



ANNUAL
REPORT

2025-26

Our Vision

A world class healthcare system centred on consumers and communities.

Our Values

Working Together | Respect | Commitment to Excellence | Trust and Integrity | Daring

Our Mission

It is CHF's mission to draw on consumer and community knowledge and experience to relentlessly drive innovation and improvements to the Australian healthcare system. To arrive at informed positions, CHF works together with its Members, individual consumers, partners and stakeholders.

We respect the expertise, knowledge and skills within and outside our organisation. We are committed to excellence and act with integrity. We are daring in the pursuit of our purpose.

Acknowledgement of Country

The Consumers Health Forum of Australia acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders both past and present.

Acknowledgement of Lived Experience

We deeply respect the lived and living experiences of health consumers, carers, families, and communities across Australia.

We recognise the right of every person to equitable access to healthcare, regardless of their background or circumstances.

We value the lived experience expertise and personal commitment of consumer health advocates working to influence change.

We seek to elevate the voices of those who have navigated the complexities of the health system and partner with them to drive meaningful and inclusive change.

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Scott Harlum, Governance Committee Chair, Lucy Clynes, Director, Dr Christine Walker, Director, Dr Elizabeth Deveny, CEO, Rowan Cockerell, Board Chair, Gloria Jacob, Director, Minh Nguyen, Director and Louise Hardy, Deputy Chair

Board Chair Reflection



As CHF prepares to mark its forty-year anniversary, I find myself reflecting on how far the organisation has come, and those who have shaped its journey.

CHF was first funded through the 1986–87 Federal Budget and founded on a simple idea: that the people who use the health system should have a say in how it is designed and improved.

Over the past four decades, CHF has grown from a small group of passionate advocates championing consumer representation into a respected and trusted national voice for health consumers.

This year has highlighted both the progress that has been made and the challenges that remain. The Federal Budget included welcome measures to help ease cost-of-living pressures and improve affordability for consumers, and we were encouraged to see continued attention given to medicines, specialist out-of-pocket costs and dental care.

However, navigating care is still difficult, services are often fragmented, and too many people struggle to access the care they need when they need it.

The Board's role is to ensure CHF remains strong, independent and focused on its purpose. Over the past year, we refreshed our strategic direction, strengthened governance and continued to build the foundations for CHF's long-term sustainability. Together, these efforts ensure CHF remains a strong and trusted voice for consumers in national conversations.

None of our work would be possible without the support of our Members. CHF's strength comes from the expertise, experience and commitment of the organisations and individuals that make up our Membership base, and on behalf of the Board, I thank all our Members for their ongoing contribution and support.

I also thank and acknowledge CEO, Dr Elizabeth Deveny, for her leadership throughout the year and the work of our dedicated CHF staff.

I also thank my fellow Directors for their commitment, wisdom and leadership throughout the year. I particularly acknowledge those Directors who are stepping down this year. Christine Walker will step down after nine years, and I too will conclude my term after 12 years. It has been a privilege to serve on the CHF Board during this time, including as Chair for the past 12 months.

As CHF enters its fortieth year, we have much to be proud of, but our work is far from finished.

Drawing on the experiences of consumers and the expertise of our Members, CHF will continue to be a strong and independent voice for consumers in the years ahead.

Rowan Cockerell
Board Chair

Chief Executive Officer Reflection



Across Australia, people are having to choose between their health and everything else.

Over the past 12 months, consumers told us about impossible choices between appointments and bills, medicines and groceries, dental care and other essentials. They are carrying the weight of complex systems, fragmented services and rising costs, often while managing illness, caring responsibilities or financial stress.

At CHF, we are determined to ensure those experiences are heard. We take them into conversations with government. Into Parliament. Into policy discussions. Into the media. And increasingly, we can back those experiences with really strong evidence.

Through our National Consumer Sentiment Survey, Australia's Health Panel, and what we hear every day from our Members, consumer leaders and communities, we're building a much clearer picture of where the health system is working, where it isn't, and who is still being left behind. That evidence has helped strengthen our advocacy on the cost of medicines, specialist fees and access to oral healthcare. It has also shaped our work on Medicare, prevention, patient safety and the need for consumers to be genuinely involved in decisions about healthcare.

We've seen progress on the cost of medicines, and specialist out-of-pocket costs are now much more firmly on the national policy agenda.

The establishment of CHF's inaugural Consumer Assembly has strengthened the way consumer voices inform our work. It is helping ensure consumer

perspectives are considered from the outset, rather than after decisions have already been made. I thank its members for their commitment and contribution to strengthening consumer leadership across our work.

I also thank every consumer who has engaged with us on social media, read our newsletter, shared their lived experience or participated in an engagement opportunity. Your experiences, insights and stories strengthen our advocacy and guide our priorities. And we do listen. But there is still a lot more to do.

Too many people are delaying care they need. Too many are missing out altogether. And too many people are being asked to navigate a health system that can be extraordinarily difficult to understand, particularly when they are already sick, frightened or under pressure. As we reflect on 40 years of CHF and look to the future, we continue to ask a fundamental question: is the health system working for the people who need it most?

We will continue to be daring, collaborative and unwavering in our pursuit of a world-class healthcare system centred on consumers and communities. By listening to consumers, bringing evidence to the table and advocating for meaningful change, we will continue working towards a health system that works not just for some, but for everyone.

Dr Elizabeth Deveny
Chief Executive Officer

About CHF



In 2026-27, the Consumers Health Forum of Australia (CHF) will mark 40 years as the national peak body for health consumers. Established in 1986-87, CHF has played an important role in ensuring the experiences, needs and perspectives of consumers are reflected in health policy, program design and system reform across Australia.

The Consumers Health Forum of Australia (CHF) is the national peak body representing health consumers.

CHF can trace its beginnings to the 1980s when, following a petition to the Minister of Health, a review of community participation was undertaken by the Federal Department of Health. The establishment of a Health Forum made up of community and consumer groups to provide a strong voice on health issues was recommended, during a time when the global and national response to HIV and the poor treatment of people with AIDS spurred widespread community advocacy. This grew into a broader health consumer movement.

Now in its fortieth year, CHF has over 100 Members, including advocacy groups, disease-based consumer organisations, professional bodies and individual advocates, representing millions of Australians. The insights

and perspectives these diverse organisations offer assist CHF to provide appropriate and well-informed advice and advocacy to government and other decision makers.

Together with consumers and Member Organisations, CHF works to ensure healthcare in Australia is accessible, affordable and safe. Primarily funded by the Australian Government's Department of Health, Disability and Ageing, CHF's efforts are focused on the accessibility and affordability of primary healthcare services, medicines, health literacy, digital health and prevention.

CHF brings consumer and community insights into the places where health decisions are made. As the independent voice of health consumers, we share what people are experiencing, advocate for the changes they need, and work to keep consumers at the centre of health policy and reform.

CHF has offices in Canberra and Melbourne and is a registered charity with the Australian Charities and Not-For-Profits Commission.

Our Board

In 2025-26, CHF welcomed new leadership to its Board, with Rowan Cockerell appointed Chair and Louise Hardy appointed Deputy Chair. David Blair was appointed Chair of the Finance, Audit and Risk Management Committee, and Scott Harlum as Chair of the Governance Committee. CHF also welcomed Lucy Clynes and David Blair as Board Directors.

The year also marked the departure of several Board Directors. After 15 years of dedicated service, Tony Lawson stepped down as Chair of CHF. Jan Donovan and Darryl O'Donnel also concluded their service. CHF thanks them for their outstanding contribution and commitment to the organisation.



Rowan Cockerell
Chair



Louise Hardy
Deputy Chair



David Blair
*Finance, Audit and Risk
Management Committee Chair*



Scott Harlum
Governance Committee Chair



Lucy Clynes
Director



Gloria Jacob
Director



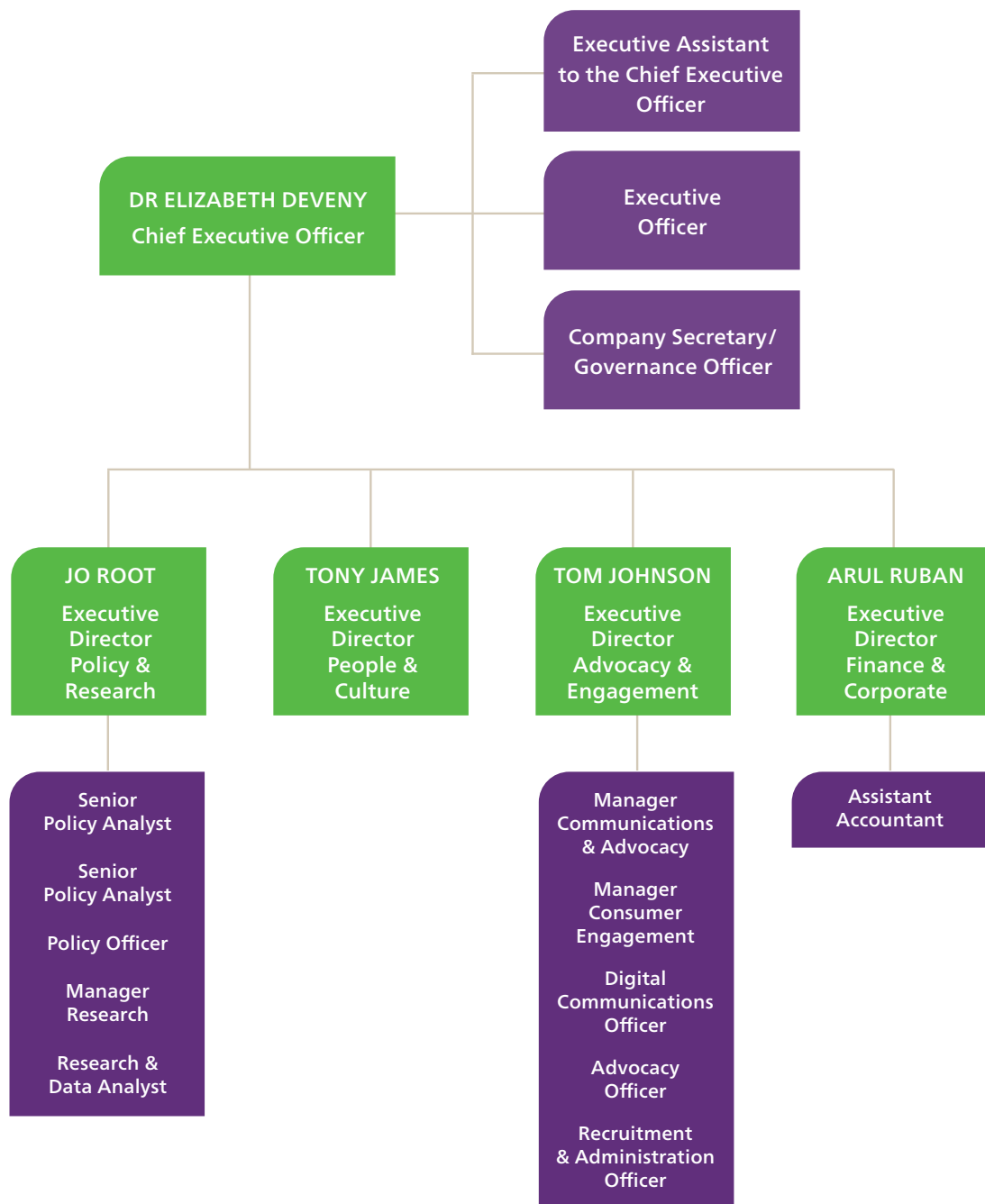
Minh Nguyen
Director



Dr Christine Walker
Director

Our Team

Organisational Structure



2026 Staff Engagement Survey

CHF remains committed to fostering a workplace where staff feel supported, valued and motivated. In 2026, our Staff Engagement Survey achieved a 100 per cent participation rate, with results showing employees feel supported in their roles, enjoy the challenges of their work and are strongly motivated by CHF's purpose and impact.

When benchmarked against our sector, CHF's overall results ranked in the top decile, reflecting the strength of our workplace culture. These results reinforce our commitment to flexibility, professional development and staff wellbeing. The survey insights will help guide future improvements, ensuring CHF continues to be a workplace where people can thrive.

Strengthening our foundations

A significant amount of work this year has taken place behind the scenes to strengthen CHF as an organisation. Along with our public

facing work, we also continued to improve our governance, financial management and risk management. At the same time, we reviewed systems we use to collaborate, manage data and protect sensitive information.

CHF has also invested in how we work together as a team. Regular operational check-ins and planning created more opportunities to identify issues early, share responsibility and adapt how we work. Improvements to internal processes have also supported more consistent approaches across areas including communications, events and day-to-day operations. These investments have helped us better understand what our people need and where we can continue to improve.

While these changes are often less visible externally, they are fundamental to a strong organisation. They reflect considerable work by staff across CHF to strengthen our foundations and position us well for the development and delivery of our next strategy.



Australia's Health Panel



"Medicine is too expensive for me on a pension. I go without meds and specialist appointments."

Respondent, Health consumers' experiences and perceptions of healthcare costs.

Australia's Health Panel (AHP) gives Australians a direct way to share what they are seeing and experiencing in the health system. This year, consumers completed surveys through AHP into the different areas of healthcare affecting them the most. These surveys were translated into seven reports showcasing their frank and practical insights.

In *Health consumers' experiences and perceptions of healthcare costs*, consumers described healthcare as increasingly expensive and unpredictable, with many delaying care due to high out-of-pocket costs and poor cost transparency. Participants called for clearer pricing and better access to affordable care options.

Health consumers' ability to access, understand, appraise, and use health information and care services highlighted ongoing challenges in navigating the health system. Consumers emphasised the need for trusted information, plain-language resources and simpler pathways to care.

CHF in Action



Findings from *Understanding how Australian health consumers navigate their oral health and dental care* reinforced concerns about the affordability and accessibility of dental services, with strong support for treating oral health as an essential part of the healthcare system. One respondent borrowed money from a family member for emergency dental care, saying they would otherwise have had to sell belongings. Another relied on charity food for several fortnights after paying for a tooth extraction.

Several reports focused on the experience of care itself. *Experiences of dignity and respect among health consumers across different healthcare settings* showed that respectful communication, involvement in decisions and continuity of care are critical to trust and engagement. *Treated differently: consumer experiences of stigma and discrimination in healthcare* revealed that many consumers continue to experience unfair treatment, particularly those with disability, mental health conditions or complex care needs.

In *Preventive health in Australia: What consumers want and what is getting in the way*, consumers demonstrated strong motivation to stay healthy but identified cost, time and access barriers that limit their ability to take preventive action.

Consumers also shared their views on emerging technologies through “We are not robots. Human activity is precious”: consumer experiences and expectations of AI use in healthcare settings. While recognising potential benefits, participants stressed that AI must support, not replace, human care and should be implemented with strong safeguards, transparency and consumer involvement.

Taken together, these reports provide CHF with a strong evidence base for advocacy and demonstrate the importance of including consumer voices in decisions about a more accessible, equitable and person-centred health system.

2025-26 AHP Reports

- 1: Health consumers’ experiences and perceptions of healthcare costs
- 2: Health consumers’ ability to access, understand, appraise, and use health information and care services
- 3: Understanding how Australian health consumers navigate their oral health and dental care
- 4: Experiences of dignity and respect among health consumers across different healthcare settings
- 5: Preventive health in Australia: What consumers want and what is getting in the way
- 6: Treated differently: consumer experiences of stigma and discrimination in healthcare
- 7: “We are not robots. Human activity is precious”: consumer experiences and expectations of AI use in healthcare settings

“\$4000 worth of dental work was required for elderly Mum. This meant Mum & Dad (both on pensions) could not afford a holiday, to eat out, to purchase other items required to keep them safely functioning in their own home.”

Respondent, Understanding how Australian health consumers navigate their oral health and dental care.

“A culture where prevention is just normal.”

Respondent, Preventive health in Australia: What consumers want and what is getting in the way.



In Person CHF Consumer Assembly Meeting in Brisbane, March 2026

Consumer Assembly

Consumer Recognition Statement

We deeply respect the lived and living experiences of health consumers, carers, families, and communities across Australia.

We recognise the right of every person to equitable access to healthcare, regardless of their background or circumstances.

We value the lived experience expertise and personal commitment of consumer health advocates working to influence change.

We seek to elevate the voices of those who have navigated the complexities of the health system and partner with them to drive meaningful and inclusive change.

CHF

CHF Inaugural Consumer Assembly

The CHF Consumer Assembly pilot was formed in June 2025 and designed to provide CHF with lived experience insight, advice, and strategic guidance to inform and strengthen its work across policy development, projects, education, and advocacy.

The Assembly consisted of 22 consumer representatives from across the country, bringing diverse perspectives, experiences and insights.

Between June 2025 and April 2026, the Assembly participated in a range of activities.

These included:

- Online Assembly meetings
- In person Assembly meeting
- Working groups and out of session contributions to documents and resources
- Budget submission or policy input
- Meetings or preparation for meetings with Ministers or senior decision makers
- Consultations with government departments
- Consumer engagement or capability building workshops and webinars for government

(including the Department of Health, Disability and Ageing and the Australian Commission on Safety and Quality in Health Care)

- Public facing webinars, panels or speaking engagements (e.g. CHF Talks)
- Conferences or public events (e.g. Primary Care Conference in Canberra)
- Informal connection or networking with other Assembly members

Feedback from Assembly members was overwhelmingly positive. Members said they valued the chance to meet and work with consumer representatives from different backgrounds, contribute to national health discussions, and see their experiences recognised as valuable and treated with respect.

CHF in Action

43

Consumer
Engagement
Opportunities



7

Consumer
Assembly
Meetings

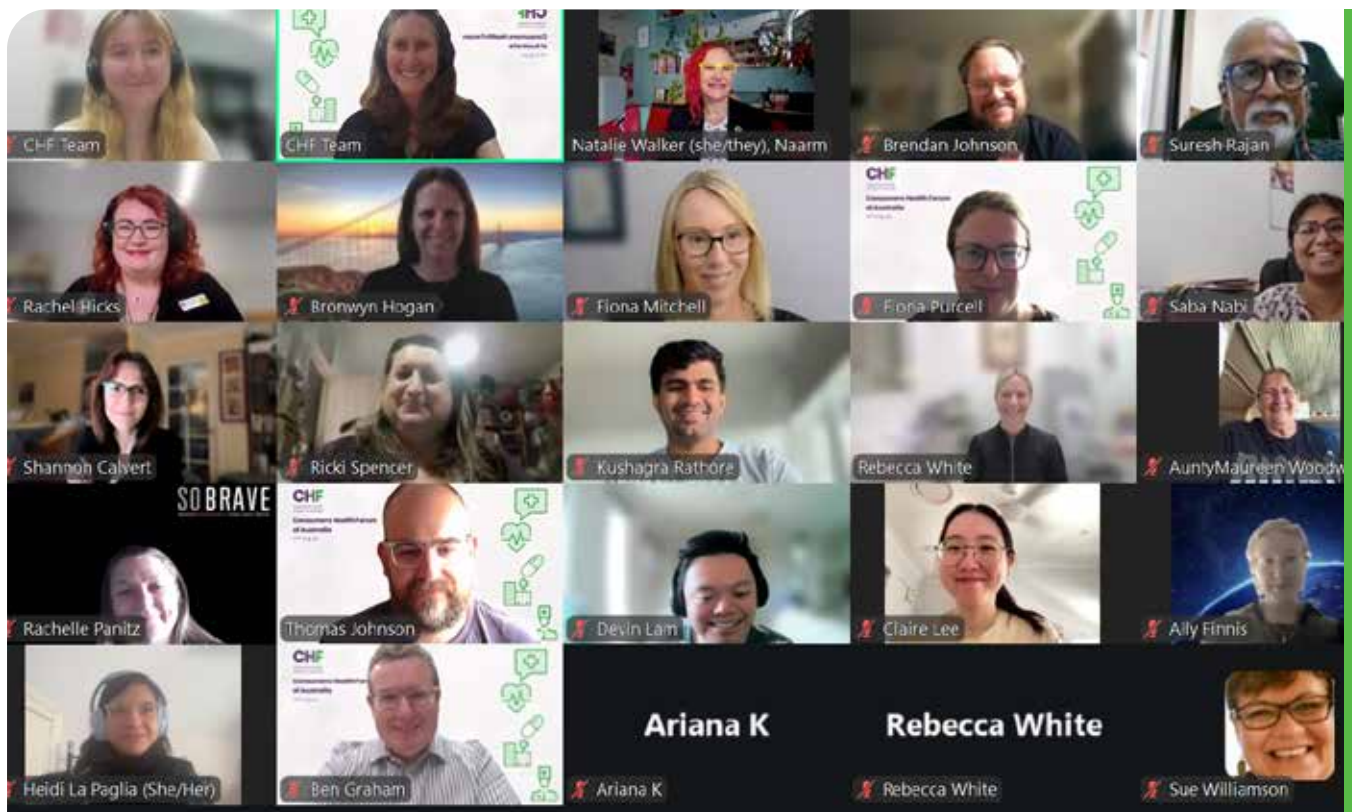


“The opportunity to collaborate and have a collective consumer voice is powerful, meaningful and empowering.”

Consumer Assembly member.

“The most valuable aspect for me was the opportunity to hear a diverse range of consumer perspectives and to connect with others who are committed to improving health systems.”

Consumer Assembly member.



Consumer Assembly members meet online with Hon Rebecca White MP, Assistant Minister for Health and Aged Care.

CHF in Action

73,746
pageviews to
our website

National Consumer Sentiment Survey



CHF staff and Board Directors with The Hon Mark Butler, Minister for Health and Ageing and Minister for Disability, during the launch events for the 2024 and 2025 NCSS reports.

As part of its Strengthening Medicare work funded by the Department of Health, Disability and Ageing, CHF continued delivery of the National Consumer Sentiment Survey (NCSS), a four-year program designed to capture the experiences and views of 20,000 Australians between 2024 and 2027.

Following the inaugural survey in 2024 and the formal launch of the initiative in November 2025, the second survey wave was launched in April 2026. The survey gathered consumer perspectives on Australia's healthcare system, including experiences accessing care and awareness of initiatives such as MyMedicare and My Health Record.

Together, the surveys captured the views of more than 10,000 Australians, providing an important evidence base to inform policy and service design. The findings showed that while Australians continued to value the quality of their healthcare system, many faced growing challenges accessing and affording care.

The results highlighted the difficult choices people are making between healthcare and other household expenses. They also showed how delayed or missed care affects individuals, families, communities and the broader health system. CHF used these insights to advocate for reforms that make healthcare more affordable, easier to access and easier to navigate.

"Australians still trust the care they receive. What they don't trust is whether they can afford it when they need it."

Dr Elizabeth Deveny CEO

Your Voice. Our Advocacy.

Coalition for Preventative Health, October 2025

Coalition for Preventive Health Funding

The Coalition for Preventative Health Funding is a group of 20 Australian health consumer organisations, formed in 2024 to advocate for greater investment in preventive health in Australia.

Representatives from 16 Member organisations met in Sydney in November 2025 to review priorities and strengthen advocacy ahead of the Federal Budget. Members reaffirmed the Coalition's key asks and agreed on a coordinated strategy for engaging parliamentarians and other decision-makers. The coalition continued to build the case for greater investment in prevention, highlighting its potential to improve health outcomes, reduce long-term costs and address health inequities.

The Coalition is a valuable forum for consumer organisations to connect, share insights and coordinate advocacy, and members committed to expanding the coalition, sharing consumer stories and strengthening engagement with government, parliamentarians and other key stakeholders.

Bulk billing incentive expanded access to affordable GP care

CHF welcomed the commencement of the Australian Government's Bulk Billing Practice Incentive Program in November 2025; a significant measure aimed at improving the affordability of primary healthcare.

The program requires participating general practices to bulk bill all Medicare-eligible patients, making it easier for millions of Australians to access lower-cost GP care.

The announcement of the program aligned with findings from CHF's National Consumer Sentiment Survey, which showed affordability remained a major barrier to care, with more than one in ten Australians reporting they could not afford needed medical treatment during 2024.

While welcoming the initiative as an important step towards reducing healthcare costs, CHF noted that expenses such as medicines, scans and other out-of-pocket healthcare costs can still prevent people from taking advantage of bulk-billed services, as these additional costs are often not covered. CHF also highlighted the need to address ongoing workforce shortages, recognising that consumers need access to a range of healthcare professionals and services within their communities.

Federal Budget 2026

As part of our pre-Budget advocacy, CHF provided a submission to the Australian Government outlining practical investments to improve healthcare access, affordability and consumer engagement. CHF called on the Commonwealth Government to prioritise three key investments in the 2026-27 Budget. These investments will deliver measurable impacts that align with government priorities and directly target healthcare access and affordability.

1. Fund implementation of the National Consumer Engagement Strategy, including consumer participation resourcing across the policy and program lifecycle (design, implementation and evaluation), capability development, and a measurement framework.
2. Fund priority oral health access schemes for older people, First Nations people and people on low incomes, and increase public dental service capacity as a first step towards universal oral healthcare.
3. Fund a national Medicare community education program to strengthen consumer autonomy and build health system literacy.

The Federal Budget maintained investment across key areas of the health system and included welcome measures on specialist out-of-pocket costs and dental care.

While some of CHF's priorities were reflected in the Budget, major challenges remain for Australians under financial pressure and for those struggling to get care when they need it. CHF will continue to press for reforms that reduce costs, improve transparency and make the health system simpler for consumers, families and carers to use.



Rowan Cockerall, Chair, CHF



Emma Cutajar, CHF, Nami Nelson, CHF and Ricki Spencer



Left-Right, Top-Bottom: Dr Elizabeth Deveny, CEO, Dr Jenn-Lacey Nichols, Suresh Rajan, Consumer, Heidi La Paglia, Consumer presenting at a CHF Talks webinar

CHF Talks

CHF Talks continued to provide a platform for consumers, experts and health sector leaders to discuss issues shaping Australia's health system. Through a series of public webinars, CHF brought diverse perspectives together and created opportunities for consumers' experiences and concerns to be heard.

During the year, webinars explored topics including preventive health, stigma and discrimination in healthcare, and the impact of mis- and disinformation on health decisions. Speakers included consumer advocates, community leaders and people with lived experience, whose insights helped deepen understanding of the challenges facing different communities.

Strong audience engagement showed there is continued demand for trusted, accessible conversations about health policy and reform, and reinforced CHF's role in connecting consumers with the issues that affect their lives.

Announcement of a National Medicines Record

CHF welcomed the Australian Government's announcement of a National Medicines Record as an important step towards safer and more coordinated medicines management. Ensuring that both health professionals and consumers can access accurate, up to date information will help reduce avoidable overdoses, medication errors and medicine misuse.

This progress has largely been driven by the loud and courageous advocacy of Alison Collins, whose daughter Erin died from an overdose involving medications obtained across multiple digital health platforms. By being relentless in her determination and speaking openly about her family's experience, Alison has exposed critical gaps in the system and helped drive change that will save lives. This was an important example of how lived experience can drive real change and why consumer voices must remain central to major health reforms.

National Mental Health and Suicide Prevention Agreement

CHF expressed broad support for the Productivity Commission's final review of the National Mental Health and Suicide Prevention Agreement. The review found the current Agreement had not delivered meaningful change in mental health and suicide prevention and highlighted the absence of clear objectives and measurable outcomes.

CHF's submission called for the next Agreement to be developed through a new approach that places consumers at its centre. It should be co-designed with people who have lived experience, as well as carers, family members, kin, service providers and the broader mental health sector.

The review and its recommendations are important, but the real work lies ahead. Governments must work with consumers to develop a new Agreement that is fit for purpose and reflects the needs of communities.

Senate Inquiry: Rural, Regional and Remote Medicare Access and Funding

CHF provided a submission to the Senate Inquiry into rural, regional and remote Medicare access and funding, informed by an online survey, discussions with community members, previous consultations and findings from our National Consumer Sentiment Surveys.

Consumers in regional, rural and remote areas consistently tell CHF they face significant barriers to care, including long waiting times, limited provider choice, high out-of-pocket costs and extensive travel to receive treatment. These challenges reflect long-term underinvestment and Medicare settings that do not adequately account for the realities of living outside Australia's major cities.

CHF called for ongoing engagement with rural and remote communities and for a National Rural Health Strategy, to better align investment and improve access to quality, affordable healthcare.

CHF in Action

15,803
Social Media
total followers

 **4,350**
Connections

 **1,723**
Followers

 **9,573**
Followers

 **148**
Followers
Relaunched October 2025

823
Social
Media Posts

224,964
Social Media
post impressions

25
editions of
Consumer Voices
newsletter with
3,754 subscribers



Review of the Safety and Regulatory Oversight of Unapproved Medicinal Cannabis Products

CHF provided a submission to the Therapeutic Goods Administration's review of the safety and regulatory oversight of unapproved medicinal cannabis products, reinforcing our commitment to ensuring medicines are safe, high quality, affordable and accessible.

Building on previous advocacy, CHF supported stronger regulatory oversight, including robust quality and safety standards, Good Manufacturing Practice requirements and consistent labelling. These measures help consumers make informed decisions and access medicines they can trust.

Our submission highlighted the importance of consumer-centred regulation, with a focus on safety, transparency, product quality and equitable access. We also emphasised the value of ongoing consumer involvement in the development of medicinal cannabis policy and regulation to support better outcomes and maintain confidence in Australia's healthcare system.

Review of My Health Record Legislative Instruments

CHF provided a submission to the Department of Health, Disability and Ageing's Review of My Health Record Legislative Instruments, highlighting the importance of maintaining a legislative framework that remains current, robust and fit for purpose.

As My Health Record is designed to help consumers access and manage their health information, genuine consumer involvement should remain central to any significant changes to the system.

Drawing on feedback from CHF's Digital Health Consumer Panel, research into young people's use of My Health Record, and findings from our National Consumer Sentiment Surveys, we shared a range of consumer perspectives on the proposed review.

Overall, consumers were generally supportive of the existing arrangements while identifying opportunities to improve awareness, accessibility and usability. CHF highlighted the importance of continued consumer engagement to ensure future reforms meet consumer needs, strengthen trust and support a more effective and user-centred system.

Australian Centre for Disease Control Bill 2025

CHF provided a submission on the *Australian Centre for Disease Control Bill 2025*, supporting the establishment of a national body to strengthen Australia's preparedness for future public health threats and emergencies.

Central to our submission, was that the success of an Australian Centre for Disease Control will depend not only on scientific and technical expertise, but also on transparency and public trust.

CHF called for stronger consumer representation and engagement mechanisms within the legislation, including consumer membership on advisory bodies, clear responsibilities for community engagement, and regular public reporting on engagement activities. We also recommended processes that enable consumers and communities to contribute during public health emergencies, helping to ensure the Centre remains responsive, inclusive and trusted.

Department of Health, Disability and Ageing's Economic Reform Roundtable

CHF participated in the Department of Health, Disability and Ageing's Economic Reform Roundtable in Sydney, held ahead of the Australian Government's broader Economic Reform Roundtable. The event brought together leaders from across the care, business and policy sectors to discuss the role of health in supporting productivity and long-term economic sustainability.

Discussions focused on key issues facing the health system, including prevention, workforce challenges, artificial intelligence and opportunities to improve integration across health and care services. Participants explored a range of reform ideas aimed at improving health outcomes while supporting a more productive and sustainable economy.

CHF brought a consumer perspective reinforcing the need for consumer and community voices to inform future policy development.

National Consumer Engagement Strategy for Health and Wellbeing

The Commonwealth Government released the National Consumer Engagement Strategy for Health and Wellbeing. An important step in strengthening partnerships between consumers and health decision-makers. The Strategy aims to build policymakers' capability while supporting consumers.

CHF played an important role in developing the Strategy, including contributing to the targeted consultation process that helped shape its priorities and direction. We welcomed the launch and recognised its potential to embed consumer participation more consistently across the health system.

CHF looks forward to continuing to work with governments, consumers and stakeholders to ensure consumer voices remain central to health policy and decision-making.



Dr Elizabeth Deveny, CEO, CHF, with Ms Tracey Roberts MP, Member for Pearce



Top left: Dr Elizabeth Deveny, CEO, CHF and Dr Cassandra Goldie AO, CEO, Australian Council of Social Service. Top right: Maeve Kennedy, CEO, Inclusion Australia and Tom Johnson, Executive Director, CHF. Bottom left: Dr Elizabeth Deveny, CEO, CHF, The Hon Mark Butler MP and Tony Lawson, Former Board Chair, CHF. Bottom right: Ben Graham, CHF, Ms Sarah Witty MP and Dr Elizabeth Deveny, CEO, CHF



Strengthening Partnerships and Consumer Engagement



Pictured: Members of the CHF Consumer Assembly

Revised Statement on Consumer and Community Involvement in Health and Medical Research

This year, CHF continued its partnership with the National Health and Medical Research Council (NHMRC) to strengthen consumer and community involvement in health and medical research. Together, we released a revised Statement on Consumer and Community Involvement in Health and Medical Research, providing national guidance on how consumers and communities can be involved at every stage of the research process.

NHMRC held 25 roundtables across Australia, bringing together almost 500 consumers, community representatives, researchers, clinicians, policymakers, funders, and Aboriginal and Torres Strait Islander leaders. This built on broader engagement undertaken between 2022 and 2025, with more than 1,000 people contributing to the revision.

The updated Statement reflects the growing recognition that research is more relevant, effective and impactful when consumers and communities are actively involved. It provides a strong foundation for embedding consumer and community perspectives across the health and medical research sector and supporting more inclusive and trusted research practices.

Consumer roundtables informed Medicare reform

Through its Strengthening Medicare work, CHF continued to ensure consumer voices were represented in national health reform. A series of Department-funded consumer roundtables explored lived experience, priorities and challenges across primary healthcare, providing insights into barriers and opportunities for improvement.

CHF convened roundtables on GP accreditation and Urgent Care Clinics, engaging more than 50 consumers from across Australia. The insights gathered informed policy advice and recommendations to government, helping to ensure consumer perspectives were reflected in the design and implementation of reforms. The roundtables also highlighted the value of bringing consumer experiences directly into policy discussions for a more accessible and consumer-centred health system.

CHF in Action

4 Strengthening Medicare Consumer Roundtables  **80** with consumers represented



Dr Saba Nabi and Dr Elizabeth Deveny, CEO, CHF.



Top: Shannan Calvert, Dr Saba Nabi and Tom Johnson, CHF.
Bottom left: Dr Elizabeth Deveny, CEO, CHF.



Bottom right: Nami Nelson, CHF, Sobia Shah, and Fiona Purcell, CHF.

Building capability for consumer engagement

CHF continued its Department of Health, Disability and Ageing-funded initiative to strengthen consumer engagement across government and support more consumer-centred health policy development. As part of the Strengthening Medicare reform, CHF translated evidence-based engagement principles into practical tools, guidance and learning opportunities for policymakers. CHF also delivered targeted education programs for department staff, including interactive webinars and workshops focused on embedding consumer perspectives in policy design and implementation. Using case studies and practical examples, and co-delivered by members of CHF's Consumer Assembly, these sessions helped build capability across the Department and strengthened understanding of consumer engagement.

This work contributed to a stronger culture of consumer-centred decision-making and highlighted the value of lived experience in shaping health policy.

Building Australians' digital health literacy

In partnership with the Australian Digital Health Agency (the Agency), CHF continued to improve consumers' understanding of digital health services and support more confident use of tools such as My Health Record. Through education, engagement and resource development, CHF helped consumers build their digital health knowledge while ensuring their experiences informed future policy and program development.

A key achievement was the ongoing facilitation of the Digital Health Consumer Panel, which provided a dedicated forum for consumers to share insights and contribute to discussions on digital health initiatives. The panel helped ensure Agency programs and resources reflected the needs and experiences of the people who use them.

CHF in Action

12 Digital Health Panel meetings



CHF also delivered several consumer education activities, including a two-part My Health Record webinar series and consumer-focused resources. Together, these activities increased awareness of digital health services, supported informed use, and highlighted the value of consumer input in shaping Australia's digital health future.

Advancing multicultural consumer engagement

During 2025-26, the partnership between CHF and the Australian Multicultural Health Collaborative (AMHC) continued to strengthen consumer engagement in primary care reform, with a focus on multicultural communities.

Regular meetings, both online and in person, supported strong communication, shared learning and timely collaboration. The partnership enabled the exchange of community insights, engagement opportunities and advocacy messages, helping to ensure multicultural perspectives were reflected in key policy discussions.

Cross-participation in major events and the sharing of consumer engagement opportunities further strengthened connections with diverse communities.

Supporting ethical partnerships across healthcare

CHF partnered with Medicines Australia to launch the updated Working Together Guide, a resource designed to support effective collaboration between health consumer organisations and the pharmaceutical industry.

The guide provides practical advice on establishing and maintaining partnerships that are ethical, transparent and focused on consumer outcomes. By setting clear expectations and promoting good governance,

it supports organisations to work together in ways that are accountable, appropriate and respectful.

The updated guide provides a valuable resource for organisations seeking to build stronger partnerships that benefit consumers.

National Shared Decision Making training module launched

CHF completed a three-year Quality Use of Diagnostics, Therapeutics and Pathology funded project with the Department of Health, Disability and Ageing and the University of Tasmania to develop a training module on shared decision making in healthcare.

Designed for prescribing health practitioners and students, it highlights the importance and benefits of shared decision making. It also assist learners to build practical skills through activities, tips, real-world examples and applications. The module is now hosted within the National Prescribing Curriculum. It is available free of charge to anyone registered to access training and education through the platform.

We thank the Australian Multicultural Health Collaborative, the Royal Australasian College of Physicians, the Australian College of Rural and Remote Medicine, the National Aboriginal Community Controlled Health Organisation, lived experience consumers, and other Steering Committee representatives for their feedback and advice during the module's development.

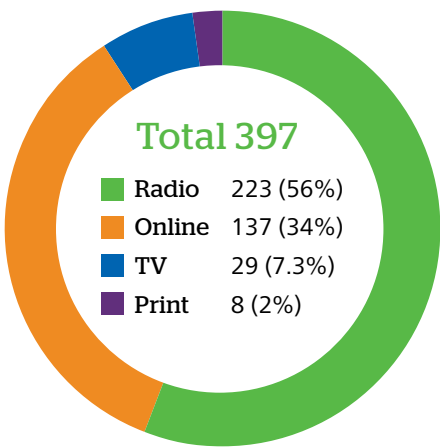
CHF in the Media

CHF’s media presence continued to strengthen the consumer voice in health policy discussions. By proactively responding to emerging issues and contributing evidence-informed commentary, CHF helped shape public conversations on healthcare affordability, access, medicines, dental care, AI and prevention.

Media coverage extended the reach of our advocacy and highlighted the real-world impact of health policy issues, ensuring lived experiences were heard by decision-makers, stakeholders and the broader community.

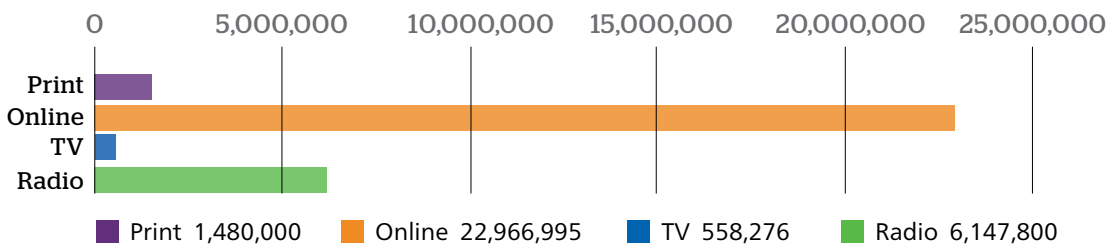
Coverage by Media Type

Total mentions by media type over the selected coverage period.



Potential Audience Reach 31,153,071 over 365 days

A cumulative Potential Audience Reach figure by media type across the selection timeframe. This chart uses a calculation which takes into account source duplication to provide a more accurate cumulative figure.



CHF in the Media continued



Dr Elizabeth Deveny, CEO, CHF and consumer representatives participating in media opportunities.

Our Members

CHF represents a diverse number of health consumer organisations and peak bodies united by a shared commitment to better health outcomes for all Australians.

We are grateful for our Members and are proud to amplify their voice and support their advocacy.

Voting Organisational Members

Voting Organisational Members are not-for-profit organisations that represent the views and interests of healthcare consumers. Typically, community-based and registered charities, these Members play a key role in CHF's governance through the ability to nominate Board Directors and vote at the Annual General Meeting (AGM).

Arthritis Australia
Breast Cancer Network Australia (BCNA)
Cancer Voices NSW
Chronic Pain Australia Ltd
Continence Health Australia Ltd
COTA Australia
Crohn's & Colitis Australia
Dementia Australia Limited
Diabetes Australia National
Emerge Australia
Federation of Ethnic Communities' Councils of Australia (FECCA)
Genetic Alliance Australia
Haemochromatosis Australia
Health CAN SA
Health Care Consumers Association (HCCA)
Health Consumers' Council (WA) Inc
Health Consumers NSW

Health Consumers Queensland (HCQ)
Health Consumers TAS
Health Equity Matters Limited
Hepatitis Australia
Macular Disease Foundation Australia
ME/CFS/FM Support Association QLD Inc
MND Australia
National Association of People Living With HIV/AIDS Australia (NAPWHA)
National Mental Health Consumer Alliance
National Stroke Foundation
Parkinson's Australia Inc
Polio Australia Incorporated
Polio NSW Inc
Rare Voices Australia Ltd (RVA)
The Immune Deficiency Foundation Australia
Weight Issues Network (WIN)

CHF in Action

5

CHF Members
Policy Network
Meetings



Interested in becoming a CHF Member?

Contact us via membership@chf.org.au or visit chf.org.au/get-involved/membership for more information and to apply.

Associate Organisational Members

Associate Organisational Members are organisations that support CHF's purpose and advocacy for healthcare consumers. Membership is open to both not-for-profit and for-profit organisations that share and support CHF's aims and objectives, while not participating in CHF's governance through voting or Board nominations.

Association of Independent Retirees	Brisbane South PHN	Nepean GP Network
Asthma Australia	Cancer Voices Australia	Older Persons Advocacy Network
AusEE Inc.	Consumer Healthcare Products Australia (CHP Australia)	Optometry Australia
Australasian Health Outcomes Consortium (C/O Uni of Wollongong)	Endometriosis Australia Ltd	Orygen
Australasian Sonographers Association	Exercise and Sports Science Australia (ESSA)	Patient Voice Initiative
Australian Association of Practice Management	Fabry Australia	Pharmaceutical Society of Australia (PSA)
Australian College of Nurse Practitioners	Headspace National Youth Mental Health Foundation Ltd	Royal Australasian College of Physicians (RACP)
Australian General Practice Accreditation Ltd (AGPAL)	Hypersomnolence Australia	Services for Australian Rural and Remote Allied Health
Australian Pathology	Institute for Health Transformation, Deakin University	Speech Pathology Australia
Australian Primary Health Care Nurses Association Incorporated	LGBTIQ+ Health Australia	Thalassaemia and Sickle Cell Australia
Australian Resuscitation Advisory Network	Liver Foundation	The Australian Council on Healthcare Standards (ACHS)
Australian Society of Anaesthetists	ME Group Australia–Myalgic Encephalomyelitis	The Royal College of Pathologists of Australasia
Bass Coast Health	Melbourne Academic Centre for Health (MACH)	Torres and Cape Hospital and Health Service
	National Asthma Council Australia	WA Health Translation Network
	National Breast Cancer Foundation	Consumer and Community Involvement Program

Individual Members

Individual Members are people who support CHF's mission and want to contribute to improving healthcare for consumers. They play an important role in broadening conversations about consumer experiences and perspectives, helping to strengthen and amplify CHF's work. Some Individual Members may also be affiliated with Voting or Associate Member organisations.

CHF currently has 60 Individual Members, from across Australia.

Honorary Life Members

Honorary Life Members are individuals who have made a significant and lasting contribution to CHF and its mission of advancing the interests of healthcare consumers. This Membership recognises exceptional service, leadership and advocacy, and celebrates the valuable role these individuals have played in strengthening the consumer voice in healthcare. Honorary Life Members are recognised through special events and legacy activities, and may choose to continue supporting CHF as ambassadors, mentors and champions of consumer engagement.

CHF currently has three Honorary Life Members.

ANNUAL FINANCIAL STATEMENTS

For the year ending 30 June 2026

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

Financial Statements For the Year Ended 30 June 2026

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**Consumers Health Forum of Australia Ltd
Directors' report
30 June 2026**

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2026.

Directors

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

Names	Position	Elected/Appointed/Term Concluded
Rowan Cockerell	Director, Chair	Re-Elected (October 2023)
David Blair	Director, FARM Chair	Appointed (October 2025)
Lucy Clynes	Director	Elected (October 2025)
Louise Hardy	Director	Appointed (October 2024)
Scott Harlum	Director, GOV Chair	Elected (October 2024)
Gloria Jacob	Director	Elected (October 2024)
Minh Nguyen	Director	Appointed (October 2024)
Christine Walker	Director	Re-Elected (October 2023)
Tony Lawson	Director, previous Chair	Final Term Concluded (October 2025)
Jan Donovan	Director, previous FARM Chair	Final Term Concluded (October 2025)
Darryl O'Donnell	Director, previous GOV Chair	Final Term Concluded (October 2025)

*GOV = Governance Committee, FARM = Finance, Audit & Risk Management Committee

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

Principal activities

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

Vision

Healthcare in Australia is fair, safe and shaped by the people it serves.

Our core commitments

This plan is underpinned by several commitments that cut across all four objectives.

Equity. We strive to centre people and communities who experience the greatest barriers to fair, safe, high-quality care, including First Nations peoples, people with disability, people on low incomes, those in rural and remote areas, and others who are often under-represented.

Consumer leadership and co-production. We work towards consumers leading, not only being consulted, and we aim to co-produce our work wherever possible.

Independence and integrity. We value constructive relationships with governments and funders, and we also retain the independence needed to speak clearly about what consumers tell us.

Accessibility and respect. We use plain English wherever we can. We design our engagement so that people can participate safely and with appropriate support.

Learning. We reflect on what works, share what we learn and adjust our practice over time.

**Consumers Health Forum of Australia Ltd
Directors' report
30 June 2026**

Strategies for achieving the objectives

Over the next three years we will focus on four strategic objectives. They build on CHF's existing strengths and respond to what we heard from consumers, Members, staff and the Board through the strategic planning process.

Objective One - Consumers Leading Health:

We will strengthen meaningful consumer leadership and co-production at all levels of the health system, so that consumers have real agency and choice in decisions that affect them.

Objective Two - Partnering with Purpose:

We will work with Members, governments, researchers and sector partners in ways that amplify consumer perspectives, strengthen the movement and achieve collective impact.

Our role is to be a connector, convenor and authority on what good engagement looks like, rather than to pursue partnerships for their own sake.

Objective Three - Advocating for Change:

We will use credible consumer insights and research evidence to influence national policy and system design, achieving tangible improvements in fairness, access, safety and quality.

Objective Four - A Trusted and Sustainable Organisation:

We will strengthen CHF's independence, resilience and culture so that we remain a trusted and sustainable peak voice for health consumers.

Information on Directors

Rowan Cockerell - Chair

Rowan was first elected to the Consumers Health Forum (CHF) Board in 2014. She has been a committee member of the Governance Committee and Finance, Audit and Risk Management Committee for the same period of time and has been Chair of CHF since 2025.

Over a span of 40 years, Rowan has held senior management positions in both clinical and executive leadership roles across acute care, community services, aged care, primary health service development projects and oversight of the delivery of government funded health initiatives.

Rowan is a dedicated advocate for improving health policy and programs for consumers including understanding the consumer journey, including access to, and engagement with, health care services. She remains passionate about contributing to influencing future policy reforms for equitable access to sustainable health care.

Rowan has a Ministerial appointment to the Aged Care Advisory Committee reporting to the Independent Health and Aged Care Pricing Authority. Rowan's background is in nursing, and she has a Masters of Business Administration. Additionally, Rowan is a graduate of the Australian Institute of Company Directors

Louise Hardy - Deputy Chair

Louise has over 15 years of health sector experience, spanning roles in regulation, operations, and policy and advocacy across government, membership organisations and charities.

She is CEO of Arthritis Australia, following almost four years as Director of Policy and Advocacy, working closely with its Consumer Advisory Panel. Louise drives advocacy on behalf of people living with arthritis, with successful outcomes including the Albanese Government's commitment to establish a \$100m arthritis research Mission, Commonwealth budget funding for Arthritis Australia's juvenile arthritis kids' camps, and the delivery of over \$4 million in grant projects.

She has completed the AICD Governance Foundations for Not-For-Profit Directors course and has been an appointed representative to the TGA's Medical Devices Consumer Working Group, and the National Living Evidence Covid Guidelines Steering Committee.

**Consumers Health Forum of Australia Ltd
Directors' report
30 June 2026**

David Blair - Director, FARM Committee Chair

David's career is a diverse one, encompassing senior finance and leadership roles spanning an array of organisations in both the commercial and for purpose sectors in the UK, Hong Kong and Australia.

David has served on a number of boards and is currently the Chair of the Northern Territory Primary Health Network, a board member of St John Ambulance Northern Territory, CASPA Services Ltd, Julalikari Council Aboriginal Corporation and serves as an Independent Member of the Tiwi Islands Regional Council's Audit and Risk Management Committee.

David has formal accounting, auditing, governance and risk management qualifications and is a Graduate of the Australian Institute of Company Directors.

Lucy Clynes - Director

Lucy Clynes is the CEO of Hepatitis Australia - the peak community organisation to progress national action on issues of importance to people affected by hepatitis B and hepatitis C. Lucy has extensive peak body governance experience and a track record of building strategic partnerships to achieve policy and funding outcomes.

She was previously a practicing lawyer and has a strong interest in national innovation and health data policy. Lucy sits as a member of the Australia Government's Blood Borne Virus and Sexually Transmissible Infections Standing Committee.

Scott Harlum - Director, Governance Committee Chair

Scott Harlum brings a range of professional experience to the role of CHF Director, including in senior public health policy roles with the National Public Health Partnership and the Chief Health Officer of Queensland, as a former journalist, as Brand Manager for a multinational agricultural company, and with a large member-based not-for-profit organisation in NSW.

Diagnosed with chronic kidney disease at a young age, enduring long waits on kidney haemo-dialysis prior to each of his two kidney transplants, then diagnosed with HIV in 2015, Scott's lived experience equips him with a broad perspective on issues impacting health consumers.

Scott is the current President of the National Association of People with HIV Australia (NAPWHA), the national peak organisation representing people with HIV. NAPWHA's membership of national networks and state-based people living with HIV organisations reflects the diverse make-up of the HIV-positive community and enables NAPWHA to confidently represent the HIV+ voice.

A dedicated community leader, Scott's advocacy for health consumers is firmly grounded in the principles of meaningful involvement, person-centred care and the 'nothing about us without us' ethos which sits at the heart of Australia's world-leading HIV response.

In addition to his roles with CHF and NAPWHA, Scott also serves as a Director of Health Equity Matters (formerly the Australian Federation of AIDS Organisations), and has served at a high level advocating the interests of health consumers, including as a Member of the Health Minister's HIV Taskforce in 2023, which set Australia on a course to be the first nation in the world to achieve the 'virtual elimination' of HIV transmissions by 2030.

Gloria Jacob - Director

Gloria Jacob has served on a range of Boards and Committees for more than 40 years, bringing extensive experience in governance, risk, sustainability and accountability. Her diverse experience spans business, regional development, local government, health, education, environment, youth and sports, providing a broad understanding of the challenges and opportunities facing communities and organisations, particularly in regional Australia.

A former enrolled nurse and local business owner, Gloria operated Hedland Home Hardware & Garden for 30 years, building a strong reputation for developing people and organisational capacity through training and practical programs in business management, marketing, promotions, advertising and customer service. Her experience as a business owner, community leader and consultant has given her a strong understanding of organisational sustainability, stakeholder engagement and the importance of effective leadership.

Gloria brings a strong regional and consumer perspective to the Consumer Health Forum Australia Board. Her experience across health, community development, local government, business and education positions her to contribute to CHF's work in consumer participation, safety and quality, primary and integrated care, prevention, health financing and health policy reform. She is particularly passionate about ensuring the voices and experiences of people living in regional and remote communities are heard in health policy and decision-making.

**Consumers Health Forum of Australia Ltd
Directors' report
30 June 2026**

Minh Nguyen - Director

Minh is a seasoned governance professional with extensive board experience across not-for-profit and community sectors. Minh currently works in governance in an Aboriginal community-controlled organisation and is deeply committed to Aboriginal and Torres Strait Islander wellbeing, advocating for approaches that address cultural identity, dispossession and self-determination.

With qualifications in law, humanities, and social work, Minh has held senior roles in management, research, advocacy, and sector development. Her work is grounded in a deep respect for lived experience and inclusive representation.

Christine Walker - Director

Christine was elected to the CHF Board in 2017 and continues to serve as a director in 2026. Christine has over 30 years' experience as a Director on Boards, having previously been on the boards of NPS Medicinewise and Western Health Services in Victoria. She has experience in governance, strategic planning, and building an evidence base around the needs of people with chronic illnesses in the health system through research and consultancies. Christine works to include consumers and the community in all levels of health services and policy development. Currently Christine is also a Board member of the Epilepsy Foundation Victoria.

Having been a member of the Melbourne Genomics Health Alliance Community Advisory Group, her interest in genomics continues. She serves on the RACGP National Standing Committee on Quality Care. She also served on the Medical Service Advisory Committee to represent health consumer concerns with regard to MBS funding for new devices, tests and treatments, until September 2026.

She is the lead researcher of The Australian Epilepsy Longitudinal Study. In this capacity she recently attended the Asian Oceanian Epilepsy Congress in Delhi, India to deliver a paper on changing support needs of people with epilepsy. This was published in *Epilepsy and Behavior* in 2024.

Previous Directors:

Tony Lawson - Chair (Until November 2025, CHF AGM)

Tony has been a member of the CHF Board since 2010 and Chair since 2014. He was re-elected as Chair at the November 2022 Board meeting.

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

Tony continues to ensure the development and maintenance of sound, respectful and productive relationships with key stakeholders. Tony also seeks to make strong contributions to health consumer matters in other settings.

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

Overall, he has been involved at the highest levels in consumer health for over two decades and continues to strive to provide decisive and strategic leadership to CHF representing the interests of Australian healthcare consumers. In 2024 Tony was awarded the President of the Australian Council on Healthcare Standards Award for Outstanding Contribution to safety and quality in health care.

**Consumers Health Forum of Australia Ltd
Directors' report
30 June 2026**

Jan Donovan - FARM Committee Chair

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

She chaired the Finance, Audit and Risk Committee (FARM). Her experience includes public policy, strategy, and governance at Board level. She served for nine years (1998- 2007) as a member of the Board of the National Prescribing Service (NPS Medicinewise) and five years (2005-2009) as a member of the Board of the Australian Primary Health Care Research Institute at ANU. She has recently been appointed to the board of the Friends of St Teresa Nzara Hospital in South Sudan (STTN.org).

Jan participates in National Policy Forums at the strategic level and has done so for four decades including eight years with Council on the Ageing and six years in the role of National Policy Officer. She was appointed by the Minister for Health to the Review of the National Medicines Policy in 2021 and 2022. Jan is a passionate advocate for addressing health equity and the social determinants of health with a focus on people with chronic illness and disability. She has a strong interest in access to primary health care, the national medicines policy, health literacy, mental health and women's health, indigenous health and ageing. She is currently a member of the MBS Review Advisory Committee (MRAC) and the Health Technology Assessment Consumer Consultative Committee (HTACCC).

Jan chairs the Community Reference Council of the Turner Institute for Brain and Mental Health at Monash University and the Project Steering Committee for the NSW Government-Sponsored Clinical Trial: Management of Urinary Tract Infections, Oral Contraceptives and Dermatological conditions by Community Pharmacists at the University of Newcastle. Jan is also a consumer member of the Centre for Excellence in Medicines Intelligence at University of NSW and a member of the Australian Institute for Health and Welfare's Primary Health Care Committee.

Jan has secondary teaching qualifications and her experience in education includes teaching in Papua New Guinea and Timor Leste. She has a graduate diploma in public policy.

Darryl O'Donnell - Governance Committee Chair

Darryl is a seasoned health leader with 30 years' experience in community, government, research and private sector roles. As Principal and Director of Praxis Insights, he provides consultancy services to health and social services organisations in areas including leadership, strategy and organisational culture and change.

He is a Council Member of the National Health and Medical Research Council (NHMRC), an appointment that recognises his expertise in public health. He is Chair of the inaugural NHMRC and Medical Research Futures Fund Public Health and Health Systems Committee. He is also a member of the Podiatry Board of Australia, its Registrations and Notifications Committee and the Australian Health Practitioner Registration Agency's Finance, Audit and Risk Management Committee.

He has led transformative initiatives in HIV and mental health across government and community sectors. As CEO of Health Equity Matters he led Australia's HIV response, brokering reforms that halved incidence and put Australia on track to end HIV transmission. His experience includes roles on ministerial and intergovernmental committees, directorships with not-for-profit organisations. Darryl has also worked extensively with multilateral organisations and led global health partnerships with community organisations and government in Asia and the Pacific.

He is an Adjunct Professor with the University of NSW, a Fellow of the Governance Institute of Australia and a Graduate of the Australian Institute of Company Directors.

Darryl was elected to the CHF Board in October 2023 and chairs the Board's Governance Committee.

**Consumers Health Forum of Australia Ltd
Directors' report
30 June 2026**

Meetings of directors

During the financial year, 16 meetings of directors were held: 6 board meetings and 10 meetings of subcommittees. Attendances by each director during the year were as follows:

Director Name	Directors' Meetings		Subcommittee Meetings	
	Attended	Held	Attended	Held
Rowan Cockerell ¹	6	6	7	10
David Blair	2	4	5	5
Lucy Clynes	4	4	2	3
Louise Hardy	6	6	5	5
Scott Harlum	4	6	4	5
Gloria Jacob	5	6	5	6
Minh Nguyen	4	6	4	5
Christine Walker	6	6	5	5
Former Directors				
Jan Donovan	2	2	2	2
Tony Lawson	1	2	1	4
Darryl O'Donnell	2	2	2	2

Independent Committee Members

Mark Diamond (Governance)	-	-	4	5
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¹ As Chair of the Board, Ms. Rowan Cockerell is an ex officio member of all sub-committees of the Board however her attendance at all sub-committee meetings is not required.

Members guarantee

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of the company. At 30 June 2026 the total amount that members of the company are liable to contribute if the company is wound up is \$76 (2025: \$77).

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2026 has been received and can be found on page 7 of the financial report.

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

On behalf of the directors



Rowan Cockerell
Director



David Blair
Director

2 October 2026



Nexia Sydney Audit Pty Ltd

Level 22, 2 Market Street

Sydney NSW 2000

PO Box Q776

QVB NSW 1230

E: info@nexiasydney.com.au

P: +61 2 9251 4600

F: +61 2 9251 7138

nexia.com.au

To the Board of Directors of Consumers Health Forum of Australia Ltd

Auditor's Independence Declaration

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead audit director for the audit of the financial statements of Consumers Health Forum of Australia Ltd for the financial year ended 30 June 2026, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- (a) the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) any applicable code of professional conduct in relation to the audit.

Yours sincerely

A handwritten signature in blue ink that reads 'Nexia'.

Nexia Sydney Audit Pty Ltd

A handwritten signature in blue ink that reads 'Vishal Modi'.

Vishal Modi

Director

Dated this 2nd day of October 2026
Sydney

Consumers Health Forum of Australia Ltd
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2026

	Note	2026 \$	2025 \$
Revenue and other income			
Revenue	4	4,467,141	4,319,303
Other income	5	114,825	111,604
		<u>4,581,966</u>	<u>4,430,907</u>
Expenses			
Employee benefit expense		(2,900,512)	(2,789,097)
Project contractor fees		(90,000)	(193,802)
Depreciation and amortisation expense		(50,571)	(70,662)
Interest expense		-	(1,586)
Administration expense		(491,047)	(447,178)
Consultancy expense		(241,510)	(347,524)
Insurance expense		(58,748)	(44,680)
Repairs and maintenance expenses		(69,008)	(71,142)
Travel and accommodation		(179,239)	(166,773)
Workshop expense		<u>(103,892)</u>	<u>(80,872)</u>
Surplus before income tax expense		397,439	217,591
Income tax expense		<u>-</u>	<u>-</u>
Surplus after income tax expense for the year		397,439	217,591
Other comprehensive income for the year, net of tax		<u>-</u>	<u>-</u>
Total comprehensive income for the year		<u><u>397,439</u></u>	<u><u>217,591</u></u>

Consumers Health Forum of Australia Ltd
Statement of financial position
As at 30 June 2026

	Note	2026 \$	2025 \$
Assets			
Current assets			
Cash and cash equivalents	7	31,579	446,528
Trade and other receivables	8	154,425	151,628
Other assets	10	83,151	91,141
Financial assets	9	1,810,334	1,200,000
Total current assets		<u>2,079,489</u>	<u>1,889,297</u>
Non-current assets			
Property, plant and equipment	11	44,107	36,471
Intangibles	12	47,017	117,418
Financial assets at amortised cost	9	-	26,045
Total non-current assets		<u>91,124</u>	<u>179,934</u>
Total assets		<u>2,170,613</u>	<u>2,069,231</u>
Liabilities			
Current liabilities			
Trade and other payables	13	256,820	222,872
Contract liabilities	14	188,926	512,947
Provisions	15	286,015	251,853
Total current liabilities		<u>731,761</u>	<u>987,672</u>
Non-current liabilities			
Provisions	15	-	40,146
Total non-current liabilities		<u>-</u>	<u>40,146</u>
Total liabilities		<u>731,761</u>	<u>1,027,818</u>
Net assets		<u>1,438,852</u>	<u>1,041,413</u>
Equity			
Reserves	16	140,146	-
Retained profits		<u>1,298,706</u>	<u>1,041,413</u>
Total equity		<u>1,438,852</u>	<u>1,041,413</u>

Consumers Health Forum of Australia Ltd
Statement of changes in equity
For the year ended 30 June 2026

	Reserves	Retained profits	Total equity
	\$	\$	\$
Balance at 1 July 2024	-	823,822	823,822
Surplus after income tax expense for the year	-	217,591	217,591
Other comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	-	217,591	217,591
Balance at 30 June 2025	-	1,041,413	1,041,413
	Reserves	Retained profits	Total equity
	\$	\$	\$
Balance at 1 July 2025	-	1,041,413	1,041,413
Surplus after income tax expense for the year	-	397,439	397,439
Other comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	-	397,439	397,439
Transfer from retained earnings to reserves (Note 16)	140,146	(140,146)	-
Balance at 30 June 2026	140,146	1,298,706	1,438,852

The above statement of changes in equity should be read in conjunction with the accompanying notes

Consumers Health Forum of Australia Ltd
Statement of cash flows
For the year ended 30 June 2026

	Note	2026 \$	2025 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		4,577,751	4,675,111
Payments to suppliers and employees (inclusive of GST)		<u>(4,461,597)</u>	<u>(4,515,082)</u>
		116,154	160,029
Interest received		93,556	73,493
Interest and other finance costs paid		<u>-</u>	<u>(1,586)</u>
Net cash from operating activities		<u>209,710</u>	<u>231,936</u>
Cash flows from investing activities			
Payments for investments		(584,289)	-
Payments for property, plant and equipment	11	(34,375)	(20,487)
Payments for intangibles	12	<u>(5,995)</u>	<u>(109,000)</u>
Net cash used in investing activities		<u>(624,659)</u>	<u>(129,487)</u>
Cash flows from financing activities			
Repayment of lease liabilities		<u>-</u>	<u>(44,657)</u>
Net cash used in financing activities		<u>-</u>	<u>(44,657)</u>
Net increase/(decrease) in cash and cash equivalents		(414,949)	57,792
Cash and cash equivalents at the beginning of the financial year		<u>446,528</u>	<u>388,736</u>
Cash and cash equivalents at the end of the financial year	7	<u><u>31,579</u></u>	<u><u>446,528</u></u>

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 1. General information

The financial statements cover Consumers Health Forum of Australia Ltd as an individual entity. The financial statements are presented in Australian dollars, which is Consumers Health Forum of Australia Ltd's functional and presentation currency.

Consumers Health Forum of Australia Ltd is a company limited by guarantee, incorporated under Corporations Act 2001 and domiciled in Australia. Its registered office and principal place of business is:

525 Collins Street, Melbourne, VIC, 3000, Australia

A description of the nature of the company's operations and its principal activities are included in the directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 2 October 2026. The directors have the power to amend and reissue the financial statements.

Note 2. Material accounting policy information

The accounting policies that are material to the company are set out below. The accounting policies adopted are consistent with those of the previous financial year, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of preparation

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 3.

Revenue recognition

The company recognises revenue as follows:

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

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 2. Material accounting policy information (continued)

Grants, donations and bequests

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

When both these conditions are satisfied, CHF:

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

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

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

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

Interest income

Interest income is recognised using the effective interest method.

Membership income

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

Rendering of services

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

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

Income tax

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

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no right at the end of the reporting period to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

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

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 2. Material accounting policy information (continued)

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

Financial instruments

Initial recognition and measurement

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

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

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

Classification and subsequent measurement

Financial liabilities

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

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

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

Financial assets

Financial assets are subsequently measured at:

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

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

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

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

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

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 2. Material accounting policy information (continued)

Derecognition

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

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

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

Impairment of financial assets

The company recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the company's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

For financial assets mandatorily measured at fair value through other comprehensive income, the loss allowance is recognised in other comprehensive income with a corresponding expense through profit or loss. In all other cases, the loss allowance reduces the asset's carrying value with a corresponding expense through profit or loss.

Plant and equipment

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

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

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

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives using the following depreciable rates:

Leasehold improvements	33%
Office Equipment	20-33%

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

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

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 2. Material accounting policy information (continued)

Leases

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

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

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

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

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

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

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

Intangible assets

Intangible assets acquired as part of a business combination, other than goodwill, are initially measured at their fair value at the date of the acquisition. Intangible assets acquired separately are initially recognised at cost. Indefinite life intangible assets are not amortised and are subsequently measured at cost less any impairment. Finite life intangible assets are subsequently measured at cost less amortisation and any impairment. The gains or losses recognised in profit or loss arising from the derecognition of intangible assets are measured as the difference between net disposal proceeds and the carrying amount of the intangible asset. The method and useful lives of finite life intangible assets are reviewed annually. Changes in the expected pattern of consumption or useful life are accounted for prospectively by changing the amortisation method or period.

Website

Significant costs associated with the development of the revenue generating aspects of the website, including the capacity of placing orders, are deferred and amortised on a straight-line basis over the period of their expected benefit, at a rate of 33% annually.

Software

Software and website development costs are capitalised only when the CHF identifies that the project will deliver future economic benefits and these benefits can be measured reliably.

Software development costs have a finite life and are amortised on a systematic basis over three years matched to the future economic benefits over the useful life of the project. Amortisation begins when the software becomes operational.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 2. Material accounting policy information (continued)

Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Contract liabilities

Contract liabilities represent the company's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the company has transferred the goods or services to the customer.

Provisions

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

Employee benefits

Short-term employee benefits

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

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

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

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Goods and Services Tax ('GST') and other similar taxes

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Economic dependence

CHF is dependent on the Department of Health for the majority of its revenue used to operate the business.

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 2. Material accounting policy information (continued)

Comparative figures

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

Note 3. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Performance obligations under AASB 15

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

Lease term and option to extend under AASB 16

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

Employee benefits provision

The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Portable long service leave scheme

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

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

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 4. Revenue

	2026	2025
	\$	\$
Grant Revenue	4,442,816	4,273,878
Membership dues	24,325	45,425
	<u>4,467,141</u>	<u>4,319,303</u>

Note 5. Other income

	2026	2025
	\$	\$
Interest earnings	111,628	100,348
Other income	3,197	11,256
	<u>114,825</u>	<u>111,604</u>

Note 6. Result for the year

The result for the year includes the following specific expenses:

	2026	2025
Superannuation expense	299,190	265,325
Rent expense	191,405	176,896
Depreciation and amortisation		
- Office equipment	24,170	25,119
- Website	26,401	6,582
- Right of Use assets	-	38,961
Impairment expense	52,569	-
Finance costs	-	1,586
	<u>593,735</u>	<u>514,469</u>

Note 7. Cash and cash equivalents

	2026	2025
	\$	\$
<i>Current assets</i>		
Cash at bank	<u>31,579</u>	<u>446,528</u>

Note 8. Trade and other receivables

	2026	2025
	\$	\$
<i>Current assets</i>		
Trade receivables	79,750	112,321
Accrued income	15,180	-
Interest receivable	59,495	39,307
	<u>154,425</u>	<u>151,628</u>

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 9. Financial assets at amortised cost

	2026 \$	2025 \$
<i>Current assets</i>		
Term deposits	1,810,334	1,200,000
<i>Non-current assets</i>		
Rental guarantee invested in a term deposit	-	26,045
	<u>1,810,334</u>	<u>1,226,045</u>

Note 10. Other assets

	2026 \$	2025 \$
<i>Current assets</i>		
Rental deposits	37,397	37,093
Prepayments	45,754	54,048
	<u>83,151</u>	<u>91,141</u>

Note 11. Property, plant and equipment

	2026 \$	2025 \$
<i>Non-current assets</i>		
Office equipment - at cost	64,089	76,434
Less: Accumulated depreciation	(19,982)	(39,963)
	<u>44,107</u>	<u>36,471</u>

Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Office equipment	Total \$
Balance at 1 July 2025	36,471	36,471
Additions	34,375	34,375
Write off of assets	(2,569)	(2,569)
Depreciation expense	(24,170)	(24,170)
Balance at 30 June 2026	<u>44,107</u>	<u>44,107</u>

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 12. Intangibles

	2026	2025
	\$	\$
<i>Non-current assets</i>		
Website - at cost	80,000	80,000
Less: Accumulated amortisation	(32,983)	(6,582)
	<u>47,017</u>	<u>73,418</u>
Work in progress - project	-	44,000
	<u><u>47,017</u></u>	<u><u>117,418</u></u>

Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Website	WIP - projects	Total \$
Balance at 1 July 2025	73,418	44,000	117,418
Additions	-	6,000	6,000
Impairment expense	-	(50,000)	(50,000)
Amortisation expense	(26,401)	-	(26,401)
Balance at 30 June 2026	<u><u>47,017</u></u>	<u><u>-</u></u>	<u><u>47,017</u></u>

Note 13. Trade and other payables

	2026	2025
	\$	\$
<i>Current liabilities</i>		
Trade payables	27,212	68,401
Accrued expenses	166,764	87,818
Other current payables (net of GST)	15,420	24,092
GST payable	47,424	42,561
	<u><u>256,820</u></u>	<u><u>222,872</u></u>

Note 14. Contract liabilities

	2026	2025
	\$	\$
<i>Current liabilities</i>		
Unexpended grants	<u><u>188,926</u></u>	<u><u>512,947</u></u>

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 15. Provisions

	2026	2025
	\$	\$
<i>Current liabilities</i>		
Annual leave	253,223	208,677
Lease make good	10,000	10,000
Provision for former employee benefits: leave loading	22,792	33,176
	<u>286,015</u>	<u>251,853</u>
<i>Non-current liabilities</i>		
Provision for employee benefits: redundancies	-	40,146
	<u>286,015</u>	<u>291,999</u>

Note 16. Reserves

	2026	2025
	\$	\$
Strategic project reserves	100,000	-
Redundancy reserves	40,146	-
	<u>140,146</u>	<u>-</u>

Note 17. Key management personnel disclosures

Compensation

The aggregate compensation made to directors and other members of key management personnel of the company is set out below:

	2026	2025
	\$	\$
Aggregate compensation	<u>386,985</u>	<u>325,342</u>

Note 18. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by Nexia Sydney Audit Pty Ltd, the auditor of the company:

	2026	2025
	\$	\$
<i>Audit services - Nexia Sydney Audit Pty Ltd (2025: BellChambers Barrett)</i>		
Audit or review of the financial statements	16,000	18,500
<i>Other services - Nexia Sydney Audit Pty Ltd (2025: BellChambers Barrett)</i>		
Others	-	8,800
	<u>16,000</u>	<u>27,300</u>

Note 19. Contingent liabilities

There are no contingent liabilities as at 30 June 2026 and 2025.

Consumers Health Forum of Australia Ltd
Notes to the financial statements
30 June 2026

Note 20. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 17.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 21. Events after the reporting period

No matter or circumstance has arisen since 30 June 2026 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Consumers Health Forum of Australia Ltd
Directors' declaration
30 June 2026

In the directors' opinion:

- the attached financial statements and notes comply with the Australian Accounting Standards - Simplified Disclosures, the Australian Charities and Not-for-profits Commission Regulation 2022 and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2026 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors.

On behalf of the directors



Rowan Cockerell
Director



David Blair
Director

2 October 2026



Nexia Sydney Audit Pty Ltd

Level 22, 2 Market Street

Sydney NSW 2000

PO Box Q776

QVB NSW 1230

E: info@nexiasydney.com.au

P: +61 2 9251 4600

F: +61 2 9251 7138

nexia.com.au

Independent Auditor's Report to the Members of Consumers Health Forum of Australia Ltd

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Consumers Health Forum of Australia Ltd (the Company), which comprises the statement of financial position as at 30 June 2026, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the Directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- i) giving a true and fair view of the Company's financial position as at 30 June 2026 and of its financial performance for the year then ended; and
- ii) complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2022.

Basis for opinion

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

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

Other information

The Directors are responsible for the other information. The other information comprises the information in Consumers Health Forum of Australia Ltd's annual report for the year ended 30 June 2026, but does not include the financial report and the auditor's report thereon. Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.



Directors' responsibility for the financial report

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

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

Auditor's responsibility for the audit of the financial report

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

A further description of our responsibilities for the audit of the financial report is located at The Australian Auditing and Assurance Standards Board website at:
https://auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

A handwritten signature in blue ink that reads 'Nexia'.

Nexia Sydney Audit Pty Ltd

A handwritten signature in blue ink that reads 'Vishal Modi'.

Vishal Modi
Director

Dated: 2 October 2026
Sydney