data and information into knowledge and intelligence. We will translate this evidence to provide insight into patterns, trends and outcomes, including how these compare across organisations, regions and internationally.

Champions for open and accessible data and information

We will leverage emerging technology and enhance our products and services in order to provide data and information tailored to diverse access, timeliness and quality requirements. We will support our partners in making their data accessible while protecting privacy.

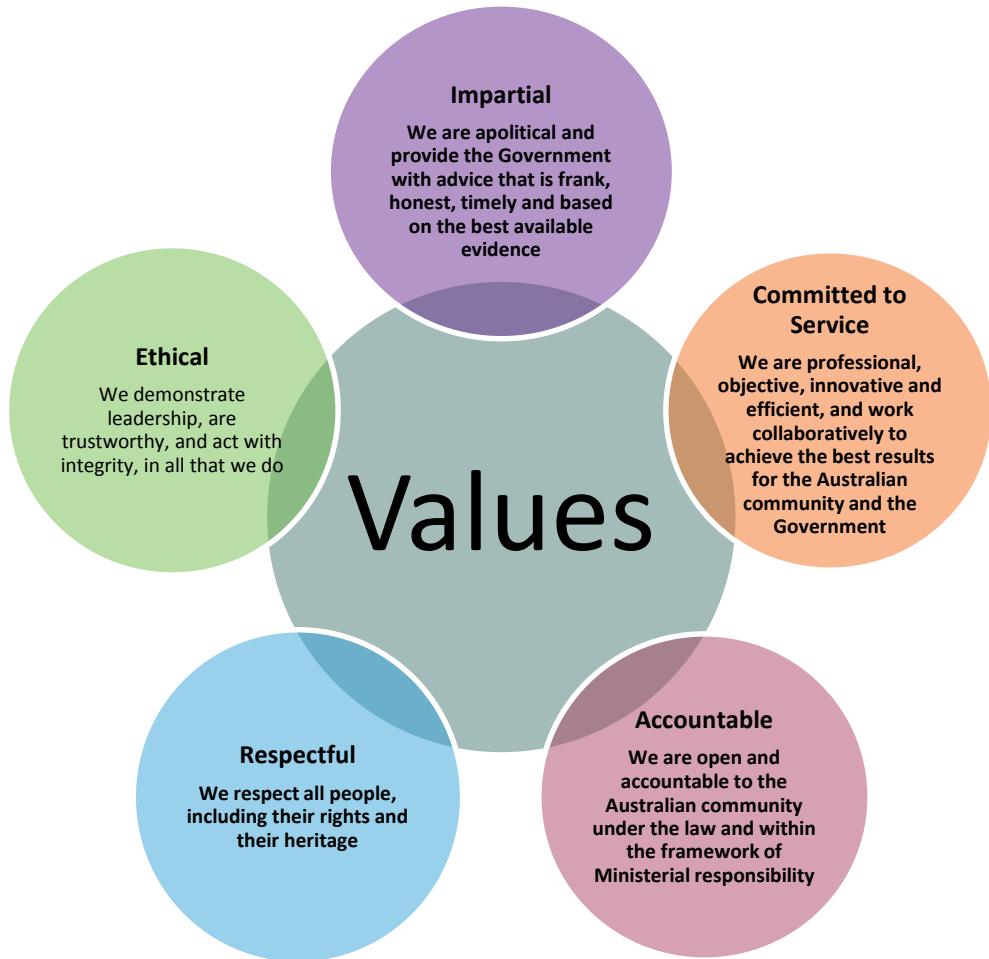
Trusted strategic partners

We will foster strategic partnerships and engage collaboratively with stakeholders to deliver program-specific expertise and enable others to achieve their strategic goals.

More information about our capabilities is available at <www.aihw.gov.au>.

Our values

In pursuing our vision, we draw on our independence and our expertise in health and welfare to strive for excellence in all we do. We also uphold the Australian Public Service values:



Our legislation

Enabling legislation

Our enabling legislation, the *Australian Institute of Health and Welfare Act 1987* (AIHW Act)—available at <www.comlaw.gov.au/Details/C2014C00481>—specifies our functions and operations.

Governance

We are a corporate Commonwealth entity in the Health portfolio, operating under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The Institute's accountable authority under the PGPA Act is the AIHW Board, which has adopted a Charter of Corporate Governance—available at <www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129551516>—and a series of

delegations to the Director and senior staff that outline the governance framework of the Institute. Further details about board members are in Appendix 1.

The board is subject to the general oversight of the Minister for Health, but cannot be directed by the Minister unless he/she undertakes a consultative process with the states and territories, as set out in the AIHW Act.

We meet the requirements of the PGPA Act, including the section 36 requirement to prepare budget estimates. The 2017–18 Portfolio Budget Statements (PBS) for the Health portfolio describe the main activities the AIHW will undertake in 2017–18 to perform its functions, grouped under one outcome and one program (see Section 5, ‘Our planned performance’).

Our functions and role

The Institute is a national leader in turning data and information into knowledge and intelligence-strengthening the evidence base. The detailed functions of the AIHW are prescribed in section 5 of the AIHW Act. However, in summary, the Institute has responsibility to:

- collect and produce, and coordinate and assist the collection and production of, health- and welfare-related information and statistics
- conduct and promote research into Australians’ health and their health services
- develop specialised standards and classifications for health, health services and welfare services
- publish reports on its work
- make recommendations to the Minister on prevention and treatment of diseases and improvement and promotion of the health awareness of Australians
- provide researchers with access to health- and welfare-related information and statistics, subject to the confidentiality provisions described below.

The AIHW Act confines the Institute’s role with respect to ‘welfare-related information and statistics’, to ‘welfare services’. The AIHW Act defines ‘welfare services’ as including services related to aged care, child care, people with disabilities, housing assistance, child welfare and other community services.

We work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. We collect and report information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

We have very strong foundations proven over 30 years of delivering quality evidence about health and welfare issues. We will continuously enhance these capabilities over the course of this corporate plan to support the ambitious agenda ahead of us.

Our stakeholders

We aspire to communicate our data, information and analytical products as widely as possible in accessible formats to all our stakeholders, whilst protecting the privacy of the information. Further, our work would not be possible without strong relationships with many of them.

Our stakeholders

Our stakeholders are important to us as groups to which we are accountable, who fund us, or to whom we target our products. They may fall into one or more of these categories:

- the Australian Parliament and people of Australia
- the Australian Government and its departments and agencies, notably: the Departments of Health, Social Services, Human Services, Education and Training, the Prime Minister and Cabinet, Defence, and Veterans' Affairs; the Australian Bureau of Statistics; and various health and social services portfolio agencies
- state and territory governments and their departments with responsibilities for health, community services, housing assistance and justice
- health and welfare service providers, professionals and non-government organisations
- consumers of health, welfare and housing assistance services
- the research community, particularly for public health issues.

In addition to working with and for our stakeholders described above, the AIHW collaborates closely and has effective partnerships with other government entities, universities, research centres, non-government organisations and individual experts throughout the country. We also work with international partners including the World Health Organization, the Organisation for Economic Co-operation and Development, the Canadian Institute for Health Information and the International Group for Indigenous Health Measurement.

Our services

The kinds of services we provide include:

- researching, writing and publishing innovative health and welfare reports and other web and print outputs, drawing on a range of reputable data sources, including unpublished statistical information from our own data holdings
- building the evidence base for health and welfare policy development
- developing national statistical standards and classifications, and registering these in our metadata repository, METeOR, which is available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>>.
- designing and undertaking complex data linkage projects—see <www.aihw.gov.au/data-linking/>
- building and managing administrative data, information clearinghouses, disease registers and similar databases
- analysis and modelling of the impact of proposed health and welfare policy initiatives or changes to programs or services
- facilitating researcher access to health and welfare data
- providing customised data analysis on a fee-for-service basis and managing requests for health and welfare data held on behalf of other government agencies, through data curation services
- statistical leadership through membership on various inter-governmental data committees such as the Deputy Secretaries Data Group and the National Health Information and Performance Principal Committee

- provision of data services, including support, advice and data curation services for agencies to enable data access through appropriate data governance and statistical output control.

We play a central role in working with stakeholders to develop, supply and report performance indicators for national performance reporting activities, including those related to agreements of the Council of Australian Governments (COAG) such as the Performance and Accountability Framework for health reporting.

Our data holdings

Our health and welfare data holdings are substantial, including more than 150 data sets. 15 of our datasets relate to 10 of the Australian Bureau of Statistics' 104 listed Essential Statistical Assets for Australia (ABS 2014). These 10 essential statistical assets cover fields as diverse as housing assistance, homelessness, perinatal health, disability, cancer, hospitals and hospital activity, alcohol and other drugs, and mortality. Our data holdings primarily comprise administrative data sets—such as the national hospitals databases and the National Aged Care Data Clearinghouse. The AIHW also holds some Medicare Benefits Schedule and Pharmaceutical Benefits Schedule data, disease registers—such as the National (insulin-treated) Diabetes Register and the Australian Cancer Database—and a range of survey-based collections—such as the National Drug Strategy Household Survey and the National Social Housing Survey.

Managing privacy and confidentiality

As an organisation that collects and holds information about people, we are familiar with our obligations in acquiring, handling and releasing data under specific legislation. Data governance arrangements at the AIHW help us to achieve our mission while complying with our legal, regulatory and governance obligations.

The AIHW Act enables the release of information for public benefit while protecting the identity of individuals and organisations and ensuring that data providers can be confident that the AIHW will adhere to data supply terms and conditions.

Specifically, section 6 of the AIHW Act provides the AIHW with the power to release data to researchers and to publish the results of its work. This power is subject to section 29 of the AIHW Act, which prohibits the release of information ‘concerning a person’ held by the AIHW unless one of three specific exceptions applies. These are:

- express written permission to release the information to a specific party has been given by the relevant data provider(s)
- release has been approved by the AIHW Ethics Committee, and such release is consistent with the terms set by the data provider when supplying data to the Institute
- release is in the form of products containing de-identified statistics, information and conclusions.

The *Privacy Act 1988* (Privacy Act) creates obligations on Commonwealth agencies and private sector organisations in relation to collecting, using or disclosing personal information about living individuals.

Therefore, two sets of confidentiality and privacy requirements—those contained in the Privacy Act and those contained in section 29 of the AIHW Act—bind the AIHW. The confidentiality requirements in section 29 protect a broader range of information than the Privacy Act, such as information about deceased persons and organisations.

Under the *Freedom of Information Act 1982* (FoI Act), documents held by agencies—including information in databases—are subject to access by members of the public unless a legislative exception applies. Section 32 of the FoI Act exempts data protected by the confidentiality provisions of section 29 of the AIHW Act from release under the FoI Act. This means that the AIHW cannot be forced to divulge such information, even by a court of law.

AIHW Ethics Committee

The AIHW Act requires the board to appoint an AIHW Ethics Committee. The main functions of the committee are to form an opinion on ethical grounds of the acceptability of any current or proposed AIHW activities, or the release of identifiable data for research purposes. It may impose any conditions it thinks appropriate in performing its functions.

Significantly, the committee may authorise:

- the release of personal information for medical research that would otherwise be a breach of an Australian Privacy Principle in the Privacy Act
- the release of health- or welfare-related information as permitted by section 29 of the AIHW Act.

Further information about the AIHW Ethics Committee and its processes is available at <www.aihw.gov.au/ethics/>.

2 Our environment

The environment in which we have operated since 1 July 1987 continues to evolve. We are focussed on scanning this environment and responding with agility and adaptability.

Understanding emerging data trends and issues

The modern digital, information and communication environment is complex, with rapid developments in capacity to capture and analyse large volumes of data, often in real time. There are growing expectations that this information will be made more accessible for research and community use and brought together in meaningful ways to meet multiple information needs. The AIHW must remain at the forefront of external developments such as public sector open data, big data, digital health initiatives.

The Productivity Commission's report on Data Availability and Use, which was released on 8 May 2017, highlights the extraordinary growth in data generation and usability. It points out how improved data access and use can enable new products and services that transform everyday life, drive efficiency and safety, create productivity gains and allow better decision making. The report also highlights the importance of improving trust in data access processes and protections. The AIHW is actively involved in assisting the Government with its policy response to this report.

Responding to changing demands for information

There is growing demand for information that is easily accessible, available in real-time or very up-to-date and integrated at national, state and territory, and local levels. There is growing interest in data being presented in more flexible, user friendly and interactive formats. In addition there is demand for data at useful, finer geographical levels to support service planning and delivery information requirements, particularly to allow services to be planned using local data about need for services, services received and service outcomes. Performance reporting at primary health network and hospital levels and the new Prime Minister and Cabinet Indigenous Advancement Strategy regions are examples of work in this area.

There is also interest in the generation of increasingly superior and integrated information, obtainable through data linkage and other data analytics techniques, that improve our understanding of, for example, client or patient journeys and population outcomes.

Maintaining the trust of data providers

Much of the data we hold is given to us voluntarily by organisations that collected it for another purpose—generally an administrative purpose related to providing (often government-funded) services to Australians. Under our enabling legislation and comprehensive policies, we offer data providers safe and secure data custodianship services and assurance that data may only be released in compliance with the conditions imposed by data providers and strict privacy and confidentiality requirements specified in legislation. Maintaining this trust and building trust with new data providers to strengthen the knowledge base are critical to our future.

We work collaboratively with providers of health, housing, aged care and community services across the country—be they a government department or a non-government service

provider—to develop arrangements that will allow us to receive administrative data for a new collection or to add new data to an existing collection.

We have a number of national information and infrastructure agreements in place with Australian Government and state and territory agencies that help set the ground rules for collaboration around data development, supply and release. Through these arrangements, we have built a set of nationally significant data holdings, based on agreed national information standards, which can be adapted over time in response to changing information demands. Additionally, we work, as required, to facilitate the supply of data for which arrangements are in place for reporting under a number of COAG national agreements.

Protecting information through strong privacy and data security arrangements

The AIHW is operating in an environment of increasing community and data provider expectations about the protection of personal information and other data, from both privacy and confidentiality perspectives. This is due in large part to a steady increase in the amount and sensitivity of data on individuals held by government agencies and private organisations. It is based also on concerns about the adequacy of safeguards in circumstances where information is typically held in electronic form, including cloud-based storage.

These expectations have been recognised in a progressively more complex regulatory environment in which agencies are increasingly accountable and auditable in relation to the adequacy of their data privacy and security arrangements.

Institutional change and review

In 2015–16 the Australian Government engaged Nous Group to undertake an independent review of the AIHW, giving due recognition to both health and welfare issues. The report made 35 recommendations covering the AIHW’s role, products and services, funding model, external alliances, processes, workforce, information management and governance. We have considered the recommendations of this report in developing our strategic directions, priority areas and improvement plan.

In 2016–17 the Australian Government abolished the National Health Performance Authority (NHPA) and transferred most of its functions, staff and resources to the AIHW. The AIHW has continued NHPA’s work on developing and reporting performance indicators in the Performance and Accountability Framework (PAF). In 2016 AHMAC agreed that the Department of Health would commission an independent review of the PAF and National Health Performance Framework (NHPF), which was endorsed by AHMAC in 2001 and has been used by the AIHW since then to report health indicators in our *Australia’s Health* series of publications. The review process is expected to be completed in 2017–18.

From 1 July 2017 our organisation chart and group structure will change to better integrate our PAF work with work undertaken in similar subject areas. The new structure will place greater emphasis on strategic communications and data visualisation, and enable investment in new and relevant subject areas.

Reliance on external funding

For many years a substantial part of our revenue has come from sources other than our appropriation—mainly for specific project work we undertake for Australian Government and

state and territory government agencies. We have a strong focus on maintaining ongoing project work with existing funders and, where possible, developing new projects of interest to new funders.

We expect that over the next four years about 55% of our funding will come from own-source income. About 60% of this revenue will come from the Department of Health, about 20% from states and territories and most of the balance from other Australian Government agencies. This large reliance on external funding means we must accurately read the social, policy and institutional environment in which we operate in order to remain relevant.

Providing value for money in all the work we do and maintaining and enhancing relationships with our clients is essential to our future.

3 Our strategic priorities

Priority areas for action

We have identified 10 priority areas for action that are critical to achieving the strategic goals set out in section 1 and responding to changes in our environment. We will work closely with stakeholders in each of these areas to achieve our goals. The areas are:

1. Data governance

The AIHW will build upon its existing robust *Data governance framework* <www.aihw.gov.au/data-governance-framework/> and data capabilities to retain the trust of our many data providers, data recipients and other stakeholders. This will include: increasing public transparency about the nature and extent of our data holdings; reviewing internal data-related policies and guidelines; and identifying opportunities to address potential gaps created by the changing data landscape. It will also include providing enhanced guidance materials and training to the data custodians that perform a critical role in our data governance arrangements.

2. Data management infrastructure

We will work to ensure our data management infrastructure provides reliable metadata (data specifications) and supports high quality and timely provision and validation of data. We will also work to update our ICT strategy and ensure our ICT infrastructure supports robust analysis by both AIHW and external users. This will include a focus on replacement of METeOR, AIHW's on-line repository for metadata, and a review of our validation tools and approaches, including the AIHW's data validation tool, Validata that enables more rapid and accurate lodgement of data by external data providers.

3. Data analysis capability

The AIHW will work to meet, and support others in meeting, the growing demand for sophisticated synthesis, analysis and visualisation of both structured and unstructured data, particularly in areas that can help policymakers to make future health and welfare investment decisions. This could include scenario modelling, projections, longitudinal and survival analysis, small area estimates, triangulation and predictive modelling. Work to enhance our data analysis will include assessing and developing staff capability, internal and external scoping of various opportunities, and targeted projects in priority areas.

4. Data gaps

The health and welfare information landscape is not complete. There are critical data gaps that inhibit the AIHW in achieving our strategic goals and realising our vision. These gaps also inhibit others in achieving their aims. To help bridge these gaps we will conduct a scan of the information landscape, identify priority gaps and work with stakeholders to develop strategies to fill these gaps over time. Success in this area will be determined by our ability to improve the health and welfare evidence base in priority areas.

5. Presentation of work

We will respond to the changing needs of information users by continuing to enhance the presentation of our work. We will continue to modernise our product suite, including through the progressive application of our AGILE (Attract, Grab, Inform, Learn, Explore) framework. We will also implement a new AIHW website and further align it with our MyHospitals and MyHealthyCommunities websites, release a new aged care data website developed for the Department of Health, and investigate options for enhancing our flagship legislated reports, *Australia's Health* and *Australia's Welfare* so that they best meet user needs.

6. Timeliness

We will improve the currency of information and data released by the AIHW by reducing the lag between the reference period of information and the date we release it. There are two main areas of focus in this effort. One is to improve our internal processes to shorten the time between when we receive, collect or collate information and when we release it. The other is to work with external data providers on shortening supply and data clearance timeframes.

7. Data accessibility

The AIHW is committed to providing better access to data. We will assist that goal by improving the data accessibility infrastructure mechanisms for broader research access. We will also work with data custodians to curate data for better access and support. The data analytics hubs being provided through the Data Integration Partnership for Australia work (which AIHW is a part of) will further support better data access.

8. Communication and stakeholder engagement

We will continue to engage closely with stakeholders in the identification, development and supply of information and evidence that meets their needs. In particular, we will implement a new communications strategy, closely aligned with our new Strategic Directions. Key aspects of this include enhanced engagement with stakeholders to get the message out about our products and how they can support decision making. We will also seek to better understand the impact of our products and services by asking our stakeholders for feedback.

9. Our people and structures

We will develop and implement a workforce strategy that ensures we have the skills and capabilities we need to achieve our strategic goals and improve the way we do business. We will have an organisation structure that facilitates the efficient production of work across established and growing subject areas. We will engage, consult and communicate with our people about changes that affect them. Further detail on workforce planning is contained in section 4 of this Corporate Plan.

10. Our processes

We will improve our processes across the Institute to ensure that they are fit for purpose, relevant and efficient. This will ensure that we further improve our project management, improve transparency of our pricing, reduce red tape wherever possible and encourage consistency of practice.

Each of these priority areas will be sponsored by a senior executive and will contain various projects and activities. These projects and activities form the AIHW's business improvement

plan for the coming period. They will ensure the organisation delivers on the strategic goals and responds appropriately to the recommendations from the 2015 review of the AIHW conducted by the Nous Group. The AIHW has formed a dedicated business improvement team to assist in driving these improvements and ensuring they achieve the intended goals.

4 Enhancing our capability

The key inputs to AIHW's success are our highly skilled workforce, information and communication capability and approach to capital investment. Our strategies in relation to each of these inputs are outlined in this section.

Workforce

The AIHW recognises that skilled, engaged and versatile people are critical to the achievement of our purpose. We aim to cultivate and value a skilled, engaged and versatile workforce by:

- supporting and developing the capabilities of our staff to meet our work requirements
- attracting and retaining skilled, adaptable and responsive people
- promoting a culture where people work within and across teams to maximise expertise and produce results that benefit the Institute as a whole
- refining our organisational approaches to reflect the requirements of a dynamic, mid-sized organisation capable of responding quickly and flexibly to meet emerging requirements.

As a result of the government commitment to keeping the size of the General Government Sector at or below 2006–2007 levels, the Department of Health has capped our average staffing level (ASL) for 2017–18 at 308 full-time equivalent staff in 2017–18, which is slightly lower than our 2016–17 staffing level of 311. We will continue to increase staff productivity by adopting a consistent operating model across the Institute and implementing automated processes for some of our administrative tasks. In order to meet increasing demand for our services and grow our capability we will engage more contract staff through private firms and consider contracting out more of our work.

The AIHW values diversity and offers flexible working conditions to give high-quality professional staff the opportunity to balance their work and other commitments. Over one-quarter of staff work on a part-time basis and nearly 70% of AIHW staff are women. The AIHW has a Workplace Diversity Program, a Reconciliation Action Plan and senior executive champions for inclusion of Indigenous people and people with a disability. More than 60% of staff have over 4 years of service with the AIHW, enhancing the breadth and depth of our expertise. In order to maintain flexibility in total workforce numbers so that we can meet changes in our externally funded work, 10%–15% of our active staff are employed on a non-ongoing basis. These features of our workforce are expected to remain similar into the future.

In recent years we have recruited many highly qualified and capable graduates at APS 4 level. These APS 4 staff, along with higher level staff, are able to compete on merit to take up any internal promotion opportunities over the next few years. In addition to continuing to recruit highly qualified and capable graduates at the APS 4 level, we expect to recruit small numbers of suitably qualified staff externally as required throughout 2017–18.

Information captured through staff commencement data shows that as at 30 April 2017, 35% of AIHW staff report having a bachelor's degree and a further 47% of staff report having a post-graduate qualification as their highest educational qualification. These figures underlie that our highly competent staff have skills and knowledge in:

- information needs for health and welfare policy, planning and service delivery

- statistical methodologies and analysis, including data linkage, validation, modelling and micro-simulation
- epidemiology, demography, psychology and sociology
- data and metadata development and management
- communications, specialising in health and welfare information and online reporting
- health and welfare policy and service delivery.

The AIHW Director reports to the AIHW Board on workforce statistics and strategies every 6 months. The workforce priorities for the next 4 years include:

- growing our capability to achieve our strategic directions while managing staff numbers within the ASL cap. We will closely monitor numbers of active ongoing, non-ongoing and contract staff so that we stay within our cap. As well as contracting out more work and engaging more contract staff we will further develop our in-house capability by ensuring our people have the appropriate balance of core, technical and leadership skills to undertake their roles
- supporting AIHW Executive and relevant staff with the implementation of the new strategic directions and embedding the AIHW's change program which consists of a number of activities to better position the AIHW in a changing external environment
- reviewing and amending all existing HR policies in line with the new Enterprise Agreement which came into effect in October 2016, and developing new policies where required in consultation with the AIHW's Consultative Committee
- ensuring efficient and timely filling of positions through the implementation of an e-recruitment system and streamlining internal processes
- maintaining a focus on building a high performing organisation by managing individual performance in a timely and effective manner and supporting staff to ensure they are contributing at an optimal level.

Information and communication technology capability

Our key challenge in this context is to provide an information and communication technology (ICT) capability that supports high quality, effective and timely data collection, analysis, data sharing and reporting. We will do this by:

- continuing to maintain and refresh ICT infrastructure which, in turn, enables innovation in the collection, curation and linkage of health and welfare data
- striving for continuous improvement and efficiency through the automation of business and other processes, consistency of business practices where appropriate and adoption of appropriate technologies
- supporting secure and auditable data governance processes (see 'Privacy and confidentiality' in Section 1), in particular by ensuring that access to data is independently managed at the network, data server and database levels
- enhancing our capability to undertake high powered and complex analysis to unlock valuable information from very large data sets
- enhancing our data visualisation capability to provide contemporary and richer communications

- increasing our focus on enabling technology for mapping and reporting at small area levels of geography
- improving the resilience and availability of our ICT services
- supporting a more varied and targeted set of products and services
- developing a new AIHW website that draws on industry best practice, supports AIHW's branding and product strategy, and embodies efficient update and content management processes
- ensuring staff continue to maintain and enhance skills to maximise the advantage of current and emerging technologies.

Significant activities that support whole-of-government initiatives include:

- exploring the use of secure, 'government' cloud computing to reduce costs and improve quality of service consistent with government policy
- where possible under our confidentiality regime, supporting whole-of-government open data initiatives by contributing data and metadata to open data repositories such as <data.gov.au>
- expanding the number of direct, secure connections with other key agencies to facilitate rapid and reliable data transfer/sharing
- working with security agencies such as the Australian Cyber Security Centre to maintain awareness and capability to mitigate identified threats.

Capital investment strategy

The AIHW made a substantial investment in leasehold improvements and ICT equipment prior to its move into a new building in Canberra on a 15-year lease at the end of June 2014.

The AIHW has budgeted to invest about \$572,000 per year over 2017–18 to 2020–21 in purchase of property, plant and equipment. Of that, each year about \$100,000 will relate to the building, and about \$472,000 will relate to ongoing ICT hardware and off-the-shelf software. Due to the nature of our business we are regularly re-assessing our ICT infrastructure to ensure that our data is stored securely and in accordance with the Privacy Act. In addition we have sufficient cash and equity to invest in the redevelopment of METeOR, our national metadata repository.

5 Our planned performance

Our approach to measuring our performance is based on our legislative obligations and the information provided in the Department of Health's 2017–18 Portfolio Budget Statements (PBS).

Reports required by legislation

Health report and welfare report

The AIHW is required by the AIHW Act to submit a health report and a welfare report in 'even' and 'odd' years respectively, to the Minister for Health, for tabling in Parliament. The reports must relate to the previous 2-year period, although longer-term trends are also presented.

To meet these requirements the AIHW publishes an *Australia's health* and an *Australia's welfare* series of biennial publications.

Required health and welfare reports 2017–18 to 2020–21

Present to the Minister for Health:

- *Australia's welfare 2017* by 31 December 2017
- *Australia's health 2018* by 30 June 2018
- *Australia's welfare 2019* by 31 December 2019
- *Australia's health 2020* by 30 June 2020

Note: Editions of *Australia's welfare* are usually delivered early in the second half of the calendar year.

Annual reports

The AIHW is required to submit an annual report for each financial year to the Minister for Health, for tabling in Parliament. The annual report will advise on the delivery of reports required by legislation as well as reporting on our achievements against our performance targets and deliverables as listed in the PBS.

Required annual reports deliverable 2017–18 to 2020–21

Present an *AIHW Annual report* to the Minister for Health by 15 October in each year.

Performance criteria

The following table summarises performance criteria and measures for the AIHW contained in the 2017–18 Department of Health Portfolio Budget Statements:

Delivery Objective	Activity	Performance Measure Reporting Period 2017–18	Reporting Period 2018–19	Reporting Period 2019–20	Reporting Period 2020–21
Providing health and welfare information and analysis	Release of data and information products relevant to priority areas (Information about all products released during the year is available from our publications information systems. All of these products will be publicly available on our website)	Australia's welfare 2017 to be presented to the Minister for Health. Delivered by 31 December 2017	Release of products by 30 June each year relating to products to be defined	New editions of Australia's health and Australia's welfare to be presented to the Minister for Health biennially from 2019–20 Release of products by 30 June each year relating to products to be defined	Release of products by 30 June each year relating to products to be defined
		Australia's Health 2018. Delivered by 30 June 2018			
		Release of products by 30 June 2018 relating to: health expenditure in 2015–16 admitted hospital patient care in 2016–17 detailed findings from the 2016 National Drug Strategy Household Survey residential and community mental health services in 2015–16 pathways in aged care and cause of death			
	Provision of free, high quality information	3.3 million sessions on the AIHW's website	3.6 million	3.9 million	4.2 million
		4,300 references to the AIHW and its products in the media	4,300	4,300	4,300
		176 products released	181	183	183
		≥56% statistical products released that include data in manipulatable format	≥61%	≥66%	≥66%
		160 completed requests for customised data analysis	160	160	160
		≥70% statistical products relating to annual national collections for which data are reported less than one year after the end of their data collection period	≥75	≥77	≥77

Delivery Objective	Activity	Performance Measure Reporting Period 2017–18	Reporting Period 2018–19	Reporting Period 2019–20	Reporting Period 2020–21
Providing health and welfare information and analysis	Operate the Data Integration Services Centre to undertake complex data integration (linkage) projects as agreed under the <i>National Collaborative Research Infrastructure Strategy 2013</i>	Satisfying requests for data linkage relating to more than 40 projects	Satisfying requests for data linkage relating to more than 40 projects	Satisfying requests for data linkage relating to more than 40 projects	Satisfying requests for data linkage relating to more than 40 projects
	Assist reporting of, or report on, nationally-agreed performance (Measurement of this deliverable will be through the supply of data required for nationally agreed performance indicators annually, as determined collectively by governments)	Supply data required for performance indicators in the Council of Australian Governments national agreements on healthcare and Indigenous reform by 30 June 2018	Supply data required for nationally agreed performance indicators annually, as determined collectively by governments	Supply data required for nationally agreed performance indicators annually, as determined collectively by governments	Supply data required for nationally agreed performance indicators annually, as determined collectively by governments
		Supply data to timetables required for the Review of Government Service Provision's Report on Government Services 2018, Volumes on health, housing and homelessness, and community services			
		Release products relating to local level health performance indicators by 30 June 2018			

Priority Area	Activity	Performance Measure Reporting Period 2017–18	Reporting Period 2018–19	Reporting Period 2019–20	Reporting Period 2020–21
Providing leadership and improvements in health and welfare data and information	Work with trusted partners to identify and fill priority data gaps	Complete work toward the Coordination of Health Care Study, linking data from participants in the ABS Survey of Health Care with other data sets to find out about their use of primary care, hospital and emergency department services, and pharmaceuticals for periods before and after the survey	Release of products by 30 June each year relating to information products relevant to key policy areas to be defined Continue improving data in targeted subject areas	Release of products by 30 June each year relating to information products relevant to key policy areas to be defined Continue improving data in targeted subject areas	Release of products by 30 June each year relating to information products relevant to key policy areas to be defined Continue improving data in targeted subject areas
		Release of products by 30 June 2018 relating to under-identification of Indigenous people in key data sets			
		Improve data in at least one subject area where there is a demonstrable data gap, for example, family and domestic violence, primary health care or disability			
	Modernise presentation of national health and welfare—related data and analysis	Release a redeveloped AIHW website, including links to content from the former National Health Performance Authority	Activities to be defined during implementation of a revised communications and engagement strategy	Activities to be defined during implementation of a revised communications and engagement strategy	Activities to be defined during implementation of a revised communications and engagement strategy
	Enhance data analysis capabilities	Complete analysis of linked data from three national cancer screening programs by 30 June 2018	Release products presenting the results of linked data from three national cancer screening programs by 30 June 2019 Release a replacement to Metadata Online Registry by 30 June 2019 Other activities to be defined	Other activities to be defined	Other activities to be defined
		Complete the second of three work phases to improve storage, accessibility and analysis of locational data in AIHW data holdings, enabling better information on, for example, patterns and trends of service use			
		Demonstrate, as case studies, AIHW contributions shown externally in 2017–18 of improved reporting of population- or service-related health and welfare outcomes			

6 Our risk oversight and management systems

Section 16 of the PGPA Act provides that the AIHW Board must establish and maintain appropriate systems of risk oversight, management and internal control for the AIHW.

We regularly review and align our risk management framework and systems with the Commonwealth Risk Management Policy <www.finance.gov.au/comcover/risk-management/> as a matter of good practice.

Oversight of business risk

The AIHW Board and its Audit and Finance Committee review our business risks and update our Organisational Risk Assessment every 6 months. Each assessment sets out high-level risks for the AIHW and actions needed to mitigate them.

A statement of risks of special relevance to board members has been prepared.

Broadly, risks facing the AIHW relate to:

- the AIHW's position as a major national agency providing information and statistics on health and welfare matters, including:
 - clarity about the AIHW's purpose
 - our reputation for accurate, independent and timely reporting
 - relationships with funders, data providers and other stakeholders
- the AIHW's ability to attract and retain highly skilled staff
- the AIHW's commercial operations, including:
 - financial matters such as external funding, cash flow, cost management and appropriate internal controls
 - up-to-date and effective technology
 - the effectiveness of organisational operations and planning.

Management of business risk

Fraud control

The AIHW Fraud Control Plan 2017–19 provides for a proactive approach to minimising the potential for instances of fraud within the AIHW. It contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes to meet our specific needs and comply with the *Commonwealth Fraud Control Framework* (Australian Government) 2014; see <www.ag.gov.au/CrimeAndCorruption/FraudControl/Pages/FraudControlFramework.aspx>, which relates to:

- section 10 of the Public Governance, Performance and Accountability Rule 2014
- the Commonwealth Fraud Control Policy
- the Attorney-General's Department's *Resource Management Guide No. 201 Preventing, detecting and dealing with fraud*.

Our internal auditors have provided compulsory fraud awareness training for all staff.

Internal audit

We contract out our internal audit function. Each year the internal auditors—currently Protiviti—undertake a program of compliance and performance audits examining controls over financial procedures, ICT systems and data collections.

Appendices

Appendix 1: Members of the AIHW Board

At 1 July 2017

Mrs Louise Markus	Board Chair
Mr Barry Sandison	AIHW Director
Dr Zoran Bolevich	Nominee of the Australian Health Ministers' Advisory Council
Ms Marilyn Chilvers	Nominee of the Children and Families Secretaries Group
Mr Philip Fagan-Schmidt	Representative of state housing departments
Ms Luise McCulloch	Member nominated by the Australian Statistician
Mr Mark Cormack	Member nominated by the Secretary, Health
Dr Erin Lalor	Ministerial nominee with knowledge of the needs of consumers of health services
Mr David Conry	Ministerial nominee with knowledge of the needs of consumers of welfare services
Mr Michael Perusco	Ministerial nominee with knowledge of the needs of consumers of housing assistance services
Dr Lyn Roberts AO	Ministerial nominee with expertise in public health research
Mr Andrew Goodsall	Ministerial nominee
Dr Simone Ryan	Ministerial nominee
Ms Gillian Adamson	Ministerial nominee
Ms Marissa Veld	Staff-elected representative

Abbreviations and acronyms

AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987</i> (Commonwealth)
APS	Australian Public Service
COAG	Council of Australian Governments
Fol Act	<i>Freedom of Information Act 1982</i> (Commonwealth)
Health	Australian Government Department of Health
ICT	information and communications technology
Institute	Australian Institute of Health and Welfare
METeOR	AIHW's Metadata Online Registry
PAF	Performance and Accountability Framework (for the health system)
PBS	Portfolio Budget Statements
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i> (Commonwealth)
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
Privacy Act	<i>Privacy Act 1988</i> (Commonwealth)
SHOR	Specialist Homelessness Online Reporting

Glossary

appropriation: As specified in the Australian Government's Portfolio Budget Statements, the amount of public moneys authorised by the Parliament of Australia for expenditure. An appropriation authorises the Australian Government to withdraw moneys and restricts the expenditure to the particular purpose specified.

COAG: The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association (see <www.coag.gov.au> for more information).

data governance: The system of decision rights and accountabilities surrounding data and the use of data. It can involve legislation, organisational structures, legal contracts, and various agreements, policies and guidelines.

data linkage: The bringing together (linking) of information from two or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity and, in certain cases, can provide a time sequence, helping to tell a story, show 'pathways' and perhaps unravel cause and effect. The term is used synonymously with 'data integration' and 'record linkage'.

indicator: A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision making.

metadata: Information that describes data in relation to its structure, organisation and content.

METeOR: METeOR is Australia's repository for national metadata standards for early childhood education, health, community services and housing assistance sectors. It operates as a metadata registry—a system or application where metadata is stored, managed and disseminated—based on the international standard ISO/IEC 11179. METeOR was developed by the AIHW and provides users with a suite of features and tools, including online access to a wide range of nationally endorsed data definitions, and tools for creating new definitions based on existing already-endorsed components. Through METeOR, users can find, view and download data standards, and develop new ones.

outcome (health): A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.

outcomes (of the AIHW): As specified in the Australian Government's Portfolio Budget Statements, outcomes are the results of events, actions or circumstances, in particular, the impact of the government on the Australian community. Planned outcomes represent the changes desired by government.

performance indicators (of the AIHW): As specified in the Australian Government's Portfolio Budget Statements, these are indicators that are used to measure agency efficiency and effectiveness in achieving the Australian Government's outcomes. They encompass deliverables and key performance indicators.

performance indicators (of the health system): Measures that relate to the health system as a whole or to parts of it, such as hospitals, health centres and so forth. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care and safety.

Portfolio Budget Statements: Statements prepared by Australian Government portfolios to explain budget appropriations in terms of outcomes and programs. The AIHW contributes to the statements of the Health portfolio, usually published in May each year.

programs (of the AIHW): As specified in the Australian Government's Portfolio Budget Statements, programs deliver benefits, services or transfer payments to individuals, industry/business or the community as a whole, and are primary vehicles for government agencies to achieve the intended results of their outcome statements.

public resources: As per the PGPA Act definition, public resources are relevant money, relevant property, or appropriations.

relevant money: Based on the PGPA Act definition, relevant money is money standing to the credit of any AIHW bank account or money held by the AIHW.

References

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http://www.health.gov.au/internet/budget/publishing.nsf/Content/2017-2018_Health_PBS.

Related publications

The *Australian Institute of Health and Welfare Corporate Plan 2017–18 to 2020–21* is the third of an annual series produced to meet legislated requirements. This and any subsequent plans will be available for download free of charge on the AIHW website at <www.aihw.gov.au>. The website also includes information on ordering printed copies.

Previous corporate plans in this annual series are:

- AIHW (Australian Institute of Health and Welfare) 2016. Australian Institute of Health and Welfare Corporate Plan 2016–17 to 2019–20. Cat no. AUS 205. Canberra: AIHW. Available at <<http://www.aihw.gov.au/publication-detail/?id=60129556354>>.

Reporting in relation to the content of this corporate plan will commence with the AIHW's annual report 2016–17 which is due to be published by the end of October 2017.

Previous AIHW annual reports might also be of interest in the context of this corporate plan, and are also available from the AIHW website at <<http://www.aihw.gov.au/publications/aihw-annual-reports/>>. The most recent annual report is:

- AIHW 2016. Annual report 2015–16. Cat. no. AUS 209. Canberra: AIHW. Available at <<http://www.aihw.gov.au/publication-detail/?id=60129557376>>.

Compliance index

Subsection 35(1) of the PGPA Act requires the AIHW Board to prepare this 2017–18 to 2020–21 corporate plan and deliver it to the Health and Finance Ministers at a time and in a form prescribed in the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

This index shows compliance with information requirements contained in the PGPA Act and PGPA Rule. The index is ordered by paragraph in the PGPA Act or PGPA Rule.

PGPA Act corporate plan requirements	Paragraph of the PGPA Act	Date or page in this plan
Approval by the accountable authority	35(1)(a)	Approved 22 June 2017
Presentation to the Health Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	Presented 28 July 2017
Presentation to the Finance Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	Presented 28 July 2017
Inclusion of activities contributing to Australian Government key priorities and objectives as published under section 34 of the PGPA Act	35(3)	Not applicable
Inclusion of information relating to subsidiaries	35(5)	Not applicable
PGPA Rule corporate plan requirements	Paragraph of the PGPA Rule	Page in this plan
Inclusion of an introduction (that is, a statement of preparation), with matters as required	16E(2)	iv
Inclusion of the purposes of the AIHW	16E(2)	1
Inclusion of the environment in which the AIHW will operate for 2017–18 to 2020–21	16E(2)	7–9
Inclusion of performance information, with matters as required	16E(2)	15–18
Inclusion of the key strategies and plans that the AIHW will implement in 2017–18 to 2020–21 to achieve its purposes	16E(2)	10–14
Inclusion of a summary of the risk oversight and management systems of the AIHW for 2017–18 to 2020–21 (including any measures that will be implemented to ensure compliance with the finance law)	16E(2)	19–20
Publication on the AIHW's website by 31 August 2016	16E(3)	— ^(a)

(a) At the time of this corporate plan's preparation, achieving compliance with this requirement is expected.

Paragraph 35(4) of the PGPA Rule permits the board to exclude from publication in the corporate plan some types of information, such as confidential or commercially sensitive information. This has not occurred for this corporate plan.

Paragraph 35(6) of the PGPA Rule requires that any significant variation to the corporate plan occurring during the reporting period should be published as soon as practicable.

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Contact for enquiries, comments and services

The AIHW welcomes your comments on this corporate plan, including your feedback on our planned performance. This will help us better understand the information needs and interests of our stakeholders so that we can continue to improve our reporting. Direct your enquiries or comments to:

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Contact for products and services

For further information on how we can provide products and services for your organisation, please phone or email the Institute as above.

If you are looking for statistics that are not available in our products, we also offer a data request service. Customised tables can be provided, subject to data quality and confidentiality requirements, from a range of AIHW-held databases. Please note that a fee may apply for this service.

This publication

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This publication is available electronically in PDF format on the AIHW's website.

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This Australian Institute of Health and Welfare Corporate Plan 2017–18 to 2020–21 highlights the achievements planned to occur during the 2017–18 year that will help to provide Australians with quality, nationally-consistent health and welfare information. It describes our purposes, practices and capabilities and sets out the ways that Australians can assess our performance.

AIHW

Stronger evidence,
better decisions,
improved health and welfare