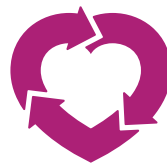




Australian Government

Australian Organ and Tissue Donation  
and Transplantation Authority



DonateLife



# ANNUAL REPORT 2025–26



# 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.

### National DonateLife program 2009–2025



**7,501**

deceased organ donors



**20,907**

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 transform 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. Over 2 years (2020 and 2021), there was a 23% reduction in deceased donation activity due to the impacts of COVID-19 (from 2019).

Since 2021, there has been continued recovery in organ donation and in 2025 there was a 6% increase in deceased organ donors compared to 2024 and the highest number of deceased donors on record.

## In 2025



~2,000

**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](https://donatelife.gov.au)



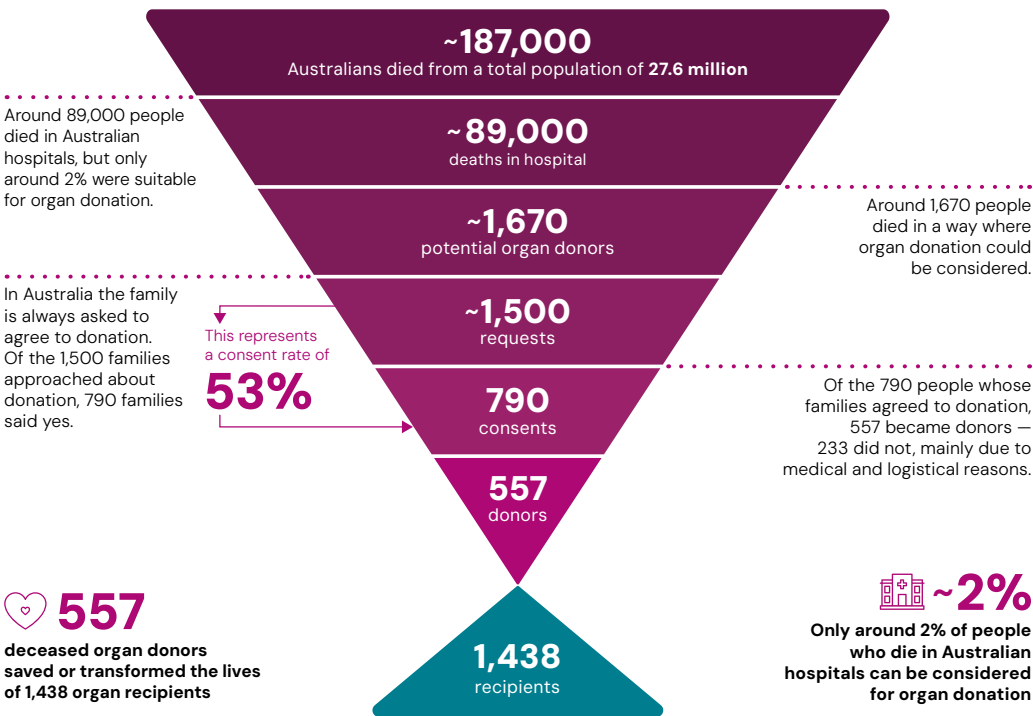
# Very few people can become an organ donor

- 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 2025 around 1,670 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 around 1,500 cases.
- Of these, 790 families said yes to donation in the hospital – representing a national consent rate of 53% – with 557 people becoming organ donors.
- With only a small number of potential donors, increasing consent is critical to increasing our donation rate.
- Figure 1 outlines the number of people who die in a hospital that become donors, and the number of recipients from those donors.

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 2025



Key ~ = approximately

# Our performance

## Performance against our purpose

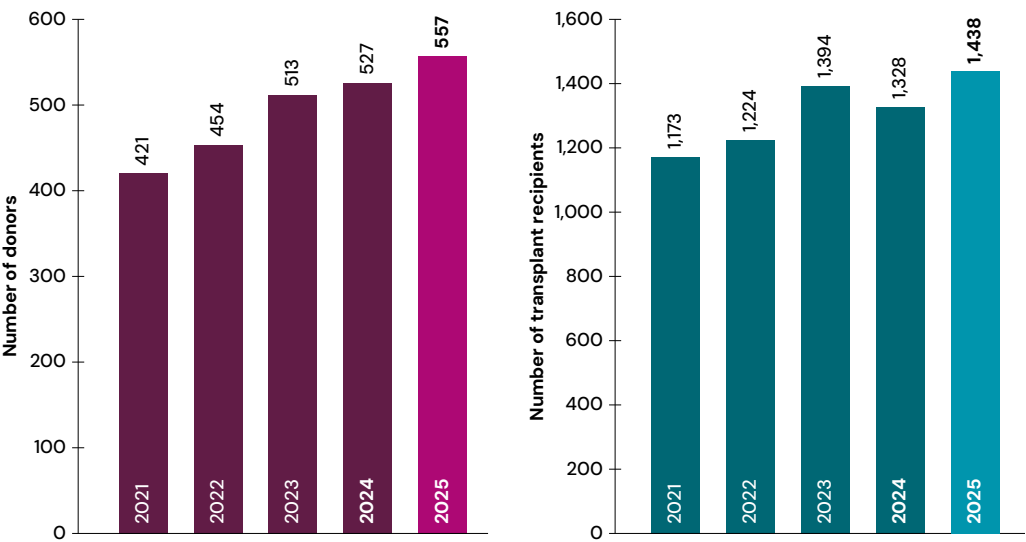
Across the 2025–26 reporting period we made positive progress towards our purpose of saving and improving the lives of more Australians through organ and tissue donation and transplantation.

The lives of 1,668 Australians changed when they received an organ transplant, thanks to the generosity of 230 living donors and 557 deceased organ donors, and their families, who said yes to donation.

In 2025 there was a 6% increase in the number of deceased organ donors and an 8% increase in the number of people receiving a transplant, compared to 2024 – the highest number of deceased organ donors on record.

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

**Figure 2: Deceased organ donors and transplant recipients from deceased donors 2021–2025**



## Our 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 2025–26.

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

Our strategy articulates our 3 goals: build support, optimise opportunities and enhance systems. Each goal represents a key activity, supported by 3 objectives.

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                                                                                                                                    |   | Page |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|---|------|
| 21.5 dpmp | 20.2 deceased organ donors per million population (dpmp) in 2025.<br>1.3 dpmp short of our target and a 0.8 dpmp increase compared to 2024 | ✓ | 24   |
| 575       | 557 deceased organ donors – 18 donors short of our target and a 6% increase compared to 2024                                               | ✓ | 24   |

## Increase the donation rate — Living organ donors

| Target    | Results                                                                                              |   | Page  |
|-----------|------------------------------------------------------------------------------------------------------|---|-------|
| 11.1 dpmp | 8.3 living organ dpmp in 2025, 2.8 dpmp short of our target and a 1.4 dpmp decrease compared to 2024 | ✓ | 24–25 |
| 300       | 230 living kidney donors – 70 less than our target and a 9% decrease compared to 2024                | ✓ | 24–25 |

## Increase the transplantation rate

| Target | Results                                                                                                                                       |   | Page |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|------|
| 1,730  | 1,668 Australians received a transplant from deceased or living donors in 2025 – 62 less than our target but a 5.5% increase compared to 2024 | ✓ | 25   |

## Build support

More people say yes to donation

| Target | Result                                                                                                                         |   | Page |
|--------|--------------------------------------------------------------------------------------------------------------------------------|---|------|
| 43%    | 35% of Australians are registered on the Australian Organ Donor Register – 8% short of our target and a 1% decrease since 2024 | ✓ | 27   |
| 85%    | 80% of registered donors have discussed donation with their family – 5% short of our target and a 2% decrease compared to 2024 | ✓ | 28   |
| 34%    | 42% of Australians are aware of the DonateLife brand – we met our target and there was a 8% increase compared to 2024          | ✓ | 29   |

## Optimise opportunities

Donation and transplantation services deliver the best outcomes

| Target | Result                                                                                                                                             |   | Page |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------|---|------|
| 63%    | 53% of families consented to donation – 10% short of our target and consistent with 2024                                                           | ✓ | 47   |
| 95%    | 90% of planned end-of-life cases were notified to DonateLife agencies – 5% short of our target and a 1% increase compared to 2024                  | ✓ | 48   |
| 89%    | 85% of conversations with families about donation involved a donation specialist nurse – 4% short of our target and a 2% decrease compared to 2024 | ✓ | 49   |

## Enhance systems

Enable quality outcomes through information, technology and resources

| Result                                                                                                                                  |   | Page |
|-----------------------------------------------------------------------------------------------------------------------------------------|---|------|
| We provided data dashboards and tailored analysis to the DonateLife Network to inform and monitor hospital clinical practice            | ✓ | 65   |
| National waitlist, donation and transplant activity metrics were publicly available                                                     | ✓ | 66   |
| We increased the use of OrganMatch for waitlist management and captured adverse events across the donation sector in a central database | ✓ | 67   |

# 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 2026.

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 2025–26, 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

**29 September 2026**

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## KATRINA & MIRA

*'Today, Mira is healthy and thriving and enjoying teenage life. We are forever grateful for the gift of transplantation...'*

Katrina donated a kidney to her daughter, Mira. Mira was born with a rare kidney disease. For Katrina, donating a kidney to her daughter was a journey that revealed strength and resilience and brought hope for a healthier future for Mira.



# PART 1 OVERVIEW



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# Chief Executive Officer's review



**On behalf of the Organ and Tissue Authority (OTA), I am pleased to present the OTA's Annual Report 2025–26.**

**The 2025–26 year was my ninth and final year as the**

**Chief Executive Officer of this wonderful organisation. As I sit down to write this, and I reflect on this chapter, I am immensely proud of what has been achieved together.**

The national DonateLife program is now internationally recognised, record numbers of lives have been saved and transformed through organ and tissue donation and transplantation, and a trusted nationally embedded donation system now operates across 95 hospitals.

Since the DonateLife program began in 2009, more than 20,000 Australians have received life-saving organ transplants thanks to more than 7,500 deceased organ donors, and their families who said yes to donation.

I have been deeply privileged to meet donor families and hear about their loved one whose generosity has given others the ultimate gift – the gift of life – and to speak with people with a transplant whose lives have been changed.

It has been an absolute pleasure to work with so many dedicated people across the OTA, the DonateLife Network, the transplant sector, government colleagues, our partners, the community, and the broader health system.

Along the way, we've worked to strengthen the DonateLife brand, deepen community engagement, improve the use of data and evidence, build a professional education framework, enhance support for donor families, introduce OrganMatch and the Vigilance and Surveillance System, and successfully navigate the profound challenges of the COVID-19 pandemic.

Most of all, I am proud of the people behind this work. Their commitment, compassion and expertise are extraordinary, and our shared purpose has always been our greatest strength – knowing that what we do can transform and save lives.

## Our performance in 2025–26

We continued to make progress to achieve our purpose during the year.

In 2025 we saw the highest number of deceased donors on record – 557 deceased organ donors, along with 230 living donors – saying yes to donation. This selfless act of generosity gave 1,668 Australians life-changing organ transplants.

There were also 11,843 Australians whose lives were transformed through living and deceased tissue donation and 2,757 Australians who had their sight restored through corneal transplants in 2025.

The consent rate remained at 53% in 2025, unchanged from 2024 and below the peak of 60% achieved in 2018. 2025 also saw the first decline in registration rates, representing a significant risk that future family consent and donation rates will decline as a result. These both remain key focus areas for the OTA and the DonateLife Network, going forward.

## Be the reason – raising awareness through DonateLife Week 2025

DonateLife Week is Australia's major annual awareness week to encourage more Australians to sign up and support organ and tissue donation. DonateLife Week 2025 ran from Sunday 27 July until Sunday 3 August 2025.

We again delivered a 2-phase national campaign to strengthen supporter engagement and drive new registrations. DonateLife Week encourages life-saving conversations, raises awareness through powerful stories that inspire people to take action, and acknowledges the generosity of donors and their families who make transplantation possible. The number of Australians who registered as an organ and tissue donor during DonateLife Week was down in 2025 compared to 2024, despite awareness being up.

DonateLife Week would not be possible without the support of hundreds of volunteers, community partners and supporters across Australia, and I thank everyone for your part in helping us to achieve our purpose.

## Opportunities in the sector

The OTA continued to play a key role in influencing and providing expert advice to initiatives that will provide opportunities for donation and transplantation in Australia.

The National Strategy for Organ Donation, Retrieval and Transplantation identifies the need for mass registration channels, including registration through drivers licences, and the provision of equitable access to transplantation for all Australians. It also proposes a national governance model, which includes an expanded national coordination role for the OTA to provide national oversight of retrieval and transplantation, bringing the end-to-end system together.

The OTA has been steadfast in keeping the implementation of the National Strategy on the agenda as it will set Australia up for the next phase of further increasing donation and transplantation. I am pleased there has been significant progress over the past 12 months.

The Independent Health and Aged Care Pricing Authority's (IHACPA's) Organ and Tissue Donation and Transplantation Project released its final report in April 2026. The final report identified 15 recommendations for IHACPA, governments and key agencies to consider. These seek to address gaps in the complexity of data collection, reporting, costing and funding of organ and tissue donation and transplantation in Australia.

The Australian Law Reform Commission's (ALRC's) review of human tissue laws provides an opportunity for all Australian governments to review and harmonise legislation with a view to creating a nationally consistent, safe and modern system. We anticipate the Attorney-General will release the final report in November 2026.

## Collaborating with the transplant sector

The OTA continued to collaborate with the Transplantation Society of Australia and New Zealand to support sector improvements that will benefit transplant recipients, such as enhancing clinical guidelines and providing additional support for living donation.

In 2025–26 the OTA expanded its funding for the Australian and New Zealand Paired Kidney Exchange to support the program's increased workload and donation outcomes, as well as supporting a mapping project to capture the end-to-end system process for the program.

## Increasing consent, registration and living donation

We continued to stay focused on the challenges we face to further increasing the donation rate – including the consent rate, the number of Australians registered as organ and tissue donors, and living donation.

Lifting consent rates is a complex challenge and one that remains a focus area of the DonateLife program. In 2025 only 53% of families consented to organ donation when asked in the hospital. We have worked with the DonateLife Network to co-design a national consent roadmap for action aimed at increasing consent and addressing the opportunities that exist in the hospital environment. We know that current targets are not achievable without commitment from all governments to implement the National Strategy.

Registration has a direct impact on consent – in 2025, 8 in 10 families said yes if their loved one was registered. This halved if they were not registered and the family did not know they wanted to be a donor. Increasing the registration rate has been an ongoing challenge in Australia. While research shows 4 in 5 Australians support organ donation, and despite the continued efforts in raising awareness through the communications and engagement program, the national registration rate dropped in 2025. We have continued to work in collaboration with governments to influence and explore options for registration through jurisdictions' drivers licensing systems as a key initiative to significantly increase new registrations on the Australian Organ Donor Register.

Increasing opportunities for living kidney donation is a critical component of improving outcomes for Australians with kidney failure. We are working with stakeholders to identify and address barriers to living kidney donation to expand transplant opportunities and improve patient experience and outcomes.

## Building cultural competency

The OTA continued on its reconciliation journey during the year with the launch of our first Reflect Reconciliation Action Plan (RAP) in August 2025. The RAP has increased our understanding of Aboriginal and Torres Strait Islander cultures and histories and helped to build stronger connections with First Nations peoples and to strengthen our cultural competency to create a culturally safe work environment for our people.

## Working with our network

It has been another year of collaboration with the DonateLife Network to deliver on our strategy and prioritise key focus areas. This included the consent roadmap, the review of our clinical documents and guidelines, the development of cultural safety action plans and the revision of our professional education programs.

We continued to work with our state and territory colleagues to negotiate new 3-year funding agreements to commence on 1 July 2026. This funding directly supports delivery of the national program through a DonateLife agency in each state and territory and approximately 260 donation specialist staff covering 95 hospitals across Australia.

## Financial performance

The OTA continues to manage its resources effectively to maximise the impact of its programs and services. As at 30 June 2026, the OTA maintained a positive net asset position of \$2.743 million. The ongoing delivery of the DonateLife program in 2025–26 was supported by administered expenditure of \$52.764 million, including \$49.922 million in grants to fund dedicated donation specialists in hospitals and DonateLife agencies. The OTA's continued focus on financial stewardship is reflected in the unqualified audit opinion on its financial statements.

## Looking forward

The OTA's Strategy 2022–2027 was released in August 2022 to support the recovery and future growth of Australia's organ and tissue donation system following the significant impacts of the COVID-19 pandemic. Since then, the DonateLife program has driven a sustained recovery in donation and transplantation activity, resulting in Australia recording its highest level of deceased organ donors in 2025.

We need to stay focused on increasing our consent rate, increasing the number of Australians registered as organ and tissue donors, and developing and implementing strategies to increase options for people needing a kidney transplant through living kidney donation in Australia.

Over the next year, the OTA will review its performance targets with a view to making sure they remain evidence based and aligned with the priorities of the National Strategy. Current targets are not achievable without commitment and investment from all governments to implement large-scale registration initiatives, such as the national adoption of drivers licences as a registration channel, and national marketing campaigns.

## Recognition and appreciation

I am extremely proud of the achievements of the OTA – both across the last 12 months and since I began with the agency in 2017.

I want to thank the dedicated staff of the OTA, the OTA's Advisory Board, the DonateLife leadership and teams, my government colleagues and our advisory committees for their support over the year – all of which has contributed to achieving our purpose.

Leading the OTA and the DonateLife Network has been one of the greatest privileges of my career, and I will always be proud to have been part of it.

I leave honoured by what has been achieved together and confident in the future of Australia's donation program.

I want to sincerely thank all donors, and their families, who agreed to donation and gave so many Australians a second chance at life. There is no greater gift than the gift of life.



**Lucinda Barry AM**

Chief Executive Officer  
Organ and Tissue Authority

# National Medical Director's review



**Donation and transplantation continued to grow in 2025. The national DonateLife program reached a significant milestone: since it began in 2009, more than 7,500 deceased organ donors have**

**enabled over 20,000 Australians to receive life-changing transplants. In 2025 we also recorded the highest number of deceased organ donors on record – 557 – made possible by the many donors and families who said yes to donation.**

## Donation activity in 2025

Thanks to the generosity of 557 deceased organ donors and their families, 1,438 Australians received a life-changing organ transplant in 2025. Compared with 2024, the number of deceased organ donors rose by 6% and the number of transplant recipients by 8%.

There were 230 living kidney donors in 2025, a 9% decrease on 2024. Of these, 53 donated through the Australian and New Zealand Paired Kidney Exchange (ANZKX) program, down 20% from 66 in 2024. Living kidney donation is critical to improving outcomes for Australians with kidney failure and is an area where specific focus is needed to increase opportunities.

Donation after circulatory determination of death (DCDD) continues to trend upwards. Because DCDD typically yields fewer organs suitable for transplantation than donation after neurological determination of death (DNDD, or brain death donation), growth in donor numbers will not always translate into an equivalent growth in transplants.

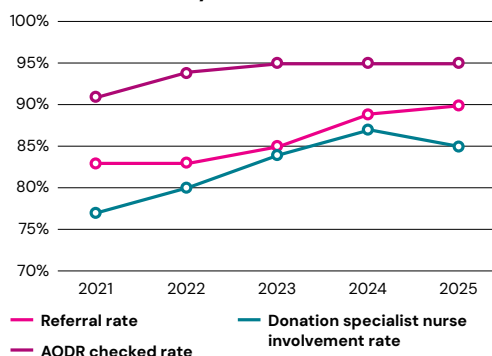
## Achieving best practice in organ donation

The Clinical Practice Improvement Program (CPIP) is a key initiative of the DonateLife program. It provides a clinical framework for embedding and monitoring best practice in donation across DonateLife hospitals.

Key national results for 2025 are:

- **Routine referral (notification):** 90% of intensive care unit (ICU) and emergency department patients with planned end-of-life care were referred to DonateLife. Routine referral ensures that no potential donor is overlooked.
- **Checking registration:** 95% of referred patients had their registration status checked on the Australian Organ Donor Register (AODR) before their family was approached.
- **Specialist involvement:** donation specialist nurses (DSNs) were involved in 85% of family donation conversations. Specialist involvement is associated with higher consent rates.

## National CPIP key metrics since 2021



## Consent roadmap

Increasing the consent rate remains one of the most important ways to increase donation and transplantation. During the year, the OTA continued to work with the DonateLife Network on a suite of clinical initiatives set out in a consent roadmap. This work included reviewing the Best Practice Guideline for Offering Organ and Tissue Donation in Australia and the CPIP.

## Collaborating with international stakeholders

In 2025–26 we continued to work with international colleagues to share best practice and improve organ donation and transplantation worldwide. In December 2025, many DonateLife staff attended and presented at the International Society for Organ Donation Professionals (ISODP) Congress in Kyoto, Japan, where I concluded my 2-year term as ISODP President. The next Congress will be held in London in October 2027.

## Reviewing our education program

The OTA continued its review of the National Education Program. The program is critical to ensuring that DonateLife Network staff and other clinicians involved in organ and tissue donation have the knowledge and skills to deliver the donation process well and to support donors and their families.

Several objectives were achieved during the year:

- **Foundations of Donation:** 5 pilot workshops were held in hospitals across New South Wales and Queensland.
- **Principles of Donation:** this new workshop was successfully piloted in June 2025, with further workshops delivered in March and May 2026. It has replaced the Family Donation Conversation core workshop as mandatory training for College of Intensive Care Medicine trainees.
- **Advanced Communication Training:** this new workshop was piloted in November 2025.

## Organ donation following voluntary assisted dying

All Australian jurisdictions have now enacted voluntary assisted dying (VAD) legislation. In 2025, 7 people donated organs following VAD, resulting in organ transplants for 16 recipients. The process continues to be carefully managed to ensure that the decision to donate is kept clearly separate from, and follows, the decision to access VAD. DonateLife agencies have developed supporting processes in close collaboration with hospitals and VAD practitioners. At the International Conference on Assisted Dying and Other End of Life Care in Brisbane in April 2026, we co-presented on this topic with Canadian colleagues and learned from the experience of other international colleagues. This highlighted the value of a national approach that sets out key principles and practice points, an area of future focus for the OTA.

## DCDD: withdrawal of cardiorespiratory support in the operating theatre suite

Several jurisdictions have now moved the withdrawal of cardiorespiratory support for DCDD from the ICU to the operating theatre suite (for example, the anaesthetic bay), joining others that made this change in earlier years. The change has 2 aims: first, to shorten the time between death and organ retrieval, and

so reduce ischaemic injury to the organs; and second, to provide a calmer and more dignified transition between death and donation surgery. Implementing this change has required considerable effort and stakeholder engagement, and all those involved are to be commended.

## Improving clinical practice: the ENQUIRE project

ENQUIRE is a quality assurance project that seeks feedback from donor families to identify opportunities to improve clinical practice and the support offered to families throughout the donation process. A 6-month trial began in February 2026, and interim results confirm that the feedback process is simple, timely and appropriate for donor families.

## Australian Law Reform Commission review of human tissue laws

In early 2025 the ALRC began a review of Australia's human tissue laws. The review has broad terms of reference and has included public consultation on both an issues paper and a discussion paper. It has the potential to bring significant changes to practice, including in consent to donation, the determination of death, and ante-mortem interventions.

## Conclusion

The coming years offer considerable opportunity to grow and strengthen donation and transplantation in Australia. Key drivers will be implementation of the National Strategy for Organ Donation, Retrieval and Transplantation, the outcomes of the ALRC review, and the ongoing work of the OTA and the DonateLife Network in partnership with clinical organisations, colleagues and the community.



**Associate Professor Helen Opdam**  
National Medical Director  
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 (OTA Act)* to deliver a nationally coordinated program to increase organ and tissue donation to improve opportunities for transplantation in Australia.

## OTA structure

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

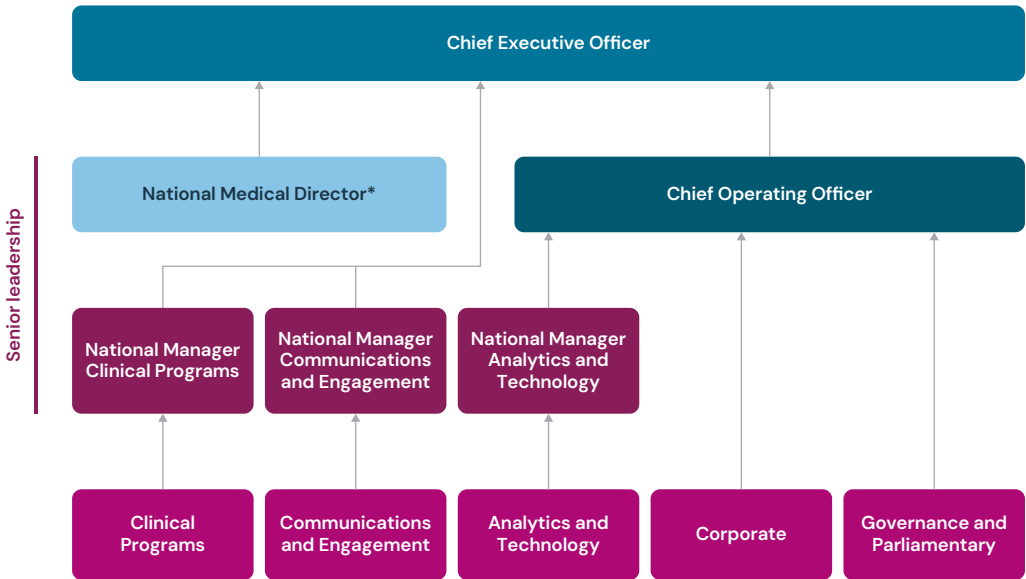
Our national DonateLife program is delivered in partnership with the DonateLife Network, state and territory governments, the organ donation and transplantation sectors, hospitals, the eye and tissue sectors, community organisations and the public.

The OTA operates as a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013 (PGPA Act)* and is funded as 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.

We have around 30 people, who support the agency and the broader DonateLife Network to deliver the key activities of the OTA.

We operate within the legislative foundations provided by the OTA Act, under which an Advisory Board is established to advise the CEO about the objectives, strategies and policies to be followed by the OTA in the performance of its functions and about organ or tissue donation and transplantation matters.

Figure 3: OTA organisational structure at 30 June 2026



\* The National Medical Director (NMD) is the OTA's expert clinical advisor. An intensive care specialist, the NMD is engaged in a fractional role through the Victorian Department of Health. Further information on the OTA's senior leadership is available on page 82.

**Clinical Programs** supports the development and delivery of key national initiatives driving a coordinated and consistent clinical approach 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 national DonateLife brand, the team's focus, working in collaboration with DonateLife agencies in each state and territory, is raising 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

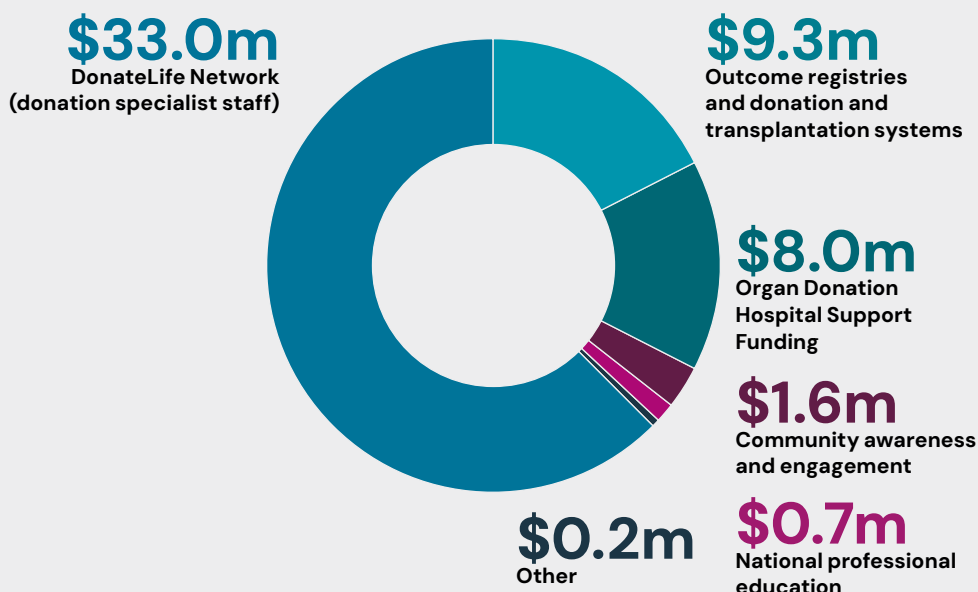
organ donation and transplantation information systems to support real-time donation activity and to inform policy development and program delivery. The team provides analytical support to internal and external stakeholders across all jurisdictions.

**Corporate** oversees the financial management of over \$60 million in Commonwealth funds annually, consistent with the PGPA Act. 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 2025–26



# 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, 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.

Donation nurse specialists celebrating DonateLife on the Sydney Opera House steps



## 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 became DonateLife agencies. Recruitment to key donation specialist, agency leadership and education roles
- OTA partnered 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 2009–2026

## COMMUNITY

- Community Engagement Group established
- DonatLife 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
- OTA Strategy 2022–2027 launched
- Australia became a founding member of the Commonwealth Tribute to Life

2018

2019

2020

2021

2022

## 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 joined as member
- COVID-19 pandemic. Kidney transplantation program suspended for 8 weeks. Logistical issues across the health sector impacted 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
- Paediatric Working Group established

|  |                                                                                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMUNITY | CLINICAL |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
|  | 2013                                                                                                                                                                                                     | 2014                                                                                                                                         | 2015                                                                                                                                                                                                             | 2016                                                                                                                                                                                                                                                                                   | 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |
|  | <ul style="list-style-type: none"> <li>Clinical Practice Improvement Program Phase 1 implemented</li> <li>International Society for Organ Donation and Procurement Congress held in Australia</li> </ul> | <ul style="list-style-type: none"> <li>Electronic Donor Record went live</li> <li>Donor family study commenced – first of 5 waves</li> </ul> | <ul style="list-style-type: none"> <li>OTA commemorated donors with the launch of DonateLife Thank You Day</li> <li>DonateLife Network Forum</li> <li>DonateLife Learning Management System developed</li> </ul> | <ul style="list-style-type: none"> <li>'Analysis of the Australian Tissue Sector report' released</li> <li>Clinical Practice Improvement Program Phase 2 implemented</li> <li>TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors Version 1.0 released</li> </ul> | <ul style="list-style-type: none"> <li>New online registration channel launched by the OTA – 'It only takes one minute to register at <a href="https://donatelife.gov.au">donatelife.gov.au</a>'</li> <li>Best Practice Guideline for Offering Organ and Tissue Donation in Australia published</li> <li>Inaugural meeting of the Vigilance and Surveillance Expert Advisory Committee</li> <li>Donation &amp; Transplantation Conference (May)</li> </ul> |           |          |

|  |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | COMMUNITY | CLINICAL |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|----------|
|  | 2023                                                                                                                                                                                                                                                                        | 2024                                                                                                                                                                                                                                                     | 2025                                                                                                                                                                                                                                                     | 2026                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |           |          |
|  | <ul style="list-style-type: none"> <li>Australian Organ and Tissue Donation and Transplantation Authority Amendment (Disclosure of Information) Bill 2023 passed</li> </ul>                                                                                                 | <ul style="list-style-type: none"> <li>National Strategy for Organ Donation, Retrieval and Transplantation endorsed by all governments</li> </ul>                                                                                                        | <ul style="list-style-type: none"> <li>Inaugural DonateLife Community Forum</li> <li>OTA's Reflect Reconciliation Action Plan released</li> </ul>                                                                                                        | <ul style="list-style-type: none"> <li>Collaborated with all governments on options for registration through drivers licences</li> <li>First fully digital release of annual donation and transplantation data</li> </ul>                                                                                                                                                                                                              |  |           |          |
|  | <ul style="list-style-type: none"> <li>Voluntary assisted dying first organ donation case in Victoria</li> <li>Donation &amp; Transplantation Conference (May)</li> <li>National induction and orientation program for specialist nurses and doctors established</li> </ul> | <ul style="list-style-type: none"> <li>Independent Health and Aged Care Pricing Authority Organ and Tissue Donation and Transplantation Project commenced</li> <li>Australian Law Reform Commission review of the human tissue Acts commenced</li> </ul> | <ul style="list-style-type: none"> <li>Donation &amp; Transplantation Conference (May)</li> <li>NHMRC Ethical Guidelines for Cell, Tissue and Organ Donation and Transplantation in Australia published</li> <li>Consent to contact commenced</li> </ul> | <ul style="list-style-type: none"> <li>Independent Health and Aged Care Pricing Authority Organ and Tissue Donation and Transplantation Project final report released</li> <li>Consent strategy and roadmap developed</li> <li>Review of Clinical Practice Improvement Program and Best Practice Guideline for Offering Organ and Tissue Donation in Australia commenced</li> <li>Implemented the updated education program</li> </ul> |  |           |          |

# The DonateLife Network

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

Each state and territory has a DonateLife agency, a leadership team, and hospital-based medical and nursing donation specialist staff.

The OTA's people include educators, communication officers, donor family support officers, and data and audit personnel. These teams are referred to as the DonateLife Network.

The OTA and the DonateLife Network work together to deliver the DonateLife program.

## The DonateLife Network includes

**8**

DonateLife agencies  
across Australia

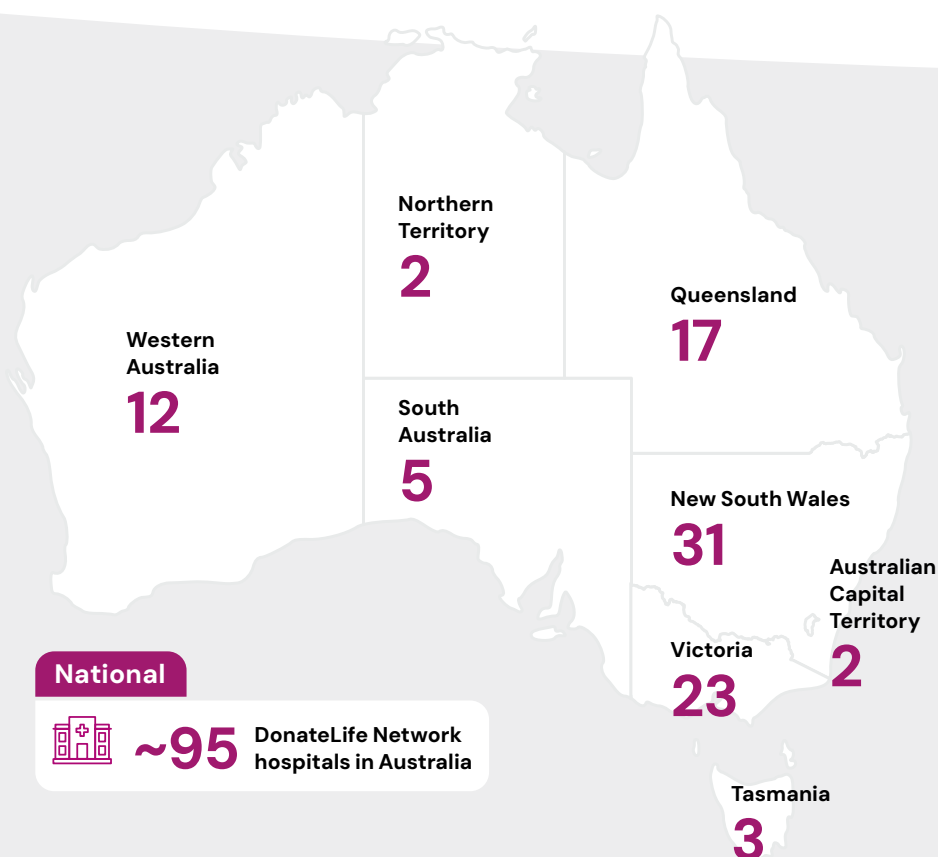
**260+**

donation specialist staff  
across Australia

**~95**

hospitals

Figure 4: DonateLife 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, the eye and tissue sectors, hospitals 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. Behavioural insights research informs our partnerships, with the goal to encourage Australians who support donation to take action and register as organ and tissue donors.

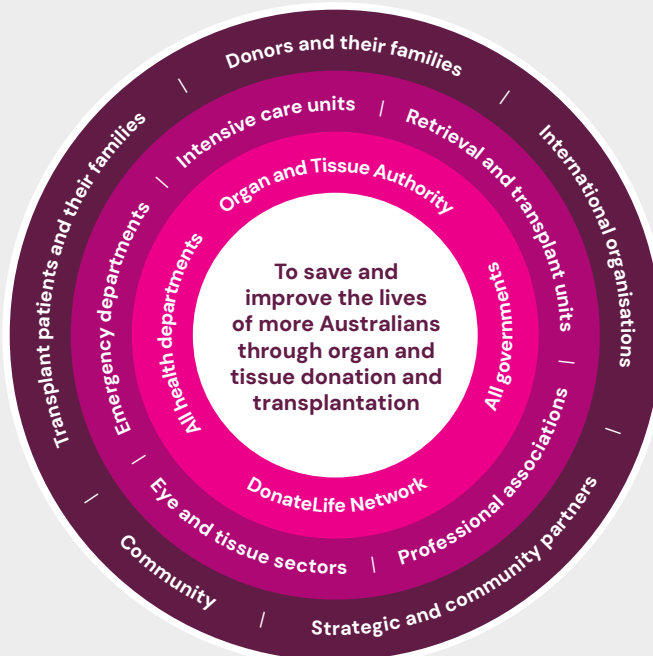
This is supported by community engagement activities and education. This includes targeted activities to support groups that are under-represented on the Australian Organ Donor Register (AODR):

- people aged 16 to 25
- First Nations people
- culturally and linguistically diverse people.

As we continue to navigate pressures across the health system, workforce and community, we work closely with our stakeholders to deliver the DonateLife program. While the program has driven significant progress, ongoing challenges and emerging opportunities remain across the donation and transplantation sectors and must be addressed to support future growth so that all Australians in need of a transplant have equitable access.

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

**Figure 5: Collaboration environment**



# Acknowledging donors and their families

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

## SPOTLIGHT



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

Supporting donor families is a critical part of our national DonateLife program, from their first engagement in the hospital with DonateLife specialists, through to follow-up care and support by DonateLife family support coordinators.

## Supporting families through the donation process

The OTA's Family Support Advisory Group (FSAG) brings together the Family Support Coordinators from each DonateLife agency to provide expert advice on matters relevant to the delivery, monitoring and review of the National DonateLife Family Support Services (NDFSS). The NDFSS provides services and resources to families who say yes to organ and tissue donation.

The NDFSS provides a suite of written materials to donor families in the weeks following donation; these are available online or distributed in print by DonateLife agencies. They include 'In reflection' booklets, a *Counselling support services* brochure and a *Correspondence guidelines for donor families* brochure.

The NDFSS also provides donor family support pins. After extensive consultation with FSAG members and other key stakeholders across the donation and transplantation sectors, the OTA completed a review and update of these resources in late 2025.

All states and territories hold annual services of remembrance to honour and commemorate the generosity of organ and tissue donors and their families. The DonateLife agencies work with their Family Support Coordinators, local volunteers and other agency staff to organise and run these important events.

## Thanking the generous Australians who make donation possible

Thank You Day, which takes place on the third Sunday in November, is a national day to reflect and say thanks to the generous Australians and their families who make donation possible.

Thank You Day 2025 provided a meaningful opportunity for Australians to acknowledge the generosity of organ and tissue donors and their families who agreed to donation. During the digital campaign, DonateLife supporters were encouraged to share messages of gratitude on social media, creating a visible show of appreciation for the donors and their families.

The campaign exceeded its reach and share targets, indicating strong community support. High-performing content, including shareable graphics and a Thank You Day video with messages of gratitude from transplant recipients, helped amplify content beyond DonateLife's existing audience.

## Storytelling to honour donors

The OTA uses storytelling across social media, the DonateLife website and the general media to share stories of organ and tissue donors and their families. These stories highlight the impact of organ donation and provide an opportunity for families to honour their loved one who became a donor. The OTA also shares stories from transplant recipients, who express their gratitude for organ and tissue donors and their families.

On social media storytelling content consistently showed strong performance across all platforms, with some stories achieving among the highest reach or engagement rates of the year.

# 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

## Optimise opportunities

Donation and transplantation services deliver the best outcomes

## Enhance systems

Enable quality outcomes through information, technology and resources

## Looking back on the OTA Strategy

The OTA's Strategy 2022–2027 was released in August 2022 to support the recovery and future growth of Australia's organ and tissue donation system following the significant impacts of the COVID-19 pandemic.

Developed with expertise and insights from our Advisory Board, the DonateLife leadership team, clinical committees, community groups and the lived experience of donor families and transplant recipients, the strategy built on the existing strong foundations of the DonateLife program.

The strategy was developed at a time when donation and transplantation activity had been significantly affected by the pandemic. Between 2020 and 2021, deceased donation activity declined by 23%, with only 421 deceased donors and 1,174 transplant recipients recorded in 2021, compared with 548 donors and 1,683 transplant recipients in 2019. In response, the strategy set ambitious targets to increase donor registration to 50% and family consent rates to 70% by 2027, recognising the critical role these measures play in increasing donation and transplantation.

Since the release of the Strategy, the DonateLife program has driven a sustained recovery in donation and transplantation activity, resulting in Australia recording its highest level of deceased organ donors in 2025.

In 2026–27 a new OTA strategy will be drafted to reflect the current operating environment, aligned to the implementation of the National Strategy for Organ Donation, Retrieval and Transplantation.

# Our environment

Since the DonateLife program began in 2009, more than 20,000 Australians have received life-saving organ transplants thanks to more than 7,500 deceased organ donors. This is an incredible milestone achievement for the DonateLife program.

## The DonateLife program

The OTA was established in 2009 to lead the national DonateLife program in collaboration with state and territory governments, the DonateLife specialist network, hospitals, clinicians and the community.

The success of the program has seen more than 20,000 Australians receive a life-changing organ transplant, thanks to more than 7,500 deceased organ donors.

Evidence demonstrates that a coordinated and consistent national approach across the hospital system and clinical practice, with sustained public awareness, leads to improvements in donation and transplantation rates. The foundations of the DonateLife program to increase organ and tissue donation and transplantation have been developed with reference to international best practices and adapted for the Australian environment.

The first decade of the national program saw a 122% increase in deceased donation, resulting in an 81% increase in people receiving an organ transplant.

The COVID-19 pandemic significantly impacted the program, resulting in a 23% reduction in deceased donation activity across 2020 and 2021.

## Registration and consent rates

A 5-year recovery strategy implemented by the OTA in 2022, in collaboration with the sector, has resulted in the DonateLife program exceeding 2019 donation rates and Australia reaching its highest number of organ donors in 2025. However, there are still some key challenges for the national program – a declining consent rate and declining registration rate.

The declining registration rate presents a significant strategic challenge. New registrations are not keeping pace with population growth, and registration rates are particularly low for Australians aged 16–25. At the same time, Australia's registered donor population is ageing, creating a risk that future family consent and donation outcomes will decline unless registration trends improve. Increasing registration is a critical priority to support increased consent rates and to increase donation and transplantation rates in Australia. The decline in registration rates reinforces the importance of establishing a scalable, nationally consistent mass registration pathway to increase registrations and the number of consents and potential donors.

The consent rate is well below the level required to maximise donation opportunities. In 2025, 53% of families consented to organ donation when asked in the hospital – unchanged from 2024 and well below the peak of 60% achieved in 2018. Lifting the consent rate is a complex challenge, and one that is also being experienced internationally in similarly mature donation and transplantation systems, including in the UK and Canada.

## Culturally safe and inclusive community engagement

Combined with improvements in clinical practice as part of the DonateLife program, ongoing investment is required to inform community awareness and education initiatives that build confidence in organ and tissue donation, normalise conversations about donation within families and encourage more Australians to register their donation decision on the AODR. We want all Australians, regardless of cultural background or beliefs, to talk about organ and tissue donation, to tell their family if they want to be a donor, and to register on the AODR.

Consistent with the National Strategy for Organ Donation, Retrieval and Transplantation, the OTA is committed to reducing barriers to donor registration, family consent and ultimately access to transplantation. A key focus is improving outcomes for communities that experience lower rates of donor registration and consent, as well as for Aboriginal and Torres Strait Islander peoples, who continue to face inequities in access to transplantation services. With a view to better understanding these barriers, the OTA continues to research and explore community attitudes, beliefs and obstacles to registering as organ and tissue donors, with key findings informing our future communication and engagement initiatives and clinical practices.

The OTA with the DonateLife Network will also continue to work in partnership with Aboriginal and Torres Strait Islander organisations and communities to support culturally safe education, community-led engagement and more equitable pathways to transplantation.

## Policy opportunities and structural reform

There are 3 critical reforms underway in our operating environment that are intended to build on Australia's successes and maximise opportunities for donation and transplantation.

### National Strategy for Organ Donation, Retrieval and Transplantation

Developed in response to a review of Australian organ donation, retrieval and transplantation, and endorsed by all Australian governments in 2024, this strategy identifies the need for mass registration channels, including drivers licence systems. It has a key focus on providing equitable access to transplantation for all Australians – including Aboriginal and Torres Strait Islander people and those living in rural, regional and remote areas of Australia. It also proposes a national governance model, which includes an expanded national coordination role for the OTA to also support national initiatives across retrieval and transplantation.

### Australian Law Reform Commission review of human tissue laws

This review represents a significant opportunity for all Australian governments to review and harmonise legislation impacting human organ and tissue donation, retrieval and transplantation, with a view to creating a nationally consistent, safe and modern system to take us into the future.

### Independent Health and Aged Care Pricing Authority project

The OTA continues to support the Independent Health and Aged Care Pricing Authority review of the costs and pricing associated with organ donation, retrieval and transplantation services in the hospital.

#### In 2025



~2,000

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

## MOLLY

*'My dad lives on in five different people. Even in death, he made other people's lives better.'*

After her father Trevor died following a series of strokes, Molly and her family honoured his decision to become an organ and tissue donor. Years earlier, Trevor told his family that he wanted to be an organ donor because he believed that if you can help someone, you should.



# PART 2

# ANNUAL

# PERFORMANCE

# STATEMENTS



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# 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 2025–26 and the OTA Corporate Plan 2025–26.

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. These statements assess our performance against our performance measures and provide narrative and analysis.

Performance measures are reported by calendar year to align with Australian and international donation and performance reporting practices.

The Annual Performance Statements include:

- a summary statement of performance against the OTA's performance measures, including our DonateLife program 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 other 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 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 through the Australian Donation and Transplantation data release at [www.donatelife.gov.au/all-about-donation/donation-and-transplantation-data](http://www.donatelife.gov.au/all-about-donation/donation-and-transplantation-data). More information about the OTA's performance can be found in the OTA's Corporate Plan 2025–26 ([www.donatelife.gov.au/about-us/strategy-and-performance](http://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 2025–26 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 2026, assessed against the purpose, key activities and performance measures relevant to the OTA published in the OTA's Corporate Plan 2025–26 and the Health and Aged Care Portfolio Budget Statements 2025–26.

Yours sincerely



**Lucinda Barry AM**  
Chief Executive Officer  
Organ and Tissue Authority  
**29 September 2026**

# Our performance

Since the DonateLife program began in 2009, more than 20,000 Australians have received life-saving organ transplants thanks to more than 7,500 deceased organ donors. This is an incredible milestone achievement for the DonateLife program.

In 2025 Australia achieved its highest number of organ donors. This followed a 5-year recovery strategy set in 2022 by the OTA in collaboration with the sector following the pandemic. The launch of the OTA's Strategy 2022-2027 established ambitious national targets to increase organ donation registration to 50% and the national consent rate to 70% by 2027. Achieving these targets was projected to result in an additional 400 organ transplants per year.

In 2025, there were 11,843 Australians whose lives were transformed through living and deceased tissue donation and 2,757 Australians who had their sight restored through corneal transplants.

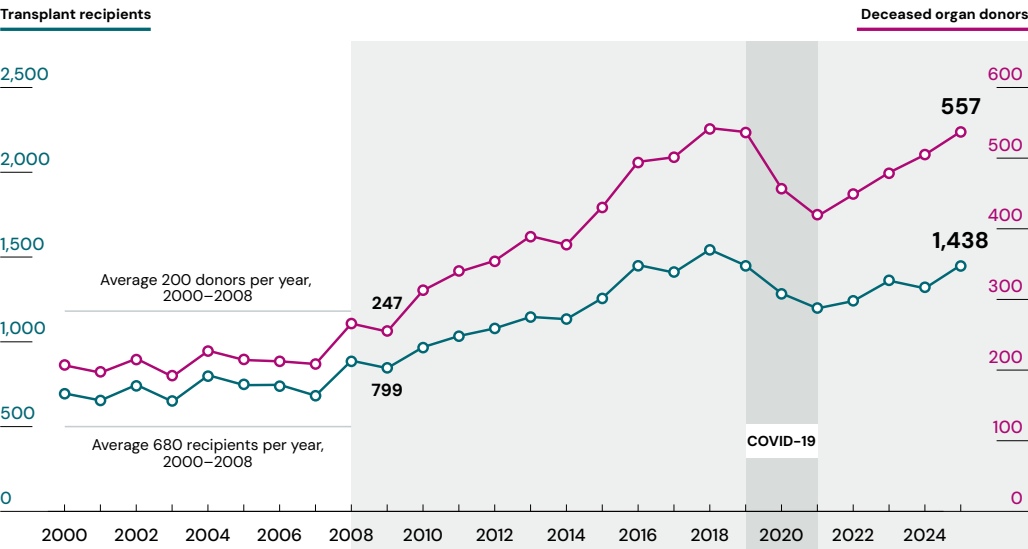
While Australia continues to achieve strong organ donation and transplantation outcomes, the consent rate remained unchanged in 2025, compared to 2024, and was well below the peak of 60% achieved in 2018. 2025 also saw a decline in registration rates, representing a significant risk that future family consent and donation outcomes will decline as a result.

The OTA continues to pursue strategies to increase registration and consent, and our targets continue to reflect the long-term

ambition of the DonateLife program. However, community research and clinical modelling indicate that achieving the current targets will require further reform, investment and coordinated action across all governments. A 50% registration and 70% consent target will not be achieved without a mass registration channel, such as drivers licences nationally.

As the OTA looks to develop its next strategy, commencing in 2027, both the performance measures and the associated targets will be comprehensively reviewed to ensure they remain relevant, meaningful and aligned with the OTA's evolving operating environment and responsibilities. This review will be informed by the implementation of the National Strategy for organ donation, retrieval and transplantation, the evolving role of the OTA in supporting national coordination across the organ donation retrieval and transplantation system, and broader changes across the national health sector, clinical policy and opportunities to improve community participation in organ donation.

Figure 6: Deceased organ donation and transplant recipients 2000–2025



Note: The DonateLife program commenced in 2009.

# Performance results

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

Our purpose is supported by 3 key activities which are our goals. Each activity has performance measures to guide us in delivering our purpose.

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.

All the measures except those in 'Enhance systems' are shared with the DonateLife Network and transplant sector, who deliver the results.

The OTA met the targets for 4 of its 12 performance measures (including all 3 in 'Enhance systems') and partially met the targets for the remaining 8 performance measures, demonstrating that the OTA was largely effective in delivering activities to achieve its purpose.

## Purpose

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

## Outcome and program

### 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.

## DonateLife program

### Increase the donation rate

| Performance measure                                 | Target 2025 | Result 2025    | Result 2024    |
|-----------------------------------------------------|-------------|----------------|----------------|
| Deceased organ donors per million population (dpmp) | 21.8 dpmp   | ✓<br>20.2 dpmp | ✓<br>19.4 dpmp |
| Estimated donors per year                           | 575         | 557            | 527            |
| Living organ donors per million population (dpmp)   | 11.1 dpmp   | ✓<br>8.3 dpmp  | ✓<br>9.3 dpmp  |
| Estimated living donors per year                    | 300         | 230            | 253            |

### Increase the transplantation rate

| Performance measure                                   | Target 2025 | Result 2025 | Result 2024 |
|-------------------------------------------------------|-------------|-------------|-------------|
| Transplants per year, from deceased and living donors | 1,730       | ✓<br>1,668  | ✓<br>1,581  |

## Goals (key activities)

### 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

## Performance measures

Eligible Australians (16 years and over) are registered on the Australian Organ Donor Register

National organ donation consent rate

Hospital and jurisdictional performance data and analysis disseminated

| Target 2025 | Result 2025 | Result 2024 | Target 2025 | Result 2025 | Result 2024 | Result 2025                                                                                                                                                      | Result 2024 |
|-------------|-------------|-------------|-------------|-------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 43%         | ✓<br>35%    | ✓<br>36%    | 63%         | ✓<br>53%    | ✓<br>53%    | ✓                                                                                                                                                                | ✓           |
|             |             |             |             |             |             | Dashboard and tailored analysis were distributed broadly across the DonateLife Network in a variety of formats to inform and monitor hospital clinical practice. |             |
| Target 2025 | Result 2025 | Result 2024 | Target 2025 | Result 2025 | Result 2024 | Result 2025                                                                                                                                                      | Result 2024 |
| 85%         | ✓<br>80%    | ✓<br>82%    | 95%         | ✓<br>90%    | ✓<br>89%    | ✓                                                                                                                                                                | ✓           |
|             |             |             |             |             |             | National waitlist, donation and transplant activity metrics were publicly available                                                                              |             |
| Target 2025 | Result 2025 | Result 2024 | Target 2025 | Result 2025 | Result 2024 | Result 2025                                                                                                                                                      | Result 2024 |
| 34%         | ✓<br>42%    | ✓<br>34%    | 89%         | ✓<br>85%    | ✓<br>87%    | ✓                                                                                                                                                                | ✓           |
|             |             |             |             |             |             | Increased use of OrganMatch for waitlist management.<br><br>National capture of adverse events in the Serious Adverse Event Reporting database.                  |             |

## Saving and improving lives

Across the 2025–26 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 – DonateLife program

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

### Increase the donation rate

**What we measure:** The numbers 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 (dpmp).

**Why we measure:** Access to organ donation and transplantation is essential to the provision of quality healthcare in Australia, especially where providing an organ transplant can be the difference between life and death.

| Measure                                                            | 2025 Target | 2025 Result                                                                                  | 2024 | 2023 | 2022 | 2021 |
|--------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------|------|------|------|------|
| Deceased organ donors per million population (dpmp) <sup>1,2</sup> | 21.5 dpmp   | 20.2 dpmp   | 19.4 | 19.3 | 17.5 | 16.4 |
| Estimated donors per year                                          | 575         | 557                                                                                          | 527  | 513  | 454  | 421  |
| Living organ donors per million population (dpmp) <sup>1,2</sup>   | 11.1 dpmp   | 8.3 dpmp  | 9.3  | 9.5  | 8.6  | 7.9  |
| Estimated living donors per year                                   | 300         | 230                                                                                          | 253  | 253  | 224  | 203  |

Sources: 1. Australia and New Zealand Organ Donation Registry  
2. Australian Bureau of Statistics, National, state and territory population

### Deceased organ donation

#### Analysis of performance results

- 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 2025 we partially met our target to increase the deceased donation rate, with 20.2 dpmp. This equated to 557 deceased organ donors.
- This is a 6% increase on the number of donors compared to 2024 and the highest number of deceased organ donors on record.
- Jurisdiction outcomes in 2025 continued to demonstrate variation, with donation rates ranging from 43.4 dpmp down to 17.7 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

### Analysis of performance results

- 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.
- Receiving an organ from a living donor offers an alternative to the national transplant waitlist for an organ from a deceased donor.
- We partially met our 2025 living donation target. There were 230 living kidney donors in 2025, 70 less than our target and a 9% decrease compared to 2024.
- Australia's dpmp rate for living donation decreased in 2025 to 8.3 dpmp, and we did not reach the target of 11.1 dpmp.
- The 230 living kidney donors in 2025 included 53 through the Australian and New Zealand Paired Kidney Exchange (ANZKX) program in Australia, a 20% decrease from 2024 (66).
- There were no living liver donors in 2025.

## 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.

**Why we measure:** Access to organ donation and transplantation is essential to the provision of quality healthcare in Australia, as an organ transplant is the optimal treatment for organ failure and can be the difference between life and death.

| Measure                                              | 2025 Target | 2025 Result                                                                             | 2024  | 2023  | 2022  | 2021  |
|------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------|-------|-------|-------|-------|
| Transplants per year from deceased and living donors | 1,730       | 1,668  | 1,581 | 1,649 | 1,448 | 1,377 |

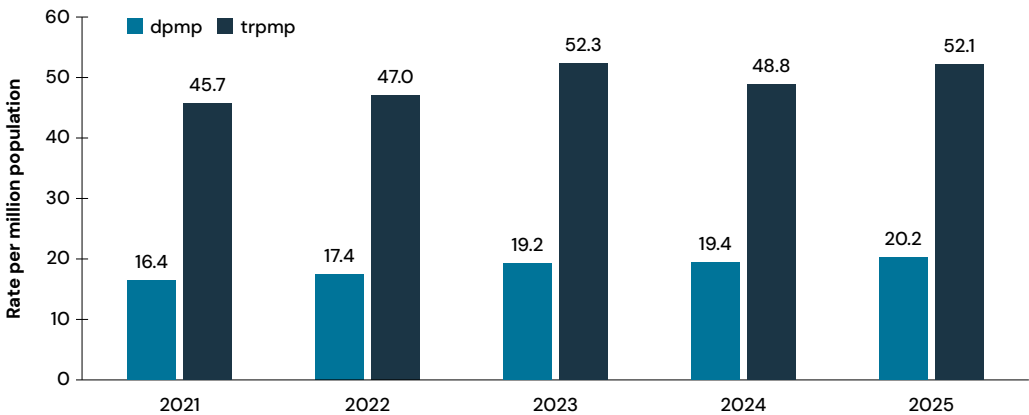
Source: Australia and New Zealand Dialysis and Transplant Registry

## Transplants per year from deceased and living donors

### Analysis of performance results

- In 2025 the target to increase the transplantation rate was partially met.
- In 2025, 1,668 Australians received a transplant from deceased (1,438) or living (230) donors – 62 less than the target but a 5.5% increase compared to 2024.

Figure 7: Deceased organ donation and transplantation rates 2021–2025



# 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.

#### Why it's important

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



### Increase family discussion

#### 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 registered donors have discussed their donation wishes with their family.



### Increase registration

#### 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.

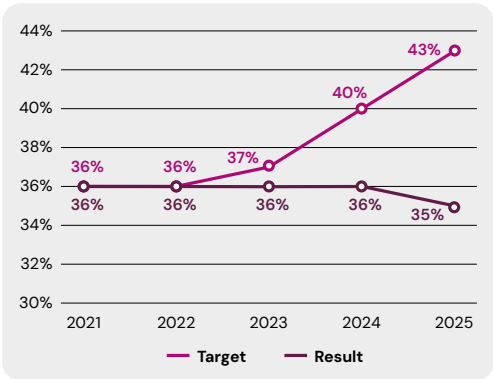
## Performance results – Build support

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

## 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.

**Why we measure:** Several factors influence whether families consent to organ donation, including whether their family member is registered as an organ donor on the Australian Organ Donor Register. More than 80% of families say yes to donation if their family member is registered.



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

### Analysis of performance results

- ✓ In 2025, 35% of Australians were registered on the AODR – 8% short of our target and a 1% decrease since 2024.
- In 2025 there were 147,969 new registrations on the AODR, 15% fewer than in 2024 (174,414).
- There are close to 8 million people registered on the AODR, but this represents only 35% of the eligible Australian population (aged 16 and over).
- We know that a person’s registration status has a direct impact on whether their family provides consent to donation in the hospital. In 2025, 82% of families agreed to donation when their family member was registered to be a donor on the AODR.
- Despite a mature community engagement program, registration rates have not increased and this year we only partially met our target. New registrations are not keeping pace with population growth, and rates are particularly low for Australians aged 16 to 25.
- Modelling projections indicate that current targets are not achievable without the implementation of large-scale registration initiatives, such as the national adoption of drivers licences as a registration channel, and national marketing campaigns. The OTA is working with governments 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 drivers licence.

**REGISTER AS AN  
ORGAN AND TISSUE  
DONOR TODAY AT  
DONATELIFE.GOV.AU**

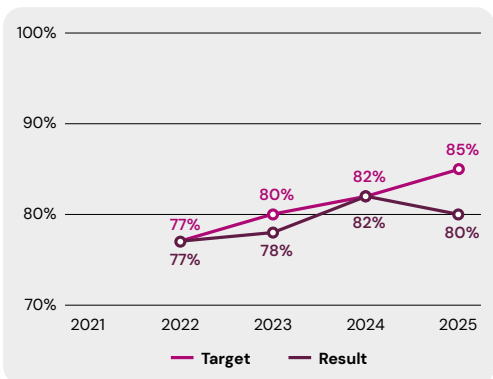
**MIA RECEIVED A LIVER TRANSPLANT**

**DonateLife**

## 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.

**Why we measure:** Several factors influence whether families consent to organ donation, including whether the family know if their loved one wanted to be a donor. More than 80% of families say yes to donation when they know their family member was registered as a donor on the AODR. When the family is unaware that their family member wanted to be a donor the consent rate drops by half.



Source: Organ and Tissue Authority, DonateLife Audit  
Note: This was a new measure in 2022.

### Analysis of performance results

- ✓ In 2025, 80% of donors who were registered on the AODR had discussed donation with their family. This was 5% short of our target and a 2% decrease compared to 2024.
- In Australia families of potential donors are always asked to consent to donation in the hospital.
- 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.
- Encouraging Australians to register as organ and tissue donors and promoting family discussions are integral to consent. In 2025,

- 8 out of 10 families agreed to donation when their family member was registered as a donor on the AODR, and 6 out of 10 families agreed to donation when they knew their family member wanted to be a donor, but only 4 out of 10 families agreed to donation when their family member was not registered and the family was not aware of what they wanted.
- To encourage Australians not only to 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.

**8/10**

families agreed to donation when their family member was a registered donor

**6/10**

families agreed to donation when they knew if their family member wanted to be a donor

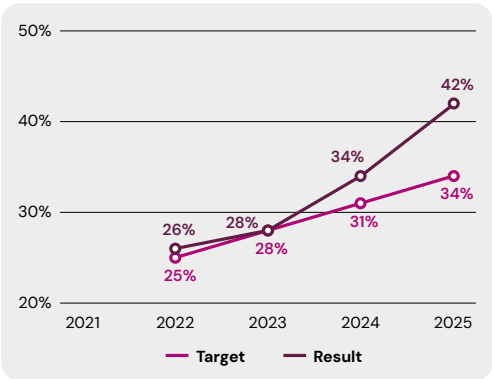
**4/10**

families agreed to donation when their family member was not registered and the family was not aware

## Eligible Australians are aware of the brand

**What we measure:** A nationally representative sample of Australians aged 18 and over are 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.

**Why we measure:** Awareness of the DonateLife brand builds support and awareness about the need for organ and tissue donation and the benefits it gives to another person needing a transplant. When people recognise and trust the DonateLife brand, this can support their decision to register as an organ and tissue donor.



Source: Community Survey via YouGov

Note: This was a new measure in 2022.

### Analysis of performance results

- ✓ In 2025, 42% of eligible Australians (aged 16 and over) were aware of the DonateLife brand. We met our target, with an increase of 8% compared to 2024.
- We know that awareness of the DonateLife brand creates awareness of 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 and building trust in Australia’s donation and transplantation program.
- 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 2025, leading up to DonateLife Week, brand awareness increased by 9%.



## Analysis of our performance against objectives

The following pages provide an analysis of the other activities and initiatives undertaken during the reporting period by the OTA, and across the wider DonateLife Network, and their contribution to the OTA's overall performance. The analysis considers how these activities supported the achievement of our objectives to build support.

| Activities and initiatives included:                                                                                                                                                                  | Page/s |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| delivered nationally coordinated public relations, marketing and digital activities                                                                                                                   | 30–32  |
| delivered the 2025 Community Awareness Grants program focusing on reaching our target audience through national promotional activities, digital initiatives and events for DonateLife Week in 2025    | 34–35  |
| embedded findings from our research in understanding community values, attitudes and beliefs about organ and tissue donation                                                                          | 36     |
| supported the delivery of localised community education and engagement activities through the DonateLife Communications team                                                                          | 37     |
| collaborated with a range of key stakeholders towards reinstating drivers licences as a registration channel in all states and territories to significantly increase the number of people on the AODR | 39     |
| delivered initiatives and resources for strategic audience groups and addressed common barriers and myths about organ and tissue donation                                                             | 40     |
| enhanced the user experience of digital channels                                                                                                                                                      | 41     |
| strengthened opportunities for collaboration and ideation between the community, advocates, volunteers, stakeholders, governments and partners                                                        | 43     |
| strengthened the DonateLife brand                                                                                                                                                                     | 44     |

### Delivering nationally coordinated public relations, marketing and digital activities

#### DonateLife Week 2025

DonateLife Week is the national awareness week for organ and tissue donation, bringing together national advertising, public relations and community engagement activities to encourage Australians to register as organ and tissue donors and talk to their family. The 2025 week was launched in Tasmania on 28 July.

After strong results in 2024, DonateLife Week 2025 implementation occurred in 2 phases:

Phase 1 – activating our supporters: asked the DonateLife Network, supporters and external stakeholders to get involved and generate groundswell in the community.

Phase 2 – driving registrations: engaged the community through a launch activity in each state and territory, and drove registrations through marketing and public relations activities.

The week generated significant national awareness through compelling donor, recipient and family stories shared across traditional and social media channels. A total of 27 people with lived experience of donation and transplantation shared their stories with media. Sixty stories were pitched to local media outlets, resulting in excellent outcomes on a very limited budget, with an estimated media reach of 35.4 million and an equivalent advertising value of \$8.4 million.

This included a spread in News Corp mastheads on Sunday 27 July 2025 featuring an exclusive case study in each paper. Coverage featured Rocky, a former Australian Football League Women's (AFLW) player who is waiting for a kidney transplant, and revisiting Allie's story. Allie is a 14-year-old who had a liver transplant as a small child and was the face of our 2017 DonateLife Week campaign.

Our DonatLife Week 2025 activities and impact on social media included:

- 525 posts and stories, resulting in a total of 2.7 million views
- doubling our planned increase in social media followers (2,352 in June, July and August) and reaching over 457,000 people through collaborative Instagram posts and reels
- achieving an overall engagement rate (likes, shares, comments, clicks) of 7.31%, which far exceeded the industry standard of 1.46%
- recorded 676,533 website views during the week, which is a 74% increase on 2024. Of these, 341,010 views were of the 'Register' page.

The success of DonatLife Week relies on the dedication of volunteers, supporters and community partners across Australia. Volunteers helped deliver a range of local activities including registration stalls, monument illumination, and partnerships with cafés and other local businesses. Together these efforts helped raise awareness of organ and tissue donation, encourage important family conversations and acknowledge the generosity of donors and their families.

## Thank You Day

Thank You Day, which takes place on the third Sunday in November, is a national day to reflect and say thanks to the generous Australians and their families who make donation possible.

In the lead-up to Thank You Day in 2025 we shared stories on our social channels and encouraged donor families and transplant recipients to get involved by downloading Thank You Day resources. We also pitched case studies to media outlets around the country to generate media coverage.

On Thank You Day we posted a reel on our social channels featuring very grateful transplant recipients from across Australia. On Facebook the reel reached 10,075 people and had a 10% engagement rate. In addition to the reel, the Thank You Day Instagram post reached 21,603 people, and over 590 people liked, commented or shared.

## Shout-out to our volunteers

**DonatLife Week would not be possible without the support of hundreds of volunteers and supporters across Australia.**

Volunteers help organise monument illuminations, onboard cafés and other businesses, manage registration stalls and share their stories with media outlets and on social media channels.

With their help:

- we engaged 532 cafés to support our '2 sips to register' promotion, which is 7% more than in 2024
- there were 130 illuminated monuments around Australia, which is 65% more than in 2024
- every state and territory ran at least one DonatLife Week event, with 15 in total.



### Digital engagement the DonateLife way

Our social media channels (Facebook, Instagram and LinkedIn) help us share powerful stories about our donation and transplantation community, activate supporters, encourage registrations and family discussion, bust myths, and collaborate with stakeholders to boost our messages to new audiences.

The OTA's social media strategy, introduced in early 2025, has helped to reach new audiences through our channels by focusing on activating our supporters to share our messages to their own audiences.

The strategy's effectiveness was measured through several key performance indicators for each platform. Overall, social media performance improved in 2025 compared to 2024, with increases recorded across all core metrics – impressions, engagement (including comments and replies), video views, followers and total shares, indicating increased reach and audience interaction across platforms.

Follower growth exceeded the monthly target across all platforms by 79%, including reaching a milestone 10,000 followers on Instagram.

There was a more than 500% increase in total impressions in 2025 compared to 2024, which contributes to awareness of our brand as our content is more frequently displayed across users' screens and is circulating more widely.

The results from an evaluation of our social media strategy highlighted the need to focus on platform-specific shareable content to see continued growth in reach while maintaining strong engagement.

### Sharing stories in the media

The OTA provides an overarching media plan that supports delivery of national and local DonateLife donation and transplantation stories. Media opportunities align with key moments and themes throughout the year, including back-to-school time, the holiday season, the eye and tissue spotlight campaign, and other awareness drives and topical policy developments.

By providing timely story angles and resources, the OTA supports year-round media coverage that highlights the real-life impact of donation and transplantation and increases awareness of donation.

Key media highlights in 2025–26 included:

#### Back-to-school

Healthy children returning to school thanks to a life-saving organ transplant created positive media coverage, including 2 young liver recipients, Riley Swander and Asleen Kainth.

#### Voluntary assisted dying and organ donation

In January 2026 the world's first self-administered voluntary assisted dying organ donor was reported by ABC, with assistance from the DonateLife Victoria team. In an interview before her death, Karen Duncan, who had an aggressive form of motor neurone disease, said she always knew that if she was in a position to help people, she would.

#### Annual eye and tissue spotlight

This campaign aims to raise awareness of eye and tissue donation, which has lower awareness than organ donation. While it is a primarily digital campaign, there was additional media coverage in 2025 that extended the reach of our messages. Stories that made media headlines featured:

- artist Ralph Kerle, a corneal transplant recipient, who was interviewed on Channel Nine's *Today Show* to speak about how keratoconus influenced his painting style
- Stuart McKeon, Australia's first bilateral corneal transplant recipient
- artist Joel Jensen, who had a corneal transplant when he was just 2 weeks old.

Refer to page 55 for further information on eye and tissue donation.

# DonateLife Week 2025

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

## SPOTLIGHT



South Australians walking to support DonateLife Week 2025

Australians came together in a powerful show of support for organ and tissue donation during DonateLife Week 2025. This year's public awareness event kicked off with the national media launch on Sunday 27 July with the Assistant Minister for Health and Aged Care, the Hon Rebecca White MP, hosted by DonateLife Tasmania at the Royal Hobart Hospital.

Around 4 in 5 Australians support organ and tissue donation (Australia Talks, ABC, 2021); however, only 35% of the eligible population are registered. DonateLife Week aims to bridge this gap through a coordinated program of national advertising, public relations and community engagement activities designed to increase awareness and inspire action. In 2025, stakeholders reported that DonateLife Week messages were more visible than in previous years, reflecting the strong reach of the campaign across the country.

Throughout the week, the OTA's CEO participated in live media interviews and community events, while social media channels helped share powerful stories, engage new audiences and encourage Australians to sign up as organ and tissue donors. Television, radio, print and digital media featured the experiences of donor families and transplant recipients, helping Australians better understand the life-changing impact of donation and transplantation and the importance of registering and talking about donation with their family.

DonateLife Week 2025 achieved most of our strategy's goals. While new registrations on the AODR were down this year (43,853 registrations, 16% less compared to 2024), DonateLife Week is about more than just registrations. It's about starting life-saving conversations, raising awareness through powerful stories that inspire people to take action, and acknowledging the generosity of donors and their families who make transplantation possible.

Highlights included:

- We shared 525 posts and stories, resulting in a total of 2.7 million views. We doubled our planned increase in social media followers (2,352 in June, July and August) and reached over 457,000 people through collaborative Instagram posts and reels. Our overall engagement rate (likes, shares, comments, clicks) was 7.31%, which far exceeded the industry standard of 1.46%.
- There were 676,533 website views during DonateLife Week 2025, which is a 74% increase on 2024. Of these, 341,010 views were of the 'Register' page.
- We engaged as media spokespeople 27 people with lived experience of donation and transplantation, and pitched 60 stories to local media outlets. Together, these stories achieved 35.4 million in media reach, and an equivalent advertising value of \$8.4 million.

## Working collaboratively with our community partners

Our 2025 Community Awareness Grant recipients, funded with grants from 2024–25, delivered projects that showcased innovative ways to encourage Australians who support donation but are unaware of how or why they need to register as organ and tissue donors.

These grants remain integral to the DonateLife program in the community, particularly following the conclusion of the OTA's Partnerships program, which was in place between 2021 and 2024.

Grants awarded to community, media and sporting organisations have demonstrated value for money as well as an expansive and national reach to key target audiences that the OTA alone could not deliver.

### Charlton Neighbourhood House

Charlton Neighbourhood House, a community organisation providing services for the Charlton community in Victoria, delivered community events in collaboration with a Neighbourhood House network that included the communities of Charlton, Birchip, Donald, Sea Lake and Wycheproof in regional Victoria. Residents of these rural and remote communities were encouraged to register as organ and tissue donors and have conversations with their families. Around 350 people attended the events, and follow-up conversations with participants indicated many had registered, checked their registration and talked to their family.

### Nationwide News (News Corp)

Through a combination of editorial coverage, targeted digital advertising, social media, video storytelling and DonateLife Week activities, News Corp achieved more than 4.17 million impressions, 19,000 website clicks, 259,000 editorial page views and 153,000 video views from June to October 2025, building support for donation.

Strong collaboration between DonateLife and News Corp enabled highly effective audience targeting and engagement. Stories featuring real-life donor and recipient experiences appeared across major metropolitan and regional publications, demonstrating the power of authentic storytelling to drive awareness, family conversations and action on organ and tissue donation. The campaign kept organ and tissue donation top of mind throughout the year, resulting in 633 new registrations.

## Red's Fishing Media

Heart transplant recipient Aaron Habgood filmed 10 episodes of his TV series *Red's Fishing Adventures* to raise awareness of organ donation with his viewers. This was accompanied by a social media campaign targeting outdoor enthusiasts, using fishing and outdoor community influencers to amplify messages.

### PRONIA

PRONIA is an organisation that supports newly arrived members of the Greek community in Melbourne. During DonateLife Week 2025, PRONIA ran community events in Melbourne and Hobart to educate the Greek community about organ and tissue donation. This was supplemented by information in Greek-language media, including Greek radio and Greek newspapers.

The activities sparked many phone conversations, follow-up questions, and genuine curiosity from community members. Importantly, by helping to dispel a number of longstanding misconceptions about organ and tissue donation – particularly around religious and cultural concerns – it created a more informed and open environment for discussion.

### Make Mate

Make Mate received 2 Community Awareness Grants in 2025 to increase awareness of organ donation through innovative digital solutions.

### Ask Aaron Anything

Make Mate teamed up with the online discussion board Reddit to get people talking about organ donation with an 'Ask me anything' (AMA) live forum with heart recipient Aaron Habgood in August 2025. During the AMA, questions were answered by an expert in real time. The initiative has been published as a case study on Reddit business.

The forum generated exceptional engagement, with 43 posts asking Aaron about his transplant and recovery. It delivered nearly 9 million impressions, which was 33 times higher than the target, and more than 20,000 clicks to the DonateLife website. The discussion will stay on Reddit and continue to drive traffic to the DonateLife website.

Make Mate created video content featuring Aaron answering the best questions, which was then used for further advertising on Reddit.

There were also 328,000 views of content on Reddit relating to organ donation in Australia in August 2025 – a huge increase from 49,400 in July. This indicates the activity's impact on the platform, where it successfully started important conversations about donation.

Other results were:

- 12,302,086 reach (17.4 million to 21.7 million target)
- 8,929,958 impressions (270,000 to 510,000 target)
- more than 20,000 clicks to the DonateLife website (2,000 target), made up of around 11,600 from the AMA and 9,000 from the advertising.

Make Mate worked directly with Reddit to target a smaller and more specific audience than originally planned, which resulted in a more engaged audience.

### In-game advertising

Make Mate placed ads in over 1,600 mobile phone and online games, where players were asked to 'pause for 1 minute and register to be an organ donor' for 2 weeks in July 2025 to support DonateLife Week.

The in-game advertising was highly successful, as it has been in previous years, significantly exceeding most target metrics. It was the top-performing by views across the whole of July and August 2025, with over 128,000 clicks, and it delivered 700,969 more impressions than the 2023 campaign, when it was last measured.

The results were:

- a 6.54% click-through rate (CTR), the rich media (moving ads) significantly outperforming static ads at 8.22% CTR
- 2,032,922 impressions (1,730,739 target)
- 812,000 unique users (420,000 target)
- 132,952 interactions (8,500 target).

### Melbourne Storm (NRL)

During DonateLife Week in July 2025, tissue recipient Stephanie Browitt was invited to share her story with the Melbourne Storm National Rugby League team.

In December 2019, Stephanie's life changed forever. She was visiting Whakaari/White Island Volcano in New Zealand with her family when it erupted unexpectedly. Stephanie suffered burns to over 70% of her body and tragically lost both her father and sister in the disaster. Stephanie received life-saving skin donations from around 10 donors, which acted as biological dressing.

The team shared her story with their members to encourage registration as organ and tissue donors.

Throughout the project, Storm delivered 677,225 social media impressions, of which 21.4% prompted awareness of DonateLife, showing that Storm members are aware of DonateLife.

### YouX (Adelaide University Union)

YouX encouraged new students at the University of Adelaide to register as organ and tissue donors at 2 events during the year – the university's orientation week and the mid-winter barbeque, which took place during DonateLife Week 2025. The events were supported by on-campus advertising and information shared in the university's digital channels, which reached 30,000 students.

For information on other 2025 grant recipients, see National Ethnic and Multicultural Broadcasters' Council on page 36, Queensland Remote Aboriginal Media on page 40 and Loft Social on page 41.

### 2026 Community Awareness Grants

Building on the approach taken with the 2025 Community Awareness Grants, applications for 2026 Community Awareness Grants opened in November 2025.

The 2026 round provided 2 grant opportunities: funding to deliver local community events and activities during DonateLife Week, and funding to develop and implement national marketing or public relations strategies encouraging Australians to register as organ and tissue donors.

Following a competitive application process, 13 organisations were announced as successful recipients in April 2026. Over \$700,000 was awarded to these organisations to deliver targeted community engagement and awareness activities to help convert support for donation into registration and family conversations. These include DonateLife Week 2026 events and activities, national marketing or public relations strategies, local events such as community walks, events targeting university students and sporting fans, and engagement with culturally and linguistically diverse communities.

## Understanding community values, attitudes and beliefs about organ and tissue donation

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.

In 2025–26 the OTA continued to embed findings from audience research undertaken in 2024–25 to help us understand the main barriers to Australia's diverse communities agreeing to donation and to gain insights into what would motivate them to say yes to donation.

### National Ethnic and Multicultural Broadcasters' Council

As part of the 2025 Community Awareness Grants program, the National Ethnic and Multicultural Broadcasters' Council (NEMBC) produced an audio explainer series in English and Australia's 9 most spoken languages – Arabic, Cantonese, Greek, Hindi, Italian, Mandarin, Punjabi, Spanish and Vietnamese – to explain why it's important to register as an organ donor, who can register and how to register, in a concise and engaging way with narration and graphics.

The series was distributed across the NEMBC online network during 2025 DonateLife Week, including its social media platforms and website, electronic direct mail and monthly newsletters. The grant was also used to boost explainer posts across Facebook, Instagram and Messenger to each language group for 30 days in August and September 2025. The 10 promoted explainer posts achieved reach of 112,308, 302,788 impressions and 4,337 link clicks through to the registration page on [donatelife.gov.au](https://donatelife.gov.au).

The posts were positively received by all language groups, particularly Vietnamese users, who had 318 interactions with the Vietnamese explainer post (262 reactions, 11 comments, 39 shares and 6 saves).

### Why Documentaries

DonateLife 2024 Community Awareness Grant recipient Why Documentaries released a series of videos featuring donor families and recipients from culturally and linguistically diverse backgrounds sharing personal experiences. The series also includes messages of support from religious leaders representing Hindu, Buddhist and Muslim faiths and is available with subtitles in Chinese, Maltese, Arabic, Hindi, Persian, Spanish and Bengali.

## Embedding personas into our marketing strategy

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'.

In March 2026 we created the DonateLife marketing strategy to target audience segments where we are likely to see the most impact.

Our marketing mix specifically targets:

### Primary audience profile: unawares

'Unawares' are people who support organ donation, but don't know how or why they need to register. They need repetition of messaging to drive registration. This segment presents the biggest opportunity for conversion to registration.

We target them through our Community Awareness Grants (specifically our marketing and public relations strategy grants) and paid social media activity, to reach them multiple times with the same message.

### Secondary audience profile: exposed, rationals and compassionates

'Exposed', 'rationals' and 'compassionates' are people who are already registered. Their motivations vary, but all 3 segments could be harnessed to further spread the word about donation.

They are targeted through our social media strategy and phase one of DonateLife Week (activating supporters).

## Working together to deliver local community education and engagement

The OTA's DonateLife Communications team consists of communications and community engagement experts from the OTA and the DonateLife Network. Together the team is responsible for delivering the DonateLife communications and engagement program for the benefit of all Australians.

The team supports the delivery of the national community engagement program, and encourages cross-jurisdictional collaboration and information sharing to maximise the impact and benefit of community engagement.

Key community engagement priorities include:

**Strengthening or establishing volunteer programs:** With different starting points, jurisdictions have been working collaboratively to strengthen or establish a volunteers program and develop recruitment, training and reward strategies.

Queensland, New South Wales and Victoria worked to re-establish connections with former volunteers and to strengthen current programs, while all other states and territories worked to stand up new volunteer programs.

**Schools and youth engagement:** Across the country, work in this key area looked to expand current contact with local schools, establishing relationships with key universities, expanding on current youth advisory groups and increasing the number of young people volunteering in our program.

**Engaging with First Nations, culturally and linguistically diverse and regional communities:** The report *A framework for Aboriginal and Torres Strait Islander organ and tissue donation excellence*, provided to the OTA and DonateLife Network by ABSTARR in 2023, recommended that cultural safety action plans be established in each state and territory to support the development of culturally safe workplaces for Aboriginal and Torres Strait Islander people. Action plans are being developed that focus on redressing the structural and systemic inequities and enabling the delivery of culturally safe organ and tissue donation services.

Additionally, a range of local community engagement activities, led by local DonateLife agencies, continue to build trust, share stories and raise awareness about donation and transplantation with Aboriginal and Torres Strait Islander peoples.

A national culturally and linguistically diverse communications project group was established to further embed findings from research conducted to understand the main barriers to donation among culturally and linguistically diverse and religious audiences and provide advice on the gaps in resources and educational materials.

Regional communities were also prioritised for some jurisdictions – for example, Victoria focused effort on connecting into the Bendigo region as a regional pilot program for the state, building a volunteer network, making media contacts and activating hospital staff.

Volunteers supporting DonateLife



## Myth busting



### MYTH

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

### FACT

You don't have to be in perfect health to be a donor. There are only a few medical conditions that may prevent you from being a donor. You can trust the medical team at the time of your death to determine if donation is possible.



### MYTH

I'm too old to be a donor.

### FACT

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



### MYTH

My religion doesn't support donation.

### FACT

All major religions support organ and tissue donation as an act of compassion and generosity. This includes Islam, Buddhism, Hinduism, Judaism and Christianity. You can read some of the religious and cultural support statements in the community resource library on the DonateLife website.



### MYTH

Organ and tissue donation will disfigure my body, so I won't be able to have an open casket.

### FACT

You will have a surgical incision with sutures just like other operations. Your body will be treated with dignity and respect and your family can still have an open casket viewing if desired.



### MYTH

If I'm a registered organ donor, I'll automatically become one when I die.

### FACT

Very few people can become an organ donor when they die. Only around 2% of people who die in Australian hospitals meet the criteria required to be an organ donor. In Australia, families of potential donors are always asked to agree to their family member becoming a donor before donation can go ahead.



### MYTH

If I'm a registered donor, doctors try as hard to save my life.

### FACT

The doctor's first priority is always to save your life. Organ and tissue donation will only be considered if you have died, or when death is expected.



### MYTH

I'm already registered through my drivers licence.

### FACT

Unless you live in South Australia, you can no longer register to be a donor when applying for your drivers licence. You need to register on the Australian Organ Donor Register. It only takes one minute at [donatelife.gov.au](http://donatelife.gov.au) or through Medicare.

## Collaborating to increase the number of people registered as organ and tissue donors

The OTA is committed to increasing organ and tissue donation rates by making it easier for people to register. This includes exploring opportunities for mass registration with a range of key stakeholders to connect drivers licence registration processes with the AODR.

During 2025–26 the OTA continued to progress discussions about registration via state and territory drivers licensing systems as a key initiative to increase registrations on the AODR. We worked in collaboration with the Department of Health, Disability and Ageing and Services Australia to explore options to develop an application programming interface (API) that would enable integration between the AODR and state and territory drivers licensing systems.

States moved away from using their licence registries for donor registration from 2000 after Health Ministers at the time agreed the AODR should be the national register. By 2012 all states, except South Australia, had closed their registries. The Australian Capital Territory and the Northern Territory have never had the option to register through drivers licences.

Interest in registration through drivers licensing systems gained momentum during the year. Health Ministers discussed the proposal at the May 2026 Health Ministers' Meeting. Growing public support was generated through media advocacy, including the Count Me In campaign led by the *Courier Mail* (with News Corp publications).

Progressing the initiative will require coordination between all governments, including support across the health, transport and government services portfolios.

Registration remains one of the strongest predictors of family consent to donation, with 8 in 10 families saying yes to donation in the hospital if their family member is registered. Despite strong public support for organ and tissue donation (Australia Talks, ABC, 2021), registration rates declined in 2025, with only 35% of Australians registered. Registration through drivers licensing systems has the potential to provide a new large-scale registration pathway, particularly for younger Australians. This is important given low registration rates among younger age groups and an ageing already registered donor population, which has the potential to impact future consent and donation if not addressed.

We also have the support of Australia's Police Commissioners, who have committed to helping us raise awareness during DonateLife Week and advocate for drivers licence registrations.

In October 2025 the OTA presented to Australia's Police Commissioners about our aim to increase organ and tissue donation and transplantation rates and the importance of using drivers licences as a way to register on the AODR.

Key points in the presentation were:

- Modelling shows that an increase in Australia's donor registration rate from 35% to 50% could result in around 200 more life-saving transplants each year.
- Almost 6 in 10 registrations were pre 2009 via licensing systems before the introduction of the AODR (close to 5 million).
- If everyone who supported donation was registered, that number would be closer to 16 million (Australia Talks, ABC, 2021).
- The proportion of 16 to 25 year olds registered in South Australia is 5 times higher than the national average (40% versus 8%).
- Ninety per cent of South Australia's registrations of people aged 16 to 25 are through drivers licences.

From this engagement, the Commissioners agreed to collaborate with DonateLife and raise awareness about DonateLife Week with their staff and with the community to register as organ and tissue donors during DonateLife Week 2026.

All commissioners also committed to writing to their respective health and transport ministers to encourage consideration of drivers licence registrations as a way to increase donation and transplantation rates.

## Addressing common barriers and myths about organ and tissue donation

### Reaching culturally and linguistically diverse audiences

Communicating about organ and tissue donation with culturally and linguistically diverse and multicultural communities, in a culturally safe way, is critically important to increasing donation rates in Australia. On average, there are lower rates of awareness and registration among these communities.

Our Community Awareness Grants program provides funding to community partners with expertise working with culturally and linguistically diverse communities and delivering community engagement activities. In 2025 we worked with our community partner the National Ethnic and Multicultural Broadcasters' Council (NEMBC) to produce an audio explainer series in English and Australia's 9 most spoken languages – Arabic, Cantonese, Greek, Hindi, Italian, Mandarin, Punjabi, Spanish and Vietnamese.

NEMBC developed the script in consultation with community leaders, health professionals and trusted community radio broadcasters from the selected language groups for their deep understanding of misconceptions, myths and cultural sensitivities within their communities.

We also worked with our community partner PRONIA to reach Victorians and Tasmanians of Greek heritage through community events and Greek-language media. The organisation is a trusted voice in the Greek community and was able to directly address key misconceptions around organ and tissue donation, particularly around religious acceptance.

### Supporting First Nations media to communicate with community

In 2025 our community partner Queensland Remote Aboriginal Media (GRAM) developed 6 community service announcements and 2 animations in consultation with First Nations community members, to encourage First Nations people in remote communities to register as organ and tissue donors.

The announcements were broadcast 4,896 times on 102 First Nations radio stations, representing a media value of over \$290,000. The animations were shared with 75 First Nations community organisations, media outlets, health services and peak bodies.

GRAM's approach was collaborative and inclusive, bringing together First Nations community members for several yarning circle workshops.

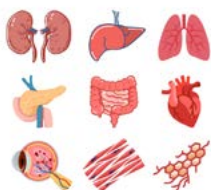
Participants were encouraged to share their experiences, ideas and opinions about organ and tissue donation, and to help inform the tone, voice and language used in the creative assets. The content resonated with the target audience of First Nations people in remote communities, and was seen to be engaging, genuine and powerful.

### Share the Gift of Organ and Tissue Donation

Listen in Arabic, Cantonese, English, Greek, Hindi, Italian, Mandarin, Punjabi, Spanish, and Vietnamese



Register today at:  
[donatelife.gov.au](https://donatelife.gov.au)



The National Ethnic and Multicultural Broadcasters' Council



DONORLIFE  
COMMUNITY PARTNERS

This project is supported by a DonorLife Community Awareness Grant

## Enhancing the user experience of our digital channels

### Loft Social

In 2025 Loft Social, a content marketing agency, was supported by 2 Community Awareness Grants to develop an influencer marketing campaign and an ambassador content series.

- The influencer marketing campaign featured well-known creators and micro-influencers to deliver high-impact social storytelling encouraging Australians to register as organ and tissue donors. Influencer marketing is a critical way to reach young people, who are often tuned out to traditional advertising.

In total the campaign produced 29 unique content pieces, delivering almost 1 million impressions and more than 42,000 interactions across TikTok and Instagram. The average engagement rate was exceptionally high at 10% (the target was 3%).

A standout was Abbey Holmes's content, which had more than 3,500 likes and 67,000 impressions.

- The ambassador content series showcased personal stories from high-profile Australians. The series included fun promotional videos and personal stories about donation that were posted on DonateLife channels and in paid placements on Instagram to increase reach.

The top-performing video, which particularly resonated with women over 55 years, was Rueben Cherrington calling her dad to tell him she had registered as an organ donor. Across the boosted posts there were around 330,000 views, driving more than 20,000 clicks to our website.

### Increased awareness opportunities

A small and targeted paid media campaign ran from January to March 2026 to help reach 25–50 year olds and amplify key messages. The campaign ran alongside promotion of a Stan original program *Dear Life*, and aligned with increased attention about organ donation generated by the program. Social content included 2 TikTok videos featuring heart recipient KC and Richelle 'Rocky' Cranston, who is waiting for a kidney transplant. The videos achieved a combined total of 447,000 6-second views, which is nearly double what was expected.

## 2025 Australian donation and transplantation data release

The data release provides an important snapshot and measure of progress against the national DonateLife program for increasing organ and tissue donation for transplantation.

The release of the 2025 Australian donation and transplantation data was in the form of a fully accessible and interactive dataset on the DonateLife website, instead of a static PDF as in previous years. The enhanced performance data details key metrics and analysis about donation and transplantation data in Australia and is now displayed in interactive and downloadable datasets that meet government accessibility standards and user experience best practice.

The Assistant Minister for Health and Aged Care, the Hon Rebecca White, announced the release of the data on 1 March 2026 at the Royal Hobart Hospital.

As part of the data release, the OTA released a video on the organ donation process in Australia to explain how organ donation works. The video transforms key statistics into a simple and engaging visual format, helping to address common misconceptions about organ donation while reinforcing key messages around registration and family conversations.

## Engagement highlights for 2025–26

July

### DonateLife Week

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

GET YOUR CAFE INVOLVED IN DONATELIFE WEEK 2025



DONATELIFE.GOV.AU/DONATELIFEWEEK

### Community Awareness Grants

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

September



Freddie had a corneal transplant

### 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

### Saffron Day

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



THANK YOU DAY

SUNDAY 17 NOVEMBER

### 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.

March

### Australian donation and transplantation data release

We released our 2025 data, 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.



**Building support with help from our stakeholders**

**Collaborating with government stakeholders – Services Australia**

Collaborating with other government agencies and organisations is essential for boosting messages about organ and tissue donation to new audiences. Services Australia is a key stakeholder responsible for administering the AODR and Medicare as a key registration pathway.

**Updating the Australian Organ Donor Register brochure**

DonateLife’s informational brochure, *Register as an organ and tissue donor*, contains information about organ and tissue donation, addresses common myths, and has a registration form that people can complete and mail to Services Australia for processing.

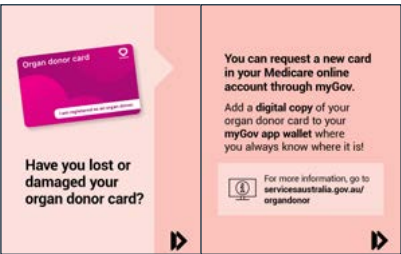
The brochure is an important community outreach tool. It is displayed in health settings, such as GP waiting rooms, and in Services Australia service centres. It is also distributed during community events, and it helps people register who are not confident or who have barriers to using digital channels.

In 2025 the brochure was updated to reflect refreshed DonateLife branding and to align with our current key messages around organ and tissue donation. We worked with Services Australia and the Department of Health, Disability and Ageing to confirm the accuracy of messages and to organise print and distribution to coincide with the older version running out of stock, to minimise wastage.

The new brochure has been well received by stakeholders. It will continue to be a valuable tool to start conversations about organ and tissue donation.

**Issuing new donor cards**

One of the most common enquiries the OTA and the DonateLife Network receives is how to request a new organ donor card. As Services Australia is responsible for issuing these cards, we collaborated on an Instagram post to explain how the public can request a new donor card through Medicare or the myGov app.



The post performed very well by industry standards, achieving the following results:

- DonateLife Instagram: 2,856 views, of which just over 1,500 were from non-followers
- Services Australia Facebook: 15,306 reach, 2.1% engagement, 255 engagement clicks and 33 positive reactions
- Services Australia LinkedIn: 1,547 reach, 6.6% engagement rate, 150 engagement clicks and 24 positive reactions.

**Sharing on social media**

We continued collaborating with Services Australia on social media content throughout the year to leverage its high follower counts, and encourage its audience to register and add their organ donor card to their myGov wallet.

In 2025, Services Australia published the following posts on its Facebook, Instagram, LinkedIn and X accounts:

- Posts in February reminding people that it’s easy to register as a donor using the myGov app and to add their organ donor card to their MyGov wallet
- Posts during DonateLife Week 2025 featuring staff members with lived experience of organ and tissue donation
- Posts in November marking one year since the organ donor card became available in the myGov app wallet, and acknowledging DonateLife Thank You Day.

In December 2025, Services Australia leveraged its ongoing relationship with Yahoo News to publish an op-ed about organ donation featuring department spokesperson Hank Jongen and 2 staff members with lived experience of donation. The article was timed to be published during the Christmas period, to highlight the selfless act of donating organs and tissue to others in need.

**Connecting through donation**

In November 2025 the OTA presented to Services Australia service delivery leaders responsible for processing AODR registrations and taking calls. The aim was to demonstrate to service delivery staff a connection between their work and the OTA’s purpose – how registering as a donor can save and transform many lives.

We covered topics such as how someone becomes a donor after the AODR is checked, challenges we face with national consent and registration rates, and how Services Australia staff can support the national DonateLife program through their work.

## Strengthening the DonateLife brand

### Checking our pulse – using data to build support

As well as checking the strength of the DonateLife brand, we use the YouGov pulse survey to check in with the Australian public about their understanding of organ transplant waitlists.

While over a quarter of Australians (27%) know someone who has had an organ transplant or is currently waiting for a transplant, most people have limited knowledge about how organ transplant waitlists work.

We know there are more than 2,000 Australians waiting for organ transplants, but only 17% of those surveyed correctly estimated the number to be between 1,001 and 2,000.

There are also more people receiving transplants than Australians realise. Nearly two-fifths (38%) incorrectly estimated that fewer than 1,000 people receive transplant every year. Only 18% correctly estimated that between 1,001 and 2,000 transplants occur in Australia each year.

Only 12% of people correctly estimated that the average wait time to receive a kidney in Australia is between 3 and 4 years. More than 60% of people incorrectly estimated that the wait time was shorter than 3 years, while 14% incorrectly estimated that it was longer than 4 years.

We used this data to secure media coverage for DonateLife Week 2025 about perceptions versus realities of donation.

### Measuring, testing and strengthening our brand

The OTA continued to conduct YouGov pulse surveys throughout 2025–26 to measure awareness of the DonateLife brand.

We have seen steady increases in brand awareness throughout 2025–26. As at June 2026:

- 42% of respondents said they have seen the DonateLife logo before, when prompted (up from 34% in June 2025)
- recognition of the logo was highest among millennials (63%), followed by Gen Z (58%)
- 42% of respondents said they had heard of DonateLife previously (up from 34% in June 2025)
- more than 9 in 10 of those who recognised our logo also said they had heard of DonateLife
- millennials are the most likely generation to be aware of DonateLife (63%), followed by Gen Z (56%).

We use the data to identify the most effective initiatives to reach our audiences. The top responses in testing recall were media stories (37%), Facebook ads (34%), TV ads on streaming platforms (34%), YouTube ads (29%) and digital ads on other websites (27%).

We will continue to survey the community to evaluate our effectiveness in building brand awareness.

### Strengthening brand awareness with consistency

As part of the DonateLife brand refresh project, we developed a DonateLife writing style guide to outline DonateLife's voice and tone and cover common writing rules and conventions based on the Australian Government Style Manual.

The purpose of developing a writing style guide is to establish consistent communication across the DonateLife national program. The guide has appendices providing more writing guidance – preferred terms, key messages, key facts, media talking points, and acronyms and initialisms.

### Testing our audience

Make Mate, our community partner, tested our audience to see whether a magenta design or a teal design resonated better. The post-campaign survey showed that more people remembered the magenta. This provided evidence that being consistent and using our primary brand colour, magenta, for advertising is the best way to connect with all audiences.



## 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. The focus is on enabling registration through drivers licences and on 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 2026 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 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.
- We will strengthen our approach to community engagement in collaboration with the DonateLife Network to complement mass awareness and registration initiatives. Our community engagement will focus on activating volunteers and engaging with schools.

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.

##### 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.



#### 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.

##### 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.



#### 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.

##### 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.

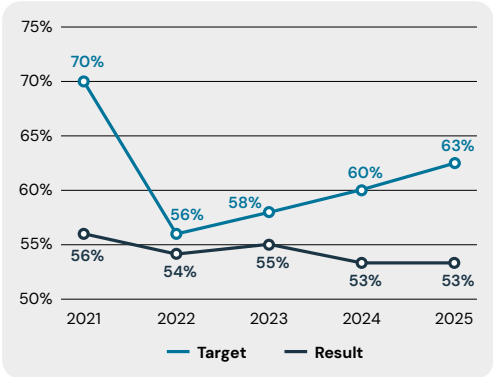
### Performance results – Optimise opportunities

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

## National organ donation consent rate

**What we measure:** The proportion of donation conversations with families in the hospital that result in consent – families saying yes to donation.

**Why we measure:** Only around 2% of people who die in Australian hospitals meet the criteria required to become an organ donor. With only a small number of potential donors, increasing family consent in the hospital is critical to increasing donation rates and improving opportunities for transplantation.



Source: Organ and Tissue Authority, DonateLife Audit

### Analysis of our performance results

- ✓ In 2025, 53% of families consented to donation – 10% short of our target and consistent with 2024.
- In Australia family agreement is always sought when donation is possible, and increasing family consent is therefore critical to increasing donation rates.
- Families were asked about donation in 1,500 cases, with 790 families saying yes.
- Of the 790 donors whose families consented, 557 proceeded to donation; 233 did not proceed, mainly due to medical and logistical reasons.
- Key factors in increasing consent are having the topic of donation raised by a DonateLife 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 national Clinical Practice Improvement Program (CPIP). It is included in 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 77 organ donors and 200 life-saving organ transplants in 2025.
- Our counterparts in the UK and Canada have observed similar decreases in donation consent rates since the COVID-19 pandemic.
- 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.

Consent for donation

**790**  
families gave consent for donation

–

**233**  
did not proceed to donation

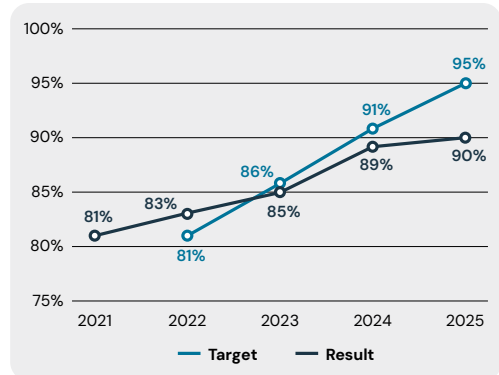
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**557**  
became donors

## 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.

**Why we measure:** 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 intensive care and emergency departments.



Source: Organ and Tissue Authority, DonateLife Audit

Note: This was a new measure in 2022.

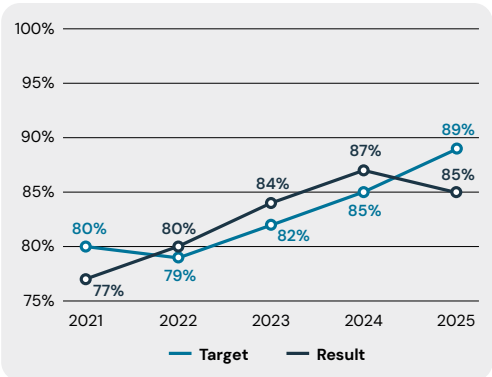
### Analysis of our performance results

- ✓ In 2025, 90% of planned end-of-life cases that occurred in an ICU or ED were notified to DonateLife agencies to explore the opportunity of donation with the family. This was 5% short of our target and a 1% increase compared with 2024.
- 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.
- 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.

**Why we measure:** Families supported by a donation specialist nurse are more likely to receive the information required throughout the donation process. This has also been shown to significantly improve consent rates.



Source: Organ and Tissue Authority, DonateLife Audit

### Analysis of our performance results

- ✓ In 2025, 85% of conversations with families about donation involved a donation specialist nurse. This result was 4% short of our target of 89%, and a 2% decrease compared with 2024.
- 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 2025, 52% 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 14% 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.

Donation specialist nurse supporting a family in the hospital



## Analysis of our performance against objectives

The following pages provide an analysis of the other activities and initiatives undertaken during the reporting period by the OTA, and across the wider DonateLife Network, and their contribution to the OTA's overall performance. The analysis considers how these activities supported the achievement of our objectives to optimise opportunities.

| Activities and initiatives included:                                                                                                                                                                                                                                                            | Page/s |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| delivered national induction and orientation programs for the DonateLife Network                                                                                                                                                                                                                | 50     |
| engaged with states and territories, hospital executives and the DonateLife Network to drive a positive donation culture within hospitals and continue to further increase performance outcomes                                                                                                 | 51–52  |
| sought feedback from families on their hospital experience to support improvements of donation services                                                                                                                                                                                         | 52     |
| worked with the DonateLife Network and hospitals to create, support and deliver nationally consistent professional education and resources to improve capability, and provided support for DonateLife Network staff to increase their capability through professional development opportunities | 53–55  |
| collaborated with the eye and tissue sectors to maintain tissue donation as part of deceased organ donation                                                                                                                                                                                     | 55–56  |
| collaborated with relevant professional organisations, in Australia and internationally, to learn and share guidelines and information about current best practice and emerging evidence                                                                                                        | 58–59  |
| supported the delivery of nationally consistent best practice donation processes through the DonateLife Network, including provision of consistent, expert advice for transplantation best practice                                                                                             | 60     |
| increased opportunities for living donation, including exploring the development of a national strategy to increase living donation                                                                                                                                                             | 62     |



DonateLife web coach Jo Reoch presenting to a Donatelife workshop in November 2025

### Delivering induction and orientation programs for the DonateLife Network

The national induction and orientation program for donation nurses and doctors was established in 2023 to develop the knowledge, skills and expertise of donation specialist staff across the DonateLife Network.

The induction program is delivered face to face to support networking and peer learning and to strengthen relationships with DonateLife staff in other jurisdictions and the OTA.

During 2025–26, 36 nursing staff and 15 donation specialist medical staff attended the induction day programs.

Feedback from participants has been integral in refining the program and ensuring that it continues to meet the needs of the sector. Participants who have attended this program have consistently highlighted that the format of workshop delivery and the opportunity to further understand the national structure and governance of donation processes has positively impacted their professional development.

## Engaging with stakeholders to drive a positive donation culture and further increase performance outcomes

### Collaborating to drive change in practice and process

The OTA continues to work with the DonateLife Network to strengthen clinical practice and support best practice family donation conversations.

During the reporting period the OTA and DonateLife agency leadership engaged with hospital executives to promote best practice in organ donation and address key DonateLife program metrics in the CPIP.

This is a valuable opportunity for the OTA to discuss the successes and challenges of the DonateLife program in a hospital setting. This engagement also aims to support hospitals to improve in their CPIP metrics and to understand the successful processes of high-performing hospitals in driving best practice.

See page 71 for further information on the CPIP and 2025–26 jurisdictional performance.

In 2025–26 the OTA met with hospital executives and DonateLife staff at all 3 tertiary hospitals in Perth. This visit was a great opportunity to hear about some local successes – for example, the journey of the donation team at Sir Charles Gairdner Hospital in implementing best practice withdrawal of cardiorespiratory support in the theatre complex.

### Reviewing progress together

The Australian Government, through the OTA, provides funding to the state and territory governments to support the delivery of donation services as part of the DonateLife program

Twice yearly the OTA leadership meet individually with DonateLife agencies and jurisdictional health representatives to review their performance against clinical best practice processes and the CPIP.

This provides a key opportunity to discuss jurisdictional activity in line with the funding agreements and for the health representative to share detail on policy initiatives related to organ donation, retrieval or transplantation.

Refer to page 75 for further information on the funding to support donation.

### Helping to shape the future in South Australia

In September 2025 the OTA participated in a workshop run by DonateLife South Australia to shape the future of their agency.

The OTA's National Medical Director and National Manager, Clinical Programs, presented the DonateLife program governance structures and priorities, and shared high-performing hospital activities focusing on the delivery and implementation of the CPIP and the value of the medical donation specialists in the donation process.

Work was also done to further unpack and understand the opportunities of best practice organ donation program implementation across South Australian donation hospitals.

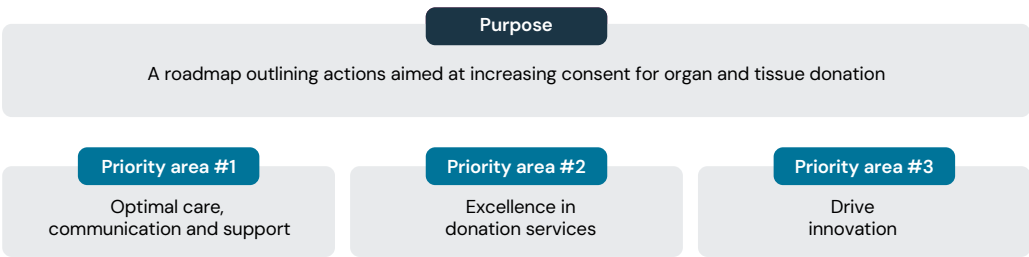
### Co-designing a national consent roadmap

With only a small number of potential donors each year, increasing consent – the number of people who say yes to organ donation – remains one of the most significant opportunities to improve donation and transplantation outcomes in Australia.

The hospital-based donation process that supports consent is complex, and all contributing factors need to be considered when planning and implementing actions at a hospital, jurisdictional and national level.

The OTA has worked with the DonateLife Network to co-design a national consent roadmap for the clinical sector. The roadmap outlines a plan for action aimed at increasing consent for organ and tissue donation and addresses the opportunities that exist within the hospital environment.

The roadmap has three priority areas that facilitate the strategy's vision and outcome of increasing consent



The consent roadmap includes 3 priority areas and associated short- and long-term actions and initiatives to deliver improved consent rates.

Work commenced as part of the consent roadmap in 2025–26 included:

- reviewing and reactivating engagement between DonatLife agencies and ICU leaders
- trials to receive and examine the benefits of ICU feedback
- identifying current and proposed improvements to recruitment factors that influence success for new donation specialist nurses
- analysing current datasets to explore the gap between referral data and non-referral data and its impact on family donation
- enhancing and reviewing the CPIP and best practices for discussing donation with families
- updating the National Education Program for donation specialists and hospital-based staff.

## Improving services for donor families

### The ENQUIRE project

To optimise donor families' experience during the donation process, the OTA continued creating space to listen to family experience and learn how we can improve.

A key focus of the Family Support Advisory Group (FSAG) in 2025–26 was the Families' Experience of Donation – A Quality Improvement Project (ENQUIRE Project). This is a quality assurance activity which seeks feedback from donor families 6 to 12 months following the donation decision via a short survey. It aims to identify opportunities to improve clinical practice and the support offered to families throughout the donation process.

The ENQUIRE Project aims to be a shorter and less emotionally challenging way for donor families to share feedback about their donation experience. This feedback provides information for the DonatLife program to use in continuing to improve donation practices and builds on the data from previous Donor Family WAVE studies – 5 studies that collected feedback on donor families' experiences between 2010 and 2019.

Following an extensive design and consultation process, the 6-month trial of the ENQUIRE Project commenced in February 2026. An interim analysis of the first 3 months of results confirmed that participation in the ENQUIRE Project is simple, timely and appropriate for donor families. Initial findings identified clear patterns and trends in



Artwork from the National DonatLife Family Support Service resources

families' donation experiences, including key reasons for agreeing to donation, the timing of the donation discussion in hospital, and the benefits of follow-up care and support.

Following a comprehensive analysis at the conclusion of the 6-month trial phase, the ENQUIRE Project is anticipated to continue indefinitely, with regular analysis of feedback to inform ongoing practice improvement across the donation sector.

### Consent to contact

The consent to contact model is a nationally consistent approach to contacting donor families to seek consent for future contact. Contact may be made for a range of activities, including to seek feedback on legislative changes, on media engagement and through the ENQUIRE Project.

Since the model was implemented in 2025, 93% of families have consented to contact via this process. There is now a pool of over 500 families who have agreed to be contacted in the future by DonatLife or the OTA to participate in activities as they arise.

## Delivering a nationally consistent education strategy

### National Education Program Review

During the reporting period the OTA continued its review of the National Education Program – a program which aims to provide high-quality education to the hospital and clinical workforce, which is critical to organ and tissue donation being prioritised and available to all Australians.

Since the National Education Program began in 2012, over 300 workshops have been conducted with over 5,000 attendees.

The Education Working Group, made up of representatives from across the DonatLife Network, continued to meet and provide advice and guidance on the review and further development of the National Education Program. The working group comprised 5 sub-groups which focus on specific areas of education delivery. During 2025–26 many of the sub-groups' objectives were achieved, including the following.

#### Advanced communications training for donation specialists

A pilot of an Advanced Communications Training Workshop was trialled in November 2025, with feedback from attendees being incorporated into a final communication training pathway aimed for delivery in 2026–27.

#### Hospital-based staff education

The hospital-based staff sub-group has worked to incorporate feedback and update foundational training courses to support the needs of all hospital staff involved in donation-related care activities. This included providing accessible online and self-directed learning resources. Five pilot Foundations of Donation workshops were held across New South Wales and Queensland hospitals (including a regional site and a paediatric unit), with a total of 74 participants. Evaluations showed that almost three-quarters of participants responded that they found the activities in the workshop useful and relevant, and most participants rated the workshop sessions excellent or good.

#### Principles of Donation course

Further pilot events for the Principles of Donation workshops were successfully delivered in March and May 2026, in Melbourne and Sydney respectively. The OTA's National Education Lead has provided direction for and supported this work, providing strong leadership for the local agencies, facilitators, attendees and organisers of the workshops. During this period, the National

Education Lead and the OTA Education team were able to collaborate with more than 20 medical and nursing facilitators during the delivery of 2 highly evaluated pilot workshops that set the scene for a strong rollout across the DonatLife Network during 2026–27.

#### Professional development pathway for donation nurses

The donation nurses sub-group focuses on the professional development, education and training needs of donation nurses within the DonatLife Network. In 2025–26 it scoped and benchmarked current education and training offerings against international education materials. This assisted in maintaining best practice and international standards for education development and delivery.

The sub-group developed and sought feedback and support on a professional development pathway. It aims to incorporate delivery of virtual and hybrid models of education and resources that have demonstrated significant value and improved accessibility for end users. The pathway outlines mandatory and optional training opportunities for donation nurses throughout their donation career. It aligns with the key elements of the national education strategy and delivery, and how it is envisioned learners will experience our programs.

#### Train the trainer program for education delivery

During the year the train the trainer subgroup scoped and benchmarked current jurisdictional training resources and provided recommendations to develop nationally consistent training processes and standards for education delivery. It has developed a framework to support, develop and enhance the skill and knowledge of trainers and facilitators in the donation sector.

#### Developing the network – the Janette Hall Scholarship

The OTA continued the Janette Hall Professional Scholarship Program in 2025–26 in memory of Janette Hall, a donation specialist nurse who became an organ and tissue donor in December 2010. The scholarship was established to support the professional development of nursing and allied health staff working within the DonatLife Network to drive improvements to clinical practices and patient outcomes.

Seven scholarships were awarded in August 2025 and 3 in February 2026 for activities such as attending and presenting at international conferences, professional training courses, and Aboriginal cultural respect training.

### Educating the network

The OTA continued to collaborate with and bring together the Education Coordinators Network (ECN). This is a representative forum for DonateLife education coordinators to discuss network educational offerings from a national and jurisdictional perspective. The ECN has representatives from all jurisdictions. It met 3 times during the reporting period, both virtually and face to face. The ECN contributes to expanding and innovating education and training for the DonateLife Network by providing subject matter expertise, sharing local practices and leading the delivery of national education offerings along with the OTA. The group has been involved in the pilot programs for new workshops and developing implementation plans for the revised education program.

The OTA produces a monthly e-newsletter which provides an opportunity for regular updates on education offerings, project milestones, potential impact on services, and providing resources for professional development.

### Expanding the learning platform

In 2025–26 the DonateLife learning platform was reviewed and redesigned.

It was recognised that adult learners value education offerings that are adaptable, flexible and tailored to their own learning needs. The expansion of the platform allowed resources to be developed and integrated into different 'learning pathways' based on the skills or knowledge required of DonateLife staff. This integration has provided learners a unique perspective on their own learning needs and allowed them to build their own personalised education journey to enhance their professional development.

Education coordinators from the DonateLife Network and other key stakeholders were supported during the growth of the DonateLife learning platform. To ensure a smooth change process, virtual and face-to-face education and training were provided, along with access to a test environment within the learning management system (LMS) to practise common functions in a low-risk area.

The transition was also supported by various how-to guides that provided a quick reference resource for common and regularly used functions within the LMS. These guides can be easily accessed by our key stakeholders. They are continually evolved as new needs are recognised.

### Web coaching

An essential component of education and training is the offering of the national web-coaching program. This program was implemented in 2021 as a web-based training system whereby participants can engage in a simulated family donation conversation with an independent coach.

This web-based training overcomes the barrier of distance and enables both coach and participant to engage from a location convenient for them. The program is designed to complement the family donation conversation training that currently exists in the jurisdiction and nationally.

The web-coaching program undergoes yearly evaluation with input from the ECN. The evaluation provides important information regarding participants' equity of access to the program, if their learning needs are met and if they require other resources to be able to fulfil their role. The web coaches also meet on a regular basis to share learnings and professional development opportunities and to identify any common barriers.

## Janette Hall Scholarship providing a meaningful experience

**Monique Drury, a Donation Specialist Nurse with DonateLife Victoria, received a scholarship to attend and present at the International Society for Organ Donation Professionals (ISODP) 2025 Congress in Kyoto, Japan.**

Monique presented an abstract detailing DonateLife Victoria's experience with simulation-based education for donation specialist nurses. Attending the congress provided her the opportunity to engage with international peers to critically reflect on the role, value and future direction of simulation training in organ donation.

Monique described the scholarship as a highly positive and professionally meaningful experience which strengthened her presentation skills and provided an opportunity to benchmark DonateLife Victoria's education strategy and improvements to donation specialist nurse training.

### Education coordinators resource guide

In 2025–26 the OTA developed a resource guide to support new and existing education coordinators. The guide provides helpful information to assist in understanding the education coordinator role and its responsibilities.

This guide is now embedded into the induction of new education coordinators as it provides up to date information on the key duties and responsibilities of an education coordinator, such as the reporting of National Education Program performance metrics.

### Collaborating with the eye and tissue sectors

The OTA's collaboration with the eye and tissue sectors helps to improve the systems and processes and to increase the number of deceased eye and tissue donations for transplantation in Australia. We collaborate in a range of ways, including the following.

#### Eye and Tissue Advisory Committee

The OTA's Eye and Tissue Advisory Committee (ETAC) provides advice to the OTA CEO on matters relevant to eye and tissue donation and transplantation, with a key focus on donation that is coordinated by the DonateLife Network. The ETAC is made up of representatives from the national peak associations, Australian eye and tissue banks, sector experts, the Australian Government Department of Health, Disability and Ageing and the Therapeutic Goods Administration. The ETAC met 3 times during the reporting period.

In 2025 ETAC members finished developing a national skin banking strategy, aimed at providing clarity on Australian routine and emergency skin allograft stock targets and how to best coordinate and communicate skin banking capacity and strategy.

Work also commenced on the expansion of national tissue banking datasets, with the introduction of reporting on basic donation and supply metrics. A working group from the ETAC membership and the Australia and New Zealand Eye and Tissue Donation Registry was formed.

### National Eye and Tissue Sector Framework

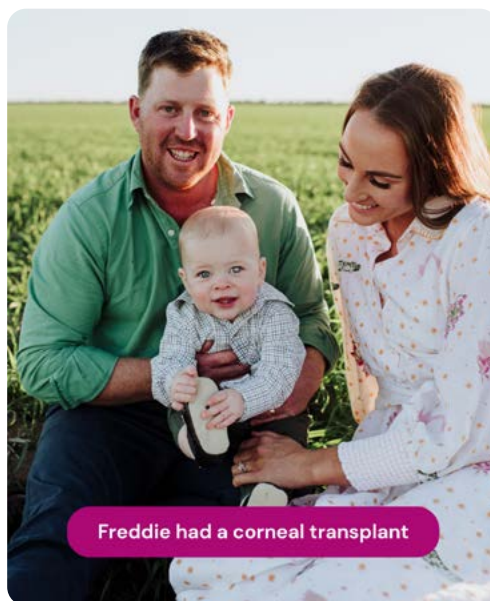
The National Eye and Tissue Sector Framework, published in August 2022, provides the overarching principles and national objectives to achieve safe, equitable and ethical access to eye and tissue transplantation for all Australians.

The Jurisdictional Organ and Tissue Steering Committee (JOTSC) – which is chaired by the Department of Health, Disability and Ageing, and of which the OTA is a member – established the Eye and Tissue Working Group to provide expert advice on and implement the National Eye and Tissue Sector Framework.

The Eye and Tissue Working Group continued to meet during the reporting period to progress the implementation of the framework across 4 priority areas: governance mapping, imported tissue products, skin supply, and data collection. It concluded this work at its fourth and final meeting. A closing statement outlining key achievements was tabled with JOTSC in March 2026.

#### National Eye and Tissue Banking Conference

In March 2026 the OTA presented at the conferences of the Eye Banks Association of Australia and New Zealand and the Biotherapeutics Association of Australasia. Our presentation included the 2025 data; challenges with consent and registration; and our 2026 priorities, which are outlined in the OTA Strategy 2022–2027 and the National Strategy for Organ Donation, Retrieval and Transplantation.



### Shining a spotlight on eye and tissue donation

Each year the lives of thousands of Australians are saved and transformed through the transplantation of donated tissues, including eye tissue. Unlike organs, many more people can become eye and tissue donors as these can be donated following death outside of hospital, and tissue can be stored. For the most part, donation meets demand in this sector.

The OTA ran another successful social media promotion to spotlight eye and tissue donation from 8 to 12 September 2025. This annual digital promotion features social media posts, stories from transplant recipients and donor families, and website content that aims to create awareness, educate and bust myths. The focus during the week is educating the public about eye and tissue donation, which has lower levels of public awareness and understanding than organ donation.

Over 171,936 people saw social media posts on eye and tissue donation during the week (up 356% from 37,694 in 2024) due to an engaging story on Freddie, who had a corneal transplant at 11 months old.



In 2025 there were a total of 3,829 tissue donors, which is an 8% increase compared with 2024 (3,531). The number of deceased tissue donors has varied over the past 5 years. There were 332 donors in 2025, 6% higher than 2024 (312). These deceased donors resulted in 431 tissue donations (some donated multiple tissues).

In 2025 there were 1,677 deceased eye donors, which was a 1% decrease from 2024 (1,692). There were also 2,757 corneal transplants in 2025, which is a 3% increase from 2024 (2,673).

Of the 557 deceased organ donors in 2025, 260 were organ donors only and 297 also donated eye and/or other tissue.

### Storm inspired by Steph's story

During DonateLife Week in July 2025, tissue recipient Stephanie Browitt was invited to share her story with the Melbourne Storm National Rugby League team.

In December 2019 Stephanie's life changed forever. She was visiting Whakaari/White Island Volcano in New Zealand with her family when it erupted unexpectedly. Stephanie suffered burns to over 70% of her body and tragically lost both her father and sister in the disaster. Stephanie received life-saving skin donations from around 10 donors, which acted as biological dressing.

The Storm shared her story with their members to encourage them to sign up as organ and tissue donors. Throughout their project, Storm delivered 677,225 social media impressions, of which 21.4% prompted awareness of DonateLife, showing that Storm members are aware of DonateLife.

# Collaborating with international stakeholders

Sharing best practice and improving organ donation and transplantation worldwide

## SPOTLIGHT



Janette Hall Scholarship recipient Kate Gray in Kyoto for the ISODP Congress

### ISODP in Japan

In December 2025 the OTA sent a specialist contingent to the International Society for Organ Donation Professionals (ISODP) Congress in Kyoto, Japan. The ISODP is dedicated to supporting the development of donation professionals and advancing effective and evidence-based practices to improve and expand organ donation and transplantation globally.

Through the Janette Hall Professional Training and Development Scholarship Program – established to support the professional development of nursing and allied health professionals working across the DonateLife Network – 6 DonateLife donation specialists were awarded scholarships to attend and present at the congress. Further information on the Janette Hall Scholarship is on page 53.

The OTA's National Medical Director, Associate Professor Helen Opdam, who was elected as a member independently, completed her 2-year term as President of ISODP in 2025.

Australia remains well positioned to monitor developments in the international organ donation and transplantation landscape, with representation on the ISODP Council including 2 members representing the Oceania region.

### Canadian Blood Services

In April 2026 the OTA hosted representatives from the Canadian Blood Services to share insights and learnings around our shared purposes, and identify best-practice approaches to common issues in organ donation.

The visit provided an opportunity for the OTA to present an overview of its governance, updates on activities from its clinical, analytics and technology, and communications and engagement programs, including OrganMatch and the Electronic Donor Record, our work on increasing consent, and our education review.

Along with Australia, Canada is a member of the Commonwealth Tribute to Life – a shared commitment of Commonwealth countries to increasing their organ donation rate and collaborating to help identify additional opportunities and overcome barriers for countries, including Australia.

### Voluntary assisted dying

The International Conference on Assisted Dying and Other End of Life Care (ICEL5) was held in Brisbane in April 2026, delivering a comprehensive program on policy, ethics, and clinical practice related to medical assistance in dying (MAID) and voluntary assisted dying (VAD).

The OTA and the Canadian Blood Services team co-delivered a session titled 'Panel presentation – Evolution of organ donation after MAID/VAD in Canada and Australia – Opportunities and lessons learned', which compared the development and current state of organ donation following MAID/VAD in both countries.

**Donation following MAID/VAD accounts for about 7% of deceased donations in Canada and approximately 1.4% in Australia.**

## Collaborating with our stakeholders

We continued to collaborate with professional organisations to learn and share from each other. In 2025–26 they included the following groups.

### Australian and New Zealand Intensive Care Society

We continued to engage in important dialogue with the Australian and New Zealand Intensive Care Society (ANZICS), including the ANZICS Death and Organ Donation Committee, of which the OTA's National Medical Director is a member. During the year the OTA and ANZICS reviewed and updated the joint memorandum of understanding. ANZICS provided submissions to the Australian Law Reform Commission's review of human tissue laws. Engagement on these issues ensures that Australian practices remain evidence based, consistent and ethically robust.

### College of Intensive Care Medicine

The OTA has a long-established history of collaboration with the College of Intensive Care Medicine (CICM). The professional relationship recognises our complementary roles, and mutual interest, in organ and tissue donation for transplantation.

CICM endorses the core Family Donation Conversation workshop as an element that meets the donation awareness training domain. As this workshop has been adapted and received updates, the OTA has sought and gained endorsement by the Education Committee of CICM. In 2024 the OTA CEO, OTA National Manager Clinical Programs, CICM CEO and CICM President met to facilitate awareness of the upcoming changes to the organ donation education workshop. The OTA has continued to engage formally and informally with the CICM Education Committee in order to facilitate endorsement of the new workshop for CICM trainees

### Lifeblood

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

Since 2019 Lifeblood has partnered with the OTA in the development, management and delivery of OrganMatch, the state-of-the-art organ waitlisting, matching and allocation system. This collaboration allows the OTA and Lifeblood to work closely on OrganMatch system enhancements and clinical best practice updates to better support the donation, laboratory and transplant sectors to better facilitate organ donation and transplantation.

### 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.

During 2025–26 the Living Kidney Donation Clinical Working Group worked to draft clinical guidelines that will play a pivotal role in enhancing clinical practices 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 2025–26 TSANZ released versions 1.15 and 1.16 of the guidelines, which included updated guidance concerning risk of transmitted malaria and melanoma, urgent listing process changes and donor age/weight criteria updates.

All TSANZ clinical guidelines and guidance documents are developed under the oversight of the TSANZ Clinical Guidelines Project Steering Group, which includes representation from the OTA. TSANZ members, working groups and advisory committees are empowered to inform the steering group of any pertinent issues, changes in practice or new evidence and to suggest updates to the guidelines as necessary.

Using funding provided by the OTA, the TSANZ established the Kidney Allocation Algorithm Working Group to address limitations in the current kidney allocation algorithm. The working group focused on designing an algorithm to improve immunological matching of donor kidneys to waitlisted patients. The algorithm has been developed and tested in OrganMatch during 2025–26, with implementation anticipated for early 2027.

The OTA regularly attends TSANZ organ advisory committee meetings to ensure there is a connection between the work of the transplant sector and the donation sector. This includes identifying opportunities for collaboration and ensuring that decisions made in the transplant sector do not adversely impact the donation sector unnecessarily. TSANZ also participates in the OTA's Transplant Advisory Group to provide its expert transplant advice.

### Australian and New Zealand Society of Nephrology

The Australian and New Zealand Society of Nephrology Congress, held in September 2025, had a session sponsored by the OTA focusing on equity of access. This session was led by the National Indigenous Kidney Transplant Taskforce and highlighted the challenges and opportunities in regional and remote locations for those with kidney disease.

### United Kingdom's Organ and Tissue Donation and Transplantation Directorate / NHS Blood and Transplant

The OTA and representatives from the UK's NHS Blood and Transplant donation team met regularly over the year to share learnings and improvements across the respective programs, providing valuable insights across education, donor risk assessments and communication practices.

### Organ Donation New Zealand

The OTA has collaborated with ODNZ for a number of years, primarily providing support for its education program by facilitating the national education workshops (core and practical family donation conversations) in New Zealand, adapted for its context. Throughout the OTA's education review and new learning management system implementation we have continued to meet and collaborate regularly.

ODNZ representatives have also been part of our wider professional development program, sharing their knowledge by presenting at and attending clinical webinars.

### Canadian Blood Services

In March–April 2026, over 3 information-filled days the OTA hosted representatives from the Canadian Blood Services to share insights from Australia's organ and tissue donation program and to understand the system in Canada.

The OTA collaborated with colleagues from the Trillium Gift of Life Network (TGLN) in Ontario, Canada throughout the year to exchange insights, provide mutual support, and discuss shared systems such as the Electronic Donor Record. TGLN has offered valuable advice on voluntary assisted dying donation cases, while we have shared our expertise in data reporting and the scope of our dashboard development.

### Commonwealth Tribute to Life Project

The OTA's CEO is a founding member and the Pacific Regional Coordinator on the Commonwealth Tribute to Life International Advisory Panel. Commonwealth countries have signed a memorandum of understanding to collaborate together to share information with the aim of increasing access to transplantation. An information-sharing website has been developed by the UK, which Australia has contributed to, and educational webinars were held throughout the year.

### International Society of Organ Donation Professionals

The OTA and the Donatelife Network were represented at the ISODP Congress in Japan in December 2025, including in keynote speaking roles, as panel chairs and in presenting abstracts showcasing Australia's donation system. The OTA's National Medical Director, Associate Professor Helen Opdam, who was elected as a member independently, completed her 2-year term as President of ISODP in 2025.

## Supporting nationally consistent best practice

### Increasing consent

As an outcome of the consent roadmap, the strategic tool that outlines a plan for action aimed at increasing consent for organ and tissue donation, the OTA established working groups in August 2025 to review the Best Practice Guideline for Offering Organ and Tissue Donation in Australia and the CPIP.

### Best Practice Guideline for Offering Organ and Tissue Donation in Australia

The Best Practice Guideline for Offering Organ and Tissue Donation in Australia provides a principles-based, collaborative model of best practice for the identification and referral of potential organ and tissue donors and discussion of organ and tissue donation with families at end of life.

The working group reviewed the most recent version, released in 2021, with the objective to maintain currency and to continue to deliver a best practice approach in supporting families to make an informed decision about donation.

### Clinical Practice Improvement Program

The CPIP is a key initiative under the national DonateLife program. It provides a framework of clinical strategic focus comprising specific elements with associated reportable key performance indicators. These elements are key to achieving best practice organ and tissue donation in ICUs and EDs. The CPIP is implemented in all DonateLife hospitals and is fundamental to the work of hospital donation specialists and the DonateLife agencies in supporting and delivering a best practice organ and tissue donation program nationally.

Recommendations have been presented to the OTA's Clinical Governance Committee for consideration, most recently in May 2026. Wider consultation and release is planned in 2026–27.

### Assessment of the potential organ donor

The review of the National Guideline on Physical Assessment of the Potential Organ Donor has continued during the reporting period.

The review is being undertaken to update the guideline to align with the information provided in the *Physical assessment of a potential donor* video resource, which is available on the DonateLife Learning Site. Consultation on the latest draft of the updated guideline has recently occurred through the DonateLife ECN.

### Review of the Australian Donor Risk Assessment Interview

DonateLife staff use the Australian Donor Risk Assessment Interview (AUS–DRAI) tool to collect relevant medical and social history from families of all potential donors.

In 2025–26 a review of the AUS–DRAI continued with an updated version circulated to stakeholders for consultation. The updated tool includes feedback from the donation and transplantation sectors, as well as consideration of international best practice.

### Supporting delivery of best practice processes in paediatric donation

The OTA's Paediatric Working Group (PWG) was established 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.

The PWG met 3 times in 2025–26. The group contributed paediatric content to the Principles of Donation workshop and discussed barriers and best approaches to testing for complex potential paediatric donors.

# Playing a pivotal role in donor heart transportation

## SPOTLIGHT



Donation specialist nurse accompanying a donor organ to a charter flight

During 2025–26 the OTA provided support to the transplant sector in their aim to significantly reduce costs for the interstate transfer of organs. The project aims to transfer organs interstate on the XVIVO machine perfusion device using commercial Qantas flights, when logistically possible, rather than privately chartered aircraft.

Machine perfusion increases the utilisation of organs by extending the time that they can remain viable outside the body compared with traditional static cold storage. Longer viability times allow for the consideration of commercial flights, which generally increase transportation times.

The OTA played a critical coordination role in this project, building strong relationships with Alfred Health, XVIVO, Qantas, the Department of Home Affairs and the wider transplant sector. Through extensive stakeholder engagement, the OTA ensured that operational and regulatory requirements were identified, understood and incorporated into the project. This included close

collaboration with Home Affairs to develop a streamlined airport security screening exemption process, reducing approval times from several days to less than 2 hours.

In addition, the OTA developed a comprehensive national standard operating procedure (SOP) to standardise the process for donor heart transport using commercial aircraft. The SOP provides guidance on booking flights, applying for security screening exemptions, and travel procedures.

The project was well received when presented at the 2026 XVIVO Cardiac Hypothermic Oxygenated Perfusion (HOPE) Meeting, generating positive feedback from stakeholders and highlighting the value of the OTA's contribution to this initiative. The successful presentation further strengthened the OTA's relationships across the transplant sector and reinforced its role as a key facilitator of innovation and collaboration in organ donation and transplantation.

## Increasing opportunities for living kidney donation

### Opportunities for living donation

In 2025 there were more than 14,000 people on dialysis for kidney failure, many of whom could benefit from a kidney transplant. With only a small number of potential donors from deceased organ donation, increasing opportunities for living kidney donation is a critical component of improving outcomes for Australians with kidney failure.

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

There were 230 living kidney donors in 2025. This is a 9% decrease compared with 2024.

Living kidney donation and transplantation is most often from a relative or close friend; this is referred to as direct donation. In 2025, 177 living kidney donations were direct donation.

For some patients who require a kidney transplant and have a living donor who is willing but unable to donate directly because of an incompatible blood or tissue type, donation and transplantation is facilitated through the Australian and New Zealand Paired Kidney Exchange (ANZKX) program.

The 230 living kidney donors in 2025 included 53 through the ANZKX program in Australia, a 20% decrease from 2024 (66).

## Australian and New Zealand Paired Kidney Exchange program

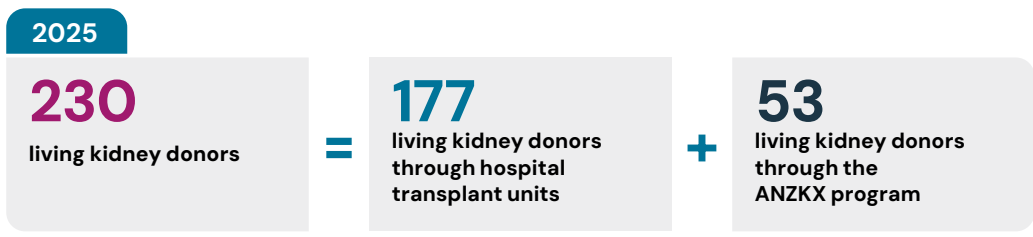
During 2025–26 the OTA supported the commencement of a mapping project to capture the end-to-end system process for the ANZKX, including tissue typing, with the aim of identifying gaps in the process and opportunities to use OrganMatch to automate or simplify elements of the process.

In 2025–26 the OTA extended its funding to the ANZKX to support the program’s increased workload and donation outcomes. This includes a new program coordinator position to assist with the significant administrative workload associated with the day-to-day coordination of enrolled patients, theatre availability, interstate and international transport and airport screening exemptions.

### Living Kidney Donation Clinical Working Group

The OTA continued to fund and work closely with TSANZ to support the Living Kidney Donation Clinical Working Group, formed in 2024–25, to develop clinical guidelines related to living kidney donation in Australian and New Zealand.

In 2025 living donation made up 21% of the total number of transplants, and data indicates there continue to be inequities in access to living donation across Australia. The National Strategy for Organ Donation, Retrieval and Transplantation identifies increasing opportunities for living donation as a national priority. In 2026–27 the OTA will continue to work with governments, clinicians and the transplantation sector to support nationally consistent approaches that improve access to living donation.



## Natalie and Jono’s story

During DonateLife Week 2025 the OTA highlighted living donation as part of the media and social media approach.

Natalie was diagnosed with polycystic kidney disease and became seriously unwell around 2 years ago. Her husband, Jono, offered to be a living kidney donor and, thankfully, was a good match.

Natalie and Jono’s story was featured on 10 News Plus and shared on our social media channels.

## Looking forward to optimise opportunities

- The OTA will review its strategy and performance targets under 'Optimise opportunities'.
- We will continue to support the progress of the National Strategy on Organ Donation, Retrieval and Transplant and will continue to work with governments to implement a nationally consistent approach to donation, retrieval and transplantation.
- We will investigate what is needed to increase opportunities for living donation through a mapping review of the end-to-end system to understand gaps, barriers and current community experiences.
- We will continue to support the Australian Law Reform Commission's review to harmonise human tissue Acts.
- We will continue to implement our National Education Program to further develop the skill set of DonateLife 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 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 DonateLife family support coordinators, to provide development and skill enhancement to specialist staff enabling best practice support and care provision for donor families.

**Figure 9: 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.

##### 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 taken to increase donation consent rates.

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



#### 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.

##### 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.



#### 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.

##### 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.

Performance results – Enhance systems

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

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.

**Why we measure:** Collecting, analysing and reporting donation data enables hospitals to make more responsive DonateLife agencies, hospitals, clinical specialists and health departments are equipped with timely, high-quality insights to monitor hospital performance, evaluate activities and guide future work. This targeted approach enables hospitals to make more responsive decisions and drive meaningful clinical change to optimise donation and transplantation outcomes.

| Measure                                                                                                                                                         | 2025 Result                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dashboards and tailored analysis are distributed broadly across the DonateLife Network in a variety of formats to inform and monitor hospital clinical practice | 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.

**Why we measure:** 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.

| Measure                                                           | 2025 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 1 March 2026 the OTA released Australian donation and transplantation data for 2025, in collaboration with the Australia and New Zealand Organ Donation Registry (ANZOD). The data 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 2025 there were around 2,000 Australians waitlisted for an organ transplant and around 14,000 additional people on dialysis – many of whom could benefit from a kidney transplant.
- Figure 10 (on page 68) shows data at a glance from the 2025 Australian donation and transplantation data release.
- 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.

**Why we measure:** The use of agreed platforms and systems across the DonateLife Network is integral to the collection, analysis and clinical usage of accurate donation and transplantation data.

| Measure                                                                   | 2025 Result                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increased utilisation of donation and transplantation information systems | OrganMatch was established as the central patient waitlisting, recipient matching and offer management system<br><br>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 waitlisting, matching and allocation. The users of OrganMatch span the end-to-end system from donation to immunogenetics laboratories to transplantation. All transplant units in Australia are using OrganMatch to waitlist their patients for transplantation. The system has over 1,300 active users.
- The 2025 Australian Vigilance and Surveillance System for Organ Donation and Transplantation annual report contains an analysis of 79 serious adverse event and/ or reaction (SAER) notifications. This is an increase from 76 in 2024.
- The increase in notifications each year reflects the evolution of the Australian Vigilance and Surveillance System and a greater transparency and willingness to report.
- 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.

## Analysis of our performance against objectives

The following pages provide an analysis of the other activities and initiatives undertaken during the reporting period by the OTA, and across the wider DonateLife Network, and their contribution to the OTA's overall performance. The analysis considers how these activities supported the achievement of our objectives to enhance systems.

| Activities and initiatives included:                                                                                                                                                                                                                                | Page/s |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| supported donation and transplantation by making enhancements to the system to drive clinical best practice                                                                                                                                                         | 69–70  |
| analysed clinical data to inform program design and delivery, driving best clinical practices and efficiencies in organ donation processes                                                                                                                          | 72     |
| distributed national and jurisdictional performance data to support strategic decision-making and continuous improvement across the donation and transplantation sectors                                                                                            | 72–73  |
| used international and community data to benchmark and understand the barriers to organ donation and opportunities to broaden support for donation and transplantation                                                                                              | 74     |
| delivered a national OrganMatch orientation program for clinical data access for all transplant units in Australia and New Zealand                                                                                                                                  | 74     |
| supported the evolution of the Australian Vigilance and Surveillance System for Organ Donation and Transplantation, which supports the collection and retrospective analysis of serious adverse events and reactions relating to deceased and living organ donation | 74     |
| supported state and territory governments to deliver donation services as part of the national DonateLife program                                                                                                                                                   | 75–76  |

Figure 10: Australian donation and transplantation 2025 data at a glance

| Category                                    | Key metric                                                          | Difference to 2024 |
|---------------------------------------------|---------------------------------------------------------------------|--------------------|
| Deceased organ donation and transplantation | <b>557</b><br>deceased organ donors                                 | <b>+6%</b>         |
|                                             | <b>1,438</b><br>organ transplant recipients                         | <b>+8%</b>         |
|                                             | <b>53%</b><br>families agreed to donation                           | <b>0%</b>          |
|                                             | <b>147,969</b><br>Australians registered as organ and tissue donors | <b>-15%</b>        |
| Living organ donation and transplantation   | <b>230</b><br>living kidney donors                                  | <b>-9%</b>         |
|                                             | <b>53</b><br>donors through the ANZKX program                       | <b>-20%</b>        |
| Eye and tissue donation and transplantation | <b>1,677</b><br>deceased eye donors                                 | <b>-1%</b>         |
|                                             | <b>332</b><br>deceased tissue donors                                | <b>+6%</b>         |
|                                             | <b>2,757</b><br>corneal transplant recipients                       | <b>+3%</b>         |

## Enhancing technology and systems to drive clinical best practice

### Waitlisting, matching and allocation system: OrganMatch

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

For those who are seriously ill with organ failure, receiving an organ transplant may mean the difference between life and death.

There are currently around 2,000 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 connects transplant clinicians, tissue typing laboratories and donation agencies with each other using real-time data.

OrganMatch waitlists patients who require a transplant, matches potential donor organs with recipients, and allocates kidneys nationally using the kidney allocation algorithm.

All transplant units in Australia are using OrganMatch to waitlist their patients for transplant.

OrganMatch has increased to over 1,300 active user accounts across immunological scientists, donation and transplantation clinicians. It is now utilised by the transplant sector in real time during the donation to transplantation continuum to share clinical information.

The ANZKX program uses the OrganMatch system to manage living donor chains and match kidney recipients with living donors.

### Urgent listings

In September 2025, a significant enhancement was implemented to the urgent listing process in OrganMatch for transplant recipients across Australia and New Zealand.

The enhancement gives transplant clinicians the ability to list urgent patients directly through OrganMatch, enabling real-time sharing of these listings with the broader donation and transplant sector. By replacing what was previously a manual process using the telephone, this change has streamlined workflows, improved clinical safety, and supported best practice in urgent transplant scenarios. Donation staff now have direct access to view all urgently listed patients via their OrganMatch Donation Portal, ensuring greater transparency and coordination across the system.

This is the result of collaboration between OrganMatch user groups, Donatelife agencies,

the Transplantation Society of Australia and New Zealand (TSANZ), LifeBlood and the OTA. The OTA helped drive this change, which required a new memorandum of understanding between the Australian and New Zealand governments.

Feedback from users has been positive, with one commenting that the system change saved them 45 minutes for a single update to the urgent list compared with the previous process. This change has reduced the risk of human error and saved valuable time for coordinators and clinicians, who are often time poor or working unsociable hours.

### OrganMatch donor chart

In March 2026 a pilot was launched which allows access to the donor chart directly within the OrganMatch Transplantation Portal when donor offers are made to a local transplant unit. While these data are currently captured in the Electronic Donor Record and provided to OrganMatch, the pilot lays the foundation for further enhancements planned for implementation in October 2026.

To effectively implement this change, a significant orientation package was delivered to all transplant units in Australia and New Zealand to ensure appropriate access to the clinical data was available.

This development enhances real-time information sharing for the transplant sector and strengthens OrganMatch as a central clinical resource. Transplant users in the pilot were invited to provide feedback on the donor chart functionality. Their insights helped ensure that, once fully implemented, the system is fit for purpose and supports timely and informed clinical decision-making.

### OrganMatch organ offer module

Development commenced on the organ offer module in OrganMatch in 2022. This development followed significant scoping of the offering process, currently recorded manually in the EDR.

Much of this development was completed in September 2025, with selected representatives from the Donatelife Network receiving additional training so they can assist with its implementation in the broader network.

This implementation process and donation staff training commenced in October 2025, with a planned implementation date of October 2026.

This and the donor chart module have been developed simultaneously to be implemented to both the donation and transplant sectors across the next 12 months.

### Capturing, storing and managing clinical data: Electronic Donor Record

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) is made up of representatives from the DonateLife Network, eye banks, the Australian Organ Donor Register (AODR) and the transplantation sector. Through the EDRWG the EDR is continually reviewed and enhanced to strengthen its ability to support clinical decision-making and to drive continuous improvement in donation practices. The EDRWG met 3 times in 2025–26.

Enhancements to the EDR are made quarterly. Those that were made in 2025–26 included:

- expansion of the EDR OrganMatch interface with completion of all required data fields for submission of the donor chart to the OrganMatch Donation Portal and enhanced functionality to improve identification and documentation of data submissions
- enhancement to the donation after circulatory death data page to capture key points in the process, including when donation is stood down, to improve real-time data collection
- development of a new referral page and expansion of the donation after circulatory death data page to support donations following voluntary assisted dying (VAD)
- expansion of data provided to ANZOD to include identification and key events of donation following VAD, supporting national reporting of this emerging donation pathway
- addition of new donation after circulatory death asystolic warm ischaemic time data field to provide enhanced clinical data for donation after circulatory determination of death heart donation to support decision-making and recipient outcomes.

This enhanced data collection ensures detailed information is available to transplant units to enable the safe transplantation of organs from an expanding pool of organ donors.

Work completed in 2025–26 and scheduled for deployment in 2026–27 includes:

- development of a new page to capture clinical information of both historical and current donor biopsy results to improve the documentation and tracking of results and their provision to the transplant units
- expansion of the other infectious diseases page to include recording of donor screening for malaria, TB and respiratory virus to enhance standardisation and accuracy of donor screening results.

### Voluntary assisted dying

The introduction of VAD legislation has resulted in DonateLife agencies receiving referrals for patients wishing to explore organ and/or tissue donation as part of their end-of-life planning. A number of these referrals have proceeded, with patients donating organs and/or tissues following VAD.

We have engaged with international donation and transplantation agencies to inform Australian practice. During the year, the OTA consulted with Trillium Gift of Life (Ontario Health, Canada) to discuss its established process for donation following medical assistance in dying. This collaboration, together with consultation with the OTA VAD Working Group and EDRWG, has resulted in enhancements being made to the EDR system to support organ and tissue donation following VAD referrals.

### Collecting clinical data: the DonateLife Audit

The DonateLife Audit is a national system for collecting data on all patients for whom organ donation may have been feasible in all DonateLife Network hospitals.

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 DAWG met throughout the year to discuss and refine the data captured in the audit and to ensure consistent interpretation across the data elements recorded.

Reporting from the DonateLife Audit was enhanced throughout the year with additional dashboards developed and provided to key clinical users. These dashboards include national, state and hospital-level data relating to potential donors, family discussions and consent outcomes.

# 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.

**SPOTLIGHT**

The CPIP identifies the elements integral to achieving best practice organ and tissue donation in intensive care units (ICUs) and emergency departments (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 2025–26 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.

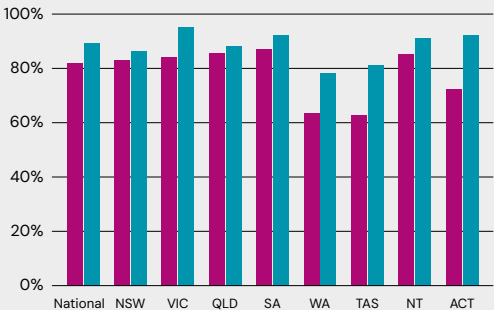
We recognise the unique challenges in smaller jurisdictions such as the Northern Territory, which has lower rates of organ donation due to population demographics, which also impacts consent rates and medical suitability for organ donation.

The following graphs show jurisdictional performance against the 3 key CPIP measures in 2021 compared with 2025, and also against the overall national result for those years. The target for all 3 of the measures is 100%.

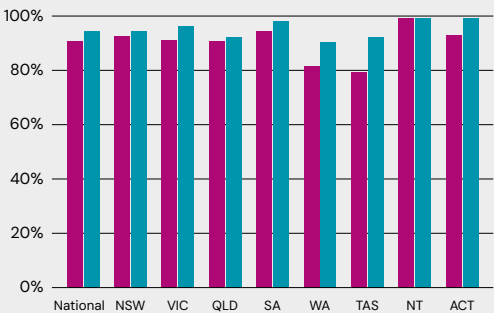
In August 2025 the OTA established a working group to review metrics and make recommendations for improvements to the Clinical Governance Committee (see page 60 for further information).

## Performance against the CPIP metrics

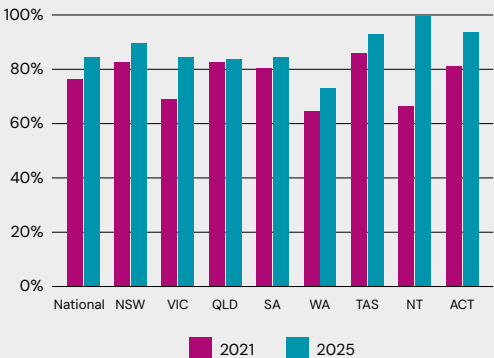
### Referral rate



### AODR checked rate



### Donation specialist nurse involvement rate



■ 2021 ■ 2025

## Analysing clinical data

### Informing program design and delivery

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

Clinical data captured through the EDR and DonateLife Audit informs decision-making and drives improvement in organ and tissue donation outcomes and clinical practice.

In 2025–26 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.

The data provided to clinical advisory committees and working groups enables analysis of current performance, national comparisons in performance and guidance on best practice strategies to improve performance.

Key analysis undertaken during 2025–26 included consent rate modelling which provided a sound evidence base for our continued focus on increasing the consent rate.

### Driving efficiencies: data on authorisation and retrieval activity for eye, bone and skin

Data relating to requests, consents and tissue retrieval for the different tissue types has been compiled and shared with the members of the OTA's Eye and Tissue Advisory Committee (ETAC) during meetings throughout the year. The data has highlighted variability across jurisdictions and the impact of temporary tissue banking activity suspensions.

The ETAC Data Working Group, made up of members from the ETAC, commenced work in 2025 on the Data Reporting Project with the goal to develop a national eye and tissue dataset. The group has established a basic common dataset and definitions for reporting across banks, as well as methodology for collection and collation. Phase 2 of the project is underway, including review and expansion of the dataset and application of the dataset over time.

### Driving best clinical practices

The evolution and expansion of dashboards and data dissemination has informed the review of the CPIP and Best Practice Guidance for Offering Organ and Tissue Donation in Australia, which will result in the evidence-led enhancement of clinical practice moving forward.

## Distributing national and jurisdictional performance data

### Release of the 2025 Australian donation and transplantation annual data

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

The data release provides an important snapshot and measure of progress for increasing organ and tissue donation for transplantation. The OTA collaborates with ANZOD to provide data on organ, eye and tissue donation and transplantation – both deceased and living – and highlights comparison and trend data from previous years. Annual updates on Australia's consent rates, registration rates and information about the organ donation process is also included.

The release of the 2025 Australian donation and transplantation data was in the form of a fully accessible and interactive dataset on the [donatelife.gov.au](https://donatelife.gov.au) website – replacing the static PDF activity report format used in previous years.

The Assistant Minister for Health and Aged Care, the Hon Rebecca White, launched the release of the data on 1 March 2026 at the Royal Hobart Hospital.

Throughout 2025 the OTA monitored, collected and analysed data collected from trusted data sources. We work with internal and external stakeholders to integrate the data so insights in the data release are well informed and representative across the sectors.

The data release informs the OTA's Annual Performance Statements.



Lucinda Barry AM, Michele Polley – Michelle's son Aaron became an organ donor – and Assistant Minister the Hon Rebecca White at the launch of the 2025 Australian donation and transplantation data release

### Supporting strategic decision-making

It is recognised that the channels which capture a Medicare number as part of the donor registration process are not as effective as channels which do not require the Medicare number, such as the drivers licence.

We presented registration and consent data to a range of external health and transport representatives during the reporting period, resulting in wide ranging support for the re-establishment of the drivers licensing process as an avenue for organ donor registration.

The data presented showed the impact of recent AODR initiatives in some states. While moderate increases in registrations following these initiatives were noted, registration rates do not match those in South Australia, where residents can register directly via their drivers licence. The drivers licence method is particularly effective at reaching young people aged 16 to 24.

### Waitlist and transplant data

Waitlist metrics are compiled and shared with jurisdictional health and transplant clinician groups to identify variation across transplanting states and units. Waitlist and transplant data is also publicly available through the OTA's annual release of donation and transplantation data, which promotes transparency and public trust in the organ donation and transplantation systems.

### Collaborating with hospitals to drive improvement

A key OTA activity is engagement with hospital executives and hospital-based donation specialist staff. Hospital visits are an opportunity to recognise commitment and performance as well as to identify opportunities for further improvement and discuss challenges facing hospital staff from an organ donation perspective. An array of data from the DonateLife Audit and other sources is shared with hospital staff during these meetings, including the CPIP metrics relating to the referral of end-of-life care cases, routine checking of patient registration status, and availability and involvement of donation specialist staff. The data shared provide an evidence base for discussions around hospital practice evolution.

### Identifying key drivers of organ donation activity

During the reporting period the OTA worked to improve the DonateLife Audit Cascade Report, which identifies key drivers of organ donation activity in Australia. The report highlights that only a small proportion of hospital deaths are medically suitable for donation, and an even smaller number proceed to the retrieval of organs. The dashboard also outlines the reasons why potential donors were unsuitable and why donation was not discussed with family members. This report is available to the DonateLife leadership and DAWG members in each jurisdiction.

### Supporting hospitals to monitor clinical practice

The OTA worked to improve the distribution of CPIP information using dashboards instead of Excel spreadsheets. The CPIP dashboard is designed to support DonateLife agencies, hospitals, intensive care units and jurisdictional health departments in monitoring hospital CPIP metrics.

The dashboard provides relevant information, including a 5-year comparison of key metrics, enabling long-term performance assessment. The report functions dynamically, displaying tailored detail for relevant metrics. The report updates daily, providing near real-time access to clinical practice information. The enhanced dashboard supports faster identification of areas for improvement.

### Emerging, emerged and re-emerging infectious disease report

The OTA continued to support the eye and tissue sector by helping to fund access to the *Emerging, emerged, re-emerging infectious disease* report, produced by Lifeblood, which covers surveillance data on current, emerging and re-emerging infectious diseases. The report alerts clinicians in the eye and tissue sector of potential risks and safety issues.

## Understanding the barriers to organ donation through data

The OTA has used data from the DonateLife Audit to analyse differences in consent rates between different recorded ethnicities and the criteria driving consent for each group. Ethnicities analysed were selected from the priority audiences identified in audience research conducted in 2024–25 with recorded ethnicity information in the DonateLife Audit.

A dashboard has been developed as an opportunity to explore the different reasons why families in Australia may choose not to donate and to understand how many of these families may never have been exposed to the influence of our communication campaigns.

## Delivering a national OrganMatch induction and orientation program

Due to the significant change in practice planned for implementation in October 2026, an OrganMatch induction and orientation program was developed and provided to more than 200 clinicians in the donation and transplantation sector, as at 30 June 2026.

This orientation program includes:

- full-day in-person training for donation specialist staff on the ‘Organ offer’ management module
- a 75-page user guide
- individual training cases to help users practise and familiarise themselves with the system and processes
- video resources outlining the processes to utilise OrganMatch effectively and efficiently.

Due to the varying needs and access requirements of the transplantation sector, a range of training tools and methods were used, including:

- numerous presentations to the OTA advisory groups
- a short video resource
- tailored information provided to TSANZ organ advisory chairs
- large-volume group sessions with organ-specific groups
- individual training sessions with all donation agencies and transplant units in Australia and New Zealand.

## Analysing serious adverse events and reactions relating to deceased and living organ donation

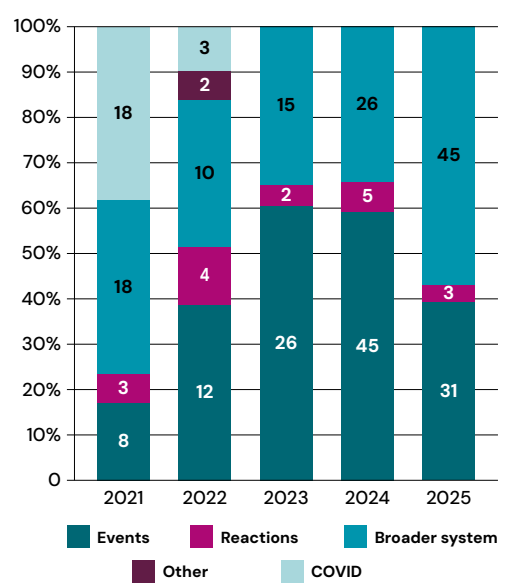
The Australian Vigilance and Surveillance System for Organ Donation and Transplantation plays a vital role in improving the quality and safety of organ donation and transplantation in Australia. It is designed to monitor, record and retrospectively analyse SAER notifications from the sector to inform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

The OTA has continued to review the Vigilance and Surveillance System to encourage reporting from jurisdictions as well as from the tissue typing laboratories and the transplantation sector more broadly so all events impacting donation and transplantation are captured.

In June 2026 the OTA released the 2025 annual report of the Vigilance and Surveillance System. The report provides a high-level summary of learnings and trends that were reported throughout 2025 calendar year. The number of SAER notifications increased, with 79 notifications in 2025 compared with 76 in 2024.

Figure 11: SAER notifications by category 2021–2025



Funding to support donation

The Australian Government, through 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 funding to employ specialist staff across the DonateLife Network and to deliver a nationally consistent donation service in each jurisdiction.

The funding agreements in place during the reporting period include over \$33.5 million in payments to state and territory governments for the 2025–26 financial year. 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 for 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, OrganMatch and the DonateLife Learning Site.

State and territory compliance and performance across these areas was reported through a 6-monthly progress report process and quarterly acquittals.

During the year the OTA worked closely with the states and territories to establish new funding agreements, which came into effect from 1 July 2026. The new agreements include over \$109 million in payments to state and territory governments over the next 3 years. The Independent Health and Aged Care Pricing Authority is currently reviewing funding arrangements, which may have implications for activity-based Organ Donation Hospital Support Funding going forward. In the interim, existing arrangements have been agreed for 2026–27.

The funding breakdown for DonateLife Network positions by state and territory in 2025–26 is provided in Table 1.

See page 113 for the Organ Donation Hospital Support Funding contribution by state and territory in 2025–26 compared with 2024–25.

Table 1: Funding for the DonateLife Network (2025–26)

| State/territory | DonateLife agency staff (\$m) | Hospital-based staff (\$m) | Total (\$m) | Percentage of total funding |
|-----------------|-------------------------------|----------------------------|-------------|-----------------------------|
| NSW             | 3.258                         | 5.158                      | 8.416       | 25.9%                       |
| VIC             | 1.488                         | 6.524                      | 8.012       | 24.7%                       |
| QLD             | 2.736                         | 3.083                      | 5.819       | 17.9%                       |
| WA              | 0.924                         | 2.004                      | 2.928       | 9.0%                        |
| SA              | 0.939                         | 2.136                      | 3.074       | 9.5%                        |
| TAS             | 0.642                         | 1.008                      | 1.651       | 5.1%                        |
| ACT             | 0.679                         | 0.665                      | 1.344       | 4.1%                        |
| NT              | 0.702                         | 0.549                      | 1.251       | 3.8%                        |
| TOTAL           | 11.368                        | 21.127                     | 32.495      | 100.0%                      |

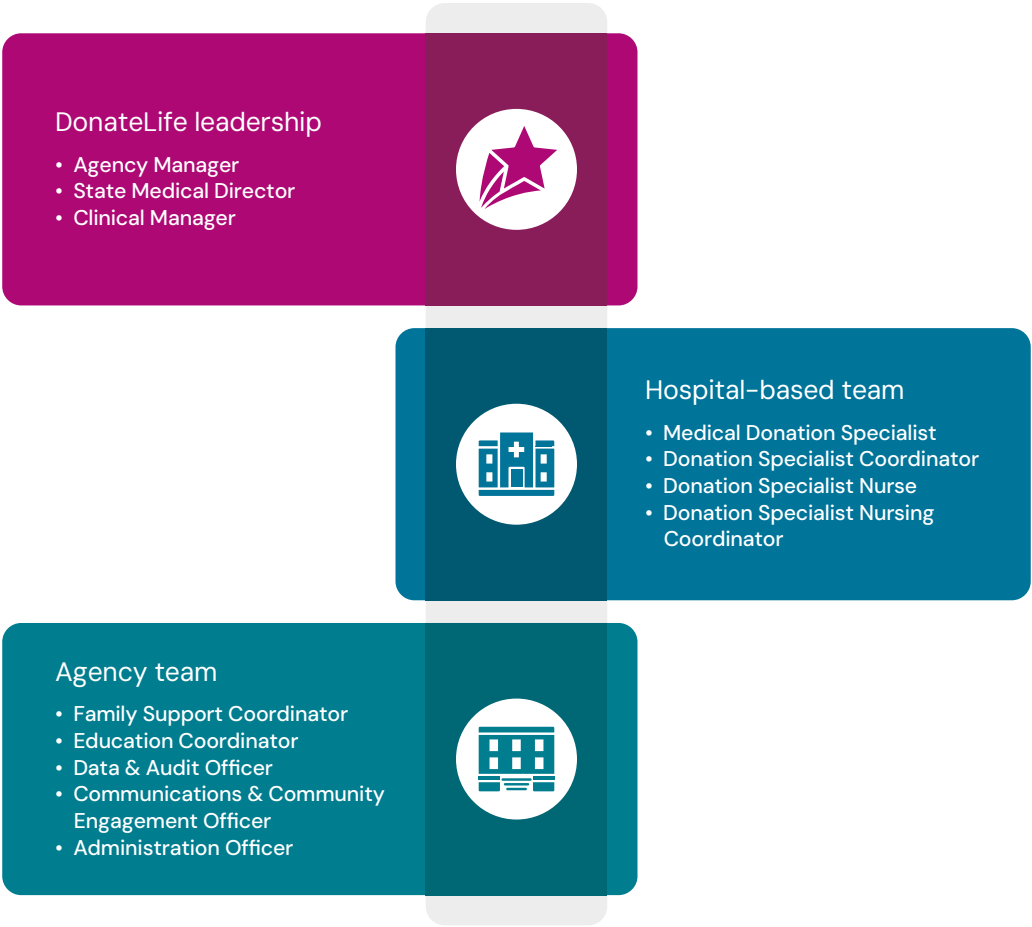
Part of the Australian Government funding provided by the OTA to the state and territory governments is to employ staff across the DonateLife Network to deliver a nationally consistent organ and tissue donation service in each jurisdiction.

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. The funding also allows for DonateLife Network involvement in advisory committees and operational working groups to provide on-the-ground knowledge and expertise to contribute to the overall operations of the DonateLife program.

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

Figure 12: 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 13: Our challenges to enhance systems

## Enhance systems

Enable quality outcomes through information, technology and resources

The increasing volume of sensitive health data and growing cyber threat landscape requires ongoing investment in information security, governance and technology controls to protect our systems and data

Rapid advances in data, analytics and artificial intelligence present opportunities to improve insights and efficiency, while also requiring careful consideration of governance, security, capability and ethical use

Continued advances in clinical practice, rapidly changing information requirements and community expectations create ongoing demand to enhance systems, data collections and reporting capabilities in shorter timelines

# Financial performance

## Departmental

### Operating result

The OTA's commitment to sound financial management is reflected in its financial performance and unqualified financial statements (see Part 4). The OTA's operating result for 2025–26 was a deficit of \$0.469 million, compared with the initial forecast budget deficit of \$0.476 million, which includes unfunded depreciation and amortisation expenses.

### Departmental income

The OTA received \$6.884 million in revenue from government in 2025–26, compared with \$6.907 million in 2024–25. The decrease is due to whole-of-government savings initiatives applied less supplementation received for wages and price increases.

### Departmental expenses

The OTA's expenses for 2025–26 were \$7.448 million, which was an increase of \$0.050 million from 2024–25 (a 0.7% increase). The increase was primarily driven by the employee benefits as a result of pay rises arising from the OTA's Enterprise Agreement. This was partly offset by a small reduction in supplier costs.

### Net asset position

Net assets decreased by \$0.189 million from 2024–25 to 2025–26, which comprised the following movements:

- Total assets decreased by \$0.299 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 \$0.110 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 partly offset by an increase in the value of leave provisions.

## Capital budget

In 2025–26 the OTA received a capital budget of \$0.280 million. Capital expenditure during the year remained low, as assets acquired through the prior year's office fit-out reduced the need for new purchases.

## Administered

### Administered income

No administered income was received during the period.

### Administered expenses

For 2025–26 the OTA reported supplier expenses of \$2.842 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 \$49.922 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 promote family discussion about organ and tissue donation, as well as to increase registration on the Australian Organ Donor Register.

## Administered assets and liabilities

As at 30 June 2026 the OTA administered total assets on behalf of government of \$0.885 million, which is \$0.108 million higher than the previous year. This consists of \$0.080 million in cash holdings, \$0.611 million in GST receivables, and \$0.194 million in prepayments.

Administered liabilities at 30 June comprised \$10.464 million, consisting of \$10.342 million in grants payable and \$0.121 million in supplier payables.

**Table 2: OTA resource statement 2025–26**

|                                                               | Actual available appropriation for 2025–26 (\$) | Payments made 2025–26 (\$) | Balance remaining 2025–26 (\$) |
|---------------------------------------------------------------|-------------------------------------------------|----------------------------|--------------------------------|
| <b>Departmental</b>                                           |                                                 |                            |                                |
| Annual appropriations – ordinary annual services <sup>1</sup> | 10,407,903                                      | 7,032,439                  | 3,375,464                      |
| <b>Total departmental annual appropriations<sup>2</sup></b>   | <b>10,407,903</b>                               | <b>7,032,439</b>           | <b>3,375,464</b>               |
| <b>Administered</b>                                           |                                                 |                            |                                |
| Annual appropriations – ordinary annual services <sup>1</sup> | 52,833,000                                      | 42,453,238                 |                                |
| <b>Total administered annual appropriations</b>               | <b>52,833,000</b>                               | <b>42,453,238</b>          |                                |
| <b>Total ordinary annual services</b>                         | <b>63,240,903</b>                               | <b>49,485,677</b>          |                                |
| <b>Total resourcing and payments for OTA</b>                  | <b>63,240,903</b>                               | <b>49,485,677</b>          |                                |

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 \$0.280 million in 2025–26 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 <sup>1</sup> 2025–26 (\$) | Actual expenses 2025–26 (\$) | Variation 2025–26 (\$) |
|---------------------------------------------------------|----------------------------------|------------------------------|------------------------|
| <b>PROGRAM 1.1</b>                                      |                                  |                              |                        |
| <b>Administered expenses</b>                            |                                  |                              |                        |
| Ordinary annual services (Appropriation Act No. 1)      | 52,833,000                       | 52,764,261                   | 68,739                 |
| <b>Departmental expenses</b>                            |                                  |                              |                        |
| Departmental appropriation <sup>2</sup>                 | 6,884,000                        | 6,601,593                    | 282,407                |
| Expenses not requiring appropriation in the budget year | 847,000                          | 846,841                      | 159                    |
| <b>Total for Program 1.1</b>                            | <b>60,564,000</b>                | <b>60,212,695</b>            | <b>351,305</b>         |
| <b>Total expenses for Outcome 1</b>                     | <b>60,564,000</b>                | <b>60,212,695</b>            | <b>351,305</b>         |

|                                        | 2024–25      | 2025–26      |
|----------------------------------------|--------------|--------------|
| <b>Average staffing level (number)</b> | <b>32.00</b> | <b>30.00</b> |

1. Full year budget including any subsequent adjustment made to the 2025–26 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*.

## RAY

*'I can't thank that generous family enough for what it's meant to my health and my family.'*

Ray is a Miriam Mer man, from Murray Island in the Torres Strait and the lands of the Malak Malak people of the Daly River area. After years on dialysis Ray had a long awaited kidney transplant. He now volunteers to help other Aboriginal and Torres Strait Islander people address barriers to dialysis and transplantation, and encourages them to register as donors.



# PART 3 MANAGEMENT AND ACCOUNTABILITY



|                              |     |
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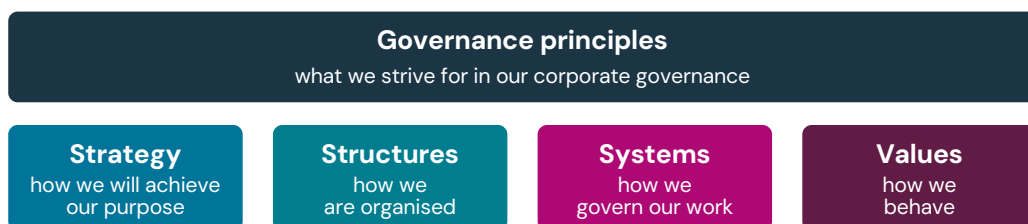


# Corporate governance

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 14: 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 agency.
- **Leadership:** Achieving an agency-wide commitment to good governance through leadership.

## Accountability structure

### Responsible minister

The Hon Rebecca White MP, Assistant Minister for Health and Aged Care, Assistant Minister for Indigenous Health and Assistant Minister for Women, is responsible 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) and the Chief Operating Officer (COO).

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.

**Beci Imbriano,  
Chief Operating Officer**



Beci Imbriano commenced as the COO in September 2025.

Beci is an experienced public sector leader recognised for her collaborative approach, strategic insight and

strong focus on people and performance. She brings extensive experience in program delivery, stakeholder engagement and organisational capability across the health portfolio.

Beci is the agency lead for strategic policy, data and analytics, organisational planning and performance, human resources, risk and governance. She invests in workplace cultures, where how things are done is just as important as what is done, and is passionate about building organisational capability, in particular through entry-level programs. Her work is grounded in partnerships, continuous improvement and empowering others to deliver lasting impact.

**Belinda Small,  
Chief Operating Officer**



Belinda Small commenced as the COO 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.

**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 journals 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 national DonateLife program in 2009.

\*The National Medical Director (NMD) is the OTA's expert clinical advisor. An intensive care specialist, the NMD is engaged in a fractional role through the Victorian Department of Health.

## 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 15: OTA governance structure**



### Senior leadership team

The OTA's senior leadership team is made up of the CEO, COO, National Medical Director, 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 established under the OTA Act to provide advice to 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.

The Advisory Board met 4 times during the reporting period (2 in person and 2 virtually).

In 2025–26 the Advisory Board members were:

- Dr Helen Szoke AO (Chair)
- Professor Carol Pollock AO (Deputy Chair)
- Mr Oren Klemich
- Mr Nicholas Brown (1 July – 31 December)
- Ms Kelli Owen
- Adjunct Professor Terry Slevin
- Dr Fiona Mackie
- Mr Michael O'Neill.

This year we farewelled Advisory Board member Mr Nicholas Brown after 4 years of dedicated service on the Advisory Board. Nick brought valuable insight and perspective through his lived experience as a donor family member. In addition to his role on the Advisory Board, Nick was an active member of the OTA's Community Engagement Group and was an important advocate for the OTA in community events to promote awareness of and support for organ donation.

In 2025–26 we also welcomed 2 new members to the Advisory Board, Dr Fiona Mackie and Mr Michael O'Neill.

Dr Mackie is a senior paediatric nephrologist with many years of experience as a clinical researcher and leader in clinical transplantation and organ donation system governance. She is currently the Honorary Secretary of the International Paediatric Nephrology Association and holds many other roles including paediatric representative on the National Organ Allocation Sub-Committee.

Mr O'Neill is a senior health executive with extensive experience across government, health care and professional services. He currently holds the position of Senior Director, Corporate Services and Financial Efficiency at Metro South Health in Queensland. He is also the recipient of a bilateral lung transplant after being born with cystic fibrosis.

Existing members Mr Oren Klemich and Professor Carol Pollock AO were extended for a third term of 4 years through to 2030. Professor Pollock will continue in her role as Deputy Chair of the Advisory Board.

The Advisory Board reflects a diverse mix of skills, expertise and lived experience, including business acumen and community perspectives, First Nations representation and clinical knowledge of donation and transplantation.

Biographies of the Advisory Board members are available at [www.donatelife.gov.au/about-us/who-we-are/our-board](http://www.donatelife.gov.au/about-us/who-we-are/our-board).

### OTA Advisory Board



Dr Helen  
Szoke AO



Professor Carol  
Pollock AO



Mr Oren  
Klemich



Ms Kelli  
Owen



Adjunct Professor  
Terry Slevin



Dr Fiona  
Mackie



Mr Michael  
O'Neill

### 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 2025–26 the other independent external members were Mr Don Cross, Mr Mark Jenkin and Mr Tony Hof.

The OTA CEO, COO and Chief Financial Officer, the Australian National Audit Office and OTA staff are invited to attend meetings as required. In 2025–26 the committee met 4 times.

The Audit and Risk Committee Charter is available at [www.donatelife.gov.au/OTA-Audit-and-Risk-Committee-Charter](http://www.donatelife.gov.au/OTA-Audit-and-Risk-Committee-Charter).

Committee members collectively have a broad range of skills and experience.

### 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)

#### 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.

4 meetings attended / 4 meetings total

Total annual remuneration \$7,800 (GST inclusive)

#### Mark Jenkin

Mr Jenkin has extensive senior management experience in the public sector including serving as the Chief Financial Officer of the Australian Department of Human Services (Services Australia) from May 2015 to January 2020 and as a senior executive in the Department of Defence for many years. Mark has a Bachelor of Commerce and a Master of Financial Management and is a Fellow Certified Practising Accountant, a Member of the Australian Institute of Company Directors and a past member of the Australian Accounting Standards Board. He was appointed to the Audit and Risk Committee in May 2026. He is also on the Audit and Risk Committee of 2 other Commonwealth bodies and serves as an honorary director of 2 charities.

1 meeting attended / 1 meeting total

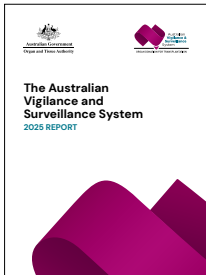
Total annual remuneration \$1,950 (GST inclusive)

### 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.

The 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 2026 the VSEAC released the Australian Vigilance and Surveillance System for Organ Donation and Transplantation 2025 Report, covering SAER notifications received from 1 January to 31 December 2025.

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 2025–26.

### 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 COO, 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 to 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
- DonateLife Managers Clinical Group
- Education Coordinators Network
- Education Working Group
- Electronic Donor Record Working Group
- Family Support Advisory Group
- OrganMatch Operational Governance Committee
- Paediatric Working Group.

# Engaging our community stakeholders

A new direction in our community engagement framework

## SPOTLIGHT

Originally set up in 2019 to bring together community organisations in the sector and those with lived experience, the Community Engagement Group (CEG) has built a good foundation over 6 years of working together.

Over the years the CEG has contributed to our annual communications and engagement program – sharing stories publicly, helping with storytelling, and getting key messaging on the ground with communities – helping the work we do to engage the community.

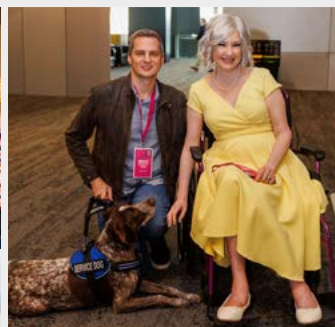
Many members have been our DonateLife champions on the ground and are leaders within their own communities in sharing information on organ and tissue donation, as the call to action for people to register and talk with their family about it.

We also seek feedback from people with lived experience. For example, our donor family members have supported us in looking at our processes and giving us real feedback on how we can improve our engagement with families. This feedback has been invaluable.

In 2026–27 we have an opportunity to evolve how we engage with the community and establish new and flexible engagement pathways beyond the CEG for people who have lived experience with organ and tissue donation and transplantation.

We look forward to consulting with the community on our engagement practices, creating a new community engagement framework, strengthening our engagement practices across the country, building and maintaining meaningful relationships, and enabling informed organisational input into our national program.

We thank CEG members for their contributions and commitment to supporting the DonateLife program and their involvement in the CEG over many years.



Community Engagement Group members supporting DonateLife over the years

## Corporate planning

The OTA is funded as an extra-small agency within the Commonwealth Health, Disability and Ageing portfolio. Our annual appropriation from the Commonwealth was detailed in the Portfolio Budget Statements (PBS) 2025–26.

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 2025–26 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 2025–26 are available at [www.donatelife.gov.au/about-us/strategy-and-performance](http://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 through the Australian Donation and Transplantation data release, available at [www.donatelife.gov.au](http://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 16: Planning and performance reporting framework

| Planning                     | Performance reporting                                |
|------------------------------|------------------------------------------------------|
| Strategy                     | Australian donation and transplantation data release |
| 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 2025–26 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 287 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 2025–26 the OTA:

- appeared before the Senate Community Affairs Legislation Committee for the Budget estimates hearing in June 2026

## 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](http://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 recognises that it operates within a complex and evolving environment that is influenced by national health priorities, legislative reform, clinical practice, emerging technologies and stakeholder expectations.

The OTA embeds risk management into everyday decision-making processes and continually reviews risks and the environment to ensure the risk management framework, policies, approach and controls are relevant and effective and that they address emerging risks.

The OTA's system of risk oversight, management and internal control is consistent with section 16 of the PGPA Act, the Commonwealth Risk Management Policy and *AS/NZS ISO 31000:2018 – Risk management – principles and guidelines*.

The OTA's risk management practices may also be informed by internal assurance activities that assess the effectiveness of 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, reviews and advises on the appropriateness of the OTA's audit and risk frameworks and provides assessment and advice to the CEO that risks are being effectively identified and managed.

The OTA promotes evidence-based decision-making, accountability and continuous improvement in our work practices. The OTA encourages an innovative and collaborative workplace that openly discusses risk, explores new ideas, and empowers everyone to act and learn from decisions.

## 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 learn from when things go wrong or mistakes happen, 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
- having open and honest conversations about risk
- clearly identifying risk responsibilities
- establishing decision-making roles and escalation procedures
- working closely with our partners and stakeholders to understand our shared risks
- ensuring our people (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 DonateLife program to improve organ and tissue donation and transplantation outcomes in Australia.

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 enterprise-level risks that may impact our ability to achieve our purpose.

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                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>People</b>                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| Failure to attract, engage and retain high-quality, committed people leads to insufficient capability to deliver                                                                                                          | <ul style="list-style-type: none"> <li>Offer a flexible workplace culture that invests in staff wellbeing and life-long learning</li> <li>Actively and regularly engage with staff through staff surveys and employee consultation – taking action as required</li> <li>Leverage our workforce strategy, to enable the right capability to be attracted and retained into the future</li> </ul>                                                                                                                                                                                                  | <p>We have a <b>low tolerance</b> for any activities that may cause harm to the safety and wellbeing of our people.</p> <p>We have a <b>high tolerance</b> for taking a flexible approach to recruiting and retaining an engaged, diverse and skilled workforce.</p>                                                              |
| <b>Engagement</b>                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| 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"> <li>Design communications and engagement initiatives using data, insights and research to maximise awareness opportunities, specific to audience needs</li> <li>Maintain formal governance structures to collaborate and seek expertise from a range of stakeholders and partners</li> <li>Build and maintain key relationships through consultation, sharing knowledge and developing solutions with a focus on shared outcomes</li> </ul>                                                                                                                   | <p>We have a <b>high tolerance</b> 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>                                                                                                               |
| <b>Delivery</b>                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| 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"> <li>Maintain formal governance structures to collaborate and seek expertise</li> <li>Work with key stakeholders to ensure the most appropriate and effective processes, systems and resources to deliver services</li> <li>Build and maintain key relationships through consultation, sharing knowledge and developing solutions with a focus on shared outcomes</li> <li>Use evidence, standards, evolving technology and techniques to drive clinical innovation</li> <li>Increase capability and capacity in organ donation and transplantation</li> </ul> | <p>We have a <b>low tolerance</b> for any activities that may cause harm to the safety of the community.</p> <p>We have a <b>high tolerance</b> for optimising opportunities with the clinical sector to improve the quality of donation and transplantation outcomes.</p>                                                        |
| <b>Information and technology</b>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| 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"> <li>Partner with trusted suppliers to enable information and technology to be available, secure and well maintained and enhance our cybersecurity posture</li> <li>Ensure adequate business continuity processes are in place to respond to disaster events</li> <li>Improve governance processes in line with new legislation and changes in clinical and data best practices</li> </ul>                                                                                                                                                                     | <p>We have a <b>low tolerance</b> 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 <b>high tolerance</b> for innovative information technology and consistent practices for lawful sharing of data and information.</p> |

### 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.

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 COO 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 (the COO). The team is the central point of communications and coordination for the OTA's response and recovery.

During 2025–26 the OTA reviewed and updated its Business Continuity Plan and recovery plans, including incorporating lessons learned from previous disruptions.

During 2026–27 the OTA will:

- continue to review and refine its Business Continuity Plan and recovery plans, including incorporating lessons learned from previous disruptions
- strengthen business continuity planning to be more resilient to potential cyber incidents
- 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 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 2025–26 the OTA did not undertake any independent audits.

### 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 (Department of Finance Resource Management Guide 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 provides for 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 2025–26 the OTA reviewed its fraud and corruption controls to ensure they remain fit for purpose.

The OTA is not aware of any allegations of fraud and there are no ongoing investigations arising from the 2025–26 financial year.

## Cybersecurity and the Protective Security Policy Framework

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 reports 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 manage our information security and cybersecurity risks, including compliance with the Australian Government's Essential Eight protection strategies.

## Responsible use of artificial intelligence in government

The Australian Government Policy for the responsible use of AI in government came into effect on 1 September 2024 (and was refreshed on 15 December 2025). The policy aims to ensure that government plays a leadership role in embracing AI for the benefit of Australians while ensuring its use is safe, ethical and responsible, in line with community expectations.

The OTA has aligned its approach with the policy, including publishing an AI Transparency Statement and appointing an AI Accountable Official and Chief AI Officer. These 2 roles are supported by a small user group that was established to explore the potential use of AI in our small agency. In 2025–26 this included providing input into draft policies and engaging across the agency to support the implementation of our AI Strategy.

In 2026–27 the OTA will work with our shared services provider (the Department of Health, Disability and Ageing) to make Microsoft 365 Copilot licences available for all staff. Access and use will be guided by approved use cases and supported by governance arrangements and acceptable use policies. These will be aligned to whole-of-government policies to ensure that AI tools are used safely and responsibly, in a way that protects organisational information and supports productivity without introducing unacceptable security, privacy or integrity risks.

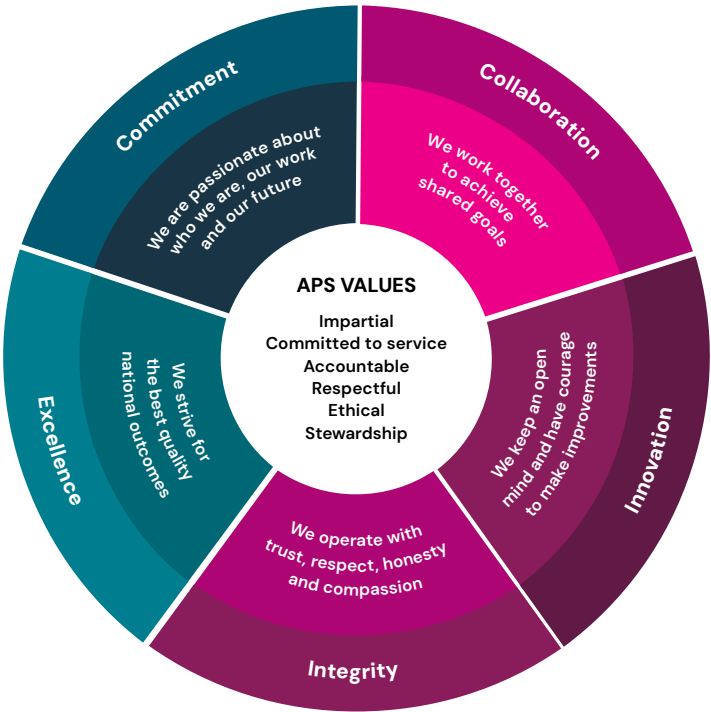
# Our people

## 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 17: The OTA and APS values



## Building a foundation to embed desired behaviours

In June 2026 our people came together for a workshop to celebrate what we are proud of and to develop a shared set of behaviours and expectations that reflect who we are at our best and how we want to work going forward.

Prior to the workshop, all employees completed a questionnaire which provided insights into how individuals and teams are likely to communicate, respond to pressure, use energy and experience different workplace demands. The workshop helped build a foundation to guide how we collaborate, support one another and approach performance and development conversations.

With the commencement of the new Non-SES Performance Framework by the Australian Public Service Commission in January 2026, the outcomes of this workshop will assist the OTA with embedding behaviours and behavioural expectations set out in the framework against our already established OTA values and refreshing our performance documents.

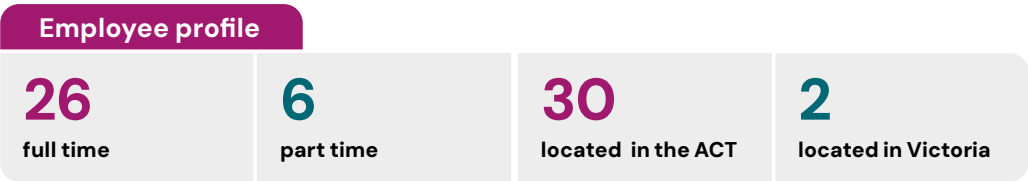
## Employee profile

At 30 June 2026 the OTA had 32 employees in addition to the CEO, located in the Australian Capital Territory and Victoria. Our people were predominantly female (78%).

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 2025–26 reporting period all employee figures are reported as headcount as at 30 June 2026.

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 of our people 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 delivered in house and any outsourcing of core work is minimal and aligns with the limited circumstances permitted under the framework. In 2025–26 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 people 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 our people through experience surveys and 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 fostering an inclusive workplace culture that provides equal opportunity for our people to contribute, participate and progress.

We value, support and celebrate the diversity in backgrounds, culture, gender and experience of our people. 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 our people with access to networks and established groups to support and celebrate their diversity. Through this arrangement, our people 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**

**15%**

**identify as culturally and/or linguistically diverse**

**12%**

**identify as neurodivergent**

**3%**

**identify as Aboriginal and/or Torres Strait Islander**

Source: APS Employee Census 2026

During 2025–26 the OTA launched our first ‘Reflect’ Reconciliation Action Plan and progressed the implementation of our Diversity and Inclusion Plan, with most actions completed. We aim to strengthen our cultural literacy and improve our diversity and inclusion practices so that our people belong, thrive and feel psychologically safe, no matter who they are.

In 2026–27 we will update our Diversity and Inclusion Plan.

In 2025–26 the OTA had one employee who self-identifies as Aboriginal and/or Torres Strait Islander.

We continued to build our people’s capability in diversity and inclusion by delivering a training session on neurodiversity. The session, an introduction to neurodiversity in the workplace, was provided to all our people. It introduced the concept of neurodiversity – the natural differences in how our brains think, learn and process information. As a result of the session, several of our staff members have explored different ways of working which are more suitable to their needs.

To promote an inclusive workplace, we support awareness-raising activities each year. In 2025–26 we promoted R U OK? Day, Australia’s Biggest Morning Tea, Saffron Day, Teal Ribbon Day (part of Ovarian Cancer Awareness Month), RSPCA Cupcake Day, Harmony Day, International Nurses Day, Reconciliation Day and NAIDOC Week. We also took part in an end-of-year goods drive for Roundabout Canberra, a local charity which helps children feel safe, warm and included.

During 2026–27 the OTA will hold R U OK Day? and RSPCA Cupcake Day events and will survey our people for activities to be supported during the 2027 calendar year.

**Action: Creating cultural competency and a culturally safe work environment**

**In August 2025 the OTA launched its first ‘Reflect’ Reconciliation Action Plan (RAP).**

Our RAP outlines our commitment to reconciliation, with actions driving positive change and fostering respectful relationships. It aims to improve our understanding of Aboriginal and Torres Strait Islander cultures and histories, to build stronger connections with Aboriginal and Torres Strait Islander peoples and ultimately to uplift cultural competency and create a culturally safe work environment.

The RAP was developed in collaboration with Reconciliation Australia and our people. It specifies actions, timelines and measurable outcomes to identify and strengthen relationships, build a vision for reconciliation and create opportunities to strengthen our engagement.

The RAP Working Group met throughout the year to progress actions identified in the RAP. In 2026–27 the OTA will complete its first RAP and reflect on its reconciliation journey.



## 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 2025 APS employee census, we identified 3 focus areas for our APS census action plan (Figure 18).

**Figure 18: Our 2025 census action plan**

| Our areas of focus                                                                                           | Goal                                                                                                                                                         | Action                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategic intent</b><br> | We are driven by a strong connection to our purpose. Enhancing visibility of our strategic intent will help our people see the broader impact of their work. | <ul style="list-style-type: none"> <li>Identify opportunities for all staff to participate in strategic discussions to gain a better understanding of the broader impact of their work.</li> <li>Trial quarterly performance check-ins to help identify shared goals and align strategies effectively.</li> <li>Improve role clarity to support decision-making and development pathways.</li> </ul> |
| <b>Leadership</b><br>       | Our culture is inclusive and supportive. Empowering staff and improving clarity will enhance wellbeing and development.                                      | <ul style="list-style-type: none"> <li>Integrate behaviours into performance agreements to promote 'how' we do things being just as important as 'what' we do.</li> <li>Identify clear autonomy pathways to empower our people to understand their influence and make confident decisions.</li> <li>Identify mentoring opportunities to help boost confidence and support career growth.</li> </ul>  |
| <b>Communication</b><br>    | Internal communication is strong. Enhancing consistency and visibility will support collaboration and inclusivity.                                           | <ul style="list-style-type: none"> <li>Improve the visibility of work across teams to help reduce deadline pressure and promote information sharing.</li> <li>Create skill-sharing sessions to help our people learn from each other and enhance collaboration.</li> <li>Identify feedback channels to encourage and support our people to raise concerns or make suggestions.</li> </ul>            |

During 2025–26 we also:

- launched and began delivering actions from our first 'Reflect' RAP
- facilitated networking opportunities for our people with peers across the APS, as well as mentoring opportunities to support career growth
- 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.

## Strengthening our integrity

**The OTA continued to strengthen its integrity culture in 2025–26 through the implementation of initiatives designed to support ethical decision-making, accountability and public trust.**

A key milestone was the publication of our Integrity framework, which provides a clear and consistent outline of and approach to the way in which we embed integrity principles across all aspects of our agency.

To support our people in understanding their integrity obligations and accessing relevant guidance, we established a dedicated 'Integrity' intranet page. The page provides a central source of information on integrity resources, including material relevant to the OTA and the broader APS.

We continued to deliver actions under our Integrity Action Plan, focusing on strengthening organisational capability, awareness and governance arrangements. Together these initiatives are supporting the ongoing development of a pro-integrity culture and contributing to our integrity maturity.

In 2026–27 we will again use results from the Commonwealth Integrity Survey to further identify areas where we can strengthen staff knowledge in line with the reform agenda and continue to lift the maturity of our agency.

## 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](http://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](http://www.apsc.gov.au).

## Professional and personal development

During 2025–26 we continued our commitment to leading and developing our people to achieve our purpose and support the government's priorities.

We recognise the importance of ensuring that all of our people 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 2025–26, OTA people attended several conferences and external training opportunities, including:

- the Australian Human Resources Institute Conference
- the International Society for Organ Donation Professionals 2025 Congress
- courses run by the APS Academy and the Institute of Public Administration
- mental health first aid training
- the Certified Public Accountant Congress.

## 2026 APS employee census results

**The results of the 2026 APS employee census demonstrated that we continue to 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 our people's 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.

The 2026 survey was completed by 92% of people who were eligible at the time, an increase from 89% in 2025.

### Results include:

- **94% are proud to work at the OTA**
- **94% believe strongly in the purpose and objectives of the OTA**
- **94% are committed to the OTA's goals**
- **94% suggest ideas to improve the way of doing things**
- **94% are confident that a request for a flexible work arrangement would be given reasonable consideration.**

Following consultation with our people about the results, the OTA's census action plan will be updated for 2026, highlighting areas of focus for the coming year.



The OTA entered the Australasian Reporting Awards, where we received a gold award for excellence in transparency and performance reporting. The OTA also won the Best of Industry Sector

award for Public Administration – National and was a finalist for Annual Report of the Year.

The OTA regularly monitors and reports on the mandatory training requirements to ensure compliance. In 2025–26, 100% of our people completed their mandatory training, which covered work health and safety, integrity, fraud control, security, privacy, record keeping, AI fundamentals, and appropriate workplace behaviours.

## Performance management

All of our people participate in our performance and development agreement cycle.

A performance and development agreement is designed to provide 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 provides access to the tools our people need to engage in performance discussions.

The policy seeks to:

- clarify individual people's understanding of their work tasks, their responsibilities and the performance standards expected
- provide feedback on performance and improve communication between supervisors and the people they supervise
- provide a basis for determining salary advancement
- identify learning and development needs
- identify and manage instances of underperformance.

In 2025–26 the OTA reviewed our Performance and Development Policy, referencing our behaviours and values to assist with the mid-cycle review process.

In 2026–27 the OTA will continue work on implementing elements of the Non-SES Performance Framework, including embedding behaviours and behavioural expectations.

## Employment arrangements

Terms and conditions of employment for Senior Executive Service (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 2025–26 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 our people 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.

# Workplace health and safety

**The OTA is strongly committed to the health, safety and wellbeing of its people, 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 work health and safety (WHS) policies and guidelines in place. We provide our people 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 our people 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 of our people. This enables management and all our people to work together to effectively manage WHS risks and hazards.

The OTA conducts WHS inspections biannually. 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. Our people are also required to complete mandatory Safety Essentials training on an annual basis.

During 2025–26 the OTA:

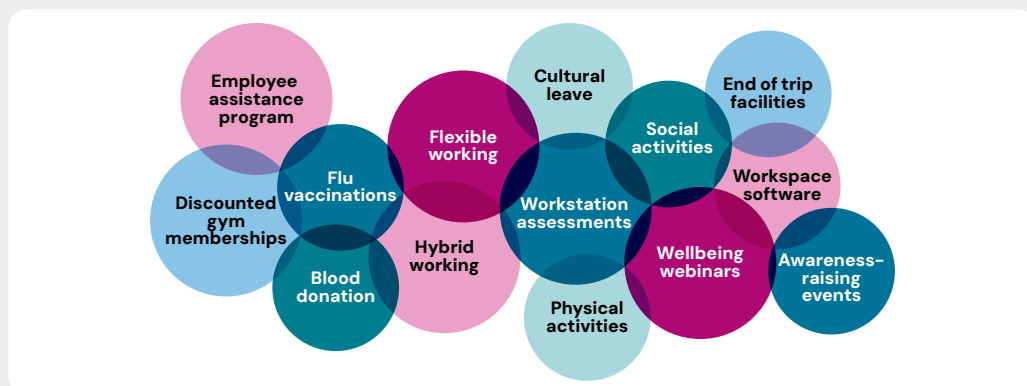
- participated in a Comcare proactive engagement inspection regarding WHS risk management. The inspection did not identify any non-compliance
- updated our Work Health and Safety Policy to include information on psychosocial hazards
- conducted an all-staff survey to assist in reviewing the currency of the OTA's psychosocial risk assessment and any follow-up actions required.

There were no claims for injury in 2025–26 and no return-to-work programs conducted. There were no reportable incidents lodged with Comcare during 2025–26.

The OTA is committed to sustaining a healthy working environment that supports our people to do their best work. Our Health and Wellbeing Program (Figure 19), developed in consultation with our people, promotes activities that support a healthy working environment. These include flexible and hybrid working arrangements, and free health and wellbeing webinars available through the Employee Assistance Program.

The 2026 APS employee census results demonstrate that the OTA continues to provide a sustainable and healthy working environment. The results indicated that 91% of our people were satisfied with the policies and practices in place to help manage their health and wellbeing (18% higher than other extra-small agencies). In 2026 the OTA was 8th out of 112 agencies for our wellbeing policy and support.

**Figure 19: Health and Wellbeing Program 2026**



## Psychosocial safety

The OTA continued its commitment to promoting and maintaining a culture which is inclusive, psychologically safe and positive and which minimises psychosocial risks.

### SPOTLIGHT

In June 2026 the OTA updated its Work Health and Safety Policy and Procedures to include more detailed information on psychosocial hazards, including how to manage psychosocial hazards in the workplace. Strategies to minimise psychosocial hazards include conducting an annual survey of our people on psychosocial hazards to assist in preventing, identifying and managing them and to inform our health and safety initiatives. The results from this survey were discussed at the team level and the OTA's Workplace Consultative Committee, and the feedback was considered when reviewing the OTA's psychosocial hazards risk assessment.

As a result of the 2026 survey the OTA engaged an external provider to facilitate a 2-day workshop to bring our people together to celebrate what we are proud of and to develop a shared set of behaviours and expectations that reflect who we are at our best and how we want to work going forward.

In 2025–26 the OTA:

- provided vicarious trauma training focused on self-awareness, resilience, and protective strategies in responding to difficult situations
- promoted relevant webinars and knowledge sessions run by external providers including Comcare and the Department of Health, Disability and Ageing
- reviewed our psychosocial hazards risk assessment
- invested in DISC (dominance, influence, steadiness, conscientiousness) profiles of all our people to build on an already positive culture by increasing people's insight into behaviour and communication patterns that will best support communication, collaboration, psychological safety and performance.

## Supporting our people: vicarious trauma workshops

**Our people regularly engage with sensitive and emotionally challenging subject matter, including supporting members of the public with enquiries and navigating conversations about death, organ donation and the loss of loved ones.**

We also work closely with healthcare professionals on complex issues relating to donation and transplantation, including clinical guidance and education, and guidance for donation nurse specialists in having donation conversations.

To support our people in managing these challenging interactions, the OTA provided access to a workshop focused

on building skills in responding to difficult situations, increasing awareness of vicarious trauma and promoting self-care and recovery practices. Our people valued the opportunity to work through real-life examples and reflect on practical strategies for managing emotionally demanding conversations.

# 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 regular internal reporting to the CEO 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 2025–26 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 continues to be 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 2025–26 the OTA entered into one new contract with an Indigenous business, involving total actual expenditure of \$800 (incl. GST). 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 2025–26 is \$29,440 (incl. GST).

As part of the OTA's first 'Reflect' RAP, we considered procurement guidelines with respect to supplier diversity and supporting improved economic and social outcomes for First Nations peoples.

## Purchasing

In 2025–26 the OTA's purchasing policies and practices were driven by the principles set out in the Commonwealth Procurement Rules (CPRs). The OTA was compliant with the CPRs during 2025–26. The OTA reviews its internal procurement policies, and its compliance to ensure that it aligns with the CPRs. Further information on the OTA's procurement activities can be found on AusTender.

The OTA maintains a small procurement team that advises on procurement activities and liaises with business areas and financial delegates. The team also supports matters of risk management, probity, contract management and grants.

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.

## Advertising campaigns

The OTA is a non-corporate Commonwealth entity. During 2025–26 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.

In 2025–26 there were no identified reportable contracts that included a variation to the standard terms and conditions allowing such access.

## Exempt contracts

During 2025–26 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 2025–26 there were no major asset acquisitions or replacement projects during the year. Further information on the value, acquisition and disposal of assets in 2025–26 can be found in Part 4, Financial statements.

### Reportable consultancy contracts

During 2025–26 the OTA did not enter into any new reportable consultancy contracts. 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 CPRs 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.

### Reportable non-consultancy contracts

During 2025–26 the OTA entered into 21 new reportable non-consultancy contracts, involving total actual expenditure of \$0.986 million. In addition, 24 ongoing reportable non-consultancy contracts were active during the period, involving total actual expenditure of \$2.521 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 5: Expenditure on reportable non-consultancy contracts (2025–26)

|                                                                   | Number    | Expenditure \$'000 (GST incl) |
|-------------------------------------------------------------------|-----------|-------------------------------|
| New contracts entered into during the reporting period            | 21        | 986                           |
| Ongoing contracts entered into during a previous reporting period | 24        | 2,521                         |
| <b>Total</b>                                                      | <b>45</b> | <b>3,507</b>                  |

Table 6: Organisations receiving a share of reportable non-consultancy contract expenditure (2025–26)

|                                                                                                                                                                                 | Expenditure \$'000 (GST incl) | Proportion of 2025–26 total expenditure (%) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|
| InVita Healthcare Technologies (N/A US company) – new and ongoing engagements to provide support and maintenance for the Electronic Donor Record (EDR) and OrganMatch interface | 1,208                         | 34                                          |
| NTT Australia Pty Ltd (65 003 371 239) – ongoing engagement to provide Microsoft Azure web application and cloud infrastructure support                                         | 473                           | 13                                          |
| 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               | 378                           | 11                                          |
| Universal McCann (19 002 966 001) – new engagements for advertising services to increase national awareness of organ and tissue donation                                        | 248                           | 7                                           |
| OP Events Group Pty Ltd (53 138 407 128) – new engagement to provide event management services for the delivery of the 2026 Donation Symposium                                  | 190                           | 5                                           |



Heart recipient Aaron Habgood and Make Mate – Community Awareness Grant recipient in 2025 – got people talking about organ donation with an ‘Ask me anything’ live forum on Reddit in August 2025.

## Grant programs

Funding is provided through OTA grant programs across the clinical and community sectors. Funding provided through grants in 2025–26 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
- organ transplant outcome registries
- the delivery of the Australian organ-matching system, OrganMatch
- 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 involved with DonateLife Week.

Information on grants awarded by the OTA during the period 1 July 2025 to 30 June 2026 is available at [www.donatelife.gov.au/our-partners](http://www.donatelife.gov.au/our-partners) and on the Australian Government’s grant information system, GrantConnect, at [www.grants.gov.au](http://www.grants.gov.au).

## OTA funding improving transplant outcomes

**Organ transplant outcome registries collect, analyse and report on factors affecting patient outcomes following transplantation.**

The funding provided to transplant outcome registries through the OTA’s grant program enables registries to provide de-identified data to donation and transplant clinicians to investigate factors impacting organ donation, patient care and survival post transplantation to improve clinical outcomes for transplant recipients.

In 2025–26 the OTA provided funding to:

- Australia and New Zealand Dialysis and Transplant Registry
- Australia and New Zealand Islets and Pancreas Transplant Registry
- Australia and New Zealand Liver and Intestinal Transplant Registry
- Australia and New Zealand Heart Transplant Registry
- Australia and New Zealand Lung Transplant Registry
- Australian Corneal Graft Registry.

# Environmental sustainability

## Ecologically sustainable development and environmental performance

The *Environment Protection and Biodiversity Conservation Act 1999* 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.

Marprop Real Estate Investors, the building owner of the OTA's premises at 12 Moore St, Canberra, is aiming to achieve net zero by 2035. The building has a 4.5 star National Australian Built Environment Rating System (NABERS) energy rating. Marprop is investing in energy-efficient technologies such as renewable energy sources and advanced heating, ventilation and air conditioning (HVAC) systems to reduce carbon footprint. Waste management strategies are also being developed, focusing on recycling and reducing landfill contributions. The OTA is committed to working with the building owner to achieve its goals.

In 2025–26 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 2025–26 financial year. The greenhouse gas emissions reported are calculated on the basis of carbon dioxide equivalent (CO<sub>2</sub>-e) and in line with the 2025–26 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 (CCD) requirements.

CCD is the government's policy for Commonwealth entities to publicly disclose their exposure to climate risks and opportunities, as well as their actions to manage them. The OTA is classified as a Tranche 3 entity under the CCD framework. This requires the OTA to produce its first disclosure as part of the 2026–27 annual report process, following the simplified 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 7: Greenhouse Gas Emissions Inventory – location-based method (2025–26)**

| Emission source                       | Scope 1<br>t CO <sub>2</sub> -e | Scope 2<br>t CO <sub>2</sub> -e | Scope 3<br>t CO <sub>2</sub> -e | Total<br>t CO <sub>2</sub> -e |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| Electricity (location-based approach) | n/a                             | 20.39                           | 0.96                            | 21.35                         |
| 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                             | 35.44                           | 35.44                         |
| Domestic hire car                     | n/a                             | n/a                             | –                               | –                             |
| Domestic travel accommodation         | n/a                             | n/a                             | 5.94                            | 5.94                          |
| Other energy                          | –                               | n/a                             | –                               | –                             |
| <b>Total t CO<sub>2</sub>-e</b>       | <b>–</b>                        | <b>20.39</b>                    | <b>42.34</b>                    | <b>62.73</b>                  |

Note: the table above presents emissions related to electricity usage using the location-based accounting method.

t = tonne, CO<sub>2</sub>-e = carbon dioxide equivalent.

\* Reporting on refrigerants is being phased in over time as emissions reporting matures and may be an optional source in 2025–26 emissions reporting. See the [Emissions Reporting Framework](#) for more details.

**Table 8: Electricity greenhouse gas emissions (2025–26)**

|                                                  | Scope 2<br>t CO <sub>2</sub> -e | Scope 3<br>t CO <sub>2</sub> -e | Total<br>t CO <sub>2</sub> -e | Electricity<br>kWh |
|--------------------------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------|
| Location-based electricity emissions             | 20.39                           | 0.96                            | 21.35                         | 31,854.26          |
| Market-based electricity emissions               | 0.62                            | 0.09                            | 0.70                          | 761.32             |
| <b>Total renewable electricity<sup>1</sup></b>   | <b>n/a</b>                      | <b>n/a</b>                      | <b>n/a</b>                    | <b>31,092.95</b>   |
| Renewable power percentage <sup>2</sup>          | n/a                             | n/a                             | n/a                           | 5,507.61           |
| Jurisdictional renewable power <sup>3</sup>      | n/a                             | n/a                             | n/a                           | 25,585.35          |
| GreenPower                                       | n/a                             | n/a                             | n/a                           | –                  |
| Large-scale generation certificates <sup>2</sup> | n/a                             | n/a                             | n/a                           | –                  |

Note: the table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods.

t = tonne, CO<sub>2</sub>-e = carbon dioxide equivalent. Electricity usage is measured in kilowatt hours (kWh).

1. Excludes behind the meter solar other than generation used to create large-scale generation certificates (LGCs).
2. The renewable power percentage (RPP) accounts for the portion of electricity used, from the grid, that falls within the renewable energy target (RET).
3. The Australian Capital Territory is currently the only state with a jurisdictional renewable power percentage (JRPP).

## 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 9: Emissions Reduction Plan 2025–26 – priorities and actions**

| Activity                              | Actions to improve                                                                                                                                                                                                      | Timeframe                 |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Electricity procurement</b>        | Procure renewable energy through participating in the whole-of-government arrangement for renewable electricity procurement.                                                                                            | Ongoing for new contracts |
| <b>Energy-efficiency measures</b>     | Use of energy-efficient lighting solutions including sensor lights and LED.<br><br>Enabling timers to switch off hot water systems outside of business hours.                                                           | Ongoing                   |
| <b>Support for a circular economy</b> | Reuse, repair, refurbish and use recycled content where possible.                                                                                                                                                       | Ongoing                   |
| <b>Paper</b>                          | Purchase 100% recycled paper for internal printers.                                                                                                                                                                     | Ongoing                   |
| <b>Travel</b>                         | Ensure the travel policy is updated to enable and encourage low-emission sources of transport.<br><br>Work with staff responsible for booking travel to ensure they consider energy ratings in the Online Booking Tool. | Completed<br><br>Ongoing  |
| <b>People, culture and capability</b> | Provide advice to staff to raise awareness of environmentally responsible behaviour.                                                                                                                                    | Ongoing                   |
| <b>Environmental sustainability</b>   | Review procurement policy to align with Net Zero in Government Operations Strategy objects.                                                                                                                             | 2026–27                   |



## RILEY

*'I think of those families often and the fact that in their darkest hour, they were able to make that decision and offer us hope and give us that gift of life. We are more than grateful every day.'*  
Riley's Mum

Riley was diagnosed with biliary atresia, a rare and life-threatening condition, shortly after she was born. Her early months involved numerous hospital visits, infections and surgeries. Thanks to the generosity of an organ donor, Riley got a second chance at life. She had a liver transplant and has since grown into a strong, brave and beautiful girl.

# PART 4

## FINANCIAL STATEMENTS

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## Financial summary

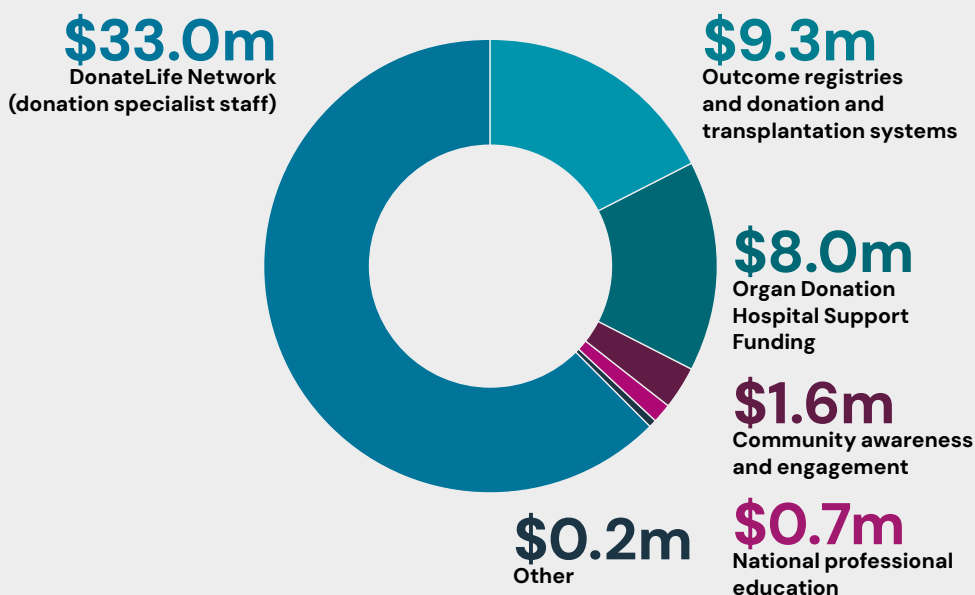
### Total departmental expenditure

**\$7.448m**

### Total administered expenditure

**\$52.764m**

### Administered expenditure 2025–26



### Statement of financial position

**\$6.469m**

Total assets

**\$3.726m**

Total liabilities

**\$2.743m**

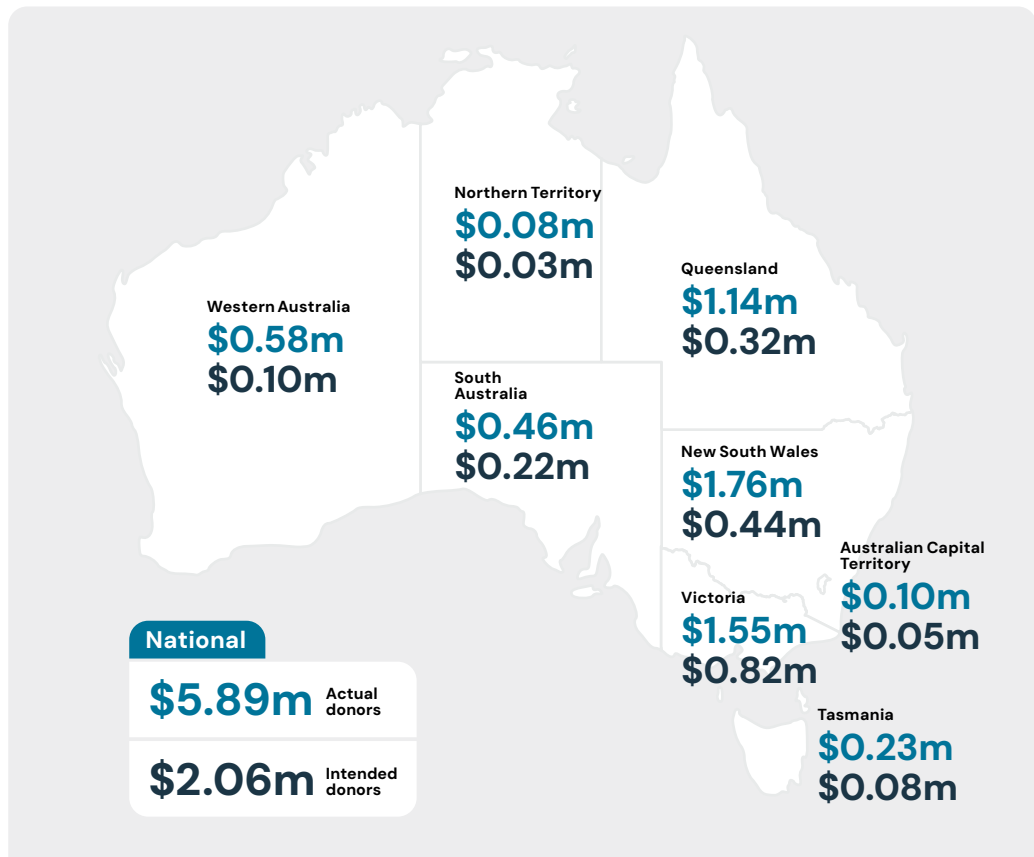
Total equity

## 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 2025–26 and the table provides a comparison to 2024–25.

From 2026–27 ODHSF arrangements will be realigned to ensure continuing support for donation activity costs not covered by existing hospital funding arrangements, while avoiding duplication with other Commonwealth funding arrangements.



| State            | 2025–26                 |                           |                 | 2024–25                 |                           |                 |
|------------------|-------------------------|---------------------------|-----------------|-------------------------|---------------------------|-----------------|
|                  | Actual donors (\$'000s) | Intended donors (\$'000s) | Total (\$'000s) | Actual donors (\$'000s) | Intended donors (\$'000s) | Total (\$'000s) |
| NSW              | 1,760                   | 440                       | 2,200           | 1,530                   | 470                       | 2,000           |
| VIC              | 1,550                   | 820                       | 2,370           | 1,590                   | 780                       | 2,370           |
| QLD              | 1,140                   | 320                       | 1,460           | 1,000                   | 380                       | 1,380           |
| SA               | 460                     | 220                       | 680             | 370                     | 330                       | 700             |
| WA               | 580                     | 100                       | 680             | 520                     | 110                       | 630             |
| TAS              | 230                     | 80                        | 310             | 240                     | 70                        | 310             |
| NT               | 70                      | 30                        | 100             | 60                      | 20                        | 80              |
| ACT              | 100                     | 50                        | 150             | 80                      | 30                        | 110             |
| <b>Australia</b> | <b>5,890</b>            | <b>2,060</b>              | <b>7,950</b>    | <b>5,390</b>            | <b>2,190</b>              | <b>7,580</b>    |

Source: OTA, 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 2025–26 these amounts totalled \$32,000 (\$16,000 in 2024–25).

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# 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 2026:

- (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 2026 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 2026 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 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

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of an administrative restructuring, 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



Philip Collier

Acting Executive Director

Delegate of the Auditor-General

Canberra

30 September 2026

# Statement by the Accountable Authority and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2026 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

29 September 2026



**Ms Anna Saravanan**  
Chief Financial Officer

29 September 2026

# Financial statements

## Statement of comprehensive income

For the period ended 30 June 2026

|                                 | Notes | 2026<br>\$         | 2025<br>\$         | Original Budget<br>\$ |
|---------------------------------|-------|--------------------|--------------------|-----------------------|
| <b>Net cost of services</b>     |       |                    |                    |                       |
| <b>Expenses</b>                 |       |                    |                    |                       |
| Employee benefits               | 1.1A  | 5,685,877          | 5,556,595          | 5,814,000             |
| Suppliers                       | 1.1B  | 941,909            | 989,423            | 937,000               |
| Finance costs                   | 1.1C  | 68,807             | 79,638             | 60,000                |
| Doubtful debt expense           | 1.1D  | -                  | 24,468             | -                     |
| Depreciation and amortisation   | 3.2A  | 751,841            | 748,471            | 742,000               |
| <b>Total expenses</b>           |       | <b>7,448,434</b>   | <b>7,398,595</b>   | <b>7,553,000</b>      |
| <b>Own-source income</b>        |       |                    |                    |                       |
| <b>Own-source revenue</b>       |       |                    |                    |                       |
| Other revenue                   | 1.2A  | 95,000             | 90,000             | 105,000               |
| <b>Total own-source revenue</b> |       | <b>95,000</b>      | <b>90,000</b>      | <b>105,000</b>        |
| <b>Total own-source income</b>  |       | <b>95,000</b>      | <b>90,000</b>      | <b>105,000</b>        |
| <b>Net cost of services</b>     |       | <b>(7,353,434)</b> | <b>(7,308,595)</b> | <b>(7,448,000)</b>    |
|                                 |       |                    |                    |                       |
| Revenue from Government         | 1.2B  | 6,884,000          | 6,907,000          | 6,972,000             |
| <b>Deficit</b>                  |       | <b>(469,434)</b>   | <b>(401,595)</b>   | <b>(476,000)</b>      |
| <b>Total comprehensive loss</b> |       | <b>(469,434)</b>   | <b>(401,595)</b>   | <b>(476,000)</b>      |

The above statement should be read in conjunction with the accompanying notes.

## Statement of financial position

As at 30 June 2026

|                                           | Notes | 2026<br>\$       | 2025<br>\$       | Original Budget<br>\$ |
|-------------------------------------------|-------|------------------|------------------|-----------------------|
| <b>Assets</b>                             |       |                  |                  |                       |
| <b>Financial assets</b>                   |       |                  |                  |                       |
| Cash and cash equivalents                 | 3.1A  | 162,660          | 159,267          | 106,000               |
| Trade and other receivables               | 3.1B  | 3,225,291        | 2,797,560        | 2,402,000             |
| <b>Total financial assets</b>             |       | <b>3,387,951</b> | <b>2,956,827</b> | <b>2,508,000</b>      |
| <b>Non-financial assets<sup>1</sup></b>   |       |                  |                  |                       |
| Buildings                                 | 3.2A  | 2,583,605        | 3,168,573        | 2,657,000             |
| Property, plant and equipment             | 3.2A  | 362,406          | 483,686          | 746,000               |
| Computer software                         | 3.2A  | 81,903           | 88,502           | 114,000               |
| Prepayments                               |       | 52,730           | 70,174           | 76,000                |
| <b>Total non-financial assets</b>         |       | <b>3,080,644</b> | <b>3,810,935</b> | <b>3,593,000</b>      |
| <b>Total assets</b>                       |       | <b>6,468,595</b> | <b>6,767,762</b> | <b>6,101,000</b>      |
| <b>Liabilities</b>                        |       |                  |                  |                       |
| <b>Payables</b>                           |       |                  |                  |                       |
| Suppliers                                 | 3.3A  | 60,212           | 82,703           | 144,000               |
| Other payables                            | 3.3B  | 192,470          | 216,604          | 288,000               |
| <b>Total payables</b>                     |       | <b>252,682</b>   | <b>299,307</b>   | <b>432,000</b>        |
| <b>Interest bearing liabilities</b>       |       |                  |                  |                       |
| Leases                                    | 3.4A  | 1,509,784        | 1,779,419        | 1,508,000             |
| <b>Total interest bearing liabilities</b> |       | <b>1,509,784</b> | <b>1,779,419</b> | <b>1,508,000</b>      |
| <b>Provisions</b>                         |       |                  |                  |                       |
| Employee provisions                       | 6.1A  | 1,963,295        | 1,756,768        | 1,517,000             |
| <b>Total provisions</b>                   |       | <b>1,963,295</b> | <b>1,756,768</b> | <b>1,517,000</b>      |
| <b>Total liabilities</b>                  |       | <b>3,725,761</b> | <b>3,835,494</b> | <b>3,457,000</b>      |
| <b>Net assets</b>                         |       | <b>2,742,834</b> | <b>2,932,268</b> | <b>2,644,000</b>      |
| <b>Equity</b>                             |       |                  |                  |                       |
| Contributed equity                        |       | 5,037,000        | 4,757,000        | 5,037,000             |
| Asset revaluation reserve                 |       | -                | -                | -                     |
| Accumulated deficit                       |       | (2,294,166)      | (1,824,732)      | (2,393,000)           |
| <b>Total equity</b>                       |       | <b>2,742,834</b> | <b>2,932,268</b> | <b>2,644,000</b>      |

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 2026

|                                              | Notes | 2026<br>\$         | 2025<br>\$         | Original Budget<br>\$ |
|----------------------------------------------|-------|--------------------|--------------------|-----------------------|
| <b>Contributed equity</b>                    |       |                    |                    |                       |
| <b>Opening balance</b>                       |       |                    |                    |                       |
| Balance carried forward from previous period |       | 4,757,000          | 4,477,000          | 4,757,000             |
| <b>Adjusted opening balance</b>              |       | <b>4,757,000</b>   | <b>4,477,000</b>   | <b>4,757,000</b>      |
| <b>Transactions with owners</b>              |       |                    |                    |                       |
| <b>Contributions by owners</b>               |       |                    |                    |                       |
| Departmental capital budget                  |       | 280,000            | 280,000            | 280,000               |
| <b>Total transactions with owners</b>        |       | <b>280,000</b>     | <b>280,000</b>     | <b>280,000</b>        |
| <b>Closing balance as at 30 June</b>         |       | <b>5,037,000</b>   | <b>4,757,000</b>   | <b>5,037,000</b>      |
| <b>Retained earnings</b>                     |       |                    |                    |                       |
| <b>Opening balance</b>                       |       |                    |                    |                       |
| Balance carried forward from previous period |       | (1,824,732)        | (1,423,137)        | (1,917,000)           |
| <b>Adjusted opening balance</b>              |       | <b>(1,824,732)</b> | <b>(1,423,137)</b> | <b>(1,917,000)</b>    |
| <b>Comprehensive income</b>                  |       |                    |                    |                       |
| Deficit for the period                       |       | (469,434)          | (401,595)          | (476,000)             |
| <b>Total comprehensive income/(loss)</b>     |       | <b>(469,434)</b>   | <b>(401,595)</b>   | <b>(476,000)</b>      |
| <b>Closing balance as at 30 June</b>         |       | <b>(2,294,166)</b> | <b>(1,824,732)</b> | <b>(2,393,000)</b>    |
| <b>Total equity</b>                          |       |                    |                    |                       |
| <b>Opening balance</b>                       |       |                    |                    |                       |
| Balance carried forward from previous period |       | 2,932,268          | 3,053,863          | 2,840,000             |
| <b>Adjusted opening balance</b>              |       | <b>2,932,268</b>   | <b>3,053,863</b>   | <b>2,840,000</b>      |
| <b>Comprehensive income</b>                  |       |                    |                    |                       |
| Deficit for the period                       |       | (469,434)          | (401,595)          | (476,000)             |
| <b>Total comprehensive income</b>            |       | <b>(469,434)</b>   | <b>(401,595)</b>   | <b>(476,000)</b>      |
| <b>Transactions with owners</b>              |       |                    |                    |                       |
| <b>Contributions by owners</b>               |       |                    |                    |                       |
| Departmental capital budget                  |       | 280,000            | 280,000            | 280,000               |
| <b>Total transactions with owners</b>        |       | <b>280,000</b>     | <b>280,000</b>     | <b>280,000</b>        |
| <b>Closing balance as at 30 June</b>         |       | <b>2,742,834</b>   | <b>2,932,268</b>   | <b>2,644,000</b>      |

The above statement should be read in conjunction with the accompanying notes.

### 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 2026

|                                                                     | Notes | 2026<br>\$         | 2025<br>\$         | Original Budget<br>\$ |
|---------------------------------------------------------------------|-------|--------------------|--------------------|-----------------------|
| <b>Operating activities</b>                                         |       |                    |                    |                       |
| <b>Cash received</b>                                                |       |                    |                    |                       |
| Appropriations                                                      |       | 6,996,838          | 7,031,605          | 6,972,000             |
| Net GST received                                                    |       | 79,158             | 90,475             | 200,000               |
| Section 74 receipts                                                 |       | 258,963            | 263,172            | -                     |
| <b>Total cash received</b>                                          |       | <b>7,334,959</b>   | <b>7,385,252</b>   | <b>7,172,000</b>      |
| <b>Cash used</b>                                                    |       |                    |                    |                       |
| Employees                                                           |       | (5,709,623)        | (5,667,164)        | (5,814,000)           |
| Suppliers                                                           |       | (945,380)          | (991,799)          | (832,000)             |
| Interest payments on lease liabilities                              |       | (68,807)           | (79,638)           | (60,000)              |
| Section 74 receipts transferred to OPA                              |       | (258,963)          | (263,172)          | -                     |
| Other                                                               |       | (79,158)           | (90,475)           | (200,000)             |
| <b>Total cash used</b>                                              |       | <b>(7,061,931)</b> | <b>(7,092,248)</b> | <b>(6,906,000)</b>    |
| <b>Net cash from operating activities</b>                           |       | <b>273,028</b>     | <b>293,004</b>     | <b>266,000</b>        |
| <b>Investing activities</b>                                         |       |                    |                    |                       |
| <b>Cash used</b>                                                    |       |                    |                    |                       |
| Purchase of property, plant and equipment                           |       | -                  | (12,707)           | (280,000)             |
| Purchase of computer software                                       |       | (38,994)           | (34,764)           | -                     |
| <b>Total cash used</b>                                              |       | <b>(38,994)</b>    | <b>(47,471)</b>    | <b>(280,000)</b>      |
| <b>Net cash used by investing activities</b>                        |       | <b>(38,994)</b>    | <b>(47,471)</b>    | <b>(280,000)</b>      |
| <b>Financing activities</b>                                         |       |                    |                    |                       |
| <b>Cash received</b>                                                |       |                    |                    |                       |
| Contributed equity                                                  |       | 38,994             | 51,186             | 280,000               |
| <b>Total cash received</b>                                          |       | <b>38,994</b>      | <b>51,186</b>      | <b>280,000</b>        |
| <b>Cash used</b>                                                    |       |                    |                    |                       |
| Principal payments of lease liabilities                             |       | (269,635)          | (243,599)          | (266,000)             |
| <b>Net cash used</b>                                                |       | <b>(269,635)</b>   | <b>(243,599)</b>   | <b>(266,000)</b>      |
| <b>Net cash from (used by) financing activities</b>                 |       | <b>(230,641)</b>   | <b>(192,413)</b>   | <b>14,000</b>         |
| <b>Net increase/(decrease) in cash held</b>                         |       | <b>3,393</b>       | <b>53,120</b>      | <b>-</b>              |
| Cash and cash equivalents at the beginning of the reporting period  |       | 159,267            | 106,147            | 106,000               |
| <b>Cash and cash equivalents at the end of the reporting period</b> | 3.1A  | <b>162,660</b>     | <b>159,267</b>     | <b>106,000</b>        |

The above statement should be read in conjunction with the accompanying notes.

## Budget variances commentary

For the period ended 30 June 2026

### Statement of comprehensive income

#### Employee Benefits

Employee benefits were slightly below budget, primarily due to higher-than-expected leave taken and delays in filling vacancies during the year end.

#### Other revenue

Other revenue relates to resources received free of charge for external audit fees. The variance against budget reflects lower external audit fees than originally estimated in the budget.

### Statement of financial position

#### Trade and other receivables

Trade and other receivables at 30 June were higher than budget, primarily due to lower-than-expected cash outflows, resulting in a reduced drawdown of appropriations. The variance also reflects the accumulation of capital appropriation receivables over the past two financial years due to limited capital expenditure, together with s74 receivables associated with employee liabilities transferred into the agency.

#### Property, plant and equipment

The variance for property, plant and equipment reflects lower-than-forecast expenditure on asset replacement, as assets acquired through the prior year's office fit-out reduced the need for new purchases.

#### Computer software

The variance for computer software reflects lower-than-forecast investment during the year, resulting in depreciation exceeding software additions and a net reduction in the asset balance.

#### Prepayments

Prepayments were below budget due to the timing of receipt and payment of invoices for future services. Given the relatively small balance, minor timing differences can have a noticeable impact on the variance.

#### Suppliers and other payables

Supplier and other payables were below budget, primarily due to the timing of services received and supplier invoices, together with the settlement of liabilities before 30 June where practicable.

#### Employee provisions

Employee provisions exceeded budget primarily due to salary increases and the transfer of employees from other Commonwealth entities with higher accrued leave balances than assumed in the budget.

### 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 2026

|                                 | Notes | 2026<br>\$          | 2025<br>\$          | Original Budget<br>\$ |
|---------------------------------|-------|---------------------|---------------------|-----------------------|
| <b>Net cost of services</b>     |       |                     |                     |                       |
| <b>Expenses</b>                 |       |                     |                     |                       |
| Suppliers                       | 2.1A  | 2,841,814           | 3,390,974           | 4,805,000             |
| Grants                          | 2.1B  | 49,922,447          | 48,582,997          | 48,028,000            |
| <b>Total expenses</b>           |       | <b>52,764,261</b>   | <b>51,973,971</b>   | <b>52,833,000</b>     |
| <b>Total revenue</b>            |       | <b>-</b>            | <b>-</b>            | <b>-</b>              |
| <b>Net cost of services</b>     |       | <b>(52,764,261)</b> | <b>(51,973,971)</b> | <b>(52,833,000)</b>   |
| <b>Deficit</b>                  |       | <b>(52,764,261)</b> | <b>(51,973,971)</b> | <b>(52,833,000)</b>   |
| <b>Total comprehensive loss</b> |       | <b>(52,764,261)</b> | <b>(51,973,971)</b> | <b>(52,833,000)</b>   |

The above statement should be read in conjunction with the accompanying notes.

## Administered schedule of assets and liabilities

As at 30 June 2026

|                                                               | Notes | 2026<br>\$         | 2025<br>\$         | Original Budget<br>\$ |
|---------------------------------------------------------------|-------|--------------------|--------------------|-----------------------|
| <b>Assets</b>                                                 |       |                    |                    |                       |
| <b>Financial assets</b>                                       |       |                    |                    |                       |
| Cash and cash equivalents                                     | 4.1A  | 80,000             | 80,000             | 263,000               |
| Trade and other receivables                                   | 4.1B  | 610,525            | 667,469            | 621,000               |
| <b>Total financial assets</b>                                 |       | <b>690,525</b>     | <b>747,469</b>     | <b>884,000</b>        |
| <b>Non-financial assets</b>                                   |       |                    |                    |                       |
| Prepayments                                                   |       | 194,432            | 29,746             | 48,000                |
| <b>Total non-financial assets</b>                             |       | <b>194,432</b>     | <b>29,746</b>      | <b>48,000</b>         |
| <b>Total assets administered on behalf of Government</b>      |       | <b>884,957</b>     | <b>777,215</b>     | <b>932,000</b>        |
| <b>Liabilities</b>                                            |       |                    |                    |                       |
| <b>Payables</b>                                               |       |                    |                    |                       |
| Suppliers                                                     | 4.2A  | 121,269            | 54,018             | 103,000               |
| Grants                                                        | 4.2B  | 10,342,293         | 9,773,018          | 10,103,000            |
| <b>Total payables</b>                                         |       | <b>10,463,562</b>  | <b>9,827,036</b>   | <b>10,206,000</b>     |
| <b>Total liabilities administered on behalf of Government</b> |       | <b>10,463,562</b>  | <b>9,827,036</b>   | <b>10,206,000</b>     |
| <b>Net liabilities</b>                                        |       | <b>(9,578,605)</b> | <b>(9,049,821)</b> | <b>(9,274,000)</b>    |

The above statement should be read in conjunction with the accompanying notes.

## Administered budget commentary

As at 30 June 2026

### Schedule of comprehensive income

#### Suppliers and grants

Suppliers and grants expenditure was broadly in line with budget, reflecting the near full utilisation of available appropriation.

The variance between supplier and grant expenditure was primarily attributable to the treatment of National Waitlist and Matching System (OrganMatch) funding. While budgeted as supplier expenditure, the associated costs were recognised as grant expenditure.

### Schedule of assets and liabilities

#### Total financial assets

Total financial assets were below budget primarily due to lower cash balances at year end. Trade and other receivables, which comprise GST receivables, were broadly in line with budget.

#### Prepayments

Prepayments were higher than budget primarily due to quarterly invoices for future services being received and paid before year end, together with an advance payment was required to secure event management services for the symposium being held in September.

#### Total liabilities administered on behalf of Government

Total liabilities administered on behalf of Government were broadly in line with budget. Supplier payables were lower than budget, reflecting the Organ and Tissue Authority's practice of settling liabilities before year-end where practicable.

## Administered reconciliation schedule

For the period ended 30 June 2026

|                                                                 | Notes | 2026<br>\$         | 2025<br>\$         |
|-----------------------------------------------------------------|-------|--------------------|--------------------|
| <b>Opening assets less liabilities as at 1 July</b>             |       | (9,049,821)        | (9,274,026)        |
| <b>Net cost of services</b>                                     |       |                    |                    |
| Income                                                          |       | -                  | -                  |
| Expenses                                                        |       |                    |                    |
| Payments to entities other than corporate Commonwealth entities |       | (52,764,261)       | (51,973,971)       |
| <b>Transfers (to)/from the Australian Government</b>            |       |                    |                    |
| <b>Appropriation transfers from Official Public Account</b>     |       |                    |                    |
| Net GST appropriations                                          |       | 79,701             | 34,060             |
| <b>Annual appropriations</b>                                    |       |                    |                    |
| Payments to entities other than corporate Commonwealth entities |       | 52,155,776         | 52,164,116         |
| <b>Closing assets less liabilities as at 30 June</b>            |       | <b>(9,578,605)</b> | <b>(9,049,821)</b> |

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 2026

|                                                                     | Notes | 2026<br>\$          | 2025<br>\$          |
|---------------------------------------------------------------------|-------|---------------------|---------------------|
| <b>OPERATING ACTIVITIES</b>                                         |       |                     |                     |
| <b>Cash received</b>                                                |       |                     |                     |
| Net GST received                                                    |       | 1,011,420           | 1,050,414           |
| <b>Total cash received</b>                                          |       | <b>1,011,420</b>    | <b>1,050,414</b>    |
| <b>Cash used</b>                                                    |       |                     |                     |
| Suppliers                                                           |       | (3,053,051)         | (3,690,010)         |
| Grants                                                              |       | (50,193,846)        | (49,741,904)        |
| <b>Total cash used</b>                                              |       | <b>(53,246,897)</b> | <b>(53,431,914)</b> |
| <b>Net cash used by operating activities</b>                        |       | <b>(52,235,477)</b> | <b>(52,381,500)</b> |
| <b>Cash from Official Public Account</b>                            |       |                     |                     |
| Appropriations                                                      |       | 52,155,776          | 52,164,116          |
| GST appropriation                                                   |       | 1,086,714           | 1,078,895           |
| <b>Total cash from Official Public Account</b>                      |       | <b>53,242,490</b>   | <b>53,243,011</b>   |
| <b>Cash to Official Public Account</b>                              |       |                     |                     |
| Return of GST appropriations to the Official Public Account         |       | (1,007,013)         | (1,044,835)         |
| <b>Total cash to Official Public Account</b>                        |       | <b>(1,007,013)</b>  | <b>(1,044,835)</b>  |
| <b>Net increase/(decrease) in cash held</b>                         |       | <b>-</b>            | <b>(183,324)</b>    |
| Cash and cash equivalents at the beginning of the reporting period  |       | 80,000              | 263,324             |
| <b>Cash and cash equivalents at the end of the reporting period</b> | 4.1A  | <b>80,000</b>       | <b>80,000</b>       |

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 2026

### 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.

### Adoption of new accounting standard requirements

No new, revised or amending Australian Accounting Standards and Interpretations that became effective during the reporting period had a material impact on the OTA's financial statements.

### 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 2026

### 1. Financial performance

This section analyses OTA's financial performance for the year ended 30 June 2026.

#### 1.1 Expenses

|                                | 2026<br>\$       | 2025<br>\$       |
|--------------------------------|------------------|------------------|
| <b>1.1A: Employee benefits</b> |                  |                  |
| Wages and salaries             | 4,358,918        | 4,251,350        |
| Superannuation:                |                  |                  |
| Defined benefit plans          | 159,715          | 164,597          |
| Defined contribution plans     | 679,611          | 598,926          |
| Leave and other entitlements   | 481,385          | 537,528          |
| Other employee expenses        | 6,248            | 4,194            |
| <b>Total employee benefits</b> | <b>5,685,877</b> | <b>5,556,595</b> |

##### 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                          | 26,259         | 48,675         |
| Equipment and software                               | 121,960        | 136,912        |
| Facilities                                           | 86,587         | 68,258         |
| Staff recruitment and training                       | 89,720         | 71,321         |
| Travel                                               | 78,279         | 144,273        |
| Office supplies and stationery                       | 1,872          | 2,233          |
| Printing and publishing                              | 48,338         | 57,865         |
| ANAO audit fee                                       | 95,000         | 90,000         |
| Shared services MoU                                  | 298,152        | 268,132        |
| Other                                                | 73,576         | 74,092         |
| <b>Total goods and services supplied or rendered</b> | <b>919,743</b> | <b>961,761</b> |

|                                                      |                |                |
|------------------------------------------------------|----------------|----------------|
| Goods supplied                                       | 1,872          | 2,233          |
| Services rendered                                    | 917,871        | 959,528        |
| <b>Total goods and services supplied or rendered</b> | <b>919,743</b> | <b>961,761</b> |

##### Other suppliers

|                               |                |                |
|-------------------------------|----------------|----------------|
| Workers compensation expenses | 22,166         | 27,662         |
| <b>Total other suppliers</b>  | <b>22,166</b>  | <b>27,662</b>  |
| <b>Total suppliers</b>        | <b>941,909</b> | <b>989,423</b> |

##### 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 | 68,807        | 79,638        |
| <b>Total finance costs</b>    | <b>68,807</b> | <b>79,638</b> |

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        |
| <b>Total doubtful debt expense</b> | <b>-</b> | <b>24,468</b> |

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 1.2 Own-source revenue and gains

|                                   | 2026<br>\$    | 2025<br>\$    |
|-----------------------------------|---------------|---------------|
| <b>Own-source revenue</b>         |               |               |
| <b>1.2A: Other revenue</b>        |               |               |
| Resources received free of charge |               |               |
| Remuneration of auditors          | 95,000        | 90,000        |
| <b>Total other revenue</b>        | <b>95,000</b> | <b>90,000</b> |

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          | 6,884,000        | 6,907,000        |
| <b>Total revenue from government</b> | <b>6,884,000</b> | <b>6,907,000</b> |

#### 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 2026

### 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

|                                                      | 2026<br>\$           | 2025<br>\$           |
|------------------------------------------------------|----------------------|----------------------|
| <b>2.1A: Suppliers</b>                               |                      |                      |
| <b>Goods and services supplied or rendered</b>       |                      |                      |
| Board fees                                           | 42,341               | 39,072               |
| Contractors and consultants                          | 67,333               | 202,800              |
| Public relations and research                        | 514,408              | 334,206              |
| Travel                                               | 148,311              | 219,473              |
| Software licence and maintenance                     | 1,861,154            | 1,817,297            |
| Other                                                | 208,267              | 778,126              |
| <b>Total goods and services supplied or rendered</b> | <b>2,841,814</b>     | <b>3,390,974</b>     |
| <br>Goods supplied                                   | <br>59,714           | <br>45,452           |
| Services rendered                                    | 2,782,100            | 3,345,522            |
| <b>Total goods and services supplied or rendered</b> | <b>2,841,814</b>     | <b>3,390,974</b>     |
| <br><b>Total suppliers</b>                           | <br><b>2,841,814</b> | <br><b>3,390,974</b> |
| <b>2.1B: Grants</b>                                  |                      |                      |
| <b>Public Sector</b>                                 |                      |                      |
| State and Territory Governments                      | 41,618,809           | 40,060,121           |
| <b>Private Sector</b>                                |                      |                      |
| Not-for-profit organisations                         | 8,303,638            | 8,522,876            |
| <b>Total grants</b>                                  | <b>49,922,447</b>    | <b>48,582,997</b>    |

#### 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 2026

### 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

|                                        | 2026<br>\$     | 2025<br>\$     |
|----------------------------------------|----------------|----------------|
| <b>3.1A: Cash and cash equivalents</b> |                |                |
| Cash on hand or on deposit             | 162,660        | 159,267        |
| <b>Total cash and cash equivalents</b> | <b>162,660</b> | <b>159,267</b> |

##### 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                                             | 2,487        | 38,602        |
| <b>Total goods and services receivables (net)</b> | <b>2,487</b> | <b>38,602</b> |

##### Appropriation receivables

|                                        |                  |                  |
|----------------------------------------|------------------|------------------|
| Appropriation receivable               | 3,212,803        | 2,746,514        |
| <b>Total appropriation receivables</b> | <b>3,212,803</b> | <b>2,746,514</b> |

##### Other receivables

|                                                    |        |        |
|----------------------------------------------------|--------|--------|
| GST receivable from the Australian Taxation Office | 10,001 | 12,444 |
|----------------------------------------------------|--------|--------|

|                                                  |                  |                  |
|--------------------------------------------------|------------------|------------------|
| <b>Total other receivables</b>                   | <b>10,001</b>    | <b>12,444</b>    |
| <b>Total trade and other receivables (gross)</b> | <b>3,225,291</b> | <b>2,797,560</b> |
| <b>Total trade and other receivables (net)</b>   | <b>3,225,291</b> | <b>2,797,560</b> |

Credit terms for goods and services were within 20 days (2025: 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 2026

### 3.2 Non-financial assets

#### 3.2A: Reconciliation of the opening and closing balances of property, plant and equipment, and intangibles

|                                                          | Buildings<br>\$  | Property, plant<br>and equipment<br>\$ | Computer<br>software<br>\$ | Total<br>\$      |
|----------------------------------------------------------|------------------|----------------------------------------|----------------------------|------------------|
| <b>As at 1 July 2025</b>                                 |                  |                                        |                            |                  |
| Gross book value                                         | 4,094,771        | 761,564                                | 596,026                    | 5,452,361        |
| Accumulated depreciation, amortisation<br>and impairment | (926,198)        | (277,878)                              | (507,524)                  | (1,711,600)      |
| <b>Total as at 1 July 2025</b>                           | <b>3,168,573</b> | <b>483,686</b>                         | <b>88,502</b>              | <b>3,740,761</b> |
| Additions                                                |                  |                                        |                            |                  |
| Purchase                                                 | –                | –                                      | 38,994                     | 38,994           |
| Depreciation and amortisation                            | (292,729)        | (121,280)                              | (45,593)                   | (459,602)        |
| Depreciation on right-of-use assets                      | (292,239)        | –                                      | –                          | (292,239)        |
| <b>Total as at 30 June 2026</b>                          | <b>2,583,605</b> | <b>362,406</b>                         | <b>81,903</b>              | <b>3,027,914</b> |
| <b>Total as at 30 June 2026 represented by:</b>          |                  |                                        |                            |                  |
| Gross book value                                         | 4,094,771        | 761,564                                | 635,020                    | 5,491,355        |
| Accumulated depreciation, amortisation<br>and impairment | (1,511,166)      | (399,158)                              | (553,117)                  | (2,463,441)      |
| <b>Total as at 30 June 2026 represented by</b>           | <b>2,583,605</b> | <b>362,406</b>                         | <b>81,903</b>              | <b>3,027,914</b> |
| <b>Carrying amount of right-of-use assets</b>            | <b>1,290,721</b> | <b>–</b>                               | <b>–</b>                   | <b>1,290,721</b> |

#### Revaluations of non-financial assets and intangible assets

During the 2025–26 financial year, the OTA continued operations at its office premises at 12 Moore Street. The majority of fixed assets remained unchanged during the reporting period, with no material addition, disposals or changes in asset condition. Based on this, management determined that a revaluation was not required for the year ended 30 June 2026. 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 2026 (2025: Nil).

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| <b>Accounting policy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |               |
| 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.                                                                                                                                                                                                                                                                      |               |               |
| <u>Asset recognition threshold</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |               |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               |
| <u>Leased Right of Use (ROU) Assets</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |               |
| 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.                                                                                                                                                                                                                                         |               |               |
| <u>Revaluations</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |               |
| 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 other comprehensive income and accumulated in 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. |               |               |
| <u>Depreciation</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |               |
| 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:                                                                                                                                                                     |               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2026          | 2025          |
| Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lease term    | Lease term    |
| Plant and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 to 10 years | 5 to 10 years |
| <u>Impairment</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               |
| All assets were assessed for impairment at 30 June 2026. 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.                                                                                                                                                                                                                           |               |               |

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 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 (2025: 5 years). All software assets were assessed for indications of impairment as at 30 June 2026.

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 3.3 Payables

|                              | 2026<br>\$    | 2025<br>\$    |
|------------------------------|---------------|---------------|
| <b>3.3A: Suppliers</b>       |               |               |
| Trade creditors and accruals | 60,212        | 82,703        |
| <b>Total suppliers</b>       | <b>60,212</b> | <b>82,703</b> |

Settlement was usually made within 14 days (2025: 14 days).

#### 3.3B: Other payables

|                             |                |                |
|-----------------------------|----------------|----------------|
| Salaries and wages          | 165,373        | 140,965        |
| Superannuation              | 27,097         | 24,396         |
| Other                       | -              | 51,243         |
| <b>Total other payables</b> | <b>192,470</b> | <b>216,604</b> |

#### 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   | 1,509,784        | 1,779,419        |
| <b>Total leases</b> | <b>1,509,784</b> | <b>1,779,419</b> |

Total cash outflow for leases for the year ended 30 June 2026 was \$338,443 (2025: \$323,236)

#### Maturity analysis – contractual undiscounted cash flows

|                      |                  |                  |
|----------------------|------------------|------------------|
| Within 1 year        | 354,181          | 338,443          |
| Between 1 to 5 years | 1,299,468        | 1,516,762        |
| More than 5 years    | -                | 136,887          |
| <b>Total leases</b>  | <b>1,653,649</b> | <b>1,992,091</b> |

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 2026

### 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

|                                        | 2026<br>\$    | 2025<br>\$    |
|----------------------------------------|---------------|---------------|
| <b>4.1A: Cash and cash equivalents</b> |               |               |
| Cash on hand or on deposit             | 80,000        | 80,000        |
| <b>Total cash and cash equivalents</b> | <b>80,000</b> | <b>80,000</b> |

##### 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 | 610,525        | 614,933        |
| Other receivables                                  | –              | 52,536         |
| <b>Total other receivables</b>                     | <b>610,525</b> | <b>667,469</b> |
| <b>Total trade and other receivables (gross)</b>   | <b>610,525</b> | <b>667,469</b> |
| <b>Total trade and other receivables (net)</b>     | <b>610,525</b> | <b>667,469</b> |

No indicators of impairment were found for trade and other receivables in 2026 (2025: nil).

Credit terms for goods and services were within 20 days (2025: 20 days).

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 4.2 Administered – payables

|                              | 2026<br>\$     | 2025<br>\$    |
|------------------------------|----------------|---------------|
| <b>4.2A: Suppliers</b>       |                |               |
| Trade creditors and accruals | 121,269        | 54,018        |
| <b>Total suppliers</b>       | <b>121,269</b> | <b>54,018</b> |

Settlement was usually made within 14 days (2025: 14 days)

|                                 |                   |                  |
|---------------------------------|-------------------|------------------|
| <b>4.2B: Grants</b>             |                   |                  |
| State and Territory Governments | 10,342,293        | 9,773,018        |
| <b>Total grants</b>             | <b>10,342,293</b> | <b>9,773,018</b> |

Settlement was made according to the terms and conditions of each grant within 14 days (2025: 14 days) of performance or eligibility.

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 5. Funding

This section identifies OTA's funding structure.

#### 5.1 Appropriations

|                                                 | 2026<br>\$        | 2025<br>\$        |
|-------------------------------------------------|-------------------|-------------------|
| <b>5.1A: Annual appropriations</b>              |                   |                   |
| <b>Departmental</b>                             |                   |                   |
| <b>Ordinary annual services</b>                 |                   |                   |
| Annual appropriation                            | 6,884,000         | 6,907,000         |
| Receipts retained under PGPA Act – Section 74   | 258,964           | 263,173           |
| <b>Total appropriation</b>                      | <b>7,142,964</b>  | <b>7,170,173</b>  |
| Appropriation applied (current and prior years) | 6,953,281         | 6,939,195         |
| <b>Variance<sup>1</sup></b>                     | <b>189,683</b>    | <b>230,978</b>    |
| <b>Capital Budget</b>                           |                   |                   |
| Annual departmental capital budget <sup>2</sup> | 280,000           | 280,000           |
| Payments for non-financial assets <sup>3</sup>  | 38,994            | 51,186            |
| <b>Variance<sup>4</sup></b>                     | <b>241,006</b>    | <b>228,814</b>    |
| <b>Administered</b>                             |                   |                   |
| <b>Ordinary annual services</b>                 |                   |                   |
| Annual appropriation                            | 52,833,000        | 51,906,000        |
| <b>Total appropriation</b>                      | <b>52,833,000</b> | <b>51,906,000</b> |
| Appropriation applied (current and prior years) | 52,155,776        | 52,347,440        |
| <b>Variance<sup>5</sup></b>                     | <b>677,224</b>    | <b>(441,440)</b>  |

1. The variance of \$189,683 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 \$241,006 is due to limited capital assets purchases during the financial year.
5. The variance of \$677,224 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 2026

|                                                                | 2026<br>\$        | 2025<br>\$        |
|----------------------------------------------------------------|-------------------|-------------------|
| <b>5.1B: Unspent annual appropriations</b>                     |                   |                   |
| <b>Departmental</b>                                            |                   |                   |
| Supply Act (No.3) 2022-23                                      | -                 | 105,000           |
| Appropriation Act (No.1) 2024-25                               | -                 | 2,517,700         |
| Appropriation Act (No.1) 2024-25 – Departmental Capital Budget | 189,820           | 228,814           |
| Appropriation Act (No.1) 2025-26                               | 2,742,984         |                   |
| Appropriation Act (No.1) 2025-26 – Departmental Capital Budget | 280,000           |                   |
| Cash at bank                                                   | 162,660           | 159,267           |
| <b>Total Departmental</b>                                      | <b>3,375,464</b>  | <b>3,010,781</b>  |
| <b>Administered</b>                                            |                   |                   |
| Supply Act (No.3) 2022-23                                      | -                 | 10,041            |
| Appropriation Act (No.1) 2023-24 <sup>1</sup>                  | 507,610           | 507,610           |
| Appropriation Act (No.1) 2025-26                               | 10,379,762        | 9,702,538         |
| Cash at bank                                                   | 80,000            | 80,000            |
| <b>Total administered</b>                                      | <b>10,967,372</b> | <b>10,300,189</b> |

### 5.2 Net cash appropriation arrangements

|                                                                                                                                                           |                  |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| <b>Total comprehensive income/(loss) as per the Statement of Comprehensive Income</b>                                                                     | <b>(469,434)</b> | <b>(401,595)</b> |
| <i>Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections)<sup>2</sup></i> | <b>459,602</b>   | 456,232          |
| <i>Plus: depreciation of right-of-use assets<sup>3</sup></i>                                                                                              | <b>292,239</b>   | 292,239          |
| <i>Less: lease principal repayments<sup>3</sup></i>                                                                                                       | <b>269,635</b>   | 243,599          |
| <b>Net cash operating surplus</b>                                                                                                                         | <b>12,772</b>    | <b>103,277</b>   |

1. The unspent appropriation balance includes \$500,000 relating to an administered appropriation quarantined under section 51 of the PGPA Act. Although the amount has been derecognised for accounting recognition purposes, it remains a legal entitlement of the Organ and Tissue Authority and is therefore included in this note as unspent appropriation. The balance will remain disclosed until the relevant appropriation lapses.
2. 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.
3. 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 2026

### 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

|                                  | 2026<br>\$       | 2025<br>\$       |
|----------------------------------|------------------|------------------|
| <b>6.1A: Employee provisions</b> |                  |                  |
| Leave                            | 1,963,295        | 1,756,768        |
| <b>Total employee provisions</b> | <b>1,963,295</b> | <b>1,756,768</b> |

##### 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.

Long service leave is recognised as a long-term employee benefit and measured at the present value of expected future payments for services provided by employees up to the reporting date. The estimate takes into account expected future salary increases and employee departures and is discounted using government bond yields. The Authority applies the Australian Government shorthand method in determining the liability.

##### 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 Public Sector Superannuation Scheme (PSS), the PSS accumulation Plan (PSSap) or other superannuation funds held outside the Australian Government. The PSS is a defined benefit scheme 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 2026

### 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:

|                                                                         | 2026<br>\$     | 2025<br>\$     |
|-------------------------------------------------------------------------|----------------|----------------|
| Short-term employee benefits                                            | 593,029        | 608,578        |
| Post-employment benefits                                                | 89,360         | 94,823         |
| Other long-term employee benefits                                       | 16,724         | 29,771         |
| <b>Total key management personnel remuneration expenses<sup>1</sup></b> | <b>699,113</b> | <b>733,172</b> |

The total number of key management personnel that are included in the above table are 3 (2025: 2). The increase in 2026 reflects a change in personnel occupying the Chief Operating Officer position during the year, rather than an increase in the total number of KMP positions.

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 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 2026

### 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 2026

### 7.2 Financial instruments

|                                                               | 2026<br>\$     | 2025<br>\$     |
|---------------------------------------------------------------|----------------|----------------|
| <b>7.2A: Categories of financial instruments</b>              |                |                |
| <b>Financial Assets</b>                                       |                |                |
| <b>Financial assets at amortised cost</b>                     |                |                |
| Cash and cash equivalents                                     | 162,660        | 159,267        |
| Trade and other receivables                                   | 2,487          | 38,602         |
| <b>Total financial assets at amortised cost</b>               | <b>165,147</b> | <b>197,869</b> |
| <b>Total financial assets</b>                                 | <b>165,147</b> | <b>197,869</b> |
| <b>Financial Liabilities</b>                                  |                |                |
| <b>Financial liabilities measured at amortised cost</b>       |                |                |
| Trade creditors                                               | 60,212         | 82,703         |
| <b>Total financial liabilities measured at amortised cost</b> | <b>60,212</b>  | <b>82,703</b>  |
| <b>Total financial liabilities</b>                            | <b>60,212</b>  | <b>82,703</b>  |

#### 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 2026

### 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 2026 and 30 June 2025.

### 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 2026 and 30 June 2025.

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 7.3 Administered financial instruments

|                                                               | 2026<br>\$        | 2025<br>\$       |
|---------------------------------------------------------------|-------------------|------------------|
| <b>7.3A: Categories of financial instruments</b>              |                   |                  |
| <b>Financial assets</b>                                       |                   |                  |
| <b>Financial assets at amortised cost</b>                     |                   |                  |
| <b>Loans and receivables</b>                                  |                   |                  |
| Cash and cash equivalents                                     | 80,000            | 80,000           |
| <b>Total financial assets at amortised cost</b>               | <b>80,000</b>     | <b>80,000</b>    |
| <b>Total financial assets</b>                                 | <b>80,000</b>     | <b>80,000</b>    |
| <b>Financial liabilities</b>                                  |                   |                  |
| <b>Financial liabilities measured at amortised cost</b>       |                   |                  |
| Trade creditors                                               | 121,269           | 54,018           |
| Grants payable                                                | 10,342,293        | 9,773,018        |
| <b>Total financial liabilities measured at amortised cost</b> | <b>10,463,562</b> | <b>9,827,036</b> |
| <b>Total financial liabilities</b>                            | <b>10,463,562</b> | <b>9,827,036</b> |

#### 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 2026 and 30 June 2025.

#### 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 2026 and 30 June 2025.

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 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 2026, the majority of non-financial assets remained unchanged from the prior year, with no significant additions, disposals or changes in use during the reporting period. 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 |                  |
|-----------------------------------|------------------------------------------------------------|------------------|
|                                   | 2026<br>\$                                                 | 2025<br>\$       |
| <b>Non-financial assets</b>       |                                                            |                  |
| Buildings                         | 1,292,884                                                  | 1,585,613        |
| Property, plant and equipment     | 362,406                                                    | 483,686          |
| <b>Total non-financial assets</b> | <b>1,655,290</b>                                           | <b>2,069,299</b> |

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 2026

### 8. Other information

#### 8.1 Maturity Analysis of assets and liabilities

|                                                                         | 2026<br>\$       | 2025<br>\$       |
|-------------------------------------------------------------------------|------------------|------------------|
| <b>8.1A: Departmental – maturity analysis of assets and liabilities</b> |                  |                  |
| <b>Assets expected to be recovered in:</b>                              |                  |                  |
| <b>No more than 12 months</b>                                           |                  |                  |
| Cash and cash equivalents                                               | 162,660          | 159,267          |
| Trade and other receivables                                             | 3,225,291        | 2,797,560        |
| Other non-financial assets                                              | 52,730           | 70,174           |
| <b>Total no more than 12 months</b>                                     | <b>3,440,681</b> | <b>3,027,001</b> |
| <b>More than 12 months</b>                                              |                  |                  |
| Buildings                                                               | 2,583,605        | 3,168,573        |
| Property, plant and equipment                                           | 362,406          | 483,686          |
| Computer software                                                       | 81,903           | 88,502           |
| <b>Total more than 12 months</b>                                        | <b>3,027,914</b> | <b>3,740,761</b> |
| <b>Total assets</b>                                                     | <b>6,468,595</b> | <b>6,767,762</b> |
| <b>Liabilities expected to be settled in:</b>                           |                  |                  |
| <b>No more than 12 months</b>                                           |                  |                  |
| Suppliers                                                               | 60,212           | 82,703           |
| Other payables                                                          | 192,470          | 216,604          |
| Leases                                                                  | 297,340          | 269,635          |
| Employee provisions                                                     | 618,339          | 613,523          |
| <b>Total no more than 12 months</b>                                     | <b>1,168,361</b> | <b>1,182,465</b> |
| <b>More than 12 months</b>                                              |                  |                  |
| Leases                                                                  | 1,212,444        | 1,509,784        |
| Employee provisions                                                     | 1,344,956        | 1,143,245        |
| <b>Total more than 12 months</b>                                        | <b>2,557,400</b> | <b>2,653,029</b> |
| <b>Total liabilities</b>                                                | <b>3,725,761</b> | <b>3,835,494</b> |

## Notes to and forming part of the financial statements

For the period ended 30 June 2026

### 8.1B: Administered – maturity analysis of assets and liabilities

#### Assets expected to be recovered in:

##### No more than 12 months

|                                     | 2026<br>\$     | 2025<br>\$     |
|-------------------------------------|----------------|----------------|
| Cash and cash equivalents           | 80,000         | 80,000         |
| Trade and other receivables         | 610,525        | 667,469        |
| Other non-financial assets          | 194,432        | 29,746         |
| <b>Total no more than 12 months</b> | <b>884,957</b> | <b>777,215</b> |
| <b>Total assets</b>                 | <b>884,957</b> | <b>777,215</b> |

#### Liabilities expected to be settled in:

##### No more than 12 months

|                                     |                   |                  |
|-------------------------------------|-------------------|------------------|
| Suppliers                           | 121,269           | 54,018           |
| Grants                              | 10,342,293        | 9,773,018        |
| <b>Total no more than 12 months</b> | <b>10,463,562</b> | <b>9,827,036</b> |
| <b>Total liabilities</b>            | <b>10,463,562</b> | <b>9,827,036</b> |

## MOH

*'I knew she'd be very happy that she could save lives.'*

At 34 years of age, Arghavan became an organ donor. After leaving Iran, Moh and Arghavan built a life together in Australia. Arghavan worked as a dental nurse and was a devoted mother to their 2 young daughters, Hannah and Jana. Amid overwhelming grief, Moh said yes to donation. Through her donation, Arghavan gave several people a second chance at life, creating a lasting legacy of kindness and generosity.



# PART 5

## APPENDICES



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## 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 2025–26 reporting period all employee figures are reported as headcount as at 30 June 2026.

**Table 10: Information about remuneration for key management personnel (2025–26)**

|                               | Lucinda Barry<br>Chief Executive Officer | Belinda Small<br>Chief Operating Officer | Beci Imbriano<br>Chief Operating Officer |
|-------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| Short-term benefits (\$)      |                                          |                                          |                                          |
| Base salary                   | 375,937                                  | 13,236                                   | 199,466                                  |
| Bonuses                       | –                                        | –                                        | –                                        |
| Other benefits and allowances | –                                        | 1,582                                    | 2,808                                    |
| Post-employment benefits (\$) |                                          |                                          |                                          |
| Superannuation contributions  | 56,051                                   | 2,531                                    | 30,778                                   |
| Other long-term benefits (\$) |                                          |                                          |                                          |
| Long service leave            | 8,843                                    | 488                                      | 7,392                                    |
| Other long-term benefits      | –                                        | –                                        | –                                        |
| Termination benefits (\$)     |                                          |                                          |                                          |
|                               | –                                        | –                                        | –                                        |
| Total remuneration (\$)       |                                          |                                          |                                          |
|                               | 440,831                                  | 17,838                                   | 240,445                                  |

Remuneration for Belinda Small is limited to the period 1–25 July 2025. Remuneration for Beci Imbriano is limited to the period 1 September 2025 to 30 June 2026.

**Table 11: Information about remuneration for other highly paid staff (2025–26)**

| Description                          | Amount          |
|--------------------------------------|-----------------|
| Remuneration band                    | 270,001–295,000 |
| Number of other highly paid staff    | 1               |
| Short-term benefits (\$)             |                 |
| Base salary                          | 230,348         |
| Bonuses                              | –               |
| Other benefits and allowances        | –               |
| Post-employment benefits (\$)        |                 |
| Average superannuation contributions | 42,306          |
| Other long-term benefits (\$)        |                 |
| Average long service leave           | 6,755           |
| Average other long-term benefits     | –               |
| Termination benefits (\$)            |                 |
|                                      | –               |
| Total remuneration (\$)              |                 |
|                                      | 279,409         |

Table 12: All ongoing employees current report period (2025–26)

|              | Male      |           |          | Female    |           |           | Indeterminate |           |          | Total     |
|--------------|-----------|-----------|----------|-----------|-----------|-----------|---------------|-----------|----------|-----------|
|              | Full time | Part time | Total    | Full time | Part time | Total     | Full time     | Part time | Total    |           |
| ACT          | 6         | 0         | 6        | 16        | 6         | 22        | 0             | 0         | 0        | 28        |
| VIC          | 0         | 0         | 0        | 2         | 0         | 2         | 0             | 0         | 0        | 2         |
| <b>Total</b> | <b>6</b>  | <b>0</b>  | <b>6</b> | <b>18</b> | <b>6</b>  | <b>24</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>30</b> |

Table 13: All non-ongoing employees current report period (2025–26)

|              | Male      |           |          | Female    |           |          | Indeterminate |           |          | Total    |
|--------------|-----------|-----------|----------|-----------|-----------|----------|---------------|-----------|----------|----------|
|              | Full time | Part time | Total    | Full time | Part time | Total    | Full time     | Part time | Total    |          |
| ACT          | 1         | 0         | 1        | 1         | 0         | 1        | 0             | 0         | 0        | 2        |
| VIC          | 0         | 0         | 0        | 0         | 0         | 0        | 0             | 0         | 0        | 0        |
| <b>Total</b> | <b>1</b>  | <b>0</b>  | <b>1</b> | <b>1</b>  | <b>0</b>  | <b>1</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>2</b> |

Table 14: All ongoing employees previous 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         |
| <b>Total</b> | <b>7</b>  | <b>0</b>  | <b>7</b> | <b>18</b> | <b>6</b>  | <b>24</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>31</b> |

Table 15: All non-ongoing employees previous 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        |
| <b>Total</b> | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>2</b>  | <b>0</b>  | <b>2</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>2</b> |

Table 16: Australian Public Service Act ongoing employees current report period (2025–26)

|              | 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         | 3         | 0         | 3        | 5         | 1         | 6         | 0             | 0         | 0        | 9         |
| EL 1         | 3         | 0         | 3        | 8         | 4         | 12        | 0             | 0         | 0        | 15        |
| APS 6        | 0         | 0         | 0        | 3         | 0         | 3         | 0             | 0         | 0        | 3         |
| APS 5        | 0         | 0         | 0        | 1         | 1         | 2         | 0             | 0         | 0        | 2         |
| <b>Total</b> | <b>6</b>  | <b>0</b>  | <b>6</b> | <b>18</b> | <b>6</b>  | <b>24</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>30</b> |

**Table 17: Australian Public Service Act non-ongoing employees current report period (2025–26)**

|              | Male      |           |          | Female    |           |          | Indeterminate |           |          | Total    |
|--------------|-----------|-----------|----------|-----------|-----------|----------|---------------|-----------|----------|----------|
|              | Full time | Part time | Total    | Full time | Part time | Total    | Full time     | Part time | Total    |          |
| EL 1         | 1         | 0         | 1        | 0         | 0         | 0        | 0             | 0         | 0        | 1        |
| APS 5        | 0         | 0         | 0        | 1         | 0         | 1        | 0             | 0         | 0        | 1        |
| <b>Total</b> | <b>1</b>  | <b>0</b>  | <b>1</b> | <b>1</b>  | <b>0</b>  | <b>1</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>2</b> |

**Table 18: Australian Public Service Act ongoing employees previous 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         |
| <b>Total</b> | <b>7</b>  | <b>0</b>  | <b>7</b> | <b>18</b> | <b>6</b>  | <b>24</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>31</b> |

**Table 19: Australian Public Service Act non-ongoing employees previous 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        |
| <b>Total</b> | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>2</b>  | <b>0</b>  | <b>2</b> | <b>0</b>      | <b>0</b>  | <b>0</b> | <b>2</b> |

**Table 20: Australian Public Service Act employees by full-time and part-time status current report period (2025–26)**

|              | 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         | 11        | 4         | 15        | 1           | 0         | 1        | 16        |
| APS 6        | 3         | 0         | 3         | 0           | 0         | 0        | 3         |
| APS 5        | 1         | 1         | 2         | 1           | 0         | 1        | 3         |
| <b>Total</b> | <b>24</b> | <b>6</b>  | <b>30</b> | <b>2</b>    | <b>0</b>  | <b>2</b> | <b>32</b> |

**Table 21: Australian Public Service Act employees by full-time and part-time status previous 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         |
| <b>Total</b> | <b>25</b> | <b>6</b>  | <b>31</b> | <b>2</b>    | <b>0</b>  | <b>2</b> | <b>33</b> |

**Table 22: Australian Public Service Act employment type by location current report period (2025–26)**

|              | Ongoing   | Non-ongoing | Total     |
|--------------|-----------|-------------|-----------|
| ACT          | 28        | 2           | 30        |
| VIC          | 2         | 0           | 2         |
| <b>Total</b> | <b>30</b> | <b>2</b>    | <b>32</b> |

**Table 23: Australian Public Service Act employment type by location previous report period (2024–25)**

|              | Ongoing   | Non-ongoing | Total     |
|--------------|-----------|-------------|-----------|
| ACT          | 29        | 1           | 30        |
| VIC          | 2         | 1           | 3         |
| <b>Total</b> | <b>31</b> | <b>2</b>    | <b>33</b> |

**Table 24: Australian Public Service Act employment arrangements current report period (2025–26)**

|                                                     | SES      | Non-SES   | Total     |
|-----------------------------------------------------|----------|-----------|-----------|
| Enterprise Agreement (EA)                           | 0        | 26        | 26        |
| Public Service Act 1999 24(1) determinations        | 1        | 0         | 1         |
| EA and approved individual flexibility arrangements | 0        | 5         | 5         |
| <b>Total</b>                                        | <b>1</b> | <b>31</b> | <b>32</b> |

**Table 25: Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current report period (2025–26)**

| Classification               | Minimum salary (\$) | Maximum salary (\$) |
|------------------------------|---------------------|---------------------|
| SES 1                        | 225,279             | 281,034             |
| EL 2                         | 144,179             | 176,503             |
| EL 1                         | 120,844             | 142,511             |
| APS 6                        | 98,337              | 114,711             |
| APS 5                        | 89,140              | 97,283              |
| APS 4                        | 81,955              | 89,539              |
| APS 3                        | 72,337              | 82,906              |
| APS 2                        | 62,596              | 70,630              |
| APS 1                        | 54,516              | 62,195              |
| <b>Minimum/Maximum range</b> | <b>54,516</b>       | <b>281,034</b>      |

## 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)
- Department of Home Affairs
- 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 College of Perioperative 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

### Community Awareness Grant 2025 recipients

- Charlton Neighbourhood House
- Loft Social
- Make Mate
- National Ethnic and Multicultural Broadcasters' Council
- Nationwide News
- PRONIA
- Queensland Remote Aboriginal Media
- Red's Fishing Media
- Melbourne Storm
- Western Bulldogs
- YouX (Adelaide University Union)

### Community Awareness Grants 2026 recipients

- Ipswich Jets
- Curated Australia
- Adelaide University Student Association
- The Migrant Centre Organisation Inc
- Focal Leap Ventures
- Convenience Advertising
- Nationwide News
- WIN Television Network
- Agenda Media
- Loft Social
- Make Mate
- Richmond Football Club
- Media Heads

### 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 Living Kidney Donor 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 Service
- 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

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## Appendix 4: Abbreviations

|                 |                                                           |
|-----------------|-----------------------------------------------------------|
| <b>ACT</b>      | Australian Capital Territory                              |
| <b>ALRC</b>     | Australian Law Reform Commission                          |
| <b>ANZKX</b>    | Australian and New Zealand Paired Kidney Exchange program |
| <b>ANZOD</b>    | Australia and New Zealand Organ Donation Registry         |
| <b>AODR</b>     | Australian Organ Donor Register                           |
| <b>APS</b>      | Australian Public Service                                 |
| <b>AUS–DRAI</b> | Australian Donor Risk Assessment Interview                |
| <b>CALD</b>     | culturally and linguistically diverse                     |
| <b>CCD</b>      | Commonwealth Climate Disclosure                           |
| <b>CEG</b>      | Community Engagement Group                                |
| <b>CEO</b>      | Chief Executive Officer                                   |
| <b>CICM</b>     | College of Intensive Care Medicine                        |
| <b>COO</b>      | Chief Operating Officer                                   |
| <b>COVID–19</b> | SARS–CoV–2                                                |
| <b>CPIP</b>     | Clinical Practice Improvement Program                     |
| <b>CPRs</b>     | Commonwealth Procurement Rules                            |
| <b>DAWG</b>     | Data and Audit Working Group                              |
| <b>DCDD</b>     | donation after circulatory determination of death         |
| <b>DNDD</b>     | donation after neurological determination of death        |
| <b>dpmp</b>     | donors per million population                             |
| <b>DSN</b>      | donation specialist nurse                                 |
| <b>EA</b>       | Enterprise Agreement                                      |
| <b>ECN</b>      | Education Coordinators Network                            |
| <b>ED</b>       | emergency department                                      |
| <b>EDR</b>      | Electronic Donor Record                                   |
| <b>EDRWG</b>    | Electronic Donor Record Working Group                     |
| <b>EL</b>       | Executive Level                                           |
| <b>ETAC</b>     | Eye and Tissue Advisory Committee                         |
| <b>FSAG</b>     | Family Support Advisory Group                             |
| <b>GST</b>      | goods and services tax                                    |
| <b>ICU</b>      | intensive care unit                                       |
| <b>IHACPA</b>   | Independent Health and Aged Care Pricing Authority        |

|                          |                                                                                                 |
|--------------------------|-------------------------------------------------------------------------------------------------|
| <b>ISODP</b>             | International Society for Organ Donation Professionals                                          |
| <b>JOTSC</b>             | Jurisdictional Organ and Tissue Steering Committee                                              |
| <b>LMS</b>               | learning management system                                                                      |
| <b>MAID</b>              | medical assistance in dying                                                                     |
| <b>National Strategy</b> | National Strategy for Organ Donation, Retrieval and Transplantation                             |
| <b>NDFSS</b>             | National DonateLife Family Support Service                                                      |
| <b>NEMBC</b>             | National Ethnic and Multicultural Broadcasters' Council                                         |
| <b>NSW</b>               | New South Wales                                                                                 |
| <b>NT</b>                | Northern Territory                                                                              |
| <b>ODNZ</b>              | Organ Donation New Zealand                                                                      |
| <b>ODHSF</b>             | Organ Donation Hospital Support Funding                                                         |
| <b>OTA</b>               | Australian Organ and Tissue Donation and Transplantation Authority / Organ and Tissue Authority |
| <b>PBS</b>               | Portfolio Budget Statements                                                                     |
| <b>PGPA Act</b>          | <i>Public Governance, Performance and Accountability Act 2013</i>                               |
| <b>PGPA Rule</b>         | Public Governance, Performance and Accountability Rule 2014                                     |
| <b>PWG</b>               | Paediatric Working Group                                                                        |
| <b>QLD</b>               | Queensland                                                                                      |
| <b>GRAM</b>              | Queensland Remote Aboriginal Media                                                              |
| <b>RAP</b>               | Reconciliation Action Plan                                                                      |
| <b>SA</b>                | South Australia                                                                                 |
| <b>SAER</b>              | serious adverse event and/or reaction                                                           |
| <b>SES</b>               | Senior Executive Service                                                                        |
| <b>SMEs</b>              | small and medium enterprises                                                                    |
| <b>TAS</b>               | Tasmania                                                                                        |
| <b>trpmp</b>             | transplant recipients per million population                                                    |
| <b>TSANZ</b>             | Transplantation Society of Australia and New Zealand                                            |
| <b>UK</b>                | United Kingdom                                                                                  |
| <b>VAD</b>               | voluntary assisted dying                                                                        |
| <b>VIC</b>               | Victoria                                                                                        |
| <b>VSEAC</b>             | Vigilance and Surveillance Expert Advisory Committee                                            |
| <b>WA</b>                | Western Australia                                                                               |
| <b>WHS</b>               | work health and safety                                                                          |

## Appendix 5: Glossary

| Term                                                                               | Definition                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Australian donation and transplantation data release</b>                        | The OTA releases donation and transplantation outcomes data annually, usually in February, from the previous calendar year.                                                                                                                                                                                                                                                                                        |
| <b>Australian and New Zealand Paired Kidney Exchange (ANZKX) program</b>           | 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 to donate but unable to do so because of an incompatible blood type or tissue type. Incompatible pairs are enrolled in the program and are matched against other incompatible pairs.          |
| <b>Australian Organ and Tissue Donation and Transplantation Authority (OTA)</b>    | 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.                                                                                                                                                                                |
| <b>Australian Organ Donor Register (AODR)</b>                                      | The national register for Australians to record their organ and tissue donation decision.                                                                                                                                                                                                                                                                                                                          |
| <b>Best Practice Guideline for Offering Organ and Tissue Donation in Australia</b> | 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.                                                                                        |
| <b>Clinical Guidelines for Organ Transplantation from Deceased Donors</b>          | 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.                                                                                                                                                                                    |
| <b>Clinical Practice Improvement Program (CPIP)</b>                                | 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. |
| <b>Consent rate</b>                                                                | The number of consents as a percentage of all requests made to potential deceased donor families in the hospital.                                                                                                                                                                                                                                                                                                  |
| <b>DonateLife</b>                                                                  | The Australian Government brand for all initiatives undertaken as part of the DonateLife program to increase organ and tissue donation for transplantation.                                                                                                                                                                                                                                                        |
| <b>DonateLife agencies</b>                                                         | 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.                                                                                                                                                 |
| <b>DonateLife Audit</b>                                                            | A nationally consistent retrospective audit to collect data about hospital deaths in the context of organ donation.                                                                                                                                                                                                                                                                                                |

| Term                                           | Definition                                                                                                                                                                                                                                                                  |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DonateLife Network</b>                      | The national network of state-based donation agencies and hospital-based staff focused on increasing organ and tissue donation.                                                                                                                                             |
| <b>DonateLife Thank You Day</b>                | A national day to acknowledge organ and tissue donors and families who agreed to donation.                                                                                                                                                                                  |
| <b>DonateLife Week</b>                         | A national awareness week promoting organ and tissue donation.                                                                                                                                                                                                              |
| <b>Electronic Donor Record</b>                 | A national electronic web-based IT system for managing the donation process and offering organs for transplantation.                                                                                                                                                        |
| <b>Family Donation Conversation workshop</b>   | 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.                                                              |
| <b>Hospital-based staff</b>                    | 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.                                                          |
| <b>Organ Donation Hospital Support Funding</b> | 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. |
| <b>OrganMatch</b>                              | Australia's sophisticated IT system that facilitates recipient waitlisting, organ offering and allocation.                                                                                                                                                                  |
| <b>Portfolio Budget Statements</b>             | 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              |
|---------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------|
| <b>17AD(g)</b>      | <b>Letter of transmittal</b>           |                                                                                                                                                                                                                                                                                                            |                                   |                   |
| 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                |
| <b>17AD(h)</b>      | <b>Aids to access</b>                  |                                                                                                                                                                                                                                                                                                            |                                   |                   |
| 17AJ(a)             |                                        | Table of contents (print only).                                                                                                                                                                                                                                                                            | Mandatory                         | vii               |
| 17AJ(b)             |                                        | Alphabetical index (print only).                                                                                                                                                                                                                                                                           | Mandatory                         | 170               |
| 17AJ(c)             |                                        | Glossary of abbreviations and acronyms.                                                                                                                                                                                                                                                                    | Mandatory                         | 160               |
| 17AJ(d)             |                                        | List of requirements.                                                                                                                                                                                                                                                                                      | Mandatory                         | 164               |
| 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 |
| <b>17AD(a)</b>      | <b>Review by accountable authority</b> |                                                                                                                                                                                                                                                                                                            |                                   |                   |
| 17AD(a)             |                                        | A review by the accountable authority of the entity.                                                                                                                                                                                                                                                       | Mandatory                         | 2–4               |
| <b>17AD(b)</b>      | <b>Overview of the entity</b>          |                                                                                                                                                                                                                                                                                                            |                                   |                   |
| 17AE(1)(a)(i)       |                                        | A description of the role and functions of the entity.                                                                                                                                                                                                                                                     | Mandatory                         | 7                 |
| 17AE(1)(a)(ii)      |                                        | A description of the organisational structure of the entity.                                                                                                                                                                                                                                               | Mandatory                         | 7                 |
| 17AE(1)(a)(iii)     |                                        | A description of the outcomes and programmes administered by the entity.                                                                                                                                                                                                                                   | Mandatory                         | 22                |
| 17AE(1)(a)(iv)      |                                        | A description of the purposes of the entity as included in corporate plan.                                                                                                                                                                                                                                 | Mandatory                         | 22                |
| 17AE(1)(aa)(i)      |                                        | Name of the accountable authority or each member of the accountable authority.                                                                                                                                                                                                                             | Mandatory                         | 82                |
| 17AE(1)(aa)(ii)     |                                        | Position title of the accountable authority or each member of the accountable authority.                                                                                                                                                                                                                   | Mandatory                         | 82                |
| 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      |
| <b>17AD(c)</b>      | <b>Report on the Performance of the entity</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |          |
|                     | <b>Annual performance Statements</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |          |
| 17AD(c)(i); 16F     |                                                | Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.                                                                                                                                                                                                                                                                                                                                                                        | Mandatory                 | 19–79    |
| <b>17AD(c)(ii)</b>  | <b>Report on Financial Performance</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |          |
| 17AF(1)(a)          |                                                | A discussion and analysis of the entity's financial performance.                                                                                                                                                                                                                                                                                                                                                                                                                  | Mandatory                 | 4, 78–79 |
| 17AF(1)(b)          |                                                | A table summarising the total resources and total payments of the entity.                                                                                                                                                                                                                                                                                                                                                                                                         | Mandatory                 | 79       |
| 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      |
| <b>17AD(d)</b>      | <b>Management and Accountability</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |          |
|                     | <b>Corporate Governance</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |          |
| 17AG(2)(a)          |                                                | Information on compliance with section 10 (fraud and corruption systems)                                                                                                                                                                                                                                                                                                                                                                                                          | Mandatory                 | 93–94    |
| 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                 | 82–90    |
| 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           |
|--------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| <b>Audit Committee</b>               |                |                                                                                                                                                                                                                                                                                                                                                                 |                          |                |
| 17AG(2A)(a)                          |                | A direct electronic address of the charter determining the functions of the entity's audit committee.                                                                                                                                                                                                                                                           | Mandatory                | 86             |
| 17AG(2A)(b)                          |                | The name of each member of the entity's audit committee.                                                                                                                                                                                                                                                                                                        | Mandatory                | 86             |
| 17AG(2A)(c)                          |                | The qualifications, knowledge, skills or experience of each member of the entity's audit committee.                                                                                                                                                                                                                                                             | Mandatory                | 86             |
| 17AG(2A)(d)                          |                | Information about the attendance of each member of the entity's audit committee at committee meetings.                                                                                                                                                                                                                                                          | Mandatory                | 86             |
| 17AG(2A)(e)                          |                | The remuneration of each member of the entity's audit committee.                                                                                                                                                                                                                                                                                                | Mandatory                | 86             |
| <b>External Scrutiny</b>             |                |                                                                                                                                                                                                                                                                                                                                                                 |                          |                |
| 17AG(3)                              |                | Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.                                                                                                                                                                                                                                                | Mandatory                | 90             |
| 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            |
| <b>Management of Human Resources</b> |                |                                                                                                                                                                                                                                                                                                                                                                 |                          |                |
| 17AG(4)(a)                           |                | An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.                                                                                                                                                                                                                                                  | Mandatory                | 95–100         |
| 17AG(4)(aa)                          |                | Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following:<br>(a) statistics on full time employees;<br>(b) statistics on part time employees;<br>(c) statistics on gender;<br>(d) statistics on staff location.                                                                                                        | Mandatory                | 96, 152–155    |
| 17AG(4)(b)                           |                | Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following:<br>• Statistics on staffing classification level;<br>• Statistics on full time employees;<br>• Statistics on part time employees;<br>• Statistics on gender;<br>• Statistics on staff location;<br>• Statistics on employees who identify as Indigenous. | Mandatory                | 96–97, 152–155 |

| 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                | 155  |
| 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                | 155  |
| 17AG(4)(c)(ii)                          |                | The salary ranges available for APS employees by classification level.                                                                                                                                                                                                                                                                                                                                            | Mandatory                | 155  |
| 17AG(4)(c)(iii)                         |                | A description of non-salary benefits provided to employees.                                                                                                                                                                                                                                                                                                                                                       | Mandatory                | 100  |
| 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  |
| <b>Assets Management</b>                |                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |      |
| 17AG(5)                                 |                | An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.                                                                                                                                                                                                                                                                                      | If applicable, Mandatory | 104  |
| <b>Purchasing</b>                       |                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |      |
| 17AG(6)                                 |                | An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .                                                                                                                                                                                                                                                                                                                           | Mandatory                | 104  |
| <b>Reportable consultancy contracts</b> |                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |      |
| 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                | 105  |
| 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                | 105  |
| 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                | 105  |
| 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                | 105  |

| PGPA Rule Reference                                    | Part of Report                                                                                                                                     | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Requirement              | Page |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------|
| <b>Reportable non-consultancy contracts</b>            |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |      |
| 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                | 105  |
| 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                | 105  |
| 17AD(daa)                                              | <b>Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |      |
| 17AGA                                                  |                                                                                                                                                    | Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.                                                                                                                                                                                                                                                                                    | Mandatory                | 105  |
| <b>Australian National Audit Office Access Clauses</b> |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |      |
| 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 | 104  |
| <b>Exempt contracts</b>                                |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |      |
| 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 | 104  |
| <b>Small business</b>                                  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |      |
| 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                | 103  |
| 17AG(10)(b)                                            |                                                                                                                                                    | An outline of the ways in which the procurement practices of the entity support small and medium enterprises.                                                                                                                                                                                                                                                                                                                                                      | Mandatory                | 103  |

| 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          |
| <b>Financial Statements</b>   |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |              |
| 17AD(e)                       |                                    | Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.                                                                                                                                                                                                                                                                                                                                                                                     | Mandatory                | 111–149      |
| <b>Executive Remuneration</b> |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |              |
| 17AD(da)                      |                                    | Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2–3 of the Rule.                                                                                                                                                                                                                                                                                                                                                                | Mandatory                | 152          |
| <b>17AD(f)</b>                | <b>Other Mandatory Information</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |              |
| 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 | 104          |
| 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 | 106          |
| 17AH(1)(c)                    |                                    | Outline of mechanisms of disability reporting, including reference to website for further information.                                                                                                                                                                                                                                                                                                                                                                           | Mandatory                | 99           |
| 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                | 90           |
| 17AH(1)(e)                    |                                    | Correction of material errors in previous annual report.                                                                                                                                                                                                                                                                                                                                                                                                                         | If applicable, Mandatory | N/A          |
| 17AH(2)                       |                                    | Information required by other legislation.                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mandatory                | 101, 107–109 |

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## Alternative format

This annual report is available electronically on the Organ and Tissue Authority's website at [www.donatelife.gov.au/about-us/strategy-and-performance](http://www.donatelife.gov.au/about-us/strategy-and-performance).

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## 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.

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Website [www.donatelife.gov.au](http://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.

The Organ and Tissue Authority acknowledges diversity and respectfully uses both 'First Nations' and 'Aboriginal and Torres Strait Islander peoples' interchangeably in this document.

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.



