Victorian Health Promotion Foundation

Annual Report

2025–2026



VicHealth

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VicHealth respectfully acknowledges the Traditional Custodians of the unceded lands where our office resides, the Wurundjeri Woi Wurrung people of the Kulin Nation.

We extend our deep respect to Wurundjeri Elders, both past and present.

Additionally, we recognise all Victorian First Peoples communities as the Traditional Custodians of the diverse lands where the communities we serve live, work, and play.

We pay our respects to Elders, both past and present, of the territories comprising Victoria.

Furthermore, we acknowledge the ongoing impacts of colonisation on the health and well-being of First Peoples.

We value the collective wisdom and knowledge held by First Peoples communities and commit to listening and learning to support their right to self-determine solutions that fortify and foster healthy communities.

Always was, always will be.

Artwork: 'Interwoven Pathways" by Mya Wilson

VicHealth

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Declaration by Chair of the Responsible Body

In accordance with the *Financial Management Act 1994*, I am pleased to present the Victorian Health Promotion Foundation's Annual Report for the year ending 30 June 2026.

Ian Hamm
Chair of the Board

4 September 2026

About us

VicHealth connects evidence, community insight, investment and partnerships to help prevent poor health before it occurs.

Since 1987, VicHealth has been making a difference for the communities we support, the organisations we partner with and the people of Victoria.

As Victoria's health and prevention agency, we work alongside the Department of Health and partners across Victoria to improve health and wellbeing, helping to reduce pressure on health services now and into the future.

Creating healthier communities requires action beyond the health sector. VicHealth brings together communities, local government, sport, recreation, arts, community-controlled organisations, education, research, and other partners to address the factors that shape health and wellbeing.

We translate research into practical action, support community-led solutions and build the partnerships needed to improve health outcomes across Victoria.

We believe that everyone should have the opportunity to be healthy and well. Our trusted relationships with communities help ensure our work reaches those facing the greatest barriers to health and wellbeing and supports healthier, fairer outcomes for all Victorians.

VicHealth is a key partner in delivering Victoria's public health priorities. Our work supports the objectives of the Public Health and Wellbeing Plan, including reducing harm from tobacco and vaping, improving wellbeing, increasing healthy eating and active living, reducing harm from alcohol and other drugs, and addressing the health impacts of climate change.

By working in this way, we can achieve our vision for a healthier, fairer Victoria.





Innovating for impact is in our DNA

In 1987, VicHealth set out to fundamentally redefine what it means to be healthy in Victoria. The core conviction was simple: rather than telling people how to live, we needed to improve the shared environments and conditions that impact health and wellbeing. VicHealth was born from an idea that, in 1987, was genuinely radical: place a levy on cigarette sales and reinvest those dollars directly into prevention. It was a world first.

The cascading effects of that decision were profound. Tobacco sponsorships that once linked cigarette companies to football clubs and arts festivals were systematically bought out and replaced. Branding disappeared from packaging, and marketing in public landscapes became a relic rather than reality.

Today, smoke-free areas are the norm, and the number of adults who smoke continues to hit historic lows.

Much of that success rests on the distinct institutional design that ring-fences funding for prevention, recognising that long-term investment is needed. Other jurisdictions quickly took note.

Health promotion foundations built explicitly on this Victorian blueprint and now operate across Australia, as well as in Thailand, Switzerland, Austria, the Philippines, Tonga, and Malaysia. In fact, there are now around 20 health promotion foundations worldwide that have evolved from the VicHealth model.

This long-term prevention approach continues to guide how VicHealth responds to emerging health challenges today.



Top right image:
Historical image – smoke-free advertisement

What is health promotion?

It's more than telling people how to be healthy. It is about giving people the information and tools they need, as well as creating the conditions that make illness less likely in the first place.

Health promotion shifts the existing conditions and encourages actions that people, communities, organisations and governments can take to improve health and wellbeing.

It's about looking to the future, identifying emerging health challenges, and innovating and investing to find solutions.

It's about creating the places, spaces, neighbourhoods and communities that lead to good health. And helping people discover ways to enjoy a happy, healthy life.

Reshaping systems for a healthier, fairer Victoria

In 2023, we commenced the transition to our new 10-year strategy, taking a systems approach to health promotion to improve health outcomes and deliver meaningful and positive change to the lives of Victorians.

This is an evolution in our approach to health promotion that recognises the many actors and factors shaping health, so that we can better understand and respond to multiple points of influence and impact.



Supporting the public health and wellbeing of Victorians

VicHealth's priorities and investments help Victoria achieve the goals of the Victorian Public Health and Wellbeing Plan 2023-27, launched by the Victorian Government in 2023. We are proud to have supported the development of this plan and will continue to work towards its goals in the coming years.

Health and wellbeing outcomes are not experienced equally across the state, with some Victorians experiencing significantly poorer health outcomes than others. VicHealth focuses on delivering more equitable health outcomes – implementing programs and partnerships that improve the conditions for those Victorians facing the greatest barriers to good health and wellbeing.



Chair's report



The past year has been one of progress and renewal for VicHealth. Throughout 2025–26, the Board remained focused on our purpose: improving the health and wellbeing of Victorians through evidence-based health promotion and prevention, strong partnerships and investment that delivers lasting benefit.

Chronic disease continues to place pressure on Victoria's health system, while cost-of-living pressures are affecting the everyday conditions that shape our health, such as access to healthy food, opportunities to be active, and having safe and connected communities. Improving these conditions requires coordinated action across sectors, backed by prevention, strong partnerships and sustained effort over time.

The external environment also shifted. Following the Silver Review, the Victorian Government considered the future operating model for Victoria's prevention system, creating uncertainty for VicHealth, our people and partners. Throughout this period, the Board remained focused on strong governance, organisational stability and ensuring VicHealth continued to deliver for the Victorian community. What gave us confidence was the strength of VicHealth's work, relationships and people.

Effective prevention depends on collaboration across government, communities, councils, health organisations, researchers, sport, arts and other sectors. We saw this through Partners in Place, which builds on the lessons of the VicHealth Local Government Partnership to provide councils and place-based coalitions with long-term, flexible support to respond to local priorities. We also saw it in work supporting community-led organisations, strengthening cultural safety, improving local food systems and creating more opportunities for physical activity and connection.

Across this work, one principle is clear: lasting improvements in health are strongest when shaped with communities and supported by evidence, trusted partnerships and sustained investment.

This was also a year of renewal for the Board. I was honoured to become Chair in November 2025, succeeding The Honourable Nicola Roxon AM. I thank Nicola for her strong leadership and significant contribution to VicHealth over five years.

We also welcomed Professor Jeremy Millar, Leigh Russell and Amanda Kelly as Directors. Their experience and perspectives have already strengthened our discussions and decision-making.

The Board maintained a strong focus on governance, risk and responsible financial stewardship. In 2025–26, VicHealth delivered the highest level of direct health promotion funding in its history while meeting its statutory expenditure requirements and Board policy targets, reflecting careful management of public resources and a focus on maximising their impact.

We also welcome the stronger focus in this year's Annual Report on the system shifts we are seeing. Prevention is long-term work, and understanding not only what we deliver, but what is changing across communities, organisations and systems, is critical to understanding our progress and impact.

I thank Professor Anna Peeters AM PhD, the Executive team and all VicHealth staff for their leadership, professionalism and commitment through a year of change. I also thank my fellow Board members, our partners and communities across Victoria, whose knowledge, trust and collaboration are fundamental to this work.

As we look ahead, the Board remains focused on ensuring VicHealth is well governed, financially responsible and directs its expertise and investment where it can make the greatest contribution to a healthier, fairer Victoria.







Ian Hamm
Chair of the Board, VicHealth

Chief Executive Officer's report



Prevention is often hardest to see when it is working well.

A young person never starts vaping. A family has access to affordable healthy food close to home. A local sporting club becomes somewhere everyone feels welcome. These are not moments that usually attract attention, but together they build healthier lives and ease pressure on the hospital system long before people ever need treatment.

That is the work of prevention, and it is the work VicHealth exists to support.

Since commencing as Chief Executive Officer in 2025, I have spent much of my time listening to staff, partners and communities across Victoria. Those conversations have reinforced both the scale of the challenges communities are facing and the dedication of the people already working to address them. They have also confirmed that lasting improvements in health depend on solutions that reflect local circumstances and are backed by evidence.

VicHealth's role is to help make those solutions a reality. We work with government, local councils, researchers, community, sporting, arts and recreation bodies, First Nations organisations and many others to improve the everyday conditions that influence health. That means looking beyond acute healthcare settings to the environments where people live, learn, work and play.

This approach has guided our work throughout the year, anchoring our efforts in community-led prevention and sustainable partnerships. Our collective work to reduce youth vaping continued to expand, uniting government, universities, local councils, Quit, sporting organisations, and local communities in a shared prevention effort through UNCLOUD.

Simultaneously, This Girl Can Victoria completed its transition to a community-led model, empowering councils and grassroots organisations to carry its impact forward. We launched Set The Standard to address racism in community sport through new partnerships, while Strong Young Mob continued to back Aboriginal-led organisations dedicated to improving the health and wellbeing of young people.

We also strengthened our focus on healthier local food systems through Food First, including nine new Local Partnerships for Food First bringing councils, health services, community organisations, educators and producers together to drive locally-led change. The Secret World of Food and our partnership with the Stephanie Alexander Kitchen Garden Foundation complemented this work by helping children and families build knowledge, skills and positive connections with fresh, healthy food.

Beyond individual programs, we strengthened the structural foundations that sustain long-term preventive health and supported stronger state and federal policies. Our Partners in Place framework empowered local communities to identify their own priorities, forge regional alliances,

and design enduring health improvements. We also sharpened our Impact and Evaluation Framework to better translate research into action, while rolling out over $5.5 million through the Growing Healthy Communities Grants.

Internally, we focused on elevating public health leadership, cultural safety, and health equity. Central to this was deepening our commitment to First Nations self-determination, highlighted by the appointment of VicHealth's inaugural First Nations Health Promotion Manager. These core advancements ensure that our work remains directly shaped by both rigorous evidence and the diverse people we serve.

Financially, VicHealth remains in an exceptionally robust position. In the 2025–26 financial year, total income reached $50.1 million against an expenditure of $50.0 million, driving direct grants and health promotion funding to the highest level in our history. When incorporating staff delivery costs, more than 85% of our budgeted appropriation directly generated health outcomes, reflecting our focus on maximising the impact of public funds.

I want to extend my sincere thanks to 2025–26 Board Chairs, The Honourable Nicola Roxon AM and Ian Hamm, and the Board for their strategic stewardship this year. My gratitude also goes to the VicHealth team, our delivery partners, and local leaders across the state for their expertise and trust.

Ultimately, the true measure of our success is not what happens today, but the chronic illnesses and hardships that Victorians are empowered to avoid in the future. We remain committed to working alongside our partners, communities, sectors and government to build healthier, fairer lives for everyone in our state.





Professor Anna Peeters AM PhD
CEO, VicHealth

Section 1.
This year's highlights

Our strategy in action 2025–2026

Lasting improvements in health require change at multiple levels, for people and communities, across organisations and places, and in policy and systems. In 2025–26, VicHealth worked with partners and community to build capability, test new approaches and translate evidence into action. These are some of the signs of progress across our strategic priorities.



Neighbourhood and built environment

More inclusive places and opportunities to participate for better health.

600 young Victorians facing barriers to participation

connected with nature and outdoor recreation through Active in Nature, across 36 programs in 16 parks and with the support of 160 support workers.

Six sport, arts and recreation partnerships

are working through Shifting the Playbook to address racism and discrimination and strengthen cultural safety across organisational leadership, policy and practice.

Health evidence is informing how Victoria plans its places

with VicHealth evidence and expertise contributing to work associated with Plan for Victoria, including minimum open-space standards and updated urban design guidance.



Food

Strengthening local food systems and access to healthy food.

Nine Local Partnerships for Food First

are bringing councils, health services, community organisations, educators, producers and social enterprises together to strengthen local food systems and improve access to healthy, fresh and affordable food.

Healthy food education is reaching children at scale

with more than **65,000 Prep students** reached through the Healthy Food Fun activity book, and **13,000+ children and young people** participating in Stephanie Alexander Kitchen Garden Foundation programs.

Evidence is contributing to national food policy reform

with Food Ministers asking Food Standards Australia New Zealand to develop a proposal for mandatory Health Star Ratings following sustained evidence and action from public health organisations, including VicHealth and its partners.

Commercial and economic

Strengthening protection from harmful products and commercial practices.

UNCLOUD is strengthening young people's confidence to respond to vaping and prompting reflection on its risks.

Among never-vapers exposed to UNCLOUD, 56% felt confident asking others not to vape around them, while 60% of young people who had tried or occasionally vaped said UNCLOUD made them reflect on the risks of vaping.

Vaping prevention is extending into the settings around young people

with **29 councils, eight sporting bodies and seven universities** working to strengthen prevention in the places where young people live, learn and participate.

Community insight is strengthening the wider response to smoking and vaping.

Around **250 Aboriginal Victorians** shared their experiences through The Koori Way to inform priority action, while Quit Victoria's Health Systems Strategy 2025–2029 provides a pathway to embed cessation into routine patient care.



Prevention

Building capability, evidence and partnerships for long-term prevention.

Local prevention has generated action at scale

with more than 540 local strategies, policies and programs developed through the VicHealth Local Government Partnership. Learning from the four-year partnership is now informing the next generation of place-based prevention through Partners in Place.

115 community organisations

are testing and growing locally led approaches to address barriers to good health through Growing Healthy Communities, strengthening community-led health prevention across Victoria.

Long-term, place-based prevention is expanding

with Partners in Place bringing together 17 councils and six coalitions through a five-year approach combining local leadership, flexible investment, evidence and shared learning.



Reshaping systems for a healthier, fairer Victoria

Where we live, learn, work and play has an enormous influence on our health - from the food available to us and opportunities to be active, to our social connections and the commercial forces shaping our choices.

Today's public health challenges are complex and will impact lives across generations.

Addressing individual behaviour alone isn't enough. Lasting change requires us to address the systems and conditions that make good health easier or harder.

At VicHealth, we focus on the systems that shape our health and wellbeing, and work directly and indirectly on removing the systemic barriers to good health.

We also embed equity into everything we do by:

- recognising that human and planetary health are interdependent
- committing to engaging with and learning from communities
- considering the health of Victorians now and in the future.



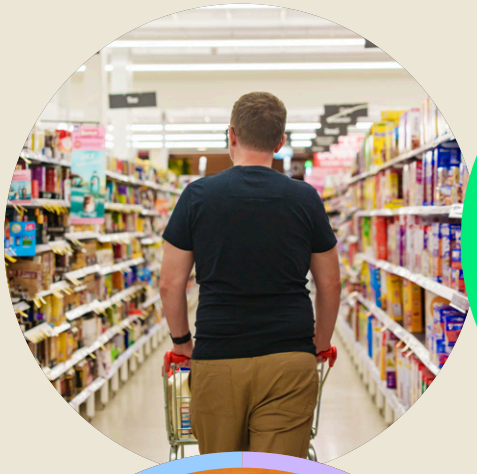
Neighbourhood and built system

The places where people live, connect, play, travel, create, and work, and how these impact our health and wellbeing.



Food system

The networks of people, organisations and activities influencing the access, availability and affordability of healthy, fresh, sustainable and culturally appropriate food.



Commercial and economic system

The systems, practices and pathways through which commercial and economic actors influence health, wellbeing, and health equity.



Prevention system

Prevention is a system, not a service. Effective prevention brings governments, communities, researchers and industry together to change the social, environmental and commercial conditions that shape health.

Reshaping our neighbourhood and built system



Where we live, connect, play, travel and work has a huge impact on our health and wellbeing. In fact, our postcodes are one of the strongest predictors of our life expectancy.

Access to parks and open spaces, healthy and affordable food, sports and recreation opportunities, culturally safe and welcoming places, public transport, education, and employment, all affect our ability to achieve good health.

Liveable, connected neighbourhoods reduce chronic disease risk by enabling active lifestyles, social connection, and mental wellbeing.

We have an incredible opportunity to reshape our neighbourhood and built environments so that we can be physically active, safer, included and more connected.

What we're working towards

- Victorian communities are increasingly culturally safe, experiencing less discrimination.
- Neighbourhoods are thriving and liveable, with improved spaces, places, and opportunities to be active, move and play.
- Victorians enjoy greater social connection, better mental wellbeing and reduced loneliness.

Systems shifts we've contributed to this year

- More people accessing parks, recreation facilities, arts venues, sporting infrastructure and public spaces.
- Embedding health into government planning policy and regulation.
- Improving knowledge and resource flows to reduce racism and improve cultural safety in community sport, recreation and arts organisations.

Promoting and supporting cultural safety throughout Victoria

Participation in community sport and the arts shapes how we connect, express ourselves, and find a sense of belonging in our neighbourhoods.

VicHealth works in partnership with Aboriginal and Torres Strait Islander and culturally and racially marginalised communities, as well as various sports, recreation, arts, and community organisations, to make shared spaces culturally safer and promote greater health and wellbeing.

These projects and partnerships all play a significant role in helping people experience the health benefits of physical activity and social connection. They also help achieve the goals of Victoria's anti-racism strategy and public health and wellbeing plan by creating a more inclusive, fairer, safer and healthier Victoria.

SETTING THE STANDARD FOR CULTURALLY SAFER SPORTS CLUBS

Set The Standard is VicHealth's new campaign to prevent and reduce racism in community sport. It equips coaches and club leaders with practical tools and training to build culturally safe, welcoming clubs.

Community sport is a powerful health setting. It supports physical activity, mental wellbeing and social connection, all key protective factors against chronic disease. But racism and exclusion can push people out of sport, denying them the health and wellbeing benefits participation provides.

Coaches and club leaders have enormous power to create change, but many aren't sure where to start. Set The Standard provides a free playbook of resources to help coaches and clubs take simple, practical action, from setting expectations, to responding to incidents, to building inclusive everyday habits.



Visit setthestandard.vic.gov.au to find out more.

Set The Standard, February-June 2026:

5,000+
new and returning visitors to Set The Standard website

350+
people accessing anti-racism resources

750+
subscribers to the newsletter

250+
club leaders participated in the anti-racism trainings

12 training sessions

Set The Standard also complements Sport and Recreation Victoria's anti-racism campaign, Racism Doesn't Belong in Our Game. The SRV campaign builds awareness and understanding of racism in sport, shares practical ways to recognise and respond to it, and amplifies the lived experiences of First Nations and multicultural participants.

Together, these initiatives tackle racism in different but complementary ways.

SHIFTING THE PLAYBOOK

This year we launched Shifting the Playbook, a $5 million investment over 3.5 years in six partnerships across the arts, sport and recreation sectors.

These partnerships strengthen local practice, policy and cross-sector leadership in fostering culturally safer, welcoming neighbourhoods.

Community sport, art and recreation are powerful platforms for activity, connection, expression and belonging. When racism is present in these spaces, it can reinforce exclusion, harm and ill-health.

Culturally safe environments that are inclusive and responsive to diverse cultural and identity needs can reduce racism. They also foster greater participation, connection, health and wellbeing.

Through a range of policy reforms and programs, these partnerships create change by:

- tackling racism at a structural level
- establishing frameworks for culturally safer public spaces
- creating lasting pathways for participation, employment and leadership, particularly for Aboriginal and Torres Strait Islander people and culturally and racially marginalised communities.





Our partners

We're Shifting the Playbook with the following partner organisations:

- AusDance Victoria
- Basketball Victoria
- Football Victoria
- Music Victoria
- Reclink Australia
- Regional Arts Victoria

Our learning and cultural partners

VicHealth is partnering with these organisations to provide capability support for our Shifting the Playbook partnerships:

- Culture Spring
- JT Productions
- Munarra Centre for Excellence
- Victoria University

INDIGENOUS SURFING VICTORIA

VicHealth is a proud partner of Indigenous Surfing Victoria, a program that connects Indigenous Victorians with the oceans, rivers and lakes of Victoria. Through surfing and stand-up paddle boarding, children learn new skills, water safety knowledge and healthy habits in a culturally safe and engaging environment. Programs run across Victoria, including regions of the Surf Coast, Western Victoria, Ballarat, Bendigo, Metro Melbourne, Bass Coast, Lakes Entrance and Mallacoota.



THE LONG WALK

VicHealth was proud to be a sponsor of The Long Walk, inspired by Michael Long's historic Long Walk to Canberra in 2004. The Long Walk conducts education programs in schools, empowers First Nations children with knowledge, culture and opportunity, and ensures Aboriginal and Torres Strait Islander voices remain on the national agenda.

STRONG YOUNG MOB

Strong Young Mob elevates the work of 20 Aboriginal-led community initiatives to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples in Victoria. Each organisation works with young mob (under 30 years old) across one or more focus areas of leadership; healing and wellbeing; and healthy eating, movement and connection through music and arts.



Strong Young Mob shifts power and decision-making closer to community. It is designed for young mob, by young mob across Victoria who came together to form the Strong Young Mob Committee. Self-determined by community, Strong Young Mob provides the platform for organisations to deliver projects in ways that work for them and maximise community impact.

By backing Aboriginal-led organisations, we're investing in community-driven solutions that build stronger, healthier futures.

Creating more opportunities for physical activity in regional and rural Victoria

REGIONAL SPORTS ASSEMBLIES

We continued our investment in Victoria's nine Regional Sports Assemblies and our partnership with Regional Sport Victoria, which supports rural and regional communities to participate in sport and recreation.

Regional Sports Assemblies work with people and organisations in their communities to understand and address the barriers they face to participating in sport and recreation opportunities.

This delivers meaningful and fit-for-purpose physical activity and social connection opportunities, through partnerships with local sport clubs and associations, active recreation providers, local councils, recreation facilities and other community grassroots organisations.

Let Them Play

Let Them Play creates opportunities for children to participate and helping local clubs improve how they include children of different abilities.



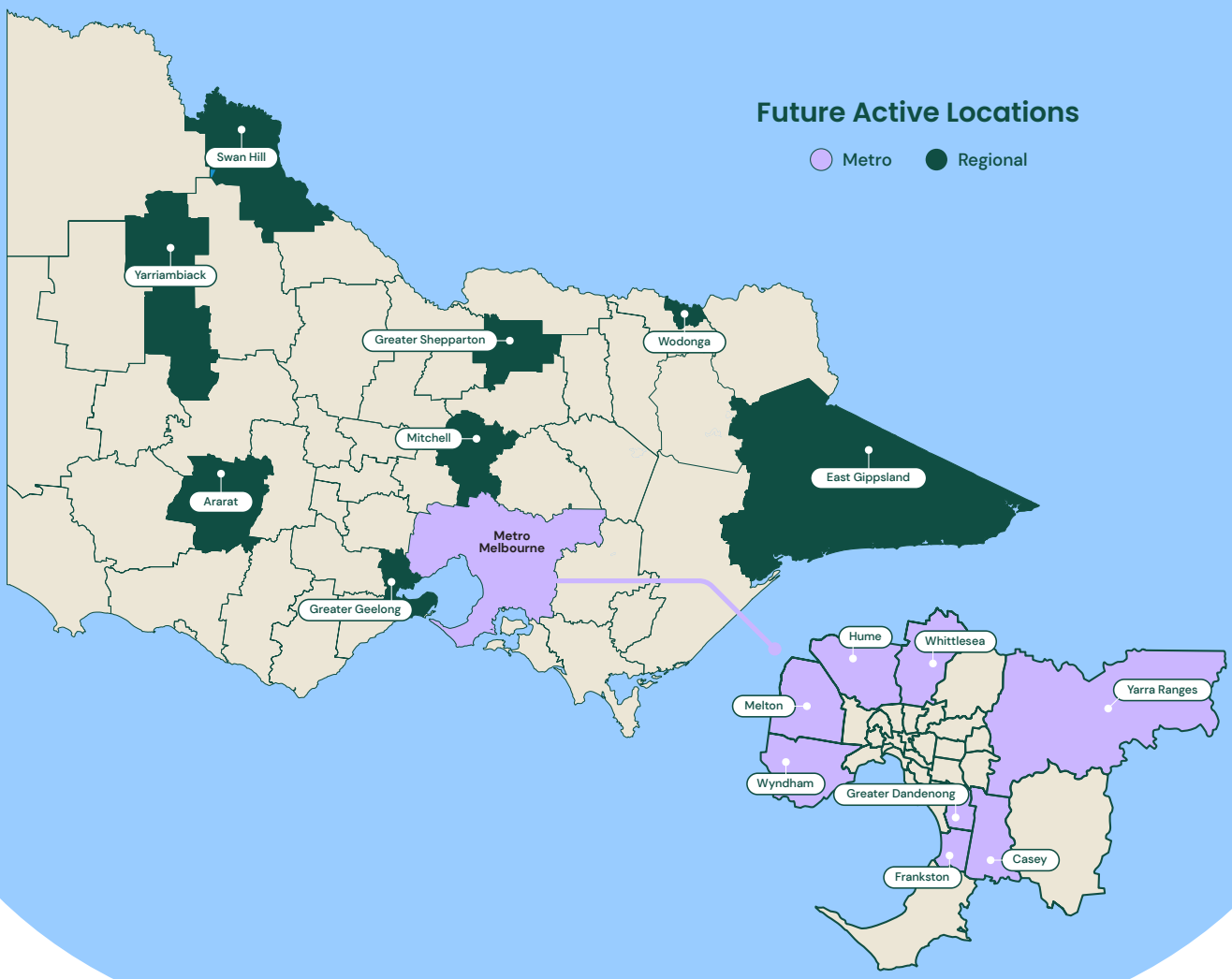
IMPROVING ACCESS TO SPORT FOR KIDS WITH AUTISM

Valley Sport's 'Let Them Play' program helps local children with Autism Spectrum Disorder (ASD) build confidence, social skills and a love for movement. In partnership with schools, State Sporting Associations, community sporting clubs, community health organisations, and junior sports programming organisations, Valley Sport removes cost barriers and creates a safe, inclusive and positive space for young people with ASD to play sport. The program also upskills coaches about ASD and builds the capacity of local sporting clubs to be more inclusive and sustainable in how they deliver sport in their community.

Let Them Play is built on extensive research and community engagement. In 2022, Valley Sport's research indicated 2041 young people aged 7-14 years with Autism lived within the Goulburn NDIS location, with many more expected to be living within regions not captured by the available NDIS data. At the same time, there were no sports programs specifically for young people with ASD in the region. This gap prompted Valley Sport to pilot a pre-introductory sports program for children with ASD. Feedback from parents indicated improved social and gross motor skills within just eight weeks.

In 2023, further research by Valley Sport found that many children with ASD had discontinued sport due to unwelcoming conditions and being excluded. This led to the program's focus on long-term culture change to foster more inclusive and accessible environments for children of all abilities.

Let Them Play shows how effective health promotion brings together evidence, community need and partner organisations to improve health and wellbeing.



FUTURE ACTIVE

Together with Reclink Australia and Sport and Recreation Victoria, our Future Active program continued to transform unused local spaces for young people (aged 16-25) to become more physically active in their community.

Since the start of 2022, Future Active has transformed unused local spaces to their full potential by removing the barriers to physical activity, providing access to new spaces and offering more no cost and low-cost activities.

The program has created safe places for physical activity and social connection. And better still, it was designed by young people, for young people.

Future Active worked with the following local government areas:

- Ararat Rural City
- City of Wodonga
- City of Wyndham
- City of Frankston
- City of Greater Dandenong
- Rural City of Swan Hill
- Yarra Ranges Shire
- Yarriambiack Shire
- City of Casey
- City of Greater Geelong
- City of Greater Shepparton
- City of Hume
- City of Melton
- City of Whittlesea
- East Gippsland Shire
- Mitchell Shire

ACTIVE IN NATURE

Our Active in Nature initiative, in partnership with Parks Victoria and Outdoors Victoria, increased opportunities for young people to enjoy nature and outdoor recreation in some of Victoria's public parks, supporting physical activity, wellbeing and connection to nature.

Our partners worked closely with activity providers, community groups and young people to co-design activities to engage young people who are less active due to social, physical and cultural barriers that have previously prevented their involvement in nature participation.

Active in Nature delivered 30 single day programs and six multi-day pathway programs, across 16 different Parks Victoria parks. This enabled 600 Victorian young people facing barriers to participation to experience the many health benefits of nature.

The program also involved 160 community support workers who created safe environments for participants and ensured programs were responsive to individual needs.

Active in Nature also demonstrated how parks, outdoor recreation providers and community organisations can work together to remove social, physical and cultural barriers to participation.





600

Victorian young people facing barriers to participation

160

community support workers who created safe environments for participants

36

programs across 16 parks.

Turning evidence into policy action

We shared many insights with governments of all levels about opportunities for reshaping our neighbourhood and built system. This included:

- Connecting the Department of Transport and Planning team working on Action 13 of the Plan for Victoria 'Introduce minimum standards and guidance for open space in established urban areas' with Parks and Leisure Australia, to ensure alignment of the minimum standards and guidance with the development of PLA's updated Open Space Handbook, funded by VicHealth
- Collating and sharing research with the Department of Transport and Planning on the health impacts of different types of green space, to help inform Plan for Victoria Action 13 'Introduce minimum standards and guidance for open space in established urban areas' and Action 15 'Update design guidance to deliver better public places'
- Providing feedback on the Victorian Government's updated Urban Design Guidelines (Action 15 of the Plan for Victoria).





Reshaping our food system



Food is fundamental to our health, climate and community. Reshaping practices in the food system is one of the most powerful levers we have to positively influence health and wellbeing.

A complex web of actors and activities influences the access, availability, and affordability of healthy, sustainable, culturally appropriate food in Victoria.

Fair, sustainable food systems reduce the risk of chronic disease by making healthy, fresh and culturally appropriate food affordable and accessible for all Victorians, supporting better nutrition and lifelong health.

Together with our partners, we're exploring how we can refocus our food system towards delivering healthy, sustainable, and affordable options for all Victorians.

What we're working towards

- All Victorians enjoy a fairer, more circular food system.
- Local food systems provide better access to healthy, fresh food for regional and outer metropolitan Victorians.
- Leadership in Victoria's food system is more equitable, collaborative and diverse.

Systems shifts we've contributed to this year

- More communities are coordinating food-system action across sectors and places.
- Locally led models are demonstrating new ways to improve access and affordability of healthy, fresh food.
- Public health evidence is contributing to national food policy and regulatory reform.

Increasing access to healthy, fresh food

LOCAL PARTNERSHIPS FOR FOOD FIRST (LPFF)

In 2025–26, VicHealth launched the Local Partnerships for Food First program, a $6.5 million investment over three and a half years to improve access to healthy food and strengthen local food systems across Victoria.

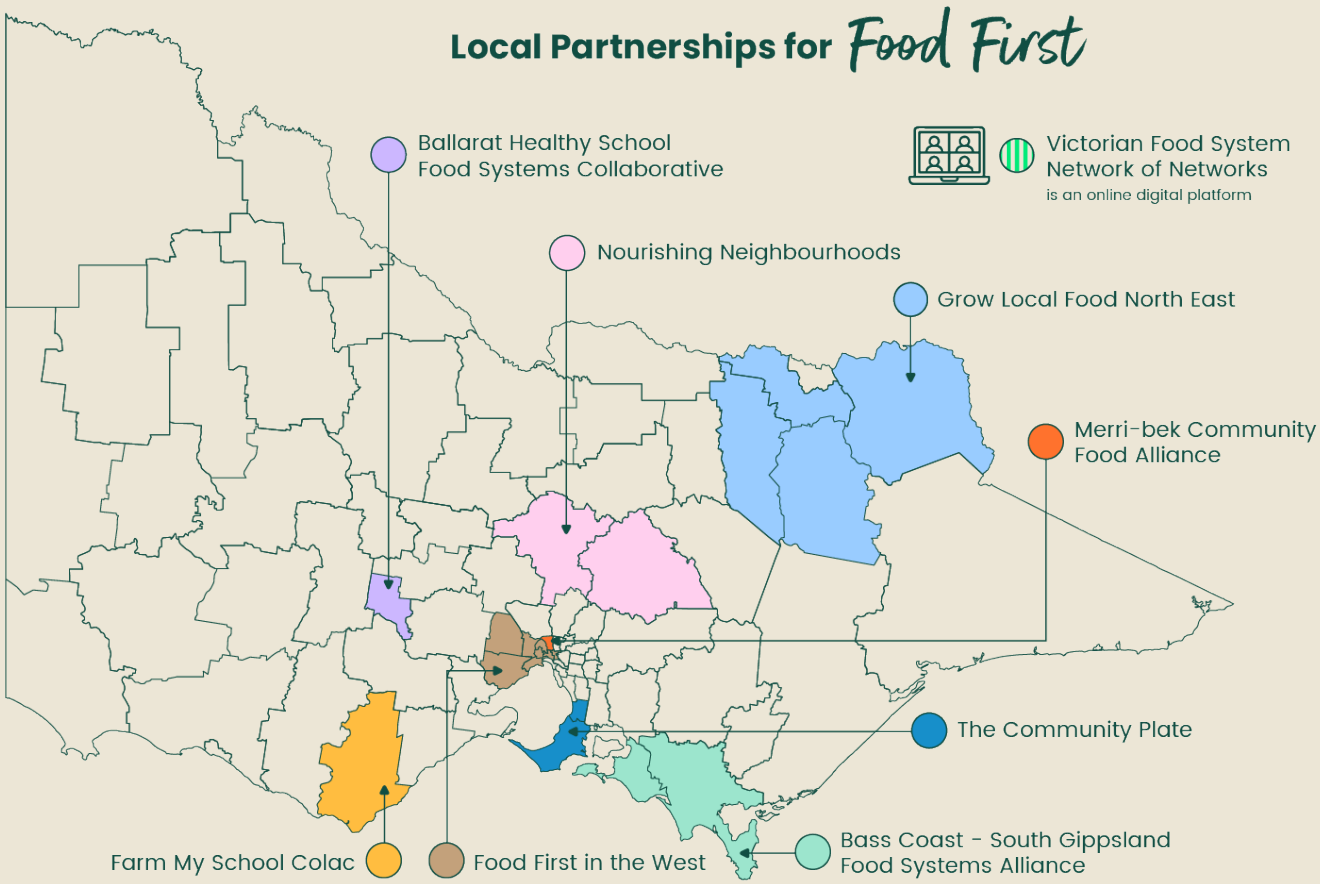
The program established nine place-based partnerships spanning metropolitan and regional communities, marking a significant step toward reshaping local food systems. Each partnership brings together a unique mix of councils, public health units and health services, community organisations, schools, TAFEs and universities, social enterprises and co-operatives, producers and community gardens, and other supporters to drive place-based food system change.











Together, these partnerships form a statewide network of local leaders addressing food system challenges like food access, supply and sustainability.

Food First responds to mounting challenges in the food system, including:

- rising cost-of-living pressures limiting access to fresh food
- high consumption of ultra-processed foods, contributing to chronic disease
- persistent inequities in access to affordable, culturally appropriate food.

Funding focuses on three main goals:

Health: Make it easier for people to get healthy, affordable, and culturally appropriate fresh food – especially fruit and vegetables

Equity: Support leadership that includes diverse voices, promotes fairness and cultural safety, and helps communities have a say in what their food environment looks like

Sustainability: Support local fresh food systems that are good for the environment, the economy and the community over the long term.

Food First is already delivering some incredible initiatives:

- A thriving social enterprise model to support 1000s of nutritious **school meals**, prepared with local produce.
- Healthy and sustainable food **procurement** in early childhood settings.
- **Community food enterprises**, such as Food Hubs and co-operatives, mobile grocers, micro- and social-enterprises.
- A school farm, small-scale **farming** programs, market gardens and regional food **logistics** networks.
- **Self-determined projects** from First Nations and culturally and racially marginalised communities.
- **A digital platform** connecting partnerships with each other and the broader Australian food system sector.
- A local market model selling **fresh produce for 20-30% cheaper** than in supermarkets.

By investing in locally led solutions, LPFF is laying the foundation for a fairer, healthier and more sustainable food system where fresh, nutritious food is accessible to all Victorians.

Building a shared movement for Food First

In March 2026, VicHealth convened over 100 food systems leaders, practitioners, researchers, and advocates to align around a shared Food First vision–one that makes healthy, nutritious food the norm and accelerates collective action toward a healthier, fairer and more sustainable food system for all Victorians.

The event connected attendees, improved their skills and knowledge, and identified shared priorities to improve local food systems to create healthier communities.

Attendees expressed overwhelming alignment with the Food First vision, strong appetite for systems-level reform, and renewed momentum for collective action. The event strengthened strategic cohesion, reinforcing that food is central to health, equity, community connection, and economic sustainability.



Food System change in action:







Launching Food First in Merri-bek

Food First is enabling Merri Food Hub to expand its work helping local families access affordable, healthy food.

Farm My School Colac

Turning an unused school paddock in Colac into a community-run farm and food hub.

The Community Plate

Launched its Community Plate Food Strategy and hosted a learning session for the communities it serves.





Merri-bek Community Food Alliance

Encouraging people to shop, learn and grow in their local community.

The Community Grocer expanded operations to Werribee

To help more families access affordable, healthy and culturally relevant food.

Helping kids learn about food and the food system

The Secret World of Food and Stephanie Alexander Kitchen Garden Foundation (SAKGF) are just some of the ways we're helping kids understand more about fresh food, where it comes from, how to cook and eat it, and how it connects them to other people and the world around us.

THE SECRET WORLD OF FOOD

This pop-up play activity engaged children and their families to learn about the food system – how our food grows and where it goes. Local councils, libraries and community organisations shared the Secret World of Food with their communities throughout 2025–26.



STEPHANIE ALEXANDER KITCHEN GARDEN FOUNDATION PARTNERSHIP (SAKGF)

This year was the second year of our three-year partnership with SAKGF, which enables children at more than 500 Victorian schools to build a positive relationship with fresh, healthy food.

Together with SAKGF, we distributed Healthy Food Fun activity books to 65,000 prep students, as part of the Department of Education's Prep Bag initiative. The interactive booklet is full of age-appropriate literacy and numeracy activities that help children understand food and the role it plays in our lives.

VicHealth funding supported 62 new schools across Victoria with online resources, webinars and workshops, 1:1 support and infrastructure for their Kitchen Garden Programs. This supported over 13,000 children to build knowledge, skills and positive connections with fresh, healthy food.



62 new schools

(including 13 special development schools) and over 13,000 students supported with resources and infrastructure for their Kitchen Garden Programs

65,000

Prep students learning about the food system through our Healthy Food Fun activity books

over 500

schools engaged with SAKGF

Turning evidence into policy action

We shared many insights with governments of all levels about opportunities for reshaping our food system, including:



FOOD SECURITY

VicHealth provided a submission to the National Food Security Strategy discussion paper in October 2025, and participated in two subsequent co-design workshops run by the Department of Agriculture Fisheries and Forestry. In June 2026, we also participated in a Food Security Ministerial Roundtable led by Hon. Luba Grigoravitch MP, Minister for Youth, Carers and Volunteers, to discuss critical issues relating to food security and relief and build a shared understanding of emerging needs, demand and opportunities with key organisations and sector partners.

MANDATING HEALTH STAR RATINGS ACROSS PACKAGED FOOD PRODUCTS

In February 2026, the Food Ministers requested Food Standards Australia New Zealand (FSANZ) to prepare a proposal on mandating Health Star Ratings in the Food Standards Code. This marked significant progress towards mandating HSR following long-term advocacy and failure of the food industry to meet voluntary uptake targets.

VicHealth supported a range of media and advocacy activities with expert public health partners, such as Food for Health Alliance and The George Institute for Global Health, and delivered two webinars to support sector understanding of the process to mandate Health Star Ratings. We also provided key information and advice to state and federal health department stakeholders, through consultations and direct meetings.

IMPROVING READY-MADE BABY AND TODDLER FOODS

Commercially available packaged foods contribute significantly to the overall diets of young children in Australia. Despite being commonly promoted as 'healthy' and ideal for young children, evidence has shown that these products can fail to meet their nutrition and developmental needs.

In partnership with Monash University and Food for Health Alliance, we published a nutrition education resource and delivered a webinar to empower parents and caregivers to better navigate ready-made food options for young children. This resource has also been translated into six other languages: Arabic, Burmese, Chinese, Dari, Punjabi and Vietnamese.

Reshaping our commercial and economic system



The systems, practices and pathways through which commercial and economic actors influence health, wellbeing, and inequity.

Our goal is to increase awareness of the harmful products and practices of commercial actors while promoting environments for better health.

We highlight the business practices that put people first and push to create higher standards for businesses whose business practices negatively impact our health.

What we're working towards

- Victorians are less exposed to the harmful practices of commercial actors.
- Victorian communities are more aware of commercial actors' harmful practices and products, with increased capacity to respond.
- Victoria's economic system better enables health and wellbeing.

Systems shifts we've contributed to this year

- Communities and young people are becoming better equipped to recognise and respond to harmful commercial practices.
- Evidence is increasingly informing policy and regulatory responses to harmful products and marketing.
- Victoria is building stronger research capability to understand and address commercial determinants of health.

Reducing the harms of vaping and nicotine use

VicHealth invested over $6 million towards nicotine and tobacco prevention, through its partnership with Quit Victoria and the delivery of UNCLOUD, a peer-led youth anti-vaping platform.

UNCLOUD

The UNCLOUD campaign creates space for young people to hear from their peers about the harms of vaping. It enables young people to share their experiences, build understanding and spark conversations about the impacts of vaping.

UNCLOUD's online hub enables young people to find evidence-based information about vapes and see vaping for what it is.

By engaging young people in different ways, UNCLOUD meets them where they are and connects them to peer-led conversations and appropriate support services.



Expanding the UNCLOUD campaign to engage teenagers

This year, VicHealth and partners expanded UNCLOUD to engage 12-17 year-olds.

While 12-17 year-olds get a lot of vaping and nicotine information from school, they face social pressures to vape, as well as pro-vaping narratives from deceptive Big Tobacco marketing tactics.

Nicotine can quickly become addictive, particularly in young people, and can harm brain development. It may also increase the likelihood of future tobacco use.

UNCLOUD helps teens see through social pressure and gives them the confidence to say no to vaping.



SUPPORTING PARENTS TO TALK WITH THEIR TEENS ABOUT VAPING

Our Talking to Your Teen About Vaping conversation guide now comes in six languages, with hundreds of downloads in 2025–26. This resource helps parents understand their teenager's motivations, attitudes and behaviours towards vaping, and helps them navigate tricky conversations about vaping behaviour. The guide was also translated into six languages: Arabic, Hindi, Punjabi, Simplified Chinese, Traditional Chinese and Vietnamese.



PARTNERING FOR GREATER IMPACT

As a part of our Collective Impact Vaping Prevention Grants, VicHealth is supporting more than 29 local councils, eight elite sporting bodies and seven universities to inform young people about the realities of vaping.

This integrated approach enables young people to engage with important prevention information in the places they live, learn and play. It helps young people find scientifically backed information about vapes, see vaping for what it is and warn each other of the harms of vaping.



University partners

- Australian Catholic University
- Deakin University
- Federation University
- La Trobe University
- Melbourne University
- Monash University

Sports partners

- Athletics Victoria
- AusCycling
- Hockey Victoria
- Melbourne Basketball
- Swimming Victoria
- Tennis Victoria
- Surfing Victoria

STRENGTHENING VICTORIA'S RESPONSE TO SMOKING AND VAPING

VicHealth's longstanding partnership with Quit Victoria and the Victorian Department of Health supports a coordinated approach to reducing smoking and vaping harm, connecting prevention and cessation with community action, health-system capability and policy change.

A key focus is ensuring responses reflect the needs of communities experiencing greater tobacco and nicotine-related harm. This year, around 250 Aboriginal Victorians shared their experiences through The Koori Way, an initiative of the Victorian Aboriginal Health Service, with insights now shaping priority action on smoking and vaping. Research with culturally and linguistically diverse communities and Victorian secondary schools is also informing tailored programs, resources, and campaigns.

The partnership is also strengthening the systems around people. Quit's Health Systems Strategy 2025–2029 is creating a pathway to embed smoking and vaping cessation into routine patient care, while health services, community health organisations, councils, and Local Public Health Units are building capability to support cessation and create smoke and vape-free environments.

Community insight, evidence and expertise also helped shape policy and regulatory responses, including stronger protections from second-hand smoke and action on illegal tobacco.

Together with VicHealth's prevention work through UNCLOUD and collective impact partners across councils, universities, and sport, the partnership creates a more connected response to smoking and vaping harm: preventing uptake, supporting people to quit, strengthening the settings around them and using evidence to inform wider policy and practice.



Turning evidence into policy action

Throughout 2025–26, VicHealth reviewed existing and emerging evidence across key commercial and economic determinants of health to support best-practice policy in Australia.

The evidence informed advice and engagement with Victorian and Australian Government partners and public health organisations.



POLICY AREAS AND EVIDENCE REVIEWED INCLUDED:

- mandating Health Star Ratings across packaged food products
- regulation of the marketing of alcohol, gambling and unhealthy food products
- developing policy solutions and narratives in support of national intergenerational fairness and a Wellbeing Economy in Victoria
- impacts of non-therapeutic nicotine products
- implementation of Victoria's tobacco retail licensing scheme to support public health objectives
- industry narratives and ongoing implementation of federal vaping reforms introduced in 2024
- alcohol harm prevention in Victoria, including safeguards against the dangers of the online marketing, sale and home delivery of alcohol.



Supporting preventive health throughout Victoria



Health starts long before healthcare.

The greatest influences on health are found in our homes, schools, workplaces and communities, not just in hospitals or health services.

The work of prevention happens across the health system and in many other systems. Prevention capability depends on more than programs and services. It depends on trusted partnerships, specialist expertise and cross-sector collaboration.

Effective prevention combines government policy and regulation with specialist prevention expertise, community knowledge, research and cross-sector partnerships. Together, these capabilities translate evidence into action and improve the conditions that shape health.

These complementary roles create a healthier, more sustainable and more resilient Victoria.

Prevention is one of Victoria's smartest investments. Investing in prevention can reduce future demand on hospitals while strengthening productivity, participation and wellbeing. The strongest health systems don't just treat illness, they prevent it wherever possible.

What we're working towards

- Health: Deliver healthier, longer lives for all Victorians.
- Economy: Deliver value to the Victorian healthcare system and economy.
- Equity: Drive fairer health outcomes with and for Victorian communities.

Systems shifts we've contributed to this year

- Enabling community-led, place-based systems change, where local knowledge, long-term partnerships and adaptive learning reshape the conditions that create health and wellbeing.
- Communities, practitioners and people with lived experience now more deeply involved in shaping research questions, solutions and evaluation.
- Stronger relationships with local governments through focusing on durable systems change rather than short-term program outputs.

Investing in world-class research



Research is at the heart of what we do. VicHealth invests in leading researchers, scientists, experts and thinkers to build the evidence base that guides public health decision-making and turn knowledge into action.

Our research investments are critical in boosting knowledge about the system conditions driving preventable disease, and evidence for the interventions needed to make change happen.

Our Research Impact Plan 2024-2028 guides our approach and how we prioritise impactful, adaptive, and equity-focused research across food, commercial and economic, and neighbourhood and built systems. It has guided new investments and activities that have increased community involvement, elevated lived experience and improved how we share knowledge across communities.

Our Impact and Evaluation Framework provides a roadmap for tracking progress in reshaping systems, through annual impact reporting. This framework is enabling VicHealth to understand impact at four different layers, from our funded initiatives, to systems-level impact. It emphasises continuous learning based on data and evidence collection and synthesis.

Our annual impact reports will cover systems characteristics, key learnings, and the impacts of VicHealth's initiatives.

IMPACT RESEARCH GRANTS

Our Impact Research Grants fund innovative and practical research to help turn evidence into policy and practice change.



A systems-based index of community inclusion capacity in regional Victoria

University of Melbourne

Inclusion, belonging and connectedness are core determinants of wellbeing. Yet, widely used tools do not measure the system conditions that determine whether inclusion is possible. This project will develop a community-ready tool that shows regional communities how well their local systems enable youth inclusion, belonging, and connectedness.

The Index is designed for regional Local Government Areas (LGAs) to assess inclusion, identify system gaps, and embed youth voice in Municipal Public Health and Wellbeing Plans.

Partners: Youth Live4Life, City of Ballarat, Baw Baw Shire Council

Building climate resilience and health through community food infrastructure

RMIT University

This research explores how agroecology can improve climate resilience, equitable food systems, and support Caring for Country. Agroecology combines ecological farming, democratic participation, and community-led approaches to build food systems that improve soil health, reduce emissions, support local economies, and strengthen cultural connection.

Partners: Agroecology and Food Sovereignty Alliance (AFSA), Healthy Food Systems Australia (HFSA), Meat Collective @ Jonai, Whittlesea Food Collective, Merri Food Hub, Melbourne Farmers Markets, Tumpinyeri Growers

Community sport BASICS (Building Safe and Inclusive Community Sport Spaces)

La Trobe University

This project will co-design an Impact of Community Sport Toolkit to improve capability within the sport system to build, measure and tell the story of the benefits of safe and inclusive community sport spaces.

Partners: GippSport, Vicsport, Practical Impact / HC-Dallas Phoenix Basketball Club, Football Victoria

Evaluating community services for women's health

Monash University

Community spaces are vital infrastructure for health and wellbeing. They strengthen social cohesion, foster inclusion and belonging, and provide equitable opportunities for healthy living.

Yet women from migrant and refugee backgrounds experience systemic barriers to participation in community spaces. They report disproportionately high rates of loneliness, isolation, and psychological distress despite available services.

Community organisations lack practical tools to measure inclusion and belonging. This research will address this by developing a practical evaluation toolkit for outcome measures, data collection protocols, health economic plan and guidance for ongoing monitoring.

Partners: Diabetes Victoria, Network of Inner East Community Houses, Migrant Information Centre, Whitehorse Council

Digital capabilities for youth to counter harmful industry social media ads

Swinburne University of Technology

This project explores young Victorians' responses to harmful industry advertising in social media environments. It will co-design both educational modules and advocacy materials, to be piloted via the Alannah and Madeline Foundation eSmart program.

The project will generate new knowledge about young Victorians' views of the individual capabilities needed to safely navigate online environments where harmful advertising might be present; and their proposals for developing safer collective digital environments via regulation and platform design.

Partners: Alannah and Madeline Foundation

Mapping and linking agri-food systems, food insecurity and climate change in Vic

La Trobe University

This project aims to develop a systems-based evidence framework to better understand food insecurity across Victoria. The objective is to identify how food production, distribution and retail access interact with household vulnerability and health outcomes, and how these relationships may change under future climate scenarios.

Partners: Victorian Farmers' Markets Association

RESEARCH FELLOWSHIPS

Our research fellowships build the next generation of public health research leaders, while generating evidence on emerging challenges in areas that impact our health - sport, climate, commercial practices, economics, food, housing and racism.



Dr Aurélie Pankowiak, Victoria University

Dr Pankowiak is exploring a public health approach to investigate child abuse prevention in sport. It examines the experience of children who have disclosed abuse or violence, as well as club volunteers' motivations, capabilities and opportunities to respond appropriately.



Dr Adyya Gupta, Deakin University

Dr Gupta is investigating the impact and influence of online food delivery platforms on young people's food choices, with a particular focus on marketing techniques and novel ways to capture decisions in real time.



Dr Rongbin Xu, Monash University

Dr Xu aims to better understand health risks from the environmental factors of climate change, like bushfires and extreme heat, and the implications these have for health guidelines and policy change for local governments.



Dr Melissa Kennedy

Dr Kennedy will investigate how the wellbeing economy goals in Mount Alexander Shire Council can be aligned and enable economic systems-change to improve wellbeing. The project will test the co-designing of priority actions and embedding of collective accountability, shared learning and progress monitoring and create a model for other communities seeking to develop wellbeing economies.



Dr Erika Martino

Dr Martino is investigating health equity in housing – empowering culturally and racially marginalised and First Nations renters. Erika's fellowship will generate evidence on how prevention and response mechanisms can be enabled through anti-racism policies and practices. Her work aims to strengthen the empowerment practices of First Nations and culturally and racially diverse renters in Victoria.



Dr Franka Vaughan

Dr Vaughan's fellowship will research and create an evidence map of local and international anti-racism interventions that adopt a systems approach and contribute to a wellbeing economy, and trial co-design racial literacy initiatives in three diverse settings to understand common elements of effective approaches.

George C. Patton Fellowship

This Fellowship honours Professor George C. Patton, a global leader in adolescent health whose research and advocacy have advanced understanding of adolescence as a critical period for lifelong health and wellbeing.



Dr Susan Paudel

Dr Paudel's George C. Patton Fellowship examines how physical activity and sedentary behaviour in adolescence influence health outcomes in young adulthood. Building on these findings, the study will engage directly with culturally and linguistically diverse adolescents, parents and stakeholders to co-design practical and culturally appropriate ways to encourage regular physical activity in their daily lives.

First Peoples Fellowship

VicHealth's new First Peoples Fellowship Program invests in Aboriginal and Torres Strait Islander research leadership and community-led solutions. It helps gather the evidence needed to improve the health and wellbeing of Aboriginal and Torres Strait Islander communities. Importantly, it supports First Peoples' research leadership and ensures knowledge about First Peoples' health is generated with and by First Peoples.

The inaugural fellowship grant was awarded to Murnong Mob. The Fellow's research will improve understanding of how commercial determinants of health affect First Peoples' health across different life stages. The First Peoples Fellows are:



Troy Walker (Yorta Yorta)

Research area:
Adults and Elders



Fiona Mitch Mitchell (Mununjali)

Research area:
Maternal, infant and child health



Dr Nicole Lister (Wonnarua)

Research area:
Adolescents and young people

FUTURE HEALTHY COUNTDOWN

Every year until 2030, we're highlighting the health and wellbeing of children and young people and proposing pathways to ensure an equitable future for all.

Future Healthy Countdown 2030 is a comprehensive national framework for measuring progress on children's and young people's health and wellbeing. The framework helps identify policy priorities, and tracks progress on how we are (or aren't) supporting future generations to thrive.

A partnership between VicHealth, Murdoch Children's Research Institute and Australian Research Alliance for Children and Youth, Future Healthy Countdown 2030 elevates the voices and lived experiences of young people. It brings together evidence across seven key health and wellbeing domains to identify policy priorities, and tracks progress on how we are supporting future generations to thrive.

The inaugural publication in 2023 provided a framework to guide policy action and investment in what matters for children and young people.

The 2025 publication focused on learning and employment pathways for healthy children and young people, and highlighted that health and education are inseparable foundations for equity. This publication also included the first Future Healthy Countdown progress report which tracks Australian children and young people's health and wellbeing.



ESTABLISHING A NEW RESEARCH TRANSLATION CENTRE

Along with our partner, Deakin University, we established a world-leading research centre to explore interactions between our economy, commercial entities and health outcomes.

VicHealth and Deakin will each invest $4 million over the next five years in the VicHealth Commercial and Economic Determinants of Health Research Translation Centre.

The first year has been an establishment phase, structuring a transdisciplinary team across four knowledge streams focusing on: corporate practices, policy and regulatory action, investing for health and wellbeing, and First Peoples' health. Consultation and events including a "power, profit and health" community workshop and three-day workshop on monitoring corporate power contributed to a four-year research and knowledge translation strategy now ready for execution.

Investing in local innovation and partnerships

GROWING HEALTHY COMMUNITIES

In 2025-26, our Growing Healthy Communities grants supported 115 Victorian organisations helping communities facing structural barriers to good health.

We invested over $5.5 million towards innovative ideas that will create better, fairer health outcomes for Victoria's young people and their families.

This included programs such as community food hubs, sporting programs, creative arts initiatives and improving access and use of local spaces. The grants aimed to:

- increase access to fresh, healthy, local food
- create more opportunities for active play, recreation, sport and art
- make places and spaces more culturally safe.



Making fresh, healthy food more available

Food enterprise The Community Grocer received funding to operate weekly markets in Flemington, Carlton, Pakenham, Melton, Werribee and Richmond, improving access to low-cost, fresh produce for local communities. By offering affordable produce relevant to the local community, the weekly market is removing significant barriers to healthy eating and providing a way for the community to connect with each other.

Initial data shows The Community Grocer is 20-30% cheaper than supermarkets.



Discovering the secret to keeping girls in sport

Girls' experiences in sport shape whether they stay, thrive or walk away.

As part of our Growing Healthy Communities grants, RMIT University and North Geelong Warriors Football Club partnered to understand how participating in soccer influences the mental wellbeing of girls aged 11–17 years.

The project explored what helps young players feel supported, connected and motivated, and what gets in the way. Players discussed the importance of friendship, belonging, fun, supportive coaches and having a positive outlet alongside school pressures.

Findings revealed that growth-focused competition, positive coach relationships and a culture that prioritises inclusion and enjoyment were strongly linked to better experiences and stronger connection to sport. The research translated into practical actions clubs can take, from strengthening onboarding and retention strategies, to equipping coaches and encouraging family involvement to build a supportive club culture.

Supporting local councils to implement their health and wellbeing plans

PARTNERS IN PLACE

VicHealth continued to invest in local governments and their partners to help create fairer, healthier communities for all Victorians.

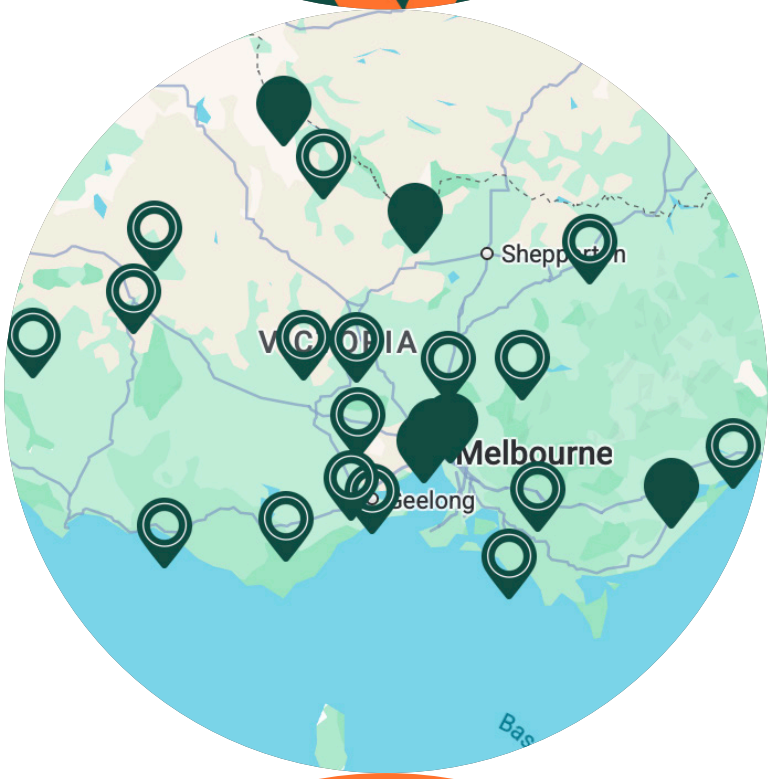
Local governments have a deep understanding of their communities. They play a critical role in supporting health and wellbeing. Together, with local partners, they work to understand and address key health challenges through leveraging the unique strengths and opportunities that exist in their communities.

This year we launched Partners in Place (PiP), providing long-term, flexible place-based funding that builds on the successes and lessons of the VicHealth Local Government Partnership (VLGP). PiP provides support to:

- 17 rural and regional councils to improve the health and wellbeing of children and young people
- six place-based coalitions to advance health equity for First Peoples and culturally and racially marginalised communities.

Councils and their place partners will focus efforts on one of VicHealth's three prevention systems and at least one health and wellbeing priority area aligned with their council's Municipal Public Health and Wellbeing Plan.





PLACE-BASED RESOURCE HUB

Our new Place-based Resource Hub (the Hub) launched in early July 2026. Designed for all Victorian local governments and their community partners, the Hub brings together over a decade of health promotion and prevention evidence to inform place-based health and wellbeing strategy and planning.

The Hub includes practical tools, proven approaches and the latest prevention expertise in one easy-to-find and use destination. It houses practice guides, learning modules, topic toolkits and evidence articles to support the health promotion and prevention workforce across Victoria.



VICHEALTH LOCAL GOVERNMENT PARTNERSHIP

The VicHealth Local Government Partnership concluded in December 2025. Feedback from councils on the program was positive, highlighting the value of the investment and support from VicHealth that contributed to positive health and wellbeing impacts for young people in communities across Victoria.

Many of these activities included elevating the voice of young people and co-designing local solutions with a focus on longer term change.

The lessons from the VLGP informed development of Partners in Place.

Together, VLGP councils delivered:

over 540

strategies, policies, and programs to improve the health and wellbeing of young Victorians

330

activities to create healthier neighbourhoods

109

activities to support healthier local food systems

36

activities to reduce harms from tobacco and alcohol

Section 1.
Operational and budgetary objectives and performance against objectives

Operational performance against budget

VicHealth's 2025–2026 operational and financial performance reflects our ongoing commitment to meeting the needs of Victorians.

We delivered the third year of our long-term strategy, The Next 10 Years 2023–2033.

During 2025–2026, we continued to adapt and innovate our preventative health approach to deliver sustained support to Victorian communities across the state, so that Victorians from all backgrounds can enjoy good health.

Over the last year, we further embedded our approach to long-term investments under this strategy, with a focus on better long-term health outcomes for Victorians.

We will continue to adapt, evolve and learn to ensure that our programs deliver effective outcomes to Victorian communities across the state.

VicHealth's total income was $50.1 million in 2025–2026, compared with a budget of $49.1 million.

The $1.0 million increase primarily reflected:

- additional appropriation funding from the Department of Health (DoH), including $0.8 million to meet costs associated with the outcomes of VicHealth's Enterprise Agreement 2025-2029 negotiations,
- additional interest revenue of $0.1 million, reflecting higher interest rates.

Total expenditure for 2025–2026 was $50.0 million, $0.9 million above the annual budget of $49.1 million. This primarily reflected increased grants and health promotion expenditure of $0.5 million and additional employee expenses compared to budget, offset by savings in operating costs against budget.

Overall grants and direct program implementation expenditure, including support costs, totalled $31.4 million against an annual budget of $30.9 million. Direct investment in health promotion during 2025–2026 was the highest in VicHealth's history.

Employee expenses of $13.9 million included $0.8 million associated with implementing the outcomes of VicHealth's Enterprise Agreement 2025-2029 negotiations, together with interim coverage for unplanned staff vacancies. Overall employee expenses were $1.1 million higher than budget in 2025–2026, with additional DoH appropriation funding meeting one-off costs relating to the Enterprise Agreement.

In line with Victorian Government reporting requirements under Australian Accounting Standards, all employee expenses, including salaries and on-costs, are disclosed separately within total expenditure in the financial statements.

The presentation of employee expenses as a single item does not adequately reflect the contribution of VicHealth staff to the delivery of health promotion outcomes for the Victorian community.

If employee costs associated with health promotion delivery were combined with grant funding and health promotion expenditure, VicHealth's investment in health promotion outcomes would exceed $41.6 million in 2025–2026, representing more than 85% of the total budgeted appropriation from the DoH under VicHealth's externally focused organisational structure.

Operating costs of $4.8 million, including depreciation and amortisation, were $0.6 million lower than budget reflecting a targeted approach to managing travel and events, communications, and consulting.

Consistent with budget, the comprehensive result for the year was a surplus of $0.1 million.

Our operating budget performance is summarised in Table 1.

TABLE 1. OPERATIONAL PERFORMANCE AGAINST BUDGET FOR 2025–2026

($ thousand)

	Appropriation funds		Special purpose funds		Total	
	Actual	**Budget**	**Actual**	**Budget**	**Actual**	**Budget**
Income						
Revenue from government	49 520	48 768	-	-	49 520	48 768
Other income	573	360	-	-	573	360
Total income	**50 093**	**49 128**	**-**	**-**	**50 093**	**49 128**
Grants and direct project implementation	31 366	30 925	-	-	31 366	30 925
Employee expenses						
Health promotion delivery	10 521	9 966	-	-	10 521	9 966
Management and support	3 352	2 862	-	-	3 352	2 862
Operating costs	4 769	5 320	-	-	4 769	5 320
Total expenses	**50 008**	**49 073**	**-**	**-**	**50 008**	**49 073**
Operating surplus	**85**	**55**	**-**	**-**	**85**	**55**

Under section 33 of the *Tobacco Act 1987*, the budget of VicHealth must provide for payments to sporting bodies (not less than 30%) and to bodies for the purpose of health promotion (not less than 30%). We achieved both statutory requirements.

During 2025–2026, the VicHealth Board also set strategic expenditure guardrails on grant expenditure against agreed systems for the financial year. These targets, among other criteria, are used to guide VicHealth's investment approach.

All statutory and strategic targets were met in 2025–2026.

Our performance against these targets is summarised in Table 2.

TABLE 2. PERFORMANCE AGAINST STATUTORY AND VICHEALTH BOARD POLICY EXPENDITURE TARGETS

	(%)	($ thousand)	(%)	($ thousand)
Performance measures	**2025–2026 Guideline**	**2025–2026 Budget**	**2025–2026 Actual**	**2025–2026 Actual**
Statutory expenditure target[(i)]				
Sporting bodies	≥30	14 775	33	15 852
Health promotion	≥30	16 150	32	15 514
Board policy expenditure guideline [(ii)]				
Neighbourhood and built system	20-40	10 729	38	11 746
Food system	20-40	8 308	27	8 529
Commercial and economic system	20-40	11 887	35	11 091
Prevent tobacco use		7 350	24	7 352
Priority populations	≥30	12 170	61	18 803
First Nations Victorians		1 300	14	4 255
Culturally and racially diverse Victorians		2 520	11	3 458
Research and evaluation[(iii)]	≥12	5 855	12	5 983

Notes:

(i) Percentage figures for statutory expenditure targets are calculated as expenditure as a proportion of VicHealth's budgeted government appropriation for the financial reporting period. For the 2025–2026 financial year VicHealth's budgeted appropriation was $48.8 million. Figures include payments from additional appropriation but exclude payments sourced from special purpose funds unless otherwise indicated.

(ii) Actual percentage figures for Board policy expenditure targets are calculated as expenditure as a proportion of actual expenditure on health promotion. Expenditure on health promotion is defined as total grant payments and direct program implementation expenditure less payments to sporting bodies. All expenditure is allocated against one of the statutory expenditure targets in addition to it being allocated against one of the Board's systems targets.

(iii) The research and evaluation figure may include expenditure allocated to other statutory and Board expenditure categories.

Five-year financial summary

TABLE 3. 5-YEAR FINANCIAL SUMMARY

($ thousand)

	2026	*2025*	*2024*	*2023*	*2022*
Operating statement					
Revenue from government	49 520	47 156	45 674	44 697	42 590
Other income	573	611	592	478	258
Total income from transactions	**50 093**	**47 767**	**46 266**	**45 175**	**42 848**
Grants and direct program implementation	31 366	30 287	30 272	30 256	29 097
Total expenses from transactions	**50 008**	**47 755**	**46 219**	**45 343**	**42 840**
Net surplus/(deficit) for the period	**85**	**12**	**47**	**(168)**	**8**
Balance sheet					
Total assets	11 797	11 393	12 081	11 989	13 018
Total liabilities	5 972	5 653	6 354	6 309	7 169

Major changes affecting performance compared to previous year

As we responded to the needs of Victorians, 2025–2026 marked the continuation of the first 4-year action plan under our 10-year strategy.

The $31.4 million spent on direct grants and health promotion funding in 2025–2026 was the highest level of health promotion funding delivered by VicHealth to date.

During 2025–2026, VicHealth continued to implement continuous improvement initiatives to strengthen operational and financial performance both during the year and into the future. This included:

- enhancing management and reporting systems to support strong oversight and governance of delivery of outcomes and actions under VicHealth's strategy.
- strengthening risk management processes and practices, including staff training, to maintain awareness and capability and support ongoing compliance with VicHealth's obligations as a statutory entity.

Significant changes in financial position during the year

VicHealth's net assets remained strong at $5.8 million.

Total assets were $11.8 million, an increase of $0.4 million from the previous year, comprising:

- VicHealth's cash balance of $5.9 million, an increase of $1.0 million, primarily reflecting 2025–2026 payables settled after the year end.
- Non-current assets of $4.2 million, a decrease of $1.0 million, due to depreciation and amortisation of assets, together with a reduction in the value of the right-of-use assets following a scheduled market rent review.
- Receivables of $1.4 million, an increase of $0.5 million, including GST receivables and additional appropriation funding due from DoH relating to Enterprise Agreement outcomes.

Total liabilities were $6.0 million, an increase of $0.3 million from the previous year, primarily due to provisions recognised for costs associated with Enterprise Agreement outcomes, partially offset by a reduction in lease liabilities following a scheduled market rent review.

As part of our corporate governance framework, VicHealth is committed to developing and maintaining efficient and effective policies and processes that support organisational objectives while ensuring strong financial risk management practices.

The VicHealth Board sets financial targets within our Reserves Policy. As at 30 June 2026, all of these financial targets relating to cash holdings, retained earnings and working capital requirements were exceeded.

Subsequent events

There were no events occurring after 30 June 2026 that affected the accuracy of these financial statements.

Granting funds

As part of its core business, VicHealth has continued to deliver health promotion outcomes through granting funds for health promotion and prevention purposes. Grant expenditure includes health promotion expenditure such as programs, funding rounds, research grants, campaigns and directly associated activities.

Significant grant expenditure is defined as:

(i) any grant funding round where payments to successful organisations total $250,000 or more during the financial reporting period

(ii) single projects where payments to the organisation total $250,000 or more during the financial reporting period.

Details of significant grant expenditure are provided in Table 4.

TABLE 4. GRANTS WITH PAYMENTS TOTALLING $250,000 OR MORE DURING THE REPORTING PERIOD

($ thousand)

Funding round	No. of organisations receiving payments	Payments
VLGP fast-track councils	35	467
Growing Healthy Communities Round 1 – Tier 3	18	260
Growing Healthy Communities Round 2 – Tier 1	53	2 364
Growing Healthy Communities Round 2 – Tier 2	29	2 724
Impact Research Grants 2026	6	710
Local Food Action Delivery Funds	9	1 300
NBS Cultural Safety – Flagship Sector Leaders	6	590
Partners in Place – Coalitions	6	1 440
Partners in Place – Councils	17	1 530
Quit Victoria – 2024-2028	1	5 000
Regional Sport Partnership 2025-2027	9	550
Stephanie Alexander Kitchen Garden Foundation Program 2024-2027	1	1 400
SunSmart 2024-2026	1	580
CEDOH Research Translation Centre	1	750
Race discrimination in sports guideline	1	250
FARE partnership	1	360
TAPPC partnership	1	254

Note: The table relates to payments made during the financial year. The funding or grant round may have been awarded in a previous year or the current year and/or may be part of a multi-year funding agreement.

Details of significant project payments to individual organisations are provided in Table 5.

TABLE 5. ORGANISATIONS RECEIVING PROJECT PAYMENTS TOTALLING $250,000 OR MORE DURING THE REPORTING PERIOD

($ thousand)

Organisation name	Project name(s)	Payments
Cancer Council Victoria	Quit Victoria 2024-2028 SunSmart 2024-2026 Baby and toddler webinar FHA FSANZ Act review Food For Health Alliance contract UNCLOUD evidence review project	5 844
Stephanie Alexander Kitchen Garden Foundation	SAKGF Program 2024-2027	1 400
Deakin University	Co-designing healthy, equitable and sustainable rural fruit and veg distribution Deakin University Commercial and Economic Determinants of Health Research Translation Centre Deakin Vape and Smoke-Free Program Evaluation of VicHealth's Food Hubs on local food systems Impact of online food delivery platforms on youth's food choices INFANT 2026 Making big business everybody's business Melissa Kennedy – VicHealth Research Fellowships - Deakin University Social media ban evaluation TransformUs Wellbeing	1 316
La Trobe University	Community Sport BASICS (Building Safe and Inclusive Community Sport Spaces) Empowering Youth Against Vaping: A co-design approach in regional Victoria Evaluation of the Future Healthy initiative Improving health and wellbeing of young Autistic people living in rural Victoria La Trobe University – DME capacity building support La Trobe University – VicHealth LPFF evaluation La Trobe University – Vaping evaluation Latrobe Vaping CIVC 2.0 evaluation Mapping and linking agri-food systems, food insecurity and climate change in Vic Mapping and visualisation to support VicHealth's Impact Report	662

Table 5. Organisations receiving project payments totalling $250,000 or more during the reporting period (cont)

($ thousand)

Organisation name	Project name(s)	Payments
Optimum Media Direction PTY LTD	Always on advertising Deligracy Usage (CI2.0) OMD social moderation Meta UNCLOUD paid advertising spend UNCLOUD social moderation RedNote	654
University of Melbourne	A systems-based index of community inclusion capacity in regional Victoria Affordable housing and health for low-income renters: a decision-making tool CI2.0 community forum – venue hire Commercial Determinants of Health Documentary Creating a vape-free future at the University of Melbourne Erika Martino – VicHealth Research Fellowships - University of Melbourne Franka Vaughan – VicHealth Research Fellowships - University of Melbourne George C. Patton Fellowship	516
Monash University	ACV Policy and Engagement Coordinator 2025-2026 Amplifying UNCLOUD at Monash University 2.0 Evaluating community services for women's health External systems scan with current state of play: Monash University Identifying optimal policies to increase active travel uptake Improving resilience to health risks of bushfire smoke and heat in Victoria Mitchell Bowden – Monash University	412
Foundation for Alcohol Research and Education (FARE)	FARE partnership 2024-November 2025 FARE partnership 2026-2028	360
Underdog Academy T/A One Love Australia and/or Reflect Forward	Anti-racism trainings Reflect Forward Talent partnerships: Reflect Forward Talent payment	336

Table 5. Organisations receiving project payments totalling $250,000 or more during the reporting period (cont)

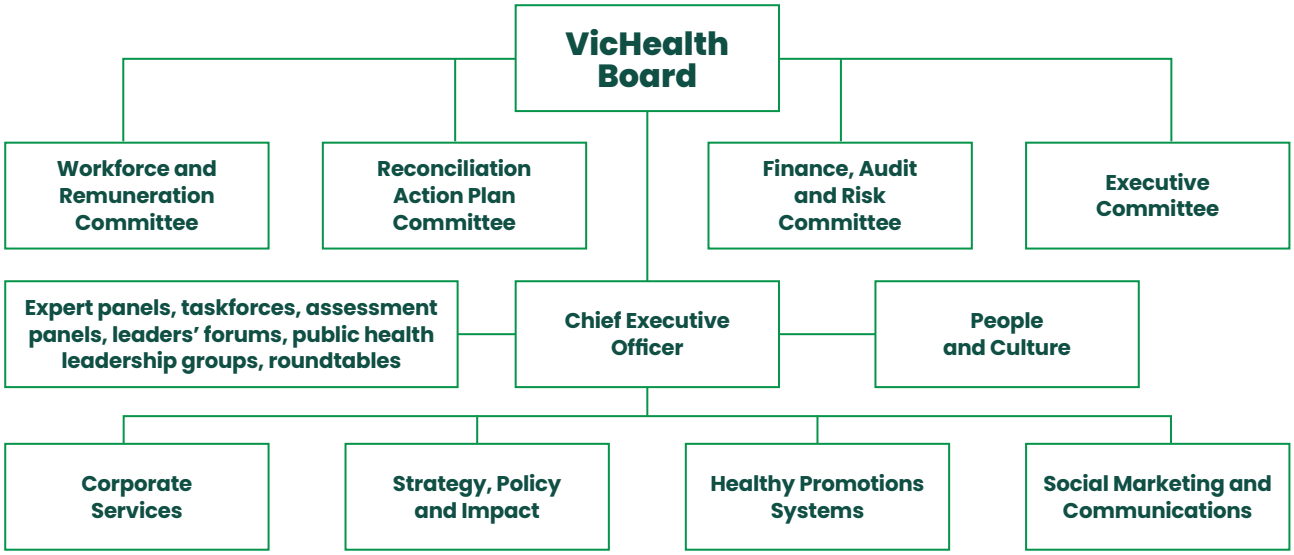
($ thousand)

Organisation name	Project name(s)	Payments
RMIT University	Building climate resilience and health through community food infrastructure Developing tools for knowledge translation in transport and health modelling Empowering women primary carers: Promoting heat resilient systems for families Enhancing Sudanese girls' mental and social wellbeing through active engagement Future urban planning scenarios for better health Reworld your neighbourhood: Creative pathways for youth-led urban commons RMIT place-based evaluation tools project (TTIL)	334
Surfing Victoria Incorporated	Indigenous surfing program 2024-2026 Surfing Victoria Strong Young Mob Committee membership Surfing Victoria – vaping prevention sponsorship	312
Wellington Shire Council	CONNECT Wellington (Community On-Country Neighbourhoods Equity Culture Together) Growing inclusion in local sport through Rainbow Roadmap	308
Victoria University	Aboriginal Australian dietary practices and place-making in public health equity Bigger Than This – Phase 3 Co-creating solidarity networks advancing racial equity and health NBS major investment evaluation and learning partner: VU Safe, inclusive and fun sport/physical activity programs for youth health	308
Colac Otway Shire Council	Colac Otway Shire Council (stream 1): VLGP Connected futures: Wellbeing and belonging for young people in Colac Otway Shire Farm My School Colac	273
Njernda Aboriginal Corporation	Partners in Place – Campaspe coalition Three Rivers Festival	267
Generation UPF Pty Ltd	UPF TV series partnership Lune Media	263
Hume City Council	Connected Hume: Building thriving neighbourhoods Hume City Council (stream 1): VLGP	258
The Sax Institute	TAPPC 2026-2027 partnership TAPPC 2023-2026 partnership	254
The Victorian Equal Opportunity and Human Rights Commission	Race discrimination in sports guideline	250

Section 2.

VicHealth organisation structure, culture, capability and capacity

VicHealth organisation structure



PEOPLE AND CULTURE

Ensures that VicHealth's culture and people management practices, including in health equity practice, support effective execution of the organisational strategy.

CORPORATE SERVICES

Supports the health promotion capacity of VicHealth through the provision of finance, governance, compliance and risk management business processes and reporting, together with ensuring effective technology systems support the needs of the business.

STRATEGY, POLICY AND IMPACT

Ensures VicHealth's research investments, policy influence and strategic direction contribute to the health promotion capacity of VicHealth and add value to the public policy process to deliver sustained health benefits for Victorians. Internal champion of systems change that shapes people's health and wellbeing.

HEALTH PROMOTIONS SYSTEMS

Designs and executes program investment, grants, funding rounds and partnership activities to maximise the outcomes of VicHealth's 2023–2033 strategy.

SOCIAL MARKETING AND COMMUNICATIONS

Amplifies and delivers health promotion activities to improve the health and wellbeing of all Victorians.

Develops and delivers multi-channel social marketing, communications and behavioural change initiatives including media and public relations, social media, events, digital marketing, branding, social marketing campaigns, design and multimedia content.

Executive management

The following people held executive management positions as at 30 June 2026:



PROF ANNA PEETERS AM PHD
Chief Executive Officer



REBECCA AHERN
Executive Manager,
Social Marketing and
Communications



CLARE ESCOTT
Executive Manager,
Corporate Services



PADAM CHIRMULEY
Executive Lead,
People and Culture



TAMARA PARARAJASINGHAM
Executive Manager,
Strategy, Policy and Impact

Victorian Health Promotion Hub

Following VicHealth's relocation to 355 Spencer Street, West Melbourne, in March 2021, the Victorian Health Promotion Hub was officially opened in February 2022.

The Hub continues to successfully support and foster collaboration between VicHealth partners and stakeholders, including more than 145 registered organisations.

Employee committees

VicHealth has several cross-organisational employee committees or groups to assist management with operations:

- Executive Leadership Team
- Management Team
- VicHealth Consultative Forum
- Inclusion, Diversity, Equity and Accessibility (IDEA) Working Group
- Reconciliation Action Plan Working Group Employee Wellbeing and OHS Committee
- Incident Management Team
- Business Continuity Management Team

In addition to these formal groups, several other cross-functional groups are convened from time to time to support VicHealth's operations.

Child health and safety funding

VicHealth requires funded organisations providing services to children to comply with requirements under the *Child Wellbeing and Safety Act 2005* and the *Worker Screening Act 2000* extending to compliance with Child Safe Standards, Working with Children Check and insurance obligations.

VicHealth's commitment to child safety is reflected in funding guidelines and contracts, policies and procedures (across grant making, procurement, risk, insurance, child safety and wellbeing, communication, privacy, people management, records management, operations) and the organisation's Statement of Commitment to the safety and wellbeing of children and young people.

VicHealth Board

In accordance with the Tobacco Act 1987, VicHealth's Board includes members with diverse expertise across health promotion, sport, business, the arts and advertising. Board members are appointed by the Minister for Health. Due to the representational nature of the Board, transactions and balances with Key Management Personnel and other related parties may occur and are disclosed in Note 8.6 of the Financial Statements.

All contracts were awarded on terms and conditions equivalent to those prevailing in arm's length transactions and in accordance with VicHealth's grant-making and procurement policies and guidelines, including requirements for the management of conflicts of interest. No VicHealth Board member was involved in VicHealth grant-making or procurement decisions.

The VicHealth Board members during the year were:



IAN HAMM, BOARD CHAIR

Ian Hamm joined the VicHealth Board in October 2021 and was appointed Chair of the VicHealth Board in November 2025. Ian also serves on the Workforce and Remuneration Committee.

A Yorta Yorta man, Ian Hamm has extensive government and community sector experience, particularly at executive and governance levels.

Ian has overseen major policy and strategic reforms for government and community organisations. He works with people from

a vast array of backgrounds, managing complex and sensitive relationships to achieve mutually beneficial outcomes.

Ian was CEO of a major Aboriginal community organisation from January to August 2018.

Ian sits on a number of boards as Chair and member. He also devotes himself to improving the representation of Aboriginal people on boards and other high-level governance, through strategic action, advocacy and mentoring.



STELLA SMITH, DEPUTY CHAIR

Stella Smith joined the VicHealth Board in September 2018.

Stella is the Chief Executive of Crime Stoppers Victoria, Deputy Chair of Crime Stoppers Australia and a Director of Triple Zero Victoria.

She has previously held senior executive roles with Melbourne Victory Football Club and 'Life. Be in it.' Australia.

She has also previously held board positions with Blue Light Victoria, Women's Health East and the Melbourne Victory FC Academy. She has considerable experience in community sporting organisations and was an inaugural 'Change Our Game' ambassador through the Office for Women in Sport and Recreation.

Stella has broad experience in community, government and stakeholder engagement, advertising and health promotion. Her experience spans commercial, sport and the not-for-profit sectors.

She is passionate about promoting gender equality, encouraging social inclusion and using sport to create greater opportunities for community engagement.



AMANDA KELLY

Amanda Kelly joined the VicHealth Board in July 2025 and is a member of the Finance, Audit and Risk Committee.

Amanda has a strong passion for diversity and health equity, backed by an extensive career in policy, advocacy and health leadership. Throughout her work with Women's Health Goulburn North East as Chief Executive Officer, Amanda has led initiatives to improve health outcomes for rural and regional women, championing prevention and health promotion at the local level.

Her leadership across multiple boards and committees – including the Victorian Pride Centre, Gender Equity Victoria, Chronic Illness Alliance Peer Support Network and the Women's Health Services Network – reflects her commitment to collaborative governance and evidence-based action on equity. Amanda's capacity to bring diverse voices together is further demonstrated by her role as Chair of the Audit and Risk Committee at Northern Victorian Institute of TAFE, ensuring rigorous oversight and inclusive decision-making that benefits the diverse and rich communities across Victoria.



JAMIE LEWIS

Jamie Lewis joined the VicHealth Board in July 2022 and serves on the Reconciliation Action Plan Committee, and is an ex-officio member of the Finance, Audit and Risk Committee.

Jamie is a Singaporean–Australian artist, facilitator and strategist. She works at the intersection of creative practice and community life. She prioritises people, participation, and plurality; crafting surprising experiences in familiar places, or co-creating familiar rituals in new or unexpected spaces. Her approach is responsive and relational; grounded in cultivating the conditions for emergent futures.

Jamie is currently Chair of the National Association for the Visual Arts (NAVA), and on the Management Committee of Creative Recovery Network. She was most recently CEO/Executive Director at Next Wave, and has previously been on the Board of Multicultural Arts Victoria (MAV), and Program Manager at Theatre Network Australia (TNA).



PROFESSOR DANIELLE MAZZA AM

Professor Danielle Mazza AM joined the VicHealth Board in March 2025 and serves on the Reconciliation Action Plan Committee.

Professor Danielle Mazza AM is an internationally distinguished general practice clinician researcher. Professor Mazza is the Head of the Department of General Practice at Monash University, and the Director of the SPHERE Centre of Research Excellence in Women's Sexual and Reproductive Health in Primary Care.

Professor Mazza has over 35 years of clinical experience, a strong background in governance and strategic planning, and a deep commitment to knowledge translation and health equity.

She is dedicated to advancing evidence-based approaches that improve health outcomes for communities.

In recognition of her work, Professor Mazza was inducted into the Victorian Honour Roll for Women, holds a prestigious Fellowship of the Australian Academy of Health and Medical Science, and was awarded the Australian Association of Academic Primary Care's esteemed Bridges-Webb medal.

Professor Mazza was awarded a Member of the Order of Australia in 2023 for her significant service to medicine and medical research.



PROFESSOR JEREMY MILLAR

Professor Millar joined the VicHealth Board in July 2025 and is a member of the Workforce and Remuneration Committee.

He has biochemistry research and medical degrees from Otago University in New Zealand. He trained in radiation oncology in Wellington and at the Peter Mac in Melbourne before taking up a specialist post at Alfred Health. There he established and led the brachytherapy program and subsequently became director of radiation oncology there for over a decade. He is now research director in radiation oncology with interests spanning prostate cancer biology, quality of life outcomes, clinical trials, quality of care, and health services research. He has published over 300 papers and has received substantial research funding, with a particular focus on prostate cancer management and variation in cancer outcomes. Professor Millar has post-graduate qualifications in biostatistics and health economics.

He is an adjunct professor at Monash University in the School of Translational Medicine and at RMIT University in the School of Science.

As a long-standing public health and civil society cancer control advocate, Jeremy has held leadership roles in Victoria's Southern Metro Integrated Cancer Services (SMICS)—as medical director—and on Cancer Council boards, including as director of Cancer Council Australia (2015–2021), where he was deputy chair (2019–2021), and as chair of Cancer Council Victoria (2018–2025). He was a member of the council of the Faculty of Radiation Oncology, Royal Australian and New Zealand College of Radiologists (2018–2025), where he also chaired the Quality Improvement Committee.



RAYONI NELSON OLY

Rayoni Nelson joined the VicHealth Board in July 2023 and has served as a member of the Reconciliation Action Plan (RAP) Committee and the Finance, Audit and Risk Committee.

With over 20 years' experience working across government, sport, health and transport sectors, Rayoni's career has included management roles in a broad range of areas including sport, physical activity, active transport, road safety and customer service and communications, including a focus on strategy development and implementation.

Rayoni is currently the Chief Executive Officer of School Sport Victoria, as part of the Department of Education, where she leads a team to provide an extensive school sport program to primary and secondary schools across Victoria.

She was previously the Head of Program Strategy and Research at the Office for Women in Sport and Recreation, where she led the design and delivery of Change Our Game program and research initiatives, to level the playing field for women and girls across all roles in sport and active recreation.

Rayoni has experience across the sport industry including working with State Sporting Associations, Regional Sports Assemblies, community sporting clubs and local governments and has had previous roles at VicHealth, where she led the physical activity, sport and healthy eating portfolios.

Rayoni currently holds Board positions with Vicsport, Badminton Australia and School Sport Australia, has a Bachelor of Management and a Masters in Sport Management and has represented Australia in badminton at the Olympic and Commonwealth Games.



DIV PILLAY

Div Pillay joined the VicHealth Board in July 2021 and currently serves as Chair of the Workforce and Remuneration Committee.

Div Pillay is a diversity and inclusion practitioner, leader, researcher and advocate with over 24 years of experience in gender, race, ethnicity, social class and age systems equity.

Born, raised and educated in South Africa, Div carries with her, her lived experience of racial segregation. Backed by her behavioural science and economics background, and a Master of Human Resource Management,

Div has worked with boards and executive teams in large private and public sector entities, leading gender equity and anti-racism strategies in the health, community health, education, mining, banking and utilities sectors.

Div leads award-winning diversity and inclusion consultancy MindTribes which she founded in 2012. Div previously served on the youth homelessness board, STREAT, and chaired the Women in Business Chapter at the Australia India Business Council.

Currently, she serves as a University Council-appointed member of the Strategy and Planning Committee at CQ University and is an appointed Governor in Victoria for the American Chamber of Commerce, Australia.

Div is an Honorary Fellow, Monash University and is named by the Australian Financial Review as one of the 100 Women of Influence. She is currently pursuing a PhD investigating how workplace diversity programs improve social mobility and health outcomes for racialized workers.



THE HONOURABLE NICOLA ROXON AM

The Honourable Nicola Roxon served as Chair of the VicHealth Board from November 2020 to November 2025. She also served on the Workforce and Remuneration Committee.

Nicola is an experienced Chair and non-executive director who has served in various board roles on listed, unlisted and not-for-profit boards for the last 10 years. Currently, she is Chair of HESTA, a large health and community sector superannuation fund, and the Australian Institute of Health and Welfare. She is a non-executive director of ASX-listed company Dexus and the Murdoch Children's Research Institute.

Nicola served as a member of the Australian Parliament for 15 years (1998 to 2013), representing the western suburbs Melbourne seat of Gellibrand. She served as Australia's Health Minister for four years from 2007 and oversaw major reforms to Australia's public hospital, primary care and preventative health systems. In 2011 Nicola became Australia's first female Attorney-General.

With Nicola's leadership, Australia successfully introduced a world first: requiring all tobacco to be in plain packaging with large, graphic health warnings. She has received national and international awards in recognition of this public health work, and plain packaging has now been introduced in many countries around the world.

Originally trained as a lawyer, protecting the dignity of workers and promoting the standing of women has been a hallmark of Nicola's career. Prior to entering parliament, Nicola worked as an industrial lawyer, union organiser and an Associate to High Court Judge Mary Gaudron.



LEIGH RUSSELL

Leigh Russell joined the VicHealth Board in July 2025 and is a member of the Workforce and Remuneration Committee.

Leigh is a distinguished executive and non-executive director with a deep focus on leadership, governance and culture. Throughout a career spanning elite sport, corporate and public sectors, she has driven equity, inclusion and workplace transformation. Leigh was CEO of Swimming Australia and Netball Australia, a People and Culture Executive at Essendon and Gold Coast Football Clubs, Chair of Women's Health West and Football Australia's Women's Football Council, and previous Director of the State Sport Centres Trust and AFL Sportsready.

As a Partner at Elizabeth Broderick & Co and Director of Russell Performance Co, she advises boards, CEOs and executives on governance, cultural safety and leadership effectiveness. Leigh is a Graduate of the Australian Institute of Company Directors and an accredited Extended DISC and LSI facilitator. Her qualifications in behavioural sciences, business, education, counselling and career coaching underpin her practical expertise.

With a commitment to inclusive leadership and strategic oversight, Leigh brings proven skills in guiding organisations to achieve their purpose while fostering safe, diverse and high-performing cultures.



PHIL WADE

Phil Wade joined the VicHealth Board in October 2021 and serves as a member of the Reconciliation Action Plan Committee.

Phil is a senior marketing, digital and Commerce executive with a career spanning Australia, Europe, Asia and the United States. He is currently serves as an Executive Enterprise Fellow at the University of Melbourne where he works at the intersection of business, technology, and public purpose. His earlier executive career includes senior leadership roles at Wesfarmers, the Qantas Group, Unilever, and TJX Companies.

Alongside his executive work, Phil is an experienced Non-Executive Director with concurrent board appointments in the health and disability sectors. He is a Governor of Cerebral Palsy Alliance, and a Non-Executive Director of Aruma, one of Australia's largest disability services organisations. These roles reflect a sustained personal commitment to equitable health outcomes and quality of life for all Australians.

Phil holds a Master's degree from the London School of Economics and a Bachelor of Science (Economics) from the University of Wales, Swansea. Originally British, he is now a proud dual Australian citizen based in Melbourne.

Members of Parliament appointed to the Board:



KATHLEEN MATTHEWS-WARD MP

Kathleen Matthews-Ward served on the Board from June 2023 to June 2026.

Kathleen Matthews-Ward has made significant contributions to public policy and the community throughout her professional life.

In 2022, Kathleen was elected to represent the district of Broadmeadows in Parliament, where she works to improve housing, transport, education, social connection and employment conditions for her community.

Before entering Parliament, she was a policy advisor to the Parliamentary Secretary for Carers and Volunteers, the Minister for Disability, Ageing and Carers, the Deputy Premier and Minister for Education and Mental Health.

Kathleen also served on the Moreland Council from 2004 to 2012, driving many local projects to improve planning outcomes, parks and sports facilities, and increase opportunities for walking and active transport.

Kathleen has worked in retail, hospitality, financial planning and the credit union movement, and has volunteered with many community organisations, including as Chair of the Glenroy Neighbourhood Learning Centre, District Chair for Scouts Victoria and with the State Emergency Service.

Kathleen has a Specialist Certificate in Public Administration through the University of Melbourne's School of Government and has commenced the Graduate Certificate of Public Health at Deakin University.



DR TIM READ MP

Dr Tim Read served on the Board from June 2023 to June 2026.

Dr Tim Read is the Greens MP for Brunswick in the Victorian Parliament.

He was first elected in 2018 after a career, first as a GP, then a sexual health physician and ultimately an NHMRC-funded researcher with a PhD in the epidemiology of sexually transmitted infections.

His research interests included HIV treatment and prevention and the management of antibiotic-resistant sexually transmitted infections.

As a medical student Tim campaigned against cigarette advertising and was arrested for spray-painting health warnings on cigarette billboards.

As a doctor, he worked to obtain affordable HIV medicines for overseas-born patients who did not have access to Medicare.

Tim Read is now the Victorian Greens spokesperson for population health, mental health, and integrity and he chairs parliament's Integrity and Oversight Committee. He is particularly interested in the health effects of climate change, air pollution and advertising.



BRIDGET VALLENCE MP

Bridget Vallence served on the Board from October 2019 to September 2022 and was reappointed from June 2023 to June 2026.

Bridget Vallence was elected to the Victorian Parliament in 2018 to represent the Evelyn District and is the Shadow Minister for Finance, Shadow Minister for Trade and Investment, and Manager of Opposition Business in the Parliament of Victoria.

Previously, Bridget has also held the Shadow Ministry portfolios of Industry and Innovation, Manufacturing, Skills, Training and Tertiary Education, Employment and Industrial Relations, Medical Research and the Digital Economy, Environment and Climate Change, Youth Affairs, and Equality.

Bridget has served on the parliament's Public Accounts and Estimates Committee, which examines expenditure of public money to improve outcomes for the Victorian community, and the parliament's Environment and Planning Committee.

Bridget is a Board Member of VicHealth, a statutory foundation that promotes health and disease prevention. She is also a Director of Mont De Lancey Historical Museum in Wandin. Prior to entering parliament, she was a procurement executive in the automotive industry in both the manufacturing and retail sectors in Australian, Asian and global markets, and is also experienced with organisational change and business transformation projects.

Bridget holds a Bachelor of Arts and Bachelor of Commerce (Honours) from the University of Melbourne. She is passionate about helping people, volunteer groups and businesses to thrive, and lives in the Yarra Valley with her husband and two sons.

Board committees

EXECUTIVE COMMITTEE

The purpose of the committee is to facilitate urgent and/or critical matters between scheduled Board meetings, and at short notice, as determined by the Board Chair or the Board.

The purpose of the committee is to assist the VicHealth Board with fulfilling its governance duties by ensuring that effective financial management, auditing, risk management and reporting processes (both financial and non-financial) are in place to monitor compliance with all relevant laws and regulations and ensure best practice.

FINANCE, AUDIT AND RISK COMMITTEE

The purpose of the committee is to assist the VicHealth Board with fulfilling its governance duties by ensuring that effective financial management, auditing, risk management and reporting processes (both financial and non-financial) are in place to monitor compliance with all relevant laws and regulations and ensure best practice.

RECONCILIATION ACTION PLAN COMMITTEE

The purpose of the committee is to establish, monitor and ensure accountability for the actions outlined in the Reconciliation Action Plan approved by Reconciliation Australia and the Board.

Additionally, the committee provides strategic advice to the CEO on VicHealth's commitment to reconciliation.

The committee is supported by a Reconciliation Action Plan Working Group consisting of VicHealth employees focused on driving the delivery of the actions outlined in the Reconciliation Action Plan.

WORKFORCE AND REMUNERATION COMMITTEE

The purpose of the committee is to provide strategic advice on workforce strategy and planning, CEO performance, executive remuneration, inclusion, diversity, equity and accessibility (IDEA), human resource policies and alignment of VicHealth's policies with relevant industrial relations and employment legislation and Victorian Government policies.

BOARD COMMITTEE MEETINGS

Table 6 lists the members of VicHealth's committees and their attendance at meetings during 2025–2026.

TABLE 6. MEETINGS ATTENDED

	Board		Finance, Audit and Risk Committee		Workforce and Remuneration Committee		Reconciliation Action Plan Committee	
	Chair: Ian Hamm		Chair: Gaye Mason		Chair: Div Pillay		Chair: Seona James	
Board members	**E**	**A**	**E**	**A**	**E**	**A**	**E**	**A**
Ian Hamm	6	6	-	-	4	4	-	-
Amanda Kelly	6	6	5	4	-	-	-	-
Jamie Lewis*	6	6	5	5	-	-	2	2
Kathleen Matthews-Ward MP	6	6	-	-	-	-	-	-
Prof Danielle Mazza	6	5	-	-	-	-	2	2
Prof Jeremy Millar	5	6	-	-	4	4	-	-
Rayoni Nelson OLY	6	6	5	5	-	-	2	2
Div Pillay	6	6	-	-	4	4	-	-
Dr Tim Read MP	6	4	-	-	-	-	-	-
The Hon Nicola Roxon	3	3	-	-	1	1	-	-
Leigh Russell	6	5	-	-	4	2	-	-
Stella Smith	6	5	2	2	-	-	-	-
Bridget Vallence MP	6	3	-	-	-	-	-	-
Phil Wade	6	6	-	-	-	-	2	2
Independent members								
Gaye Mason#	6	6	5	5	-	-	-	-
John Gavens	-	-	5	5	-	-	-	-
Seona James	-	-	-	-	-	-	2	2
Rachelle Tippet	-	-	5	5	-	-	-	-

E = Meetings eligible to attend

A = Meetings attended

* = Ex-officio member of the Finance, Audit and Risk Committee

= Board Advisor

Governance Charter

The Governance Charter was last updated in 2024–2025 after a scheduled periodic review to:

- reflect VicHealth's continued commitment to good governance
- strengthen language around VicHealth's focus on diversity, equity and inclusion
- streamline, clarify and improve VicHealth's Board practices and reporting processes
- simplify language in line with best practice
- accord with all Victorian Government requirements.

Stakeholder Group Governance Framework

VicHealth's Stakeholder Group Governance Framework comprises six types of stakeholder groupings used as needed to support the development, implementation and operation of VicHealth's work. They exist to provide VicHealth management with informed recommendations and advice to assist them in making decisions that are in the best interests of VicHealth, its stakeholders and the wider community.

The groups consist of the following.

- **Expert panels** provide diverse perspectives, with technical or lived experience experts, in relevant areas. These panels provide VicHealth with guidance as to the future strategic direction of VicHealth in particular areas of interest. An expert panel will be established for a period of two years.
- **Taskforces** provide operational advice and implementation input to VicHealth on VicHealth's strategic imperatives and other key strategic priorities. A taskforce will be established for one year (renewable as required).
- **Leaders' forums** provide a leadership role across health promotion-related matters in Victoria, to advise VicHealth and support the health promotion work of their own organisations. Leaders' forums will be established for an indefinite period of time.
- **Public health leaderships groups** comprise of policy makers, experts and public health leaders to provide thought leadership and policy coordination for specific public health priority issues. Groups will be established with an ongoing tenure, with a yearly review.
- **Roundtables** are meetings about a priority issue to commence a conversation or discuss ideas for future strategies and action. Roundtables are scheduled as required and are one-off meetings or gatherings.
- **Assessment panels** guide funding, grant decisions and/or procurement decisions. Assessment panels have a more operational perspective to assist in guiding the organisation in its expenditure of public funds. An assessment panel is established for a finite period and is likely to meet over a short period of time (such as three months).

During 2025–2026 the following groups were convened.

Public health leadership groups

- Health Promotion Peaks CEO Group
- State Health Prevention Agencies Collaborative Meetings
- Prevention Advocacy Group

Expert panels

- Arts Expert Advisory Panel
- Research and Evaluation Expert Advisory Group
- Department of Education Respectful Relationships Advisory Group
- Collective Impact Vaping Prevention 2.0 Advisory Group

Assessment panels

- Impact Research Grant Round 2025 Assessment Panel
- Research Fellowship Program 2025 Assessment Panel
- Commercial and Economic Determinants of Health Research Translation Centre Assessment Panel
- Local Partnerships for Food First Grant Assessment Panel
- Neighbourhood and Built Systems – Cultural Safety Major Investment Assessment Panel

Roundtables

- Harmful Industries Roundtable

Other

- Victorian Community of Practice on Planning Resilient Food systems
- Open Food Network – Food Voucher Project Reference Group
- Healthy Supermarkets Community of Practice
- Health Promotions Agencies and Food Security Group
- Collective Impact Vaping Prevention Collaborative 2.0
- VLGP Community of Practice
- Health Star Ratings Collaboration Steering Group

In addition to these groups, VicHealth consulted with a range of other health experts and stakeholders on specific health promotion and prevention topics and projects.

Patron-in-Chief

During 2025–2026, VicHealth was pleased and honoured to have Her Excellency Professor the Honourable Margaret Gardner AC continue as our Patron-in-Chief.

Section 3.
Workforce data

Wellbeing, health and safety (WHS) management

VicHealth continues to focus on the health (including psychosocial health), safety and wellbeing of our people.

Key outcomes and actions this year include:

- utilising the results from the proactive audit into VicHealth's readiness to adopt the new Occupational Health and Safety (Psychological Health) Regulations, to drive a number of improvements including:
  - developing a Psychosocial Safety Prevention Plan, containing an outline of hazards, risk rating, controls, and implementation actions
  - developing a "psychological and physical hazards follow-up process"
  - developing plans for regular communication on psychosocial wellbeing topics
- rolled out a WHS dashboard, containing metrics including:
  - the number of incidents reported, and number of incidents resolved within three months
  - unplanned absenteeism
  - completion of mandatory compliance training
  - lost time
- proactive management of annual leave balances to ensure wellbeing of staff balanced against risk management considerations
- upskilled staff in mental health first aid (MHFA) and appointed one new mental health first aid officer, to bring the total number for the organisation to three
- continued to meet quarterly with Health and Safety Representatives (HSRs) on wellbeing and safety matters. Agreed that all HSRs should be trained in MHFA, for implementation in 2026-2027.

These initiatives were supported by VicHealth executive leaders and managers and actioned by the Employee Wellbeing and OHS Committee (EWOC), with support from the People and Culture team.

Our performance against key OHS indicators in the past two financial years is summarised in Table 7.

TABLE 7. PERFORMANCE AGAINST OHS MANAGEMENT MEASURES

Measure	Indicator	2025-2026	2024-2025
Incidents	No. of incidents	2	1
	No. of hazards reported	-	-
Claims	No. of standard claims	-	-
	No. of lost time claims	-	-
	No. of claims exceeding 13 weeks	-	-
Claim costs	Average cost per standard claim(i)	-	-

Note:

(i) Average cost per claim includes medical expenses only and does not include salary or wages.

Inclusion, Diversity, Equity and Accessibility (IDEA)

An important focus for the Manager, Health Equity Practice has been to develop tools and practices that can both support VicHealth's equity work and be provided to the wider prevention sector. These tools are the:

- Shared Equity Language Library
- VicHealth Equity Assessment Tool (VEAT)
- Framing Health Equity resource

A major component of VicHealth's journey to embed equity practice has focused on structured, organisation-wide learning.

An important series of workshops covered the colonial determinants of health, which recognises the enduring impacts on people coming from different colonised settings. Conversations in the workshops centred how to test assumptions regarding systems, how these impact individuals, and those practical steps staff can take to be conscious of organisational practices that reinforce negative impacts on health and wellbeing.

Compliance with the *Disability Act 2006* (Vic)

The *Disability Act 2006* (Vic) reaffirms and strengthens the rights of people with disability and recognises that this requires support across the government sector and within the community.

VicHealth continues to comply with our obligations through its Disability Action Plan for the purpose of:

- reducing barriers to access goods, services and facilities
- reducing barriers to a person with disability obtaining and maintaining employment
- promoting inclusion and participation in the community
- achieving tangible changes in attitudes and practices that discriminate against people with disability.

Reconciliation Action Plan

VicHealth continues to focus on supporting First Nations people by integrating our actions under the Innovate Reconciliation Action Plan with our operations.

Key actions taken include:

- Developing and implementing a Reconciliation Action Plan Working Group to drive actions outlined in the Reconciliation Action Plan.
- The implementation of the 'Strong Young Mob' Committee made up of 13 young Aboriginal people and organisations to elevate First Nations voices, drive self-determination and identify areas of action for VicHealth.
- NAIDOC Week leave, leave to attend Aboriginal community meetings, leave to attend Annual General Meetings of Aboriginal community organisations, Ceremonial leave, and First Peoples' Assembly of Victoria leave are all included in VicHealth's Enterprise Agreement 2025-2029.
- Education and awareness sessions were held in June, starting with National Reconciliation Week and concluding with NAIDOC Week.

The VicHealth Board's Reconciliation Action Plan Committee continues to meet at least twice a year, with VicHealth appointing a First Nations woman, Seona James, to the position of Committee Chair in 2022–2023. Seona has extensive cultural knowledge gained from over 30 years of corporate experience in both the public and private sector. She was the first female Aboriginal member of the Victorian Government Purchasing Board and Small Business Ministerial committee, where she instigated and managed numerous initiatives to increase awareness of Indigenous economic development and improve businesses social procurement processes.

Workforce data

Table 8 describes the profile of VicHealth's workforce.

TABLE 8. WORKFORCE DATA

	All employees				Ongoing						Fixed term and casual			
	Number (HC)		*FTE*		*Full-time (HC)*		*Part-time (HC)*		*FTE*		*Number (HC)*		*FTE*	
	2026	**2025**	**2026**	**2025**	**2026**	**2025**	**2026**	**2025**	**2026**	**2025**	**2026**	**2025**	**2026**	**2025**
Gender														
Male	21	22	20.6	21.8	19	17	2	1	20.6	17.8	-	4	-	4.0
Female	69	69	63.1	64.1	46	40	19	14	59.5	49.8	4	15	3.6	14.3
Self-described	-	1	-	1.0	-	1	-	-	-	1.0	-	-	-	-
Age														
15–24	1	2	1.0	2.0	1	2	-	-	1.0	2.0	-	-	-	-
25–34	33	37	32.4	36.8	28	28	2	-	29.6	28.0	3	9	2.8	8.8
35–44	33	25	28.3	22.1	17	11	15	9	27.5	17.4	1	5	0.8	4.7
45–54	12	13	11.2	11.6	9	7	3	4	11.2	9.8	-	2	-	1.8
55–64	11	14	10.8	13.8	10	10	1	1	10.8	10.8	-	3	-	3.0
65+	-	1	-	0.6	-	-	-	1	-	0.6	-	-	-	-
VicHealth EA														
Grade A	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grade B	5	6	4.6	5.6	3	4	2	1	4.6	4.8	-	1	-	0.8
Grade C	19	24	18.5	23.4	16	17	1	1	16.5	17.5	2	6	2.0	5.9
Grade D	44	39	40.0	35.4	30	20	13	11	39.2	27.6	1	8	0.8	7.8
Grade E	17	17	15.6	16.5	11	11	5	2	14.8	12.7	1	4	0.8	3.8
Grade F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total VicHealth EA (A–F Grade)	**85**	**86**	**78.7**	**80.9**	**60**	**52**	**21**	**15**	**75.1**	**62.6**	**4**	**19**	**3.6**	**18.3**
Executives	5	6	5.0	6.0	5	6	-	-	5.0	6.0	-	-	-	-
Total employees	**90**	**92**	**83.7**	**86.9**	**65**	**58**	**21**	**15**	**80.1**	**68.6**	**4**	**19**	**3.6**	**18.3**

Notes:

All workforce data figures reflect active employees in the last full pay period of June of each year.

'FTE' means full-time staff equivalent. 'HC' means headcount.

FTE for casuals is calculated based on the hours worked in the last full pay period of June of each year.

'Ongoing employees' means people who were active in the last full pay period of June and who are engaged in an open-ended contract of employment, and executives engaged on a standard executive contract, unless they are employed for discrete projects.

Headcounts exclude those persons on leave without pay (including on unpaid parental leave) or absent on secondment, external contractors or consultants, temporary staff employed by employment agencies, and a small number of people who are not employees but appointees to a statutory office, as defined in the *Public Administration Act 2004* (for example, persons appointed to a non-executive board member role, to an office of Commissioner, or to a judicial office).

Executives include the Accountable Officer (CEO).

Executive officer data

An executive officer is defined as a person employed as a public service body head or other executive under Part 3, Division 5 of the *Public Administration Act 2004* (Vic).

All figures reflect employment levels at the last full pay period in June of the current and corresponding previous reporting year.

Table 9 outlines the number of executive officers (including the Accountable Officer, VicHealth's CEO) employed in the last pay period in June. The table includes executive officers on parental leave arrangements but excludes any acting arrangements.

TABLE 9. BREAKDOWN OF EXECUTIVE OFFICERS

	30 June 2026				30 June 2025			
	Male	*Female*	*Self-described*	*Vacancies*	*Male*	*Female*	*Self-described*	*Vacancies*
Chief Executive Officer	-	1	-	-	-	1	-	-
Executive Managers	-	3	-	1	-	4	-	-
Executive Leads	1	-	-	-	1	-	-	-
Total	**1**	**4**	**-**	**1**	**1**	**5**	**-**	**-**

TABLE 10. RECONCILIATION OF EXECUTIVE NUMBERS

		2025–2026	2024–2025
	Executives* at 1 July	5	5
Less	Separations	2	1
Add	Accountable Officer (Chief Executive Officer)	1	1
	Executives hired	1	1
	Vacancies (Table 9)	1	-
Total executive numbers at 30 June		**6**	**6**

* Executives employed on 1 July. There are no executives with a total remuneration package, less than $150,000. Does not include the Accountable Officer, nor executives in acting arrangements.

A summary of executive remuneration is contained in the Financial Statements (Notes 8.4 and 8.5).

Section 4.
Other disclosures

Consultancies

DETAILS OF CONSULTANCIES OVER $10,000

Table 11 details the consultancies valued at more than $10,000 that were engaged in the last financial year.

TABLE 11. DETAILS OF CONSULTANCIES OVER $10,000 (EXCLUDING GST)

($ thousand)

Consultant	Purpose of consultancy	Total approved project fee	2025-2026 actual expenditure	Future expenditure
Blackhall & Pearl Board Services	Board development	46	46	-
Jaen Corp	Engagement workshop facilitation	25	23	-
Seisma Pty Ltd	Systems discovery	14	14	-
Ministry: a systems change studio	Systems change development	10	10	-
Alison Beth McAleese	Food systems consulting	42	42	-
Jackson Pearse Pty Ltd	Policy advice	31	31	-
CBRE (V) Pty Ltd	Market rental review	15	15	-

Note: Consultancy agreements cover the period 1 July 2025 to 30 June 2026.

Unless otherwise indicated, there is no ongoing contractual commitment to these consultants. These consultants may be engaged beyond June 2026 as required.

Consultants disclosed in this table exclude consultants engaged under a VicHealth grant or funding agreement.

DETAILS OF CONSULTANCIES UNDER $10,000

In 2025–2026, there were seven consultancies where the total fees payable to the consultant was less than $10,000.

The total expenditure incurred during the financial year in relation to these consultancies was $29,000 (excluding GST).

Expenditure

INFORMATION, COMMUNICATION AND TECHNOLOGY (ICT) EXPENDITURE

Table 12 details the ICT expenditure during the financial year.

TABLE 12. ICT EXPENDITURE DURING 2025–2026 (EXCLUDING GST)

($ thousand)

Expenditure	
Business as usual ICT expenditure	1 856
Non-business as usual ICT expenditure Total = A + B	2 020
Non-business as usual Operational expenditure A	1 838
Non-business as usual Capital expenditure B	182

Advertising expenditure

In the last financial year, VicHealth delivered one campaign for which the media expenditure was greater than $100,000 (see Table 13).

TABLE 13. ADVERTISING EXPENDITURE EXCEEDING $100,000 DURING 2025–2026 (EXCLUDING GST)

($ thousand)

Campaign	
Name of campaign	UNCLOUD 2.0
Campaign summary	UNCLOUD is a powerful peer-to-peer, youth co-designed and tested anti-vaping campaign, co-created with young Australians aged 12 to 24. By amplifying youth voices, it delivers credible, relatable, and impactful messages about the harms of vaping that go beyond awareness to drive lasting behavioural change.
Start/end date	01/07/2025-30/06/2026
Advertising (media)	595
Creative and campaign development	270
Research and evaluation expenditure	93
Other campaign expenditure	162

Compliance disclosures

Building Act 1993

VicHealth does not own or control any government buildings and consequently is exempt from notifying compliance with the building and maintenance provisions of the *Building Act 1993*.

Freedom of Information Act 1982

The *Freedom of Information Act 1982* (FOI Act) allows the public a right of access to documents held by VicHealth.

Information is available under the FOI Act by contacting the following person:

Lead, Information Management
Victorian Health Promotion Foundation
Level 2, 355 Spencer Street
West Melbourne VIC 3003
Phone: (03) 9667 1333

Additional information about how to lodge an FOI request is available from the VicHealth website.

VicHealth received zero FOI requests in the 2025–2026 financial year.

Public Interest Disclosures Act 2012 (Vic)

The *Public Interest Disclosures Act 2012* (Vic) encourages and assists people to make disclosures of improper conduct by public bodies, public officers and public sector employees. The Act further provides protection to those who make disclosures in accordance with the Act.

VicHealth has structures in place to take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure.

We will also afford natural justice to the person who is the subject of the disclosure to the extent legally possible.

During their induction, VicHealth employees are provided with information on the Act and its operation and the ways that they can make a disclosure.

Additional information about VicHealth's public interest disclosure policy and process is available from the VicHealth website.

There were no disclosures about VicHealth, its Board members or employees within the 2025–2026 financial year.

DataVic Access Policy

Consistent with the Victorian Government's DataVic Access Policy in 2012, the information included in this annual report will be available at www.data.vic.gov.au in electronic readable format.

VicHealth will progressively release other data in the future as appropriate.

Local Jobs First Act 2003

VicHealth abides by the requirements of the Local Jobs First Policy in its procurement practices.

During the reporting period, no tenders or projects were deemed as falling within the scope of the Local Jobs First Strategic Project (those with a budget of $20 million or more), Local Jobs First Standard Project (those with a budget of $3 million or more in metropolitan Melbourne or $1 million in rural Victoria) or projects to which the Major Projects Skills Guarantee was applied.

COMPETITIVE NEUTRALITY POLICY

During this reporting period, VicHealth did not undertake any activities that require reporting against the National Competition Policy including compliance with the requirements of the Victorian Government's Competitive Neutrality Policy and any subsequent reforms.

Reporting of environmental data by government entities

VicHealth understands our responsibility to use resources more efficiently and reduce our impact on the environment.

VicHealth also acknowledges the role that a healthy environment plays in supporting the social and economic determinants of health.

VicHealth is a Tier 4 classified entity for the 2025–2026 reporting period.

In 2025–2026, 100% of the consumption was offset to ensure VicHealth's electricity usage is carbon neutral and supports the Victorian Government's commitment of sourcing 100% renewable electricity for government operations by 2025.

TABLE 14. ENVIRONMENTAL DATA

Data	2025–2026	2024-2025
Total electricity consumption segmented by source (EL1)	61 573 KWh	67 100 kWh
Onsite electricity generated segmented by usage and source (EL2)	-	-
Onsite installed generation capacity segmented by source (EL3)	-	-
Total electricity offsets segmented by offset type (EL4)	61 573 KWh	67 100 kWh
Number and proportion of vehicles in the organisation boundary segmented by engine/fuel type and vehicle category (T2)	• 1 small hybrid electric fleet vehicle	• 1 small hybrid electric fleet vehicle • 1 SUV petrol fleet vehicle
NABERS energy rating of VicHealth's sustainable tenancy fit-out at Level 2, 355 Spencer Street, West Melbourne (B3)	4 Stars	4 Stars

Energy consumption in 2025–2026 is slightly lower than the previous year, achieved through the introduction of energy saving initiatives including the use of motion sensor lighting.

During the reporting period, VicHealth continued our commitment to environmentally sustainable procurement by:

- using AFS and PEFC-certified recycled paper
- using sustainable choices for office supplies
- using sustainable choices for catering
- purchasing fair trade coffee
- initiated the Regrounds recycling program
- using coffee cups recycling
- using organic waste points throughout the office which is composted offsite
- motion sensitive lights for energy saving
- promoting bicycle use, including providing bike racks and end-of-trip facilities for those riding to the office.

Social Procurement Framework activities

In 2025–2026, VicHealth engaged in a number of social procurement activities, with the primary focus of work in the First Nations space evident through the maintenance of a Manager, First Nations Health Promotion.

VicHealth's Social Procurement Strategy was updated during 2025–2026 and prioritises the following social procurement objectives:

- opportunities for Victorian Aboriginal people
- sustainable Victorian social enterprises and Aboriginal business sectors.

During 2025–2026, VicHealth implemented several initiatives to support our Social Procurement Strategy which included:

- engagement of a certified Indigenous creative agency to develop the creative campaign strategy for the cultural safety in sport campaign
- a social enterprise catering provider
- transition to a certified Indigenous cleaning provider for all office cleaning
- met quarterly with Supply Nation, used Indigenous Business Direct and encouraged First Nations supplier diversification for new procurements.

TABLE 15. SOCIAL PROCUREMENT FRAMEWORK ACTIVITY

($ thousand)

	2025–2026
Social benefit suppliers	230
Comprising	
Sustainable Victorian social enterprises	84
Victorian Aboriginal businesses	146
Made up of:	
Supply Nation Certified	131
Other First Nations	15

Victorian Government Purchasing Board procurement

VicHealth complies with the Victorian Government Purchasing Board's goods and services procurement policies.

During the 2025–2026 financial year, VicHealth continued to utilise State Purchase Contracts for the procurement of relevant services.

Victorian Government Risk Management Framework

VicHealth's Risk Management Framework was reviewed and updated in February 2026, in line with the requirements of the Victorian Government Risk Management Framework.

The effective operation of the Risk Management Framework is overseen by VicHealth's Finance, Audit and Risk Committee.

ICT governance

VicHealth's ICT 3-Year Strategy, was updated during 2025–2026 with a focus on the cyber security theme, with updates approved by the Executive Team. Progress continued to be actively delivered in 2025–2026.

The strategic principles that underpin VicHealth's ICT Strategy are:

- a digital-enabled organisation
- better, fairer, more accessible ICT services
- a thriving health promotion sector.

VicHealth manages our data and cyber security risk in accordance with the Victorian Protective Data Security Framework.

Additional information available on request

In compliance with the requirements of the Standing Directions of the Minister for Finance, additional information has been retained by VicHealth and is available to the relevant Ministers, Members of Parliament and the public on request (subject to freedom of information requirements).

For further information, please contact:

Chief Finance and Accounting Officer
Victorian Health Promotion Foundation
Level 2, 355 Spencer Street
West Melbourne VIC 3003
Phone: (03) 9667 1333

Declarations

Integrity, Fraud and Corruption Declaration

I, Anna Peeters, certify that VicHealth has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at VicHealth during the year.



Prof Anna Peeters AM PhD
Accountable Officer
VicHealth

4 September 2026

Data Integrity Declaration

I, Anna Peeters, certify that VicHealth has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. VicHealth has critically reviewed these controls and processes during the year.



Prof Anna Peeters AM PhD
Accountable Officer
VicHealth

4 September 2026

Conflict of Interest Declaration

I, Anna Peeters, certify that VicHealth has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of Hospital Circular 07/2017 'Compliance reporting in health portfolio entities (revised)' and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC.

Declaration of private interest forms have been completed by all executive staff within VicHealth and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each Board meeting.



Prof Anna Peeters AM PhD
Accountable Officer
VicHealth

4 September 2026

Attestation of compliance with Ministerial Standing Direction 5.1.4.

I, Ian Hamm, Board Chair on behalf of the Responsible Body, certify that, to the best of my knowledge, VicHealth has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Ian Hamm
Chair of the Board

4 September 2026

Victorian Health Promotion Foundation (VicHealth)

Section 5.
Financial statements

2025–2026

VicHealth Financial Report

VicHealth presents its audited Tier 2 general-purpose financial statements for the financial year ended 30 June 2026 in the following structure to provide users with information about VicHealth's stewardship of the resources entrusted to it.

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Declaration in the financial statements

The attached financial statements for the Victorian Health Promotion Foundation (VicHealth) have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and financial position of VicHealth at 30 June 2026.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.



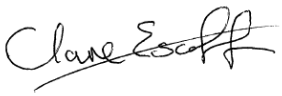
Ian Hamm
CHAIR OF THE BOARD

Melbourne
4 September 2026



Professor Anna Peeters
ACCOUNTABLE OFFICER

Melbourne
4 September 2026



Clare Escott
CHIEF FINANCIAL AND ACCOUNTING OFFICER

Melbourne
4 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Victorian Health Promotion Foundation

Opinion

I have audited the financial report of Victorian Health Promotion Foundation (the foundation) which comprises the:

- balance sheet as at 30 June 2026
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including material accounting policy information
- board member's, accountable officer's and chief finance and accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the foundation as at 30 June 2026 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and Australian Accounting Standards - Simplified Disclosures.

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975.* My staff and I are independent of the foundation in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other information

The Board of the Foundation are responsible for the Other Information, which comprises the information in the foundation's annual report for the year ended 30 June 2026, but does not include the financial report and my auditor's report thereon.

My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.

Level 31 / 35 Collins Street, Melbourne Vic 3000
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Board's responsibilities for the financial report	The Board of the Foundation is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards- Simplified Disclosures and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the foundation'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 it is inappropriate to do so.
Auditor's responsibilities for the audit of the financial report	As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit 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 my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report. As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also: • identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. • obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the foundation's internal control • evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board • conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the foundation's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the foundation to cease to continue as a going concern.

Auditor's responsibilities for the audit of the financial report (Continued)	• evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation. I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



MELBOURNE
14 September 2026

Sanchu Chummar
as delegate for the Auditor-General of Victoria

Comprehensive operating statement [a]

For the financial year ended 30 June 2026 **($ thousand)**

	Notes	2026	2025
Continuing operations			
Revenue and income from transactions			
Grants	2.2.2	49 520	47 241
Interest income	2.2.1	479	488
Other income		94	38
Total revenue and income from transactions		**50 093**	**47 767**
Expenses from transactions			
Employee expenses	3.1.1	(13 873)	(12 911)
Depreciation and amortisation	4.1.3 & 4.2	(1 265)	(1 107)
Interest expense	6.1	(82)	(59)
Grant expenses	3.2	(31 366)	(29 975)
Other operating expenses	3.3	(3 422)	(3 702)
Total expenses from transactions		**(50 008)**	**(47 755)**
Net result from transactions (net operating balance)		**85**	**12**
Other economic flows included in net result			
Other gain/(loss) from other economic flows		-	-
Total other economic flows included in net result		-	-
Net result from continuing operations		**85**	**12**
Net result		**85**	**12**
Comprehensive result		**85**	**12**

The accompanying notes form part of these financial statements.

Note:
(a) This format is aligned to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

Balance sheet [a]

As at 30 June 2026 **($ thousand)**

	Notes	2026	2025
Assets			
Financial assets			
Cash and deposits	6.3	5 920	4 913
Receivables	5.1.1	1 398	892
Total financial assets		**7 318**	**5 805**
Non-financial assets			
Property, plant and equipment	4.1	3 184	3 870
Intangible assets	4.2	1 058	1 412
Other non-financial assets	5.3	237	306
Total non-financial assets		**4 479**	**5 588**
Total assets		**11 797**	**11 393**
Liabilities			
Payables	5.2.1	1 731	1 096
Borrowings	6.1	2 491	3 038
Employee-related provisions	3.1.2	1 750	1 519
Total liabilities		**5 972**	**5 653**
Net assets		**5 825**	**5 740**
Equity			
Accumulated surplus		5 825	5 740
Net worth		**5 825**	**5 740**

The accompanying notes form part of these financial statements.

Note:
(a) This format is aligned to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

Cash flow statement [a]

For the financial year ended 30 June 2026 **($ thousand)**

	Notes	2026	2025
Cash flows from operating activities			
Receipts			
Receipts from government		48 719	47 156
Receipts from other entities		50	149
Interest received		479	488
Goods and services tax refund from the ATO [b]		3 661	3 109
Total receipts		**52 909**	**50 902**
Payments			
Payments of grant expenses		(38 356)	(37 592)
Payments to suppliers and employees		(12 707)	(12 387)
Total payments		**(51 063)**	**(49 979)**
Net cash flows from/(used in) operating activities		**1 846**	**923**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		47	-
Purchases of non-financial assets		(434)	(586)
Net cash flows from/(used in) investing activities		**(387)**	**(586)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities [c]		(452)	(429)
Net cash flows from/(used in) financing activities		**(452)**	**(429)**
Net increase/(decrease) in cash and cash equivalents		**1 007**	**(92)**
Cash and cash equivalents at beginning of financial year		4 913	5 005
Cash and cash equivalents at end of financial year	6.3	**5 920**	**4 913**

The accompanying notes form part of these financial statements.

Note:

(a) This format is aligned to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

(b) GST refunded by the Australian Taxation Office is presented on a net basis.

(c) VicHealth has recognised cash payments for the principal portion of lease payments as financing activities; cash payments for the interest portion as operating activities consistent with the presentation of interest payments and short-term lease payments for leases and low-value assets as operating activities.

Statement of changes in equity[(a)]

For the financial year ended 30 June 2026

($ thousand)

	Accumulated surplus	*Total*
Balance at 1 July 2024	**5 728**	**5 728**
Net result for the year	12	12
Total comprehensive income for the year	**12**	**12**
Balance at 30 June 2025	**5 740**	**5 740**
Balance at 1 July 2025	**5 740**	**5 740**
Net result for the year	85	85
Total comprehensive income for the year	**85**	**85**
Balance at 30 June 2026	**5 825**	**5 825**

The accompanying notes form part of these financial statements.

Note:

(a) This format is aligned to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

1 ABOUT THIS REPORT

The Victorian Health Promotion Foundation (VicHealth) is a not-for-profit entity established as a public authority on 17 November 1987 under the *Tobacco Act 1987*.

Its principal address is:

Level 2, 355 Spencer Street
West Melbourne VIC 3003

A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

Basis of preparation

These financial statements are Tier 2 general purpose financial statements prepared in accordance with AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) and Financial Reporting Direction 101 *Application of Tiers of Australian Accounting Standards* (FRD 101).

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the notes to the financial statements.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial statements have been prepared on a going concern basis, which assumes that VicHealth will be able to realise its assets and settle its liabilities in the ordinary course of operations.

As disclosed in Note 8.1, the Victorian Government has announced its intention to absorb VicHealth's functions, assets and liabilities into the Department of Health. The timing, implementation arrangements and legislative processes required to give effect to the proposed absorption remain subject to further Government decisions and have not yet been finalised. These matters give rise to a material uncertainty that may cast significant doubt on VicHealth's ability to continue as a going concern.

Notwithstanding this material uncertainty, the financial statements have been prepared on a going concern basis, as the VicHealth Board (Accountable Authority) considers that the entity will continue to operate until the proposed absorption occurs and that it will continue to realise its assets and settle its liabilities in the ordinary course of business during that period.

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in applying AAS that have significant effects on the financial statements and estimates are disclosed in the notes under the heading: 'Significant judgement or estimates'.

These financial statements cover VicHealth as an individual reporting entity and include all the controlled activities of VicHealth. There is no entity consolidated into VicHealth.

All amounts in the financial statements have been rounded to the nearest $1,000 unless otherwise stated.

Compliance information

These general-purpose financial statements have been prepared in accordance with the Financial Management Act (FMA) and applicable Australian Accounting Standards (AASs), which include Interpretations, issued by the Australian Accounting Standards Board (AASB).

Where appropriate, those AASs paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

2 FUNDING DELIVERY OF OUR SERVICES

Introduction

The Victorian Health Promotion Foundation's (VicHealth) overall objectives as outlined under the *Tobacco Act 1987*, are to fund activity related to the promotion of good health, safety or the prevention and early detection of disease; to increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture; to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits; and to fund research and development activities in support of these objects.

VicHealth receives income (grants) paid to it under section 32 of the *Tobacco Act 1987*.

Structure

2.1 Summary of revenue and income that funds the delivery of our services 92

2.2 Income from transactions 93

2.1 Summary of revenue and income that funds the delivery of our services

($ thousand)

	Notes	2026	2025
Grants	2.2.2	49 520	47 241
Interest income	2.2.1	479	488
Other income		94	38
Total revenue and income from transactions		**50 093**	**47 767**

Revenue and income that fund delivery of VicHealth's services are accounted for consistently with the requirements of the relevant accounting standards disclosed in the following notes.

2.2 Income from transactions

2.2.1 INTEREST INCOME

Interest income includes interest received on cash and deposits. Refer to 7.1.1 for information on interest income.

2.2.2 GRANTS REVENUE AND INCOME

($ thousand)

	2026	*2025*
Grants recognised as income		
General purpose grants - operating	49 066	46 812
Grants recognised as revenue from contracts with customers		
Other specific purpose grants recognised over time	454	429
Total grants	**49 520**	**47 241**

Grants recognised under AASB 1058

VicHealth has determined that grants recognised as income in the table above is recognised under AASB 1058 on the basis that it has been earned under arrangements that are either not enforceable or linked to sufficiently specific performance obligations.

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when VicHealth has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, VicHealth recognises any increases in liabilities, decreases in assets or revenue ('related amounts') in accordance with other Australian Accounting Standards.

Related amounts may take the form of:

- revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15
- a lease liability in accordance with AASB 16 *Leases*
- a financial instrument, in accordance with AASB 9 *Financial Instruments*
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

General purpose grant income relates to monies paid to VicHealth under section 32 of the *Tobacco Act 1987*. It becomes controlled and is recognised by VicHealth when it is appropriated from the consolidated fund by the Victorian Parliament and applied to the purposes defined under the relevant Appropriations Act and working agreement with the Department of Health (DoH).

Grants recognised under AASB 15

Income from grants that are enforceable and sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15. These grants relate to the provision of health promotion. Revenue is recognised when VicHealth satisfies the performance obligation to deliver specific programs from the Australian or Victorian Government or other organisations.

3 THE COST OF DELIVERING SERVICES

Introduction

This section provides an account of the expenses incurred by VicHealth in delivering services. In Section 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are disclosed.

Structure

3.1 Expenses incurred in delivery of services 95

3.2 Grant expenses 98

3.3 Other operating expenses 98

3.1 Expenses incurred in the delivery of services

($ thousand)

	Notes	2026	2025
Employee benefit expenses	3.1.1	13 873	12 911
Grants expenses	3.2	31 366	29 975
Other operating expenses	3.3	3 422	3 702
Total expenses incurred in delivery of services		**48 661**	**46 588**

3.1.1 EMPLOYEE EXPENSES IN THE COMPREHENSIVE OPERATING STATEMENT

($ thousand)

	2026	2025
Defined benefit superannuation expense	1 390	1 258
Salaries and wages, annual leave and long service leave	12 483	11 653
Total employee expenses	**13 873**	**12 911**

Employee expenses include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, termination payments and WorkCover premiums.

The amount recognised in the comprehensive operating statement in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

The defined benefit plan(s) provides benefits based on years of service and final average salary. The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans. VicHealth does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead, VicHealth accounts for contributions to these plans as if they were defined contribution plans under AASB 119 *Employee Benefits.* The Department of Treasury and Finance (DTF) discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability (on behalf of the State as the sponsoring employer).

Termination benefits are payable when employment is terminated before the normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when VicHealth is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

3.1.2 EMPLOYEE-RELATED PROVISIONS

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave (LSL) for services rendered to the reporting date and recorded as an expense during the period the services are delivered.

($ thousand)

	2026	*2025*
Current provisions:		
Annual leave	831	671
Long service leave	448	322
On-costs	166	132
Total current provisions for employee benefits	**1 445**	**1 125**
Non-current provisions:		
Employee benefits	268	347
On-costs	37	47
Total non-current provisions for employee benefits	**305**	**394**
Total provisions for employee benefits	**1 750**	**1 519**

Wages and salaries, annual leave and sick leave: Liabilities for wages and salaries (including non-monetary benefits, annual leave and on-costs) are recognised as part of the employee benefit provision as current liabilities, because VicHealth does not have an unconditional right to defer settlements of these liabilities.

The liability for salaries and wages are recognised in the balance sheet at remuneration rates which are current at the reporting date. As VicHealth expects the liabilities to be wholly settled within 12 months of reporting date, they are measured at undiscounted amounts.

The annual leave liability is classified as a current liability and measured at the undiscounted amount expected to be paid, as VicHealth does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Comprehensive Operating Statement as it is taken.

Employment on-costs such as payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred. The on-costs provision is immaterial in 2026.

Unconditional LSL is disclosed as a current liability, even where VicHealth does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at either:

- undiscounted value – if VicHealth expects to wholly settle within 12 months
- present value – if VicHealth does not expect to wholly settle within 12 months.

Conditional LSL is disclosed as a non-current liability. There is a conditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL is measured at present value.

Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an 'other economic flow' in the net result.

3.2 Grant expenses

($ thousand)

	2026	2025
General purpose grants	31 366	29 975
Total grant expenses	**31 366**	**29 975**

Grant expenses are contributions of VicHealth's resources to another party for specific or general purposes where there is no expectation that the amount will be repaid in equal value (either by money, goods or services).

Grants can either be operating or capital in nature. Grants can be paid as general-purpose grants, which refer to grants that are not subject to conditions regarding their use.

Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

Grant expenses are recognised in the reporting period in which they are paid or payable. Grants can take the form of money, assets, goods, services or forgiveness of liabilities.

3.3 Other operating expenses

($ thousand)

	2026	2025
Purchase of services (including remuneration of auditors)	3 383	3 659
Maintenance	39	43
Total other operating expenses	**3 422**	**3 702**

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and are recognised as an expense in the reporting period in which they are incurred.

4 KEY ASSETS TO SUPPORT SERVICE DELIVERY

Introduction

VicHealth controls assets that are utilised in fulfilling its objectives and conducting its activities. They represent the resources that have been entrusted to VicHealth to be utilised for delivery of those services.

Structure

4.1 Property, plant and equipment 99

4.2 Intangible assets 102

4.1 Property, plant and equipment

($ thousand)

	Gross carrying amount		*Accumulated depreciation*		*Net carrying amount*	
	2026	***2025***	***2026***	***2025***	***2026***	***2025***
Right-of-use assets	4 618	4 672	(2 414)	(1 946)	2 204	2 726
Plant, equipment and vehicles at fair value	2 615	2 567	(1,635)	(1 422)	980	1 145
Net carrying amount	**7 233**	**7 239**	**(4,049)**	**(3 369)**	**3 184**	**3 871**

Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

The following tables are right-of-use assets included in the PPE balance, presented by subsets of buildings, and plant and equipment.

4.1.1 TOTAL RIGHT-OF-USE ASSETS

($ thousand)

	Gross carrying amount 2026	*Accumulated depreciation 2026*	*Net carrying amount 2026*	*Gross carrying amount 2025*	*Accumulated depreciation 2025*	*Net carrying amount 2025*
Buildings[a]	4 575	(2 410)	2 165	4 672	(1 946)	2 726
Plant, equipment and vehicles	43	(4)	39	-	-	-
Net carrying amount	**4 618**	**(2 414)**	**2 204**	**4 672**	**(1 946)**	**2 726**

($ thousand)

	Buildings	*Total*
Opening balance – 1 July 2025[a]	2 726	2 726
Depreciation	(464)	(464)
Remeasurement	(97)	(97)
Closing balance – 30 June 2026	**2 165**	**2 165**

[a] *As a result of a change in FRD104 Leases effective for reporting period from 30 June 2026, right-of-use assets are measured at cost for the reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.3.*

Right-of-use asset acquired by lessees – Initial measurement

VicHealth recognises a right-of-use asset and a lease liability at the lease commencement date.

The right-of-use asset is initially measured at cost which comprises the initial amount of the lease liability adjusted for:

- any lease payments made at or before the commencement date less any lease incentive received
- any initial direct costs incurred
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located.

Right-of-use asset – Subsequent measurement

Right-of-use assets are subsequently measured at cost less accumulated depreciation, impairment and any adjustments for remeasurement of the lease liability.

VicHealth depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. Impairment of right-of-use assets is determined and accounted for in accordance with AASB136 Impairment of Assets.

VicHealth has assessed all right-of-use assets for impairment, and no indicators of impairment are identified as at 30 June 2026.

Impairment of property, plant and equipment

The recoverable amount of primarily non-cash-generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 136 does not apply to such assets that are regularly revalued.

4.1.2 DEPRECIATION AND AMORTISATION

All buildings, plant and equipment and other non-financial physical assets that have finite useful lives, are depreciated. The exceptions to this rule include items under assets held for sale, cultural assets and land.

Depreciation is generally calculated on a straight-line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for the different asset classes for current and prior years are included in the table below:

(years)

Asset	*Useful life*
Buildings	10
Plant, equipment and vehicles	3 to 10

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate.

Right-of-use assets are generally depreciated over the shorter of the asset's useful life and the lease term.

Where VicHealth obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset over its useful life.

4.1.3 RECONCILIATION OF MOVEMENTS IN CARRYING AMOUNT OF PROPERTY, PLANT AND EQUIPMENT

($ thousand)

	Right-of-Use Assets at cost[a]	*Plant, equipment and vehicles at fair value*	*Total*
	2026	*2026*	*2026*
Opening balance	**2 726**	**1 145**	**3 871**
Additions	43	111	154
Remeasurement	(97)	-	(97)
Depreciation	(468)	(276)	(744)
Closing balance	**2 204**	**980**	**3 184**

Note:

(a) As a result of a change in FRD104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information see note 7.3

4.2 Intangible assets

($ thousand)

	Work in progress	*Computer software*	*Total*
	2026	*2026*	*2026*
Gross carrying amount			
Opening balance	**285**	**2 523**	**2 808**
Additions	-	138	138
Net Transfers between classes	(285)	285	-
Closing balance	**-**	**2 946**	**2 946**
Accumulated amortisation and impairment			
Opening balance	**-**	**1 396**	**1 396**
Amortisation of intangible produced assets[a]	-	521	521
Writeback on disposal	-	(29)	(29)
Closing balance	**-**	**1 888**	**1 888**
Net book value at end of financial year	**-**	**1 058**	**1 058**

Note:

(a) The consumption of intangible produced assets is included in 'depreciation and amortisation' line item, where the consumption of the intangible non-produced assets is included in 'net gain/(loss) on non-financial assets' line item on the comprehensive operating statement.

Initial recognition

Purchased intangible assets are initially recognised at cost. When the recognition criteria in AASB 138 *Intangible Assets* is met, internally generated intangible assets are recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Depreciation and amortisation begin when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management.

Subsequent measurement

Intangible produced assets with finite useful lives are amortised as an 'expense from transactions' on a straight-line basis over their useful lives. Produced intangible assets have useful lives of between three and five years.

Impairment of intangible assets

Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

Significant intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance relating to computer software and development costs (where applicable). VicHealth has capitalised software development expenditure for the development of its Phoenix software. The carrying amount of the capitalised software development expenditure is $1.058 million (2025: $1.41 million). It's useful life is two to seven years and will be fully amortised in 2029.

5 OTHER ASSETS AND LIABILITIES

Introduction

This section sets out those assets and liabilities that arose from VicHealth's controlled operations.

Structure

5.1 Other assets 104

5.2 Other liabilities 106

5.3 Other non-financial assets 106

5.1 Other assets

5.1.1 RECEIVABLES

($ thousand)

	2026	*2025*
Contractual		
Accounts receivable or other receivables	811	81
Statutory		
GST input tax credit recoverable	587	811
Total receivables	**1 398**	**892**
Represented by		
Current receivables	1 398	892

Contractual receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. VicHealth holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.

Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes VicHealth applies AASB 9 for initial measurement of the statutory receivables and, as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

5.1.2 IMPAIRMENT OF FINANCIAL ASSETS

VicHealth records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. VicHealth's contractual receivables and statutory receivables are subject to AASB 9 impairment assessment.

Contractual receivables at amortised cost

VicHealth applies AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. VicHealth has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on VicHealth's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Statutory receivables at amortised cost

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As the result, the loss allowance recognised for these financial assets during the period was limited to 12 months of expected losses. No loss allowance has been recognised.

5.2 Other liabilities

5.2.1 PAYABLES

($ thousand)

	2026	2025
Contractual payables		
Supplies and services	74	392
Accrued expenses	1 657	704
Total payables	**1 731**	**1 096**
Represented by:		
Current payables	1 731	1 096

Payables consist of:

- **Contractual payables:** Classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to VicHealth prior to the end of the financial year that are unpaid.

Payables for supplies and services have an average credit period of 30 days. No interest is charged on the 'other payables' for the first 30 days from the date of the invoice.

The terms and conditions of amounts payable to the government and agencies vary according to the particular agreements and as they are not legislative payables, they are classified as financial instruments.

5.3 Other non-financial assets

($ thousand)

	2026	2025
Current other assets		
Prepayments	237	306
Total current other assets	**237**	**306**

Other non-financial assets include pre-payments, which represent payments in advance of receipt of goods or services or the payments made for services covering a term extending beyond the reporting period.

6 HOW WE FINANCED OUR OPERATIONS

Introduction

This section provides information on the sources of finance utilised by VicHealth during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of VicHealth.

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note 7.1 provides additional, specific financial instrument disclosures.

Structure

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6.1 Borrowings

($ thousand)

	2026	2025
Current borrowings		
Lease liabilities[(a)]	410	454
Total current borrowings	**410**	**454**
Non-current borrowings		
Lease liabilities[(a)]	2 081	2 584
Total non-current borrowings	**2 081**	**2 584**
Total borrowings	**2 491**	**3 038**

Notes:

(a) Secured by the assets leased. Leases liabilities are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

Borrowings are classified as financial instruments. Interest bearing liabilities are classified at amortised cost and recognised at the fair value of the consideration received less directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

During the year, a scheduled market rental review was completed for the entity's office lease. In accordance with AASB 16, the lease liability was remeasured to reflect revised lease payments, with a corresponding adjustment recognised to the right-of-use asset. The remeasurement decreased the lease liability and right-of-use asset by $97 000.

TERMS AND CONDITIONS OF BORROWINGS

($ thousand)

2026	Weighted average interest rate (%)	Carrying amount	Nominal amount	Maturity dates: Less than 1 month	1-3 months	3 months –1 year	1–5 years	5+ years
Lease liabilities	1.84	2 492	2 611	40	80	366	2 125	-
Total		**2 492**	**2 611**	**40**	**80**	**366**	**2 125**	**-**

2025								
Lease liabilities	1.84	3 038	3 206	42	84	380	2 203	497
Total		**3 038**	**3 206**	**42**	**84**	**380**	**2 203**	**497**

VicHealth operates under the Government fair payments policy of settling financial obligations within 30 days and in the event of a dispute, making payments within 30 days from the date of resolution.

INTEREST EXPENSE

($ thousand)

	2026	2025
Interest on leases liabilities	82	59
Total interest expense	**82**	**59**

'Interest expense' includes costs incurred in connection with the interest component of lease repayments and the increase in financial liabilities due to the unwinding of discounts to reflect the passage of time.

Interest expense is recognised in the period in which it is incurred.

6.2 Leases

6.2.1 RIGHT-OF-USE ASSETS

VicHealth leases its office accommodation. The lease contract is for a fixed period of 5 years with an option to renew the lease after that date for two further terms of 3 years. Lease payments for properties are renegotiated every five years to reflect market rentals.

Right of use assets are presented in note 4.1.1.

6.2.2 RECOGNITION AND MEASUREMENT OF LEASES AS A LESSEE

For any new contracts entered into, VicHealth considers whether a contract is or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition VicHealth assesses whether the contract meets three key evaluations:

- whether the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to VicHealth and for which the supplier does not have substantive substitution rights
- whether VicHealth has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and VicHealth has the right to direct the use of the identified asset throughout the period of use
- whether VicHealth has the right to make decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Lease liability – initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or VicHealth's incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments) less any lease incentive receivable
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee
- payments arising from purchase and termination options reasonably certain to be exercised.

Lease liability – subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

Presentation of right-of-use assets and lease liabilities

VicHealth presents right-of-use assets as 'property, plant and equipment' (refer to note 4.1). Lease liabilities are presented as 'borrowings' in the balance sheet (refer to note 6.1).

FUTURE LEASE PAYMENTS

($ thousand)

	Minimum future lease payments[(a)]	
	2026	2025
Not longer than 1 year	486	506
Longer than 1 year but not longer than 5 years	2 125	2 203
Longer than 5 years	-	497
Minimum future lease payments	**2 611**	**3 206**
Less future finance charges	119	168
Present value of minimum lease payments	**2 492**	**3 038**

Note:
(a) Minimum future lease payments include the aggregate of all base payments and any guaranteed residual.

6.3 Cash flow information and balances

Cash and deposits, including cash equivalents, comprise cash on hand and cash at bank. VicHealth's bank accounts are held in the Central Banking System (CBS) under the *Standing Directions 2018*.

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as current borrowings on the balance sheet, as indicated in the reconciliation below.

($ thousand)

	2026	2025
Total cash and deposits disclosed in the balance sheet[(a)]	5 920	4 913
Balance as per cash flow statement	**5 920**	**4 913**

Note:
(a) Cash and deposits bear variable interest rate with a weighted-average interest rate of 4.6% during 2025–2026.

6.4 Commitments for expenditure

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are recorded at their nominal value and inclusive of GST. Where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the balance sheet.

6.4.1 TOTAL COMMITMENTS PAYABLE

($ thousand)

Nominal amounts	*Less than 1 year*	*1–5 years*	*5+ years*	*Total*
2026				
Other commitments payable	24 489	19 448	-	43 937
Total commitments (inclusive of GST)	**24 489**	**19 448**	**-**	**43 937**
Less GST recoverable	(2 226)	(1 768)	-	(3 994)
Total commitments (exclusive of GST)	**22 263**	**17 680**	**-**	**39 943**
2025				
Other commitments payable	14 204	28 711	-	42 915
Total commitments (inclusive of GST)	**14 204**	**28 711**	**-**	**42 915**
Less GST recoverable from the Australian Tax Office	(1 420)	(2 871)	-	(4 291)
Total commitments (exclusive of GST)	**12 784**	**25 840**	**-**	**38 624**

7 FINANCIAL INSTRUMENTS, CONTINGENCIES AND VALUATION JUDGEMENTS

Introduction

It is often necessary for VicHealth to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for VicHealth related mainly to fair value determination.

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7.1 Financial instruments specific disclosures

INTRODUCTION

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of VicHealth's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example taxes, fines and penalties). Such assets and liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

CATEGORIES OF FINANCIAL ASSETS

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by VicHealth to collect the contractual cash flows
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

VicHealth recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)

The main purpose in holding financial instruments is to prudentially manage VicHealth's financial risks within the organisation's policy parameters.

Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired
- VicHealth retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement
- VicHealth has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset
  - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Where VicHealth has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of VicHealth's continuing involvement in the asset.

CATEGORIES OF FINANCIAL LIABILITIES

Financial liabilities at amortised cost

Financial liabilities measured at amortised costs are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method. VicHealth recognises the following liabilities in this category:

- payables (excluding statutory payables)
- borrowings (including lease liabilities)

Derecognition of financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the Comprehensive Operating Statement.

7.1.1 FINANCIAL INSTRUMENTS – NET GAIN/(LOSS) ON FINANCIAL INSTRUMENTS BY CATEGORY

2026	*Carrying amount*	*Net gain/(loss)*	*Total interest income/ (expense)*	*Fee income/ (expense)*	*Impairment loss*
Financial assets at amortised cost					
Cash and deposits	5 920	-	479	-	-
Trade receivables[(a)]	811	-	-	-	-
Total financial assets at amortised cost	**6 731**	**-**	**479**	**-**	**-**
Financial liabilities at amortised cost					
Trade payables[(a)]	1 731	-	-	-	-
Borrowings					
Lease liabilities	2 491	-	(82)	-	-
Total contractual financial liabilities	**4 222**	**-**	**(82)**	**-**	**-**

Note:

(a) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and GST input tax credit recoverable and taxes payable).

2025	*Carrying amount*	*Net gain/(loss)*	*Total interest income/ (expense)*	*Fee income/ (expense)*	*Impairment loss*
Financial assets at amortised cost					
Cash and deposits	4 913	-	488	-	-
Trade receivables[(a)]	81	-	-	-	-
Total financial assets at amortised cost	**4 994**	**-**	**488**	**-**	**-**
Financial liabilities at amortised cost					
Trade payables[(a)]	1 097	-	-	-	-
Borrowings					
Lease liabilities	3 038	-	(59)	-	-
Total contractual financial liabilities	**4 134**	**-**	**(59)**	**-**	**-**

Note:

(a) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and GST input tax credit recoverable and taxes payable).

7.2 Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

7.2.1 CONTINGENT ASSETS

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable. VicHealth has no contingent assets at 30 June 2026.

7.2.2 CONTINGENT LIABILITIES

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity
- present obligations that arise from past events but are not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable. VicHealth has no contingent liabilities, either quantifiable or non-quantifiable, at 30 June 2026.

7.3 Fair value determination

This section sets out information on how VicHealth determines fair value for financial reporting purposes. Fair value is 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.

Property, plant and equipment, with the exception of right-of-use assets arising under AASB16, which are measured using the cost model, are carried at fair value.

FAIR VALUE HIERARCHY

In determining fair values, a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable
- Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

VicHealth determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

HOW THIS SECTION IS STRUCTURED

For those assets and liabilities for which fair values are determined, the following disclosures are provided:

- valuation techniques
- details of significant assumptions used in the fair value determination.

7.3.1 FAIR VALUE DETERMINATION: NON-FINANCIAL PHYSICAL ASSETS

Valuation techniques and significant assumptions of non-financial physical assets measured at fair value

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian implementation guidance for not-for-profit public sector entities*.

Appendix F explains and illustrates the application of the principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

For all assets measured at fair value, VicHealth considers the current use is the highest and best use.

Plant, equipment and vehicles are held at fair value. When plant, equipment and vehicles are specialised in use, such that it is rarely sold, fair value is determined using the current replacement cost method.

Description of significant assumptions applied to fair value measurement.

2026 and 2025	*Valuation technique[a]*	*Significant assumption*	*Range (weighted average)*
Plant, equipment and vehicles	Current replacement cost	Cost per unit	$0-$789 000 per unit ($1 900 per unit)
		Useful life of plant, equipment and vehicles	3-10 years (9 years)

8 OTHER DISCLOSURES

Introduction

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

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8.1 Material uncertainty related to going concern

On 4 December 2025, the Victorian Government released its response to the Independent Review of the Victorian Public Service: Final Report, under which the Government confirmed its intention for the public health promotion work of VicHealth, including its functions, assets and liabilities, to be absorbed into the Department of Health.

As at the date of signing these financial statements, the timing and implementation arrangements for the proposed absorption remain uncertain and are subject to further Government decisions and the completion of legislative, administrative and implementation processes that have not yet commenced. No formal machinery-of-government advice has been issued and the timing of the proposed absorption has not been determined.

Accordingly, uncertainty exists regarding the future structure, governance arrangements, funding arrangements and ongoing operations of VicHealth following implementation of the proposed absorption. These matters give rise to a material uncertainty that may cast significant doubt on VicHealth's ability to continue as a going concern.

Despite this material uncertainty, the financial statements have been prepared on a going concern basis, which contemplates the continuation of VicHealth's operations and the realisation of its assets and settlement of its liabilities in the ordinary course of business. The financial statements do not include any adjustments that might be necessary if VicHealth were unable to continue as a going concern, including adjustments to the recoverability and classification of assets or the amounts and classification of liabilities.

In assessing the appropriateness of the going concern basis, the VicHealth Board (Accountable Authority) considered the following:

- There is no evidence to suggest that assets and liabilities will not be realised in the ordinary course of business at fair or agreed values;
- The Victorian Government has announced its intention to absorb VicHealth's health promotion functions into the Department of Health and this intention has not yet become policy;
- VicHealth expects to receive ongoing appropriation funding until the proposed absorption is completed;
- The Minister for Health approved VicHealth's budget for the year ending 30 June 2027 on 28 June 2026; and
- Transition planning for the transfer of functions, assets, liabilities and employees has yet to commence.

Based on the above, the VicHealth Board considers it appropriate to prepare the financial statements on a going concern basis, as VicHealth is expected to continue operating and to realise its assets and settle its liabilities in the ordinary course of business until the proposed absorption occurs.

8.2 Ex gratia expenses

Ex gratia expenses are the voluntary payments of money or other non-monetary benefit (e.g. a write off) that are not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability of or claim against the entity. At balance date, there have been no ex-gratia payments.

8.3 Change in accounting policy

As a result of a change in FRD104 Leases effective for reporting period from 30 June 2026, right-of-use assets are measured at cost for the reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.3.

8.4 Responsible persons

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994* (FMA), the following disclosures are made regarding responsible persons for the reporting period.

NAMES

The persons who held the positions of Ministers and Accountable Officers in VicHealth are as follows:

Minister for Health	The Honourable Mary-Anne Thomas MP	1 July 2025 to 14 April 2026
	The Honourable Harriet Shing MP	15 April 2026 to 30 June 2026
Secretary	Jenny Atta PSM	1 July 2025 to 30 June 2026
Accountable Officer	Prof Anna Peeters AM	1 July 2025 to 30 June 2026

REMUNERATION

Remuneration received or receivable by the Accountable Officer in connection with the management of VicHealth during the reporting period was in the range: $390 000-$399 000 (2025: $380 000–$389 000).

8.5 Remuneration of executives

The number of senior executive service members, other than Ministers and accountable officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalents provides a measure of full time equivalent executive officers over the reporting period.

Remuneration comprises employee benefits (as defined in AASB 119 *Employee Benefits*) in all forms of consideration paid, payable or provided by the entity, or on behalf of the entity, in exchange for services rendered. Accordingly, remuneration is determined on an accrual basis.

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated and one senior executive resigned in the past year.

	Total remuneration	
Remuneration of the senior executive service	***2026***	***2025***
Total remuneration[(a)]	**1 340**	**1 288**
Total number of executives	**10**	**5**
Total annualised employee equivalents[(b)]	**5**	**5**

Note:

(a) The total number of senior executive service members includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosures and are also reported within the related parties note disclosure (Note 8.6). During the reporting period, four employees temporarily acted, on a rotating basis, in two senior executive service positions that were vacant for part of the year. The overall annualised employee equivalent number of executives remained unchanged from the previous reporting period.

(b) Annualised employee equivalent is based on the time fraction worked over the reporting period.

8.6 Related parties

VicHealth is a wholly owned and controlled entity of the State of Victoria. Related parties of VicHealth include:

- all key management personnel and their close family members and personal business interests (controlled entities, joint ventures and entities they have significant influence over)
- all Cabinet Ministers and their close family members
- all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

SIGNIFICANT TRANSACTIONS WITH GOVERNMENT-RELATED ENTITIES

VicHealth received funding from, and made payments to, government related entities of $49.52 million (2025: $47.24 million) and $8.32 million (2025: $9.36 million) respectively.

During the year, VicHealth had the following government-related entity transactions:

	2026	*2025*
Department of Health – appropriation	49 066	46 812
Department of Health – Special Purpose Grant	454	429
Total receipts	**49 520**	**47 241**
General purpose grants	8 319	9 363
Total payments	**8 319**	**9 363**

Key management personnel (KMP) of VicHealth includes the Portfolio Ministers, Cabinet Ministers, VicHealth Board Members and Chief Executive Officer, as determined by VicHealth.

REMUNERATION OF KEY MANAGEMENT PERSONNEL

The compensation detailed below excludes the salaries and benefits the Portfolio Minister receives. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968* and is reported within the State's Annual Financial Report.

($ thousand)

Compensation of KMPs	*2026*	*2025*
Total[(a)]	**559**	**538**

Note:

(a) Note that KMPs are also reported in the disclosure of remuneration of executive officers (Note 8.4)

TRANSACTIONS AND BALANCES WITH KEY MANAGEMENT PERSONNEL AND OTHER RELATED PARTIES

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occurs on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Purchasing Board requirements.

The Tobacco Act stipulates that VicHealth has a representational Board member composition, consequently there is an increased likelihood of related party transactions as Board members often are either employed or serve on Boards of organisations that VicHealth transacts with.

During the reporting period, related parties of key management personnel were awarded contracts on terms and conditions equivalent for those that prevail in arm's length transactions under VicHealth's Grant-making and Procurement policies and guidelines, including management of conflicts of interest.

All other transactions that may have occurred with key management personnel and their related parties have been trivial or domestic in nature. In this context, transactions are only disclosed if they are considered of interest to users of the financial report in making and evaluating decisions about the allocation of scarce resources.

The transactions (generally related to awarding of grants and funding) with key management personnel are outlined in the following table:

($ thousand)

	2026	*2025*
VicSport of which Ms Rayoni Nelson served as a Board member	31	268
Next Wave Festival of which Ms Jamie Lewis was CEO/executive director until 30 November 2024	-	35
Multicultural Arts Victoria of which Ms Jamie Lewis served as Interim GM from February – May 2026	98	-
Cancer Council Victoria of which Prof Jeremy Millar served as a non-executive director up until 14 May 2026	5 340	N/A
Murdoch Children's Research Institute of which The Hon. Nicola Roxon is a non-executive director for the duration of her term on the VicHealth Board, which concluded on 23 November 2025	63	349
Killara Foundation of which Ian Hamm served as a Board Member	98	5

8.7 Remuneration of auditors

($ thousand)

	2026	2025
Victorian Auditor-General's Office [a]		
Audit or review of the financial statements	29	28
Total remuneration of auditors	**29**	**28**

Note:
(a) The Victorian Auditor-General's Office is prohibited from providing non-audit services.

8.8 Subsequent events

There are no events subsequent to the end of the reporting year which would, in the absence of disclosure, cause the financial statements to become misleading.

The policy in connection with recognising subsequent events that are for events that occur between the end of the reporting period and the date when the financial statements are authorised for issue is as follows:

- adjustments are made to amounts recognised in the financial statements where those events provide information about conditions that existed at the reporting date
- disclosure is made where the events relate to conditions that arose after the end of the reporting period that are considered to be of material interest.

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VicHealth acknowledges the Traditional Custodians of the land. We pay our respects to all Elders past, present and future.

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