



Australian Government

**Australian Organ and Tissue Donation
and Transplantation Authority**



Annual Report 2024–25

About us

The Australian Organ and Tissue Donation and Transplantation Authority, more commonly known as the Organ and Tissue Authority (OTA), was established in 2009 by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*.

What we do

We deliver a nationally coordinated program to increase organ and tissue donation to improve opportunities for transplantation in Australia.

Since the national program began in 2009



6,944

deceased organ donors



19,469

organ transplant recipients

Who we work with

The national DonateLife program is delivered in partnership with the DonateLife Network, state and territory governments, the donation and transplantation sectors, the eye and tissue sectors, hospitals, community organisations and the public.



DonateLife
Network



State and territory
governments



Donation and
transplantation
sectors



Eye and tissue
sectors



Hospitals



Community
organisations



Public

Thank you

We thank all the generous donors and their families who have transformed the lives of people needing a transplant through organ and tissue donation.

We also acknowledge the dedication and commitment of DonateLife donation specialist staff, intensive care units and transplantation teams. Transplantation is only possible through the donation of organs and tissues, and its life-changing benefits would not be possible without this shared commitment.

Purpose

To save and improve the lives of more Australians through organ and tissue donation and transplantation

Goals

Build support

More people say yes to donation

Optimise opportunities

Donation and transplantation services deliver the best outcomes

Enhance systems

Enable quality outcomes through information, technology and resources

Values and behaviours



Commitment

We are passionate about who we are, our work and our future



Collaboration

We work together to achieve shared goals



Excellence

We strive for the best quality national outcomes



Integrity

We operate with trust, respect, honesty and compassion



Innovation

We keep an open mind and have courage to make improvements

Why is organ and tissue donation important?

For someone who is seriously ill, an organ or tissue transplant can mean the difference between life and death, being healthy or sick, seeing or being blind, or being active or never walking again. Transplantation enables people to resume an active role in their family, workplace and community.

One organ donor can save the lives of up to 7 people and help many more through eye and tissue donation.

The first 10 years (2009–2019) of the DonateLife program saw a 122% increase in deceased donation rates, resulting in an 81% increase in the number of people who received an organ transplant.

In 2020 the COVID-19 pandemic significantly impacted deceased organ donation rates. However, since 2022 there has been continued recovery in the sector.

With a 3% increase in deceased donation in 2024 (compared with 2023), the program is now only 4% down from pre-pandemic outcomes.

2024

~1,800

people on the waitlist for an organ transplant in Australia

~14,000

additional people on dialysis, many of whom could benefit from a kidney transplant

Register to be a donor

We call on all Australians to take 2 simple steps:

- Register to be a donor on the Australian Organ Donor Register
- Tell your family you want to be a donor.

It doesn't matter how old you are, your lifestyle, what country you're from or how healthy you are – you can still register as an organ and tissue donor.

Registering is easy and only takes one minute.

All you need is your phone and your Medicare card.



**ORGAN AND TISSUE DONATION
SAVES LIVES**

Register today at
donatelife.gov.au



Very few people can become an organ donor

- A person must die in a hospital in specific circumstances, usually in an intensive care unit or emergency department, as organs need to be functioning well to be considered for transplantation.
- Only around 2% of people who die in Australian hospitals meet the criteria required to be an organ donor.
- In 2024 around 1,630 people (of the 89,000 people who died in Australian hospitals) died in a way where organ donation could be considered.
- Families were asked about donation in 1,450 cases.
- Of these, 767 families said yes to donation in the hospital – representing a national consent rate of 53% – with 527 people becoming organ donors.
- With only a small number of potential donors, increasing consent is critical to increasing our donation rate.

Scan the QR code to view a video of how organ and tissue donation works in Australia.


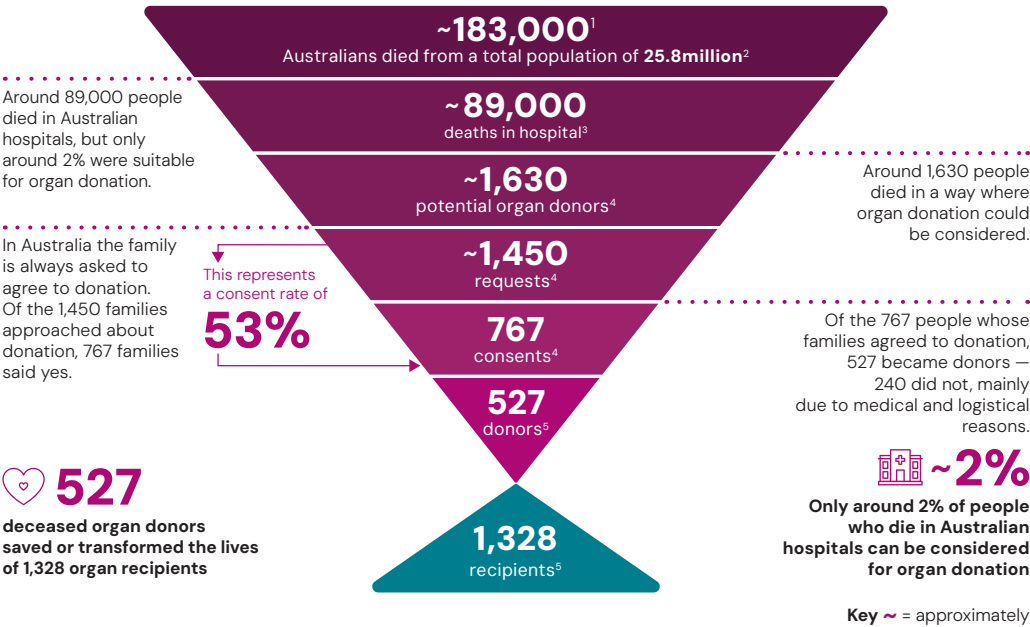


Figure 1: Australia’s potential deceased organ donor population and transplantation rates 2024



Sources

- 1 Australian Bureau of Statistics. Causes of death, Australia, 2023 (Released 10/10/2024).
- 2 Australian Bureau of Statistics. National, state and territory population, June 2024 (Released 12/12/2024).
- 3 Australian Institute of Health and Welfare 2022. Admitted patient care 2022–23 (Released 31/05/2024).
- 4 Australian Organ and Tissue Donation and Transplantation Authority DonateLife Audit, January 2025.
- 5 Deceased organ donation in Australia, Australia and New Zealand Organ Donation Registry, December 2024.

Our performance

Performance against our purpose

Across the 2024–25 reporting period we made positive progress towards our purpose of saving and improving the lives of more Australians through organ and tissue donation and transplantation.

The lives of 1,581 Australians changed when they received an organ transplant, thanks to the generosity of 253 living donors and 527 deceased organ donors, and their families, who said yes to donation.

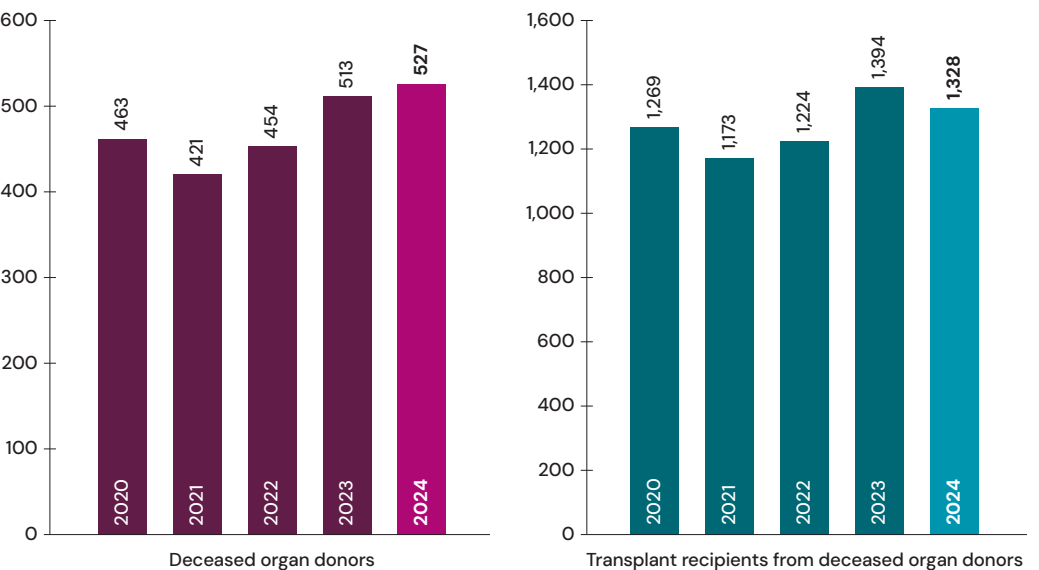
In 2024 there was a 3% increase in the number of deceased organ donors and a 5% decrease in

the number of people who received a transplant, compared to 2023 – our highest numbers of deceased organ donors since the onset of COVID-19 in 2020.

Figure 2 illustrates the impact of the COVID-19 pandemic and the gradual recovery in the sector.

In 2024 fewer organs from deceased donors were suitable for transplantation compared with 2023. Factors that contribute to this include donor age and the donation pathway, both of which can influence the number of organs suitable for transplantation.

Figure 2: Deceased organ donors and transplant recipients from deceased donors 2020–2024



Our purpose measures and results

We track our performance against 12 measures, aligned to our purpose and the goals in the OTA's Strategy 2022–2027. These informed our key activities for the reporting period, as detailed in the OTA's Corporate Plan 2024–25.

Our purpose measures for the DonateLife program are to increase the donation rate and to increase the transplantation rate.

Each of the OTA's 3 strategic goals – Build support, Optimise opportunities, Enhance systems – has 3 specific measures.

We report our performance results as:

- ✓ Met (100% of the target)
- ✓ Partially met (75–99% of the target)

Increase the donation rate — Deceased organ donors

| Target | Results | |
|-----------|---|---|
| 19.8 dpmp | 19.4 deceased organ donors per million population (dpmp) was recorded in 2024, 0.4 dpmp short of our target and a 0.1 dpmp increase compared to 2023. | ✓ |
| 520 | 527 deceased organ donors – 7 more donors than our target and a 3% increase compared to 2023. | ✓ |

Increase the donation rate — Living organ donors

| Target | Results | |
|----------|--|---|
| 9.7 dpmp | 9.3 living organ dpmp was recorded in 2024, 0.4 dpmp short of our target and a 0.2 dpmp decrease compared to 2023. | ✓ |
| 255 | There were 253 living kidney donors – 2 less than our target and consistent with 2023. | ✓ |

Increase the transplantation rate

| Target | Results | |
|--------|---|---|
| 1,590 | 1,581 Australians received a transplant from deceased or living donors – 9 less than our target and a 5% decrease compared to 2023. | ✓ |

Purpose measures

Build support

More people say yes to donation

| Target | Result | |
|--------|--|---|
| 40% | 36% of Australians are registered on the Australian Organ Donor Register – 4% short of our target and no increase since 2023. | ✓ |
| 82% | 82% of registered donors have discussed donation with their family – we met our target and there was a 4% increase compared to 2023. | ✓ |
| 31% | 34% of Australians are aware of the DonateLife brand – we met our target and there was a 6% increase compared to 2023. | ✓ |

Optimise opportunities

Donation and transplantation services deliver the best outcomes

| Target | Result | |
|--------|---|---|
| 60% | 53% of families consented to donation – 7% short of our target and a 2% decrease compared to 2023. | ✓ |
| 91% | 89% of planned end-of-life cases were notified to DonateLife agencies – 2% short of our target, but a 4% increase compared to 2023. | ✓ |
| 85% | 87% of conversations with families about donation involved a donation specialist nurse – we exceeded our target by 2% and there was a 3% increase compared to 2023. | ✓ |

Enhance systems

Enable quality outcomes through information, technology and resources

| Result | |
|--|---|
| We provided data dashboards and tailored analysis to the DonateLife Network to inform and monitor hospital clinical practice. | ✓ |
| National waitlist, donation and transplant activity metrics were publicly available. | ✓ |
| We increased the use of OrganMatch for waitlist management and captured adverse events across the donation sector in a central database. | ✓ |

Measures against our goals

Letter of transmittal

The Hon Rebecca White MP
Assistant Minister for Health and Aged Care
Assistant Minister for Indigenous Health
Assistant Minister for Women
Parliament House
CANBERRA ACT 2600

Dear Assistant Minister

As the Accountable Authority for the Australian Organ and Tissue Donation and Transplantation Authority (Organ and Tissue Authority), I am very pleased to provide you with the Annual Report for the year ended 30 June 2025.

This report has been prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013*, for presentation to Parliament.

The report also contains information required by other applicable legislation, including the Public Governance, Performance and Accountability Rule 2014, the *Environment Protection and Biodiversity Conservation Act 1999*, the *Freedom of Information Act 1982* and the *Work Health and Safety Act 2011*.

In addition, I certify that for 2024–25, the Organ and Tissue Authority has:

- prepared appropriate fraud and corruption risk assessments and a fraud and corruption control plan
- appropriate fraud and corruption prevention, detection, investigation and reporting mechanisms in place that meet the specific needs of the Organ and Tissue Authority
- taken all reasonable measures to appropriately deal with fraud and corruption relating to the Organ and Tissue Authority.

Yours sincerely



Lucinda Barry AM
Chief Executive Officer
Organ and Tissue Authority

15 October 2025

Contents

| | |
|-----------------------|----|
| Letter of transmittal | vi |
|-----------------------|----|

Part 1 Overview 1

| | |
|--------------------------------------|----|
| Chief Executive Officer's review | 2 |
| National Medical Director's review | 5 |
| Chief Operating Officer's review | 7 |
| About the Organ and Tissue Authority | 8 |
| Our history | 9 |
| The DonateLife Network | 12 |
| Our stakeholders | 13 |
| Our Strategy 2022–2027 | 17 |
| Our environment | 18 |

Part 2 Annual Performance Statements 21

| | |
|--|----|
| Structure of the Annual Performance Statements | 22 |
| Statement of preparation | 22 |
| Our purpose and goals | 23 |
| Performance results | 24 |
| Financial performance | 82 |

Part 3 Management and accountability 85

| | |
|------------------------------|-----|
| Corporate governance | 86 |
| Risk management | 95 |
| Our people | 100 |
| Workplace health and safety | 108 |
| Resource management | 110 |
| Environmental sustainability | 115 |

Part 4 Financial statements 119

| | |
|-------------------------------|-----|
| Financial summary | 120 |
| Financial statements contents | 122 |

Part 5 Appendices 161

| | |
|--|-----|
| Appendix 1: Employee statistics | 162 |
| Appendix 2: Stakeholders | 166 |
| Appendix 3: List of tables and figures | 168 |
| Appendix 4: Abbreviations | 170 |
| Appendix 5: Glossary | 172 |
| Appendix 6: List of requirements | 174 |
| Appendix 7: Alphabetical index | 180 |

Savi

'She's now such a lively, bright little girl – it's hard to believe how close we came to losing her.'

Savi's dad, Chari

Savi had a liver transplant. She was diagnosed with biliary atresia, a severe genetic liver condition causing jaundice. By the time she was 8 months old, she urgently needed a liver transplant.



Part 1

Overview

| | |
|--------------------------------------|----|
| Chief Executive Officer's review | 2 |
| National Medical Director's review | 5 |
| Chief Operating Officer's review | 7 |
| About the Organ and Tissue Authority | 8 |
| Our history | 9 |
| The DonateLife Network | 12 |
| Our stakeholders | 13 |
| Our Strategy 2022–2027 | 17 |
| Our environment | 18 |

Chief Executive Officer's review



On behalf of the Organ and Tissue Authority (OTA), I am very pleased to present the OTA's Annual Report 2024–25.

The OTA leads Australia's organ

and tissue donation program which has seen nearly 20,000 Australians receive a life-enhancing and often life-saving transplant.

Our internationally recognised program focuses on building trust and support in the community and delivering a nationally coordinated and consistent clinical best practice approach in our health system. This approach has led to a continued increase in donation rates and, critically, significantly improved access to transplants in Australia.

A strong collaborative approach has provided a solid foundation for the successful implementation of the DonateLife program. This year we continued to work in close partnership with all governments, the DonateLife specialist network, hospitals, the clinical sector, donor families and those who have received a transplant, and the community.

I want to acknowledge the dedication and commitment of all involved and importantly thank every donor, and their family who said yes to donation – giving the gift of life. I am so privileged to lead a program and work daily with people who are so inspirational.

Our 2024–25 performance

In 2024 the lives of 1,581 Australians changed when they received an organ transplant, thanks to the generosity of 253 living donors and 527 deceased organ donors, and their families, who said yes to donation. There was a 3% increase compared with 2023.

There was also a 3% increase in tissue donors in 2024 compared with 2023. The lives of 8,192 people were enhanced when they received tissue from living or deceased donors.

There were 2,630 people who had their sight restored through a corneal transplant in 2024, a 6% increase compared with 2023.

Across the 2024–25 reporting period our positive progress resulted in us meeting or partially meeting our performance measures.

The OTA continues to focus on increasing Australia's consent rate. In 2024, 53% of families said yes to organ donation in the hospital, a drop from 55% in 2023, and well below the pre-pandemic consent rate of 60%.

The OTA's measures and targets were set as part of our Strategy 2022–2027, based on the external environmental context at the time. They include the performance targets set by all governments in 2009 when the OTA was established. Since then, much has changed in our operating environment, and some of our targets can now only be achieved with commitment from all governments. In 2025–26, the OTA aims to undertake a detailed review of national priorities, strategy and performance.

Raising awareness during DonateLife Week – 'It only takes a minute'

DonateLife Week is Australia's major public annual awareness week to encourage more Australians to sign up for and support organ and tissue donation.

Our call to action for DonateLife Week 2024 remained consistent: 'It only takes one minute to register as an organ and tissue donor' and 'Don't forget to tell your family you want to be a donor – someone's life depends on it'.

With the help of our supporters, DonateLife Partners and community partners, we achieved 52,503 new registrations on the Australian Organ Donor Register during the activity period (June to August). This is a 1% increase compared to 2023 and a 37% increase on registrations compared to the 3 months prior to the activity period. In addition, 34,660 people who were already registered checked their status on the DonateLife website in July and August.

Raising awareness in partnership

Following 4 years of raising awareness and engaging the community on the importance of organ and tissue donation, encouraging all Australian to talk to their family about donation and encouraging registration on the Australian Organ Donor Register, the DonateLife Partnership program came to an end.

I want to take this opportunity to thank our partners Convenience Advertising, News Corp, Pixel 42, Tonic Health Media, the NRL's Melbourne Storm, Super Netball's Sunshine Coast Lightning, and the AFL's Western Bulldogs for providing audience reach and results that the OTA could not deliver alone.

An independent evaluation of the program conducted during the year found the partnerships had a positive impact on organ donation registration rates and demonstrated value for money above their contracted value.

Opportunities in our environment

Over the reporting period the OTA played a key role as a national stakeholder providing expert advice to a number of national initiatives that will shape the future of the DonateLife Program. A key focus was the **National Strategy for Organ Donation Retrieval and Transplantation** endorsed by all Australian Governments and released in November 2024. The OTA, in collaboration with the Commonwealth Department of Health, Disability and Ageing and state and territory governments, is now progressing its implementation recognising that achieving the strategy's vision will require strong commitment, investment and ongoing collaboration across all governments.

The OTA also contributed to the **Australian Law Reform Commission inquiry into human tissue laws**, which aims to harmonise human tissue legislation nationally, with final recommendations due in August 2026. In addition, the OTA continued its input to the **Independent Health and Aged Care Pricing Authority organ and tissue project**, focussed on reviewing the costs and pricing structures associated with organ donation retrieval and transplantation services – a process that will continue into 2025–26.

Engaging with stakeholders to promote best practice

Throughout the year the OTA continued its hospital engagement program. Together with DonateLife agency leadership, we met with hospital executives and their teams in Hobart, Darwin, Sydney, Melbourne and Geelong to promote best practice in organ donation and address key DonateLife program metrics of the Clinical Practice Improvement Program. This is focused on the elements integral to achieving best practice organ and tissue donation in intensive care units and emergency departments.

Championing reconciliation

I am proud to have led the development of the OTA's first 'Reflect' RAP as the OTA's Champion for Reconciliation.

It is vital for the OTA to expand our knowledge of First Nations cultures and histories to create a culturally safe environment within the agency and lead effectively across the DonateLife program. We are committed to driving fair and equitable access to transplant so people can live full lives and, importantly, return to family and Country. Through our RAP, we aim to improve our understanding of First Nations cultures and histories so that we can build stronger connections with First Nations peoples.

Engaging with the clinical and community sector

In May 2025 the OTA hosted the 2025 Donation and Transplantation Conference with the theme of 'Navigating new frontiers'. The 2-day clinical conference brought together international and national representatives, providing an opportunity for professionals from across the organ, eye and tissue donation and transplantation sectors to explore and share new and emerging developments to further enhance our system.

We then hosted the inaugural DonateLife Community Forum, connecting with our community to share information, hear from a range of voices, generate discussion and build advocacy. The forum brought together donor families, transplant recipients, volunteers, and stakeholders with a common goal – working together to increase organ and tissue donation in Australia so more people can receive a life-saving transplant.

I felt extremely encouraged across the 3 days to see the passion and commitment from all those involved in our sector.

Looking forward

This coming year presents great opportunities for Australia to further enhance the national organ donation and transplantation system.

Australia is on track to reach its peak organ donation rates that were set before the pandemic. For Australia's outcomes to grow further, commitment from all governments will be required.

The National Strategy aims to increase both equity and also the capacity of the transplant sector – this is critical if rates return to the levels which instigated the review in 2018 due to increased down stream pressure from the growth in organ donation. The implementation framework for the National Strategy is being considered by all governments, and we will continue to drive its progress so donation and transplantation can continue to increase.

The OTA's 5-year strategy will also be reviewed as we return to pre-pandemic rates, and noting the current environment. We will take into account national priorities and current data and evidence to adapt key performance targets as required.

We are well positioned to support enhancements to the program. We have the right foundations in place, a track record of delivery and have the trust and respect of our stakeholders through excellent collaboration.

Recognition and appreciation

Our national program for organ donation and transplantation is built on the commitment, passion and generosity of many dedicated people.

Firstly I would like to thank our amazing team at the OTA – who are 100% committed to our purpose and are always willing to go over and above when needed. I am extremely proud of our APS employee census results over the last 4 years which continue to reflect our strong commitment to purpose.

This year we said farewell to our Chief Operating Officer (COO) of 4 years, Belinda Small, whose leadership helped build our culture, strategy and operations and who has left a legacy at the OTA.

We also celebrated a decade of service to our National Medical Director Associate Professor Helen Opdam. Thank you for your dedication to our program.

I would like to thank the former Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP, for her genuine passion and support for improving organ and tissue donation outcomes through the DonateLife program. In May we welcomed the Hon Rebecca White MP as our responsible minister who we will continue to work with to progress the DonateLife program.

Our Advisory Board, led by Dr Helen Szoke AO, has continued to provide advice and support throughout the year.

I would also like to acknowledge our national colleagues in health departments, the DonateLife Network, intensive care units and transplant teams, the tissue sector and community advocates and volunteers. The DonateLife program would not be possible without you.

Finally, I extend my heartfelt gratitude to all donors, and their families, who said yes to donation and gave others a second chance at life.



Lucinda Barry AM

Chief Executive Officer
Organ and Tissue Authority

National Medical Director's review



The year 2024–25 marked another important chapter for Australia's organ and tissue donation and transplantation system. While national donation activity rose again, the overall number

of transplant recipients fell. This apparent paradox highlights the complexity of our work: every donation is an extraordinary gift, yet not every organ is suitable for transplantation, due to the donor's age, health, or circumstances of death.

As National Medical Director, I remain proud of all those working in the sector, including donation specialists and support staff across the DonateLife Network. Their dedication continues to drive improvements in practice, family engagement, and ethical leadership. Together, we are strengthening Australia's reputation as one of the world's leaders in transparent, safe and innovative practice.

Donation activity in 2024

Donation activity increased by 3% compared with 2023, yet transplant recipient numbers decreased by 5%. This disconnect largely reflects donor characteristics.

In 2024 we saw a higher proportion of older donors and an increased reliance on donation after circulatory determination of death (DCDD). DCDD, as opposed to donation following neurological determination of death, provides fewer transplantable organs. Similarly, older donors – though vital in expanding the donor pool – are less likely to contribute the same number of organs for transplantation as younger counterparts.

This evolution in donor characteristics reflects deliberate system priorities. The number of younger or more medically optimal donors is limited and the DonateLife program aims to ensure all individuals who may wish to donate are given the opportunity to do so. Optimising these opportunities recognises that every organ transplanted represents an extraordinary gift, and that even when donation does not lead to successful transplantation, the opportunity offered by families remains deeply meaningful.

Achieving best practice

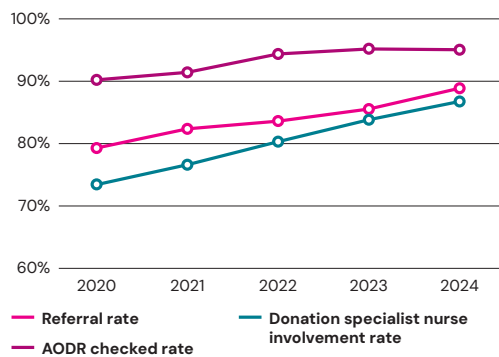
The Clinical Practice Improvement Program (CPIP) remains central to embedding excellence across hospitals. This performance framework sets measurable expectations for staff and allows hospitals to benchmark practice nationally.

Key 2024 results show steady progress:

- Routine referral: 89% of intensive care unit (ICU) and emergency department (ED) patients with planned end-of-life care were notified to DonateLife. Routine referral ensures no potential donor is overlooked.
- Checking registration: 95% of referred patients had their status verified on the Australian Organ Donor Register (AODR) before families were approached.
- Specialist involvement: donation specialist nurses supported 87% of family conversations, up from 84% in 2023. These expert-led discussions are proven to raise consent rates.

Such gains reflect the network's commitment to consistency and quality across all hospitals.

National CPIP key metrics since 2020



Further jurisdictional CPIP performance reporting is on page 74.

Reviewing education and training

Sustaining progress requires strong clinical education. In 2024 the OTA reviewed its National Education Program to adopt a 'scaffolding' approach where clinicians build from foundational learning to advanced competencies.

The redesigned education program, with flexible pathways, will strengthen workforce capability and ultimately support more families through the donation process.

Supporting donor families

Respect for families remains central in the delivery of the national program. In 2024–25 we advanced key initiatives: a national consent-to-contact model ensuring consistent, ethical re-engagement with donor families, and a refresh of the National DonateLife Family Support Service, making resources more accessible and relevant to donor families.

Families who say yes to donation at times of profound grief remain our most important partners. Their voices and experiences inform everything we do. Supporting their journey upholds the ethical standards on which the system is built.

Safeguarding ethical practice

We worked closely with the National Health and Medical Research Council (NHMRC) on the new Ethical Guidelines for Cell, Tissue and Organ Donation and Transplantation. These guidelines provide robust standards for safeguarding donors and ensuring transparency in decision-making.

Improving consent rates

Despite rising donation activity, Australia's consent rate has not returned to pre-pandemic levels. In 2024, 53% of families consented, slightly lower than 55% in 2023 and below the 60% recorded before COVID-19. Similar trends are seen internationally in countries such as the UK and Canada.

In response, the OTA convened stakeholders to design a new national consent strategy and roadmap, targeting factors that influence consent, including clinical capacity, cultural considerations, and timing of family conversations. Local and national projects are now underway with the aim of optimising family care and communication, and strengthening families' confidence in donation.

Navigating new frontiers

In May 2025 the OTA hosted the 2025 Donation and Transplantation Conference with the theme of 'Navigating new frontiers'. This event brought together Australian and international experts across organ, tissue and eye donation.

Key themes included workforce wellbeing and sustainability, ethical and legal challenges, advances in machine perfusion, equity and access and donation following voluntary assisted dying.

Contributions from speakers representing the World Health Organization (WHO), the US, the UK, South Africa and New Zealand enriched Australia's knowledge base and reinforced our place in global discourse.

Collaboration with the ANZICS Death and Organ Donation Committee

We continue to engage in important dialogue with the Australian and New Zealand Intensive Care Society (ANZICS) Death and Organ Donation Committee. Joint discussions have focused on sensitive but critical issues: ante-mortem interventions, definitions of death, and practices in death determination.

These discussions are particularly pertinent given the ALRC inquiry and recent revisions to guidelines in other countries. Engaging proactively with these issues ensures that Australian practice remains evidence based, consistent, and ethically robust.

A decade of leadership

Marking 10 years as National Medical Director, I reflect on how far the system has come since 2014. Families are now better supported, potential donors are identified more systematically, and transparency in audit and reporting has improved.

We have built strong foundations of ethical practice, family engagement, and robust clinical standards. Looking forward, the challenge will be to continue expanding opportunities for donation and transplantation while safeguarding quality and integrity. Above all, we must continue to honour the generosity of donors and families – the true heart of this system.

Conclusion

The strength of Australia's donation and transplantation system lies in its resilience, its ethical foundations and its people. With continued investment and dedication, I am optimistic that we will not only meet but exceed future goals, delivering hope to more patients, supporting more families, and celebrating the extraordinary generosity of those who give the gift of life.

Associate Professor Helen Opdam

National Medical Director
Organ and Tissue Authority

Chief Operating Officer's review



It has been a positive year at the OTA with our ongoing commitment to purpose and workplace culture, commitment to reconciliation, and strong financial performance

continuing to enable us to make progress towards our purpose of saving more lives.

Fostering a culture of operational excellence and integrity

We continue to grow and uplift the agency's operational capability through actions in line with the Australian Public Service (APS) Reform agenda.

Following an assessment of our integrity maturity in 2024–25 we developed an Integrity Action Plan to support a pro-integrity culture. The plan will be implemented over the 2025–26 period.

Reflecting on the OTA's commitment to reconciliation

The OTA developed our first 'Reflect' RAP with the aim to improve our understanding of First Nations cultures and histories so that we can build stronger connections with First Nations peoples.

The RAP was developed in collaboration with Reconciliation Australia and OTA staff. It identifies actions to identify and strengthen relationships, build a vision for reconciliation, and create opportunities to strengthen our engagement.

Striving for an inclusive, safe and positive environment

The OTA continued to foster a culture which is inclusive, psychologically safe and positive.

During 2024–25 we updated our Diversity and Inclusion Policy and developed a Diversity and Inclusion Action Plan. We aim to strengthen our diversity and inclusion practices so that our employees belong and thrive no matter who they are.

To aid the OTA in supporting psychosocial safety in the workplace, the OTA surveyed staff to identify the potential psychosocial risks. The results from the survey were overall very positive and indicated a culture where staff feel a high degree of psychological safety.

2025 APS employee census

Our 2025 APS employee census results, again demonstrate we have a committed, engaged workforce whose values are aligned with the work we do.

The consistency of our results over the last 4 years is a direct outcome of the work we do in implementing action plans across all areas of employee engagement, leadership, communication, innovation and wellbeing. See page 105 for more details on our results.

Financial performance

The OTA's operating result for 2024–25 was a deficit of \$0.402 million. The OTA is committed to ensuring that resources are appropriately allocated to optimise our performance.

We remain in a strong net asset position as at 30 June 2025, with net assets of \$2.932 million. Administered expenditure for 2024–25 was \$51.974 million towards the delivery of the DonateLife program, including \$48.583 million in grants expenditure, most of which supports dedicated donation specialists in hospitals and DonateLife agencies. The OTA's commitment to sound financial management is reflected in its financial performance and unqualified financial statements.

Farewell

After 4 years at the OTA, it is time for me to move on to my next adventure. I would like to thank and acknowledge the support I have received from all OTA staff while undertaking the COO role. You have made my time with the OTA such a wonderful experience.

Belinda Small

Chief Operating Officer
Organ and Tissue Authority

About the Organ and Tissue Authority

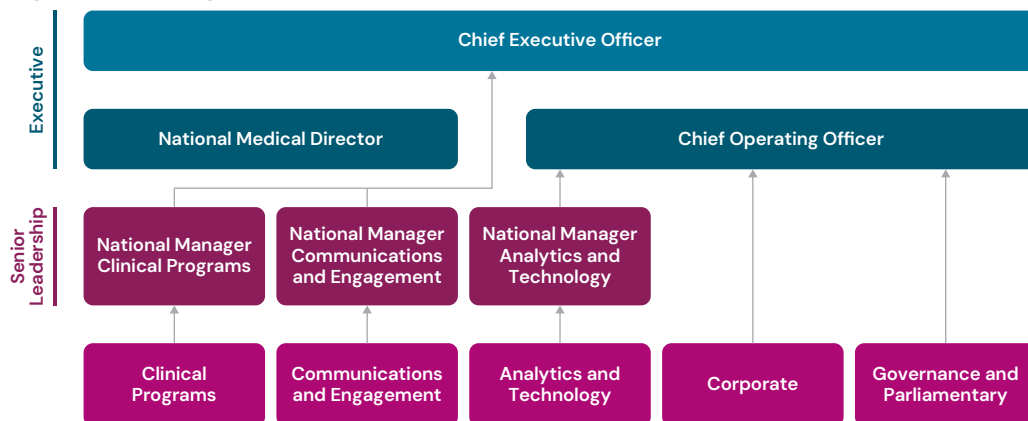
The Australian Organ and Tissue Donation and Transplantation Authority, more commonly known as the OTA, was established in 2009 by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* to deliver a nationally coordinated program to increase organ and tissue donation to improve opportunities for transplantation in Australia.

Our DonateLife program is delivered in partnership with the DonateLife Network, state and territory governments, the donation and transplantation sectors, the eye and tissue sectors, hospitals, community organisations and the public.

We are an extra-small agency within the Australian Government Health, Disability and Ageing portfolio. The Hon Rebecca White MP is responsible for the OTA. Her other ministerial portfolios are Indigenous Health and Women.

OTA structure

Figure 3: OTA organisational structure at 30 June 2025



Further information on the OTA's Executive and Senior Leadership team is available on page 86.

Clinical Programs supports the development and delivery of key national initiatives for the DonateLife Network and the broader clinical sector across the donation, retrieval and transplantation system in Australia.

Communications and Engagement delivers innovative and effective communication, marketing, stakeholder and community engagement strategies to the Australian public. Through the DonateLife brand, the team's focus is building public awareness about organ and tissue donation and increasing the number of registered donors – which contributes to increasing the rates of organ and tissue donation in Australia.

Analytics and Technology delivers a range of data collection, reporting, analysis and analytics functions. The team is also responsible for the development and enhancement of key national

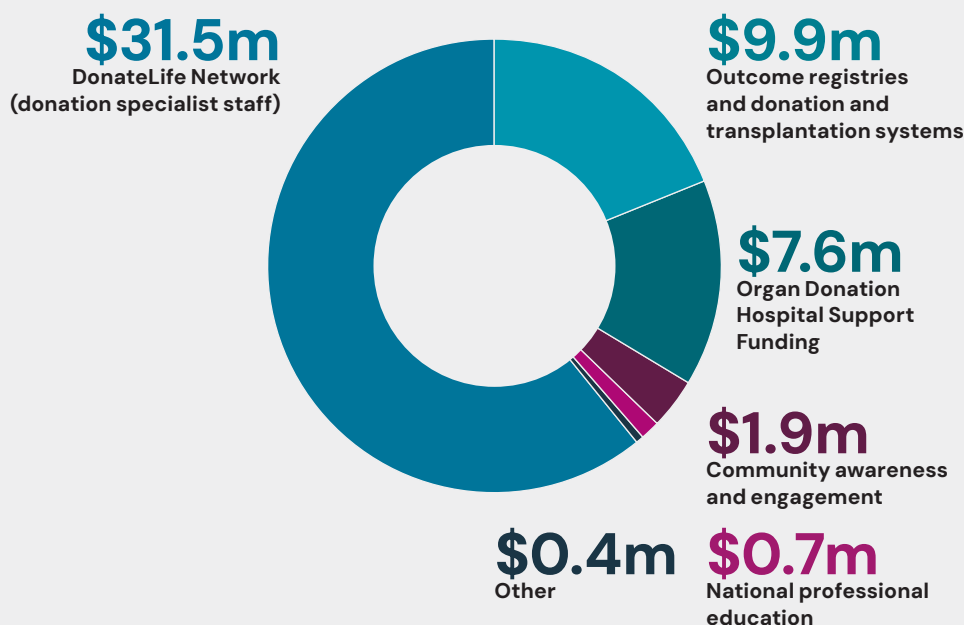
organ donation and transplantation information systems to support real-time donation activity and to inform policy development and program delivery. The team provides analytical support to internal and external stakeholders across all jurisdictions.

Corporate oversees the financial management of approximately \$59 million in Commonwealth funds annually, consistent with the *Public Governance, Performance and Accountability Act 2013*. Other responsibilities include external reporting, human resource management, risk management and property.

Governance and Parliamentary provides parliamentary coordination and committee governance support, and enables the delivery of requirements under the Commonwealth Performance Framework. The team also administers the legislative requirements for freedom of information, public interest disclosure and privacy.

Financial snapshot of administered expenditure

Administered expenditure 2024–25



Our history

In July 2006, Australia's Health Ministers recognised the importance of transplantation to the healthcare system and agreed that a new approach was needed if Australia wished to narrow the widening gap between the demand for, and availability of, organs for transplantation.

All governments signed up to a 10–point National Reform Agenda to increase safe, effective and ethical organ and tissue donation for transplantation. The Australian Government committed funds for national initiatives towards achieving this goal; and in October 2006 the National Clinical Taskforce on Organ and Tissue Donation was established to provide evidence-based advice on ways to increase the rate of organ and tissue donation.

The Australian Government announced in July 2008 a national reform program to

'establish Australia as a world leader in organ donation for transplantation', with 2 objectives:

- Clinical reform: to increase the capability and capacity within the health system to maximise donation rates
- Community reform: to raise community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

Endorsed by the Council of Australian Governments (COAG), the national reform program established the Australian Organ and Tissue Donation and Transplantation Authority (OTA) in January 2009, as well as establishing the DonateLife Network, consisting of donation agencies in each state and territory together with donation specialist leadership staff. The OTA's Advisory Council was then established in February 2009.

COMMUNITY

- National DonateLife brand created
- National Communications Charter signed
- First awareness campaign – ‘Discuss it today. OK?’
- Inaugural Community Awareness Grants awarded
- Annual DonateLife Week launched
- DonateLife Book of Life released – a collection of stories about organ and tissue donors and transplant recipients

2009

2010

2011

2012

CLINICAL

- Jurisdictional donation agencies become DonateLife agencies. Recruitment to key donation specialist, agency leadership and education roles
- OTA partners with Transplantation Society of Australia and New Zealand (TSANZ)
- National Donor Family Support framework implemented
- Australian Paired Kidney Exchange commenced
- National Protocol for Donation after Cardiac Death published
- DonateLife Audit initiated
- Mid-point review of the Organ and Tissue Reform program – included recommendation for a Clinical Governance Framework
- Janette Hall Scholarship Program for the DonateLife Network established
- Professional DonateLife education package commenced, including Family Donation Conversation workshops developed in collaboration with Gift of Life Institute, Philadelphia
- Clinical Governance Framework launched
- DonateLife Audit web-based tool went live

Our history



DonateLife

2009–2025

COMMUNITY

- Community Engagement Group established
- DonateLife Partnerships program established through 2020–21 Budget measure: Partnerships – Promoting Organ and Tissue Donation
- Highest number of new registrations on the AODR – around 350,000 – corresponding with the ability to register through the Medicare Express Plus app when downloading COVID-19 vaccination certificates

2018

2019

2020

2021

CLINICAL

- Review of the Organ Donation, Retrieval and Transplantation System report by Ernst and Young released
- Clinical Practice Improvement Program Phase 3 implemented
- OrganMatch – Australia’s organ waitlisting, matching and allocation system went live
- Australian and New Zealand Paired Kidney Exchange program established
- Donation & Transplantation Conference (March)
- National Indigenous Kidney Transplantation Taskforce commenced and OTA CEO joins as member
- COVID-19 pandemic. Kidney transplantation program suspended for 8 weeks. Logistical issues across the health sector impact donation and transplantation rates
- Australian Donor Risk Assessment Interview implemented
- Clinical Practice Improvement Program Phase 4 implemented
- Australia’s Best Practice Guidelines for Donation after Circulatory Determination of Death published

- New online registration channel launched by the OTA – 'It only takes one minute to register at donatelife.gov.au'

- OTA commemorates donors with the launch of DonateLife Thank You Day

2013

- Clinical Practice Improvement Program Phase 1 implemented
- International Society for Organ Donation and Procurement Congress held in Australia

2014

- Electronic Donor Record went live
- Donor family study commenced – first of 5 waves

2015

- DonateLife Network Forum
- DonateLife Learning Management System developed

2016

- 'Analysis of the Australian Tissue Sector report' released
- Clinical Practice Improvement Program Phase 2 implemented
- TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors Version 1.0 released

2017

- Best Practice Guideline for Offering Organ and Tissue Donation in Australia published
- Inaugural meeting of the Vigilance and Surveillance Expert Advisory Committee
- Donation & Transplantation Conference (May)

- OTA Strategy 2022–2027 launched
- Australia becomes founding member of the Commonwealth Tribute to Life

- Australian Organ and Tissue Donation and Transplantation Authority Amendment (Disclosure of Information) Bill 2023 passed

- National Strategy for Organ Donation, Retrieval and Transplantation endorsed by all governments

- Inaugural DonateLife Community Forum
- OTA's Reflect Reconciliation Action Plan first draft

2022

- Paediatric Working Group established

2023

- Voluntary assisted dying first organ donation case in Victoria
- Donation & Transplantation Conference (May)
- National induction and orientation program for specialist nurses and doctors established

2024

- Independent Health and Aged Care Pricing Authority Organ and Tissue project commenced
- Australian Law Reform Commission review of the human tissue Acts commenced

2025

- Donation & Transplantation Conference (May)
- NHMRC Ethical Guidelines for Cell, Tissues and Organ Donation and Transplantation in Australia published

The DonateliLife Network

The Australian Government, through the OTA, provides funding to state and territory governments to deliver donation services and community engagement consistent with the DonateliLife program.

Each state and territory has a DonateliLife agency, a leadership team, and hospital-based medical and nursing donation specialist staff. Agency staff also include educators, communication officers, donor family support officers, and data and audit personnel. These teams are referred to as the DonateliLife Network.

The DonateliLife Network includes



8

DonateliLife agencies
across Australia



260+

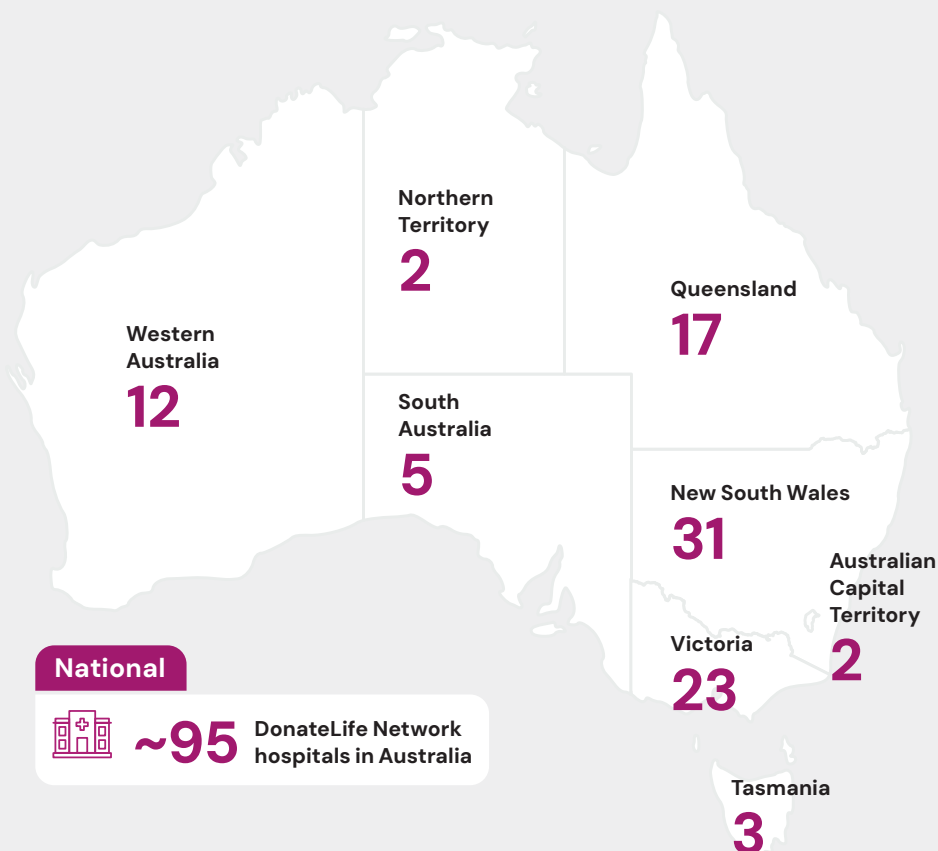
donation specialist staff
across Australia



~95

hospitals

Figure 4: DonateliLife Network hospitals by jurisdiction



Our stakeholders

Collaboration is integral to increasing donation and transplantation in Australia.

The OTA provides leadership to drive, implement and monitor a national approach in partnership with the DonateLife Network. We collaborate with the Australian Government Department of Health, Disability and Ageing, state and territory governments, the broader organ donation and transplantation clinical sectors, hospitals, the eye and tissue sectors and community organisations, who also provide advice through our advisory committees to inform and support the delivery of the DonateLife program.

The OTA has a range of strategic and community partnerships to increase public awareness about organ and tissue donation in Australia. This includes partnerships supporting us to reach target audience groups that are under-represented on the AODR:

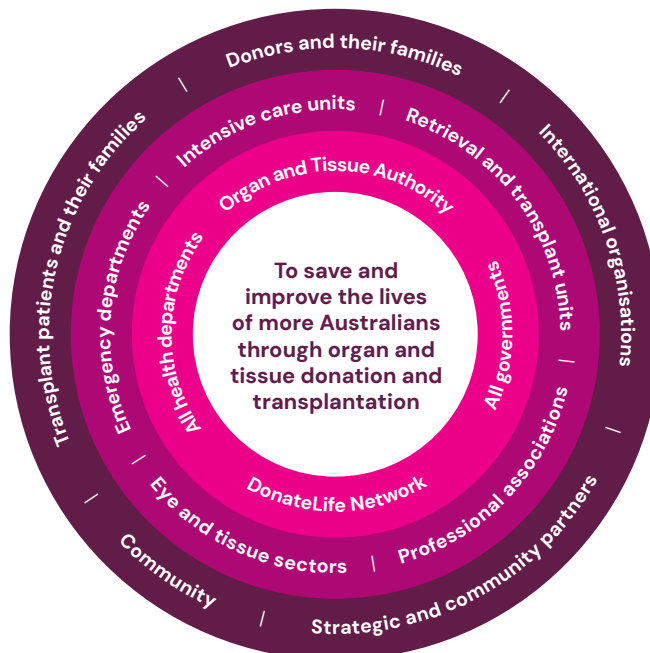
- people aged 16 to 30
- First Nations people
- culturally and linguistically diverse (CALD) people.

2024–25 was an important year of collaboration for the OTA. During the year we:

- engaged the DonateLife Network to identify and understand the factors within hospitals that impact consent rates; reviewed and further developed the National Education Program, and optimised practices in family approach through the ENQUIRE Project and the consent-to-contact model
- provided expert advice into reviews in the sector, including the National Strategy review, the ALRC's inquiry into harmonising human tissue laws, and the Independent Health and Aged Care Pricing Authority's organ and tissue project
- brought together stakeholders when we hosted the 2025 Donation and Transplantation Conference and the DonateLife Community Forum to explore and share new and emerging issues in the field to further enhance our system and engage with the community.

A comprehensive list of the OTA's key stakeholders is at Appendix 2.

Figure 5: Collaboration environment



Navigating new frontiers

The national DonatLife program has been developed to prioritise continuous improvement with reference to international best practices.

The OTA monitors the international landscape for emerging approaches to consent systems, registration and clinical practice, including efforts to expand the pool of potential donors, with the aim of achieving our purpose to save and improve the lives of more Australians through organ and tissue donation and transplantation. An example of an emerging approach is the use of machine perfusion technology to maintain and enhance the quality of organs, improve organ preservation and enable an increase in organ utilisation.

In May 2025 the OTA hosted the 2025 Donation and Transplantation Conference with the theme of 'Navigating new frontiers'.

The clinical conference brought together over 270 national and international representatives, providing an opportunity for professionals from across the donation and transplantation sectors

to explore and share new and emerging issues in the field to further enhance our system.

The program featured a wide variety of presentations, with topics including the importance of workforce wellbeing, ethical and legal questions, machine and normothermic regional perfusion, equity and access for minority populations, and voluntary assisted dying. Speakers shared new initiatives, discussed clinical best practice, introduced novel ideas and approaches, and reflected on learnings from international experiences.

Speakers from the UK, New Zealand, South Africa, the US and the WHO provided international perspectives on organ utilisation, equity and access for transplantation, machine perfusion, innovation in science and clinical practice, xenotransplantation and coping with grief.

Conference focus areas included:

- Law and ethics in organ and tissue donation and transplantation
- Equity and access for First Nations, rural and remote populations
- Advances in policy, technology and clinical practice
- International landscape

Quotes from attendees:

'The international presenters were incredibly engaging and interesting and the highlight of the conference for me.'

'[The conference] reinforced my passion for donation and the care of families.'

'We always achieve so much more with donation and transplantation sector teams working together, and it is always really beneficial attending this meeting.'



Attendees at the 2025 Donation and Transplantation Conference

DonateLife Community Forum

In May 2025 the OTA hosted a DonateLife Community Forum in Melbourne.



Panel session 'Engaging our next generation' at the 2025 Donatelife Community Forum: Georgia Bartlett, Dr Brooke Huuskes, Jake Prince, Luka-Angel Cairns and facilitator Heather Makris

The forum brought together more than 300 donor families, transplant recipients, volunteers, supporters, stakeholders and clinicians with a common goal – working together to increase organ and tissue donation in Australia so more people can receive a life-saving transplant.

The objectives were to share information, engage with the community, hear from a range of voices, generate discussion and build advocacy. Our advocates play an important role in the community by sharing their personal stories about organ and tissue donation and transplantation to raise awareness.

The program included guest speakers who presented international learnings about consent systems, Australia's donation and transplantation

history, key data and research insights.

The program also included 3 community-led panels where people shared their lived experience and advocacy work.

The forum provided a safe space to hear from a range of voices about key opportunities and challenges facing the DonateLife program, and collaborate to increase donation and transplantation rates in Australia.

The feedback was overwhelmingly positive, with calls for more regular forums. The OTA will build upon this momentum to continue creating opportunities for the community to contribute to meaningful discussion about increasing organ and tissue donation in Australia.

Engaging with our international stakeholders

Sharing best practices and improving organ donation and transplantation worldwide.

United Kingdom

In June 2025 the OTA was invited to attend the International Donation Action Forum, hosted by the UK's National Health Service Blood and Transplant.

The OTA joined other international clinical, policy and communications donation and transplant specialists from Spain, the Netherlands, Canada and the US, as well as donor families, at the 5-day event. The forum covered topics such as operational and clinical practice, marketing and communications, family approach and legislation.

Since 2015 the countries that make up the UK have progressively changed their legislation to 'opt-out' or deemed consent. Despite strong donation foundations in the UK, the consent rate remains a challenge, alongside public attitudes and understanding of the legislation.

In the UK, organ donation and transplant rates have not progressed as they had hoped. While there have been slight increases in the number of organ donors and life-saving transplants the consent rate has been in decline since the pandemic, dropping from 69% in 2020–21 to 59% in 2024–25.

The forum provided an opportunity for the OTA to take a deep dive into international best

practice, to share the Australian perspective with a range of international experts, and to help identify strategic opportunities for improvement in clinical practice and marketing and communications to lift donation and transplantation rates.

New Zealand

In December 2024 the OTA CEO and the National Manager Clinical Programs travelled to Auckland to meet with Te Whatu Ora (Health New Zealand), the New Zealand Blood Service, the Auckland District Health Board, Organ Donation New Zealand and transplant clinicians.

The meeting focused on the OrganMatch system and practice changes that were critical to the organ offering and allocation process for patients listed for an urgent transplant between New Zealand and Australia. The proposed system changes further facilitate the transfer of organs between Australia and New Zealand, reduce process risks and improve patient data security.

A result of the engagement is a memorandum of understanding between all parties to formalise OrganMatch utilisation to support organ transplant in a safe and equitable manner between the countries.



Delegates at the International Donation Action Forum

Our Strategy 2022–2027

The OTA's 5-year strategy is informed by insights from our advisory committees with clinical expertise and lived experience – including from donor families and those who have had a transplant.

The OTA aims to return donation and transplantation activity to pre-pandemic levels and to drive further improvements. We aim to achieve this through 3 key goals of building support across the community, optimising opportunities in the clinical sector and enhancing systems to enable quality outcomes.

Build support

More people say yes to donation



Raise awareness



Increase family discussion



Increase registration

Optimise opportunities

Donation and transplantation services deliver the best outcomes



Identify donors & increase consent



Drive excellence in donation services



Increase safe & equitable transplantation

Enhance systems

Enable quality outcomes through information, technology and resources



Monitor, collect, analyse & report national performance



Advance quality, safety & efficiency



Sustain specialist resources

Our environment

Since the DonateLife program began in 2009 there have been 6,944 deceased organ donors and 19,469 organ transplant recipients. Despite a decrease in donation activity throughout the COVID-19 pandemic, we have observed a continued and slow recovery of organ donation rates since. In 2024 there were 527 deceased organ donors, a 3% increase compared with 2023. However, there was a reduction in the number of organs suitable for transplant, resulting in a 5% decrease in transplant recipients.

The COVID-19 experience has demonstrated that our outcomes can be significantly impacted by events outside the control of the national program. Since 2020 the OTA's operating environment has been tumultuous and unpredictable, and community sentiment remains unsettled. While the program has driven significant progress, ongoing challenges and emerging opportunities remain across the donation and transplantation sectors.

Addressing the issue of community sentiment requires further investigation and continued public education and engagement to rebuild trust and awareness about organ donation.

Collaboration remains integral to increasing organ and tissue donation and transplantation in Australia. As we continue to navigate pressures across the health system, workforce and community, we work closely with all governments, the DonateLife Network, the transplantation sector, hospitals, the eye and tissue sectors and the community to deliver the DonateLife program.

Increasing the number of people who say yes to organ donation

Australia has an 'opt-in' donation legal consent system. In practice, this means that donation is voluntary and that family agreement is sought when donation is possible, so it is important that people let those closest to them know if they want to be an organ donor.

Several factors influence whether families consent to organ donation. These include whether the wishes of the potential donor are known, religious and cultural beliefs, family dynamics, and the way the donation conversation is handled by the clinical team.

Lack of knowledge about organ donation and concerns about the medical process also play a role.

The OTA works with the DonateLife Network to enable best practice approaches to supporting families in their decision-making. Key areas of focus are encouraging Australians to register on the AODR, promoting family discussions about donation, and increasing the involvement of highly trained donation nurse specialists in collaborative family donation conversations in the hospital setting. Increasing consent continues to be a key area of focus through the DonateLife program and is critical to the OTA achieving its purpose to save and improve the lives of more Australians through organ and tissue donation. Part 2 of this report provides further detail on the work undertaken throughout the year, in collaboration with the DonateLife Network, to increase consent.

In 2022 the OTA set a national target of increasing organ donation registration to 50% and increasing the national consent rate to 70% by 2027. This would result in an estimated extra 400 transplant recipients per year. In the current environment these targets are not achievable. Over the next 12 months, the OTA will undertake a detailed review of performance, national priorities and strategy to inform any required revision of performance targets and approaches to reporting against these targets.

Sociocultural attitudes and equity of access for all Australians

Sociocultural attitudes towards organ and tissue donation in Australia play a critical role in influencing willingness and ability to engage with the donation system and, ultimately, individual decisions about registering for and consenting to donation. These attitudes are influenced by a complex mix of cultural beliefs, religious values, family traditions, community norms, and levels of trust in the healthcare system. In Australia, achieving equitable access to transplantation requires not only the availability of medical services but also making sure that all Australians – regardless of cultural background or beliefs – can make informed decisions.

We continue to undertake research to identify and understand the key drivers of and barriers to donation, with our current research focusing on attitudes, values and beliefs about organ and tissue donation among CALD communities. This includes exploring myths about donation, the main barriers to families' agreement to donation, and insights into what would motivate them to say yes to donation.

Providing equitable access for all Australians who would benefit from organ transplantation is a key focus area of the National Strategy for Organ Donation, Retrieval and Transplantation and for the OTA. Actions to improve organ donation registration and consent rates in CALD communities and among Aboriginal and Torres Strait Islander people are identified as a critical part of the National Strategy.

Policy opportunities and structural reform

The OTA is a key stakeholder in a number of national initiatives that are underway and are likely to have a significant impact on the DonateLife program over the next 2 years.

National Strategy for Organ Donation, Retrieval and Transplantation

The National Strategy, developed in response to the review of the Australian organ donation, retrieval and transplantation system undertaken in 2018, was endorsed by all Australian governments in 2024. The National Strategy works in conjunction with, and builds on, the OTA's Strategy 2022–2027.

The National Strategy, led by the Department of Health, Disability and Ageing and supported by all governments, represents an opportunity to build on the DonateLife program's successes to date and expand nationally consistent and equitable practices across the end-to-end donation, retrieval and transplantation systems. Achieving the vision in the National Strategy will require commitment from all governments, as well as strong collaboration with clinical and community stakeholders. An implementation approach is still to be determined.

Australian Law Reform Commission review of human tissue laws

The OTA welcomed the ALRC inquiry into human tissue laws. It has been almost 50 years since human tissue Acts commenced in Australian states and territories, and over this time donation and transplantation practices, technologies and expectations have changed significantly. There are now inconsistencies between human tissue laws which make their application complex and sometimes impractical.

The ALRC inquiry provides an opportunity for all Australian governments to review the human tissue Acts and develop recommendations to harmonise legislation impacting human organ and tissue donation, retrieval and transplantation so that the state and territory laws are integrated, are effective and align with contemporary issues and expectations. The inquiry's final report is expected in August 2026.

Independent Health and Aged Care Pricing Authority organ and tissue project

The OTA has been identified as a key stakeholder to support the Independent Health and Aged Care Pricing Authority organ and tissue project, which is focused on reviewing the costs and pricing associated with organ donation, retrieval and transplantation services in the hospital environment. The OTA will continue to support this crucial project for the organ and tissue sector as it seeks to align funding with the actual costs of delivering these services, to support the ongoing viability of organ donation and transplantation in Australia. The project is due to conclude in early 2026.

Emerging technologies and innovation

The OTA and the DonateLife Network continue to monitor the international landscape for new technologies and emerging approaches to clinical practice, consent systems, and community engagement and registration to help close the gap between the number of organs suitable for transplant and the number of people requiring a transplant. Emerging approaches include expanding the donor pool through extended criteria, machine perfusion for preserving and assessing organs before transplantation, enabling voluntary assisted dying patients to participate in donation, enhancing DonateLife staff education and training through new technologies, and advancements in OrganMatch.

Laurie & Linda

'It is the most amazing gift you can give someone, but it must be your own decision. I would do it again in a heartbeat if I could.'

Linda

Linda donated a kidney to her husband, Laurie. Linda's sacrifice completely changed Laurie's life. Since then, Laurie and Linda have trekked the Carnarvon Gorge and competed at the 2023 World Transplant Games in Perth and the 2024 Australian Transplant Games in Canberra.



Part 2

Annual Performance Statements

| | |
|--|----|
| Structure of the Annual Performance Statements | 22 |
| Statement of preparation | 22 |
| Our purpose and goals | 23 |
| Performance results | 24 |
| Saving and improving lives | 26 |
| Build support | 28 |
| Optimise opportunities | 48 |
| Enhance systems | 66 |
| Financial performance | 82 |

Structure of the Annual Performance Statements

We report our performance results as:

- ✓ Met (100% of the target)
- ✓ Partially met (75–99% of the target)

The OTA operates within the Commonwealth Performance Framework in accordance with the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

These Annual Performance Statements detail results achieved against planned performance criteria set out in the OTA chapter of the Health and Aged Care Portfolio Budget Statements 2024–25 and the OTA Corporate Plan 2024–25.

The Annual Performance Statements demonstrate the link between the OTA's activities throughout the year and their contribution to achieving the OTA's purpose – to save and improve the lives of more Australians through organ and tissue donation and transplantation. They assess our performance against our performance measures and provide narrative and analysis.

The Annual Performance Statements include:

- a summary statement of performance against the OTA's measures, including our purpose measures and measures for each of the 3 goals in the OTA's Strategy 2022–2027
- detailed analysis of the performance results for these measures, including whether targets were achieved
- a comprehensive quantitative analysis of the activities delivered by the OTA, and across the wider DonateLife Network, that contribute to our overall performance. This analysis is structured by each of the strategic goals and their associated objectives
- a forward view of focus areas and key challenges for each goal in the coming year.

Overall results of the national DonateLife program are reported annually in the Australian Donation and Transplantation Activity Report at www.donatelife.gov.au/2024activityreport. Performance measures are reported by calendar year to align with Australian and international donation and performance reporting practice. More information about the OTA's performance can be found in the OTA's Corporate Plan 2024–25 (www.donatelife.gov.au/about-us/strategy-and-performance).

Statement of preparation

I, Lucinda Barry, as the Accountable Authority of the Organ and Tissue Authority (OTA), present the OTA's 2024–25 performance statements as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these Annual Performance Statements are based on properly maintained records, accurately reflect the performance of the entity, and comply with subsection 39(2) of the PGPA Act.

In accordance with subsection 16F of the PGPA Rule, these statements report on our performance in the year ended 30 June 2025, assessed against the purpose, key activities and performance measures relevant to the OTA published in the OTA's Corporate Plan 2024–25 and the Health and Aged Care Portfolio Budget Statements 2024–25.

Yours sincerely



Lucinda Barry AM

Chief Executive Officer
Organ and Tissue Authority

15 October 2025

Our purpose and goals










Purpose

To save and improve the lives of more Australians through organ and tissue donation and transplantation

Outcome 1
Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system

Program 1.1
A nationally coordinated system for organ and tissue donation for transplantation

Goals and objectives

| Build support | Optimise opportunities | Enhance systems |
|--|---|---|
| More people say yes to donation | Donation and transplantation services deliver the best outcomes | Enable quality outcomes through information, technology and resources |
|  Raise awareness |  Identify donors & increase consent |  Monitor, collect, analyse & report national performance |
|  Increase family discussion |  Drive excellence in donation services |  Advance quality, safety & efficiency |
|  Increase registration |  Increase safe & equitable transplantation |  Sustain specialist resources |

Performance results

Since the DonatLife program began in 2009 there have been 6,944 deceased organ donors and 19,469 organ transplant recipients. Despite a decrease in donation activity throughout the COVID-19 pandemic, since 2021 we have observed a continued and slow recovery of organ donation rates. In 2024 there were 527 deceased organ donors, a 3% increase compared with 2023. However, there was a reduction in the number of organs suitable for transplant, resulting in a 5% decrease in transplant recipients.

While the OTA's performance measures remain largely relevant, current targets reflect modelling projections for the DonatLife program outcomes set prior to the full extent of the impacts of the COVID-19 pandemic being known. Some of these targets, and the way in which we report against them, are now not reflective of the ongoing environmental impacts on the DonatLife program, and the health sector more broadly.

The performance measure targets of particular concern have been the:

- national organ donation consent rate
- number of eligible Australians registered on the Australian Organ Donor Register (AODR).

For both measures we have experienced a downwards trend in performance against targets.

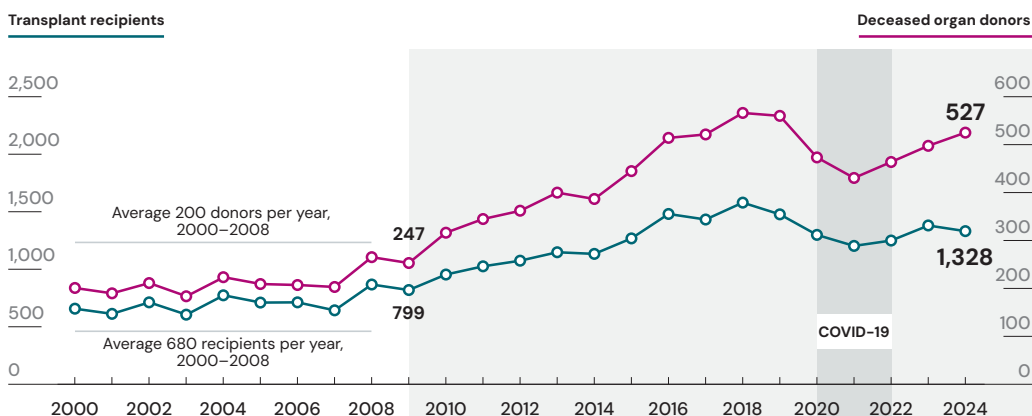
Our counterparts in the UK have observed similar decreases in consent to donation following the COVID-19 pandemic.

Original target modelling made assumptions about the OTA's clinical environment that have now changed, including:

- consent rate forecasts, which were set in 2021, would rebound after the COVID-19 pandemic as public trust in health care returned
- the National Strategy for Organ Donation, Retrieval and Transplantation would be agreed and implemented, including:
 - a national community awareness campaign to raise awareness about donation and its benefits within the community
 - a mass registration channel (such as driver's licences) being available to significantly increase registrations on the AODR
 - a national living donation strategy to increase kidney transplant numbers
- an increase in the number of deceased organ donors would result in an increase in the number of people receiving a transplant.

Over the next 12 months, the OTA will undertake a detailed review of performance, national priorities and strategy to inform any required revision of performance targets and our approach to reporting against targets.

Figure 6: Deceased organ donation and transplant recipients 2000–2024



Note: The DonatLife program commenced in 2009.

Performance measures inform how well the OTA is delivering its purpose and help the OTA's leadership and staff to understand the impact of their activities in delivering our purpose.

The OTA met the targets for 6 of its 12 performance measures and partially met the targets for the remaining 6 performance measures, demonstrating that the OTA was largely effective in delivering activities to achieve its purpose.

Performance summary 2024–25

| Measure | | 2024 Target | 2024 Result | |
|-----------------------------------|---|--|-------------|---|
| Increase the donation rate | Deceased organ donors per million population (dpmp) | 19.8 dpmp | 19.4 dpmp | ✓ |
| | Estimated donors per year | 520 | 527 | |
| | Living organ donors per million population (dpmp) | 9.7 dpmp | 9.3 dpmp | ✓ |
| | Estimated living donors per year | 255 | 253 | |
| Increase the transplantation rate | Transplants per year, from deceased and living donors | 1,590 | 1,581 | ✓ |
| Build support | Eligible Australians (16 years and over) are registered on the AODR | 40% | 36% | ✓ |
| | Registered donors have discussed donation with their family | 82% | 82% | ✓ |
| | Eligible Australians (16 years and over) are aware of the DonateLife brand | 31% | 34% | ✓ |
| Optimise opportunities | National organ donation consent rate | 60% | 53% | ✓ |
| | Routine notification to DonateLife of all planned end-of-life in an intensive care unit or emergency department | 91% | 89% | ✓ |
| | Donation conversations with families involve a donation specialist nurse | 85% | 87% | ✓ |
| Enhance systems | Hospital and jurisdictional performance data and analysis disseminated | Dashboards and tailored analysis were distributed broadly across the DonateLife Network in a variety of formats, including through self service options, to inform, shape and monitor hospital clinical practice | | ✓ |
| | Waitlist, donation and transplantation data is publicly available | National waitlist, donation and transplant activity metrics were publicly available | | ✓ |
| | Increased utilisation of donation and transplantation information systems | Increased use of OrganMatch for waitlist management National capture of adverse events in the Serious Adverse Event Reporting database | | ✓ |

Saving and improving lives

Across the 2024–25 reporting period we made further progress towards achieving our purpose of saving and improving the lives of more Australians through organ and tissue donation and transplantation.

Performance results – our purpose

| Measures | Met | Partially met |
|----------|-----|---------------|
| 3 | 0 | 3 |

Increase the donation rate

What we measure: the number of people who actually became a deceased or living donor – which are core outcome measures of the national DonateLife program. These are expressed as a percentage of the population, referred to as donors per million population.

| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|--|-------------|-------------|------|------|------|------|
| Deceased organ donors per million population (dpmp) ^{1,2} | 19.8 dpmp | 19.4 dpmp | 19.3 | 17.5 | 16.4 | 18.0 |
| Estimated donors per year | 520 | 527 | 513 | 454 | 421 | 463 |
| Living organ donors per million population (dpmp) ^{1,2} | 9.7 dpmp | 9.3 dpmp | 9.5 | 8.6 | 7.9 | 7.1 |
| Estimated living donors per year | 255 | 253 | 253 | 224 | 203 | 182 |

Sources: 1. Australia and New Zealand Organ Donation Registry

2. Australian Bureau of Statistics, National, state and territory population

Deceased organ donation


- We measure the total number of deceased organ donors in a calendar year on whom, with family consent, an operation commenced for the purpose of organ retrieval for transplantation.
- In 2024 we partially met our target to increase the deceased donation rate, with 19.4 dpmp. This equated to 527 deceased organ donors. This is a 3% increase on the number of donors compared to 2023 and the highest number of since the onset of COVID-19 in 2020.
- Jurisdiction outcomes in 2024 continued to demonstrate variation, with donation rates ranging from 43.5 dpmp down to 15.5 dpmp.
- The national donation target for deceased donation of 25.0 dpmp was set in 2012, agreed by all governments. While ultimately this target remains in place, it was adjusted in 2021 to reflect the environmental impacts of the COVID-19 pandemic. Future revisions will be aligned to changes to consent rate and registration targets.

Living organ donation

- We measure the total number of living organ donors in a calendar year who donated a kidney, or on rare occasions part of their liver, to another person.
- We partially met our 2024 living donation target.
- Australia's dpmp rate for living donation decreased in 2024 to 9.3 dpmp, and we did not reach the target of 9.7 dpmp.
- There were 253 living kidney donors in 2024, only 2 less than the target and consistent with 2023.
- The 253 living kidney donors in 2024 included 66 through the Australian and New Zealand Paired Kidney Exchange (ANZKX) program in Australia, a 20% increase from 2023 (55) and the highest number of living donor transplants through the ANZKX program since its commencement.
- There were no living liver donors in 2024.

Increase the transplantation rate

What we measure: the number of people who received an organ transplant from a deceased or living donor that saved or transformed their lives as a result – a core outcome measure of the national DonateLife program.

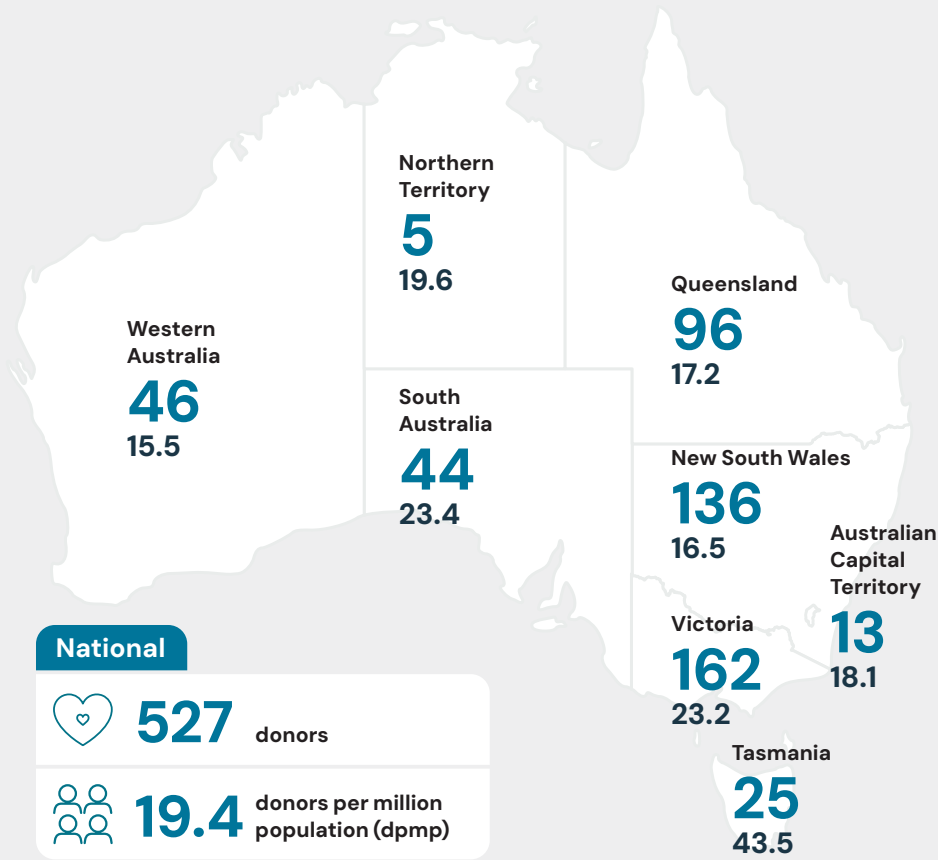
| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|--|-------------|---|-------|-------|-------|-------|
| Transplants per year from deceased and living donors | 1,590 | 1,581  | 1,649 | 1,448 | 1,377 | 1,452 |

Source: Australia and New Zealand Dialysis and Transplant Registry

Transplants per year from deceased and living donors

- In 2024 we partially met our 2024 target to increase the transplantation rate.
- In 2024, 1,581 Australians received a transplant from deceased (1,328) or living (253) donors – 9 less than our target and a 5% decrease compared to 2023.
- In 2024 transplant activity varied across organ types and by state compared with 2023.
- Fewer organs from deceased donors were suitable for transplantation compared with 2023. Factors that contribute to the decrease in transplant activity include donor age and the donation pathway, both of which can influence the organ’s suitability for transplantation.

Figure 7: Deceased organ donors and donation rates by state and territory in 2024



Build support

More people say yes to donation

Sustained community support for donation is crucial to improving donation outcomes in Australia. Donation is only possible through the generosity of individuals and their families who say yes to donation, to save and transform the lives of others.



Raise awareness

Objective

More Australians understand the need for organ and tissue donation and the benefits it gives to another person needing a transplant.



Increase family discussion

Objective

More Australians talk to their family about organ and tissue donation.



Increase registration

Objective

All Australians who want to be an organ and tissue donor register on the Australian Organ Donor Register.

Performance results – Build support

| Measures | Met | Partially met |
|----------|-----|---------------|
| 3 | 2 | 1 |

- 36% of Australians are registered on the Australian Organ Donor Register (AODR) – 4% short of our target (40%) and no increase since 2023.
- 82% of registered donors have discussed donation with their family – we met our target (82%) and there was a 4% increase compared to 2023.
- 34% of Australians are aware of the DonateLife brand – we met our target (31%) and there was a 6% increase compared to 2023.

Eligible Australians are registered on the AODR

What we measure: the number of Australians, aged 16 years and over, who are registered on the AODR, expressed as a percentage of the Australian population.

| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|---|-------------|-------------|------|------|------|------|
| Eligible Australians (16 years and over) are registered on the AODR | 40% | 36% ✓ | 36% | 36% | 36% | 34% |

Source: AODR, Australian Bureau of Statistics, National, state and territory population

- In 2024 there were 174,414 new registrations on the AODR, 3% fewer than in 2023 (179,813).
- There are close to 7.8 million people registered on the AODR, but this represents only 36% of the eligible Australian population (aged 16 or over).
- We know that a person’s organ donation registration status has a direct impact on whether their family provides consent to donation in the hospital when donation is a possibility. In 2024, 82% of families agreed to donation when their family member was registered to be a donor on the AODR.
- Despite a focused community engagement program, over the last 4 years registration rates have not increased and this year we only partially met our target.
- Modelling projections indicate current targets are not achievable without the implementation of large-scale registration initiatives such as the national adoption of driver’s licences as a registration channel and national marketing campaigns. The OTA continues to explore these options to significantly increase the number of people on the AODR.
- South Australia has the highest registration rate on the AODR – 74% – and is currently the only state where people can register to be a donor via their driver’s licence.



Outdoor advertising to raise awareness of the DonateLife brand during DonateLife Week

Registered donors have discussed donation with their family

What we measure: the proportion of organ donors who were registered on the AODR and who had discussed donation with their family.

| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|---|-------------|-------------|------|------|------|------|
| Registered donors have discussed donation with their family | 82% | 82% ✓ | 78% | 77% | * | * |

* New measure
Source: Organ and Tissue Authority, DonateLife Audit

- In Australia families of potential donors are always asked in the hospital to consent to their family member becoming a donor. A family's consideration of donation comes at an intensely emotional time usually associated with the unexpected death of their family member. When donation is a possibility, it helps if families know what their family member wanted.
- In 2024, 82% of donors who were registered on the AODR had discussed donation with their family. This met our target.
- Encouraging Australians to register on the AODR and promoting family discussions are integral to consent. In 2024, 8 out of 10 families agreed to donation when their family member was registered as a donor on the AODR, 6 out of 10 families agreed to donation when they knew if their family member wanted to be a donor but this drops to 4 out of 10 families agreeing to donation when their family member was not registered and the family was not aware what they wanted.
- To encourage Australians to not only register to be a donor but also to talk to their family and let them know they want to be a donor, the OTA delivers targeted community education and awareness initiatives and events. These will need to continue on a much larger national scale to promote greater awareness and open discussion of organ donation among Australians.

Eligible Australians are aware of the brand

What we measure: a nationally representative sample of Australians aged 18-plus years is surveyed each month. The data is weighted by age, gender and religion to reflect the latest Australian Bureau of Statistics population estimates. Results are reported as at June each year.

| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|--|-------------|-------------|------|------|------|------|
| Eligible Australians (16 years and over) are aware of the DonateLife brand | 31% | 34% ✓ | 28% | 26% | * | * |

* New measure
Source: Community Survey via YouGov

- We know that awareness of the DonateLife brand can create awareness about the need for organ and tissue donation and the benefits it gives to another person who needs a transplant. Brand recognition also dispels myths and misconceptions, while encouraging more people to register.
- 34% of eligible Australians (16 years and over) were aware of the DonateLife brand. We met our target, with an increase of 6% compared to 2023.
- The OTA uses data, insights and research to deliver targeted communication and engagement activities that increase DonateLife brand awareness and identify key opportunities for behavioural change to increase the number of new registrations on the AODR and prompt family discussion about donation.
- Over the month of July 2024, leading up to DonateLife Week, brand awareness increased by 5%.

Raise awareness

Our objective

More Australians understand the need for organ and tissue donation and the benefits it gives to another person needing a transplant.

Why it's important

Access to life-changing and often life-saving transplantation depends on the willingness of people to donate and public awareness and confidence in the donation process.

Partnerships helping us to raise awareness

The 4-year Australian Government-funded DonateLife Partnerships program began as a 2020–21 budget measure. Since then, it has been a key component of the Australian Government's national DonateLife program to raise awareness about organ and tissue donation.

DonateLife Partnerships grants were awarded to organisations that demonstrated an expansive and national reach to key target audiences, and exceptional value for money, that the OTA alone could not deliver.

An independent evaluation of the program found the partnerships had a positive impact on organ donation registration rates and demonstrated value for money above their contracted value. For further detail on the OTA's evaluation of the DonateLife Partnerships program, see page 114.

Highlights from the reporting period include:

News Corp

In 2024 the partnership with News Corp ran for the full calendar year, rather than just focusing on DonateLife Week as it had before. We scaled back our editorial approach, focusing on quality over quantity, resulting in 5 front-page pointers for our coverage. We also focused on more educational content, to target our stories to our 'deliberator' audience, who are *careful decision makers with limited bandwidth in life*. This coverage resulted in:

- 220,000 digital content page views
- 6.7 million advertising impressions
- 3.2 million print advertising reach
- 5.2 million print editorial reach
- 21,000 clicks through to our website
- more than 1,600 website conversions.

In the lead-up to DonateLife Week, News Corp newspapers featured 48 print stories and pointers about DonateLife, with a mix of print, digital and video stories across 12 publications. This is a significant increase on our 2023 coverage, which consisted of 29 unique stories over 4 weekends. It resulted in:

- 72,500 digital page views
- 168,700 social media impressions
- 117,300 video views.

Our digital advertising package with News Corp ran throughout July and August with standard display ads; a news.com.au takeover, where we occupied all the available ad space on the homepage; video and print ads; podcast ads; and sponsored content which included social media videos and advertorials. Our news.com.au takeover performed well, delivering more than 4,160,000 impressions.

Our video featuring Stephanie Browitt, who received life-saving skin tissue as a White Island volcano survivor, delivered almost 350,000 total video views. This shows that a powerful case study can greatly help to amplify our activity. The video received silver awards in 2 categories of the international Native Advertising Awards 2025.

Tonic Health Media

Tonic Health Media plays a crucial role in amplifying health and wellbeing messages to the public when health concerns are most relevant – just before they receive medical care.

Through our partnership with Tonic, we reached more than 50% of Australians in 2024–25 by:

- playing full-sound videos on TVs in GP waiting rooms across the country
- displaying digital and print posters, and printed brochures, in more than 3,500 clinics and pharmacies.

Tonic Health Media also broadcast DonateLife messages:

- in all Aboriginal Health TV locations (198 Aboriginal Community Controlled Health Services), with a 15-second ad playing once every 30 minutes for 14 weeks
- targeting culturally and linguistically diverse audiences in GP clinics with multicultural populations, with a 30-second ad playing once every 30 minutes over 10 weeks.

Additionally, a direct email helping to bust organ donation myths was distributed to almost 3,500 GPs who have opted in to receiving Tonic's information.

Using research and data to build brand awareness

The OTA conducts a YouGov pulse survey each year to check community perceptions in the lead-up to and shortly after DonateLife Week. In 2024 we conducted additional surveys throughout the year to give us a better understanding of how we are tracking against awareness activities.

In the survey following DonateLife Week 2024:

- 30% of respondents said they had seen the DonateLife logo before, when prompted (up from 28% before DonateLife Week)
- 32% of respondents said they had heard of DonateLife previously (up from 27% before DonateLife Week)
- 30% of respondents said they had seen media or advertising about organ and tissue donation in the 2 months leading up to DonateLife Week. Gen Z (38%) and Millennials (36%) are more likely to have seen media or advertising about organ and tissue donation compared to Gen X (23%) and Baby Boomers (24%).

We will continue to survey the community to evaluate our effectiveness.

Embedding our audience personas

In 2023 we conducted behavioural insights research to understand how we can communicate better with the Australian public.

The research uncovered and evaluated 23 potential drivers for registration, 33 potential barriers to registration, 27 potential motivators and 24 potential messages. These were used to create 9 audience personas that sort the Australian population on a spectrum based on how likely they are to take action.

The registered audience segments are 'exposed', 'rationals' and 'compassionates'.

The unregistered audience segments are 'unawares', 'deliberators', 'ineligibles', 'sceptics', 'uncomfortables' and 'devouts'.

Two main opportunities have been identified through the research:

- Engaging the exposed and rationals to turn them into advocates
- Targeting the unawares and deliberators as the segments most likely to convert to registration.

In 2024–25 we worked with the DonateLife Communications team around the country to further embed these audiences into our approach. We specifically targeted our 2025 Community Awareness Grants process to focus on activities that would reach the unawares – the group most likely to take action.

Rob, Charlotte, Isabella, Emily and Will. Katie, wife, mum and grandmother, became a donor.



Commissioning further research into culturally and linguistically diverse communities

Following on from our behavioural insights research, in 2025 we conducted research to dive more deeply into the values, attitudes and beliefs about organ and tissue donation among culturally and linguistically diverse (CALD) and religious audiences.

While all major religions support organ and tissue donation, there is still some hesitancy among some of these populations.

The research shows that ancestry and religion affect decisions about organ and tissue donation in different ways:

- Where a person and/or their family is born has the most impact on registration and family conversations.
- The ancestry of a person and/or their family also has a significant impact on registration and family conversations.
- The religious affiliation of a person and/or their family has more of an impact on registration than on family conversations.
- There is a relationship between *level of religiousness* and registration, but not so for family conversations.

Different generations have different views on organ donation, which is shaped by their identity and sense of belonging. Older generations tend to define themselves through cultural heritage or religion, whereas younger generations describe a hybrid identity and can be much more open to the idea of donation.

Many research participants stated religion or culture as the reason they had not registered for organ donation, but deeper exploration revealed layers of confusion, discomfort, fear of judgement, and misinformation driving that response.

As a result of these efforts to better understand our audience, we have the robust evidence needed to inform future policy positions, ongoing marketing strategies and audience-focused education, engagement and awareness activities. We will continue to work with our DonateLife Communications team in the states and territories to determine how we can apply the learnings from this research to our local community engagement strategies.

Building cultural safety across the DonateLife Network

The OTA is implementing *A framework for Aboriginal and Torres Strait Islander organ and tissue donation excellence* – the report of a cultural needs assessment of the DonateLife Network. The report provides recommendations to increase cultural safety across the OTA and DonateLife Network and, in turn, reduce inequity and improve donation and transplantation outcomes for First Nations people.

During 2024–25 the OTA began discussions with the DonateLife Network and jurisdictional health representatives on implementing the framework and progressing cultural safety action plans redressing the structural and systemic inequities to enable the delivery of culturally safe organ and tissue donation services. Cultural safety action plans are strategies that will enable us to develop responses to local issues in the context of the individual state or territory service system.

The plans will also support staff across the OTA and the DonateLife Network to safely co-design engagement with Aboriginal and Torres Strait Islander people on the topic of organ and tissue donation in clinical and community settings.

The OTA made progress on developing a Reflect Reconciliation Action Plan that will improve our understanding of First Nations cultures and histories so that we can build stronger connections with Aboriginal and Torres Strait Islander peoples.

Raising awareness in partnership

2024 was the final year of the 4-year DonateLife Partnerships program.



Melbourne Storm and Western Bulldogs players with liver recipients Layla Saxon and Amy Burrows-Dooley

Starting in 2021, the program aimed to raise awareness and engage the community on the importance of organ and tissue donation, encouraging all Australians to talk to their family about donation and to encourage registration on the Australian Organ Donor Register (AODR).

The partnership grants were awarded to community, media and sporting organisations that demonstrated an expansive and national reach to key target audiences, and exceptional value for money, that the OTA alone could not deliver.

Our partners were Convenience Advertising, News Corp, Pixel 42, Tonic Health Media, the NRL's Melbourne Storm, Super Netball's Sunshine Coast Lightning, the AFL's Western Bulldogs, and the Australian Professional Leagues (men's and women's soccer).

An independent evaluation of the program conducted during the year found that the partnerships had a positive impact on organ donation registration rates and demonstrated value for money above their contracted value.

Here are some highlights to celebrate our successful partnerships:

Convenience Advertising

Our partnership with Convenience Advertising delivered more than 12,000 registrations on the AODR. Convenience Advertising was our most successful registration partner,

measured through conversions to the donatelife.gov.au registration form.

This partnership also significantly contributed to our brand awareness, with DonateLife bathroom posters being one of our most recognisable brand assets.

News Corp

News Corp was our key media partnership and consistently exceeded its annual targets. Each year, it delivered a double-page editorial spread in support of DonateLife in newspapers across the country, as well as digital and social media advertising. Over the life of the partnership, it produced more than 100,000 unique clicks to our website and more than 6,000 registrations.

Melbourne Storm and Sunshine Coast Lightning

Our partnership with the Melbourne Storm NRL team and Sunshine Coast Lightning Super Netball League team included dedicated DonateLife match days and a comprehensive digital promotional package with each club every year, extending the reach of DonateLife Week activities. Throughout the partnership we saw increased fan engagement with our content, and growth in brand recognition among Storm and Lightning fans. When surveyed, more than 60% of Storm fans recognised DonateLife and 27% said they had registered on the AODR because of our partnership.



The Hon Ged Kearney MP launching 2024 DonateLife Week with kidney recipients Maddison and Aru, and kidney recipient Leila

Implementing a phased approach to DonateLife Week

Based on the behavioural insights research, the OTA implemented a new 2-phase strategy for DonateLife Week 2024. This enabled us to maximise opportunities to build advocacy awareness and target those who are more likely to register and talk to their family about organ and tissue donation.

Phase 1 activated our DonateLife Network, supporters and external stakeholders to get involved and generate groundswell in the community.

- We hosted 2 supporter information webinars to provide supporters with information about the ways to be involved. The sessions attracted over 100 attendees.
- A supporter hub was launched on the DonateLife website, providing user-friendly resources and design products such as flyers for volunteers to disseminate in the community. Over 5,000 resources were downloaded during the phase 1 period.

Phase 2 built on the community support and generated awareness and action. We focused on sharing powerful donation stories and compelling messages via media, advertising, organic social media and media partnerships. This prompted supportive Australians to register and talk to their family about donation during DonateLife Week.

We continued our very successful café activation activity with volunteers helping to distribute 1 million coffee cup stickers to 496 cafes – a 104% increase in the number of cafes compared to 2023.

We again lit up the nation in magenta, with 66 monuments, bridges and buildings lit up across the country during DonateLife Week, compared to 48 in 2023.

There were 8 DonateLife Week events held across the country, including the national launch at the Royal Children's Hospital in Melbourne with the Hon. Ged Kearney MP, the then Assistant Minister for Health and Aged Care.

Despite DonateLife Week coinciding with the 2024 Olympic Games, our media and public relations results were excellent:

- 1,070 media items relating to the campaign, with a cumulative potential reach of close to 63 million people
- 388,729 website views during the campaign period (10% increase from 2023), of which 182,003 were from new users (a 17% increase from 2023) and 174,707 went to the registration form (a 27% increase from 2023)
- an increase in DonateLife brand awareness by 5% to reach 32% (up from 27% at the beginning of July)*
- 52,503 new registrations on the AODR during the DonateLife Week period (June to August). This is a 1% increase in registrations from 2023 and a 37% increase in registrations from the 3 months before DonateLife Week activity started.

For the first time, we used paid advertising on TikTok, Reddit and Snapchat during DonateLife Week 2024. We mostly used these channels to raise awareness among young people. Our social media successes include:

- 2,006 new followers on our social channels (a 53% increase on 2023)
- over 3.5 million impressions on our social media channels (a 311% increase on 2023)
- 2.4 million people reached on Facebook and Instagram
- 7.35% average engagement rate (the industry standard is 1.46%).
- 843,779 people reached through collaboration posts with our partners. For example:
 - our News Corp and Stephanie Browitt video collaboration went out to Stephanie's 192,000 Instagram followers and was watched 33,100 times in the first 24 hours
 - our Melbourne Storm video collaboration went out to their 377,000 Instagram followers and was watched 17,700 times in the first 24 hours
 - our Western Bulldogs video collaboration went out to their 196,000 Instagram followers and was watched 28,500 times in the first 5 days.

* YouGov survey

DonateLife Week 2024

Be the reason someone else gets a second chance at life.

DonateLife Week is Australia's major public annual awareness week to encourage more Australians to sign up and support organ and tissue donation.

DonateLife Week ran from Sunday 28 July to Sunday 4 August 2024. The Hon Ged Kearney MP, the then Assistant Minister for Health and Aged Care, was joined by a number of children who had received a transplant at the launch of DonateLife Week at the Royal Children's Hospital in Melbourne.

Our call to action remained consistent: 'It only takes one minute to register as an organ and tissue donor' and 'Don't forget to tell your family you want to be a donor – someone's life depends on it'.

In 2024 the OTA implemented a new 2-phase approach to maximise our opportunities to meet all our objectives from the activity.

Phase 1 ran from mid-June to mid-July and activated our DonateLife Network, supporters and external stakeholders to get involved and generate groundswell in the community.

Phase 2 ran from mid-July to the end of July and enacted strategies to generate awareness and action. This involved sharing powerful donation stories and compelling messages via media, advertising, organic social media and media partnerships. It prompted supportive Australians to turn awareness into action in the lead-up to and during DonateLife Week.

Key results

- DonateLife Week was successful in increasing brand awareness by 5% to reach 32% – up from 27% at the beginning of July.*
- We achieved a 7.35% average engagement rate through social media channels (the industry standard is 1.46%).
- Despite DonateLife Week falling at the same time as the 2024 Olympic Games, our media and public relations results were excellent. Our efforts produced 2,083 media items relating to the campaign, with a cumulative potential reach of close to 38 million people.
- Over 5,000 resources were downloaded from the dedicated DonateLife Week resource hub on the DonateLife website.
- We achieved 52,503 new registrations on the AODR during the activity period (June to August). This is a 1% increase compared to 2023 and a 37% increase in registrations compared to the 3 months before the activity period.
- In addition, 34,660 people who were already registered checked their status on the DonateLife website in July and August.

* YouGov survey



Transport ACT supporting DonateLife

Advocates helping raise awareness about organ and tissue donation

Our advocates play an important role in the community by sharing their personal stories about organ and tissue donation and transplantation to raise awareness.

Release of the 2024 Australian Donation and Transplantation Activity Report

On 25 February 2025 the then Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP, announced the release of the 2024 Australian Donation and Transplantation Activity Report at the Austin Hospital in Melbourne.

The activity report gives an annual snapshot of key metrics on organ, eye and tissue donation and transplantation (both deceased and living) as well as comparison and trend data from previous years.

To support the release, Erryn (supported by her husband, Andrew) and Jessica shared their heartfelt stories with media of how organ and tissue donation has impacted their lives. Erryn's son Harvey became an organ donor in 2023, and Jessica had a life-saving liver transplant in 2022.

There were more than 250 individual national and local media items relating to the release of the activity report, including:

- the very special story of baby Remy, who was 10 months old when he sadly died waiting for a heart transplant, shared through News Corp channels

- the story of 5-year-old twins Louis and Theo, who both had kidney transplants, which ran multiple times throughout the day across the ABC's radio, TV, online and social media channels
- a radio and podcast segment put together by the ABC's Triple J *Hack* program on low registration rates among young people. The segment featured KC and Luka-Angel, who have both had heart transplants.

The DonateLife website saw an increase of 131.5% (23,000 users) in standard daily website traffic on the day the activity report was announced. Most of the traffic aligned with breakfast media coverage between 6 am and 9 am, representing a 359.5% increase on our standard website traffic at the same time.

DonateLife Community Forum

In May 2025 the OTA hosted the inaugural DonateLife Community Forum, connecting with advocates to share information, engage with the community, hear from a range of voices, generate discussion and build support for the DonateLife program.

The event brought together more than 300 donor families, transplant recipients, volunteers, stakeholders and clinicians with a common goal: working together to increase organ and tissue donation in Australia so more people can receive a life-saving transplant.

For more information on the DonateLife Community Forum, see page 15.

The Hon Ged Kearney MP launching the 2024 Australian Donation and Transplantation Activity Report with Andrew and Erryn Williams, parents of Harvey who became a donor, and Jessica Chappell, who had a liver transplant.



Engagement highlights for 2024–25

July

DonateLife Week

DonateLife Week is our annual public awareness week to encourage more Australians to sign up and support organ and tissue donation.

Community Awareness Grants

Three community partners ran successful events during DonateLife Week targeting multicultural communities, particularly Chinese, African and Greek members.

September

Eye and tissue spotlight

We ran an awareness activity to educate the public about eye and tissue donation – which has a lower level of public awareness and understanding than organ donation.

Jersey Day

We commemorated Jersey Day, which honours 13-year-old Nathan Gremmo, who gave the gift of life to 6 people when he became an organ donor.

October

Australian Transplant Games

We supported Transplant Australia's Australian Transplant Games, which is a celebration of a second chance of life, demonstrating the success of transplant surgery and promoting the need to raise public awareness of organ and tissue donation.

Saffron Day

We commemorated Saffron Day, which raises awareness about organ donation inspired by 7-year-old Deyaan Udani.

Thank You Day

We ran DonateLife Thank You Day, a national day to reflect and say thanks to the generous Australians and their families who make donation possible.

February

Australian Donation and Transplantation Activity Report

We released our 2024 data report providing an annual snapshot of key metrics on organ, eye and tissue donation and transplantation (both deceased and living) as well as comparison and trend data from previous years.

Gift of Life Walk

We supported the annual Gift of Life Walk in Canberra. This year's walk was also supported by Her Excellency the Hon Ms Sam Mostyn AC, Governor-General of Australia.

May

2025 Donation and Transplantation Conference and DonateLife Community Forum

The conference was held in Melbourne on 14–15 May 2025. The theme of the conference was 'Navigating new frontiers'. The inaugural DonateLife Community Forum was held on 16 May 2025 and brought together donor families, transplant recipients, volunteers, supporters, stakeholders and clinicians with a common goal: working together to increase organ and tissue donation in Australia so more people can receive a life-saving transplant.

Increase family discussion

Our objective

More Australians talk to their family about organ and tissue donation.

Why it's important

In Australia, families are always asked to agree to donation. It is important that registered donors have discussed their donation wishes with their family.

Engaging culturally and linguistically diverse Australians through the 2024 Community Awareness Grants

Through our Community Awareness Grants program, we partnered with 11 organisations in 2024 who showcased innovative ways to encourage members of CALD communities and multicultural and faith groups to register as organ and tissue donors and have family conversations about donation. Our community partners included the following groups.

The **African Women's and Families Network** is a not-for-profit community organisation located in the Dandenong region of Victoria. The organisation proactively responds to the diverse settlement and integration needs of African Australian women, youth and families in Victoria. It received a grant to host an event during DonateLife Week 2024 to deliver messages to the African community in Dandenong about organ and tissue donation and to dispel myths and superstitions.

Rejoice Chinese Christian Communication Centre is a not-for-profit Christian organisation committed to supporting Chinese migrants in Australia. It received a grant to host 2 lunches for Chinese community leaders to inform and educate them about organ and tissue donation and develop articles and resources that explore different aspects of organ and tissue donation relevant to the Chinese community. It also launched an in-language booklet called *Grace to others* about Australia's organ donation program at a DonateLife Week 2024 event. The booklet is intended to start conversations about organ donation and address any concerns or worries the Chinese community may have about donation.

Nina Seng, a Regional Nurse Manager from Victoria, was invited to speak at both lunch events. Her moving speech was recorded in English and Mandarin and shared on DonateLife's YouTube and social media channels.

The **Community Broadcasting Association of Australia**, the peak body for community broadcasting in Australia, developed scripts, audio segments and supporting information for 400 community radio stations to use to encourage family discussion about organ and tissue donation in a culturally and religiously sensitive context. Over 82% of the national radio stations broadcasted the content, with messages about organ and tissue donation reaching over 4.9 million listeners across Australia, including over 1.8 million people from CALD backgrounds.

The **Oz Transplants** held a free public concert in St Kilda, Melbourne, during DonateLife Week 2024 to raise awareness about organ and tissue donation. The Oz Transplants are a band made up of living donors and transplant recipients. The concert featured Paulie Stewart, Jo Fraser, and living donor and recipient duo Fiona Lee Maynard and James Lomas, who were joined on the day by African and Aboriginal musicians. The band played to a full house at the Memo Music Hall and promoted the event through various media outlets, including radio, social media and print coverage in the Herald Sun and the Guardian.

The **Migrant Centre** is a not-for-profit organisation that advocates for diverse audiences. It used the grant to facilitate 8 DonateLife Week 2024 events with specific multicultural communities, organise DonateLife pop-up displays at 14 community events, and record short video grabs featuring speakers of 42 different languages. The videos were shared on The Migrant Centre's social channels and used to raise awareness about DonateLife Week with these language groups.

Shrimad Rajchandra Mission Dharampur (SRMD Australia) is a non-profit organisation involved with a range of social initiatives, including raising awareness of organ and tissue donation, predominantly with South Asian communities in Australia. SRMD used the grant to run a 10-month social media campaign from July 2024 to April 2025 featuring over 50 digital infographics, posts, videos and Instagram stories. The campaign reached a combined total of over 327,400 Facebook and Instagram accounts and over 308,000 content views. In addition, SRMD organised a short awareness video to play before 36 movies in Hoyts cinemas, targeting communities in Western Sydney most frequented by their target audience. Viewer numbers are estimated at 112,500.

Enliven Victoria received a grant to co-design 3 fact sheets in 19 languages with its Multicultural Community Engagement Network, which ensured the content was culturally appropriate and relevant to the chosen language groups. The fact sheets were launched at a train-the-trainer style workshop with the community representatives who attended co-design sessions, to give them confidence in talking about the resources with their communities and help them plan distribution.

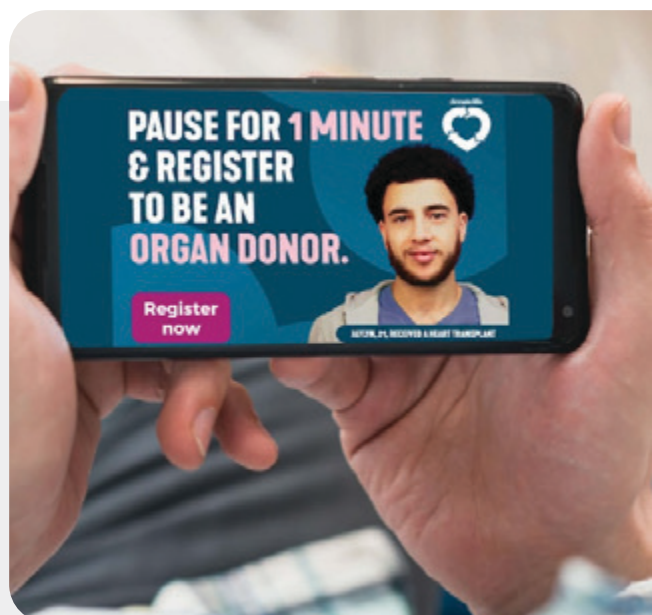
The **Greek Welfare Centre of SA** is part of the Greek Orthodox Archdiocese of Adelaide. It hosted 2 workshops during and after DonateLife Week 2024 to raise awareness in the local Greek community. Representatives from DonateLife, a Greek kidney recipient and a Greek Orthodox religious leader were among the speakers who addressed participants. Over 230 people attended the workshops in total.

In 2024–25 the OTA implemented recommendations from an internal audit on its Community Awareness Grants. For more information on this, see page 98.

Innovative approach to advertising

DonateLife 2023 community partner **Make Mate** received the award for Best Gaming User Acquisition/Monetisation Technology at the November 2024 Wires Global Awards for its groundbreaking work, made possible by a **DonateLife Community Awareness Grant**.

Make Mate's innovative approach to advertising used gaming technology to capture audience attention and drive social impact. A unique feature gave users an extra life in their game if they watched an ad for DonateLife. By seamlessly integrating advertising into the gaming experience, Make Mate successfully engaged a younger audience and delivered a powerful message about the importance of organ and tissue donation.



Make Mate engaging a younger audience through in-game advertising

Engaging culturally and linguistically diverse communities

One in 3 Australians were born overseas and 1 in 5 Australians speak a language other than English at home. Increasing awareness and education about organ and tissue donation in Australia's diverse communities in a meaningful way is critical for raising donation rates.

Organ donation consent rates are lower among those from CALD backgrounds. Previous research commissioned by the OTA has highlighted:

- Those who speak a language other than English at home are less likely to have registered as organ and tissue donors than those who only speak English.
- Around 4% of the Australian population have cultural beliefs that prevent them from registering as organ and tissue donors. Some of these people are uncomfortable with the impact donation could have on the mourning process, and others fear disapproval from their families.

Working with community partners

Through the annual Community Awareness Grants program, the OTA partners with a range of community groups to raise awareness and engage the community on the importance of organ and tissue donation, encouraging all Australians to talk to their family about donation and encourage registration on the AODR.

In 2024 the program targeted CALD audiences. Over \$389,000 (GST exclusive) was awarded to 11 organisations to help raise awareness about organ and tissue donation in CALD communities.

Understanding communities through research

To help us understand the main barriers to CALD families agreeing to donation and gain insights into what would motivate them to say yes to donation, the OTA engaged an independent market research company in 2024–25 to undertake our next phase of audience research. This complemented the behavioural insights research we conducted in 2023–24.

The research explored the values, attitudes and beliefs of CALD Australians to help identify, understand and unlock the challenges in communicating with these audiences. The research surveyed over 5,000 Australian residents and collected data on their and their families' place of birth, ancestry, citizenship,

language, religious affiliation and extent of practice to understand the impact on their donation journey.

The research will be used to inform future communication and engagement strategies to build support for organ and tissue donation.

The OTA will work with the DonateLife Communications team across Australia to use recommendations from the research to:

- identify target audiences and determine metrics of impact
- audit and refine existing and potential engagement opportunities
- develop inclusive marketing content
- build relationships with faith and cultural leaders
- engage at a local level and where audiences connect.



Aru and her mum Smital. Aru had a heart transplant.

Digital engagement the DonateLife way

Social media

To help us reach new audiences through our social media channels (Facebook, Instagram, LinkedIn and X), the OTA developed a new social media strategy in early 2025.

The strategy will measure the effectiveness of our social media content and provide guidance on channels, audience and content creation.

As engagement rates on the DonateLife social media channels were already high (between 5.1% and 11.3% in 2024), the new strategy shifts our focus from engagement only to increasing reach, with a particular focus on attracting new followers.

It also outlines how to tailor content for each channel and audience, based on the performance of content in 2024 and in line with audience research. For example, we found that content with multiple pictures or a graphic design tile with a fact or organ donation related statistic consistently performed better than content with a video. For that reason, we are primarily focusing on creating photo or graphic design based content in 2025.

Our strategy also divides content into 3 main 'pillars', to support content planning and create a consistent, focused and engaging presence on social media. The pillars are:

- emotional storytelling, which includes sharing personal stories about organ and tissue donation
- education, which includes resources to help people understand organ and tissue donation
- engaging supporters, which asks our engaged audience to take action or demonstrates how we are engaging with the community.

A formal evaluation of our 2025 social media strategy will be completed in early 2026.

Improving user experience on donatelifelife.gov.au

Over the reporting period, the OTA focused on improvements to our digital presence and user experience on the DonateLife website, donatelifelife.gov.au, as the last major update was in 2021.

The work to improve user experience and flow of content has included a full audit of existing web pages for accuracy, enhancing data visualisation and accessibility, introducing content workflows and scheduling functionality, rebuilding existing pages to allow for flexibility in content and format, and enhancing navigation.



Chloe (middle) and her family during filming for Loft Social. Chloe had a kidney transplant.

Loft Social and myth busting

In 2024, Loft Social received a Community Awareness Grant to make a content series sharing personal stories of donation and busting some common myths.

The series was released on the DonateLife Instagram account in November 2024 and had a cumulative reach of over 250,000 views. A video featuring Olivia Molly Rogers speaking about her cousin Jack – who became an organ donor – was viewed 100,000 times.

Myth busting



MYTH

I'm not healthy enough to donate because of my lifestyle choices.

FACT

If you smoke, drink or have an unhealthy diet you can still register to be a donor. You don't have to be in perfect health.



MYTH

I'm too old to be an organ and tissue donor.

FACT

Age is not a barrier – people over 80 have become organ and tissue donors.



MYTH

If I am a registered donor, doctors won't try as hard to save my life.

FACT

The doctor's priority is always to save your life.



MYTH

Organ and tissue donation is against my religion.

FACT

All major religions support organ and tissue donation as an act of compassion and generosity.



MYTH

I'm too old or my eyesight is too bad to donate my eyes.

FACT

Donor age is not that important – most are eye donors in their 70s. Eye donors can have any eye colour, blood type or level of eyesight.



MYTH

Tissue donation will damage my body and my family won't be able to say goodbye to me.

FACT

Tissue donation is treated like any other surgery, with surgical incisions closed and dressed with dignity and respect. You are still able to have an open-casket funeral after tissue donation.



MYTH

My face will look different if I donate my eyes

FACT

Following eye donation, supports are put in place and the eye lids closed so no-one can tell your eyes have been donated.



Increase registration

Our objective

All Australians who want to be an organ and tissue donor register on the Australian Organ Donor Register.

Why it's important

Around 4 in 5 Australians aged 16 and over support organ and tissue donation but only 1 in 3 have registered to be a donor. Being a registered donor has a direct impact on families agreeing to donation.

The OTA continued to work with governments to explore additional large-scale registration initiatives to significantly increase the number of people on the AODR. We continued to enhance the user experience of our digital registration channels and worked with partners to improve opportunities for registration.

New registration prompts with help from our stakeholders

Driver's licences

Research has shown that people are more likely to register on the AODR when they are prompted while doing life administration related tasks like applying for and renewing their driver's licence. There are strong and intergenerational associations between driver's licences and organ and tissue donation. In fact, our research shows that many Australians, even young Australians, believe they have registered via their driver's licence, despite this not being an option except in South Australia. Driver's licences account for the majority of new registrations in the UK and the US, signalling strong cultural ties between applying for or renewing driver's licences and registration.

Queensland

In July 2024 the Queensland Department of Transport and Main Roads (DTMR) in partnership with DonateLife launched the 'Drive Up Organ Donation' campaign. The campaign allowed Queenslanders to click a link to the AODR when renewing their licence or registering a vehicle online. DTMR also promoted unique online links throughout its network of 89 customer service centres across Queensland.

In the first 5 months of the campaign, there was a 31% increase in Queenslanders registering on the AODR, slowing to 13% overall to 30 June 2025, compared with the same period in 2023–24.

Western Australia

Following recommendations reported in February 2024 from the WA inquiry into organ and tissue donation, the WA government added digital banners to a variety of locations on the WA Department of Transport website with trackable links to the AODR. This included driver's licence renewal notices, payment processing web pages and digital receipts.

Victoria and the ACT provide similar links to the AODR from driver's licence application and renewal processes. These links are consistently the best performing drivers of traffic to the donatelife.gov.au registration form from each jurisdiction.

While it is encouraging to see more people being linked to the DonateLife website through driver's licence channels, we have not seen this activity significantly lift registration rates to the level seen in South Australia.

We will continue to work collaboratively with our colleagues in the states and territories to strengthen the opportunities for mass registration through driver's licences. This includes exploring policy and technical considerations for a data exchange (a data API) between state driver's licence registries and the AODR that would allow Australians in each state and territory to register with a simple box tick.

Services Australia

Services Australia is responsible for administering the AODR. In late 2024 the then Assistant Minister for Health and Aged Care the Hon Ged Kearney MP and Minister for Government Services and the National Disability Insurance Scheme the Hon Bill Shorten MP announced a digital version of the organ donor card that Australians can add to their myGov app wallet. The myGov wallet will become an increasingly important and secure way for people to use and store digital government credentials in an ever-changing digital environment.

This work presented an opportunity to address public confusion about how to manage their organ and tissue donation preferences and request replacement organ donor cards. We collaborated with Services Australia on a social media post explaining how to do this using the myGov app and Medicare online services. The combined reach of Services Australia's Facebook, Instagram and LinkedIn posts was nearly 17,000, while our Instagram post reached nearly 3,000, including over 1,500 non-followers.

Services Australia provided support during DonateLife Week by sharing our key messages to their network and external audiences. A Services Australia staff member was interviewed about Harper, her 5-year-old daughter who became an organ donor. Harper's story featured in social media posts and in an internal newsletter for Services Australia's network of over 30,000 staff. The agency spokesperson, General Manager Hank Jongen, spoke about DonateLife Week in a radio talkback segment. Services Australia also led a joint ministerial media release with Minister Shorten and Minister Kearney at the end of DonateLife Week as a reminder to register.

We continued our work with Services Australia to ensure Australians have up-to-date information about organ and tissue donation by reviewing information on myGov and content in letters that Services Australia sends people to confirm their registration on the AODR or invite them to register. We also updated our flagship brochure, Register to be an organ and tissue donor, which Services Australia prints and distributes to its network and which is used in community outreach.

We continue to meet with Services Australia to explore options for using push notifications to myGov and Medicare customers. Research commissioned by the OTA shows that these are preferred registration channels that require our focus.

Community engagement

The DonateLife Communications team consists of communications experts from the OTA and DonateLife Network. Together the team provides a nationally consistent approach to community engagement grounded in local knowledge and insights.

A new strategic approach to the local delivery of community engagement was implemented in late 2024. Aligned to the OTA's communications and engagement framework, each jurisdiction has developed local delivery workplans to support community engagement. Areas of focus include engagement with schools and young people, strengthening local volunteer programs, and engagement with First Nations peoples, CALD communities and regional communities.

Snapshot of community engagement in 2024–25

DonateLife Australian Capital Territory partnered with:

- the Canberra Raiders, Netball ACT and property portal Zango, enabling community activations to reach key target audiences
- ACT Policing engaged their staff and the community through their communication channels during DonateLife Week and DonateLife Thank You Day.

DonateLife Tasmania paid tribute to the unseen human relationship between organ and tissue donors and transplant recipients, launching the DonateLife 'Gift of Life' artwork at the Royal Hobart Hospital (RHH). Many years in the making, the artwork was commissioned by DonateLife Tasmania with support from the RHH, Arts Tasmania and the OTA. Artworks like this provide a focal point for community reflection on the generosity of organ and tissue donors and their families, and a source of hope for transplant recipients.





Members of the DonateLife Communications team

Efforts by **DonateLife Northern Territory** to link donation and transplantation for First Nations people have provided opportunities to work with Purple House and the team running COMPASS a National Indigenous Kidney Transplantation Taskforce (NIKTT) project. This has improved DonateLife NT's rapport within the community and demonstrated its commitment to cultural safety, equity and access to organ and tissue donation services.

DonateLife Queensland leveraged its growing volunteer program to engage more with youth and help grow its engagement with schools and universities. The team held its first youth advisory group meeting, made up of young people connected through either donation or transplantation. The group's focus will be on finding ways to better engage young people aged 16 to 24 through a range of communication channels.

As South Australia is the only state where teenagers can register as organ and tissue donors directly when registering for their driver's licence, **DonateLife South Australia** worked closely with the Royal Automobile Association's Street Smart event. Reaching 12,000 students from 103 schools over 3 days, the DonateLife team had a speaking role and shared a powerful donor family video. Educating young people before they register as organ and tissue donors is vital in developing generational support.

DonateLife Victoria used a place-based strategy to raise awareness in and better connect with Bendigo, a regional community with a registration rate 6% higher than the state average. Bendigo was chosen to test the impact of a targeted campaign. Campaign activities include volunteer activations within the community and the local hospital, pitching localised media case studies to Bendigo-based media outlets, and working with local cafés during DonateLife Week.

DonateLife Western Australia turned to the community for its key activation during DonateLife Week 2024. The team, assisted by Gift of Life and Transplant Australia volunteers, held its inaugural walk during DonateLife Week, attracting 200 supporters to the walk at Lake Monger, despite rain on the day.

DonateLife NSW partnered with Salesforce, which hosted a workplace event to demonstrate the impact of lived experience in driving behaviour change. Transplant recipient Jeff Chan shared his personal journey, before joining a question and answer session with OTA CEO Lucinda Barry AM. The event showed how corporate engagement and authentic storytelling can inspire action and normalise conversations about organ and tissue donation. At the beginning of the event 44% of staff said they were a registered organ and tissue donor; by the end almost 100% were registered.

Looking forward to build support

- The OTA will continue to work with governments to explore additional large-scale registration initiatives to significantly increase the number of people on the AODR. This includes through driver's licences and public awareness campaigns.
- We will use behavioural insights, research and data as a robust evidence base to inform and guide ongoing marketing strategies, and audience-focused education, engagement and promotional activities.
- The 2025 Community Awareness Grant recipients will showcase innovative ways to encourage Australians who support donation but are unaware of how or why they need to register as organ and tissue donors.
- The OTA and the DonateLife Network will work to implement *A framework for Aboriginal and Torres Strait Islander organ and tissue donation excellence* and progress cultural safety action plans, redressing the structural and systemic inequities and enabling the delivery of culturally safe organ and tissue donation services.
- We will continue to enhance the user experience of digital channels, including registration channels, and with partners, to improve digital registration touch points.

Figure 8: Our challenges to build support



Optimise opportunities

Donation and transplantation services deliver the best outcomes

Only around 2% of deaths in hospital occur in such a way that organ donation is medically possible, so every donation opportunity is precious. A national approach enables as many Australians as possible to have the opportunity to donate, so that more people have access to life-changing transplantation.



Identify donors & increase consent

Objective

DonateLife receives notification of all patients approaching end-of-life in intensive care and emergency departments for assessment for potential organ donation.



Drive excellence in donation services

Objective

Lead, implement and monitor nationally consistent best donation practice in Australia through clinical practice improvement initiatives to provide exceptional care throughout the donation process.



Increase safe & equitable transplantation

Objective

Support the donation and transplant sectors to adopt best clinical practices, policy and technology that enables optimal organ allocation and utilisation so more people have access to life-changing transplantation.

Performance results – Optimise opportunities

| Measures | Met | Partially met |
|----------|-----|---------------|
| 3 | 1 ✓ | 2 ✓ |

- ✓ 53% of families consented to donation – 7% short of our target (60%) and a 2% decrease compared to 2023.
- ✓ 89% of planned end-of-life cases were notified to DonateLife agencies – 2% short of our target (91%), but a 4% increase compared to 2023.

- ✓ 87% of conversations with families about donation involved a donation specialist nurse – we exceeded our target by 2% (85%) and there was a 3% increase compared to 2023.

National organ donation consent rate

What we measure: the proportion of donation conversations with families in the hospital that result in consent.

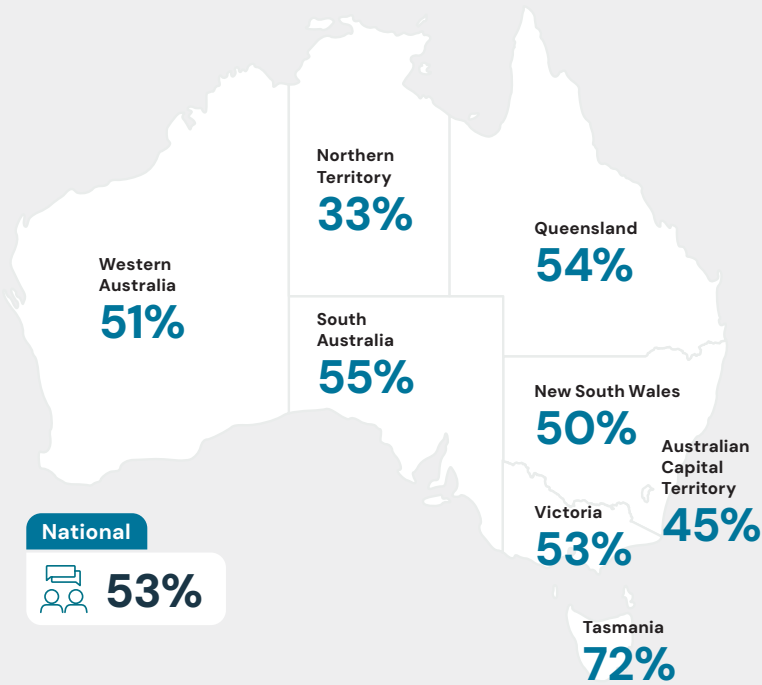
| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|--------------------------------------|-------------|----------------------------|------|------|------|------|
| National organ donation consent rate | 60% | 53% <div><div></div></div> | 55% | 54% | 56% | 58% |

Source: Organ and Tissue Authority, DonateLife Audit

- In Australia family agreement is always sought when donation is possible, and increasing family consent is therefore critical to increasing donation rates.
 - In 2024 the national consent rate was 53%, a 2% decrease from 2023 (55%). Families were asked about donation in 1,450 cases, with 767 families saying yes. Of the 767 donors whose families consented, 527 proceeded to donation; 240 did not proceed, mainly due to medical and logistical reasons.
 - Key factors in increasing consent are having the topic of donation raised by a donation specialist nurse, and providing families with high-quality information and care during the donation process. This measure is a key performance indicator for DonateLife Network hospitals in accordance with the Clinical Practice Improvement Program (CPIP).
- It will remain part of the DonateLife Network agreements between each state and territory and the OTA.


 - Consent rates have not returned to the highs we observed prior to the COVID-19 pandemic, and we continue to fall short of our consent target. A return to our pre-COVID-19 consent rate of 60% may have seen an extra 70 organ donors and 175 life-saving organ transplants in 2024.
 - Current consent targets are not achievable without commitment from all governments to implement the National Strategy for Organ Donation, Retrieval and Transplantation, including through national public awareness initiatives and mass registration channels.
 - Our counterparts in the UK have observed similar decreases in donation consent rates since the COVID-19 pandemic.

Figure 9: Consent rates by state and territory in 2024



Routine notification to DonateLife of all planned end-of-life in an intensive care unit or emergency department

What we measure: the proportion of cases in an intensive care unit (ICU) or emergency department (ED) that were notified to DonateLife for consideration of organ and tissue donation.


| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|---|-------------|--|------|------|------|------|
| Routine notification to DonateLife of all planned end-of-life in an intensive care unit or emergency department | 91% | 89%  | 85% | 83% | 81% | 79% |

Source: Organ and Tissue Authority, DonateLife Audit

- To maximise organ donation opportunities and ensure families receive appropriate support, best practice is the notification to DonateLife of all patients approaching end-of-life in ICUs and EDs.
- In 2024, 89% of planned end-of-life cases that occurred in an ICU or ED were notified to DonateLife to explore the opportunity of donation with the family. There have been ongoing increases in our performance against this measure over recent years. In 2024 we saw an increase of 4% from 2023 rates, and we are now only 2% below our target.
- This measure is a key performance indicator for DonateLife Network hospitals in accordance with the CPIP. It will remain part of the DonateLife Network agreements between each state and territory and the OTA. Donation specialists will continue to work with hospital critical care teams to ensure that, when appropriate, the opportunity for donation is offered to families.

Donation conversations with families involve a donation specialist nurse

What we measure: the proportion of family donation conversations in the hospital that involved a donation specialist nurse.

| Measure | 2024 Target | 2024 Result | 2023 | 2022 | 2021 | 2020 |
|--|-------------|--|------|------|------|------|
| Donation conversations with families involve a donation specialist nurse | 85% | 87%  | 84% | 80% | 77% | 74% |

Source: Organ and Tissue Authority, DonateLife Audit

- We know that families supported by a donation specialist nurse will receive high-quality information and care throughout the donation process, and the involvement of a donation specialist nurse has been shown to significantly improve consent rates.
- In 2024, 87% of family conversations about donation involved a donation specialist nurse, compared with 84% in 2023. This result exceeded our target of 85%.
- In 2024, 51% of Australian families agreed to donation when they were supported by a donation specialist nurse (and donation was raised by hospital staff), compared with only 19% when there was no donation specialist nurse involved.
- This measure is a key performance indicator for DonateLife Network hospitals in accordance with the CPIP. It will remain part of the DonateLife Network agreements between each state and territory and the OTA.

✓

Identify donors & increase consent

Our objective

DonateLife receives notification of all patients approaching end-of-life in intensive care and emergency departments for assessment for potential organ donation.

Why it's important

Notification to DonateLife means the opportunity to donate is explored whenever it is possible and that the wishes of individuals are respected. Suitability for donation is ascertained and the person's registration status is checked so their wishes can be made known to their family. Donation specialists assist families through providing accurate information and support, including throughout the entire process if donation proceeds.

Only around 2% of people who die in Australian hospitals meet the criteria required to be an organ donor. With only a small number of potential donors, increasing consent and notification to DonateLife is critical to increasing our donation rate and ultimately the number of life-saving organs available for transplantation.

Increasing opportunities for living donation

A living organ donor is someone who donates a kidney, or on rare occasions part of their liver, to another person. Receiving a kidney from a living donor is an alternative to waiting on the national transplant waitlist for a kidney from a deceased donor.

There were 253 living kidney donors in 2024. This result is consistent with the number in 2023.

There were no living liver donors in 2024.

Living kidney donation is most often from a relative or close friend. In 2024, 187 kidney donations from living donors were from a relative or close friend. For some patients who have a willing living donor who is unable to donate directly because of an incompatible blood or tissue type, donation and transplantation is facilitated through the OTA-funded Australian and New Zealand Paired Kidney Exchange Program (ANZKX). The ANZKX matches incompatible kidney

donor and recipient pairs, or compatible pairs hoping to receive a better match, with other pairs across Australia and New Zealand.

The OTA extended its funding to the ANZKX for 2025 to support the continued increase in workload and donation outcomes.

The 253 living kidney donors in 2024 included 66 through the ANZKX in Australia, a 20% increase from 2023 (55) and the highest number of living donor transplants since the commencement of the ANZKX.

Through the ANZKX a total of 86 transplants occurred across Australia (66) and New Zealand (20).

The OTA has funded the Transplantation Society of Australia and New Zealand (TSANZ) Living Kidney Donation Clinical Working Group, formed in 2024–25, which will play a pivotal role in enhancing clinical practices through development of clinical guidelines related to living kidney donation in Australia and New Zealand.

In 2024, living donations made up 24% of the total number of transplants. Our data points to inequities in access to living donation across Australia and highlights an opportunity for the OTA to continue to look at ways to increase opportunities for living donation through the National Strategy.

2024

253

living kidney donors

=

187

living kidney donors
facilitated by individual
transplant unit

+

66

living kidney donors
through the
ANZKX program

Understanding consent to achieve our purpose

Increasing consent is critical to the OTA achieving its purpose to save and improve the lives of more Australians through organ and tissue donation and transplantation.

In early 2025 the OTA commenced a process, based on improvement methodology, to identify and understand the factors within hospitals that impact consent rates, and then work on potential solutions.

A series of virtual and face-to-face workshops with stakeholders from across the DonateLife Network were held, with a focus on possible solutions. The process initially identified 5 areas of focus where it might be possible to improve consent rates: the quality and timing of routine referral, the timing of donation specialist involvement, the consent conversation, the skills of the donation specialists, attitudes and awareness in the hospitals. From these focus areas, opportunities to implement innovative solutions were prioritised.

A consent strategy and roadmap has been developed in collaboration with the DonateLife leadership. The strategy provides 3 key priority areas: optimal care and support; create, educate and elevate; and drive innovation.

Engaging with our stakeholders

DonateLife hospitals

The OTA's hospital engagement program involves meetings between the OTA senior leadership team, the DonateLife agency leaders, and hospital executives and their teams.

The engagement focuses on promoting best practice in organ donation and addressing key DonateLife program metrics in the CPIP – routine referral of end-of-life patients to DonateLife for donation consideration, checking the patient's registration status on the AODR, and involving a donation nurse specialist in donation conversations. See page 74 for further information and results on the CPIP.

Engagement occurred with hospitals to support improvement in their CPIP metrics, and with high-performing hospitals to understand their processes in driving best practice.

In 2024–25 the OTA met with hospital executives and DonateLife staff in Hobart, Darwin, Sydney, Melbourne and Geelong, providing a valuable opportunity to discuss successes and challenges of the national DonateLife program within the hospital setting.

New Zealand

In December 2024 the OTA CEO and the National Manager Clinical Programs travelled to Auckland to meet with Te Whatu Ora (Health New Zealand), the New Zealand Blood Service, the Auckland District Health Board, Organ Donation New Zealand and transplant clinicians.

The meeting focused on the OrganMatch system and practice changes that were critical to the organ offering and allocation process for patients listed for an urgent transplant between New Zealand and Australia. The proposed system changes further facilitate the transfer of organs between Australia and New Zealand, reduce process risks and improve patient data security.

A result of the engagement is a memorandum of understanding between all parties to formalise OrganMatch utilisation to support organ transplant in a safe and equitable manner between the countries.

United Kingdom

In June 2025 the OTA was invited to attend the International Donation Action Forum, hosted by the UK's National Health Service Blood and Transplant. The OTA team joined international clinical, policy and communications organ donation specialists from Spain, the Netherlands, Canada and the US, as well as donor families, at the 5-day event.

The forum provided an opportunity for the OTA to take a deep dive into international best practice, to share the Australian perspective with a range of international experts, and to help identify strategic opportunities for improvement in clinical practice and marketing and communications to lift donation and transplantation rates.

Engaging with our stakeholders – gaining a first-hand understanding of donation in the Northern Territory



Representatives from the OTA, DonatLife NT and Purple House

Throughout the year the OTA continued its hospital engagement program. Together with DonatLife agency leaders, the OTA's senior leadership team met with hospital executives and their teams. In 2024–25 the OTA met with hospitals in Hobart, Darwin, Sydney, Melbourne and Geelong.

The program of engagement promotes best practice in organ donation and addresses key DonatLife program metrics of the Clinical Practice Improvement Program (CPIP).^{*} The CPIP identifies the elements integral to achieving best practice organ and tissue donation in intensive care units and emergency departments.

Three of the most important CPIP performance measures are routine referral of end-of-life patients to DonatLife for donation consideration, checking patients' registration status on the AODR, and involving a donation nurse specialist in donation conversations.

The engagement supports hospitals to improve their CPIP metric outcomes and to understand the processes of high-performing hospitals in driving best practice.

In September 2024 the OTA travelled to the Northern Territory (NT) to engage with DonatLife NT's leadership team and Darwin Hospital to better understand the unique donation experience for families and donation specialists in the Territory.

The relatively small populations and vast geographic area of the NT can result in substantial fluctuations in donation rates year to year.

The NT has:

- 2 hospitals with donation services – Darwin and Alice Springs
- no transplant units. Patients have to travel interstate to access transplantation services.

The OTA also had a yarn with Purple House, a non-profit Aboriginal community-controlled health service which delivers dialysis services in 20 remote communities across the NT, Western Australia and South Australia, as well as providing support services from its bases in Darwin, Alice Springs and Perth. During the visit to Purple House, the OTA met with 3 patient preceptors – Indigenous leaders who have received kidney transplants and who guide dialysis patients and their families through the challenges of kidney disease. Their unique lived experience makes them advocates, educators and intercultural communicators – bridging the gap between Aboriginal communities and mainstream health services.

The OTA team found it especially valuable to be part of a Royal Darwin Hospital ICU briefing about a patient who became an organ donor. The DonatLife NT team were able to support an Aboriginal family through a donation process that involved supporting a family who had to travel 1,200 kilometres between their home and the hospital, demonstrating many of the barriers and challenges to donation in the Territory.

^{*}See page 74 for national and jurisdictional CPIP results.



Attendees at the NIKTT Gathering 2025 (Nharla Photography)

First Nations and collaboration with NIKTT

The OTA continued to collaborate with the NIKTT. The taskforce was established to improve access to life-saving kidney transplants for First Nations people.

The NIKTT has created a national network of First Nations people with lived experience and clinicians, alongside community and research advocates. The OTA is part of this network.

The OTA supports the mission of enhancing the cultural safety of renal services and improving their accessibility to First Nations people, with the aim of reducing the number of people waitlisted for a kidney transplant and increasing kidney transplantation rates for First Nations people.

The OTA's CEO is a taskforce member, and the OTA provides clinical and community engagement support to the NIKTT secretariat as required.

In February 2025 the OTA attended the Transplantation Equity Gathering, which brought together over 120 stakeholders from the NIKTT's national network to celebrate and share space for all who want to improve kidney transplantation equity for First Nations people.

The gathering provided an opportunity to unite patients, carers, families, community leaders, clinicians, government representatives and advocates from across Australia to share stories, celebrate achievements and strengthen connections leading towards equity. As well as celebrating successes and progress, the gathering identified challenges and opportunities in kidney transplantation equity.

The OTA valued the opportunity to hear directly from First Nations people and explore ways of working together and co-designing practical strategies to improve access to transplantation and kidney care.

A highlight for the OTA was an interactive demonstration of the experience of receiving a kidney transplant offer by telephone. It provided insight into the emotions, uncertainties and logistical challenges faced by patients.

The NIKTT's 2022 position statement was reviewed and updated. The statement focuses on transplantation equity for First Nations people with kidney disease and was extended to include recommendations on improving care before and after kidney transplantation.

Working with the DonateLife Network to lift consent rates

Only around 2% of people who die in Australian hospitals meet the criteria required to be an organ donor.

With only a small number of potential donors, increasing consent is critical to increasing our donation rate and ultimately the number of life-saving organs available for transplantation.

In 2024 the OTA partially met our national consent rate target of 60%. Across Australia 767 families said yes to donation, which resulted in a consent rate of 53% – a 2% decrease from the 2023 rate of 55%.

Increasing the number of people who say yes to organ donation is critical to increasing our donation rate and more people receiving the life-saving gift of transplant.

- In Australia families of potential donors are always asked to consent to their family member becoming a donor in hospital. All end-of-life cases that occur in an intensive care unit (ICU) or emergency department (ED) need to be notified to DonateLife to explore the opportunity of donation with the family.
- Key factors in increasing consent are having donation raised by a donation specialist nurse and providing families with high-quality information and care during the donation process. Families supported by a donation specialist nurse are more likely to receive the information required throughout the donation process. This has been shown to improve consent rates.
- Registration on the Australian Organ Donor Register (AODR) impacts consent rates. In 2024, 82% of families agreed to donation when their family member was registered to be a donor on the AODR.
- A family's consideration of organ and tissue donation comes at an intensely emotional time usually associated with the unexpected death of their family member. When donation is a possibility, it helps if families know what their family member wanted.

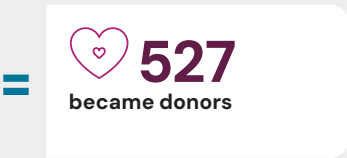
- In 2024, more than 80% of families agreed to donation when their family member was registered as a donor on the AODR. Consent for donation was given in 63% of cases when the donor was not registered but the family knew they wanted to be a donor. Consent dropped to only 38% when the family member was not registered and the family was unaware if they wanted to be a donor.

In early 2025 the OTA held a series of workshops with the DonateLife Network to identify the factors impacting consent in the hospital. Participants discussed the consent process – causes, drivers and solutions such as the quality and timing of routine referral, the timing of donation specialist involvement, the consent conversation, the skills of the donation specialists, attitudes and awareness in the hospitals, and logistics.

A consent strategy and roadmap has been developed covering 3 key priority areas:

- **Optimal care and support.** Deceased organ donation is conducted as a collaborative process and as a standardised pathway in the ICU.
- **Excellence in donation services.** Deliver enhancements and targeted initiatives across education, training and recruitment to reinvigorate a donation culture and drive best practice in ICUs and EDs to increase consent to donation.
- **Drive innovation.** Leverage research and data to optimise evidence-based innovation and decision-making, leading to best practice implementation and driving increases in consent and optimal support for donors and their families.

In 2025–26 the OTA will continue to work with the DonateLife leadership team on the consent roadmap and strategy to prioritise actions, identify key partners and agree on an implementation plan.



★ Drive excellence in donation services

Our objective

Lead, implement and monitor nationally consistent best donation practice in Australia through clinical practice improvement initiatives to provide exceptional care throughout the donation process.

Why it's important

Donation leading to transplantation is a complex process with many steps. Optimising practices in donor identification, family approach, donor care and assessment, organ allocation and retrieval is important in enabling the best outcomes for donors, for their families and for those on the transplant waitlist.

Reviewing the National Education Program

In 2023 we commenced a review of the OTA's National Education Program. A working group is undertaking a review of the program to ensure it continues to meet the needs of clinicians and the community.

The review is anchored in the donation sector context – a fast-paced environment with rapidly changing technologies and unique patient and family needs.

Audiences for the OTA's education offerings are diverse, and workplans have been developed across the review's 5 key focus areas:

- principles of donation course for ICU trainees and donation nurses
- advanced communication training for donation specialists
- professional development pathway for donation nurses
- hospital-based staff education
- train the trainer.

The review initially focused on understanding the nature and history of education practice across the sector, then identified needs, gaps and opportunities to grow. There has been a particular focus on adult learning principles, empowering learners to understand and address their own learning needs. The OTA's learning management system has provided a great opportunity to deliver training that is flexible and engaging and that allows learners to see a path for their own learning and professional development.

Our enhanced program will provide education based on a sound scaffolding approach, where skills and knowledge are addressed from a foundational level through to advanced practice.

Our first pilot of a new workshop was held in June 2025. It entailed a full run-through of 10 presentations over 2 days, with 22 attendees – including 4 ICU trainees – and 12 facilitators. Engagement with attendees was excellent and we are looking forward to running another pilot of the next iteration of the workshop.

Extensive engagement with key professional groups has been pivotal to this work – including with the College of Intensive Care Medicine, Organ Donation New Zealand, the Australian College of Critical Care Nurses, the Australian College of Perioperative Nurses and the College of Emergency Nursing.

Updating our learning management system

The DonateLife Learning Site is the primary education portal for OTA staff, DonateLife staff and stakeholders, providing access to a range of education and learning resources.

In January 2025 the OTA successfully moved the learning site to a new online provider and platform.

The new platform has a refreshed design and provides more functionality to access information and resources and support our staff in their professional development.

All existing content has been transitioned to the new site. The OTA has begun developing new courses and resources, which will enable our staff and others to access learning in real time while in their clinical or other roles, using adult learning principles and empowering them as learners.

Education review

Since the national program and DonateLife Network were established in 2009, it has been recognised that an engaged, aware and educated hospital and clinical workforce is critical to organ and tissue donation being prioritised and available to all Australians.



Attendees at the pilot Principles of Donation workshop in June 2025

The National Education Program has, since its inception, aimed to provide high-quality education to the clinicians who are critical to the goals of the OTA.

In 2023, a review highlighted that several areas of change were required to optimise education delivery so as to continue meeting the needs of clinicians. In July 2023 the Education Working Group was established as a time-limited group to provide advice and guidance on the review and further development of the National Education Program.

The Education Working Group comprises 5 sub-groups which focus on specific areas of education delivery:

- principles of donation course
- advanced communication training for donation specialists
- professional development pathway for donation nurses
- hospital-based staff education
- train the trainer.

During 2024–25 the Education Working Group met 3 times, once virtually and twice in the OTA office in Canberra. In June 2025 a pilot Principles of Donation workshop was successfully delivered, with 22 attendees providing feedback and further direction.

Updated content and resources were also developed for the Advanced Communication course. The group is now planning for a pilot of this course.

Looking forward, the Education Working Group's focus will include planning for implementation of the new courses, and establishing a robust suite of internal education and training resources to support our clinicians, wherever and whenever they come into contact with organ and tissue donation and transplantation.

Improving services for donor families

Engagement with donor families is integral to driving excellence in donation services. In 2024–25 the OTA continued to optimise practices in family approach to enable the best outcomes for donor families. This included the following activities.

The ENQUIRE Project

The OTA's Families' Experiences of Donation – A Quality Improvement Project (the ENQUIRE Project) is a quality assurance activity that seeks feedback from donor families with the aim of identifying opportunities to improve clinical practice and the support offered to families throughout the donation process.

The feedback survey for the project has been developed with input from a range of stakeholders including the OTA's Family Support Advisory Group, made up of DonateLife family support coordinators from each state and territory; and members of the OTA's Community Engagement Group. The pilot will commence in the second half of 2025.

The ENQUIRE Project follows on from the work of the Donor Family Study, which released the report on its fifth and final wave in 2023.

Consent to contact

The OTA has implemented a consent-to-contact model which is a nationally consistent approach to contacting donor families to seek their consent for future contact.

This future contact may be for a variety of purposes: an invitation to a service of remembrance, a request for feedback on their experiences, or an invitation to be involved with the media or be consulted about legislative and policy changes.

This has been fully endorsed by the OTA's Jurisdictional Advisory Group – made up of representatives from each jurisdiction's health department and the DonateLife Network leadership team – and all jurisdictions have begun implementing the model.

Family Support Advisory Group

The OTA's Family Support Advisory Group (FSAG) brings together the family support coordinators from each DonateLife agency to provide expert advice on the National DonateLife Family Support Service (NDFSS).

During the year the FSAG has focused on refreshing and updating the NDFSS resources and guidelines. This included extensive consultation with FSAG members, the Australasian Donor and Transplant Coordinators Association and the Transplant Nurses' Association.

The updates include further clarification and guidance for families and recipients on the exchange of correspondence, an updated list of support services and external resources, and information about the OTA's newly implemented consent-to-contact process.

The new resources and guidelines are on track to be finalised and distributed in late 2025.



Artwork from the National DonateLife Family Support Service resources

Leading the country and the world – Tasmania's clinical engagement framework

In 2024 Tasmania achieved a world-leading rate of 43.5 donors per million population.



DonateLife Tasmania staff – Alex Goward, Susan Towns, Andrew Turner, Ellen Burke – with the Hon Ged Kearney MP and Alison Hodak, OTA National Manager, Clinical Programs

DonateLife Tasmania had a record year in 2024, with 25 organ donors – a 19% increase from 21 in 2023. This resulted in Tasmania achieving a world-leading rate of 43.5 donors per million population.

Tasmania also recorded the highest consent rate in 2024, with 72%. This is significantly higher than the national rate (54%) and exceeds the national target of 70%. Tasmania also recorded the highest rate of donation specialist nurse involvement in family discussions in 2024, with 95%.

DonateLife Tasmania's ongoing commitment to driving best donation practice in Tasmanian hospitals has led to these record results.

Engagement with clinical areas is fundamental to facilitating and strengthening donation practices. To drive this engagement, DonateLife Tasmania developed the Clinical Engagement Group, which is made up of donation specialist nurse coordinators, education coordinators, nursing leaders and medical donation specialists. The group meets regularly to progress a core

engagement framework, as well as an individual targeted strategy to support the improvement of communication and engagement with teams within each hospital's intensive care unit, emergency department, operating theatre and neonatal paediatric intensive care unit, and with multidisciplinary teams.

DonateLife Tasmania's clinical engagement guidance document outlines activities, key messaging and priorities within each of the portfolio/hospital areas. This guidance has been gathered through previous clinical engagement methods used in Tasmanian hospitals. The Clinical Engagement Group uses data to identify where practice change is required and update guidance to reflect the change.

In September 2024, DonateLife Tasmania hosted the inaugural statewide clinical champions workshop in Launceston. The workshop was a successful day of engagement that saw 20 organ and tissue donation clinical champions travel from around Tasmania to attend this networking and education opportunity.



Increase safe & equitable transplantation

Our objective

Support the donation and transplant sectors to adopt best clinical practices, policy and technology that enables optimal organ allocation and utilisation so more people have access to life-changing transplantation.

Why it's important

Transplantation is the best and sometimes only treatment option for organ failure, saving or enhancing the life of the recipient, and providing benefits to their family and the broader community. Supporting the sectors to adopt robust practices, policies and frameworks will improve access to and outcomes from organ transplantation.

Developing best practice donation processes and guidelines

Ethical Guidelines for cell, tissue and organ donation and transplantation

In 2024–25 the OTA continued to work with the National Health and Medical Research Council to support the development of new ethical guidelines for cell, tissue and organ donation and transplantation in Australia. The guidelines, which were released in May 2025, provide a framework to support ethical practice and inform decision-making by all those involved in Australia's donation and transplantation system.

Reviewing the Australian Donor Risk Assessment Interview

The Australian Donor Risk Assessment Interview (AUS-DRAI) is a tool used by DonateLife Network staff to collect relevant medical and social history from families of all potential donors.

In 2024–25 the OTA continued our review of the AUS-DRAI, to make the interview less confrontational and time consuming for families involved in the process. An AUS-DRAI review working group has been formed which includes representatives from the donation and transplantation sectors, the Eye Bank Association of Australia and New Zealand, and infectious diseases and oncology experts.

Phase 1 of the review, which included scoping of international best practice, and reordering of the questions to improve flow, has been completed. Phase 2 is in progress – to remove duplication and rephrase questions so they met current, best practice and are less confrontational.

Collaborating with stakeholders to improve outcomes

Transplantation Society of Australia and New Zealand

The OTA continued to work closely with the TSANZ to support sector improvements that will benefit transplant recipients. TSANZ is leading a number of OTA-funded projects. Current projects include the project support role, enhancing clinical guidelines, additional support for living donation, and committee expansion.

- The **Living Kidney Donation Clinical Working Group**, formed in 2024–25, will play a pivotal role in enhancing clinical practices and guidelines related to living kidney donation in Australia and New Zealand.
- The **Enhancing Clinical Best Practice Guidelines and Procedures** project is focused on enhancing the review, management and implementation of TSANZ clinical guidelines. In 2024–25 TSANZ released version 1.14 of the guidelines, which included updated recommendations concerning HBV/HIV donors, revised guidance on renal cell carcinomas, and updates on the management of suspicious lesions discovered during organ retrieval, including new content on Bosniak cysts.

Eye and tissue donation and transplantation

Each year the lives of thousands of Australians are saved and transformed through the transplantation of donated tissues, including bone and eye tissue.

Tissue banks across Australia collect tissues from deceased and living donors, process and store these tissues and then distribute them to clinicians for transplantation and other clinical uses.

The OTA's Eye and Tissue Advisory Committee (ETAC) provides advice on matters relevant to eye and tissue donation and transplantation, with a key focus on donation that is coordinated by the DonateLife Network by the DonateLife Network. This collaboration helps to improve systems and processes to increase the number of deceased eye and tissue donations for transplantation in Australia. In 2024–25 members of the ETAC commenced work on a National Skin Banking Strategy, as well as the expansion of national tissue banking datasets, with the introduction of reporting on basic donation and supply metrics.

Implementing the National Eye and Tissue Sector Framework

The Eye and Tissue Working Group was established by the Jurisdictional Organ and Tissue Steering Committee – chaired by the Department of Health, Disability and Ageing – to provide expert advice on and implement the National Eye and Tissue Sector Framework. The framework represents a commitment from all governments to provide a policy basis for the effective, evidence-based future of the Australian eye and tissue sectors. It highlights the future approach needed for the sectors to achieve safe, equitable and ethical access to transplantation for all Australians.

A spotlight on eye and tissue donation

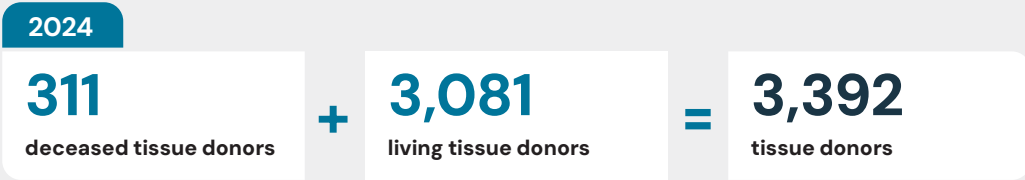
Each year, thousands of Australian lives are changed through the gift of donated tissue, including eye tissue, for transplantation. Many more people can become eye and tissue donors than organ donors, as donation can occur following death outside of hospital, and tissue can be stored.

Eye and tissue donations transform lives in many ways, including saving burn victims, restoring sight, repairing heart defects in babies and adults, rebuilding tendons and reconstructing bones.

The OTA ran a successful social media promotion from 2 to 6 September to raise public awareness and encourage donor registrations and discussion about eye and tissue donation. We ran the activity to educate the public and bust myths about eye and tissue donation, which has a lower level of public awareness and understanding than organ donation.

Over 37,690 people saw social media posts on eye and tissue donation during the week, and eye and tissue web content was viewed 600 times – a 127% increase on 2023. We shared a range of powerful stories featuring corneal, tissue and bone recipients and an eye donor, and reshared a video message from skin tissue recipient Turia Pitt.

In 2024 we saw an increase in eye donation and corneal transplant recipients but a decrease in deceased tissue donations. Of the 527 deceased organ donors in 2024, 268 also donated eye and/or other tissue.



Supporting government reviews in the organ donation and transplantation sector

Throughout 2024–25 the OTA supported the following reviews.

National Strategy for Organ Donation, Retrieval and Transplantation

In November 2024 all governments endorsed the National Strategy. The strategy was developed in consultation with key government, clinical and community stakeholders after a comprehensive review of Australia's organ donation, retrieval and transplantation system. It builds on key successes of the DonatLife program and outlines a roadmap for Australia to be a world leader in organ donation, retrieval and transplantation.

The OTA, the Australian Government Department of Health, Disability and Ageing, state and territory governments and key clinical and community stakeholders are committed to working together to implement the strategy.

Australian Law Reform Commission inquiry to harmonise human tissue laws

Each Australian jurisdiction continues to regulate human organ and tissue donation and transplantation through its own human tissue legislation, including provisions around the disclosure of information to maintain the privacy of organ and tissue donors and transplant recipients.

In February 2025 the Australian Law Reform Commission (ALRC) announced an inquiry into the human tissue laws. The inquiry will consider reforms to harmonise and modernise human tissue laws across Australia relating to cell, tissue and organ retrieval, donation and transplantation. The ALRC will make recommendations for governments to address any inconsistencies between laws and advise on how they can be updated to reflect contemporary expectations and changing technology. The Commonwealth and state and territory governments are jointly funding the inquiry and have worked in partnership to develop its terms of reference.

The OTA is committed to supporting this inquiry and has assisted the ALRC in consulting with relevant experts in the sector. The ALRC's final report is expected in August 2026.

The OTA engaged with the Australian and New Zealand Intensive Care Society Death and Organ Donation Committee to discuss sensitive but critical issues including ante-mortem interventions, definitions of death, and evolving practices of death determination, with a view to ensuring that Australian practice remains evidence based, consistent and ethically robust.

Independent Health and Aged Care Pricing Authority Organ and Tissue Project

In September 2024 the Independent Health and Aged Care Pricing Authority (IHACPA) announced the establishment of the Organ and Tissue Project. The project will address recommendations relevant to IHACPA from the Council of Australian Governments Health Council review of the organ donation, retrieval and transplantation system, undertaken in 2018. The project will develop a schema to categorise all aspects of organ and tissue donation and transplantation, to ultimately fund services by providing evidence-based price determinations. The OTA was consulted as part of the project in October 2024. The project is due to conclude in July 2025.

Celebrating OrganMatch – better matching for people on the organ transplant waitlist

OrganMatch is Australia's organ waitlisting, matching and allocation system.



Aaron had a kidney transplant

The Australian Public Service Commission celebrated OrganMatch in the State of the Service Report 2023–24 and the State of the Service Roadshow 2025. OrganMatch was included as an example of work delivered by the Australian Public Service that has a positive impact on the Australian community.

OrganMatch is Australia's organ waitlisting, matching and allocation system, first launched by the OTA in 2019. It has modernised and streamlined the donation to transplantation process, resulting in better outcomes for Australians.

For the 1,800 Australians currently on the transplant waitlist, and another 14,000 on dialysis who have kidney failure, an organ transplant is a life-changing and often life-saving treatment.

OrganMatch assists with the prioritisation of young people and difficult-to-match patients via the kidney allocation algorithm, as well as those who are critically unwell and urgently needing a life-saving transplant. Continued improvements

in the system's algorithms mean that it can now facilitate the best organ matching for patients across Australia in a timely, streamlined manner.

The OTA works in partnership with the Australian Red Cross Lifeblood to develop, deliver and manage OrganMatch.

The OTA continued its collaboration with the Transplantation Society of Australia and New Zealand to support enhancements of and specifications on the revised Australian kidney allocation algorithm. This work has gone a long way towards improving outcomes for people who had previously thought their chances of a successful transplantation were low.

In 2024 OrganMatch supported the waitlisting of more than 1,200 patients for transplantation, as well as successful transplants for:

- 13 highly sensitised patients who had been waiting for more than 10 years
- a further 30 sensitised patients who had been waiting for more than 5 years.

Looking forward to optimise opportunities

- The OTA will continue to support the progress of the National Strategy and will work with governments to implement a nationally consistent approach to donation.
- We will continue to support the ALRC's inquiry to harmonise human tissue Acts.
- We will continue to implement our National Education Program to further develop the skill set of DonatLife donation specialists and clinicians, who play a critical role in caring for the donor, managing the process, engaging with families, and providing care in the hospital.
- We will continue to increase opportunities for living donation through recommending the development and implementation of a nationally agreed strategy.
- We will continue to support donor families through:
 - the review of the AUS–DRAI to ensure that information on donors is collected in a caring and supportive way with families and so that the information is relevant and useful to the transplantation sector
 - a quality improvement project to capture an understanding of families' experience before, during and after the donation process, identifying opportunities to improve clinical practice and the family experience
 - expansion of the web-coaching training and professional development for DonatLife family support coordinators, to provide development and skill enhancement to specialist staff enabling best practice support and care provision for donor families.

Figure 10: Our challenges to optimise opportunities



Enhance systems

Enable quality outcomes through information, technology and resources

Underpinning a coordinated and consistent national approach is the effective use of enabling capability – information, technology and resources – an essential part of achieving continuous improvements in clinical practice and community awareness.



Monitor, collect, analyse & report national performance

Objective

Monitor, collect, analyse and report information and data to provide evidence, support decision-making and drive continuous improvement in organ and tissue donation and transplantation.



Advance quality, safety & efficiency

Objective

The organ donation and transplantation system is safe, efficient and effective through clinical guidelines, timely surveillance practices and the adoption of state-of-the-art technology.



Sustain specialist resources

Objective

Dedicated resources are available through collective funding from the Commonwealth and state and territory governments to enable the system to have the infrastructure and expertise necessary to support donation and transplantation.


Performance results – Enhance systems

| Measures | Met | Partially met |
|----------|-----|---------------|
| 3 | 3 | 0 |

- We provided data dashboards and tailored analysis to the DonateLife Network to inform and monitor hospital clinical practice.
- National waitlist, donation and transplant activity metrics were publicly available.
- We increased the use of OrganMatch for waitlist management and captured adverse events across the donation sector in a central database.

Hospital and jurisdictional performance data and analysis disseminated

What we measure: data products and analysis distributed throughout the year, including daily national and jurisdictional dashboards.


| Measure | 2024 Result |
|--|--|
| Hospital and jurisdictional performance data and analysis disseminated | Dashboards and tailored analysis were distributed broadly across the DonateLife Network in a variety of formats, including through self-service options, to inform, shape and monitor hospital clinical practice  |

Source: Organ and Tissue Authority, DonateLife Audit; Australia and New Zealand Organ Donation Registry

- Across the reporting period the OTA continued to evolve dashboard reporting, through the collection of data to monitor, assess and inform the DonateLife program, driving clinical best practice across DonateLife hospitals.
- The OTA engaged with a range of DonateLife Network hospitals across Australia to discuss successes and challenges in implementing the CPIP and its key metrics:
 - routine referral to DonateLife agencies of all patients with planned end-of-life care in ICUs and EDs to determine potential for organ and tissue donation
 - routine checking of the AODR prior to raising donation with families
 - having a donation nurse specialist in the donation conversation.
- There are more than 80 users of the OTA's Hospital Organ Donation Report dashboard, an automated system that offers near real-time access to critical data that provides advanced analytics and year-to-date comparison data. It allows DonateLife hospitals to monitor and evaluate their activities more effectively, leading to more responsive and targeted decision-making.
- The OTA distributes and analyses tailored data through presentations made to expert advisory committees, working groups and national and international conferences.

Waitlist, donation and transplantation data is publicly available

What we measure: public data products distributed throughout the year.

| Measure | 2024 Result |
|---|--|
| Waitlist, donation and transplantation data is publicly available | National waitlist, donation and transplant activity metrics are publicly available  |

Source: Australia and New Zealand Organ Donation Registry; LifeBlood, OrganMatch

- Public access to waitlist, donation and transplantation data promotes transparency and public trust in organ donation and transplantation systems. It also supports community engagement and awareness of organ donation and transplantation.
 - On 25 February 2025 the OTA released the 2024 Australian Donation and Transplantation Activity Report, in collaboration with Australia and New Zealand Organ Donation Registry (ANZOD). The report provides:
 - an annual snapshot of key metrics on organ, eye and tissue donation and transplantation – both deceased and living – as well as comparison and trend data from previous years and across the states and territories
 - data on consent rates and registration rates, and information on the rarity of donation
 - the number of people on the organ waitlists. In 2024 there were around 1,800 Australians waitlisted for an organ transplant and around 14,000 additional people on dialysis – many of whom could benefit from a kidney transplant.
- Figure 11 (on page 68) shows data at a glance from the 2024 Australian Donation and Transplantation Activity Report.
- Organ donation and transplantation data was also made publicly available through the ANZOD Registry. ANZOD collects data on organ, eye and tissue donation through various clinical systems, including the Electronic Donor Record (EDR) and OrganMatch, to produce a wide range of statistics and information to support the organ donation and transplantation process.

Increased utilisation of donation and transplantation information systems

What we measure: user and usage data from OrganMatch and the serious adverse event and/or reaction notification database.





| Measure | 2024 Result |
|---|--|
| Increased utilisation of donation and transplantation information systems | OrganMatch was established as the central patient waitlisting, recipient matching and offer management system National capture of adverse events in the serious adverse event and/or reaction notification database |



Source: Organ and Tissue Authority, Serious Adverse Event Reporting database; LifeBlood, OrganMatch

- OrganMatch manages the process of organ matching and allocation. The users of OrganMatch span the end-to-end system from donation to immunogenetics laboratories to transplantation. As at June 2025 all transplant units in Australia are using OrganMatch to waitlist their patients for transplantation. The system has over 900 users.
- The 2024 Australian Vigilance and Surveillance System for Organ Donation and Transplantation annual report contains an analysis of 76 serious adverse event and/or reaction (SAER) notifications. This is an increase from 43 in 2023.
- The Australian Vigilance and Surveillance System continued to see increased reporting over the period due to the targeted introduction of new avenues for reporting and better engagement with the sector regarding the importance of reporting.

Figure 11: Australian Donation and Transplantation Activity Report 2024 data at a glance

| | | Difference to 2023 |
|--|---|--------------------|
| Deceased organ donation and transplantation  | 527 deceased organ donors | +3% |
| | 1,328 organ transplant recipients | -5% |
| | 53% families agreed to donation | -2% |
| | 7.8 million eligible Australians are registered to be a donor | +2% |
| Living organ donation and transplantation  | 253 living kidney donors | 0% |
| | 66 donors through the ANZKX ¹ program | +20% |
| Eye and tissue donation and transplantation   | 1,694 deceased eye donors | +10% |
| | 311 deceased tissue donors | -5% |
| | 2,630 corneal transplant recipients | +6% |

1 Australian and New Zealand Paired Kidney Exchange (ANZKX) program.



Monitor, collect, analyse & report national performance

Our objective

Monitor, collect, analyse and report information and data to provide evidence, support decision-making and drive continuous improvement in organ and tissue donation and transplantation.

Why it's important

Clinical data informs program design and delivery, which drives best clinical practices and efficiencies in donation and transplantation practices.

Data about community attitudes, beliefs and expectations is critical in addressing barriers to donation and informing the approach to increase donation consent rates.

National performance data is distributed to support strategic decision-making and continuous improvement across the donation and transplantation sectors.

Reporting annual data through the Australian Donation and Transplantation Activity Report

The Australian Donation and Transplantation Activity Report provides Australia's annual data on organ, eye and tissue donation and transplantation – both deceased and living – and highlights comparison and trend data from previous years, including consent and registration rates.

On 25 February 2025 the OTA released the 2024 Australian Donation and Transplantation Activity Report, in collaboration with ANZOD. The then Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP, announced the release at the Austin Hospital in Melbourne.

The OTA distributes this national performance data to support strategic decision-making and continuous improvement across the donation and transplantation sectors.

The report also informs the OTA's Annual Performance Statements and references the data sources for the performance measures.

Throughout 2024 the OTA monitored, collected and analysed data collected from trusted data sources that go into the production of the activity report. We work with internal and external stakeholders to integrate the data so that the insights in the report are well informed and representative across the sector.

These stakeholders include:

- the **Australia and New Zealand Organ Donation Registry**, which provides deceased organ donation and transplantation data. The OTA has representation on the ANZOD Working Group, which advises on the current and future direction of organ, eye and tissue donation reporting. The working group met throughout the year to progress improvements to the information available to clinicians and the general public in the ANZOD annual report. This information spans waitlisting, donation and transplant activity
- **OrganMatch**, Australia's organ waitlisting, matching and allocation system
- **Services Australia**, which is responsible (under a memorandum of understanding with the Department of Health, Disability and Ageing) for the AODR, including managing the database, processing applications for registrations and providing 24/7 access to the AODR by accredited health professionals
- the **Australia and New Zealand Dialysis and Transplant Registry** (ANZDATA), which provides living kidney donation and waitlist data. ANZDATA also provides advice to the OTA via representation on the OTA's Transplant Advisory Group.

Safeguarding our information and data

The OTA aims to safeguard the confidentiality, integrity and availability of information and data through robust governance processes.

The OTA's Data and Audit Working Group (DAWG) is made up of representatives from across the DonateLife Network. It is in place to ensure that data captured as part of the DonateLife Audit is understood, trusted and appropriately used.

The DonateLife Audit is a nationally consistent system for collecting data on all patients for whom organ donation may have been feasible in all DonateLife Network hospital ICUs and EDs.

The DAWG works with the network to make sure the people who collect, manage and use data understand their responsibilities and see the value it adds to achieving our purpose.

Training is conducted with DAWG members on an as-needed basis. During 2024–25, members were provided training on using the Hospital Organ Donation Report and related

dashboards. These reports allow for monitoring and evaluation of activities more effectively, leading to more responsive and targeted decision-making. There are currently more than 80 registered users of the dashboards across the network.

During 2024–25 the DAWG continued to progress the quality and utility of data captured in and analysed from the DonateLife Audit. This included providing data in alternative formats, such as Sankey diagrams, for presentation at the OTA's advisory committees. Sankey diagrams are used to visualise the flow of donated organs through to transplantation by specific organ type and by age of donor.

The DAWG also suggested opportunities for streamlining data entry for cases where potential for organ donation did not exist.

Understanding paediatric donation data

The OTA's Paediatric Working Group (PWG) consists of clinicians with paediatric donation specialist expertise from across the DonateLife Network.

It was established in 2022 to provide a forum to discuss opportunities for advancing paediatric organ and tissue donation for transplantation, with a focus on adapting and embedding clinical best practice in paediatric ICUs and identifying challenges and barriers to paediatric donation.

During the year the PWG identified that the DonateLife Audit did not currently provide an option to distinguish between paediatric intensive care units (PICUs), neonatal intensive care units (NICUs) and ICUs.



Bonnie's son Jack became a donor.
(Picture credit – Humans in Melbourne)

The PWG put forward a proposal to the DAWG to update the DonateLife Audit to address this. In March 2025 updates were made to the DonateLife Audit to change the unit of measurement for weight from grams to kilograms, add weight and age as possible reasons for donation not proceeding, and add NICU and PICU as separate options for the patient's location.

Paediatric donation specialists will be able to use this data to better understand paediatric donors, potential paediatric donors and why donation did not progress in paediatric contexts.

Enhancing the Electronic Donor Record system

The OTA continued to invest in key applications that inform and enable the donation, retrieval and transplantation process.

The EDR is the digital system used by the DonateLife Network and Eye Banks for capturing, storing and managing clinical data related to organ and tissue donation processes.

The EDR Working Group (EDRWG) continued to collaborate with the DonateLife Network and representatives from eye banks, ANZOD and the transplantation sector. Through the EDWRG, the EDR is continually reviewed and enhanced to strengthen its ability to support clinical decision-making and to drive continuous improvement in donation practices.

Enhancements that were made to the EDR in 2024–25 included:

- extended automated time-point capture and calculations
- development of a new page to record additional donor risk assessment information sourced by the donation specialist
- update to organ and tissue outcome options to improve accuracy of data
- new data fields to capture the timing of checking the AODR relative to family discussions to track best practice
- development of the EDR-to-OrganMatch interface to expand the donor information available to transplant units.

Comprehensive documentation updates were made to clinical, system, technical and administration application user guides.

The OTA ran specialised training sessions for staff across the DonateLife Network who use the EDR, to make sure they are equipped with the knowledge and skills to maintain clinical standard practices, manage data responsibly and to adapt to the system changes.

Monitoring international data

The OTA and the DonateLife Network continued to monitor and collect international data to benchmark and understand the barriers to organ donation and opportunities to broaden support for donation and transplantation.

As well, we continued to monitor the international landscape for new technologies and emerging approaches to clinical practice, consent systems, and community engagement and registration to help close the gap between the number of organs suitable for transplant and the number of people requiring a transplant.

In June 2025 the OTA was invited to attend the International Donation Action Forum, hosted by the UK's National Health Service Blood and Transplant.

The forum provided an opportunity for the OTA to take a deep dive into international best practice, to share the Australian perspective with a range of international experts, and to help identify strategic opportunities for improvement in clinical practice and marketing and communications to lift donation and transplantation rates.

UK legislation has progressively changed to an opt-out or deemed consent model. Despite strong donation foundations in the UK, the consent rate remains a challenge, alongside public attitude and understanding of the legislation.

The UK's organ donation and transplant rates have not progressed as they had hoped following the change in legislation. While there have been slight increases in the number of organ donors and life-saving transplants the consent rate has been in decline since the pandemic, dropping from 69% in 2020–21 to 59% in 2024–25.

Sharing data insights with the DonateLife Network to drive improvements

DonateLife hospitals

Throughout the reporting period the OTA met with DonateLife leaders and hospital executives across Australia to support continued improvement by sharing data insights. The engagement supports hospitals to improve their CPIP metric outcomes, as well as increasing understanding of the processes that high-performing hospitals use to drive best practice.

Our advisory committees

In 2024–25 the OTA processed more than 150 data requests from across the donation and transplantation sector, ranging from simple data provision to complex collaborative analysis for research publications. This high-quality data informs decision-making and drives improvement in organ and tissue donation outcomes and clinical practice. The data is provided to clinical advisory committees and working groups through analysis of current performance, national comparisons in performance, and guidance on best practice strategies to improve performance.

Consent workshops

In early 2025 the OTA commenced a process to identify and understand the factors within hospitals that impact consent rates. Through a series of workshops, data collected from the DonateLife Audit was used to inform discussions on the consent process, causes, drivers and solutions, such as quality and timing of routine referral, timing of donation specialist involvement, the consent conversation, skills of the donation specialists, attitudes and awareness in the hospitals, and logistics.

In 2025–26 the OTA will continue the work with the DonateLife leadership team on the consent roadmap and strategy to prioritise actions and identify key partners.

Registration opportunities

The OTA used registration data collected from the donatelife.gov.au website and the AODR to inform discussions with governments exploring opportunities to improve registration. During the year Queensland and Western Australia added digital links to the AODR for people renewing their licence or registering a vehicle online.

Research has shown that people are more likely to register as organ and tissue donors on the AODR when they are prompted while doing life administration related tasks like applying for and renewing their driver's licence.

The DonateLife Audit: the origin story

The DonateLife Audit originated from a pilot study conducted in Victoria that utilized a medical record review to retrospectively identify missed donor opportunities.

In 1998, Helen Opdam led a project aimed at understanding why donation rates in Victoria and Australia were relatively low compared to similarly developed countries. This involved reviewing deaths in 12 Victorian hospitals, where missed opportunities for donation were identified. The findings from this project informed subsequent practices to enhance mechanisms for routine donor detection and address other barriers to donation.

This initial project has evolved into what is now the DonateLife Audit, which is carried out in over 90 hospitals nationwide. The Audit provides

national data, including consent rates and the size of the potential donor pool. It also facilitates the monitoring of best clinical practices for donor identification and family communication regarding donation offers.

In addition to informing national priorities and clinical programs by highlighting areas for potential practice expansion, DonateLife Audit data is shared with the DonateLife Network and hospitals through regular dashboards. This sharing helps clinicians understand how effectively the program and established clinical practices are implemented. It also measures the impact of new practices and identifies opportunities for innovation and improvement, ultimately informing strategy, program design, and delivery.

Helen Opdam – commitment to purpose

2024 marked 10 years in the role as the OTA's National Medical Director but Helen's commitment to purpose began long before.



Associate Professor Helen Opdam presenting at the 2025 Donation and Transplantation Conference

Associate Professor Helen Opdam has been involved in organ donation for over 25 years.

In 2024 Helen celebrated 10 years in her role as National Medical Director (NMD) for the OTA, a position she has held since 2014. In this capacity, she provides expert clinical advice to the DonateLife Network, clinical organisations, the Australian Government Department of Health, Disability and Ageing and other government agencies. She serves as chair or deputy chair of several of OTA committees and working groups, in addition to participating on many more. Prior to her role as NMD, Helen was the inaugural Victorian State Medical Director at the initiation of the national DonateLife program in 2009.

In 2023 Helen was elected President of the International Society for Organ Donation Professionals (ISODP). The ISODP is dedicated to supporting the development of donation professionals and advancing effective and legitimate practices to improve and expand organ donation and transplantation globally.

Australia is increasingly recognized as a leading country in donation and transplantation through various of international contributions and engagements. Helen's commitment and dedication have been integral to increasing organ donation and transplantation in Australia.

Upon reflecting on her time in donation, Helen has recognised the improvements that have occurred in the system. 'Families are better supported and more consistently and expertly informed about their choices to make decisions regarding donation and help others through transplantation. Opportunities for donation are identified more systematically, ensuring that no potential case is overlooked. By ensuring that Australia has a high-quality and well-functioning system, we respect the decisions of individuals and their families regarding donation and maximize access to transplantation for people living in Australia.'

Clinical Practice Improvement Program

The CPIP – a performance framework to guide donation specialist staff and to monitor clinical best practice – is a key initiative under the DonateLife program.

The CPIP identifies the elements integral to achieving best practice organ and tissue donation in ICUs and EDs.

As well as measuring performance against our strategic measures, goals and objectives, the OTA measures hospital and jurisdictional performance against the CPIP measures. Reporting against CPIP measures is a key component of funding agreements with the states and territories.

Three of the most important CPIP performance measures are:

- 100% of patients in ICUs and EDs with planned end-of-life care are routinely referred to the DonateLife agency. This enables all opportunities for donation to be explored
- 100% routine checking of the AODR before the topic of donation is raised with families. We know that 8 out of 10 families give consent for donation when their family member is a registered donor
- a donation specialist nurse actively participating in 100% of family donation conversations. We know that 6 out of 10 families give consent to donation when they are supported by a donation specialist nurse.

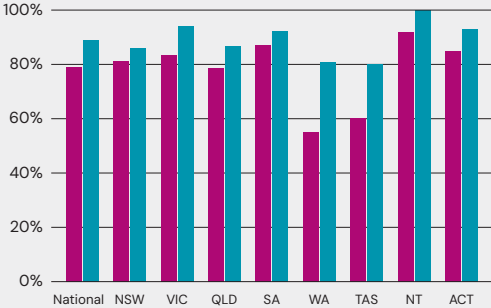
Throughout 2024–25 the OTA worked closely with DonateLife leadership teams and hospital executives to monitor and evaluate their performance against the CPIP metrics and to drive continuous improvement strategies.

We recognise the unique challenges in smaller jurisdictions such as the Northern Territory, which has lower rates of organ donation due to population demographics, which also impact consent rates and medical suitability for organ donation.

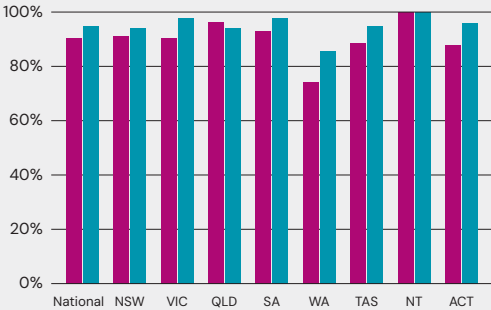
The following graphs show jurisdictional performance against the 3 key CPIP measures in 2020 compared to 2024, and also against the overall national result for those years. The target for all 3 of the measures is 100%.

Performance against the CPIP metrics

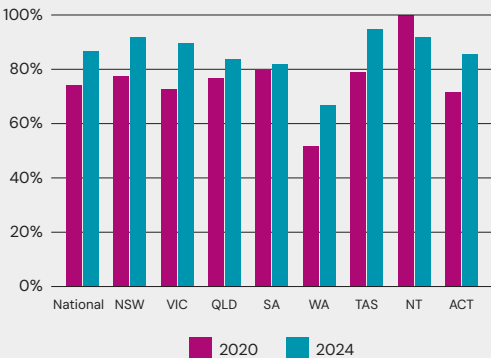
Referral rate



AODR checked rate



Donation specialist nurse involvement rate





Advance quality, safety & efficiency

Our objective

The organ donation and transplantation system is safe, efficient and effective through clinical guidelines, timely surveillance practices and the adoption of state-of-the-art technology.

Why it's important

Transplant recipients, donors and families, as well as the Australian community, trust that the organ donation and transplantation system is as safe and effective as possible. Optimal systems and state-of-the-art technology enable improvements in efficiency, equity of access, donation and transplant outcomes, and mitigation of emerging risks.

OrganMatch: the link between donation and transplantation

For those who are seriously ill with organ failure, receiving an organ transplant may mean the difference between life and death. Currently there are around 1,800 Australians on the waitlist for a transplant and an additional 14,000 people on dialysis – many of whom could benefit from a kidney transplant.

OrganMatch – Australia's organ waitlisting, matching and allocation system – connects transplant clinicians, tissue typing laboratories and donation agencies with each other using real-time data. It is used by transplant units to waitlist patients who require a transplant, match potential donor organs with recipients, and allocate kidneys nationally using the kidney allocation algorithm.

- As at 30 June 2025 all transplant units in Australia are using OrganMatch to waitlist their patients for transplant.
- OrganMatch has over 1,200 active user accounts. More than 900 of these users are transplant clinicians, who use the transplantation portal to directly access patient information.
- The ANZKX program, funded by the OTA, also uses the OrganMatch system to manage living donor chains and to match kidney recipients and living donors.

Using funding provided by the OTA, the TSANZ established the Kidney Allocation Algorithm Working Group to address limitations in the current kidney allocation algorithm. In 2024–25 the working group focused on designing an algorithm to offer better immunologically

matched kidneys to waitlisted patients. Differences in waiting times between ethnic groups are also predicted to be reduced by the new algorithm, resulting in a fairer system.

The National OrganMatch Office progressed development of organ offering, matching and allocation to include all organ groups being managed through the OrganMatch system.

The National OrganMatch Office also progressed work during the year to incorporate the entire current PDF donor chart into OrganMatch in a more user friendly and accessible manner. The process to enable listing of urgent patients through OrganMatch has also been under development.

The OrganMatch Operational Governance Committee continued to meet monthly to discuss operational matters relating to OrganMatch, including prioritisation of the development work, management of change request proposals, and review of any serious adverse event and reaction notifications, as well as budget and contract monitoring and management.

The OrganMatch user groups for the donation, laboratory and transplant portals have continued to meet regularly to provide insights and feedback on the user experience of OrganMatch, and to assist with implementation of practice changes throughout OrganMatch.

In 2024–25 the OTA reviewed the contracting arrangements for the delivery of IT system development for the OrganMatch system. Following a procurement process, the system development for OrganMatch transitioned to Australian Red Cross Lifeblood. This transition was incredibly well managed and has shown the professionalism of Lifeblood as a strategic partner.

Enhancements to the Australian Vigilance and Surveillance System for Organ Donation and Transplantation

The Australian Vigilance and Surveillance System for Organ Donation and Transplantation plays a vital role in improving the quality and safety of organ donation and transplantation in Australia. It is designed to monitor, record and retrospectively analyse SAER notifications from the sector to inform future processes in organ donation and transplantation.

Transparency makes for a safer system, and the OTA continues to strongly encourage the reporting of actual or potential adverse events and reactions so that knowledge can be gained to help inform future advice, recommendations and guidelines. This will improve the safety and quality of donation and transplantation and enhance Australia's system.

Over the reporting period the OTA continued its review of the Australian Vigilance and Surveillance System for Organ Donation and Transplantation. The review focused on system improvements to the user interface and user experience, accessibility of SAER notifications, and database and reporting capabilities.

In 2024 the SAER notification database was enhanced to enable collation, cross-referencing, traceability, and identification of trending SAER notifications. The information in the database will include the SAER notification form, all

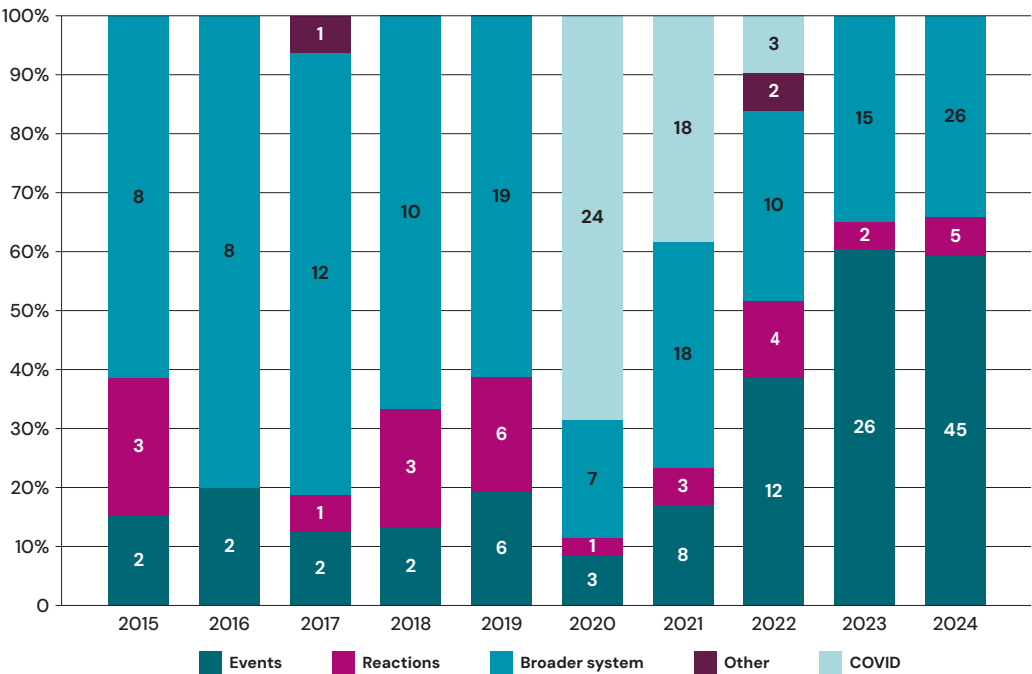
associated documents, and outcomes from the review including comments, categorisation and follow-up actions. Further enhancements to be made in 2025–26 include the addition of literature reviews, international occurrences/ precedents, and related correspondence.

In June 2025 the OTA released the 2024 annual report of the Australian Vigilance and Surveillance System for Organ Donation and Transplantation.

The report provides a high-level summary of learnings and trends that were reported throughout 2024. The number of SAER notifications increased, with 76 notifications in 2024 compared to 43 in 2023. The increase is likely due to the targeted introduction of new avenues for reporting, better engagement with the sector regarding the importance of reporting, and an increase in the number of reported AODR events. Figure 12 shows the comparison of notification categories across the years 2015 to 2024.

In 2025–26 the OTA will look to further simplify the reporting process to capture more notifications and improve clinical practice, which will lead to a safer organ donation and transplantation system in Australia.

Figure 12: Serious adverse event and reaction notifications by category, 2015 to 2024



Cybersecurity maturity

The OTA partners with trusted suppliers to enable information and technology to be available, secure and well maintained, and to enhance our cybersecurity posture.

We continue to work closely with the Department of Health, Disability and Ageing, trusted external IT suppliers and security agencies and technical authorities to respond to enhance our cybersecurity posture to respond to evolving and emerging threats.

The OTA monitors and works to uplift our cybersecurity maturity in line with the Protective Security Policy Framework, including aligning with newly released Protective Security Policy Framework controls and directions on managing foreign ownership, control or influence risks in technology assets.

AI transparency statement

The OTA published its AI transparency statement in February 2025 confirming the OTA's commitment to identifying ethical, responsible and meaningful use when considering the adoption of AI capabilities. Currently the OTA does not use AI in any services it provides, but we will be transparent as we explore, adopt and integrate AI technology to benefit staff and external stakeholders.

In 2025 the OTA began exploring the potential appropriate use of AI, including the risks that will need to be managed and the benefits it may bring. A small user group was established to review the feasibility of procuring and implementing Microsoft CoPilot safely and securely within the OTA. The user group will act as early adopters, assessing Microsoft CoPilot's potential for use at the OTA, identifying key use cases, and establishing a framework for broader adoption.

Support from the DonateLife Network to improve data governance

Members of the DonateLife Network access OTA data assets including the EDR, the web-based DonateLife Audit tool, and the DonateLife Learning Site in accordance with agreed national and jurisdictional procedures and protocols.

The OTA maintains and enhances these data assets as required and in consultation with the jurisdictions.

De-identified data from data assets is collated and curated by the OTA and used for reporting and analysis to support clinical practice improvement.

Governance of data included in data assets is a combined responsibility of the OTA, the relevant data host and the states and territories, underpinned by data governance and privacy principles.

The states and territories continue to contribute to initiatives that promote best practice in data governance in the organ donation, retrieval and transplantation sector to enable the future use, collation and reporting of data that meets the requirements of clinicians, government and the community.

Analysing our data for accuracy

The OTA is committed to providing high-quality data to inform decision-making and drive improvement in organ and tissue donation outcomes and clinical practice. To ensure high-quality data is available, the OTA conducts reviews of the data captured through the DonateLife Audit for completeness.

During 2024–25 we conducted an analysis of ethnicity data from the DonateLife Audit that identified a lack of specificity in the composition of the data in the EDR. Gaining a better understanding of ethnicity across the donation population will help us respond to the needs of CALD communities.

As a result, the OTA raised this gap with the EDRWG, who continually review and enhance the EDR to strengthen its ability to support clinical decision-making and drive continuous improvement in donation practices.

Successful matching with strategic partners

The OTA and the Australian Red Cross Lifeblood are key strategic partners.

The partnership is based on enhancing organ and tissue donation outcomes in Australia. Both organisations are committed to saving and improving the lives of more Australians.

Lifeblood has the infrastructure, expertise, and national reach to support the logistics of tissue collection, storage and distribution. The OTA, through the Donatelife Network, coordinates the notification and consent process for organ and tissue donors. Together, we ensure the donation process is well supported.

Since 2019 Lifeblood has partnered with the OTA in the management and delivery of OrganMatch, the state-of-the-art organ waitlisting, matching and allocation system. In 2025 the partnership was further strengthened when Lifeblood took on the system development role for OrganMatch.

This now allows the OTA and Lifeblood to collaborate on OrganMatch system

enhancements and clinical best practice updates that better support the donation, laboratory and transplant sector to better facilitate organ donation and transplantation.

Lifeblood is a key member of the OTA's OrganMatch Operational Governance Committee. Through its monthly meetings, the committee discusses operational and governance matters relating to OrganMatch. In addition, the National OrganMatch Manager provides updates to the OTA's Transplant Advisory Group on OrganMatch matters relevant to the transplantation sector.

The OTA and Lifeblood experience similar challenges in attracting and maintaining target audiences. The OTA's Communications and Engagement team regularly meets with colleagues at Lifeblood to share ideas about social media engagement activities.





Sustain specialist resources

Our objective

Dedicated resources are available through collective funding from the Commonwealth and state and territory governments to enable the system to have the infrastructure and expertise necessary to support donation and transplantation.

Why it's important

Resourcing should not be a barrier to donation and transplantation. An effective system requires funding to employ specialist staff and cover associated donation and transplantation costs.

Funding to support donation

The OTA funds the state and territory governments to deliver donation services as part of the national DonateLife program. The states and territories use this Commonwealth funding to employ specialist staff across the DonateLife Network and to deliver a nationally consistent donation service in each jurisdiction.

The current funding agreements include over \$93 million in payments to state and territory governments over 3 years to June 2026. This is further supplemented by activity-based Organ Donation Hospital Support Funding, which provides support to hospitals for costs associated with organ donation based on actual and intended organ donors.

The DonateLife program has a delivery model of a core set of DonateLife agency positions that considers scale, complexity, geography,

donor (actual and intended) and referral rates based on previous peak donation activity for each jurisdiction.

In addition to this delivery model, all states and territories agreed to implement clinical best practice processes and the CPIP, report SAERs to the Australian Vigilance and Surveillance System for Organ Donation and Transplantation, and use the EDR, the DonateLife Audit and OrganMatch.

Compliance and performance across these areas was reported in progress reports and quarterly acquittals provided by each jurisdiction.

In 2025–26 the OTA will work closely with the state and territory governments to establish new funding agreements for 3 years to 2029.

The funding breakdown for DonateLife Network positions by state and territory in 2024–25 is provided in Table 1.

Table 1: Funding for the DonateLife Network (2024–25)

| State/territory | DonateLife agency staff (\$m) | Hospital-based staff (\$m) | Total (\$m) | Percentage of total funding |
|-----------------|-------------------------------|----------------------------|-------------|-----------------------------|
| NSW | 3.193 | 5.057 | 8.250 | 25.9% |
| VIC | 1.458 | 6.396 | 7.854 | 24.7% |
| QLD | 2.683 | 3.022 | 5.705 | 17.9% |
| WA | 0.904 | 1.961 | 2.865 | 9.0% |
| SA | 0.920 | 2.094 | 3.014 | 9.5% |
| TAS | 0.630 | 0.989 | 1.619 | 5.1% |
| ACT | 0.666 | 0.652 | 1.318 | 4.1% |
| NT | 0.688 | 0.538 | 1.226 | 3.8% |
| TOTAL | 11.142 | 20.709 | 31.851 | 100.0% |

Note: amounts exclude funding for professional education, travel, the National Medical Director and other adjustments. In NSW and QLD nursing staff are based in both the DonateLife agency and the hospital.

Supporting the network to deliver donation services

Part of the Australian Government funding provided by the OTA to the state and territory governments is to employ staff across the DonateLife Network to deliver a nationally consistent organ and tissue donation service in each jurisdiction.

The funding covers a DonateLife leadership team, a hospital-based medical and nursing donation specialist team, and agency staff including educators, communication officers, donor family support officers, and data and audit personnel.

State and territory governments are responsible for resourcing and managing downstream services including tissue typing, retrieval and transplantation services.

Figure 13: Funded positions with the DonateLife Network



Looking forward to enhance systems

- The OTA will continue to focus on enhancements to our technology and systems, such as the EDR and OrganMatch, that support donation and transplantation to drive clinical best practice.
- Our dashboards will remain integral mechanisms for the distribution of national and jurisdictional performance data, and we will continue to work with our hospitals and DonateLife Network staff to support strategic decision-making and continuous improvements based on key CPIP data.
- We will continue to use appropriate systems, such as the DonateLife Audit, the EDR and OrganMatch, to monitor, collect, analyse and report waitlist, mortality, donation, retrieval and transplantation data.
- We will continue to analyse clinical data to inform program design and delivery, in turn driving best clinical practices and efficiencies in organ donation processes.
- We will continue to review the Australian Vigilance and Surveillance System for Organ Donation and Transplantation, focusing on system improvements including to the user interface and experience, accessibility for notification of SAERs, and database and reporting capabilities.
- We will continue to contribute to collective funding with the state and territory governments to enable the system to have the expertise necessary to support organ and tissue donation and transplantation.

Figure 14: Our challenges to enhance systems



Financial performance

Departmental

Operating result

The OTA's operating result for 2024–25 was a deficit of \$0.402 million, compared with the initial forecast budget deficit of \$0.494 million, which includes unfunded depreciation and amortisation expenses. The OTA's commitment to sound financial management is reflected in its financial performance and unqualified financial statements (see Part 4).

Departmental income

The OTA received \$6.907 million in revenue from government in 2024–25, compared with \$6.765 million in 2023–24. The increase is due to supplementation received for wages and price increases, less whole-of-government savings initiatives applied.

Departmental expenses

The OTA's expenses for 2024–25 were \$7.399 million, which was an increase of \$0.492 million from 2023–24 (a 7.1% increase). The increase is primarily a result of pay rises arising from the OTA's enterprise agreement, and increased depreciation expense due to the full-year impact of new fit-out assets (compared with only a part-year impact in 2023–24). These were offset by a reduction in supplier costs.

Net asset position

Net assets decreased by \$0.122 million from 2023–24 to 2024–25, which comprised the following movements:

- Total assets decreased by \$0.258 million due to the impact of depreciation and amortisation on fixed asset values. This was partially offset by an increase in appropriation receivable.
- Total liabilities decreased by \$0.137 million. This was driven by a decrease in the value of lease liabilities as they unwind over time, as well as decreased trade creditors and other payables at 30 June. These were offset by an increase in the value of leave provisions.

Capital budget

In 2024–25 the OTA received a capital budget of \$0.280 million. Capital expenditure during the year was low due to the newness of fit-out assets.

Administered

Administered income

No administered income was received during the period.

Administered expenses

For 2024–25 the OTA reported supplier expenses of \$3.391 million. Supplier expenses primarily related to costs associated with:

- Electronic Donor Record licensing and support
- increasing community awareness and education through creative material production, public relations and merchandise
- delivery of the national professional education package across Australia, including delivery of eLearning modules to our health professionals and development of a web-based platform to host professional development sessions for specialist donor coordinators who participate in donor family conversations.

Grant expenses were \$48.583 million. The OTA provided grant funding to:

- state and territory governments for dedicated donation specialist staff across the DonateLife Network to deliver a nationally consistent organ and tissue donation service
- public and some private hospitals to contribute to the costs associated with organ donation activity, based on actual and intended organ donors through Organ Donation Hospital Support Funding
- support outcome registries and donation and transplantation systems
- partner with organisations to undertake community awareness and engagement activities to increase awareness and promote family discussion about organ and tissue donation, as well as to increase registration on the AODR.

Administered assets and liabilities

As at 30 June 2025 the OTA administered total assets on behalf of government of \$0.777 million, which is \$0.155 million lower than the previous year. This consists of \$0.080 million in cash holdings, \$0.667 million in GST and other receivables, and \$0.030 million in prepayments.

Administered liabilities at 30 June comprised \$9.827 million, consisting of \$9.773 million in grants payable and \$0.054 million in supplier payables.

Table 2: OTA resource statement 2024–25

| | Actual available appropriation for 2024–25 (\$) | Payments made 2024–25 (\$) | Balance remaining 2024–25 (\$) |
|---|---|----------------------------|--------------------------------|
| Departmental | | | |
| Annual appropriations – ordinary annual services ¹ | 10,040,451 | 7,029,671 | 3,010,780 |
| Total departmental annual appropriations² | 10,040,451 | 7,029,671 | 3,010,780 |
| Administered | | | |
| Annual appropriations – ordinary annual services | 51,906,000 | 42,203,462 | |
| Total administered annual appropriations | 51,906,000 | 42,203,462 | |
| Total ordinary annual services | 61,946,451 | 49,233,133 | |
| Total resourcing and payments for OTA | 61,946,451 | 49,233,133 | |

1. Appropriation Acts (No. 1 and 3). This may also include prior year departmental appropriation, section 74 retained revenue receipts, and amounts subject to quarantine under section 51.
2. Includes an amount of \$0.28 million in 2024–25 for the departmental capital budget. For accounting purposes this amount has been designated as ‘contributions by owners’.

Outcome 1

Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.

Program 1.1

A nationally coordinated system for organ and tissue donation for transplantation.

Table 3: Expenses for Outcome 1

| | Budget ¹ 2024–25 (\$) | Actual expenses 2024–25 (\$) | Variation 2024–25 (\$) |
|---|----------------------------------|------------------------------|------------------------|
| PROGRAM 1.1 | | | |
| Administered expenses | | | |
| Ordinary annual services (Appropriation Act No. 1) | 51,906,000 | 51,973,971 | (67,971) |
| Departmental expenses | | | |
| Departmental appropriation ² | 6,907,000 | 6,560,124 | 346,876 |
| Expenses not requiring appropriation in the budget year | 844,000 | 838,471 | 5,529 |
| Total for Program 1.1 | 59,657,000 | 59,372,566 | 284,434 |
| Total expenses for Outcome 1 | 59,657,000 | 59,372,566 | 284,434 |

| | 2023–24 | 2024–25 |
|--|--------------|--------------|
| Average staffing level (number) | 29.92 | 32.00 |

1. Full year budget including any subsequent adjustment made to the 2024–25 budget at Additional Estimates.
2. Departmental appropriation combines ordinary annual services (Appropriation Acts No. 1 and 3) and retained revenue receipts under section 74 of the *Public Governance, Performance and Accountability Act 2013*.

Courtney

'I am so grateful every day and thank my donor every day!! I just want to shout out to the world how important organ donation is!!! It is such a blessing and miracle and I want to dedicate my life for my donor.'

Courtney had a kidney and pancreas transplant. She went into complete kidney failure after battling type 1 diabetes for 20 years. She didn't think she would make it to her 35th birthday.



Part 3

Management and accountability

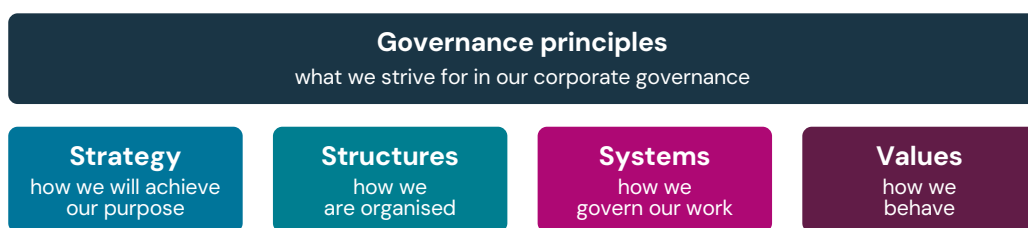
| | |
|------------------------------|-----|
| Corporate governance | 86 |
| Risk management | 95 |
| Our people | 100 |
| Workplace health and safety | 108 |
| Resource management | 110 |
| Environmental sustainability | 115 |

Corporate governance

The OTA operates within a robust governance framework that enables effective planning, optimal resource utilisation, and ethical conduct.

We operate in accordance with the legislative foundations provided by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (OTA Act), the *Public Service Act 1999*, and the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

Figure 15: Corporate governance model



Our corporate governance model contains 4 key pillars – strategy, structures, systems, and values – and is guided by the 6 foundation principles of public sector governance:

- **Accountability:** Being answerable for decisions and having appropriate mechanisms in place to ensure the agency adheres to all applicable standards.
- **Transparency and openness:** Having clear procedures, roles and responsibilities for making decisions and exercising power.
- **Integrity:** Acting impartially, ethically and in the interests of the agency.
- **Stewardship:** Using every opportunity to enhance the value of the public assets and institutions that have been entrusted to the agency's care.
- **Efficiency:** Ensuring the best use of resources to further the aims of the organisation.
- **Leadership:** Achieving an agency-wide commitment to good governance through leadership.

Accountability structure

Responsible minister

The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care, Assistant Minister for Indigenous Health, was the responsible minister for the OTA from 1 July 2024 to 13 May 2025. Following the 2025 federal election, the Hon Rebecca White MP was sworn in on 13 May 2025 as Assistant Minister for Health and Aged Care, Assistant Minister for Indigenous Health, Assistant Minister for Women, and responsible minister for the OTA.

Accountable authority

The Chief Executive Officer (CEO) is the accountable authority under the PGPA Act.

Executive

The OTA Executive consists of the CEO (the accountable authority), the Chief Operating Officer and the National Medical Director.

The Executive provides guidance and leadership on our overall direction, responsibilities and culture.

**Lucinda Barry AM,
Chief Executive Officer**



Lucinda Barry commenced as the CEO in 2017. Lucinda has extensive experience in health care, both clinical and policy. She has held senior leadership roles within government,

the public service, and health service management and delivery.

Lucinda represents the Australian Government on a number of national and international committees, including the National Indigenous Kidney Transplantation Taskforce and the Commonwealth 'Tribute to Life' International Advisory Panel. In addition, she is a member of the Jurisdictional Organ and Tissue Steering Committee. Lucinda is the Australian Government's national media spokesperson on organ and tissue donation and is an invited speaker at national and international conferences. In the 2023 Australia Day Honours, Lucinda became a Member of the Order of Australia (AM) for her significant service to public health policy in executive roles and to medicine.

**Belinda Small,
Chief Operating Officer**



Belinda Small commenced as the Chief Operating Officer in 2021 and concluded her appointment on 25 July 2025. She was responsible for ensuring corporate operations enabled

the OTA to achieve its strategic goals. Her functional responsibilities included finance, risk, governance, human resources, and analytics and technology.

Belinda has extensive experience in leading organisational strategy, complex transformation agendas and corporate teams. She is passionate about shaping positive workplace cultures, building sustainable capability in organisations, and collaborating to achieve positive outcomes for the community. Belinda holds a Bachelor of Commerce and a Master of Business Administration and is certified as a change management practitioner. She has previously held positions at the Bureau of Meteorology, the Department of Health and the Department of Finance. Belinda is also a member of Cancer Australia's Audit and Risk Committee.

**Associate Professor Helen Opdam,
National Medical Director**



Associate Professor Helen Opdam MBBS FRACP FCICM was appointed as the OTA National Medical Director in 2014. She is a Senior Intensive Care Specialist at the Austin Hospital in Melbourne

and Director of Warringal Private Hospital Intensive Care Unit.

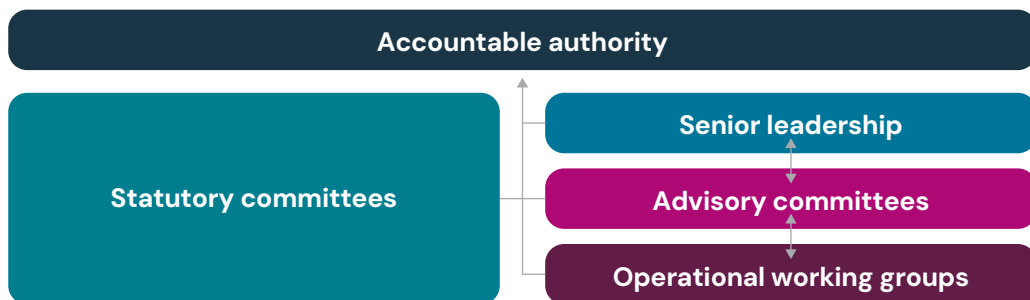
Helen is responsible for providing expert clinical advice to the OTA CEO, DonateLife Network staff, clinical organisations, the Australian Government Department of Health, Disability and Ageing and other government agencies and key stakeholder groups. She is the current President of the International Society for Organ Donation Professionals. Helen participates both nationally and internationally on working groups and committees, as a conference speaker, and as an author for medical journal and guideline publications. Helen has been involved in organ donation since 1998, initially in developing an audit to determine the potential for organ donation. This process has evolved into the current DonateLife audit, which provides key metrics for Australia's donation performance and monitors the effective implementation of the national program within hospitals. Helen was the inaugural Victorian State Medical Director for organ and tissue donation at the initiation of the DonateLife program in 2009.

Governance structure

The OTA has 4 key elements to its governance structure:

- Senior leadership – operates in an advisory capacity to the accountable authority (the CEO)
- Statutory committees – required or established by law
- Advisory committees – composed of internal and external stakeholders who bring unique knowledge and skills to provide strategic direction, guide quality improvement, and assess the effectiveness of our national DonateLife program against our strategy
- Operational working groups – established to provide input into the overall operations of the DonateLife program. These groups may be ongoing or established as temporary working groups to achieve specified goals, information sharing and/or group discussions about a subject.

Figure 16: OTA governance structure



Senior leadership team

The OTA's senior leadership team is made up of the Executive, National Manager Clinical Programs, National Manager Communications and Engagement, and National Manager Analytics and Technology. It operates in an advisory capacity to the CEO on key strategic decisions.

Statutory committees

The OTA has 3 statutory committees that are either required or established by law.

OTA Advisory Board

The Advisory Board is responsible for advising the CEO about the objectives, strategies and policies to be followed by the OTA in the performance of its functions and in organ or tissue donation and transplantation matters. It is established under the OTA Act.

The Advisory Board comprises the chair and 5 members. The Advisory Board met 4 times during the reporting period.

In 2024–25 the Advisory Board members were:

- Dr Helen Szoke AO (Chair)
- Professor Carol Pollock AO (Deputy Chair)
- Mr Oren Klemich
- Mr Nicholas Brown
- Ms Kelli Owen
- Adjunct Professor Terry Slevin.

The members bring a wealth of knowledge to the Advisory Board including experience in the clinical sector, business management and lived experience of the DonateLife program. Biographies of the Advisory Board members are available at www.donatelife.gov.au/our-board.

Advisory Board Member Oren Klemich

Across Australia tens of thousands of lives have been touched by organ and tissue donation, and there are many stories which tell of a strong connection to our purpose.



OTA Advisory Board Member Oren Klemich speaking at the 2025 DonateLife Community Forum

Oren Klemich has a deeply personal and passionate connection to our purpose.

Oren and his wife, Gill, tragically and suddenly lost their son in 2009 to meningococcal disease. Jack, aged 18, was a registered organ donor, and the lives of 5 Australians have been transformed by Jack's precious gift of life.

'We knew Jack's wishes. We'd had a discussion, and we knew he had registered to be a donor as he'd ticked the box on his driver's licence. His organs saved the lives of 5 people. And it really helped us. It helped us enormously in the fact that we knew part of Jack was still out there and helping others,' Oren says.

South Australia is the only state in Australia where it is possible to register as an organ donor through your driver's licence. Oren has been a strong advocate to extend this approach to all states and territories.

'We need more people to register as organ donors. Only 36% of Australians are registered. In South Australia, where people can register through the driver's licence system, 73% of our population is registered. It's a great system and I urge other states to follow suit,' he says.

Since 2017, Oren has channelled his passion and advocacy for organ donation as a member of what was the OTA Board and is now the OTA Advisory Board. As a donor family member, his advice, expertise and passion have played an invaluable role in the development of the national program. Oren has shared his personal journey and advocacy for organ donation in a range of public forums.

'I'm a very proud member of the OTA Advisory Board. I can honour our gorgeous son Jack's legacy and tell his story to promote awareness of, and the profound impact organ donation has in transforming the lives of those people in need of a transplant,' he says.

Oren also continues to be a passionate advocate for awareness about meningococcal disease and vaccination.

Oren, thank you for your outstanding service to the Australian organ and tissue donation national program.

Audit and Risk Committee

The Audit and Risk Committee has been established by the accountable authority in compliance with section 45 of the PGPA Act and section 17 of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) – Audit committee for Commonwealth entities.

The Audit and Risk Committee plays an essential role in the OTA's corporate governance. It provides assessment and advice to the CEO on the OTA's:

- financial and performance reporting responsibilities
- risk oversight and management
- systems of internal control.

Our Audit and Risk Committee is chaired by an independent external member, Ms Gayle Ginnane. During 2024–25 the other independent external members were Mr Don Cross, Mr Robert Antich and Mr Tony Hof.

The OTA CEO, Chief Operating Officer and Chief Financial Officer, the Australian National Audit Office and our internal assurance staff are invited to attend meetings as required. The Audit and Risk Committee Charter is available at www.donatelife.gov.au/OTA-Audit-and-Risk-Committee-Charter.

Committee members collectively have a broad range of skills and experience. In 2024–25 the committee met 4 times.

Audit and Risk Committee members

Gayle Ginnane, Committee Chair

Ms Ginnane is an experienced executive with significant board and audit committee experience. Formerly the CEO of the Private Health Insurance Regulator, Gayle has broad experience as a senior manager in an insurance and regulatory environment in both the public and commercial sectors and an in-depth understanding of governance and risk management. She has a degree in statistics and economics and a postgraduate degree in defence studies. Gayle was appointed to the Audit and Risk Committee in September 2018.

4 meetings attended / 4 meetings total

Total annual remuneration \$7,940 (GST inclusive)

Don Cross

Mr Cross has a background in financial statement audit, internal audit, management assurance, and performance and program management. He leverages his background, skills and experience as the chair or as a member of audit and risk committees for federal government departments and corporate Commonwealth entities delivering policy, regulatory and service delivery functions. He is a Fellow of the Institute of Chartered Accountants in Australia and New Zealand and a certified practising accountant. Don was appointed to the Audit and Risk Committee in December 2019.

4 meetings attended / 4 meetings total

Total annual remuneration \$7,700 (GST inclusive)

Robert Antich

Mr Antich has extensive experience in senior executive roles at the Australian Department of Finance, including in federal Budgets, in procurement policy and as the national manager of the Australian Government's liability insurer and risk manager (Comcover) for 3 years. He has significant governance and risk management expertise in government and as a consultant and has designed and implemented risk management frameworks for multiple Australian Government entities, overseas governments and the World Bank. Robert was appointed to the Audit and Risk Committee in July 2021 and concluded his appointment on 30 March 2025.

3 meetings attended / 4 meetings total

Total annual remuneration \$3,660 (GST inclusive)

Tony Hof

Mr Hof is a risk management specialist with extensive experience in designing and implementing risk management frameworks, tools and processes across both the public and private sectors. Having recently retired from a career in professional services, he is now a member of several public sector audit and risk committees, in addition to continuing work as an independent management consultant, advising on strategic risk and impact analysis. He has an economics (accounting) degree and is a chartered accountant. He was appointed to the Audit and Risk Committee in June 2025.

1 meeting attended / 4 meetings total

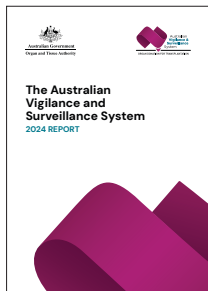
Total annual remuneration \$1,950 (GST inclusive)

Vigilance and Surveillance Expert Advisory Committee

The Vigilance and Surveillance Expert Advisory Committee (VSEAC) monitors the performance of the Australian Vigilance and Surveillance System and provides advice on emerging risks identified in the organ donation and transplantation sectors. It is a statutory committee established by the OTA CEO under the OTA Act.

The committee is chaired by Professor Jeremy Chapman AC and its membership comprises the OTA National Medical Director and high-level technical specialists with relevant expertise from key clinical stakeholders and government.

VSEAC produces and publishes an annual report each year detailing its work in monitoring the Vigilance and Surveillance System, which was established to safeguard and improve quality and safety in organ donation and transplantation and, importantly, to identify trends and avoid recurrences of serious adverse events and/or reactions (SAERs).



In June 2025 VSEAC released the Australian Vigilance and Surveillance System for Organ Donation and Transplantation 2024 Report, covering SAER notifications received from 1 January to 31 December 2024. The report provides the Australian community

with a clear view of vigilance and surveillance in the system and provides confidence to those who need a transplant that the sector is doing everything it can to make the process as safe as possible.

In addition to the annual report, VSEAC regularly dispatches clinical communiqués to raise awareness of current recommended clinical practices and convey new issues, risks and recommendations to enhance patient safety, donation and transplantation outcomes. VSEAC issued 3 communiqués to the clinical sector in 2024–25.

Advisory committees

Collaboration is integral to the implementation of the DonateLife program, with a focus on achieving a best practice clinical system alongside increased community awareness. Our advisory committees provide input, advice and recommendations to support the delivery of the DonateLife program. All advisory committees report to the OTA CEO.

Jurisdictional Advisory Group

The Jurisdictional Advisory Group is the key advisory committee on the DonateLife program. The group considers and makes recommendations to the OTA CEO about all aspects of the program, including strategic priorities, clinical and data governance, community engagement, and program planning and resources for the DonateLife Network. The Jurisdictional Advisory Group works to ensure the DonateLife program is consistent with state and territory legislation, policies and processes.

Chaired by the OTA CEO, the group comprises jurisdictional and Commonwealth health department representatives, the OTA National Medical Director, the OTA Chief Operating Officer, DonateLife state medical directors and agency managers.

Clinical Governance Committee

The Clinical Governance Committee is the key clinical advisory committee for the DonateLife Network. It is chaired by the OTA National Medical Director and comprises the OTA CEO, the DonateLife state medical directors and clinical agency managers, and representatives of both the eye and tissue professional bodies. The committee provides a forum for sharing experiences and new initiatives and agrees on practices related to the implementation of the Clinical Practice Improvement Program in DonateLife hospitals.

The committee makes recommendations relating to clinical aspects of the DonateLife program. Where there are policy or funding implications, these are referred to the Jurisdictional Advisory Group for consideration.

OTA Transplant Advisory Group

The OTA Transplant Advisory Group facilitates engagement with the transplantation sector on matters relevant to the DonateLife program and provides advice to the OTA CEO on issues and emerging trends that have implications for transplantation matters more broadly. It is chaired by Professor Steve Chadban.

Membership of the group comprises the OTA National Medical Director; representatives from transplant, medical and nursing professional bodies and donation specialists; and Transplant Australia and Kidney Health Australia representing consumers.

Eye and Tissue Advisory Committee

The Eye and Tissue Advisory Committee provides advice on matters relevant to eye and tissue donation and transplantation, with a key focus on donation coordination by the DonateLife Network. This collaboration helps to improve systems and processes to increase the number of deceased eye and tissue donations for transplantation in Australia.

The committee is chaired by the OTA National Manager Clinical Programs and its membership comprises representatives from Australian eye and tissue banks, as well as the Australian Government's Department of Health, Disability and Ageing and the Therapeutic Goods Administration.

Community Engagement Group

The Community Engagement Group works collaboratively to inform communications and engagement activities undertaken as part of the DonateLife program. The group is chaired by OTA Advisory Board member Mr Oren Klemich, a donor family member. Its membership comprises representatives from a broad range of community organisations and a number of individuals. These include organisations working to promote awareness of organ and tissue donation, including target audiences such as First Nations people, young people, and culturally and linguistically diverse groups.

The Community Engagement Group gives the OTA a community perspective on relevant issues, emerging trends and opportunities.

Operational working groups

Our operational working groups are established to provide input into the overall operations of the OTA. Their members have insight into our business operations and suggest strategic directions that the OTA could take to achieve its objectives. These groups may be ongoing or established as temporary working groups to achieve specified goals, share information and/or hold group discussions about a particular subject. They usually report into the advisory committees on their findings and recommendations.

The OTA's operational working groups include:

- Australian Donor Risk Assessment Interview (AUS-DRAI) Review Working Group
- Data and Audit Working Group
- DonateLife Communications
- Education Coordinators Network
- Education Working Group
- Electronic Donor Record Working Group
- Family Support Advisory Group
- OrganMatch Operational Governance Committee
- Paediatric Working Group.

Supporting families

The OTA's Family Support Advisory Group (FSAG) brings together the family support coordinators from each DonateLife agency to provide expert advice on the National DonateLife Family Support Service (NDFSS).



Artwork from the National DonateLife Family Support Service resources

Established in 2010, the NDFSS delivers services and resources offered by DonateLife to families who say yes to organ and tissue donation.

The NDFSS resources are a suite of written materials to support donor families, such as the *Counselling support services* brochure and 'In reflection' booklets for families involved in donation. These resources are shared with families in the weeks following donation and are available online or distributed in print by DonateLife agencies.

A *Correspondence guidelines* brochure is supplied to transplant centres and hospitals, for distribution to transplant recipients. It provides guidance on writing to their donor's family.

The FSAG met in November 2024 and April 2025.

In 2024–25 the FSAG focused on refreshing and updating the NDFSS resources. This included extensive consultation with FSAG members,

the Australasian Donors and Transplant Coordinators Association and the Transplant Nurses' Association.

The updates include further clarification and guidance for families and recipients on the exchange of correspondence, an updated list of support services and external resources, and information about the OTA's newly implemented 'consent to contact' process – a nationally consistent approach to contacting donor families to seek their consent for future contact.

The new resources and guidelines are on track to be finalised and distributed in late 2025.

In 2025–26 a key focus of the FSAG will be Families' Experiences of Donation – A Quality Improvement Project (the ENQUIRE Project). The ENQUIRE Project is a quality assurance activity that seeks feedback from donor families with the aim of identifying opportunities to improve clinical practice and the support offered to families throughout the donation process.

Corporate planning

The OTA operates within the Commonwealth Performance Framework in accordance with the PGPA Act and the PGPA Rules. Corporate planning aligns our activities and resources with our strategic priorities to support the achievement of our purpose.

Our strategic planning processes are undertaken in consultation with our key stakeholders and informed by the clinical expertise and lived experience of our advisory committee members.

Our Strategy 2022–2027 clearly articulates our goals and objectives.

Our Corporate Plan 2024–25 was prepared in accordance with the requirements of the PGPA Act and provides further detail about the OTA’s operating environment, capability and objectives.

The Strategy 2022–2027 and Corporate Plan 2024–25 are available at www.donatelife.gov.au/about-us/strategy-and-performance.

Implementation planning is undertaken internally to enable the OTA to achieve its purpose.

DonateLife program performance is reported annually in the Australian Donation and Transplantation Activity Report, available at www.donatelife.gov.au. Results against the OTA’s performance measures are presented in the Annual Performance Statements in Part 2 of this annual report. Performance measures are reported by calendar year to align with Australian and international donation performance reporting.

Figure 17: Planning and performance reporting framework

| Planning | Performance reporting |
|------------------------------|---|
| Strategy | Australian Donation and Transplantation Activity Report |
| Portfolio Budget Statements | Annual Report (Annual Performance Statements) |
| Corporate Plan | |
| Operational plans | Operational reporting |
| Individual development plans | Individual performance reviews |

External scrutiny

The OTA is committed to transparency and accountability, and welcomes external scrutiny. During 2024–25 there were:

- no judicial decisions, decisions of administrative tribunals, or decisions by the Australian Information Commissioner that have had, or may have, a significant impact on our operations
- no reports on our operations by a parliamentary committee or the Commonwealth Ombudsman
- no legal actions lodged against us.

- received 121 questions on notice arising from Senate estimates hearings.

We welcome feedback, research, insight and other forms of scrutiny from the general public and community organisations, as this plays an important role in guiding the donation and transplantation system.

Other scrutiny

During 2024–25 the OTA:

- was not required to appear before the Senate Community Affairs Legislation Committee for Senate estimates hearings

Freedom of information

As an agency subject to Part II of the *Freedom of Information Act 1982*, the OTA is required to publish information to the public as part of the Information Publication Scheme. All information published in accordance with these requirements is available at www.donatelife.gov.au/about-us/corporate-transparency/freedom-of-information.

Risk management

The OTA's CEO, as the accountable authority, is responsible for risk oversight and management.

The OTA has an appropriate system of risk oversight, management and internal control consistent with section 16 of the PGPA Act, the Commonwealth Risk Management Policy and *AS/NZS ISO 31000:2018 – Risk management – principles and guidelines*.

Our risk management practices are also informed by internal assurance activities that assess the effectiveness of our current controls and whether further measures are necessary. The OTA's Audit and Risk Committee, established in compliance with section 45 of the PGPA Act, also reviews and advises on the appropriateness of the OTA's audit and risk frameworks.

The OTA strives to have a positive and effective risk culture through evidence-based decision-making, implementing improvements to better engage with risk in its day-to-day work and seizing opportunities. The OTA regularly reviews its risk management practices and behaviours to enable a supportive and collaborative workplace culture that openly discusses risk regularly, explores new ideas, and empowers everyone to act and learn from every decision. We are also working to gain a better understanding of the risks we share with our stakeholders.

Risk culture

Our risk culture is a shared set of values, attitudes and behaviours that shape how staff engage with risk in the activities they complete at work.

The OTA strives to have a positive and effective risk culture – an environment that supports open discussion about uncertainties and opportunities, enables evidence-based decision-making every day, encourages staff to speak up, and provides a channel for the escalation of concerns where necessary.

The OTA regularly reviews its risk management practices and behaviours to enable a supportive and collaborative workplace culture that promotes open and regular discussion of risk, encourages staff to explore new ideas, and empowers everyone to act and to learn from every decision.

Our risk culture in practice includes:

- proactively identifying and managing risks
- using available risk training resources and tools
- adopting a reflective and lessons-learned attitude to risk
- engaging in open and honest conversations about risk
- clearly identifying risk responsibilities, decision-making roles and escalation procedures
- working closely with our partners and stakeholders to understand our shared risks
- having leaders at all levels model our desired risk culture.

Risk appetite and tolerance

We face a range of risks reflecting the diversity of activities we undertake to fulfil our purpose: to save and improve the lives of more Australians through organ and tissue donation and transplantation.

To achieve our objectives, we work with the DonateLife Network, state and territory governments, the donation and transplantation clinical sectors, the eye and tissue sectors and the community to deliver the national DonateLife program to improve organ and tissue donation and transplantation outcomes in Australia.

Our risk appetite statement

The OTA engages with higher levels of risk, particularly for innovation to achieve community and clinical outcomes. However, the OTA does not want to engage with risks that could harm our people, the DonateLife Network or the community.

We only tolerate risks that enable us to:

- achieve our stated objectives efficiently and effectively
- comply with all applicable laws and regulations
- conduct our business in a safe and sound manner.

Our tolerance for risk is highly dependent on the activity undertaken and the views of our partners and stakeholders.

Enterprise risks

We have identified 4 core areas of enterprise-level risks that may impact our ability to achieve our purpose. These are people, engagement, delivery, and information and technology.

The OTA has management strategies to mitigate each of these risks.

Table 4: Enterprise risks, management strategies and tolerance

| Risk statement | Management strategies | Tolerance level and statement |
|---|--|---|
| People | | |
| Failure to attract, engage and retain high-quality, committed people leads to insufficient capability to deliver | <ul style="list-style-type: none"> Offer a flexible workplace culture that invests in staff wellbeing and life-long learning Actively and regularly engage with staff through staff surveys and employee consultation – taking action as required Leverage our workforce strategy, to enable the right capability to be attracted and retained into the future | <p>We have a low tolerance for any activities that may cause harm to the safety and wellbeing of our people.</p> <p>We have a high tolerance for taking a flexible approach to recruiting and retaining an engaged, diverse and skilled workforce.</p> |
| Engagement | | |
| Ineffective collaboration with a range of stakeholders, advocates and partners means that we do not build public support for donation and we fail to increase donation rates so that more people can receive a transplant | <ul style="list-style-type: none"> Design communications and engagement initiatives using data, insights and research to maximise awareness opportunities, specific to audience needs Maintain formal governance structures to collaborate and seek expertise from a range of stakeholders and partners Build and maintain key relationships through consultation, sharing knowledge and developing solutions with a focus on shared outcomes | <p>We have a high tolerance for engaging with our stakeholders and partners to build support for donation, optimise opportunities in the clinical sector and enhance systems to enable quality outcomes.</p> |
| Delivery | | |
| Failure to optimise opportunities with the clinical sector or improve quality outcomes leads to decreased or less effective donation and transplantation outcomes | <ul style="list-style-type: none"> Maintain formal governance structures to collaborate and seek expertise Work with key stakeholders to ensure the most appropriate and effective processes, systems and resources to deliver services Build and maintain key relationships through consultation, sharing knowledge and developing solutions with a focus on shared outcomes Use evidence, standards, evolving technology and techniques to drive clinical innovation Increase capability and capacity in organ donation and transplantation | <p>We have a low tolerance for any activities that may cause harm to the safety of the community.</p> <p>We have a high tolerance for optimising opportunities with the clinical sector to improve the quality of donation and transplantation outcomes.</p> |
| Information and technology | | |
| Inadequate information and technology systems and infrastructure leads to interruption of critical services and/or loss of key data | <ul style="list-style-type: none"> Partner with trusted suppliers to enable information and technology to be available, secure and well maintained and enhance our cybersecurity posture Ensure adequate business continuity processes are in place to respond to disaster events Improve governance processes in line with new legislation and changes in clinical and data best practices | <p>We have a low tolerance for inappropriate, illegal or fraudulent access to systems, which might result in the exposure of personal data and critical information.</p> <p>We have a high tolerance for innovative information technology and consistent practices for lawful sharing of data and information.</p> |



OTA Audit and Risk Committee members Mr Don Cross, Mr Tony Hof and Ms Gayle Ginnane

Monitoring of risks involves comparing our risk exposure against our defined risk appetite and adjusting decision-making, resourcing or activities to better align them.

Our formal monitoring and reporting structures include:

- quarterly reporting to the OTA CEO, as the accountable authority, and the OTA's senior leadership team on overall risk exposure and alignment with risk policy
- quarterly risk reporting to the Audit and Risk Committee
- reviewing project/program-specific risk assessment plans on an as-needs basis, with reporting escalated to the Chief Operating Officer as needed.

More frequent reporting is completed when required – for example, in response to new or emerging risk areas or significant changes in the risk environment.

We recognise that effective risk management is a critical component of sound corporate governance, particularly in relation to the delivery of outcomes, transparency and accountability to the portfolio ministers and the parliament.

Business continuity management

Business continuity management is a key element to ensure that critical resources and processes remain available. The OTA's business continuity planning involves the development of comprehensive recovery plans to enable the continuation, or timely resumption, of critical resources and business processes to return to normal operations following a business interruption event.

Under our Business Continuity Plan, if a business interruption occurs, a business continuity team is convened by the recovery director (Chief Operating Officer). The team is the central point of communications and coordination for the OTA's response and recovery.

During 2024–25 the OTA:

- tested our Business Continuity Plan and recovery plans for 3 critical business resources and processes
- reviewed and updated our Business Continuity Plan and recovery plans, including incorporating lessons learned from previous disruptions
- reported any business disruptions (actual or potential).

During 2025–26 the OTA will:

- conduct tests on our Business Continuity Plan and recovery plans for 3 critical business resources and processes
- review and update our Business Continuity Plan and recovery plans, including incorporating lessons learned from previous disruptions
- report any business disruptions (actual or potential).

Internal audit and assurance

Due to limited internal resources, it is important that audit and assurance activities lead to incremental practical improvements in agency operations without diverting resources away from the delivery of the DonateLife program.

Following recommendations from the Audit and Risk Committee, the OTA has established an ongoing internal assurance checklist to monitor compliance with legislation and with relevant external policies and guidelines. Reporting against the checklist is undertaken on a quarterly basis back to the Audit and Risk Committee. This checklist is supplemented by independent audits, with topics recommended by the Audit and Risk Committee. This approach enables the OTA to scale assurance activities to the agency's size and complexity, improve value for money and seek external advice on an as-needs basis.

During 2024–25 the OTA:

- implemented findings from the Community Awareness Grants and DonateLife Partnerships program audit
- conducted an evaluation of the DonateLife Partnerships program.

Delivering on audit insights: enhancing grants and partnership

In 2024–25 the OTA implemented findings from an internal audit of the administration and management of its Community Awareness Grants and DonateLife Partnerships program. In response to the audit recommendations, the OTA:

- updated the grant guidelines to improve our overall process and consistency of grant management
- investigated the feasibility of setting up a 'Community Grants Hub' to centralise grant management and administration. This was found to be cost prohibitive for an extra-small agency
- trained our staff on requirements and responsibilities relating to delegations and Commonwealth grants management
- redesigned the 2025 Community Awareness Grants to align with our strategic priorities and to include a process to evaluate and measure the outcomes of our grant programs.



Grant recipient Rejoice Chinese Christian Communication Centre's in-language booklet *Grace to others* launched during 2024 DonateLife Week

Fraud and corruption control

Fraud against the Commonwealth is a serious matter for all Commonwealth entities and the community. Fraud has the potential to damage the OTA's reputation and have a detrimental effect on the resources available to achieve the OTA's objectives.

Corruption is an abuse of trust that undermines the social contract the government holds with the Australian public. Over time this can erode perceptions of a transparent and accountable government, subverting democratic process and the rule of law.

Together fraud and corruption undermine program and policy objectives, reducing the availability and quality of essential services and undermining regulatory interventions designed to protect Australia's economic, social and environmental interests.

The Commonwealth Fraud and Corruption Control Framework supports Australian Government entities to effectively manage the risks of fraud and corruption. The framework came into effect on 1 July 2024.

The framework consists of 3 parts:

- Fraud and Corruption Rule (section 10 of the PGPA Rule 2014)
- Fraud and Corruption Policy
- Fraud and Corruption Guidance (Resource Management Guidance 201 – Preventing, detecting and dealing with fraud and corruption).

As a non-corporate Commonwealth entity under the PGPA Act, the OTA is bound by the requirements of the Fraud and Corruption Rule and the Fraud and Corruption Policy. The Fraud and Corruption Guidance is considered best practice, and the OTA follows it where appropriate in meeting the requirements of the Fraud and Corruption Rule and the Fraud and Corruption Policy. All PGPA Act entities are also subject to obligations under the *National Anti-Corruption Commission Act 2022*.

The OTA takes fraudulent and corrupt conduct seriously, with a zero-tolerance approach to such behaviour. Our Fraud and Corruption Control Plan aligns with the Commonwealth Fraud and Corruption Control Framework and identifies our approach to prevention, detection, reporting and investigation measures. It addresses the application of appropriate actions to remedy the harm from fraud and corruption, recovery of the proceeds of fraudulent or corrupt activity, and mandatory fraud and corruption awareness training for all staff. It also addresses external scrutiny of, and accountability for, fraud and corruption control activities.

During 2024–25 the OTA:

- reviewed and updated our Fraud and Corruption Control Plan and associated documents
- updated our fraud and corruption risk assessments, which identify the likelihood and consequences of fraud and corruption occurring and assess the effectiveness of existing controls to prevent, detect or respond to fraud and corruption risks
- conducted information sessions, staff surveys and scenario-based discussions as part of a program of activities to raise awareness among staff about their responsibilities to detect and report suspected incidents of fraud and corruption
- required employees to undertake mandatory fraud and corruption training.

During 2025–26 the OTA will regularly review our fraud and corruption controls to ensure that they are fit for purpose.

The OTA is not aware of any allegations of fraud and there are no ongoing investigations arising from the 2024–25 financial year.

Cybersecurity and the Protective Security Policy Framework

Security underpins our ability to improve the lives of Australians through optimising every potential organ and tissue donation for transplantation.

We continuously work to uplift our security governance, information security, personnel security and physical security. This enables us to maintain operational effectiveness, protect our information and ensure the public's continued confidence in the OTA, the DonateLife Network and the overarching organ and tissue donation system in Australia.

Each financial year the OTA must report on our security posture to our portfolio minister and the Department of Home Affairs through the Protective Security Policy Framework Assessment Report. This report provides assurance to government and the Australian public that entities are implementing security measures that proportionately address their unique security risk environments. The OTA has been able to demonstrate incremental improvements in security maturity against the criteria of the report.

As an extra-small agency the OTA partners with the Department of Health, Disability and Ageing and with trusted external IT suppliers to specifically manage information security and cybersecurity risks, including compliance with the Australian Government's Essential Eight protection strategies.

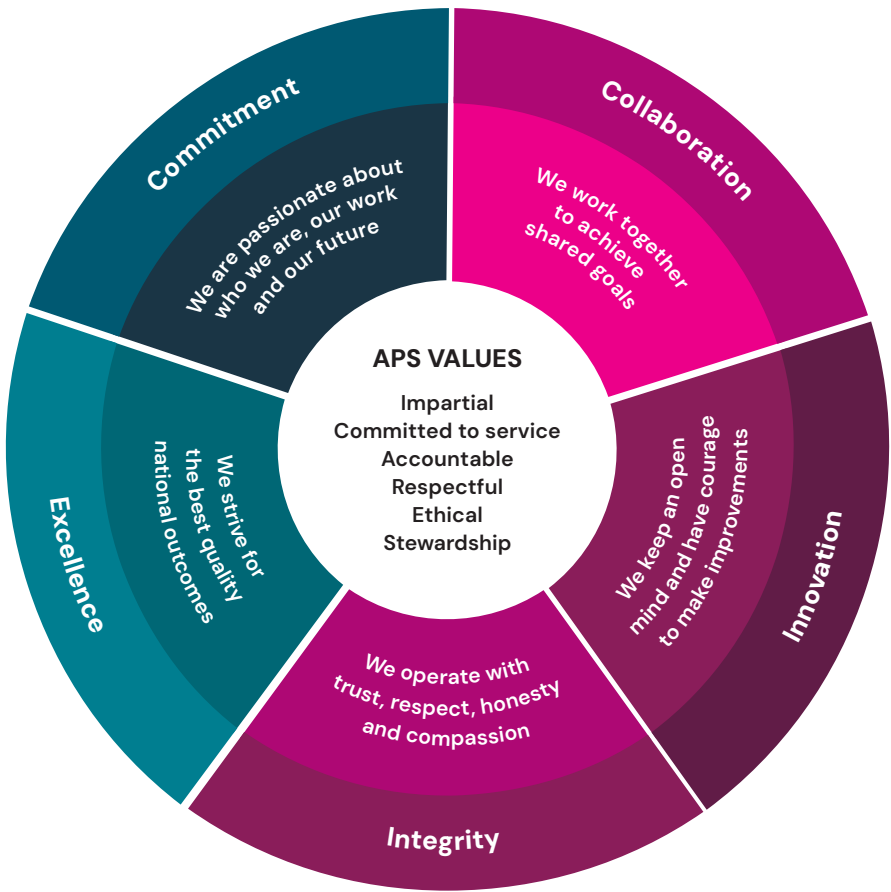
Our people

Our values and behaviours

We are committed to promoting and supporting the Australian Public Service (APS) Values and Code of Conduct, as set out in the *Public Service Act 1999*.

Through a collaborative process with employees, we developed a set of values specific to the OTA. In addition to the APS Values, they embody what we stand for and the core principles and beliefs that guide our behaviour and decision-making.

Figure 18: The OTA and APS values

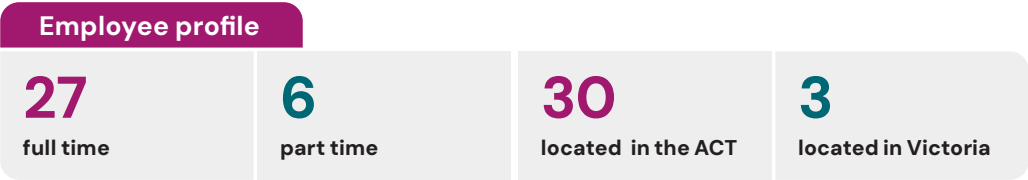


Employee profile

At 30 June 2025 the OTA had 33 employees in addition to the CEO. Our staff are located in the Australian Capital Territory and Victoria. The workforce was predominantly female (79%).

Appendix 1 provides a breakdown of the OTA's workforce by classification, gender, full-time and part-time status, ongoing and non-ongoing employment, salary ranges, location and employment arrangements. For the 2024–25 reporting period all employee figures are reported as headcount as at 30 June 2025.

Our workforce brings to the organisation a diverse range of valuable skills and expertise, helping us to foster productive relationships in the health and community sector. Many OTA employees are recognised experts in their fields and bring to their roles important local and national experience.



The OTA operates in line with the APS Strategic Commissioning Framework. Core work is done in house in most cases, and any outsourcing of core work is minimal and aligns with the limited circumstances permitted under the framework. In 2024–25 the OTA did not reduce outsourcing expenditure. We continued to review how we deliver the core work of the OTA, including how our existing functions and roles are resourced. The OTA uses contractors, labour hire and consultants in very limited circumstances.

Since 2021 we have implemented various staff retention strategies, such as promoting connection to purpose, performance feedback and support, learning and development opportunities, leadership development programs, and flexible working arrangements. We also regularly seek improvement by evaluating feedback from employee experience surveys and employee exit surveys. As a result of our strategies we have seen significant improvements in our retention rate.



Inclusion and diversity

The OTA is dedicated to an inclusive, safe and positive environment. We are committed to providing an inclusive workplace culture that provides equal opportunity for all staff to contribute, participate and progress.

We value, support and celebrate the diversity in backgrounds, culture, gender and experience of our employees. Our recruitment practices welcome individuals from varied cultures, languages and abilities, promoting fairness and accessibility.

The OTA leverages its partnership arrangement with the Department of Health, Disability and

Ageing to provide staff with access to networks and established groups to support and celebrate their diversity. Through this arrangement, staff have access to the following networks:

- Culturally and Linguistically Diverse Network
- National Aboriginal and Torres Strait Islander Staff Network
- Neurodiversity Network
- Gender Equality Network
- Disability and Carers' Network
- Pride Network.

Employee diversity

12%

identify as neurodivergent

3%

identify as Aboriginal and/or Torres Strait Islander

15%

identify as culturally and/or linguistically diverse

During 2024–25 the OTA updated our Diversity and Inclusion Policy and our Diversity and Inclusion Action Plan. We aim to strengthen our cultural literacy and improve our diversity and inclusion practices so that our employees belong, thrive and feel psychologically safe no matter who they are.

In 2024–25 the OTA had one employee who self-identifies as Aboriginal and/or Torres Strait Islander.

To promote an inclusive workplace, we support awareness-raising activities each year. In 2024–25 we promoted R U OK? Day, Australia's Biggest Morning Tea, Saffron Day, Teal Ribbon Day (part of Ovarian Cancer Awareness Month), Harmony Day, International Nurses Day, Reconciliation Day and NAIDOC Week.

During 2025–26 the OTA will:

- launch our first 'Reflect' Reconciliation Action Plan (RAP)
- implement our Diversity and Inclusion Action Plan.

Disability reporting

Australia's Disability Strategy 2021–2031 (the Strategy) is the overarching framework for inclusive policies, programs and infrastructure that will support people with disability to participate in all areas of Australian life. The Strategy sets out where practical changes will be made to improve the lives of people with disability in Australia. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers. All levels of government have committed to deliver more comprehensive and visible reporting under the Strategy. A range of reports on progress of the Strategy's actions and outcome areas will be published and available at www.disabilitygateway.gov.au/ads.

Disability reporting is included in the Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au.

Reflecting on the OTA's commitment to reconciliation

In 2024–25, as part of our ongoing commitment to workplace inclusivity and diversity, the OTA finished developing our first 'Reflect' RAP. Through our RAP, we aim to improve our understanding of First Nations cultures and histories so that we can build stronger connections with First Nations peoples.

The RAP was developed in collaboration with Reconciliation Australia and OTA staff. It specifies actions, timelines and measurable outcomes to identify and strengthen relationships, build a vision for reconciliation and create opportunities to strengthen our engagement.

We will launch the 'Reflect' RAP in 2025–26.

In 2024–25 the OTA incorporated cultural awareness training into staff online training options, which included all EL 2 staff and above completing the CORE Cultural Learning course. Through our learning we aim to foster connections with First Nations people and contribute to a more inclusive and equitable society.



Louder than words – integrity in action

The OTA supports a pro-integrity culture in which there is a positive, conscious effort to embed integrity in everything we do, from the conduct of our staff to our systems, processes and practices. This is reflected in our commitment to the OTA and APS values.

Over the last 12 months we have been on a journey to strengthen staff awareness of integrity matters and what a pro-integrity culture looks like in the OTA. In November, using the Commonwealth Integrity Maturity Framework, we surveyed our staff to gauge awareness about integrity matters and to identify ways in which we could lift the integrity maturity of our agency. Against each of the 8 integrity principles in the

framework, we identified actions in our Integrity Action Plan to implement in 2025–26.

One of these is the delivery of fraud and corruption awareness training for all staff, to complement the release of our refreshed Fraud and Corruption Plan. Through staff participation in the Commonwealth Integrity Survey, we identified this as an area where we could strengthen staff knowledge of organisational controls, approaches and processes for identifying and reporting fraud and corruption.

Through our Integrity Action Plan we will continue on our journey of creating a workplace where we hold ourselves to the highest standards of conduct and where ethical behaviour is expected, supported and celebrated.

People and culture capability

We are committed to building a positive culture and harnessing our diverse skills, experience and qualities to achieve our purpose.

Following the results from the 2024 APS employee census, we identified 4 focus areas for

our APS census action plan (Figure 19). We met all 4 action plan goals in the 2025 census results. Insights from the 2024 leadership coaching program will be leveraged to support ongoing leadership capability development.

Figure 19: Our 2024 census action plan

| Our areas of focus | Our goal | Our actions |
|---|---|---|
| Wellbeing  | We sustain a healthy working environment that supports employees to do their best work | <ul style="list-style-type: none">• Culture supports a diverse and inclusive workplace• Maintain an annual Health and Wellbeing Program• Maintain flexible/hybrid working arrangements• Proactive planning of key deliverables and peak periods to adequately allocate resources• Proactively prioritise work and stop low value activities |
| Leadership  | Leadership is effective in enabling high-performing, diverse, and inclusive teams | <ul style="list-style-type: none">• Engage in regular planning and strategic discussions• Improve communication and clarity of priorities• Provide regular and timely informal feedback, and recognition of work achievements• Invest time for leadership development including 360-degree feedback and coaching |
| Innovation  | We have a continuous improvement mindset that enables us to grow our skills, improve our delivery and embrace opportunities | <ul style="list-style-type: none">• Create opportunities to test and trial new approaches• Continue to support an adaptive mindset• Undertake proactive forward planning to harness opportunities and identify risks• Try new things and recognise that we may fail, learn and try again |
| Communication  | We work together across teams and have access to the information we need to effectively perform our roles | <ul style="list-style-type: none">• Opportunities are provided for employees to communicate across teams and with stakeholders• Opportunities are provided for all employees to engage with strategic priorities• Harness opportunities for cross-team projects• Deliver inclusive activities suitable for virtual and face-to-face working environments |

During 2024–25 we also:

- drafted our first ‘Reflect’ RAP and provided mandatory cultural competency training across our workforce. This is an important step in building cultural competency and an opportunity for our staff to learn more about the significance of First Nations peoples, communities, histories and cultures
- engaged in proactive workforce planning activities to attract and retain the right people. This included developing a workforce strategy, actively identifying succession planning opportunities, identifying opportunities for cross-skilling and knowledge sharing, and mapping all positions to job families and position numbers in our personnel system, SAP
- continued to review how we deliver the core work of the OTA, including how our existing functions and roles are resourced, consistent with the APS Strategic Commissioning Framework
- implemented actions from the APS Reform agenda, which included implementing an Integrity Action Plan at the OTA, and building the capability of staff through training programs, webinars and information sessions
- conducted a ‘What is innovation?’ session to encourage an open mind when tackling delivery challenges, as well as promoting open discussion about risks, exploring of new ideas, and empowering employees to act and to learn from their mistakes.

Our commitment to developing effective leadership

Through the OTA’s 2024 APS employee census action plan we committed to investing in leadership development to pursue our goal of ensuring that leadership is effective in enabling high-performing teams.

In 2024–25 the OTA invested in a 360-degree feedback survey and coaching sessions for our extended leadership team. This exercise helped our leaders to identify behaviours that impact performance and to increase their self-awareness; provided strategies and skills that can be used to increase individual and team performance; and helped the OTA to tailor leadership development to get the best from our leaders.

An OTA director described their experience with the 360-degree feedback activity as ‘incredibly valuable’.

‘[It] gave me a deeper insight into my leadership style and how it influences my team. It gave me a clearer understanding of the impact I have on others [and] how I make decisions and has helped

me identify practical ways to better support my staff and deliver our work.’

During 2024–25 the OTA’s National Manager of Clinical Programs completed an APSC SES Band 1 Leadership Development Program. Among other benefits, the program supports new APS leaders to manage the higher strategic accountabilities of their roles, take a broader systems view, develop more capable teams, and learn how to lead with integrity.

‘Having dedicated time to work with other Senior Executives across the broader APS, to consider the complex challenges facing the APS, devise strategies, explore concepts and practice the broad skills required as a leader was invaluable. Undertaking the program supported creation of networks across the APS and fully exploring the responsibility of being a steward of the APS. It provided the opportunity to enhance my skills and capability as a leader, as well as gaining a greater understanding of the leadership roles and responsibilities within the APS.’

2025 APS employee census results

The results of the 2025 APS employee census demonstrate that we have a committed, engaged workforce whose values are aligned with the work that we do.

The APS employee census offers valuable insights into our workplace and how our agency compares to the broader APS. This provides benchmarking of employee sentiments year on year. It also provides us with an impartial way of establishing a collective view of common themes around what we do well and the areas where we need to focus our improvement efforts.

It is an important component in evaluating our current environment and planning for the future.

We are particularly proud of the consistency in our results for employee engagement, leadership and communication, which are a direct result of previously implemented action plans. The 2025 survey was completed by 89% of staff who were eligible at the time.



2nd out of 107
agencies for our employee engagement



2nd out of 107
agencies for our Senior Executive Service (SES) manager index



2nd out of 107
agencies for our wellbeing policy and support



3rd out of 107
agencies for our communication index

Highlights include:

100% are proud to work at the OTA

100% recommend the OTA as a good place to work

100% believe strongly in the purpose and objectives of the OTA

100% are committed to the OTA's goals

100% agree their SES manager ensures that work effort contributes to the strategic direction of the agency and the APS

100% believe the culture of the OTA supports people to act with integrity

100% are satisfied with their non-monetary employment conditions

Professional and personal development

During 2024–25 we continued our commitment to leading and developing our employees to achieve our purpose and support the government's priorities.

We recognise the importance of ensuring that all employees continue to develop their skills. This is facilitated through on-the-job training, sourced in-house training programs, and external accredited training programs. Other development opportunities include stakeholder engagement and attendance at conferences, seminars and learning institutions.



During 2024–25, OTA staff attended several conferences and external training opportunities, including the Australian Human Resources Institute Conference, the Australian Public Service Commission

(APSC) SES leadership training, mental health first aid training, the Certified Public Accountant Congress and the Social Media for Government Summit. OTA staff also attended the Australasian Reporting Awards and Seminar, where we received a gold award for excellence in transparency and performance reporting.

Performance management

All employees participate in our performance and development agreement cycle.

A performance and development agreement is designed to provide staff with a clear line of sight between individual effort, learning and development opportunities, and the OTA's corporate goals and priorities. It provides a structure through which a common and clear understanding of performance expectations, and a plan to meet those expectations, is agreed.

The OTA's Performance and Development Policy was reviewed in March 2025. It provides staff with access to the tools they need to engage in performance discussions.

The policy seeks to:

- clarify individual employees' understanding of their work tasks, their responsibilities and the performance standards expected
- provide feedback on performance and improve communication between supervisors and their staff

- provide a basis for determining salary advancement
- identify learning and development needs
- identify and manage instances of underperformance.

In 2025–26 the OTA will review policies to ensure they are aligned with a new Performance Management Framework for SES and APS staff, released by the APSC.

Employment arrangements

Terms and conditions of employment for SES employees are provided by individual determinations made under section 24(1) of the *Public Service Act 1999*.

All terms and conditions of employment for non-SES employees are provided in our Enterprise Agreement 2024–2027, which took effect on 1 March 2024.

In 2024–25 there were no performance payments.

Non-salary benefits

The Enterprise Agreement and other employment arrangements provide a range of non-salary benefits in addition to those consistent with national employment standards and the *Fair Work Act 2009*. The non-salary benefits available to staff include:

- influenza vaccinations
- time off for blood donations
- access to an Employee Assistance Program
- flexible and hybrid working arrangements, including home-based working, flexible hours and part-time arrangements
- a cultural or religious holidays substitution scheme
- cultural, ceremonial and NAIDOC leave
- lactation and breastfeeding support
- family and domestic violence support
- disaster support
- relocation assistance
- support for personal and professional development
- reimbursement of costs associated with obtaining financial advice for staff undertaking voluntary retrenchment.

Building human resources capability to support staff

The OTA doubled its human resources (HR) capability, from one to 2, in late 2024.

While the team is modest in size, this change marks a significant boost in strengthening support for our people.

The OTA's dynamic HR duo not only provide advice and services to staff but have also expanded the ability of the broader OTA team to be self-sufficient when accessing HR-related resources.

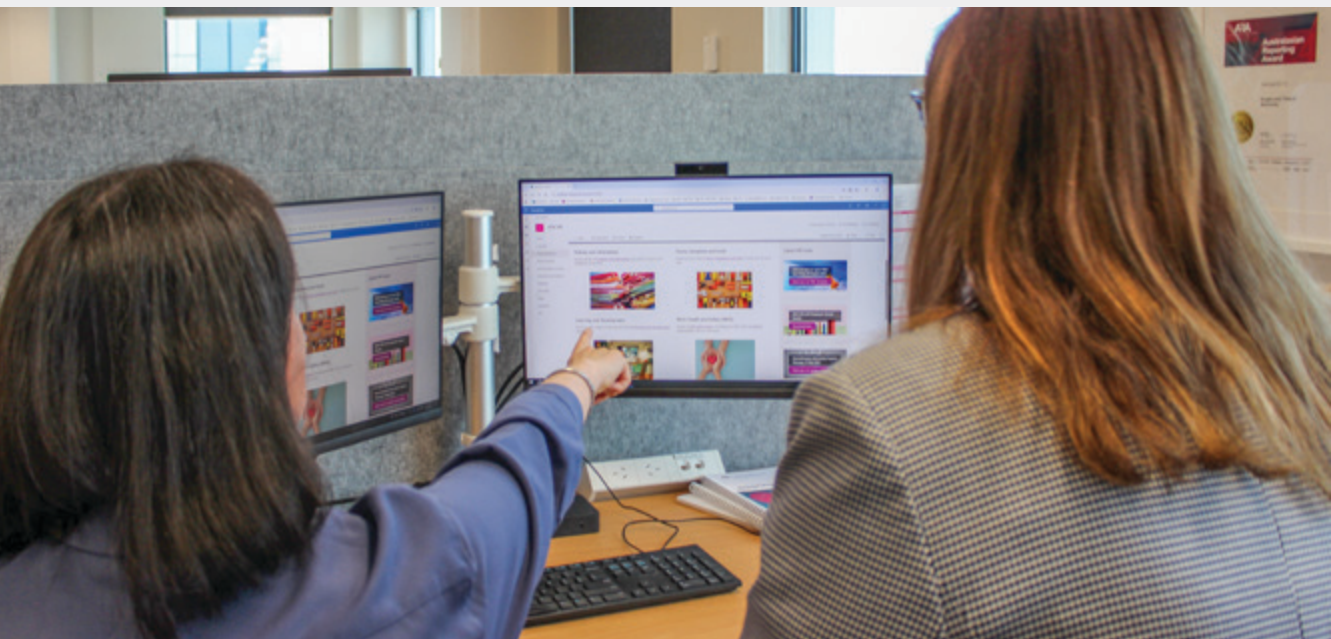
A new dedicated hub on the OTA intranet enables staff to access HR policies and related information; forms and templates; learning and development resources; and work health and safety (WHS) and Employee Assistance Program (EAP) content.

'I have never seen a more supportive HR team than at OTA, and their SharePoint pages reflect that. The OTA HR SharePoint pages are very easy to navigate and include policies, links to internal tools, and both personal development and agency and APS information – information to help me develop my professional capabilities and potential, and find personal support. Thanks HR team!'

Analytics and Technology team member

The increase in capability within the HR team has allowed them to:

- review and update all our HR policies to align with the new Enterprise Agreement 2024–2027 and legislative requirements
- introduce a Reward and Recognition Framework
- coordinate activities under the 'Reflect' RAP and include cultural competence training in staff training options
- coordinate staff information sessions with SmartSalary and Converge International (EAP provider).



OTA staff using the new HR SharePoint page

Workplace health and safety

The OTA is strongly committed to the health, safety and wellbeing of its employees, as well as contractors and visitors to its premises.

Consistent with the legislative requirements of the *Work Health and Safety Act 2011*, we have comprehensive WHS policies and guidelines in place. We provide employees with a safe workplace by eliminating or reducing the risk of hazards, conducting regular hazard inspections, and encouraging the reporting of any incidents or hazards. There are systems in place for employees to readily report any risks, hazards, near misses, injuries or incidents, and we quickly take corrective action, including applying first aid, if required.

As part of our health and safety management arrangements, our Workplace Consultative Committee meets quarterly to ensure a proactive approach to the health and safety of all employees. This enables management and employees to work together to effectively manage WHS risks and hazards.

The OTA conducts WHS inspections every quarter. Workstation assessments form part of the induction process for all employees, including home-based workers, with reasonable adjustments being made to ensure work can be conducted in a comfortable and safe manner. Staff are also required to complete mandatory Safety Essentials training every 2 years.

During 2024–25 the OTA:

- updated our Work Health and Safety Policy and Procedures to align with the OTA Enterprise Agreement 2024–2027 and the results of a proactive Comcare inspectors report in 2024
- increased staff awareness of WHS requirements through establishing a dedicated intranet site
- identified key psychosocial hazards that impact our staff and associated mitigation strategies
- required all staff to complete a working from home checklist which provides them with the relevant factors to consider when setting up and assessing their work from home environment
- hosted 'Cuppa with the COO' sessions which provided an opportunity for staff based outside of the OTA's Canberra office to have a direct connection with the OTA Executive.

There were no claims for injury in 2024–25 and no return-to-work programs conducted.

There were no reportable incidents lodged with Comcare during 2024–25.

The OTA is committed to sustaining a healthy working environment that supports staff to do their best work. Our Health and Wellbeing Program, developed in consultation with staff, promotes activities that support a healthy working environment, including flexible and hybrid working arrangements and free health and wellbeing webinars available through the EAP.

Psychosocial safety

The OTA continued to foster a culture which is inclusive, psychologically safe and positive and which minimises psychosocial risks.

In March 2025 the OTA presented a WHS update to staff on psychosocial hazards – factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm.

Psychosocial safety is the identification, removal and minimisation of psychosocial hazards. To aid the OTA in supporting psychosocial safety in the workplace, the OTA surveyed staff to identify the potential psychosocial risks across the areas of leadership; job design; work relationships; reward and recognition; work environment; organisational change; and discrimination, bullying and harassment.

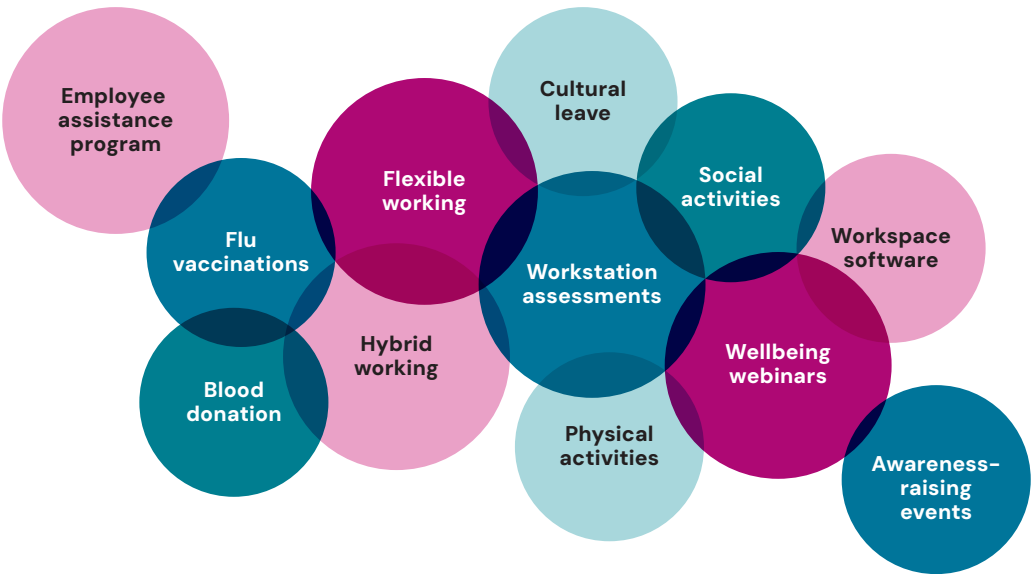
The results from the survey were overall very positive and indicated a culture where staff feel

a high degree of psychological safety. To further understand the results and how we can minimise hazards, the OTA held deeper team-level conversations based on a set of questions to further interrogate the areas. The results of these discussions were then used to inform updates to the WHS risk assessment on psychosocial hazards and factors.

In 2024–25:

- all OTA staff completed an Appropriate Workplace Behaviours online course helping to support a workplace culture where everyone is treated fairly and with respect, and to create a productive, high-performing and healthy work environment for everyone
- a second staff member attended mental health first aid training in how to recognise and respond to mental health problems and crises.

Figure 20: Health and Wellbeing Program 2025



Resource management

The OTA is an extra-small agency committed to leading the delivery of best practice outcomes in organ and tissue donation and transplantation within the Commonwealth Resource Management Framework.

Our staff have several duties outlined by the PGPA Act and have built strong processes and systems to meet these requirements. We are committed to ensuring compliance by providing internal reporting to the CEO on a monthly basis and the Audit and Risk Committee on a quarterly basis.

This helps us to identify areas of concern and improve work practices. It also ensures the efficient, effective, economical and ethical use of Commonwealth resources in a way that is consistent with the policies of the Australian Government.

There were no significant non-compliance issues in 2024–25 that required reporting to the Assistant Minister.

Procurement initiatives to support small business

The OTA supports small business participation in the Commonwealth Government procurement market. Small and medium enterprise (SME) and small enterprise participation statistics are available on the Department of Finance's website.

The OTA is committed to sourcing at least 25% of procurement (by value) with a value of up to \$1 billion from SMEs and to procuring 40% of contracts (by value) with a value of up to \$20 million from SMEs. OTA officials apply procurement practices that do not unfairly discriminate against SMEs, and provide appropriate opportunities for SMEs to compete.

We encourage the participation of small business through the use of the Department of Finance's Commonwealth Contracting Suite (except where placing official orders under panel arrangements) for low-risk procurements valued under \$200,000 (inclusive of GST). These contract templates streamline the procurement processes for small businesses, in particular, by reducing process costs; removing repetition and ambiguity; simplifying liability, insurance and indemnity requirements; and creating consistency.

The OTA recognises the importance of ensuring that small businesses are paid on time. Our small but dedicated finance team ensures the majority of invoices submitted are paid within a week of acceptance. We also facilitate payment by credit card if and where appropriate.

Procurement initiatives to support First Nations businesses

The OTA is committed to the ongoing promotion and application of the Indigenous Procurement Policy as a way of creating opportunities for First Nations peoples and supporting First Nations businesses to grow.

During 2024–25 the OTA entered into one new contract with an Indigenous business, involving total actual expenditure of \$16,719. In addition the OTA continues to maintain ongoing arrangements with Indigenous businesses through the whole of Australian Government property services coordinated procurement and stationery and office supplies panel. The total value of these ongoing arrangements for 2024–25 is \$21,396.

In 2025–26 as part of our 'Reflect' RAP, the OTA will develop a plan for procurement from First Nations owned businesses, to increase supplier diversity and support improved economic and social outcomes for First Nations people.

Purchasing

In 2024–25 the OTA's purchasing policies and practices were driven by the principles set out in the Commonwealth Procurement Rules.

Procurement policies and supporting guidelines ensure the organisation undertakes competitive, non-discriminatory procurement processes; obtains value for money; encourages competition among actual and potential suppliers; promotes the use of resources in an efficient, effective, economical and ethical manner; and is accountable and transparent during the procurement process.

Reportable consultancy contracts

During 2024–25, 2 new reportable consultancy contracts were entered into, involving total actual expenditure of \$138,757. No other consultancy contracts were active during the period.

Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.

Decisions to engage a consultant are made in accordance with the PGPA Act and related regulations, including the Commonwealth Procurement Rules and relevant internal policies.

The OTA selects consultants through the use of panel arrangements or by making an open approach to market. The OTA primarily engages consultants when:

- skills are unavailable within the agency
- there is a need for specialised or professional skills
- there is a need for independent research or assessment.

Table 5: Expenditure on reportable consultancy contracts (2024–25)

| | Number | Expenditure \$'000 (GST incl) |
|---|--------|----------------------------------|
| New contracts entered into during the reporting period | 2 | 139 |
| Ongoing contracts entered into during a previous reporting period | 0 | 0 |
| Total | 2 | 139 |

Table 6: Organisations receiving a share of reportable consultancy contract expenditure (2024–25)

| | Expenditure \$'000 (GST incl) | Proportion of 2024–25 total expenditure (%) |
|--|----------------------------------|---|
| Ernst and Young (75 288 172 749) was engaged to review and evaluate the DonateLife Partnerships program | 110 | 79% |
| KPMG (51 194 660 183) was engaged to conduct an audit of a single grant recipient to assess whether the grant funds had been expended in accordance with the OTA grant agreement | 29 | 21% |

Reportable non-consultancy contracts

During 2024–25 the OTA entered into 29 new reportable non-consultancy contracts, involving total actual expenditure of \$1.115 million. In addition, 26 ongoing reportable non-consultancy contracts were active during the period, involving total actual expenditure of \$2.740 million.

Annual reports contain information about actual expenditure on reportable non-consultancy contracts.

Information on the value of reportable non-consultancy contracts is available on the AusTender website.

Table 7: Expenditure on reportable non-consultancy contracts (2024–25)

| | Number | Expenditure \$'000 (GST incl) |
|---|-----------|----------------------------------|
| New contracts entered into during the reporting period | 29 | 1,115 |
| Ongoing contracts entered into during a previous reporting period | 26 | 2,740 |
| Total | 55 | 3,855 |

Table 8: Organisations receiving a share of reportable non-consultancy contract expenditure (2024–25)

| | Expenditure \$'000 (GST incl) | Proportion of 2024–25 total expenditure (%) |
|--|-------------------------------------|---|
| Transplant Connect (N/A US company) new and ongoing engagements to provide support and maintenance for the Electronic Donor Record (EDR) and OrganMatch interface | 1,192 | 31% |
| NTT Australia Pty Ltd (65 003 371 239) ongoing engagement to provide Microsoft Azure web application and cloud infrastructure support | 380 | 10% |
| 12 Moore Street Pty Ltd ATF 12 Moore Street Unit Trust (24 411 712 991) ongoing engagement for the provision of leased office space at 12 Moore Street Canberra | 357 | 9% |
| Keito Events Pty Ltd (44 130 460 598) new engagement to provide event management for 2025 Donation and Transplantation Conference and DonateLife Community Forum in May 2025 | 264 | 7% |
| Upstride Agency (81 139 508 157) ongoing engagement for the provision of public relations services for organ and tissue donation | 242 | 6% |
| Fifty-Five Five Pty Ltd (87 142 679 221) new engagement to provide market research and evaluation services for attitudes towards organ and tissue donation | 220 | 6% |

Advertising campaigns

The OTA is a non-corporate Commonwealth entity. During 2024–25 we did not conduct any advertising campaigns.

Australian National Audit Office access clauses

Our standard contract templates include provisions which allow for the Australian National Audit Office to access a contractor's premises.

We did not enter into any contracts in 2024–25 that included a variation to the standard terms and conditions allowing such access.

Exempt contracts

During 2024–25 we did not enter into any contracts or any standing offers that were exempt from being published on AusTender.

In accordance with the reporting requirements of the Commonwealth Procurement Rules, details of all contracts with a value of \$10,000 or more are published on AusTender.

Asset management

Our asset management strategy allows us to strategically plan and maintain the optimal asset mix for the effective delivery of our program.

It includes:

- a capital management plan that details our actual and anticipated capital expenditure, and how it will be funded
- an asset register, subject to an annual stocktake of fixed and intangible assets. This stocktake helps to confirm the location – and identify the condition – of assets, along with reducing surplus and underperforming assets.

In 2024–25 there were no major asset acquisitions or replacement projects during the year. Further information on the value, acquisition and disposal of assets in 2024–25 can be found in Part 4, Financial statements.

Grant programs

Funding is provided through grant programs across the clinical and community sectors. Funding provided through grants in 2024–25 supported:

- state and territory governments and local area health districts for a dedicated DonateLife agency in each jurisdiction and the dedicated donation clinical specialists supporting the clinical program in hospitals
- public and some private hospitals to remove cost barriers to organ and tissue donation
- transplant outcome registries
- the delivery of the Australian organ-matching system, OrganMatch

- partnerships, through the DonateLife Partnerships program, with sporting, corporate and community organisations to raise community awareness and education
- Community Awareness Grants awarded to deliver a range of events and digital activities across Australia which help increase awareness about organ and tissue donation throughout the year. Many of these are also involved with DonateLife Week.

Information on grants awarded by the OTA during the period 1 July 2024 to 30 June 2025 is available at www.donatelife.gov.au/our-partners and on the Australian Government's grant information system, GrantConnect, at www.grants.gov.au.

Evaluating the effectiveness of the DonateLife Partnerships program

The DonateLife Partnerships program was a key component of the Australian Government's national program to raise awareness about organ and tissue donation.

It aimed to raise awareness and engage the community on the importance of organ and tissue donation, encouraging all Australians to talk to their family about donation and to encourage registration on the Australian Organ Donor Register.

The 4-year DonateLife Partnerships program was funded through the 2020–21 Budget measure Partnerships – Promoting Organ and Tissue Donation, which provided \$4.0 million from 2020–21 to 2023–24.

In September 2024 the OTA appointed an independent auditor to conduct an independent evaluation of the effectiveness of the program, including whether it represented value for money and to what extent registration rates can be attributed to the program's activities.

The evaluation found that the program had a positive impact on donation rates and was effective in increasing community reach and awareness of organ and tissue donation through a range of channels. The program contributed to positive shifts in attitudes, encouraged family conversations about donation and enhanced recognition of the DonateLife brand. It also established strong governance to maximise the impact of funding and fostered a collaborative approach between the OTA and partners in delivering awareness initiatives.



Melbourne Storm players supporting DonateLife

Environmental sustainability

Ecologically sustainable development and environmental performance

The *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) requires that Australian Government organisations report annually on their environmental performance and contribution to ecologically sustainable development. As an extra-small agency, our main environmental impact comes from office space energy consumption. We encourage staff to work digitally to reduce paper usage, and support technology to enable virtual and remote working to reduce transportation-related emissions.

Knight Frank Australia, the building managers of the OTA's premises at 12 Moore St, Canberra, have completed a comprehensive sustainability assessment of the building to establish current performance against environmental, social and governance goals. From this, a sustainability roadmap was developed to outline how the building will meet the goals.

In 2024–25 we continued our commitment to ecologically sustainable development by ensuring we effectively delivered corporate strategic priorities while minimising environmental impact. This included a considered approach to planning, implementing and monitoring our environmental performance in accordance with current legislation, whole-of-government requirements and environmental best practice.

Australian Public Service Net Zero 2030

APS Net Zero 2030 is the government's policy for the APS to reduce its greenhouse gas emissions to net zero by 2030 and transparently report on its emissions. As part of the Net Zero in Government Operations Strategy and the reporting requirements under section 516A of the *Environment Protection and Biodiversity Conservation Act 1999*, non-corporate Commonwealth entities, corporate Commonwealth entities and Commonwealth companies are required to report on their operational greenhouse gas emissions.

The Greenhouse Gas Emissions Inventory and electricity greenhouse gas emissions tables present greenhouse gas emissions over the 2024–25 financial year. The greenhouse gas emissions reported are calculated on the basis of carbon dioxide equivalent (CO₂-e) and in line with the Emissions Reporting Framework. This is consistent with the whole of Australian Government approach, outlined in the Net Zero in Government Operations Strategy, and Commonwealth Climate Disclosure requirements.

Not all data sources were available at the time of the report, and amendments to the data may be required in future reports.

Reporting on refrigerants is being phased in over time as emissions reporting matures.

Table 9: Greenhouse Gas Emissions Inventory – location-based method (2024–25)

| Emission source | Scope 1 t CO ₂ -e | Scope 2 t CO ₂ -e | Scope 3 t CO ₂ -e | Total t CO ₂ -e |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| Electricity (location-based approach) | n/a | 24.42 | 1.48 | 25.90 |
| Natural gas | – | n/a | – | – |
| Solid waste* | – | n/a | – | – |
| Refrigerants | – | n/a | n/a | – |
| Fleet and other vehicles | – | n/a | – | – |
| Domestic commercial flights | n/a | n/a | 71.83 | 71.83 |
| Domestic hire car** | n/a | n/a | 0.03 | 0.03 |
| Domestic travel accommodation | n/a | n/a | 11.42 | 11.42 |
| Other energy | – | n/a | – | – |
| Total t CO₂-e | – | 24.42 | 84.76 | 109.18 |

t = tonne, CO₂-e = carbon dioxide equivalent.

Notes:

1. The table above presents emissions related to electricity usage using the location-based accounting method.
2. Any travel records with departure dates, pick up date or check in dates outside of the reporting year were not included in emissions calculations.

* Solid waste data was not available at the time of the report and amendments to data may be required in future reports. The quality of data is expected to improve over time as emissions reporting matures.

** We are reporting hire car emissions for the first time in 2024–25.

Table 10: Electricity greenhouse gas emissions (2024–25)

| | Scope 2 t CO ₂ -e | Scope 3 t CO ₂ -e | Total t CO ₂ -e | Electricity kWh |
|--|---------------------------------|---------------------------------|-------------------------------|--------------------|
| Location-based electricity emissions | 24.42 | 1.48 | 25.90 | 36,994.47 |
| Market-based electricity emissions | 0.69 | 0.09 | 0.78 | 849.02 |
| Total renewable electricity consumed | n/a | n/a | n/a | 36,145.45 |
| Renewable power percentage ¹ | n/a | n/a | n/a | 6,731.14 |
| Jurisdictional renewable power percentage ^{2,3} | n/a | n/a | n/a | 29,414.30 |
| GreenPower ² | n/a | n/a | n/a | – |
| Large-scale generation certificates ² | n/a | n/a | n/a | – |
| Behind the meter solar ⁴ | n/a | n/a | n/a | – |
| Total renewable electricity produced | n/a | n/a | n/a | – |
| Large-scale generation certificates ² | n/a | n/a | n/a | – |
| Behind the meter solar ⁴ | n/a | n/a | n/a | – |

t = tonne, CO₂-e = carbon dioxide equivalent. Electricity usage is measured in kilowatt hours (kWh).

Note: The table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods.

¹ Listed as mandatory renewables in 2023–24 annual reports. The renewable power percentage (RPP) accounts for the portion of electricity used, from the grid, that falls within the renewable energy target (RET).

² Listed as voluntary renewables in 2023–24 annual reports.

³ The Australian Capital Territory is currently the only state with a jurisdictional renewable power percentage (JRPP).

⁴ Reporting behind the meter solar consumption and/or production is optional. The quality of data is expected to improve over time as emissions reporting matures.

Our Emissions Reduction Plan

The OTA's Emissions Reduction Plan provides a pathway to contribute to the achievement of the APS Net Zero 2030 target through emissions reduction activities. This plan encompasses our existing and new priorities and actions to reduce emissions. It is available on the DonateLife website.

Table 11: Emissions Reduction Plan 2024–25 – priorities and actions

| Activity | Actions to improve | Timeframe |
|--------------------------------|---|----------------|
| Electricity procurement | Procure renewable energy through participating in the whole-of-government arrangement renewable electricity procurement. Ongoing for new contracts. | Ongoing |
| Energy efficiency measures | Use energy-efficient lighting solutions including sensor lights and LED. | Ongoing |
| Support a circular economy | Reuse, repair and refurbish. Use recycled content where possible. | During 2024–25 |
| Paper | Purchase 100% recycled paper for internal printers. | Ongoing |
| Travel | Ensure the travel policy is updated to enable and encourage low-emissions sources of transport. Work with staff responsible for booking travel to ensure they consider energy ratings in the Online Booking Tool once available under the whole-of-government arrangements. | During 2024–25 |
| People, culture and capability | Provide advice to staff to raise awareness of environmentally responsible behaviour. | Ongoing |

Father Pham

'I had one dream, to be outside and to exercise like other people. I'm the happiest I've been after the transplant.'

Father Pham had a lung transplant. Due to his asthma, he was tied to his oxygen machine 24 hours a day, keeping him in his room most of the time. He used to look out his window and dream about walking outside. Father Pham waited 2½ years for a transplant.



Part 4

Financial statements

| | |
|-------------------------------|-----|
| Financial summary | 120 |
| Financial statements contents | 122 |

Financial summary

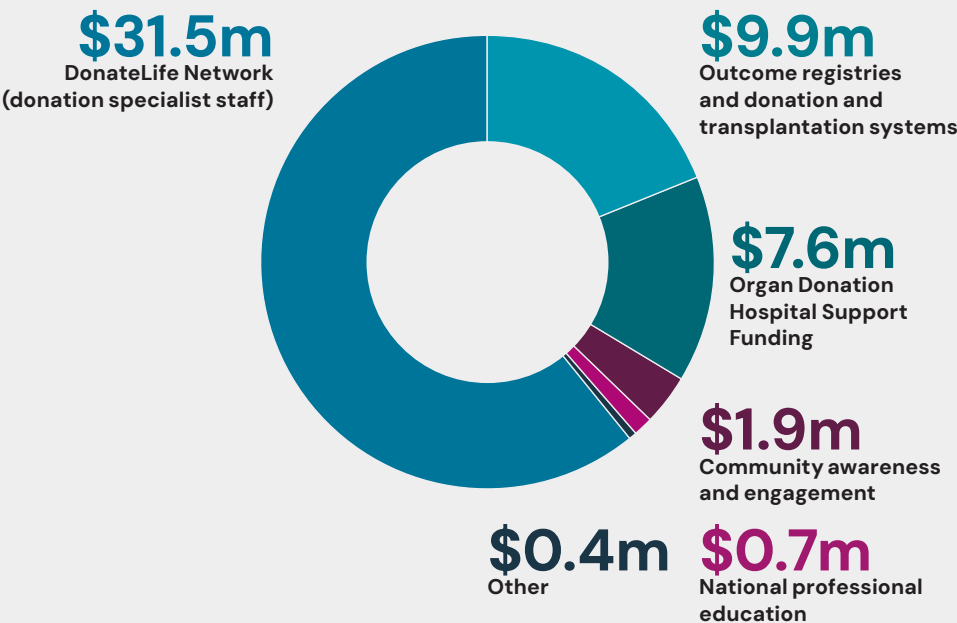
Total departmental expenditure

\$7.399m

Total administered expenditure

\$51.974m

Administered expenditure 2024–25



Statement of financial position

\$6.768m

Total assets

\$3.835m

Total liabilities

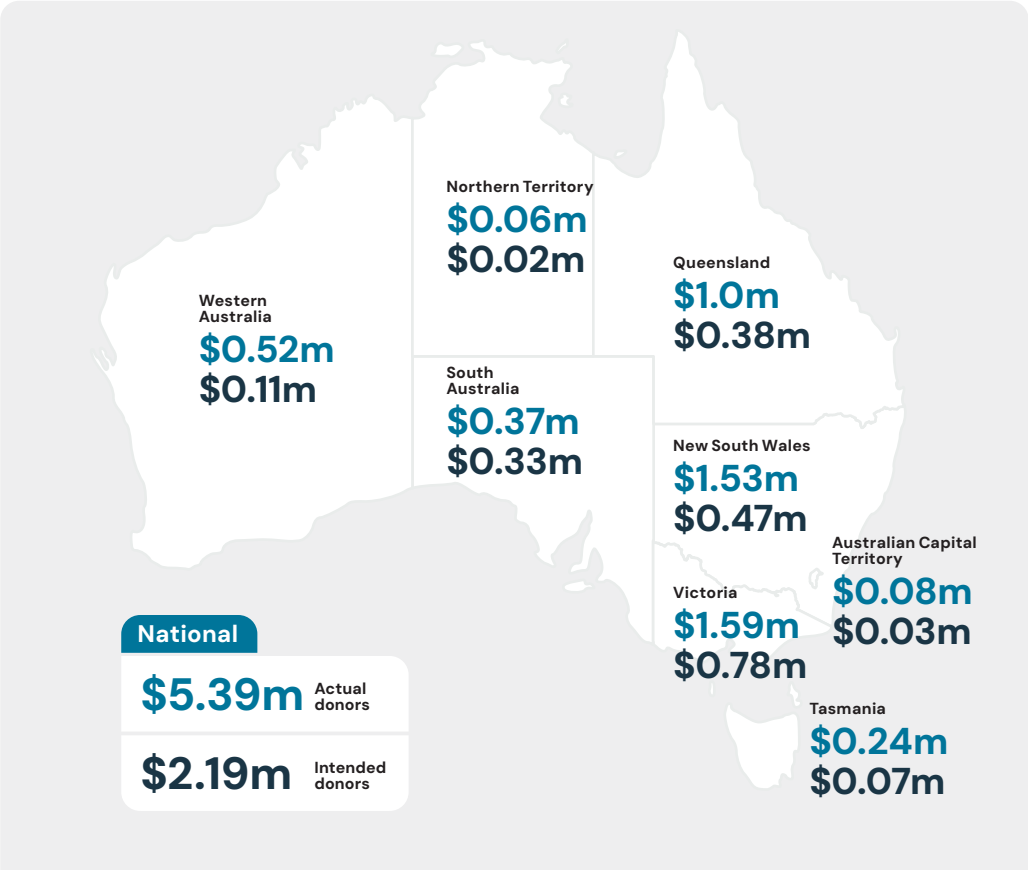
\$2.932m

Total equity

Organ Donation Hospital Support Funding

The OTA provides funding to public and some private hospitals to contribute to the costs associated with organ donation activity, based on actual and intended organ donors through Organ Donation Hospital Support Funding (ODHSF).

The map shows the ODHSF contribution by state and territory in 2024–25 and the table displays a comparison to 2023–24.



| State | 2024–25 | | | 2023–24 | | |
|-----------|--------------------|----------------------|------------|--------------------|----------------------|------------|
| | Actual donors (\$) | Intended donors (\$) | Total (\$) | Actual donors (\$) | Intended donors (\$) | Total (\$) |
| NSW | 1,530,000 | 470,000 | 2,000,000 | 1,260,000 | 330,000 | 1,590,000 |
| VIC | 1,590,000 | 780,000 | 2,370,000 | 1,690,000 | 660,000 | 2,350,000 |
| QLD | 1,000,000 | 380,000 | 1,380,000 | 930,000 | 300,000 | 1,230,000 |
| SA | 370,000 | 330,000 | 700,000 | 490,000 | 200,000 | 690,000 |
| WA | 520,000 | 110,000 | 630,000 | 410,000 | 130,000 | 540,000 |
| TAS | 240,000 | 70,000 | 310,000 | 260,000 | 40,000 | 300,000 |
| NT | 60,000 | 20,000 | 80,000 | 30,000 | 10,000 | 40,000 |
| ACT | 80,000 | 30,000 | 110,000 | 170,000 | 50,000 | 220,000 |
| Australia | 5,390,000 | 2,190,000 | 7,580,000 | 5,240,000 | 1,720,000 | 6,960,000 |

Source: Organ and Tissue Authority, DonateLife Audit; Australia and New Zealand Organ Donation Registry

Note: The table above does not include ODHSF funding provided for the costs of transferring donors between regional and larger hospitals to facilitate donation. In 2024–25 these amounts totalled \$16,000 (\$8,000 in 2023–24).

Financial statements contents

| | |
|---|------------|
| Independent Auditor's Report | 123 |
| Statement by the Accountable Authority and Chief Financial Officer | 125 |
| Financial statements | |
| Statement of comprehensive income | 126 |
| Statement of financial position | 127 |
| Statement of changes in equity | 128 |
| Cash flow statement | 130 |
| Administered schedule of comprehensive income | 133 |
| Administered schedule of assets and liabilities | 134 |
| Administered reconciliation schedule | 136 |
| Administered cash flow statement | 137 |
| Notes to the financial statements | |
| Overview | 138 |
| 1. Financial performance | 139 |
| 1.1: Expenses | 139 |
| 1.2: Own-source revenue and gains | 140 |
| 2. Income and expenses administered on behalf of Government | 141 |
| 2.1: Administered – expenses | 141 |
| 3. Financial position | 142 |
| 3.1: Financial assets | 142 |
| 3.2: Non-financial assets | 143 |
| 3.3: Payables | 146 |
| 3.4: Interest bearing liabilities | 146 |
| 4. Assets and liabilities administered on behalf of the Government | 147 |
| 4.1: Administered – financial assets | 147 |
| 4.2: Administered – payables | 148 |
| 5. Funding | 149 |
| 5.1: Appropriations | 149 |
| 5.2: Net cash appropriation arrangements | 150 |
| 6. People and relationships | 151 |
| 6.1: Employee provisions | 151 |
| 6.2: Key management personnel remuneration | 152 |
| 6.3: Related party disclosures | 152 |
| 7. Managing uncertainty | 153 |
| 7.1: Contingent assets and liabilities | 153 |
| 7.2: Financial instruments | 154 |
| 7.3: Administered financial instruments | 156 |
| 7.4: Fair value measurements | 157 |
| 8. Other information | 158 |
| 8.1: Current/Non-current distinction for assets and liabilities | 158 |

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To the Assistant Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Organ and Tissue Donation and Transplantation Authority (the Entity) for the year ended 30 June 2025:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2025 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2025 and for the year then ended:

- Statement by the Chief Executive Officer and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to and forming part of the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office 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 the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, 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 my 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 Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's 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 Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Jeffrey Hobson

Executive Director

Delegate of the Auditor-General

Canberra

25 September 2025

Statement by the Accountable Authority and Chief Financial Officer

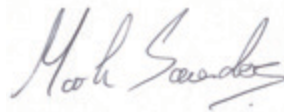
In our opinion, the attached financial statements for the year ended 30 June 2025 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Organ and Tissue Donation and Transplantation Authority (OTA) will be able to pay its debts as and when they fall due.



Ms Lucinda Barry AM
Chief Executive Officer

24 September 2025



Mr Mark Saunders
Chief Financial Officer

24 September 2025

Financial statements

Statement of comprehensive income

For the period ended 30 June 2025

| | Notes | 2025 \$ | 2024 \$ | Original Budget \$ |
|---|-------|--------------------|--------------------|-----------------------|
| Net cost of services | | | | |
| Expenses | | | | |
| Employee benefits | 1.1A | 5,556,595 | 5,138,784 | 5,769,000 |
| Suppliers | 1.1B | 989,423 | 1,070,817 | 926,000 |
| Finance costs | 1.1C | 79,638 | 51,250 | 70,000 |
| Doubtful debt expense | 1.1D | 24,468 | - | - |
| Depreciation and amortisation | 3.2A | 748,471 | 642,618 | 740,000 |
| Write-down and impairment of other assets | | - | 3,134 | - |
| Total expenses | | 7,398,595 | 6,906,603 | 7,505,000 |
| Own-source income | | | | |
| Own-source revenue | | | | |
| Other revenue | 1.2A | 90,000 | 90,000 | 104,000 |
| Total own-source revenue | | 90,000 | 90,000 | 104,000 |
| Total own-source income | | 90,000 | 90,000 | 104,000 |
| Net cost of services | | (7,308,595) | (6,816,603) | (7,401,000) |
| Revenue from Government | | | | |
| Revenue from Government | 1.2B | 6,907,000 | 6,765,000 | 6,907,000 |
| Deficit | | (401,595) | (51,603) | (494,000) |
| Total comprehensive loss | | (401,595) | (51,603) | (494,000) |

The above statement should be read in conjunction with the accompanying notes.

Statement of financial position

As at 30 June 2025

| | Notes | 2025 \$ | 2024 \$ | Original Budget \$ |
|---|-------|------------------|------------------|-----------------------|
| Assets | | | | |
| Financial assets | | | | |
| Cash and cash equivalents | 3.1A | 159,267 | 106,147 | 121,000 |
| Trade and other receivables | 3.1B | 2,797,560 | 2,401,646 | 1,394,000 |
| Total financial assets | | 2,956,827 | 2,507,793 | 1,515,000 |
| Non-financial assets¹ | | | | |
| Buildings | 3.2A | 3,168,573 | 3,753,541 | 3,481,000 |
| Property, plant and equipment | 3.2A | 483,686 | 592,365 | 818,000 |
| Computer software | 3.2A | 88,502 | 95,855 | 174,000 |
| Prepayments | | 70,174 | 76,648 | 32,000 |
| Total non-financial assets | | 3,810,935 | 4,518,409 | 4,505,000 |
| Total assets | | 6,767,762 | 7,026,202 | 6,020,000 |
| Liabilities | | | | |
| Payables | | | | |
| Suppliers | 3.3A | 82,703 | 144,320 | 52,000 |
| Other payables | 3.3B | 216,604 | 287,727 | 265,000 |
| Total payables | | 299,307 | 432,047 | 317,000 |
| Interest bearing liabilities | | | | |
| Leases | 3.4A | 1,779,419 | 2,023,018 | 1,984,000 |
| Total interest bearing liabilities | | 1,779,419 | 2,023,018 | 1,984,000 |
| Provisions | | | | |
| Employee provisions | 6.1A | 1,756,768 | 1,517,274 | 1,235,000 |
| Total provisions | | 1,756,768 | 1,517,274 | 1,235,000 |
| Total liabilities | | 3,835,494 | 3,972,339 | 3,536,000 |
| Net assets | | 2,932,268 | 3,053,863 | 2,484,000 |
| Equity | | | | |
| Contributed equity | | 4,757,000 | 4,477,000 | 4,757,000 |
| Asset revaluation reserve | | - | - | 666,000 |
| Accumulated deficit | | (1,824,732) | (1,423,137) | (2,939,000) |
| Total equity | | 2,932,268 | 3,053,863 | 2,484,000 |

The above statement should be read in conjunction with the accompanying notes.

1. Right-of-use assets are included in the following line items: Buildings.

Statement of changes in equity

For the period ended 30 June 2025

| | Notes | 2025 \$ | 2024 \$ | Original Budget \$ |
|--|-------|--------------------|--------------------|-----------------------|
| Contributed equity | | | | |
| Opening balance | | | | |
| Balance carried forward from previous period | | 4,477,000 | 4,205,000 | 4,477,000 |
| Adjusted opening balance | | 4,477,000 | 4,205,000 | 4,477,000 |
| Transactions with owners | | | | |
| Contributions by owners | | | | |
| Departmental capital budget | | 280,000 | 272,000 | 280,000 |
| Total transactions with owners | | 280,000 | 272,000 | 280,000 |
| Closing balance as at 30 June | | 4,757,000 | 4,477,000 | 4,757,000 |
| Retained earnings | | | | |
| Opening balance | | | | |
| Balance carried forward from previous period | | (1,423,137) | (2,040,149) | (2,445,000) |
| Recognition of previously expensed assets | | - | 2,137 | - |
| Adjusted opening balance | | (1,423,137) | (2,038,012) | (2,445,000) |
| Comprehensive income | | | | |
| Deficit for the period | | (401,595) | (51,603) | (494,000) |
| Total comprehensive income/(loss) | | (401,595) | (51,603) | (494,000) |
| Transfers between equity components | | - | 666,478 | - |
| Closing balance as at 30 June | | (1,824,732) | (1,423,137) | (2,939,000) |
| Asset revaluation reserve | | | | |
| Opening balance | | | | |
| Balance carried forward from previous period | | - | 666,478 | 666,000 |
| Adjusted opening balance | | - | 666,478 | 666,000 |
| Comprehensive income | | | | |
| Transfers between equity components | | - | (666,478) | - |
| Closing balance as at 30 June | | - | - | 666,000 |
| Total equity | | | | |
| Opening balance | | | | |
| Balance carried forward from previous period | | 3,053,863 | 2,831,329 | 2,698,000 |
| Recognition of previously expensed assets | | - | 2,137 | - |
| Adjusted opening balance | | 3,053,863 | 2,833,466 | 2,698,000 |
| Comprehensive income | | | | |
| Deficit for the period | | (401,595) | (51,603) | (494,000) |
| Total comprehensive income | | (401,595) | (51,603) | (494,000) |
| Transactions with owners | | | | |
| Contributions by owners | | | | |
| Departmental capital budget | | 280,000 | 272,000 | 280,000 |
| Total transactions with owners | | 280,000 | 272,000 | 280,000 |
| Closing balance as at 30 June | | 2,932,268 | 3,053,863 | 2,484,000 |

Statement of changes in equity

For the period ended 30 June 2025

Accounting policy

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

Cash flow statement

For the period ended 30 June 2025

| | Notes | 2025 \$ | 2024 \$ | Original Budget \$ |
|---|-------|--------------------|--------------------|-----------------------|
| Operating activities | | | | |
| Cash received | | | | |
| Appropriations | | 7,031,605 | 8,346,804 | 6,907,000 |
| Net GST received | | 90,475 | 324,329 | 200,000 |
| Section 74 receipts | | 263,172 | 121,196 | - |
| Total cash received | | 7,385,252 | 8,792,329 | 7,107,000 |
| Cash used | | | | |
| Employees | | (5,667,164) | (5,049,335) | (5,769,000) |
| Suppliers | | (991,799) | (1,263,118) | (822,000) |
| Interest payments on lease liabilities | | (79,638) | (51,250) | (70,000) |
| Section 74 receipts transferred to OPA | | (263,172) | (121,196) | - |
| Other | | (90,475) | (324,329) | (200,000) |
| Total cash used | | (7,092,248) | (6,809,228) | (6,861,000) |
| Net cash from operating activities | | 293,004 | 1,983,101 | 246,000 |
| Investing activities | | | | |
| Cash used | | | | |
| Purchase of buildings | | - | (1,898,889) | - |
| Purchase of property, plant and equipment | | (12,707) | (549,052) | (280,000) |
| Purchase of computer software | | (34,764) | (4,700) | - |
| Total cash used | | (47,471) | (2,452,641) | (280,000) |
| Net cash used by investing activities | | (47,471) | (2,452,641) | (280,000) |
| Financing activities | | | | |
| Cash received | | | | |
| Contributed equity | | 51,186 | 723,242 | 280,000 |
| Total cash received | | 51,186 | 723,242 | 280,000 |
| Cash used | | | | |
| Principal payments of lease liabilities | | (243,599) | (268,380) | (246,000) |
| Net cash used | | (243,599) | (268,380) | (246,000) |
| Net cash from (used by) financing activities | | (192,413) | 454,862 | 34,000 |
| Net increase/(decrease) in cash held | | 53,120 | (14,678) | - |
| Cash and cash equivalents at the beginning of the reporting period | | 106,147 | 120,825 | 121,000 |
| Cash and cash equivalents at the end of the reporting period | 3.1A | 159,267 | 106,147 | 121,000 |

The above statement should be read in conjunction with the accompanying notes.

Budget variances commentary

For the period ended 30 June 2025

Statement of comprehensive income

Employee Benefits

Employee benefits were slightly less than the budget estimate predominantly driven by minor fluctuations in staffing levels throughout the year.

Suppliers

Supplier payments were greater than the amount budgeted. The increase was attributable to a combination of factors including price increases for ICT support services and an increase in the amount of staff training provided during the year compared with budget assumptions.

Other revenue

Other revenue relates to resources received free of charge for external audit fees. These fees have reduced compared with budget expectations.

Statement of financial position

Trade and other receivables

The balance of trade and other receivables at 30 June is greater than the budget estimate. This has resulted from lower than anticipated cash outlays and the subsequent requirement to draw down less than the available appropriation. The primary reasons behind this are office fit-out costs being less than the initial budget estimate, a subsequent lower than anticipated capital spend on asset replacement resulting from the newness of office fitout assets and recent net cash operating surpluses.

Buildings

The budget for buildings was based upon an initial estimate of the right of use asset that would result from the office lease which was entered into in the prior year. The variance represents a lower actual lease liability compared with the initial estimate.

Property, plant and equipment

The variance for property, plant and equipment reflects that expenditure on asset replacement is lower than budgeted due to the newness of assets acquired in the prior year as part of the office fitout. That process saw heavily depreciated assets replaced with new assets.

Computer software

Computer software decreased in value across the year as a result of depreciation exceeding the amount of additional investment which took place. The net reduction differed to the budget assumption for a net increase in this area.

Prepayments

Prepayments were greater than estimated in budget assumptions. The total amount of prepayments is not considered large and the value is influenced by the timing of cash payments close to the end of the year.

Suppliers and other payables

Supplier and other payables are close to the budgeted amount. This variance noted is due to the timing of services received, the receipt of tax invoices, and a general strategy to pay liabilities by 30 June where possible.

Leases

The final office lease liability calculated was approximately 10% less than the initial estimate contained in budgeted assumptions.

Budget variances commentary

For the period ended 30 June 2025

Employee provisions

Employee provisions were greater than budgeted. This was impacted by numerous factors including pay rises and new staff with high provisions transferring to the agency from within the Commonwealth and ACT Governments.

Statement of changes in equity

The statement of equity includes a budget for an asset revaluation reserve which was subsequently transferred to equity during the finalisation of the prior year financial statements. This combined with the operating result flowing through the statement of changes in equity accounts for the variances noted.

Cash flow statement

Variances against budget in the Cash flow statement are broadly consistent with the explanations provided for expenses. The timing of payments, particularly for suppliers, will be dependent on the receipt of the goods and services and their related invoices and so can vary between reporting periods.

No budget was provided for in the Cash flow statement for the transfer of section 74 receipts to the Official Public Account.

Administered schedule of comprehensive income

For the period ended 30 June 2025

| | Notes | 2025 \$ | 2024 \$ | Original Budget \$ |
|---------------------------------|-------|---------------------|---------------------|-----------------------|
| Net cost of services | | | | |
| Expenses | | | | |
| Suppliers | 2.1A | 3,390,974 | 2,683,526 | 4,816,000 |
| Grants | 2.1B | 48,582,997 | 48,374,864 | 47,090,000 |
| Total expenses | | 51,973,971 | 51,058,390 | 51,906,000 |
| Total revenue | | - | - | - |
| Net cost of services | | (51,973,971) | (51,058,390) | (51,906,000) |
| Deficit | | (51,973,971) | (51,058,390) | (51,906,000) |
| Total comprehensive loss | | (51,973,971) | (51,058,390) | (51,906,000) |

The above statement should be read in conjunction with the accompanying notes.

Administered schedule of assets and liabilities

As at 30 June 2025

| | Notes | 2025 \$ | 2024 \$ | Original Budget \$ |
|---|-------|--------------------|--------------------|-----------------------|
| Assets | | | | |
| Financial assets | | | | |
| Cash and cash equivalents | 4.1A | 80,000 | 263,324 | 89,000 |
| Trade and other receivables | 4.1B | 667,469 | 620,514 | 795,000 |
| Total financial assets | | 747,469 | 883,838 | 884,000 |
| Non-financial assets | | | | |
| Prepayments | | 29,746 | 48,181 | 133,000 |
| Total non-financial assets | | 29,746 | 48,181 | 133,000 |
| Total assets administered on behalf of Government | | 777,215 | 932,019 | 1,017,000 |
| Liabilities | | | | |
| Payables | | | | |
| Suppliers | 4.2A | 54,018 | 102,762 | 106,000 |
| Grants | 4.2B | 9,773,018 | 10,103,283 | 9,887,000 |
| Total payables | | 9,827,036 | 10,206,045 | 9,993,000 |
| Total liabilities administered on behalf of Government | | 9,827,036 | 10,206,045 | 9,993,000 |
| Net liabilities | | (9,049,821) | (9,274,026) | (8,976,000) |

The above statement should be read in conjunction with the accompanying notes.

Administered budget commentary

As at 30 June 2025

Schedule of comprehensive income

Suppliers and grants

Suppliers and grants were in total very close to the budgeted amount reflecting a close to full spend of available appropriation.

A contributing factor to the variances noted whereby supplier payments appear less than budgeted (and grant payments greater than budgeted) is because measure funding for the national waitlisting and matching system (OrganMatch) has been designated as being for supplier payments whereas actual expenditure was facilitated through grant funding.

Schedule of assets and liabilities

Total financial assets

Total financial assets are low in value and close to budget assumptions. The Organ and Tissue Authority adopts a general strategy of keeping only minimal cash balances on hand.

Total liabilities administered on behalf of Government

Total liabilities administered on behalf of Government are close to budget. Supplier amounts are low consistent with the Organ and Tissue Authority's general strategy to pay liabilities prior to year end where possible.

Administered reconciliation schedule

For the period ended 30 June 2025

| | Notes | 2025 \$ | 2024 \$ |
|---|-------|--------------------|--------------------|
| Opening assets less liabilities as at 1 July | | (9,274,026) | (8,976,488) |
| Net cost of services | | | |
| Income | | - | - |
| Expenses | | | |
| Payments to entities other than corporate Commonwealth entities | | (51,973,971) | (51,058,390) |
| Transfers (to)/from the Australian Government | | | |
| Appropriation transfers from Official Public Account | | | |
| Net GST appropriations | | 34,060 | (178,351) |
| Annual appropriations | | | |
| Payments to entities other than corporate Commonwealth entities | | 52,164,116 | 50,939,203 |
| Closing assets less liabilities as at 30 June | | (9,049,821) | (9,274,026) |

The above statement should be read in conjunction with the accompanying notes.

Accounting policy

Administered cash transfers to and from the Official Public Account

Revenue collected by the OTA for use by the Government rather than the OTA is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the OTA on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Administered cash flow statement

For the period ended 30 June 2025

| | Notes | 2025 \$ | 2024 \$ |
|---|-------|---------------------|---------------------|
| OPERATING ACTIVITIES | | | |
| Cash received | | | |
| Net GST received | | 1,050,414 | 1,112,099 |
| Total cash received | | 1,050,414 | 1,112,099 |
| Cash used | | | |
| Suppliers | | (3,690,010) | (3,110,119) |
| Grants | | (49,741,904) | (48,588,360) |
| Total cash used | | (53,431,914) | (51,698,478) |
| Net cash used by operating activities | | (52,381,500) | (50,586,379) |
| Cash from Official Public Account | | | |
| Appropriations | | 52,164,116 | 50,939,203 |
| GST appropriation | | 1,078,895 | 933,748 |
| Total cash from Official Public Account | | 53,243,011 | 51,872,951 |
| Cash to Official Public Account | | | |
| Return of GST appropriations to the Official Public Account | | (1,044,835) | (1,112,099) |
| Total cash to Official Public Account | | (1,044,835) | (1,112,099) |
| Net increase/(decrease) in cash held | | (183,324) | 174,473 |
| Cash and cash equivalents at the beginning of the reporting period | | 263,324 | 88,851 |
| Cash and cash equivalents at the end of the reporting period | 4.1A | 80,000 | 263,324 |

The above statement should be read in conjunction with the accompanying notes.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

Overview

The Organ and Tissue Donation and Transplantation Authority, also known as the Organ and Tissue Authority (OTA) is an Australian Government non-corporate entity that administers funds associated with the delivery of the Australian Government's national DonateLife program to optimise potential organ and tissue donation for transplantation. Funding is provided to jurisdictions to deliver organ and tissue donation services in selected public and private hospitals. State and territory governments use these funds to employ donation specialist staff – the DonateLife Network – to deliver organ and tissue donation services. The OTA's registered office is Level 12, 12 Moore Street, Canberra in the Australian Capital Territory.

The basis of preparation

The financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*. The financial statements have been prepared in accordance with:

- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015; and
- Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

The continued existence of the OTA is dependent on government policy and on continuing funding by Parliament for the OTA's activities and programs.

Taxation

The OTA is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Reporting of administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes. Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Events after the reporting period

Departmental

There was no subsequent event that had the potential to significantly affect the ongoing structure and financial activities of the OTA.

Administered

There was no subsequent event that had the potential to significantly affect the ongoing structure and financial activities of the OTA.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

1. Financial performance

This section analyses OTA's financial performance for the year ended 30 June 2025.

1.1 Expenses

| | 2025 \$ | 2024 \$ |
|--------------------------------|------------------|------------------|
| 1.1A: Employee benefits | | |
| Wages and salaries | 4,251,350 | 3,943,259 |
| Superannuation: | | |
| Defined benefit plans | 164,597 | 155,815 |
| Defined contribution plans | 598,926 | 565,182 |
| Leave and other entitlements | 537,528 | 462,518 |
| Other employee expenses | 4,194 | 12,010 |
| Total employee benefits | 5,556,595 | 5,138,784 |

Accounting policy

Accounting policies for employee related expenses is contained in the People and Relationships section.

1.1B: Suppliers

Goods and services supplied or rendered

| | | |
|--|----------------|------------------|
| Contractors and consultants | 48,675 | 72,641 |
| Equipment and software | 136,912 | 126,998 |
| Facilities | 68,258 | 176,279 |
| Staff recruitment and training | 71,321 | 30,444 |
| Travel | 144,273 | 158,900 |
| Office supplies and stationery | 2,233 | 6,459 |
| Printing and publishing | 57,865 | 13,622 |
| Resources received free of charge | 90,000 | 90,000 |
| Shared services MoU | 268,132 | 236,438 |
| Other | 74,092 | 124,962 |
| Total goods and services supplied or rendered | 961,761 | 1,036,743 |

| | | |
|--|----------------|------------------|
| Goods supplied | 2,233 | 6,459 |
| Services rendered | 959,528 | 1,030,284 |
| Total goods and services supplied or rendered | 961,761 | 1,036,743 |

Other suppliers

| | | |
|-------------------------------|----------------|------------------|
| Low value leases | - | 352 |
| Workers compensation expenses | 27,662 | 33,722 |
| Total other suppliers | 27,662 | 34,074 |
| Total suppliers | 989,423 | 1,070,817 |

Accounting policy

Short-term leases and leases of low-value assets

The OTA has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low-value assets (less than \$10,000). The OTA recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

1.1C: Finance costs

| | | |
|-------------------------------|---------------|---------------|
| Interest on lease liabilities | 79,638 | 51,250 |
| Total finance costs | 79,638 | 51,250 |

The above lease disclosures should be read in conjunction with the accompanying notes 3.2 and 3.4.

1.1D: Doubtful debt expense

| | | |
|------------------------------------|---------------|----------|
| Doubtful debt expense | 24,468 | - |
| Total doubtful debt expense | 24,468 | - |

A doubtful debts expense has been recognised to provide for an outstanding debt which appears unlikely to be recovered.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

1.2 Own-source revenue and gains

| | 2025 \$ | 2024 \$ |
|-----------------------------------|---------------|---------------|
| Own-source revenue | | |
| 1.2A: Other revenue | | |
| Resources received free of charge | | |
| Remuneration of auditors | 90,000 | 90,000 |
| Total other revenue | 90,000 | 90,000 |

Resources received free of charge include services provided by the Australian National Audit Office for the end of financial year statement audit.

Accounting policy

Resources received free of charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as revenue or gains depending on their nature.

Revenue

Revenue from the sale of goods and rendering of services is recognised when control has transferred to the buyer.

Revenue from Government

1.2B: Revenue from Government

| | | |
|--------------------------------------|------------------|------------------|
| Departmental appropriations | 6,907,000 | 6,765,000 |
| Total revenue from government | 6,907,000 | 6,765,000 |

Accounting policy

Revenue from Government

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the OTA gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

2. Income and expenses administered on behalf of Government

This section analyses the activities that the OTA does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

2.1 Administered – expenses

| | 2025 \$ | 2024 \$ |
|--|-------------------|-------------------|
| 2.1A: Suppliers | | |
| Goods and services supplied or rendered | | |
| Board fees | 39,072 | 38,010 |
| Contractors and consultants | 202,800 | 84,166 |
| Public relations and research | 334,206 | 259,310 |
| Travel | 219,473 | 182,644 |
| Software licence and maintenance | 1,817,297 | 1,624,809 |
| Other | 778,126 | 494,587 |
| Total goods and services supplied or rendered | 3,390,974 | 2,683,526 |
| | | |
| Goods supplied | 45,452 | 128,182 |
| Services rendered | 3,345,522 | 2,555,344 |
| Total goods and services supplied or rendered | 3,390,974 | 2,683,526 |
| | | |
| Total suppliers | 3,390,974 | 2,683,526 |
| | | |
| 2.1B: Grants | | |
| Public Sector | | |
| State and Territory Governments | 40,060,121 | 40,330,248 |
| Private Sector | | |
| Not-for-profit organisations | 8,522,876 | 8,044,616 |
| Total grants | 48,582,997 | 48,374,864 |

Accounting policy

The OTA administers a number of grant schemes on behalf of the Government. Grant liabilities are recognised to the extent that (i) services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When the Government enters into an agreement to make these grants and services, but services have not been performed or criteria satisfied, this is considered a commitment.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

3. Financial position

This section analyses OTA's assets used to conduct its operations and the operating liabilities incurred as a result. Employee related information is disclosed in the People and Relationships Section.

3.1 Financial assets

| | 2025 \$ | 2024 \$ |
|--|----------------|----------------|
| 3.1A: Cash and cash equivalents | | |
| Cash on hand or on deposit | 159,267 | 106,147 |
| Total cash and cash equivalents | 159,267 | 106,147 |

Accounting policy

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- a) cash on hand; and
- b) demand deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

3.1B: Trade and other receivables

Goods and services receivables

| | | |
|---|---------------|---------------|
| Other | 38,602 | 97,927 |
| Total goods and services receivables (net) | 38,602 | 97,927 |

Appropriation receivables

| | | |
|--|------------------|------------------|
| Appropriation receivable | 2,746,514 | 2,288,658 |
| Total appropriation receivables | 2,746,514 | 2,288,658 |

Other receivables

| | | |
|--|--------|--------|
| GST receivable from the Australian Taxation Office | 12,444 | 15,061 |
|--|--------|--------|

| | | |
|--------------------------------|---------------|---------------|
| Total other receivables | 12,444 | 15,061 |
|--------------------------------|---------------|---------------|

| | | |
|--|------------------|------------------|
| Total trade and other receivables (gross) | 2,797,560 | 2,401,646 |
|--|------------------|------------------|

| | | |
|--|------------------|------------------|
| Total trade and other receivables (net) | 2,797,560 | 2,401,646 |
|--|------------------|------------------|

Credit terms for goods and services were within 20 days (2024: 20 days).

Accounting policy

Financial assets

Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

3.2 Non-financial assets

3.2A: Reconciliation of the opening and closing balances of property, plant and equipment, and intangibles

| | Buildings \$ | Property, plant and equipment \$ | Computer software \$ | Total \$ |
|--|------------------|--|----------------------------|------------------|
| As at 1 July 2024 | | | | |
| Gross book value | 4,094,771 | 751,657 | 561,262 | 5,407,690 |
| Accumulated depreciation, amortisation and impairment | (341,230) | (159,292) | (465,407) | (965,929) |
| Total as at 1 July 2024 | 3,753,541 | 592,365 | 95,855 | 4,441,761 |
| Additions | | | | |
| Purchase | – | 12,707 | 34,764 | 47,471 |
| Depreciation and amortisation | (292,729) | (121,386) | (42,117) | (456,232) |
| Depreciation on right-of-use assets | (292,239) | – | – | (292,239) |
| Total as at 30 June 2025 | 3,168,573 | 483,686 | 88,502 | 3,740,761 |
| Total as at 30 June 2025 represented by: | | | | |
| Gross book value | 4,094,771 | 761,564 | 596,026 | 5,452,361 |
| Accumulated depreciation, amortisation and impairment | (926,198) | (277,878) | (507,524) | (1,711,600) |
| Total as at 30 June 2025 represented by | 3,168,573 | 483,686 | 88,502 | 3,740,761 |
| Carrying amount of right-of-use assets | 1,582,960 | – | – | 1,582,960 |

Revaluations of non-financial assets and intangible assets

During the 2024–25 financial year, the OTA continued operations at its office premises at 12 Moore Street. The majority of fixed assets consist of the office fit-out completed in December 2023. There were no material additions or changes in asset condition during the current reporting period. Based on this, management determined that a revaluation was not required for the year ended 30 June 2025. The next scheduled independent valuation remains planned for the 2026–27 financial year.

Contractual commitments for the acquisition of property, plant, equipment and intangible assets

There are no contractual commitments for the acquisition of property, plant and equipment. There are no contractual commitments for the acquisition of intangible assets as at 30 June 2025 (2024: Nil).

Notes to and forming part of the financial statements

For the period ended 30 June 2025

Accounting policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor’s accounts immediately prior to the restructuring.

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the Statement of financial position, except for purchases costing less than \$1,000 which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located.

Leased Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value (or an amount not materially different from fair value) less subsequent accumulated depreciation and accumulated impairment losses. Valuations were conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets’ fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment was credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets were recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class. Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the OTA using, in all cases, the straight-line method of depreciation. Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate. Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

| | 2025 | 2024 |
|---------------------|---------------|---------------|
| | Lease term | Lease term |
| Buildings | | |
| Plant and equipment | 5 to 10 years | 5 to 10 years |

Notes to and forming part of the financial statements

For the period ended 30 June 2025

Impairment

All assets were assessed for impairment at 30 June 2025. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the OTA were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles

The OTA's intangibles comprise of purchased software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses. Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the OTA's software is 5 years (2024: 5 years). All software assets were assessed for indications of impairment as at 30 June 2025.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

3.3 Payables

| | 2025 \$ | 2024 \$ |
|------------------------------|---------------|----------------|
| 3.3A: Suppliers | | |
| Trade creditors and accruals | 82,703 | 144,320 |
| Total suppliers | 82,703 | 144,320 |

Settlement was usually made within 14 days (2024: 20 days).

3.3B: Other payables

| | | |
|-----------------------------|----------------|----------------|
| Salaries and wages | 140,965 | 153,078 |
| Superannuation | 24,396 | 19,127 |
| Other | 51,243 | 115,522 |
| Total other payables | 216,604 | 287,727 |

Accounting policy

Payables are recognised at the present value of expected future cashflow. Trade creditors and accruals are recognised to the extent that the goods and services have been received (irrespective of having been invoiced).

3.4 Interest bearing liabilities

3.4A: Leases

| | | |
|---------------------|------------------|------------------|
| Lease liabilities | 1,779,419 | 2,023,018 |
| Total leases | 1,779,419 | 2,023,018 |

Total cash outflow for leases for the year ended 30 June 2025 was \$323,236 (2024: \$319,392)

Maturity analysis – contractual undiscounted cash flows

| | | |
|----------------------|------------------|------------------|
| Within 1 year | 338,443 | 323,236 |
| Between 1 to 5 years | 1,516,762 | 1,450,425 |
| More than 5 years | 136,887 | 541,667 |
| Total leases | 1,992,091 | 2,315,328 |

The OTA in its capacity as lessee entered into a seven-year non-cancellable lease at 12 Moore Street, Canberra ACT from 1 December 2023. Lease payments are subject to annual increases in accordance with the lease agreement.

The above lease disclosures should be read in conjunction with the accompanying notes 1.1B, 1.1C and 3.2.

Accounting policy

For all new contracts entered into, the OTA considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

4. Assets and liabilities administered on behalf of the Government

This section analyses assets used to conduct operations and the operating liabilities incurred as a result the OTA does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

4.1 Administered – financial assets

| | 2025 \$ | 2024 \$ |
|--|---------------|----------------|
| 4.1A: Cash and cash equivalents | | |
| Cash on hand or on deposit | 80,000 | 263,324 |
| Total cash and cash equivalents | 80,000 | 263,324 |

Accounting policy

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- a) cash on hand; and
- b) demand deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

4.1B: Trade and other receivables

Other receivables

| | | |
|--|----------------|----------------|
| GST receivable from the Australian Taxation Office | 614,933 | 620,514 |
| Other receivables | 52,536 | - |
| Total other receivables | 667,469 | 620,514 |
| Total trade and other receivables (gross) | 667,469 | 620,514 |
| Total trade and other receivables (net) | 667,469 | 620,514 |

No indicators of impairment were found for trade and other receivables in 2025 (2024: nil).

Credit terms for goods and services were within 20 days (2024: 20 days).

Notes to and forming part of the financial statements

For the period ended 30 June 2025

4.2 Administered – payables

4.2A: Suppliers

Trade creditors and accruals

Total suppliers

| 2025 \$ | 2024 \$ |
|---------------|----------------|
| 54,018 | 102,762 |
| 54,018 | 102,762 |

Settlement was usually made within 14 days (2024: 14 days)

4.2B: Grants

State and Territory Governments

Non-profit organisations

Total grants

| | |
|------------------|-------------------|
| 9,773,018 | 9,625,314 |
| – | 477,969 |
| 9,773,018 | 10,103,283 |

Settlement was made according to the terms and conditions of each grant within 14 days (2024: 14 days) of performance or eligibility.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

5. Funding

This section identifies OTA's funding structure.

5.1 Appropriations

| | 2025 \$ | 2024 \$ |
|--|-------------------|--------------------|
| 5.1A: Annual appropriations ('Recoverable GST exclusive') | | |
| Departmental | | |
| Ordinary annual services | | |
| Annual appropriation | 6,907,000 | 6,765,000 |
| Receipts retained under PGPA Act – Section 74 | 263,173 | 121,196 |
| Total appropriation | 7,170,173 | 6,886,196 |
| Appropriation applied (current and prior years) | 6,939,195 | 8,037,154 |
| Variance¹ | 230,978 | (1,150,958) |
| Capital Budget | | |
| Annual departmental capital budget ² | 280,000 | 272,000 |
| Payments for non-financial assets ³ | 51,186 | 723,242 |
| Variance⁴ | 228,814 | (451,242) |
| Administered | | |
| Ordinary annual services | | |
| Annual appropriation | 51,906,000 | 51,566,000 |
| Total appropriation | 51,906,000 | 51,566,000 |
| Appropriation applied (current and prior years) | 52,347,440 | 50,764,730 |
| Variance⁵ | (441,440) | 801,270 |

1. The variance of \$230,978 is due to the timing of accruals at the start and end of the financial year.

2. Departmental capital budgets are appropriated through Appropriation Acts (No. 1, 3, 5). They form part of ordinary annual services and are not separately identified in the Appropriation Acts.

3. Payments made for non-financial assets include asset purchases and capitalised expenditure.

4. The variance of \$228,814 is due to only a small amount of capital assets being purchased during the financial year.

5. The variance of \$441,440 for administered ordinary annual services is attributable to the timing of supplier and grant payments.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

| | 2025 \$ | 2024 \$ |
|--|-------------------|-------------------|
| 5.1B: Unspent annual appropriations ('Recoverable GST exclusive') | | |
| Departmental | | |
| Supply Act (No.3) 2022–23 ¹ | 105,000 | 105,000 |
| Appropriation Act (No.1) 2023–24 | – | 1,788,657 |
| Appropriation Act (No.3) 2023–24 | – | 500,000 |
| Appropriation Act (No.1) 2024–25 | 2,517,700 | – |
| Appropriation Act (No.1) 2024–25 – Departmental Capital Budget | 228,814 | – |
| Cash at bank | 159,267 | 106,147 |
| Total Departmental | 3,010,781 | 2,499,804 |
| Administered | | |
| Appropriation Act (No.1) 2021–22 | – | 40,946 |
| Supply Act (No.3) 2022–23 | 10,041 | 10,041 |
| Appropriation Act (No.1) 2023–24 | 507,610 | 10,468,264 |
| Appropriation Act (No.1) 2024–25 | 9,702,538 | – |
| Cash at bank | 80,000 | 263,324 |
| Total administered | 10,300,189 | 10,782,575 |

1. \$105,000 of 2022–23 departmental annual appropriation was quarantined under section 51 of the PGPA Act due to government decisions. This amount remains a legal entitlement for the OTA as at 30 June 2025 and will legally lapse on 1 July 2025.

5.2 Net cash appropriation arrangements

| | | |
|---|------------------|-----------------|
| Total comprehensive income/(loss) as per the Statement of Comprehensive Income | (401,595) | (51,603) |
| <i>Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections)¹</i> | 456,232 | 347,410 |
| <i>Plus: depreciation of right-of-use assets²</i> | 292,239 | 295,208 |
| <i>Less: lease principal repayments²</i> | 243,599 | 268,380 |
| Net cash operating surplus | 103,277 | 322,635 |

1. From 2010–11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.
2. The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

6. People and relationships

This section provides a range of employment and post employment benefits provided to our people and our relationships with other key people.

6.1 Employee provisions

| | 2025 \$ | 2024 \$ |
|----------------------------------|------------------|------------------|
| 6.1A: Employee provisions | | |
| Leave | 1,756,768 | 1,517,274 |
| Total employee provisions | 1,756,768 | 1,517,274 |

Accounting policy

Liabilities for 'short-term employee benefits' and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Other long-term employee benefit liabilities are measured as the net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

Leave

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including OTA's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined with reference to the Australian Government shorthand method. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. OTA recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

The OTA's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), the PSS accumulation Plan (PSSap) or other superannuation funds held outside the Australian Government. The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap and other compliant superannuation funds are defined contribution schemes.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The OTA makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The OTA accounts for the contributions as if they were contributions to defined contribution plans. The liability for superannuation recognised as at 30 June represents outstanding contributions for the number of days between the last pay period in the financial year and 30 June.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

6.2 Key management personnel remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of OTA, directly or indirectly, including any director (whether executive or otherwise) of that entity. The OTA has determined the key management personnel to be the Chief Executive Officer and the Chief Operating Officer. Key management personnel remuneration is reported in the table below:

| | 2025 \$ | 2024 \$ |
|---|----------------|----------------|
| Short-term employee benefits | 608,578 | 585,264 |
| Post-employment benefits | 94,823 | 90,131 |
| Other long-term employee benefits | 29,771 | 20,520 |
| Total key management personnel remuneration expenses¹ | 733,172 | 695,915 |

The total number of key management personnel that are included in the above table are 2 (2024: 2).

1. The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio and Cabinet Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the entity.

6.3 Related party disclosures

Related party relationships

The parent entity to OTA is the Department of Health, Disability and Ageing. The OTA is an Australian Government controlled entity. Related parties to the OTA are key management personnel, the Portfolio Minister and Executive, and other Australian Government entities.

Transactions with related parties

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. These transactions have not been separately disclosed in this note.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the OTA, it has been determined that there are no related party transactions to be separately disclosed.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

7. Managing uncertainty

This section analyses how OTA manages financial risks within its operating environment.

7.1 Contingent assets and liabilities

7.1A: Contingent asset and liabilities

Quantifiable contingencies

The OTA had no quantifiable contingencies as at the reporting date.

Unquantifiable contingencies

The OTA provided an indemnity to the lessors of the OTA's leased premises in relation to certain actions, claims, demands, losses, damages, costs and expenses for which the lessor shall, may or does become liable. These can arise from the negligent use by the lessee of water, gas, electricity, lighting, overflow or leakage of water and other services and facilities. The indemnity releases the lessor from all claims and demands of any kind and from all liability which may arise in respect of any death of, or injury to, any person, and any accident or damage to property of whatever kind except to the extent that the lessor's negligence contributed to the death, injury, loss or damage.

Accounting policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

7.1B: Administered contingent asset and liabilities

Quantifiable contingencies

The OTA had no quantifiable contingencies as at the reporting date.

Unquantifiable contingencies

The OTA provided an indemnity in relation to the provision of ICT services supporting the Electronic Donor Record system in relation to all actions, claims, demands, losses, damages, costs and expenses for which the contractor shall, may or does become liable. The indemnity releases the contractor from any liability arising from the contract in excess of the contractor's required insurance levels.

Accounting policy

Indemnities and/or guarantees

The maximum amounts payable under the indemnities given is disclosed above, where relevant. At the time of completion of the financial statements, there was no reason to believe that the indemnities and or guarantees would be called upon, and no recognition of any liability was therefore required.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

7.2 Financial instruments

| | 2025 \$ | 2024 \$ |
|---|----------------|----------------|
| 7.2A: Categories of financial instruments | | |
| Financial Assets | | |
| Financial assets at amortised cost | | |
| Cash and cash equivalents | 159,267 | 106,147 |
| Trade and other receivables | 38,602 | 97,927 |
| Total financial assets at amortised cost | 197,869 | 204,074 |
| Total financial assets | 197,869 | 204,074 |
| Financial Liabilities | | |
| Financial liabilities measured at amortised cost | | |
| Trade creditors | 82,703 | 144,320 |
| Total financial liabilities measured at amortised cost | 82,703 | 144,320 |
| Total financial liabilities | 82,703 | 144,320 |

Accounting policy

Financial assets

Financial assets are classified as financial assets measured at amortised cost.

The classification depends on both the OTA's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the OTA becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Financial assets at amortised cost

Financial assets included in this category need to meet two criteria:

1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest on the principal outstanding amount

Amortised cost is determined using the effective interest method.

Effective interest method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. The approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

Financial liabilities

Financial liabilities are classified as other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at amortised cost

Other financial liabilities include supplier and other payables, which are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

Notes to and forming part of the financial statements

For the period ended 30 June 2025

7.2B: Net gains or losses on financial assets

There is no interest income and expense from financial assets not at fair value through profit or loss in the years ending 30 June 2025 and 30 June 2024.

7.2C: Net income and expense from financial liabilities

There is no interest income and expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2025 and 30 June 2024.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

7.3 Administered financial instruments

| | 2025 \$ | 2024 \$ |
|---|------------------|-------------------|
| 7.3A: Categories of financial instruments | | |
| Financial assets | | |
| Financial assets at amortised cost | | |
| Loans and receivables | | |
| Cash and cash equivalents | 80,000 | 263,324 |
| Total financial assets at amortised cost | 80,000 | 263,324 |
| Total financial assets | 80,000 | 263,324 |
| Financial liabilities | | |
| Financial liabilities measured at amortised cost | | |
| Trade creditors | 54,018 | 102,762 |
| Grants payable | 9,773,018 | 10,103,283 |
| Total financial liabilities measured at amortised cost | 9,827,036 | 10,206,045 |
| Total financial liabilities | 9,827,036 | 10,206,045 |

7.3B: Net gains or losses on financial assets

There is no interest income or expense from financial assets not at fair value through profit or loss in the years ended 30 June 2025 and 30 June 2024.

7.3C: Net gains or losses on financial liabilities

There is no interest income or expense from financial liabilities not at fair value through profit or loss in the years ended 30 June 2025 and 30 June 2024.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

7.4 Fair value measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value. The remaining assets and liabilities disclosed in the Statement of financial position do not apply the fair value hierarchy.

Accounting policy

An annual assessment is undertaken to determine whether the carrying amount of non-financial assets is materially different from their fair value. Comprehensive valuations are carried out at least once every three years, with the next scheduled independent valuation planned for the 2026–27 financial year. As at 30 June 2025, the majority of non-financial assets remained unchanged from the prior year, having been newly acquired following the office relocation and fit-out in late 2023. Management has assessed that the fair value of these assets continues to approximate their cost less accumulated depreciation.

7.4: Fair value measurements

| | Fair Value measurements at the end of the reporting period | |
|-----------------------------------|--|------------------|
| | 2025 \$ | 2024 \$ |
| Non-financial assets | | |
| Buildings | 1,585,613 | 1,878,342 |
| Property, plant and equipment | 483,686 | 592,365 |
| Total non-financial assets | 2,069,299 | 2,470,707 |

The remaining assets and liabilities reported by the OTA are not measured at fair value in the Statement of Financial Position.

Notes to and forming part of the financial statements

For the period ended 30 June 2025

8. Other information

8.1 Current/Non-current distinction for assets and liabilities

| | 2025 \$ | 2024 \$ |
|--|------------------|------------------|
| 8.1A: Departmental – current/non-current distinction for assets and liabilities | | |
| Assets expected to be recovered in: | | |
| No more than 12 months | | |
| Cash and cash equivalents | 159,267 | 106,147 |
| Trade and other receivables | 2,797,560 | 2,401,646 |
| Other non-financial assets | 70,174 | 63,898 |
| Total no more than 12 months | 3,027,001 | 2,571,691 |
| More than 12 months | | |
| Buildings | 3,168,573 | 3,753,541 |
| Property, plant and equipment | 483,686 | 592,365 |
| Computer software | 88,502 | 95,855 |
| Other non-financial assets | – | 12,750 |
| Total more than 12 months | 3,740,761 | 4,454,511 |
| Total assets | 6,767,762 | 7,026,202 |
| Liabilities expected to be settled in: | | |
| No more than 12 months | | |
| Suppliers | 82,703 | 144,320 |
| Other payables | 216,604 | 287,727 |
| Leases | 269,635 | 243,598 |
| Employee provisions | 613,523 | 550,350 |
| Total no more than 12 months | 1,182,465 | 1,225,995 |
| More than 12 months | | |
| Leases | 1,509,784 | 1,779,420 |
| Employee provisions | 1,143,245 | 966,924 |
| Total more than 12 months | 2,653,029 | 2,746,344 |
| Total liabilities | 3,835,494 | 3,972,339 |

Notes to and forming part of the financial statements

For the period ended 30 June 2025

| | 2025 \$ | 2024 \$ |
|--|------------------|-------------------|
| 8.1B: Administered – current/non-current distinction for assets and liabilities | | |
| Assets expected to be recovered in: | | |
| No more than 12 months | | |
| Cash and cash equivalents | 80,000 | 263,324 |
| Trade and other receivables | 667,469 | 620,514 |
| Other non-financial assets | 29,746 | 48,181 |
| Total no more than 12 months | 777,215 | 932,019 |
| Total assets | 777,215 | 932,019 |
| Liabilities expected to be settled in: | | |
| No more than 12 months | | |
| Suppliers | 54,018 | 102,762 |
| Grants | 9,773,018 | 10,103,283 |
| Total no more than 12 months | 9,827,036 | 10,206,045 |
| Total liabilities | 9,827,036 | 10,206,045 |

Levi

'In their darkest moment, they chose to donate and gave my little boy the gift of life. Because of their incredible generosity, Levi now has the chance to grow, play, and live his best life.' Levi's mum, Tarra

Levi was born with a rare genetic disorder, and his condition was so severe that a liver transplant became his only chance of survival. He was transplanted at 9 months old.



Part 5

Appendices

| | |
|--|-----|
| Appendix 1: Employee statistics | 162 |
| Appendix 2: Stakeholders | 166 |
| Appendix 3: List of tables and figures | 168 |
| Appendix 4: Abbreviations | 170 |
| Appendix 5: Glossary | 172 |
| Appendix 6: List of requirements | 174 |
| Appendix 7: Alphabetical index | 180 |

Appendix 1: Employee statistics

The tables in this appendix provide a breakdown of the OTA workforce by classification, gender, full-time and part-time status, ongoing and non-ongoing employment, salary ranges, location and employment arrangements.

For the 2024–25 reporting period all employee figures are reported as headcount as at 30 June 2025.

Table 12: Information about remuneration for key management personnel (2024–25)

| | Lucinda Barry Chief Executive Officer | Belinda Small Chief Operating Officer |
|-------------------------------|--|--|
| Short-term benefits (\$) | | |
| Base salary | 338,348 | 247,045 |
| Bonuses | - | - |
| Other benefits and allowances | - | 23,185 |
| Post-employment benefits (\$) | | |
| Superannuation contributions | 54,659 | 40,164 |
| Other long-term benefits (\$) | | |
| Long service leave | 10,219 | 19,552 |
| Other long-term benefits | - | - |
| Termination benefits (\$) | | |
| | - | - |
| Total remuneration (\$) | | |
| | 403,227 | 329,946 |

Table 13: All ongoing employees current report period (2024–25)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|-----------|---------------|-----------|----------|-----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| ACT | 7 | 0 | 7 | 16 | 6 | 22 | 0 | 0 | 0 | 29 |
| VIC | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |
| Total | 7 | 0 | 7 | 18 | 6 | 24 | 0 | 0 | 0 | 31 |

Table 14: All non-ongoing employees current report period (2024–25)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|----------|---------------|-----------|----------|----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| ACT | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| VIC | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |

Table 15: All ongoing employees previous report period (2023–24)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|-----------|---------------|-----------|----------|-----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| ACT | 7 | 0 | 7 | 13 | 7 | 20 | 0 | 0 | 0 | 27 |
| NSW | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| VIC | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 7 | 1 | 8 | 14 | 7 | 21 | 0 | 0 | 0 | 29 |

Table 16: All non-ongoing employees previous report period (2023–24)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|----------|---------------|-----------|----------|----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| ACT | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| VIC | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |

Table 17: Australian Public Service Act ongoing employees current report period (2024–25)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|-----------|---------------|-----------|----------|-----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| SES 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| EL 2 | 4 | 0 | 4 | 4 | 1 | 5 | 0 | 0 | 0 | 9 |
| EL 1 | 3 | 0 | 3 | 7 | 5 | 12 | 0 | 0 | 0 | 15 |
| APS 6 | 0 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 4 |
| APS 5 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |
| Total | 7 | 0 | 7 | 18 | 6 | 24 | 0 | 0 | 0 | 31 |

Table 18: Australian Public Service Act non-ongoing employees current report period (2024–25)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|----------|---------------|-----------|----------|----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| APS 6 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| APS 5 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |

Table 19: Australian Public Service Act ongoing employees previous report period (2023–24)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|-----------|---------------|-----------|----------|-----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| SES 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| EL 2 | 4 | 0 | 4 | 5 | 0 | 5 | 0 | 0 | 0 | 9 |
| EL 1 | 3 | 1 | 4 | 6 | 6 | 12 | 0 | 0 | 0 | 16 |
| APS 6 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| APS 5 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |
| Total | 7 | 1 | 8 | 14 | 7 | 21 | 0 | 0 | 0 | 29 |

Table 20: Australian Public Service Act non-ongoing employees previous report period (2023–24)

| | Male | | | Female | | | Indeterminate | | | Total |
|--------------|-----------|-----------|----------|-----------|-----------|----------|---------------|-----------|----------|----------|
| | Full time | Part time | Total | Full time | Part time | Total | Full time | Part time | Total | |
| EL 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| APS 5 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |

Table 21: Australian Public Service Act employees by full-time and part-time status current report period (2024–25)

| | Ongoing | | | Non-ongoing | | | Total |
|--------------|-----------|-----------|-----------|-------------|-----------|----------|-----------|
| | Full time | Part time | Total | Full time | Part time | Total | |
| SES 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| EL 2 | 8 | 1 | 9 | 0 | 0 | 0 | 9 |
| EL 1 | 10 | 5 | 15 | 0 | 0 | 0 | 15 |
| APS 6 | 4 | 0 | 4 | 1 | 0 | 1 | 5 |
| APS 5 | 2 | 0 | 2 | 1 | 0 | 1 | 3 |
| Total | 25 | 6 | 31 | 2 | 0 | 2 | 33 |

Table 22: Australian Public Service Act employees by full-time and part-time status previous report period (2023–24)

| | Ongoing | | | Non-ongoing | | | Total |
|--------------|-----------|-----------|-----------|-------------|-----------|----------|-----------|
| | Full time | Part time | Total | Full time | Part time | Total | |
| SES 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| EL 2 | 9 | 0 | 9 | 1 | 0 | 1 | 10 |
| EL 1 | 9 | 7 | 16 | 0 | 0 | 0 | 16 |
| APS 6 | 0 | 1 | 1 | 1 | 0 | 1 | 2 |
| APS 5 | 2 | 0 | 2 | 0 | 0 | 0 | 2 |
| Total | 21 | 8 | 29 | 2 | 0 | 2 | 31 |

Table 23: Australian Public Service Act employment type by location current report period (2024–25)

| | Ongoing | Non-ongoing | Total |
|--------------|-----------|-------------|-----------|
| ACT | 29 | 1 | 30 |
| VIC | 2 | 1 | 3 |
| Total | 31 | 2 | 33 |

Table 24: Australian Public Service Act employment type by location previous report period (2023–24)

| | Ongoing | Non-ongoing | Total |
|--------------|-----------|-------------|-----------|
| ACT | 27 | 1 | 28 |
| NSW | 1 | 0 | 1 |
| VIC | 1 | 1 | 2 |
| Total | 29 | 2 | 31 |

Table 25: Australian Public Service Act employment arrangements current report period (2024–25)

| | Ongoing | Non-ongoing | Total |
|---|----------|-------------|-----------|
| Enterprise Agreement (EA) | 0 | 26 | 26 |
| <i>Public Service Act 1999</i> 24(1) determinations | 1 | 0 | 1 |
| EA and approved individual flexibility arrangements | 0 | 6 | 6 |
| Total | 1 | 32 | 33 |

Table 26: Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current report period (2024–25)

| Classification | Minimum salary (\$) | Maximum salary (\$) |
|------------------------------|---------------------|---------------------|
| SES 1 | 217,032 | 271,793 |
| EL 2 | 138,901 | 170,699 |
| EL 1 | 116,420 | 137,825 |
| APS 6 | 94,737 | 110,939 |
| APS 5 | 85,877 | 94,084 |
| APS 4 | 78,955 | 86,595 |
| APS 3 | 69,689 | 80,180 |
| APS 2 | 60,304 | 68,308 |
| APS 1 | 52,164 | 60,150 |
| Minimum/Maximum range | 52,164 | 271,793 |

Appendix 2: Stakeholders

The following are key stakeholders we have worked with to deliver the national DonatLife program.

Australian Government

- Department of Health, Disability and Ageing (including the Therapeutic Goods Administration)
- National Health and Medical Research Council (including the Australian Health Ethics Committee)
- Services Australia

Jurisdictional governments

- ACT Health
- Department for Health and Wellbeing, South Australia
- Department of Health, Tasmania
- Department of Health, Victoria
- Department of Health, Western Australia
- NSW Ministry of Health
- NT Health
- Queensland Health

Professional associations

- Australasian College for Emergency Medicine
- Australasian Donation and Transplant Coordinators Association
- Australian and New Zealand Intensive Care Society
- Australian and New Zealand Society of Nephrology
- Australian College of Critical Care Nurses
- Australian Medical Association
- Biotherapeutics Association of Australasia
- College of Intensive Care Medicine of Australia and New Zealand
- Eye Bank Association of Australia and New Zealand
- Transplant Nurses' Association
- Transplantation Society of Australia and New Zealand

Eye and tissue banks

New South Wales

- Australian Biotechnologies
- Australian Tissue Donation Network
- Hunter New England Bone Bank
- NSW Tissue Bank
- Rachel Forster Bone Bank
- Sydney Heart Valve Bank

Victoria

- Barwon Health Bone Bank
- Donor Tissue Bank of Victoria
- Lions Eye Donation Service Victoria

Western Australia

- Australian Allografts
- Lions Eye Bank WA
- PlusLife (Perth Bone and Tissue Bank)

Queensland

- Queensland Tissue Bank

South Australia

- South Australian Eye Bank
- South Australian Tissue Bank

Community engagement and education

Community Engagement Group member organisations

- Ethan 'Jimmy' Foundation
- Eurobodalla Renal Support Group
- Gift of Life Foundation
- Gift of Life Incorporated
- James Ackerman Legacy
- Kidney Health Australia
- Liver Kids Australia Inc
- Lucky Stars Australia Transplant Cricket Inc
- Saffron Day (Shrimad Rajchandra Mission Dharampur)

- The Nathan Gremmo Community Fund Inc
- The Sweetest Gift
- Transplant Australia

DonateLife Partnerships grant recipients

- Convenience Advertising
- News Corp
- Pixel 42
- Tonic Health Media
- Valimanda Group (Melbourne Storm and Sunshine Coast Lightning)
- Western Bulldogs
- Transplant Australia

Community Awareness Grant 2024 recipients

- African Women's and Families Network
- Canberra Multicultural Service FM91.1
- Community Broadcasting Association of Australia
- Enliven Victoria (service of EACH)
- Greek Welfare Centre of SA
- Loft Social Pty Ltd
- Rejoice Chinese Christian Communications Centre
- SRMD Australia Ltd
- The Migrant Centre Organisation Inc
- The Transplants/Auspicious Art Project Inc
- Why Documentaries

Donation and transplantation outcome registries

- Australia and New Zealand Dialysis and Transplant Registry
- Australia and New Zealand Heart Transplant Registry
- Australia and New Zealand Islet and Pancreas Transplant Registry
- Australia and New Zealand Liver and Intestinal Transplant Registry
- Australia and New Zealand Lung Transplant Registry
- Australia and New Zealand Organ Donation Registry
- Australian Corneal Graft Registry

Other organisations

- Australia and New Zealand Paired Kidney Exchange
- Australia Post
- Australian Red Cross Lifeblood
- inVita
- Qantas
- Reconciliation Australia
- ShareLife
- StarTrack

International organisations

- Canadian Blood Services
- Commonwealth Tribute to Life
- Donation and Transplantation Institute, Spain
- Gift of Life Donor Program, USA
- International Registry on Organ Donation and Transplantation
- International Society for Organ Donation Professionals
- MOHAN Foundation, India
- National Health Service Blood and Transplant, UK
- National Organ and Tissue Transplant Organisation, India
- National Transplant Organization, Spain
- Organ Donation New Zealand (Te Whatu Ora)
- Project Notify
- The Transplantation Society
- United Network for Organ Sharing, USA
- World Health Organization

Appendix 3: List of tables and figures

Tables

| | |
|---|-----|
| Table 1: Funding for the DonateLife Network (2024–25) | 79 |
| Table 2: OTA resource statement 2024–25 | 83 |
| Table 3: Expenses for Outcome 1 | 83 |
| Table 4: Enterprise risks, management strategies and tolerance | 96 |
| Table 5: Expenditure on reportable consultancy contracts (2024–25) | 111 |
| Table 6: Organisations receiving a share of reportable consultancy contract expenditure (2024–25) | 111 |
| Table 7: Expenditure on reportable non-consultancy contracts (2024–25) | 112 |
| Table 8: Organisations receiving a share of reportable non-consultancy contract expenditure (2024–25) | 112 |
| Table 9: Greenhouse Gas Emissions Inventory – location-based method (2024–25) | 116 |
| Table 10: Electricity greenhouse gas emissions (2024–25) | 116 |
| Table 11: Emissions Reduction Plan 2024–25 – priorities and actions | 117 |
| Table 12: Information about remuneration for key management personnel (2024–25) | 162 |
| Table 13: All ongoing employees current report period (2024–25) | 162 |
| Table 14: All non-ongoing employees current report period (2024–25) | 162 |
| Table 15: All ongoing employees previous report period (2023–24) | 163 |
| Table 16: All non-ongoing employees previous report period (2023–24) | 163 |
| Table 17: Australian Public Service Act ongoing employees current report period (2024–25) | 163 |
| Table 18: Australian Public Service Act non-ongoing employees current report period (2024–25) | 163 |
| Table 19: Australian Public Service Act ongoing employees previous report period (2023–24) | 164 |
| Table 20: Australian Public Service Act non-ongoing employees previous report period (2023–24) | 164 |
| Table 21: Australian Public Service Act employees by full-time and part-time status current report period (2024–25) | 164 |
| Table 22: Australian Public Service Act employees by full-time and part-time status previous report period (2023–24) | 164 |
| Table 23: Australian Public Service Act employment type by location current report period (2024–25) | 165 |
| Table 24: Australian Public Service Act employment type by location previous report period (2023–24) | 165 |
| Table 25: Australian Public Service Act employment arrangements current report period (2024–25) | 165 |
| Table 26: Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current report period (2024–25) | 165 |

Figures

| | |
|---|-----|
| Figure 1: Australia's potential deceased organ donor population and transplantation rates 2024 | iii |
| Figure 2: Deceased organ donors and transplant recipients from deceased donors 2020–2024 | iv |
| Figure 3: OTA organisational structure at 30 June 2025 | 8 |
| Figure 4: DonateLife Network hospitals by jurisdiction | 12 |
| Figure 5: Collaboration environment | 13 |
| Figure 6: Deceased organ donation and transplant recipients 2000–2024 | 24 |
| Figure 7: Deceased organ donors and donation rates by state and territory in 2024 | 27 |
| Figure 8: Our challenges to build support | 47 |
| Figure 9: Consent rates by state and territory in 2024 | 49 |
| Figure 10: Our challenges to optimise opportunities | 65 |
| Figure 11: Australian Donation and Transplantation Activity Report 2024 data at a glance | 68 |
| Figure 12: Serious adverse event and reaction notifications by category, 2015 to 2024 | 76 |
| Figure 13: Funded positions with the DonateLife Network | 80 |
| Figure 14: Our challenges to enhance systems | 81 |
| Figure 15: Corporate governance model | 86 |
| Figure 16: OTA governance structure | 88 |
| Figure 17: Planning and performance reporting framework | 94 |
| Figure 18: The OTA and APS values | 100 |
| Figure 19: Our 2024 census action plan | 103 |
| Figure 20: Health and Wellbeing Program 2025 | 109 |

Appendix 4: Abbreviations

| | |
|--------------------------|--|
| ACT | Australian Capital Territory |
| ALRC | Australian Law Reform Commission |
| ANZDATA | Australia and New Zealand Dialysis and Transplant Registry |
| ANZKX | Australian and New Zealand Paired Kidney Exchange Program |
| ANZOD | Australia and New Zealand Organ Donation Registry |
| AODR | Australian Organ Donor Register |
| APS | Australian Public Service |
| APSC | Australian Public Service Commission |
| AUS-DRAI | Australian Donor Risk Assessment Interview |
| CALD | culturally and linguistically diverse |
| CEO | Chief Executive Officer |
| COO | Chief Operating Officer |
| COVID-19 | SARS-CoV-2 |
| CPIP | Clinical Practice Improvement Program |
| DAWG | Data and Audit Working Group |
| dpmp | donors per million population |
| EAP | Employee Assistance Program |
| ED | emergency department |
| EDR | Electronic Donor Record |
| EL | Executive Level |
| ETAC | Eye and Tissue Advisory Committee |
| FSAG | Family Support Advisory Group |
| GST | goods and services tax |
| HR | human resources |
| ICU | intensive care unit |
| IHACPA | Independent Health and Aged Care Pricing Authority |
| ISODP | International Society for Organ Donation Professionals, previously known as the International Society for Organ Donation and Procurement |
| MP | Member of Parliament |
| National Strategy | National Strategy for Organ Donation, Retrieval and Transplantation |

| | |
|------------------|---|
| NDFSS | National DonateLife Family Support Service |
| NICU | Neonatal Intensive Care Unit |
| NIKTT | National Indigenous Kidney Transplantation Taskforce |
| NSW | New South Wales |
| NT | Northern Territory |
| OTA | Australian Organ and Tissue Donation and Transplantation Authority / Organ and Tissue Authority |
| PGPA Act | <i>Public Governance, Performance and Accountability Act 2013</i> |
| PGPA Rule | Public Governance, Performance and Accountability Rule 2014 |
| PWG | Paediatric Working Group |
| QLD | Queensland |
| RAP | Reconciliation Action Plan |
| SA | South Australia |
| SAER | serious adverse event and/or reaction |
| SES | Senior Executive Service |
| TAS | Tasmania |
| trpmp | transplant recipients per million population |
| TSANZ | Transplantation Society of Australia and New Zealand |
| UK | United Kingdom |
| US | United States of America |
| VIC | Victoria |
| VSEAC | Vigilance and Surveillance Expert Advisory Committee |
| WA | Western Australia |
| WHS | work health and safety |

Appendix 5: Glossary

| Term | Definition |
|--|--|
| Australian Donation and Transplantation Activity Report | The OTA's annual report released in February that provides the donation and transplantation outcomes. |
| Australian Organ and Tissue Donation and Transplantation Authority (OTA) | A statutory body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to deliver the DonateLife program. Also known as the Organ and Tissue Authority (OTA), based in Canberra. |
| Australian and New Zealand Paired Kidney Exchange (ANZKX) program | A paired kidney donation program between Australia and New Zealand. It aims to increase living donor kidney transplants for patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. Incompatible pairs are enrolled in the program and are matched against other incompatible pairs. |
| Australian Organ Donor Register (AODR) | The national register for Australians to record their organ and tissue donation decision. |
| Best Practice Guideline for Offering Organ and Tissue Donation in Australia | A guideline developed to outline the best practice approach when speaking with families about organ and tissue donation. The guideline includes the goals of family communication, staff roles and responsibilities, timing and elements of the family donation conversation, training requirements and review of practice. |
| Clinical Guidelines for Organ Transplantation from Deceased Donors | Guidelines developed by the Transplantation Society of Australia and New Zealand that inform eligibility and assessment criteria for organ transplantation, and for allocation of deceased donor organs to waitlisted patients. |
| Clinical Practice Improvement Program (CPIP) | A program providing clinical strategic focus comprising 7 elements with associated reportable key performance indicators (KPIs). These KPIs are key to achieving best practice organ and tissue donation in the intensive care and emergency departments. The CPIP Phase 4 is implemented in all DonateLife hospitals and is fundamental to the work of hospital donation specialists and the DonateLife agencies. |
| Consent rate | The number of consents as a percentage of all requests made to potential deceased donor families in the hospital. |
| DonateLife | The Australian Government brand for all initiatives undertaken as part of the DonateLife program to increase organ and tissue donation for transplantation. |
| DonateLife agencies | Agencies responsible for delivering the DonateLife program in their respective state or territory. They employ specialist staff in organ and tissue donation coordination, professional education, donor family support, communications, and data and audit roles. |
| DonateLife Audit | A nationally consistent retrospective audit to collect data about hospital deaths in the context of organ donation. |

| Term | Definition |
|--|---|
| DonateLife Network | The national network of state-based donation agencies and hospital-based staff focused on increasing organ and tissue donation. |
| DonateLife Thank You Day | A national day to acknowledge organ and tissue donors and families who agreed to donation. |
| DonateLife Week | A national awareness week promoting organ and tissue donation. |
| Electronic Donor Record | A national electronic web-based IT system for managing the donation process and offering organs for transplantation. |
| Ethical guidelines for organ transplantation from deceased donors | Guidelines that inform ethical practice and decision-making by everyone involved in assessing the eligibility of an individual for transplantation, assessing the suitability of donor organs for transplantation, and allocating organs from deceased donors. |
| Family Donation Conversation workshop | Workshop-based training that provides health professionals with the knowledge and skills to communicate with families about death and donation, and to support families to make an informed donation decision. |
| Hospital-based staff | Specialist hospital staff, including medical and nursing donation specialists, funded by the Australian Government to facilitate organ and tissue donation and to educate and support the hospital staff involved. |
| Machine perfusion | An artificial perfusion technique used for organ preservation to help facilitate organ transplantation. |
| Organ Donation Hospital Support Funding | Australian Government funding provided to state and territory health departments, local health districts or individual hospitals for the bed and other infrastructure costs associated with organ donation to ensure costs are not a barrier for organ donation to proceed. |
| OrganMatch | Australia's sophisticated IT system that facilitates recipient waitlisting, organ offering and allocation. |
| Portfolio Budget Statements | Statements prepared by portfolios to explain the Budget appropriations in terms of outcomes and programs. |

Appendix 6: List of requirements

| PGPA Rule Reference | Part of Report | Description | Requirement | Page |
|---------------------|--|--|-----------------------------------|-------------------|
| 17AD(g) | Letter of transmittal | | | |
| 17AI | | A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report. | Mandatory | vi |
| 17AD(h) | Aids to access | | | |
| 17AJ(a) | | Table of contents (print only). | Mandatory | vii |
| 17AJ(b) | | Alphabetical index (print only). | Mandatory | 180 |
| 17AJ(c) | | Glossary of abbreviations and acronyms. | Mandatory | 172 |
| 17AJ(d) | | List of requirements. | Mandatory | 174 |
| 17AJ(e) | | Details of contact officer. | Mandatory | Inside back cover |
| 17AJ(f) | | Entity's website address. | Mandatory | Inside back cover |
| 17AJ(g) | | Electronic address of report. | Mandatory | Inside back cover |
| 17AD(a) | Review by accountable authority | | | |
| 17AD(a) | | A review by the accountable authority of the entity. | Mandatory | 2–4 |
| 17AD(b) | Overview of the entity | | | |
| 17AE(1)(a)(i) | | A description of the role and functions of the entity. | Mandatory | 8 |
| 17AE(1)(a)(ii) | | A description of the organisational structure of the entity. | Mandatory | 8 |
| 17AE(1)(a)(iii) | | A description of the outcomes and programmes administered by the entity. | Mandatory | 23 |
| 17AE(1)(a)(iv) | | A description of the purposes of the entity as included in corporate plan. | Mandatory | 23 |
| 17AE(1)(aa)(i) | | Name of the accountable authority or each member of the accountable authority. | Mandatory | 86 |
| 17AE(1)(aa)(ii) | | Position title of the accountable authority or each member of the accountable authority. | Mandatory | 86 |
| 17AE(1)(aa)(iii) | | Period as the accountable authority or member of the accountable authority within the reporting period. | Mandatory | vi |
| 17AE(1)(b) | | An outline of the structure of the portfolio of the entity. | Portfolio departments – mandatory | N/A |

| PGPA Rule Reference | Part of Report | Description | Requirement | Page |
|---------------------|--|---|---------------------------|----------|
| 17AE(2) | | Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change. | If applicable, Mandatory | N/A |
| 17AD(c) | Report on the Performance of the entity | | | |
| | Annual performance Statements | | | |
| 17AD(c)(i); 16F | | Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule. | Mandatory | 21–83 |
| 17AD(c)(ii) | Report on Financial Performance | | | |
| 17AF(1)(a) | | A discussion and analysis of the entity's financial performance. | Mandatory | 7, 82–83 |
| 17AF(1)(b) | | A table summarising the total resources and total payments of the entity. | Mandatory | 83 |
| 17AF(2) | | If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results. | If applicable, Mandatory. | N/A |
| 17AD(d) | Management and Accountability | | | |
| | Corporate Governance | | | |
| 17AG(2)(a) | | Information on compliance with section 10 (fraud and corruption systems) | Mandatory | 98 |
| 17AG(2)(b)(i) | | A certification by accountable authority that fraud and corruption risk assessments and fraud control plans have been prepared. | Mandatory | vi |
| 17AG(2)(b)(ii) | | A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud and corruption that meet the specific needs of the entity are in place. | Mandatory | vi |
| 17AG(2)(b)(iii) | | A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud and corruption relating to the entity. | Mandatory | vi |
| 17AG(2)(c) | | An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance. | Mandatory | 86–94 |
| 17AG(2)(d) – (e) | | A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance. | If applicable, Mandatory | N/A |

| PGPA Rule Reference | Part of Report | Description | Requirement | Page |
|--------------------------------------|----------------|---|--------------------------|------------------|
| Audit Committee | | | | |
| 17AG(2A)(a) | | A direct electronic address of the charter determining the functions of the entity's audit committee. | Mandatory | 90 |
| 17AG(2A)(b) | | The name of each member of the entity's audit committee. | Mandatory | 90 |
| 17AG(2A)(c) | | The qualifications, knowledge, skills or experience of each member of the entity's audit committee. | Mandatory | 90 |
| 17AG(2A)(d) | | Information about the attendance of each member of the entity's audit committee at committee meetings. | Mandatory | 90 |
| 17AG(2A)(e) | | The remuneration of each member of the entity's audit committee. | Mandatory | 90 |
| External Scrutiny | | | | |
| 17AG(3) | | Information on the most significant developments in external scrutiny and the entity's response to the scrutiny. | Mandatory | 94 |
| 17AG(3)(a) | | Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity. | If applicable, Mandatory | N/A |
| 17AG(3)(b) | | Information on any reports on operations of the entity by the Auditor General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman. | If applicable, Mandatory | N/A |
| 17AG(3)(c) | | Information on any capability reviews on the entity that were released during the period. | If applicable, Mandatory | N/A |
| Management of Human Resources | | | | |
| 17AG(4)(a) | | An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives. | Mandatory | 100–107 |
| 17AG(4)(aa) | | Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full time employees; (b) statistics on part time employees; (c) statistics on gender; (d) statistics on staff location. | Mandatory | 101, 162–165 |
| 17AG(4)(b) | | Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <ul style="list-style-type: none"> Statistics on staffing classification level; Statistics on full time employees; Statistics on part time employees; Statistics on gender; Statistics on staff location; Statistics on employees who identify as Indigenous. | Mandatory | 101–102, 163–165 |

| PGPA Rule Reference | Part of Report | Description | Requirement | Page |
|---|----------------|---|--------------------------|------|
| 17AG(4)(c) | | Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> . | Mandatory | 165 |
| 17AG(4)(c)(i) | | Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c). | Mandatory | 165 |
| 17AG(4)(c)(ii) | | The salary ranges available for APS employees by classification level. | Mandatory | 165 |
| 17AG(4)(c)(iii) | | A description of non-salary benefits provided to employees. | Mandatory | 106 |
| 17AG(4)(d)(i) | | Information on the number of employees at each classification level who received performance pay. | If applicable, Mandatory | N/A |
| 17AG(4)(d)(ii) | | Information on aggregate amounts of performance pay at each classification level. | If applicable, Mandatory | N/A |
| 17AG(4)(d)(iii) | | Information on the average amount of performance payment, and range of such payments, at each classification level. | If applicable, Mandatory | N/A |
| 17AG(4)(d)(iv) | | Information on aggregate amount of performance payments. | If applicable, Mandatory | N/A |
| Assets Management | | | | |
| 17AG(5) | | An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities. | If applicable, Mandatory | 113 |
| Purchasing | | | | |
| 17AG(6) | | An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> . | Mandatory | 110 |
| Reportable consultancy contracts | | | | |
| 17AG(7)(a) | | A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST). | Mandatory | 111 |
| 17AG(7)(b) | | A statement that <i>"During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> . | Mandatory | 111 |
| 17AG(7)(c) | | A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged. | Mandatory | 111 |
| 17AG(7)(d) | | A statement that <i>"Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."</i> | Mandatory | 111 |

| PGPA Rule Reference | Part of Report | Description | Requirement | Page |
|--|--|--|--------------------------|---------|
| Reportable non-consultancy contracts | | | | |
| 17AG(7A)(a) | | A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST). | Mandatory | 112 |
| 17AG(7A)(b) | | A statement that <i>"Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website."</i> | Mandatory | 112 |
| 17AD(daa) | Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts | | | |
| 17AGA | | Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts. | Mandatory | 111–112 |
| Australian National Audit Office Access Clauses | | | | |
| 17AG(8) | | If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract. | If applicable, Mandatory | 113 |
| Exempt contracts | | | | |
| 17AG(9) | | If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters. | If applicable, Mandatory | 113 |
| Small business | | | | |
| 17AG(10)(a) | | A statement that <i>"[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."</i> | Mandatory | 110 |
| 17AG(10)(b) | | An outline of the ways in which the procurement practices of the entity support small and medium enterprises. | Mandatory | 110 |

| PGPA Rule Reference | Part of Report | Description | Requirement | Page |
|-------------------------------|------------------------------------|--|--------------------------|------------------|
| 17AG(10)(c) | | If the entity is considered by the Department administered by the Finance Minister as material in nature – a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.” | If applicable, Mandatory | N/A |
| Financial Statements | | | | |
| 17AD(e) | | Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act. | Mandatory | 119–159 |
| Executive Remuneration | | | | |
| 17AD(da) | | Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2–3 of the Rule. | Mandatory | 162 |
| 17AD(f) | Other Mandatory Information | | | |
| 17AH(1)(a)(i) | | If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.” | If applicable, Mandatory | N/A |
| 17AH(1)(a)(ii) | | If the entity did not conduct advertising campaigns, a statement to that effect. | If applicable, Mandatory | 113 |
| 17AH(1)(b) | | A statement that “Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].” | If applicable, Mandatory | 114 |
| 17AH(1)(c) | | Outline of mechanisms of disability reporting, including reference to website for further information. | Mandatory | 102 |
| 17AH(1)(d) | | Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found. | Mandatory | 94 |
| 17AH(1)(e) | | Correction of material errors in previous annual report. | If applicable, Mandatory | N/A |
| 17AH(2) | | Information required by other legislation. | Mandatory | 108–109, 115–117 |

Appendix 7: Alphabetical index

A

abbreviations, 170–1

accountable authority, 88
statement by, 125

acknowledgements, 2, 3, 7

advertising, 31, 32, 34–6, 40, 113

Advisory Board, 88–9, 92

advisory committees, 72

African Women's and Families Network, 39

analytics and technology, 8

Annual Performance Statements, 22–83
purpose and goals, 23
statement of preparation, 22
structure, 22

artificial intelligence (AI), 77
transparency statement, 77

asset management, 113

audit
DonateLife, 70, 72, 79
independent auditor's report, 123–4
insights, delivering, 98
internal audit and assurance, 97

Audit and Risk Committee, 90
members, 90

Australia and New Zealand Association for Health Professional Educators Conference 2024, 57

Australia and New Zealand Dialysis and Transplant (ANZDATA) Registry, 69

Australian and New Zealand Intensive Care Society (ANZICS) Death and Organ Donation Committee, 6

Australia and New Zealand Organ Donation (ANZOD) Registry, 67, 69

Australia and New Zealand Paired Kidney Exchange (ANZKX) program, 51, 75

Australia Donor Risk Assessment Interview (AUS–DRAI) review, 61, 65

Australian Donation and Transplantation Activity Report, 22, 37, 68

Australian Law Reform Commission
inquiry into human tissue laws, 3, 19, 63, 65

Australian National Audit Office
access clauses, 113

Australian Organ and Tissue Donation and Transplantation Authority Act 2008, 3, 7, 8

Australian Organ Donor Register (AODR), 55, 114
Australians registered on, 24, 55

Australian Public Service (APS)
census action plan, 103
Code of Conduct, 100
electricity greenhouse gas emissions, 116
employee census results, 7, 104
Greenhouse Gas Emissions Inventory, 116
Net Zero 2030, 115
Reform, 7
values, 100

Australian Red Cross Lifeblood, 78
OTA, strategic partnership with, 78

Australian Vigilance and Surveillance System for Organ Donation and Transplantation, 68, 76, 79

awareness raising
advocates, role of, 37
community-led awareness activities, 24
importance, 2, 31
objective, 31
partnership, 3, 31, 34

B

Barry, Lucinda (Chief Executive Officer), 46, 87
letter of transmittal, vi
review, 2–4
statement by Accountable Authority, 125

behaviours, i, 95, 100

best practice donation processes and guidelines, 61
Australia Donor Risk Assessment Interview (AUS–DRAI) review, 61, 65

ethical guidelines, 6, 61
National Health and Medical Research Council (NHMRC), 6, 61

Browitt, Stephanie, 35
business continuity management, 97

C

Chief Executive Officer, 86, 87
letter of transmittal, vi
review, 2–4
statement by Accountable Authority, 22, 125

Chief Operating Officer, 7
review, 7

circulatory determination of death, 5

clinical and community sector, engaging with, 3

clinical engagement framework in Tasmania, 60

Clinical Governance Committee, 91

Clinical Practice Improvement Program (CPIP), 5, 49, 53, 74
key metrics since 2020, 5
performance against metrics, 5, 74

clinical programs, 8

clinical stakeholders *see* stakeholders

collaboration, i, 3, 6, 19, 54, 91, 92
2024–25, 13
environment, 13
importance, 13, 18

committees
advisory committees, 72
Audit and Risk Committee, 90
Clinical Governance Committee, 91
Community Engagement Group, 92
Eye and Tissue Advisory Committee, 92
Jurisdictional Advisory Group, 91
OTA Transplant Advisory Group, 92
statutory committees, 88
Vigilance and Surveillance Expert Advisory Committee (VSEAC), 91
Workplace Consultative Committee, 108

Commonwealth Fraud and Corruption Control Framework, 98–9

communications and engagement *see also* engagement

- family discussion strategies, implementing, 30, 39

Community Awareness Grants, 39, 47, 114

Community Broadcasting Association of Australia, 39

community engagement and education, 45

- 2024–25 snapshot, 45
- states and territories, in, 45–6

Community Engagement Group, 92

- member organisations, 92

consent, 2, 6, 49, 59

- rates by state and territory in 2024, 49
- workshops, 72

contracts

- exempt, 113
- expenditure on reportable consultancy contract, 111
- expenditure on reportable non-consultancy contract, 112
- reportable consultancy, 111
- reportable non-consultancy, 112

Convenience Advertising, 34

corporate governance, 86–94

- accountability structure, 86–7
- model, 86
- planning framework, 94

Corporate Plan 2024–25, 22

corporate planning, 94

corruption and fraud control, 98–9

Council of Australian Governments (COAG), 9

COVID-19

- impact of, ii, iii, 4, 6, 46, 18, 24, 49

culturally and linguistically diverse (CALD) communities

- engaging with, 39–41, 45
- research into, 33

cybersecurity, 77, 99

- Protective Security Policy Framework, 77, 99

D

data analysis, 77

Data and Audit Working Group (DAWG), 70

Department *see* OTA

dialysis, ii, 53, 64, 67, 75

disability reporting, 102

diversity, 7, 95, 101–2, 110

DonateLife audit, 70, 72, 79

- data analysis, 77

DonateLife brand awareness, 8, 35

DonateLife Communications, 33

DonateLife Community Forum, 3, 15, 37

DonateLife Learning Site, 56

DonateLife Network, 2, 8, 9, 12, 18, 22, 52, 71

- agencies, 12, 67, 114
- agreements, 49, 50
- cultural safety, increasing across, 33
- data governance improvement, 77
- donation specialist staff, 12
- funding, 79
- hospitals, 12, 49, 52, 67, 72
- positions, 80

DonateLife notified of planned end-of-life cases, 50

DonateLife Partnerships, 114

- Australian Professional Leagues, 34
- awareness raising, 35
- Convenience Advertising, 34
- Melbourne Storm and Sunshine Coast Lightning, 34, 35
- News Corp, 31, 34, 35
- Pixel 42, 34
- Super Netball's Sunshine Coast Lightning, 34
- Tonic Health Media, 31
- Western Bulldogs, 34, 35

DonateLife Thank You Day, 45

DonateLife website, 2, 35, 36, 27, 44, 117

- user experience, improving, 42

DonateLife Week, 2, 31–7, 46

- advertising, 35
- events, 35
- phased approach, implementing, 35
- results, 36

donation *see* organ donation

Donation and Transplantation Conference 2025, 3, 6, 14

donation specialist staff, 12

- donation conversations with families involving, 18, 50, 52, 53, 74

Donor Family Study, 59

donors *see* organ donors

E

ecologically sustainable development, 115

education

- Janette Hall Scholarship, 57
- learning management system, 56
- National Education Program, 56, 58, 65
- nationally consistent strategy, delivering, 80
- professional and personal development, 105
- review, 58
- training and, 5–6

Education Working Group, 58

electricity greenhouse gas emissions, 116

Electronic Donor Record, 67

- enhancing, 71
- Working Group, 71, 77

Employee Assistance Program (EAP), 107

employees

- capabilities, building, 107
- disability reporting, 102
- employment arrangements, 106
- Health and Wellbeing Program, 108, 109
- human resources, 107
- inclusion and diversity, 7, 101, 102
- non-salary benefits, 106
- performance management, 106
- professional and personal development, 106
- profile, 101
- retention rate, 101
- statistics, 162–5
- survey, OTA staff, 109
- values and behaviours, 100
- workplace health and safety *see* workplace health and safety

employment arrangements, 105

engagement

- community *see* community engagement and education
- digital, 42
- highlights for 2024–25, 38
- social media, 42

Enhancing Clinical Best Practice Guidelines and Procedures, 61

Enliven Victoria, 40

Enterprise Agreement, 82, 106, 107, 108

enterprise risks, 96–7

management strategies and tolerance, 96

Environment Protection and Biodiversity Conservation Act 1999 (EPBC Act), 115

environmental sustainability, 115–17

APS Net Zero 2030, 115

ecologically sustainable development, 115

Emissions Reduction Plan, 117

environmental performance, 115

greenhouse gas emissions, 115, 116, 117

ethical guidelines, 6

exempt contracts, 113

eye and tissue

banks, 92

donation and transplantation, 2, 62

sector, 62

Eye and Tissue Advisory Committee, 62, 92

Eye and Tissue Working Group, 62

F

Fair Work Act 2009, 106

families

consents, iii, 2

discussion, increasing, 30, 39

donation conversations, 18, 50, 52, 53, 74

supporting, 6, 59, 93

Families' Experiences of Donation – A Quality Improvement Project (the ENQUIRE Project), 59

Family Support Advisory Group, 59

figures and tables, list of, 168–9

financial performance, 7, 82–3

administered, 82–3

departmental, 82

financial statements, 120–59

financial summary, 120

independent auditor's report, 123–4

Organ Donation Hospital Support Funding, 79, 121

statement by the Accountable Authority, 125

First Nations people

businesses, procurement initiatives to support, 110

collaboration with NIKTT, 54

connecting with, 33

cultural safety framework, implementing, 33

donation and transplantation for, 46

engagement with, OTA, 45, 53

fraud and corruption control, 98–9

freedom of information, 94

Freedom of Information Act 1982, 94

frontiers, navigating new, 14

G

glossary, 172–3

goals, i, 17, 22, 23, 58, 74, 94

government reviews in the organ donation and transplantation sector, 63

grant programs, 114

Greek Welfare Centre of SA, 40

greenhouse gas emissions, 115, 116, 117

Greenhouse Gas Emissions Inventory, 116

H

Health and Wellbeing Program, 108, 109

health professionals *see* donation specialist staff

Hospital Organ Donation Report dashboard, 67, 70

hospitals

DonateLife, 12, 49, 52, 67, 72

engagement program, 3, 52, 53

Organ Donation Hospital Support Funding, 79, 121

performance data and analysis disseminated, 67

human resources *see* employees

human tissue laws, 3, 19, 63, 65

I

inclusion and diversity, 7, 101

independent auditor's report, 123–4

Independent Health and Aged Care Pricing Authority organ and tissue project, 3, 19, 63

information disclosure, 63

internal audit and assurance, 97

international data, monitoring, 71

International Donation Action Forum, 16

international organisations, 167

International Society for Organ Donation Professionals (ISODP), 73

J

Janette Hall Scholarship, 57

Jurisdictional Advisory Group, 59, 91

Jurisdictional Organ and Tissue Steering Committee, 62

K

Kearney, the Hon Ged MP, 4, 35, 36, 37

Kidney Allocation Algorithm Working Group, 75

kidney donations and transplants, ii, 24

Klemich, Oren, 88, 89

Knight Frank Australia, 115

L

legislative requirements, 107, 108

letter of transmittal, vi

list of requirements, 174–9

list of tables and figures, 168–9

Living Kidney Donation Clinical Working Group, 61

M

management and accountability, 86–117

corporate governance, 86–94

environmental sustainability, 115–17

people, 100–7

resource management, 110–14

risk management, 95–9

workplace health and safety, 108–9

Melbourne Storm and Sunshine Coast Lightning, 34, 35

Migrant Centre, The, 39

N

National Anti-Corruption Commission Act 2022, 98

National Clinical Taskforce on Organ and Tissue Donation, 9

National DonateLife Family Support Service, 6

National Eye and Tissue Sector Framework, 62

National Health and Medical Research Council (NHMRC), 6

National Indigenous Kidney Transplantation Taskforce (NIKTT) project, 46, 54

National Medical Director, 4, 73, 86, 91, 92

- review, 5–6

national performance monitoring, collecting, analysis and reporting, 68

- 2024 Australian Donation and Transplantation Activity Report, 37, 68, 96
- continuous improvement, driving, 72
- data reporting, 69
- data sources, 69
- decision-making, 69
- objective, 68

National Strategy for Organ Donation, Retrieval and Transplantation, 3, 4, 19, 49, 63

Net Zero 2030, APS, 115

News Corp, 31, 34, 35

non-salary benefits, staff, 106

O

objectives, 44, 48, 66

Opdam, Associate Professor Helen, 73, 87

opportunities, optimising, 48–50

- challenges to, 65
- donation services, driving excellence, 48, 56–60
- identifying donors and increasing consent, 48, 51–5
- living donation, for, 51
- looking forward, 65
- objectives, 48
- performance results, 48
- safe and equitable transplantation, increasing, 48, 61–5

Organ and Tissue Authority *see* OTA

organ donation

- 2024 data at a glance, 68
- activity, 5
- Australia and New Zealand Organ Donation (ANZOD) Registry, 67, 69
- best practice, 3, 5
- best practice donation processes and guidelines *see* best practice donation processes and guidelines
- data publicly available, 67
- funding to support, 79
- importance, ii–iii
- information systems, increased utilisation, 68
- innovation, 19
- myth busting, 43
- national organ donation consent rate, 2, 6, 49
- outcome registries, 82, 114
- Paediatric Working Group, 70
- rates, ii, iii, iv
- rates, increasing, 26
- rates by state and territory, 27
- registration *see* registrations for organ donation
- sociocultural attitudes towards, 18
- strategic partners, 78
- technologies, emerging, 14, 19
- voluntary assisted dying, after, 57

Organ Donation Hospital Support Funding, 79, 121

organ donation services

- donor family services, 6, 59
- improving, 16, 76
- nationally consistent strategy, 80

organ donors, ii–iii

- 2024 data at a glance, 68
- deceased, ii, iii, iv, 2, 24, 29

Electronic Donor Record *see* Electronic Donor Record

eye and tissue donation and transplantation *see* eye and tissue

family discussion with *see* family discussion, increasing

identifying donors and increasing consent, 2, 6

living, 2, 26

living donation, increasing opportunities for, 51

registration *see* registrations for organ donation

organ transplant recipients, 37, 39, 45, 47, 59, 61, 62, 63, 75, 93

organ transplantation

- 2024 data at a glance, 68
- data publicly available, 67
- equitable access, 3, 18, 19
- eye and tissue donation and transplantation *see* eye and tissue
- information systems, increased utilisation, 68
- outcome registries, 82, 114
- Paediatric Working Group, 70

rate, increasing, 27

safe and equitable, increasing, 48, 61–5

transplants per year, iii, 27

waitlist *see* waitlist

organisational structure, 8

Organ Match, 64, 68, 69, 75

- Australian Red Cross Lifeblood, strategic partnership with, 78
- enhancements to, 16, 75
- governance, strengthening, 78

Organ Match Operational Governance Committee, 75, 78

OTA

- about, 8
- Advisory Board, 88
- employees *see* employees
- Enterprise Agreement, 82, 106, 107, 108
- environmental sustainability *see* environmental sustainability
- history, 9–11
- staff *see* employees
- structure, 8
- Transplant Advisory Group, 92
- UK counterparts, 24, 49
- values, 100

OTA Strategy 2022–2027, 17, 22

outcomes

- organ donation and transplantation outcome registries, 82, 114
- Outcome 1, 23, 83

Oz Transplants, 39

P

Paediatric Working Group (PWG), 70

people and culture capability, 103

performance, iv–v

- Annual Performance Statements *see* Annual Performance Statements
- management, 106
- measures and results, iv–v
- reporting, 22, 90, 94, 106
- results, 24
- summary 2024–25, 2, 25

personal development, 106

Pixel 42, 27

planning, 86, 91, 94, 97, 115

planning and performance reporting framework, 94

policy opportunities, 19

procurement initiatives
 First Nations businesses, supporting, 110
 small business, supporting, 110
 professional and personal development, 105
 Program 1.1, 17
 Protective Security Policy Framework, 77, 99
 psychosocial safety, 109
Public Governance, Performance and Accountability Act 2013 (PGPA Act), 8, 22, 98
Public Service Act 1999, 86, 100, 106
 purchasing, 110
 Purple House, 53
 purpose, i, 26, 52
 performance against, iv

R

recipients *see* organ transplant recipients
 reconciliation, 3, 7, 33, 102
 Reflect Reconciliation Action Plan, 33, 102
 registrations for organ donation, ii
 AODR *see* Australian Organ Donor Register (AODR)
 digital channel improvements, 47
 increasing, 44
 measures to improve, 24
 opportunities, 72
 prompts for, new, 44–5
 registries, 82, 114
 Rejoice Chinese Christian Communication Centre, 39
 requirements, list of, 174–9
 resource management, 110
 responsible minister, 86
 risk appetite and tolerance, 95
 risk appetite statement, 95
 risk culture, 95
 risk management, 95–9

S

scrutiny
 external, 94
 other, 94
 Shrimad Rajchandra Mission Dharmapuri (SRMD Australia), 40
 Small, Belinda, 4, 7, 87
 review, 7

small business procurement, 113
 social media, 31, 34–7, 39, 40, 42, 45, 62, 78, 106
 specialist resources, sustaining, 66, 79–81
 donation, funding to support, 79
 importance, 79
 objective, 79
 specialist staff *see* donation specialist staff
 staff *see* employees
 stakeholders, 3, 13, 166
 engagement, 52
 international, 16, 52
 working with, 166
 Strategy 2022–2027, iv, 17–19, 22, 94
 structural reform, 19
 support, building, 28–9
 challenges, 47
 looking forward, 47
 performance results, 28–9
 systems, enhancing, 66–81
 advancing quality, safety and efficiency, 66, 75
 challenges, 81
 looking forward, 81
 national performance monitoring, collecting, analysis and reporting, 66, 68
 objectives, 66
 performance results, 66
 specialist resources, sustaining, 66, 79–81
 Szoke AO, Dr Helen, 4

T

tables and figures, list of, 168–9
 Tasmania's clinical engagement framework, 60
 Thank You Day, 45
 The Migrant Centre, 39
 tissue donation *see* eye and tissue
 Tonic Health Media, 31
 transmittal letter, vi
 Transplant Advisory Group, OTA, 92
 transplantation *see* organ transplantation
 Transplantation Society of Australia and New Zealand (TSANZ), 61
 transplants *see* organ transplant recipients

V

values and behaviours, 100
 Vigilance and Surveillance Expert Advisory Committee (VSEAC), 91
 voluntary assisted dying
 organ donation, facilitating after, 57

W

waitlist, ii, 51, 56, 64, 66–9, 75, 81
 data publicly available, 67
 Western Bulldogs, 34, 35
 White MP, the Hon Rebecca, 4, 8
Work Health and Safety Act 2011, 108
 working groups
 Data and Audit Working Group (DAWG), 70
 Education Working Group, 58
 Electronic Donor Record Working Group, 71, 77
 Eye and Tissue Working Group, 62
 Kidney Allocation Algorithm Working Group, 75
 Living Kidney Donation Clinical Working Group, 61
 operational, 92
 Paediatric Working Group, 70
 Workplace Consultative Committee, 108
 workplace health and safety, 108–9
 claims, 108
 education and training, 109
 Health and Wellbeing Program, 108, 109
 inspections, 108
 psychosocial safety, 109
 survey, OTA staff, 109

Alternative format

This annual report is available electronically on the Organ and Tissue Authority's website at donatelife.gov.au/strategy-and-performance.

© Commonwealth of Australia 2025

ISSN 1837-3801 (Print) | ISSN 1837-381X (Online)

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and enquiries concerning reproduction and rights should be addressed to:

Commonwealth Copyright Administration
Attorney-General's Department
Robert Garran Offices 3-5 National Circuit
BARTON ACT 2600
or call (02) 6141 6666

Enquiries

We welcome feedback on our annual report, particularly about its readability and usefulness. If you would like to comment on this annual report, or have any queries, please refer to the contact details below.

Contact phone number (02) 5156 6662

Contact email address enquiries@donatelife.gov.au

Website www.donatelife.gov.au

Acknowledgement of Country

The Organ and Tissue Authority acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to the land, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to their Elders past and present.

Aboriginal and Torres Strait Islander people should be aware that this document may contain images or names of people who have since passed away.

Artwork by Mali Isabel for the Organ and Tissue Authority's Reconciliation Action Plan.



