



Annual Report

2025–2026



AMSANT

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Barkly CQI Child and Maternal Health Forum

Left image: SEWB Forum 2026
Above image: Barkly CQI Child and Maternal Health Forum
Cover top image: 2025 NT CQI Forum
Cover middle image: Urapuntja Health Service careers roadshow October 2025
Cover bottom image: SEWB and AOD Forum May 2026

Cultural Warning: This report contains images and references of people who have passed away.

Our Vision & Strategic Plan Pillars

In 2025–26, AMSANT endorsed its Strategic Plan 2025–2028. The three-year Plan is a guide to the organisation and the NT Aboriginal community-controlled health sector. Developed with our Board the Plan focuses on the needs and aspirations of member services, and strengthens AMSANT's commitment to supporting self-determination, community control and better health outcomes for Aboriginal people.



Scan the QR code or follow the link to view the full Strategic Plan



AMSANT AGM
November 2025

Guided by the vision of 'Strong members, healthy communities', the Strategy focuses on four interconnected priorities that will shape AMSANT's work from 2025–2028.

Priority 1: Strong Members

Empowering members to deliver greater impact through tailored support, stronger collaboration and enhanced engagement so members are connected and supported to respond effectively to community needs.

Priority 2: Strong Organisation

Building a proactive, people-centred and future-ready organisation with the systems, workforce and capability needed to support members and achieve long-term goals, while fostering a culturally safe, rewarding and sustainable workplace.

Our Vision:

Strong members, healthy communities.

Priority 3: Strong Voice

Championing Aboriginal health priorities through advocacy, policy leadership, research and strategic partnerships that influence change at local, jurisdictional and national levels, ensuring the voices of members shape decision-making and drive meaningful reform.

Priority 4: Strong Sector

Accelerating the transition to community control and supporting a sustainable, adaptable Aboriginal community-controlled health sector for long-term growth and impact.

Throughout the implementation of the Strategy, AMSANT will monitor progress through planning, regular reporting and ongoing evaluation to ensure we remain accountable to our members and focused on delivering meaningful outcomes for Aboriginal communities across the Northern Territory.



AMSANT Board

The AMSANT Board is made up of eight Directors elected from Full Members and up to three Non-Member Directors, with Directors serving a two-year term.

The AMSANT Board of Directors, together, bring a wealth of cultural authority, professional expertise, and lived community experience. With backgrounds spanning Aboriginal community-controlled health, executive experience, governance, public health, and advocacy, the Board provides strong leadership and ensures Aboriginal voices remain central in shaping health policy and services across the Northern Territory.



Rob McPhee
AMSANT Chairperson



Ebony Abbott-McCormack
AMSANT Deputy Chairperson



Charlie Gunabarra OAM
AMSANT Member Director



Giselle Barku
AMSANT Member Director



Anne-Marie Lee
AMSANT Member Director



Professor Jeanette Ward
AMSANT Non-Member Director



Janelle Collins
AMSANT Member Director



Sinon Cooney
AMSANT Member Director



David Galvin
AMSANT Non-Member Director

Scan the QR code or fllow the link to view more about our Board
amsant.org.au/governance-and-board-of-directors

Scan the QR code to view more about our members
amsant.org.au/our-members

AMSANT Board Members as at 30 June 2026

Members

AMSANT is incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

As the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory, AMSANT's governance is directed by our members, who elect our Board of Directors at the Annual General Meeting. The Board can also appoint up to three Non-Member Directors, with two positions currently filled. This governance model ensures accountability to our member services and supports a strong, united voice for communities. As the peak body, we guide efforts to advance comprehensive community-controlled PHC, keeping the principles of community-control at the forefront of the government agenda by embedding member priorities into all strategic decision-making and advocacy we take.

AMSANT offices

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Alice Springs NT 0870
Australia

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Alice Springs NT 0871

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Full members

1. Ampilatwatja Health Centre Aboriginal Corporation
2. Anyinginyi Health Aboriginal Corporation
3. Central Australian Aboriginal Congress
4. Danila Dilba Health Service Aboriginal Corporation
5. Katherine West Health Board Aboriginal Corporation
6. Mala'la Health Service Aboriginal Corporation
7. Miwatj Health Aboriginal Corporation
8. Pintupi Homelands Health Service
9. Red Lily Health Board Aboriginal Corporation
10. Sunrise Health Service Aboriginal Corporation
11. Urapuntja Health Service Aboriginal Corporation
12. Wurli-Wurlinjang Health Service Aboriginal Corporation

Associate members

13. Amoonguna Health Clinic Aboriginal Corporation
14. Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
15. Council for Aboriginal Alcohol Program Services (CAAPS)
16. FORWAARD Aboriginal Corporation
17. Laynhapuy Homelands Aboriginal Corporation
18. Marthakal Homelands Health Service
19. Mpwelarre Health Service (Santa Teresa)
20. Mutitjulu Health Service
21. Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
22. Northern Territory Stolen Generations Aboriginal Corporation (NTSGAC)
23. Peppimenarti Health Association
24. Utju Health Aboriginal Corporation
25. Warnumamalya Health Services Aboriginal Corporation (WHSAC)
26. Western Arrernte Health Aboriginal Corporation
27. Western Desert Nganampa Walytja Palyantjaku Tjutaku (Purple House) Aboriginal Corporation

Message from our Chairperson

It has been an honour to continue serving as Chair of AMSANT during 2025–26. This year has been one of transition, renewal and continued advocacy for Aboriginal community-controlled health across the Northern Territory.



Rob McPhee
Chairperson

Across our member Aboriginal Community Controlled Health Services (ACCHSs), staff, boards and leaders have continued to show deep commitment to improving the health and wellbeing of Aboriginal people living in the Northern Territory. Their work remains the foundation of AMSANT's purpose and strength. Every day, our member services demonstrate the power of Aboriginal community control to deliver culturally safe, comprehensive primary health care that is shaped by community priorities and grounded in self-determination.

I thank the AMSANT Board of Directors, our member services and ACCHS leaders for their leadership, guidance and commitment throughout the year.

A significant moment for AMSANT this year was welcoming Dr Donna Ah Chee as the new Chief Executive Officer and Steve Rossingh as Deputy Chief Executive Officer. Both Donna and Steve bring a wealth of experience and leadership in Aboriginal community controlled health, robust governance and deep commitment to Aboriginal leadership. Together, they represent strong Aboriginal leadership at a time when it is needed most. Their leadership is grounded in decades of service to Aboriginal communities, an unwavering commitment to community control and a clear vision for strengthening the ACCHS sector across the Northern Territory. Donna and Steve's appointments mark an important new chapter for AMSANT and build on the strong foundations laid by Dr John Paterson and those who have led before us.

The Board also acknowledges the ongoing contribution of our members, staff and partners over the past year. Transitions of leadership require care, continuity and shared purpose and they also create opportunities for new ideas and positive growth. I thank everyone who has supported AMSANT through this period.

> **I thank the AMSANT Board of Directors, our member services and ACCHS leaders for their leadership, guidance and commitment throughout the year.**



Steve Rossingh, Donna Ah Chee, Charlie Gunabarra

It is with deep sadness that we acknowledge the passing of our colleague and friend, Chris Perry. Chris was a valued member of the AMSANT team whose quiet dedication, wisdom and generosity left a lasting impact on all who had the privilege of working alongside him. His commitment to our work and his unwavering support for colleagues strengthened both our organisation and the people within it.

Chris is deeply missed by the AMSANT family, particularly by those who worked closely with him in Alice Springs. On behalf of AMSANT, we extend our heartfelt condolences to Chris's family, friends and loved ones. We thank them for sharing Chris with us and honour his memory with gratitude for the lasting contribution he made to our team, our work and our community.

During the year, the Board progressed key strategic priorities. This included work on the Accelerated Pathways to Community Control program; the Members' Needs and Priorities Project; the AMSANT Policy Position Project; and ongoing advocacy for an Aboriginal Health Authority of the Northern Territory to provide a single source of long-term block funding for ACCHSs based on need, as a key structural reform to reduce funding fragmentation and reporting burden. These initiatives will help ensure AMSANT remains strongly aligned to member priorities while continuing to strengthen Aboriginal leadership, community control and long-term reform of the Territory's health system.

The NT Aboriginal Health Forum (NTAHF) remained a key platform for partnership, planning and accountability across the Aboriginal health sector, NT Government and Commonwealth Government. During the year, the Forum progressed work on its Strategic Plan 2026–2030 and one-year action plan, with a focus on genuine partnership, comprehensive primary health care, community control, workforce, data and joined-up planning.

AMSANT continues to play a vital leadership role through the Forum, ensuring the voices of Aboriginal communities and member services remain central to decisions that shape health policy, funding and system reform across the Territory.

This year also reinforced the importance of strong advocacy. AMSANT advocated strongly for systemic reform, sustainable funding, improved infrastructure and stronger workforce support so ACCHSs can continue to deliver culturally safe, high-quality, comprehensive primary health care. The release of Facing the Health Gap was an important milestone for AMSANT this year. The report clearly articulated the infrastructure and workforce challenges facing our member services and provided a compelling evidence base for the sustained investment needed to ensure Aboriginal communities can continue to access high-quality, culturally safe primary health care.



AMSANT AGM
November 2025

It is a key example of how AMSANT continues to highlight challenges our member services and communities face whilst we advocate for long-term health reform.

We also continued to provide evidence-based policy leadership on a range of issues affecting Aboriginal health, including alcohol and tobacco policy, communicable disease responses, disability reform and broader health system change. Throughout this work, our advocacy remained firmly grounded in the voices, experiences and priorities of our member services and the communities they serve.

I also acknowledge the AMSANT staff for their professionalism, resilience and dedication throughout the year. Their expertise, commitment and hard work have been instrumental in supporting our member services, strengthening our advocacy and driving continued progress across the organisation.

As Chair, I am proud of the way AMSANT stands alongside its members. Our work is grounded in the principle that Aboriginal people and communities, through the mechanism of community control, must lead the decisions that affect our health and wellbeing.

Looking ahead, AMSANT is well positioned to build on this year's momentum. With Donna Ah Chee leading the organisation as CEO, a strong Board, committed staff and a clear focus on member priorities, we will continue to advocate for health systems that are fair, culturally safe, community led and sustainable. We remain steadfast in working alongside our member services to advance Aboriginal community control, strengthen the ACCHS sector and ensure Aboriginal voices continue to shape the future of health policy and service delivery in the Northern Territory.

I once again thank our members, Directors, staff and partners for your ongoing commitment. Together, we will continue to build on the legacy of those who came before us and strengthen our shared vision for a healthier future for Aboriginal people across the NT.

Thank you,

Rob McPhee
Chairperson

Message from our CEO

Welcome to this year's Annual Report. I am pleased to share an overview of the Aboriginal Medical Services Alliance Northern Territory's (AMSANT) achievements, partnerships and progress over the past financial year as we continue to support Aboriginal Community Controlled Health Services across the Northern Territory.



Donna Ah Chee
Chief Executive Officer

Having stepped into the role in February 2026, I would like to acknowledge the leadership that came before me and thank those who guided AMSANT through this period of transition. Dr John Paterson led AMSANT for many years and left a strong foundation built on a lifetime of fighting for our people. I also recognise Erin Lew Fatt for her dedication to AMSANT over 17 years, including as Deputy CEO, and thank Anthony Beven for his leadership as Interim CEO. With Steve Rossingh joining as Deputy CEO in May, AMSANT now moves forward under strong Aboriginal leadership.

Strengthening AMSANT

AMSANT's work is guided by the voices of our members. Through our Members' Needs and Priorities Project, we sat down with member services right across the Territory to hear what they need from AMSANT as their peak body. The messages were clear, and they have shaped our priorities. We renewed our CEO Network and strengthened the way we stay connected with members so that engagement is consistent and members' voices genuinely shape what we do.



Donna Ah Chee, Steve Rossingh, John Paterson

Anthony Beven and David Reeves

This commitment to listening has also informed how AMSANT presents itself and communicates. We refreshed our brand and identity, launched a new website, and strengthened our communications with members, partners and the wider public, ensuring our voice reflects the priorities and aspirations of the sector we represent.

We also continued to strengthen AMSANT from within. As our work grows, so too does the need to ensure we have the right people, systems and support in place to deliver for our members. During the year we expanded and strengthened teams across the organisation, undertook a review of our IT systems to identify opportunities to improve security and efficiency, and completed a health check of our workforce policies and practices.

We also progressed the rollout of a new Human Resources Management System, helping to streamline processes, improve reporting and create a better experience for staff. Together, this work is strengthening the foundations AMSANT needs to deliver on its Strategic Plan and support the sector into the future.



Donna Ah Chee and Darwin team in March 2026

Sector Advocacy

The 2025–26 financial year was a year of big wins and celebrations for our sector. It was also a year that called for strong advocacy to protect our communities. We celebrated 50 years of Aboriginal community control. 50 years of our own people leading our own health services, in our own way, and getting results that governments never could. And this is what drives us forward.

Community control is at the heart of what we do. The latest Closing the Gap data makes the case plain: where our communities control their own health care, our people do better. Recognising the importance of this work, one of my first priorities on joining AMSANT was to support the accelerated transition of Northern Territory Government clinics to Aboriginal community control. The NT Aboriginal Health Forum (NTAHF) endorsed our plan to guide these transitions with a shared vision agreed across our partners.

NTAHF is central to much of the work we do. It is the partnership between our sector and government that has driven reform in the Territory for decades. Recently NTAHF secured a dedicated Aboriginal and Torres Strait Islander schedule in the new National Health Reform Agreement, and we are holding governments to it, because our people deserve hospitals that are safe and fair, not just promises on paper.

Signed in January 2026, the Agreement strengthens commitments to improving Australia's health system, particularly the hospital sector. The Schedule sets out how governments, hospitals and health services will work together to improve health outcomes for Aboriginal people, embedding greater accountability and a stronger focus on partnership across the health system. NACCHO and the Aboriginal community-controlled health sector played a key role in shaping this landmark reform.

AMSANT has been actively involved in discussions on implementing the Agreement, including the development of a reform fund to support priority areas for system improvement. This creates new opportunities for the Aboriginal Community Controlled Health Services sector to work alongside the NT Government on reforms that strengthen patient safety, improve care coordination and support better communication between services. Together, these changes aim to improve the quality, safety and continuity of care for Aboriginal people across the Territory.

Active participation in the NT Executive Council on Aboriginal Affairs (NTECAA) and NT Remote Aboriginal Investment (NTRAI) has provided a valuable platform to influence key policy and investment decisions impacting Aboriginal Territorians. This engagement supports AMSANT's commitment to advancing the Closing the Gap Priority Reforms by ensuring Aboriginal community-controlled perspectives are represented at the highest levels of decision-making.



Donna Ah Chee and Alice Springs team in March 2026

Standing up for our people has meant some hard fights, and I make no apology for having them. We fought to protect Aboriginal communities from the harm caused by alcohol, and welcomed the extension of Alcohol Protected Areas that so many of our communities rely on. We led the sector's response to the diphtheria outbreak, a disease of poverty that should not exist in a country as wealthy as ours, and we made governments act. And we spoke out, loudly, against changes to the Territory's child protection laws that will hurt Aboriginal children and tear at families. That fight is not over, and we will not go quiet on it.

Underneath all of this sit the pressures our services carry every single day. Workforce shortages, especially in the bush, and too great a reliance on short-term staff. Infrastructure that is stretched thin or simply missing. And funding that has never truly matched what it costs to deliver comprehensive primary health care in remote communities of the Territory. These are not new problems, and they will not be fixed in one year. But we will continue to be a strong voice for our members, pushing for the funding, workforce and infrastructure investment our communities need, while strengthening the foundations of a sustainable Aboriginal community-controlled health sector for the future.

Behind all of it has been steady work to deliver on our Strategic Plan, and to strengthen AMSANT itself: our accountability and our Aboriginal leadership.

None of this would be possible without our members. You are the reason AMSANT exists. I thank our Board and our Chair for their guidance, and our staff for their hard work and their heart. There is a lot still to do. But we do it standing on 50 years of community control, and I could not be more hopeful about the road ahead.

Thank you,



Donna Ah Chee
Chief Executive Officer

Celebrating 17 years of service

In 2025, AMSANT farewelled Erin Lew Fatt after 17 years of dedicated service to AMSANT.

Since joining the organisation in 2008, Erin has been a constant presence through periods of growth, change and achievement. From her early work in the workforce team through to her leadership roles as Programs Manager, Chief Operating Officer and Deputy Chief Executive Officer, she helped shape both AMSANT and the people within it.

During her time at AMSANT, Erin brought a deep commitment to strengthening member services and the communities they serve. She was a passionate advocate for workforce development, championing opportunities for employment, training and career progression across the sector. Her expertise in workforce planning and development earned her recognition across the Northern Territory and at a national level.



Erin Lew Fatt



Sheralee Taylor and Erin Lew Fatt

Erin's contribution extended well beyond any single role. She worked across programs, corporate services, finance, human resources and organisational development, always stepping forward when needed and helping AMSANT adapt and grow. She played an important role in strengthening the organisation's systems and processes, ensuring AMSANT was well placed to respond to emerging challenges and opportunities. Erin's dedication to supporting members extended beyond her role at AMSANT, including a six-month interim CEO secondment at Anyinginyi Aboriginal Health Corporation. By stepping into the position during a transition between CEOs, she helped provide leadership, stability and continuity for the organisation during a critical transition period.

Just as importantly, Erin cared deeply about AMSANT's people. She invested time in supporting, mentoring and encouraging those around her, creating opportunities for others to learn and succeed. She led by example, always made time to listen and always brought people together with purpose and compassion, whether working with her own teams, supporting colleagues across AMSANT or sharing her knowledge with member services.

Erin's leadership, generosity and unwavering belief in community control have left AMSANT stronger than when she joined, and her influence will continue to be felt across AMSANT for many years to come.

We congratulate Erin on her appointment as CEO of Red Lily Health Board and wish her every success in her new role.

FAREWELL TO ERIN

On behalf of the AMSANT Board and our members, I would like to acknowledge and thank Erin for her 17 years of dedicated service to AMSANT and the NT Aboriginal Community Controlled Health sector.

Erin has made an enormous contribution to our organisation and our members over this time. She has been a passionate advocate for Aboriginal community control, a strong supporter of Aboriginal health services across the NT, and a trusted colleague to all that have worked with her.

Erin's commitment to improving health outcomes for Aboriginal people, together with her grounded leadership, deep sector knowledge and genuine relationships, has helped strengthen both AMSANT and our broader sector.

While we are sorry to see Erin leave AMSANT, we are so happy to see her take on the role of Chief Executive Officer at Red Lily Health Board. It is a well-deserved appointment and one that reflects the respect she has earned through many years of hard work, leadership and service.

Rob McPhee



Pat Anderson and Erin Lew Fatt 2010

Erin Lew Fatt and Elizabeth Dhurrkay 2024

Strategic and priority activities

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Opening Red Lily Health Centre Jabiru, May 2026





Hon Rebecca White MP, AMSANT Chair Rob McPhee, AMSANT CEO Donna Ah Chee, Hon Mark Butler MP, Danila Dilba Health Service Chair Carol Stanislaus

Policy, Research and Advocacy



Tristan Ceccato
PRA Manager

Policy and advocacy are central to AMSANT's role in strengthening Aboriginal Community Controlled Health Services (ACCHS) across the Northern Territory. Working alongside our members, communities, governments and partners, we help shape policy and advocate for reforms that support community control, health equity and better outcomes for Aboriginal people.

Our work focuses on influencing policy through advocacy and submissions and supporting strategic communications that elevate the priorities of Aboriginal communities, our member services and the community-controlled health sector. Excitingly, we have also taken lead on progressing the work of the Accelerated Pathways to Community Control (AP2CC) program, one of AMSANT's core strategic priorities.

Throughout the year, we consistently represented our members' priorities and advocated for changes to improve health outcomes for Aboriginal people across the Territory. This included 16 submissions to internationally renowned institutions, Australian and Northern Territory government inquiries.



Walbira Murray, Kylie Gill and Shez Cairney June 2025

Tim Ramm and Shez Cairney November 2025

Scan to view our series of videos that were a part of the Closing the Health Gap report.

Visit our YouTube channel
www.youtube.com/@AMSANTmedia

A snapshot of our submission responses include:

- the World Health Organisation's (WHO) Global Plan of Action for the Health of Indigenous Peoples report – October 2025
- the Department of Agriculture, Fisheries and Forestry (DAFF)'s Feeding Australia: A National Food Security Strategy – October 2025
- the National Parliamentary inquiry into rural, regional and remote Medicare access and funding – March 2026
- the Northern Territory Legislative Scrutiny Committee's inquiry into the Care and Protection of Children Amendment (Every Child Matters) Bill 2026 – May 2026
- the National Parliamentary inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people – June 2026

AMSANT took a more strategic approach to the many policy partnerships we are involved with across the ACCHS sector and continued to strengthen our engagement with external stakeholders across a diverse breadth of project work.

We were proud to collaborate with The Insight Centre, commissioning a crucial body of work which officially launched in late 2025. The release of our Closing the Health Gap report, and the underlying project work, shone a direct light on the stark realities and challenges that NT Aboriginal community-controlled health services face when trying to deliver holistic, culturally safe, comprehensive primary health care to our people. This report provided opportunity for AMSANT to strongly advocate to government, at the Territory and National levels, on the drivers of poor health outcomes for Aboriginal people, the gaps in critical health infrastructure as well as solutions to these long-standing health barriers.

Strategic Priority Projects

In alignment with AMSANT's Strategy 2025–2028, the Policy, Research and Advocacy team commenced work on multiple strategic priority projects:

The Members' Needs and Priorities Project

The Policy and Advocacy team delivered on a key commitment under AMSANT's Strategic Plan to better understand and respond to member priorities. Through workshops with each member service, we asked what they expect from AMSANT as their peak body and how we can strengthen our support. What we heard affirmed our strategic direction while identifying areas where we can do more. The project provides a clear roadmap for focusing our advocacy and member support efforts, resulting in two guiding principles and six recommendations to strengthen AMSANT's work over the coming years and reinforce our commitment to strong members and healthy communities.

The Policy Positions Project

The Policy Positions Project was commenced, which will see us developing clear, consistent positions on the issues that matter most to our members and for Aboriginal health in the NT. Having a suite of high-level policy positions, developed on decades of AMSANT's work and our member's current priorities, will enable us to have an effective and coherent voice when we advocate on behalf of our members, our communities and our people.

The Research Strategy Project

The Research Strategy Project is defining AMSANT's future role in research across the NT. Informed by engagement with member services, researchers, affiliates and other stakeholders, the Strategy will articulate AMSANT's vision, purpose and role in the research ecosystem, including how AMSANT supports members, provides system leadership and engages with research institutions and partners. The Strategy will be supported by a practical Framework that guides how this is applied in practice.

As AMSANT commenced work on defining its future role in research, it became clear that two existing research projects would be best supported within the Central Australian Aboriginal Congress (Congress) research team. This transition ensures these projects can continue to thrive while AMSANT focuses on developing a clear and strategic approach to research through its Research Strategy Project. AMSANT is proud of its role in establishing these projects and looks forward to continuing to support their success through ongoing collaboration and partnership.

Stronger team, stronger outcomes

To support delivery of AMSANT's Strategy objectives and improve operational efficiency, the Policy, Research and Advocacy team was reshaped, with new structures and processes introduced to sustainably support our work. The creation of two new roles, Policy and Advocacy Lead and Communications and Media Lead, has strengthened the team's structure and focus, supporting more robust, coordinated and timely responses to our policy and advocacy work.

In conjunction with building out our team, we have implemented practical improvements to how we work, including a new submissions request process and submission progression tracker so every opportunity to advocate is captured.

Strategic oversight and secretariat function for AMSANT's CEO Network was also intentionally transitioned back under the PRA team remit. The CEO Network brings together executives from AMSANT member services to collaborate on strategic issues, inform sector advocacy and strengthen two-way communication across the NT ACCHS sector. The move to leading the strategic coordination of the CEO Network means delivery of a strong and important reset to how the Network functions and feeds into sector development.

Consistent collaboration with our member executives and engagement across high-level strategic forums, such as the Northern Territory Aboriginal Health Forum (NTAHF) and the Tripartite Forum (TPF), sees AMSANT continue to build its critical position as the central voice for ACCHSs and Aboriginal health in the NT.



CP, Claire Bevan and Maddie Thiel, CRTIP training November 2025

Our colleague, and our friend



Chris Perry

It is with deep sadness that in this year's annual report we acknowledge the passing of Chris Perry, in December 2025. Our AMSANT team continues to grieve your loss. The big brained curly haired space that has been left behind.

Chris, also known as CP, joined the Alice Springs AMSANT team in 2023. He is remembered by the team as a steadfast colleague and humble friend. Always the first one to the office in the morning, boiling the kettle and preparing the space, and so frequently the last one to leave. You brought such care and quiet dedication to our work, and to our team each day.

We found you too often at the office coffee machine, always with your 'my brain has too many tabs open' mug ready to be topped up. The large jar of cashews which sat diligently by your desk, shared with colleagues as we sought your leadership for the way forward, unpacking the ethics of this work and for the opportunity to learn how to work with humility.

We know your wisdom extended far beyond your time with AMSANT, and for that we value you even more. We remain in awe of the immense contributions you made to the community of Alice Springs and to the health and wellbeing of Aboriginal people in central Australia, how you always kept the purpose of why we are here, the principles of community control, front and centre to our work. We must all seek to take not just a leaf, but a chapter, out of your book.

We loved you for being the contact person for our bush trips. You always went the extra mile and checked not only that we had arrived, but whether we had remembered bakery treats for the journey and if our accommodation was comfortable. You always looked out for us, remembering our birthdays with an orange and almond cake, or with an emergency stash of oat bars in your top drawer in case we were hungry. Your extra mile extended into the weekends, picking up our visiting colleagues from the airport, with a smile and a grocery run.

You supported us to see the forest through the trees, the bigger picture of what it means to be a colleague and in a team. Your love of archiving and embedding good processes helped create a smoother, more efficient way forward – something we were always grateful for. Whether it was the printer that never worked or research strategies across the Northern Territory, you were there.

You were instrumental to our way of working. Always making us feel valued as part of this team, and as part of this beautiful community we live in.

We miss you.









NTAHF meeting February 2026

NT Aboriginal Health Forum

Steering the partnership that drives Closing the Gap in the NT

The Northern Territory Aboriginal Health Forum (NTAHF) is the Northern Territory's peak partnership for Aboriginal health planning and reform. It brings together Aboriginal community-controlled health services, governments and key stakeholders to coordinate efforts to improve Aboriginal health outcomes, strengthen health systems and advance The National Agreement on Closing the Gap priorities reform areas. Since its establishment in 1998, NTAHF has provided a collaborative forum for strategic planning, policy development and system-wide action across the Aboriginal health sector in the NT.

NTAHF member organisations include:

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Northern Territory Department of Health
- Australian Government Department of Health, Disability and Ageing (First Nations Health Division and Primary Health Division)
- Northern Territory Primary Health Network (NTPHN)
- Northern Territory Department of the Chief Minister and Cabinet, Aboriginal Partnerships and Reform
- National Indigenous Australians Agency (NIAA)
- National Disability Insurance Agency (NDIA)

This year AMSANT's leadership as chair, secretariat and partner of the Forum allowed the community-controlled sector to have a central hand in setting agendas, managing decisions and maintaining collaboration between partners to see genuine partnership and progression on shared goals.

Our most significant contribution was driving the NTAHF Strategic Plan 2026–2030 and annual action plan through to endorsement. AMSANT led the development and refinement of the plan, securing agreement on a shared direction for Aboriginal health in the NT over the next four years. This provides all NTAHF member organisations with targeted priorities to drive its work, while giving our members confidence that the direction reflects their input and priorities.

Alongside the AMSANT Strategy 2025–2028 objectives, we worked to strengthen how NTAHF operates, with clearer governance, more disciplined decision-making and stronger follow-through on the actions partners commit to.

NTAHF plays a key role in improving health outcomes for Aboriginal people which can only be achieved through a commitment to mutual goals, shared decision making and collective action. By taking a leading role in NTAHF's coordination and forward planning, AMSANT remains central to ensuring the whole system stays focused on the needs of our communities and that ACCHSs and Aboriginal leadership and voice are central to efforts on Aboriginal health reform.



Scan the QR code or follow the link to view the NTAHF Strategic Plan

Accelerated Pathways to Community Control

Accelerating community control across the Territory

Accelerated Pathways to Community Control (AP2CC) is one of AMSANT's key strategic priorities and a shared priority of the Northern Territory Aboriginal Health Forum (NTAHF). The program aims to support a more coordinated and sustainable approach to transitioning Northern Territory Government-operated primary health care services to Aboriginal community-controlled health services (ACCHSs) across the NT.

While significant progress towards community control has been achieved over many years, transitions have often been slow, complex and burdensome. There are currently 49 Northern Territory Government-operated primary health clinics that may be eligible for future transition. This year, AMSANT's Strategic Projects Team focused on establishing the foundations needed to support community control at scale and accelerate future transitions.

Working closely with ACCHSs, the Northern Territory Government and the Australian Government, AMSANT led development of the AP2CC Framework. The Framework defines the vision, purpose, role and principles of the program, outlines transition pathway options available to communities, and provides clear guidance on the key stages, activities, decision points, roles and responsibilities involved in transition planning and implementation.

AMSANT also commenced development of supporting guidance materials, tools and templates to assist communities and stakeholders throughout the transition process.

Alongside the Framework AMSANT has commenced work to model the costs associated with individual transitions and estimate the investment required to support future transitions across all of the remaining eligible clinics. This work will help build the evidence base needed for long-term planning, implementation and funding discussions.

Looking ahead, AMSANT will commence work to define health service delivery areas across the Territory and support community engagement to inform future transition planning. Together, these activities will support implementation of the AP2CC Framework and help create a clear, scalable pathway for future transitions from 2027 onwards.



Scan the QR code or fllow the link to read the full article.

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Sector engagement

Sector leadership, governance and strategic influence

Throughout the year, the AMSANT CEO and leadership represented the Aboriginal community-controlled health sector in a range of high-level strategic forums that shape Aboriginal health policy, reform and service delivery across the Northern Territory and Australia. These included participation in the:

- NT Aboriginal Health Forum (NTAHF)
- NT Children and Families Tripartite Forum
- National Health Reform Agreement discussions
- NT Executive Council for Aboriginal Affairs (NTECAA)
- NACCHO CEO Network
- NT Partnership Working Group
- Aboriginal Community Alcohol Responses Advisory Committee (ACARAC)
- Aboriginal Peak Organisations Northern Territory (APONT) Board
- Northern Territory Remote Aboriginal Investment (NTRAI) governance structures
- workforce advisory groups

AMSANT's engagement enabled advocacy for community-controlled priorities, influence on government decision-making, stronger partnerships across jurisdictions and ensuring Aboriginal voices remained central to health system reform. Through these forums, AMSANT contributed to policy development, strategic planning and accountability mechanisms that affect Aboriginal health outcomes across the Territory.



Donna Ah Chee presenting at AADANT Conference June 2026 Image credit: AADANT

Health system reform, clinical governance and digital health

AMSANT maintained a strong presence in health system reform and clinical governance through participation in numerous committees focused on quality improvement, service integration, digital health and evidence-based practice.

Staff contributed to initiatives including the:

- NT Aboriginal Health Key Performance Indicators (NTAHKPI) governance and technical working groups
- NT Continuous Quality Improvement Steering Committee
- Remote Primary Health Care Manual (CARPA) Governance Group
- Health Connect Australia projects, provider directory reforms, digital health collaborations and primary care workforce networks.

AMSANT also provided leadership within specialist clinical networks addressing diabetes, cancer, renal health, rheumatic heart disease, ear health, sexual health, immunisation, syphilis elimination and point-of-care testing. These collaborations supported improvements in service quality, innovation and access to culturally safe healthcare services across remote and urban communities.

Public health and prevention

AMSANT staff participated in a broad range of public health forums focused on prevention, population health and health equity. Key areas of engagement included tobacco control, alcohol and other drugs, climate and environmental health, food security, communicable disease responses, chronic disease prevention and maternal and child health.

Through involvement in national and Territory-level working groups, AMSANT contributed Aboriginal community-controlled expertise to public health planning and implementation, helping to ensure that prevention strategies are evidence-based, culturally responsive and aligned with community priorities.



Donna Ah Chee presents at CLC meeting April 2026

Social and Emotional Wellbeing

AMSANT continued to play a leading role in forums addressing social and emotional wellbeing (SEWB), suicide prevention and community wellbeing. Staff participated in SEWB workforce networks, aftercare programs, suicide prevention initiatives, clinician and coordinator networks, and education and peer support forums across the Territory.

These partnerships strengthened collaboration between services and supported efforts to improve service coordination, workforce capability and culturally safe responses to the social and emotional wellbeing needs of Aboriginal people and communities.

Policy priorities and social determinants of health

AMSANT's Policy, Research and Advocacy team engaged in a wide range of regional, Territory and national networks focused on family and domestic violence, justice reform, alcohol policy, data sovereignty, workforce development and broader social policy issues. This included participation in domestic, family and sexual violence (DFSV) sector forums, regional violence prevention networks, child and family safety working groups, accommodation and support service networks, social policy forums and justice policy partnerships.

Participation in National Aboriginal Community Controlled Health Organisation (NACCHO) communities of practice, policy networks, research collaborations and advocacy groups helped ensure that evidence, community perspectives and Aboriginal leadership informed policy development.

AMSANT also contributed to a number of research partnerships and advisory bodies, supporting the translation of research into practical improvements in health services, policy development and outcomes for Aboriginal people and communities.

Workforce development and sector strengthening

AMSANT supported workforce capability and sector development through engagement in workforce advisory groups, communities of practice, clinician networks and professional development forums. These included the AMSANT Senior Clinicians Network, workforce expert advisory groups, on-country training networks and national workforce development initiatives.

By facilitating knowledge sharing and collaboration across member services, AMSANT helped strengthen the capacity, leadership and sustainability of the Aboriginal Community Controlled Health sector throughout the Northern Territory.

Overall, CEO and staff participation across more than 100 committees, forums, advisory groups, networks and governance bodies reflects AMSANT's role as the peak body for Aboriginal Community Controlled Health Services in the Northern Territory. These engagements ensure the sector's expertise informs health policy, system reform, service delivery, research and workforce development at local, Territory and national levels, ultimately contributing to improved health and wellbeing outcomes for Aboriginal communities.

Member and Sector Support

Public health	26
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Ruby Bethune presenting at 2025 NT CQI Forum



David Thomas TIS education Warddeken



Elder Care Support Workshop



Indigenous Healthcare Worker Trainees in Urapuntja

Public health

The public health team supports AMSANT and member services through public health advice, health system advocacy and sector coordination. We work closely with other AMSANT teams, particularly Health Systems and Policy, Research and Advocacy teams.



Dr Liz Moore
Public Health Manager



AMSANT team members at Youth Week in Maningrida

AMSANT has convened a senior clinician network for several years. This group has now been formalised and is meeting monthly to provide advice on priority clinical and public health issues. Feedback from these discussions is provided to the CEO Network and AMSANT Board to inform advocacy and submissions. Issues discussed this year included nurse prescribing, changes to Medicare, diphtheria, the Patient Assistance Travel Scheme, the Remote Primary Health Care Manuals (CARPA), and retrieval services.

Remote primary health care manuals

The remote primary health care manuals (known often as the CARPA manuals) are now in their eighth edition. The manuals are essential to the functioning of the Aboriginal primary health care system as they provide the legal basis for nurse and Aboriginal Health practitioner prescribing according to CARPA protocols. AMSANT is now a full member of the governance committee for the remote primary health care manuals and is working closely with Therapeutic Guidelines Limited (TGL) as they transition the manuals to a digital format. It is critical that Aboriginal primary health care is supported by up-to-date protocols. A digital format will make it easier to keep the manuals current and accessible across services. However, transitioning to an online manual is complex in an environment where power and internet outages are common, and workforce turnover is high. TGL is working with the governance group and other stakeholders to develop a comprehensive strategy to inform this transition based on input from users of the manuals.

Diphtheria outbreak

A diphtheria outbreak began with isolated cases in Darwin in late 2025 and spread across the NT, into the Anangu Pitjantjatjara Yankunytjatjara Lands (APY) Lands in South Australia and Northern Western Australia. Nearly all cases have occurred among Aboriginal people. It is now Australia's largest outbreak since the 1950s. Diphtheria can be a very serious illness, with hospitalisation being required in around one fifth of cases in this outbreak and ICU treatment in a smaller number. Sadly there has been one death from diphtheria in the NT.

ACCHSs responded quickly to protect communities and played a central role in the clinical and public health response. Key activities included case finding, contact tracing, vaccination, and community education. Services also promoted early presentation to clinics for sore throats and skin sores, which helped to prevent serious and potentially life-threatening presentations of diphtheria.

AMSANT participated in discussions that informed a successful bid for federal funding to support the outbreak response. AMSANT and member services received funding through National Aboriginal Community Controlled Health Organisation (NACCHO) for communication coordination and community education, while the National Critical Care and Trauma Response Centre received funding to provide surge support.

The funding was used to develop television advertisement campaigns promoting vaccination and encouraging people to seek early treatment for sore throats and skin sores.

The outbreak highlighted the ongoing health inequities experienced by Aboriginal communities in the NT. Overcrowded and poorly maintained housing, poverty and a lack of environmental health services are likely to be major drivers of the current diphtheria outbreak and contribute to high rates of other communicable diseases such as rheumatic heart disease and trachoma. Addressing these underlying determinants of health is essential to reduce the communicable disease burden for Aboriginal people and strengthen responses to future outbreaks.

> **"Addressing these underlying determinants of health is essential to reduce the communicable disease burden for Aboriginal people and strengthen responses to future outbreaks.**

Bicillin shortages

Benzathine benzylpenicillin (Bicillin) is an antibiotic which is used in the treatment of bacterial infections including treatment of syphilis and prevention of rheumatic heart disease.

Recurring national shortages of Bicillin became more critical in 2025. This shortage is a significant concern for NT Aboriginal health care given the rising number of people at risk of rheumatic heart disease who require monthly Bicillin injections.

AMSANT worked with NT Health, wholesalers, the Commonwealth and NACCHO to secure ongoing Bicillin supplies for services and advocate for a consistent national supply to treat priority conditions. The situation has improved as an alternative product is now available but critical shortages may continue to occur and emphasise the need for a robust approach to essential drug shortages impacting Northern Australia.

Trachoma

Trachoma is a preventable eye infection that can lead to blindness. In 2026 the World Health Organisation (WHO) declared that Australia had eradicated trachoma. However, there are still many communities in the Central Australia and Katherine regions that have high rates of trachoma. A 3-year federal grant to the NT Government will have a strong focus on reducing those rates and embedding trachoma screening and management into primary health care. There is also likely to be research undertaken in the NT to ascertain the optimal screening method going forward as rates of trachoma decline.

AMSANT convened two workshops with members and Centre for Disease Control (CDC) to discuss trachoma activities and to support ACCHS that wanted to deliver trachoma screening and management. Concerns were raised about the impact of widespread treatment with antibiotics on individuals' health and antibiotic resistance levels. It was also acknowledged that the drivers of trachoma such as overcrowded housing and lack of environmental health services have not been sufficiently addressed. AMSANT will support its members as the trachoma program transitions to a post eradication phase.

Food security

A low-cost essential subsidy has been introduced on 30 food and other essential items in very remote communities across Australia by the Commonwealth government on 1 July 2025. Costs of items are approximately equivalent to those found in urban centres, resulting in significant savings to Aboriginal people. In March 2026 AMSANT advocated through a submission to the review of the Low-Cost Essentials Subsidy Scheme for the list of subsidised items to be expanded to include fresh fruit and vegetables, lean meat and other nutrient-rich foods. AMSANT also suggested more targeted information be provided to boards of stores to increase uptake of this useful scheme. More broadly, there needs to be concerted action to address poverty and food insecurity in Aboriginal communities. Food insecurity contributes to high rates of diabetes by limiting access to affordable, nutritious food. In many communities, the high cost of healthy food means families have to rely on cheaper, highly processed alternatives. As a result, rates of diabetes among both Aboriginal children and adults are among the highest ever detected globally.

ASQ-Trak

Early childhood is a critical period for establishing foundations that enable an individual to achieve their full potential in terms of health, wellbeing and participation in society. The AMSANT public health team undertook a project to explore patterns of Ages and Stages Questionnaire – Talking about Raising Aboriginal Kids (ASQ-TRAK) utilisation by member services, and to identify factors that impact implementation of the tool.

The ASQ-TRAK is the only developmental screening tool which has been culturally adapted and validated for use with Aboriginal children and families.

The key challenges identified were access to ASQ-TRAK training and incorporating developmental screening into busy clinical settings. Innovative approaches to developmental screening were described, including utilisation of community-based teams and establishing dedicated child health programs. This highlighted the enormous capacity of member services to deliver flexible and locally adapted programs.

AMSANT is reviewing project findings and will explore working with the University of Melbourne and others to expand access to the tool.



Pintupi Health Service visit March 2026

> The ASQ-TRAK is the only developmental screening tool which has been culturally adapted and validated for use with Aboriginal children and families.



Ruby Bethune and Elina Christian at Ampilatwatja health centre

Workforce and Leadership Support

The Workforce and Leadership Support (WALS) Program strengthens Aboriginal community-controlled health services across the Northern Territory through workforce development, leadership, education, advocacy, and health promotion.



Rohan Corpus
Manager WALS

The WALS Program has been working diligently to recruit Aboriginal and Torres Strait Islander people into vacant positions across our programs. Workforce recruitment continues to be challenging across multiple disciplines and jurisdictions. Despite this, the WALS team has successfully recruited to several key positions, including roles within the Integrated Team Care and Shared Medical Appointments (ITC/SMA) program, the Indigenous Leadership Initiative, and the Central Australia Elder Care Support (ECS) Coordinator position.

Indigenous Leadership Initiative

With recruitment to the Indigenous Leadership Initiative, the groundwork has been laid for the next phase of this important work. Building on the strong foundations and long-standing relationships Aboriginal Medical Services Alliance Northern Territory (AMSANT) has established with Member Services, the initiative aims to develop leadership pathways that respond to the unique needs, priorities and aspirations of Aboriginal Community Controlled Health Services and communities across the Northern Territory. Grounded in self-determination, the initiative will strengthen leadership capability, support workforce development, and create positive outcomes for individuals, families and communities. Over the coming year, AMSANT will work collaboratively with member services and key stakeholders to co-design a culturally relevant, locally responsive and community-led leadership framework.

Integrated Team Care and Shared Medical Appointments programs

The Integrated Team Care (ITC) and Shared Medical Appointments (SMA) programs are coordinated through a shared workforce model, reflecting the strong alignment and synergy between the two programs. During the financial year, AMSANT strengthened capacity within the programs through the appointment of a Senior Project Officer to support coordination, collaboration and workforce development activities.

Working in partnership with Aboriginal Community Controlled Health Services (ACCHSs) and the Northern Territory Primary Health Network (NT PHN), the ITC and SMA programs support integrated approaches to chronic disease management across the Northern Territory. Throughout the financial year, the programs facilitated Communities of Practice, promoted peer learning and knowledge sharing, supported reporting requirements, and provided implementation support for SMAs.

The Shared Medical Appointments Community of Practice brought together ACCHSs and partner organisations to share implementation experiences, challenges and opportunities. Discussions reinforced that Shared Medical Appointments are most effective when locally designed, culturally responsive and tailored to community needs. Members highlighted the value of outreach, practical activities and flexible delivery models in supporting engagement, strengthening trust, improving access to care and identifying unmet health needs.



Jasmine Feddersen
Senior Project Officer
ITC and SMA

By bringing services together to share experiences, best practice and innovative approaches, the ITC and SMA programs continued to strengthen culturally safe models of care, enhance care coordination, and build workforce capability. These initiatives contribute to improved health outcomes for people living with chronic conditions while reinforcing the value of collaborative partnerships, continuous quality improvement, and shared learning across the Aboriginal community-controlled health sector.

First Nations Health Worker Traineeship Program

The First Nations Health Worker Traineeship Program supports member services across the Northern Territory to strengthen the Aboriginal Health Practitioner and Worker workforce pipeline. The program focuses on recruitment, training progression and retention of trainees. Key activities in the last financial year included the ongoing facilitation of the Student Support Manager Network. The Network provides a platform for shared learning, coordination and strengthened practice in supporting trainees across services.

As part of the program, the team consulted member services to inform the development of the NT Trainee Aboriginal Health Worker and Practitioner Community of Practice. Guided by sector feedback, the Community of Practice will support more consistent, wrap-around approaches to trainee support and help improve completion and employment outcomes.



Top End Tackling Indigenous Smoking

The Top End Tackling Indigenous Smoking (TETIS) team had a successful year, delivering strong health promotion campaigns that used music, sport and community partnerships to share smoke-free messages in culturally engaging ways.

The team's social media campaign expanded, with more local Aboriginal people sharing their empowering personal stories of not smoking and quitting. Social media posts were viewed more than 90,000 times in 2025–26.

In September 2025, the team partnered with Break'n Barrierz to produce the No Bakki music video in Gunbalanya. The video generated strong engagement across communities through targeted social media promotion, and being played at many schools across the Top End and at our TETIS events and education sessions. This helped reinforce smoke-free messages in a creative and culturally relevant way.

Building on this success, the TETIS team travelled to Maningrida in November 2025 for the second Kick the Habit Festival, where a second TETIS television commercial was filmed about protecting people from second-hand smoke. The commercial was shown on Channel 7 throughout the NT outside Darwin during the 2026 AFL season. The TETIS team posted the television commercial on social media, with 16,000 views, 140 interactions, accumulating substantial audience watch time, and further strengthening visibility and impact.

Scan the QR code to view the TETIS No Bakki video

NT Traineeship Program	January 2026 - total enrolments 55	May 2026 - total enrolments 69
ACCHRTOs	0	1
Enrolments ACCHRTOs	0	10
Trainee Completions	7	13
ACCHSs employing trainees	8	10
Enrolments mainstream RTOs	55	59

NT Traineeship Dashboard data supplied by NACCHO and First Nations Health Worker Traineeship Program | Registered Training Organisation (RTO)





AMSANT Elder Care workshop, Alice Springs

Smoking cessation support program

The Smoking cessation support program strengthens smoking cessation efforts in member services through workforce training, educational resources, Nicotine Replacement Therapy (NRT) reimbursement, and a Territory-wide Community of Practice.

AMSANT provided smoking cessation training to staff in member services and at NT Health clinics, sessions covered the harms of smoking, the benefits of quitting, and how to support clients to quit using the ask, advise and help model. AMSANT has also provided more training resources on its website.

AMSANT partnered with Cancer Council Victoria to create evidence-based culturally appropriate patient pamphlets on quitting smoking, smoking during pregnancy, and vaping, for member services.

> **AMSANT partnered with Cancer Council Victoria to create evidence-based culturally appropriate patient pamphlets on quitting smoking, smoking during pregnancy, and vaping, for member services.**

After short-acting NRT was removed from the Pharmaceutical Benefits Scheme (and so no longer free to remote member services), AMSANT developed and commenced a simple new approach to reimburse clinics for these NRT purchases.

Tobacco Control Community of Practice meetings are bringing together 31 participants from ACCHSs, NT Government, academia, and non-government organisations. The meetings supported knowledge sharing, strengthened collaboration, and addressed emerging tobacco control issues, including illicit tobacco and vaping.

AMSANT's Elder Care Support

AMSANT's Elder Care Support (ECS) team continued to work with member services to strengthen the ECS workforce across 12 member organisations in the Northern Territory. The team supports member services through face-to-face training, one-on-one support, group events and advocacy.

At the end of the financial year, AMSANT facilitated the NT Yarning Circle in Alice Springs. Eight participants from Katherine West Health Board, Miwatj Health Aboriginal Corporation, Central Australian Aboriginal Congress, and Urapuntja Health Service attended the three-day event.

The Yarning Circle enabled participants to share experiences, strengthen networks, and engage in meaningful discussions on key issues impacting aged care services. Participants heard from a respected local Elder, whose stories of growing up in Alice Springs and navigating My Aged Care (MAC) highlighted the importance of culturally responsive, accessible aged care support. She shared her experience signing up for MAC services. Her story highlighted the various challenges she faced particularly in accessing gardening support and other barriers that Elders can encounter when navigating services.

The ECS team has also started the process of undertaking a mapping project to identify ECS members, aged care providers, and services available across the Northern Territory. This information will be used to create colour coded maps, identify aged care gaps and provide pathways to advocate for improved aged care services in remote locations.

Environmental Health Our Way (EHOW)

Environmental Health Our Way (EHOW) is a workforce model designed by AMSANT, in partnership with Miwatj Health Service and NT Health.

The model was developed through extensive consultation with Aboriginal and environmental health experts. It aims to test a sustainable approach to growing the Aboriginal environmental health workforce and improving environmental health outcomes across the Northern Territory.

EHOW recognises that local people bring invaluable cultural knowledge, relationships and understanding of community priorities. It combines accredited training in environmental, health, workplace support and technical mentoring to complement and expand these skills. The model also provides practical tools to assist teams to work with communities, health services and local organisations to identify environmental health priorities and coordinate responses to issues affecting health and wellbeing.



Indigenous Healthcare Worker Trainees in Urapuntja

Indigenous Healthcare Worker Traineeship Program

The Indigenous Health Workforce Traineeship Program (IHWT) supports Aboriginal and Torres Strait Islander people to build skills and qualifications through education and vocational training. The program offers Certificate II and Certificate III pathways, helping to grow and strengthen the Aboriginal health workforce.

AMSANT has engaged three Registered Training Organisations (RTOs) to deliver Primary Health Care training. Importantly, two of these flexible RTOs are providing On-Country training, directly responding to requests from member services and students for training that is accessible, culturally appropriate and delivered within their communities.

We are particularly proud of the commencement of five separate cohorts, with more than 30 students commencing training across both rural and remote locations. Participating communities and services include

- Laynhapuy Homelands Aboriginal Corporation,
- Miwatj Health Aboriginal Corporation,
- Marthakal Homelands Health Service,
- Mala'la Health Service Aboriginal Corporation,
- Urapuntja Health Service Aboriginal Corporation and
- Central Australian Aboriginal Congress.

The flexible and responsive approach to training delivery is expected to contribute to our strongest number of completions and cohort graduates to date. The extensive negotiations and collaboration with RTOs and member services to establish on-country delivery have created a model that reduces barriers to participation while strengthening local workforce capability.

Ultimately, the IHWT initiative demonstrates the value of working alongside member services to design and deliver training in a way that responds to local needs, supports workforce development and strengthens self-determination.

> **Importantly, two of these flexible RTOs are providing on-country training, directly responding to requests from member services and students for training that is accessible, culturally appropriate and delivered within their communities.**

Social and Emotional Wellbeing

AMSANT's Social and Emotional Wellbeing (SEWB) team supports the Aboriginal Community Controlled Health sector through workforce training and delivering suicide postvention and prevention programs. The team is also involved in several projects tailored to the needs of AMSANT member services to strengthen community-led approaches in social and emotional wellbeing.



Tessa Stockburger
SEWB Manager

Workforce development and support unit

AMSANT's Workforce development and support unit (WDSU) provides comprehensive training, workshops, forums, and holistic support to health and alcohol and other drugs (AOD) workers throughout the NT. The team offers a range of training workshops, including:

- Culturally Responsive Trauma-Informed Practice (CRTIP)
- Aboriginal and Torres Strait Islander Mental Health First Aid (ATSIMHFA)
- Narrative Practice
- SEWB Self-Care
- Case Notes and Case Management

In the last financial year, WDSU delivered face to face training to 368 participants and online training to 110 participants. The programs equip health workers with essential knowledge and skills that are culturally responsive and sensitive to the needs of Aboriginal and Torres Strait Islander communities.

> **The programs equip health workers with essential knowledge and skills that are culturally responsive and sensitive to the needs of Aboriginal and Torres Strait Islander communities.**

Workforce development and support unit training delivered

10 online sessions | **110** online participants

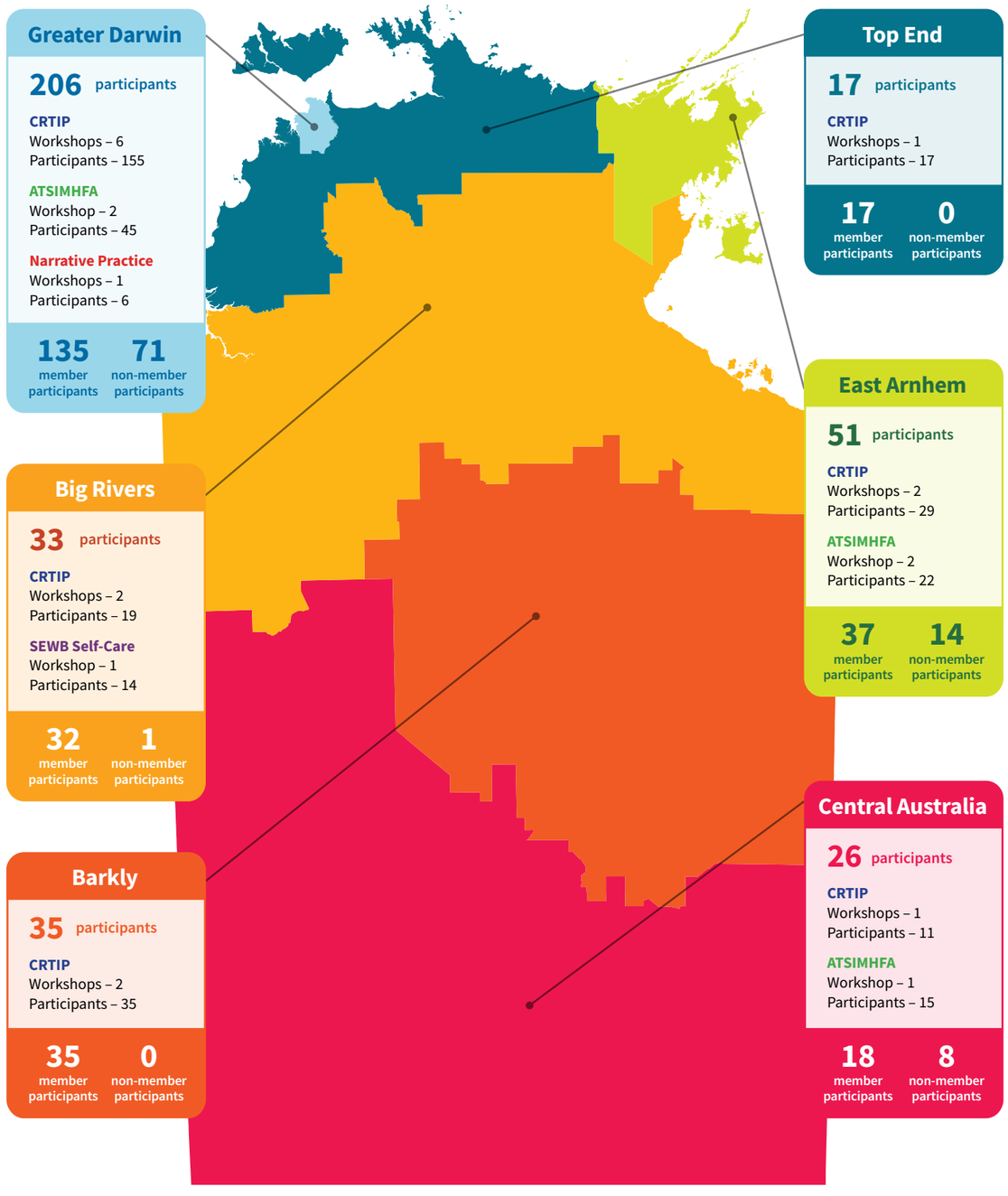
31 activities delivered

368 workshop participants

274 member participants | **94** non-member participants

Workforce development unit service delivery

(Training delivered between 1 July 2025 and 30 June 2026)





Sarah Haythornthwaite
AMSANT Clinical Psychologist and Supervisor



2025 National Culture Care Connect Summit Darwin



George Brown Botanical Gardens – May 2026 – Official Launch of the Healing Together – Strengthening Culturally Responsive Postvention Support workshop

Clinical supervision at AMSANT

Clinical supervision gives our workforce a safe space to reflect, build confidence and navigate complex situations. During the 2025–26 financial year, AMSANT provided 111 hours of free clinical supervision across seven member services, helping strengthen and sustain Aboriginal community-controlled health services.

Suicide Prevention and Postvention across the NT

Over the past year, AMSANT's Social and Emotional Wellbeing (SEWB) Suicide Prevention and Postvention programs have continued to strengthen culturally responsive support for Aboriginal communities across the Northern Territory.

Through strong, genuine partnerships, workforce development and Aboriginal-led initiatives, the team has built capacity, shared knowledge and supported communities to respond to suicide with culture, connection and healing at the centre.

Suicide rates among Aboriginal and Torres Strait Islander peoples are disproportionately higher. This reaffirms the urgent need for community-led, culturally responsive suicide prevention and postvention responses and support. While communities demonstrate enduring strength and resilience, many continue to navigate the impacts of intergenerational trauma, social inequity, grief, stigma, racism, and limited or no access to culturally safe social and emotional wellbeing supports.

Northern Territory Suicide rates

Aboriginal and Torres Strait Islander vs Non-Indigenous Territorians

Aboriginal and Torres Strait Islander people continue to experience suicide at a significantly higher rate than non-Indigenous Territorians.

SUICIDE RATE (AGE-STANDARDISED) NORTHERN TERRITORY, 2024

Deaths per 100,000 population

24.9
Aboriginal and Torres Strait Islander people

16.3
Non-Indigenous Territorians

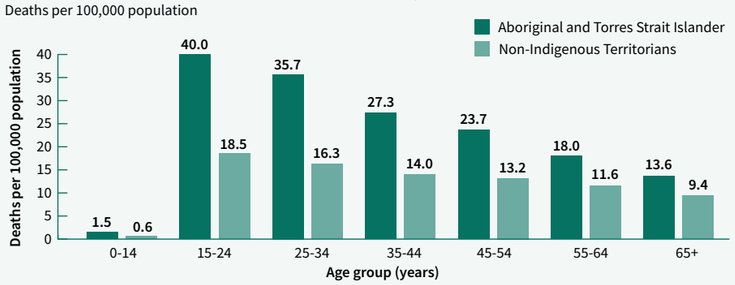
The suicide rate for Aboriginal and Torres Strait Islander people was

1.5
TIMES HIGHER

than for non-Indigenous Territorians in 2024.

SUICIDE RATES BY AGE GROUP AND INDIGENEITY, 2024

Deaths per 100,000 population



NORTHERN TERRITORY SUICIDE RATES OVER TIME

Deaths per 100,000 population

Data year	NT Aboriginal and Torres Strait Islander Rate (per 100,000 population)	NT non-Indigenous Rate (per 100,000 population)
2024	24.9	16.3
2023	30.2	12.5
2022	35.4	13.5

Source: Australian Institute of Health and Welfare (AIHW) 2024. National Suicide and Self-Harm Monitoring – Indigenous Data 2022.

Healing Together: Strengthening Culturally Responsive Postvention Support

This year marked significant milestones for the AMSANT and StandBy NT partnership. Guided by collaboration, cultural integrity and strong Aboriginal leadership, the program continues to support organisations and communities to respond to suicide loss in ways that promote healing, strengthen local capability and reduce further harm.

Official Workshop Launch

Their Healing Together – Strengthening Culturally Responsive Postvention Support workshop was officially launched at the 2026 AMSANT SEWB, AOD and Workforce Forum, where participants completed a one-day introduction to the comprehensive three-day workshop. Participant feedback reinforced the importance of accessible, culturally safe postvention training and resources for the Northern Territory workforce.

National recognition

Finalists in the 'Community in Action' category at both the Northern Territory and National LiFE Awards, recognising the strength of the AMSANT and StandBy NT partnership.



Dana McDonald (AMSANT SEWB), Kellene Lambert (StandBy NT) at the NT LiFE Awards – March 2026



Chloe Wright, Kellene Lambert (StandBy NT), and Dana McDonald (AMSANT SEWB) at the 2026 Suicide Prevention Australia National Conference and LiFE Awards, held in Sydney, NSW – April 2026



Dana McDonald (AMSANT SEWB) and Kellene Lambert (StandBy NT) at the National Indigenous Mental Health and Suicide Prevention Conference in Adelaide, SA – March 2026

NASPETP F2F partnership meeting held in Perth February 2026 – Melissa Puertollano (KAMS), Thomas Quayle (NACCHO), Danielle Sharples (AMSANT), Theresa Paterson (on screen/ AMSANT), Kesi-Maree Prior (PAHA), Monica Barolits-McCabe (NACCHO), Erica Thompson (PAHA), William Hunter (KAMS), Kathryn Dwan (front/ NACCHO)



Group workshop photo of participants and facilitators in front of the 'Fire Chart'. Suicide Story Facilitators: Valerie Tambling, Raymond Campbell, Chuna Lowah and Frank Curtis

Sharing knowledge nationally

AMSANT SEWB Postvention Member Support Coordinator Dana McDonald and StandBy NT Regional Manager Kellene Lambert presented at the National Culture Care Connect Summit on Larrakia Country (Darwin) in September 2025 and the National Indigenous Mental Health and Suicide Prevention Conference on Kaurna Country (Adelaide) in March 2026, generating strong interest from organisations across Australia, highlighting the growing demand for culturally responsive, Aboriginal-led postvention approaches.

Supporting Aboriginal-led suicide prevention across Northern Australia

The Northern Australia Suicide Prevention Education and Training Project (NASPETP) continued to make significant progress through strong collaboration between Aboriginal Community Controlled Health Services across Northern Australia.

Working together, partners have co-designed an Aboriginal-led suicide prevention education and training framework that strengthens workforce capability and supports communities to respond to suicide in culturally safe and locally relevant ways.

This collaborative partnership reflects a shared commitment to strengthening the Aboriginal and Torres Strait Islander workforce and building a coordinated, culturally informed approach to suicide prevention across Northern Australia.

> **Working together, partners have co-designed an Aboriginal-led suicide prevention education and training framework that strengthens workforce capability and supports communities to respond to suicide in culturally safe and locally relevant ways.**

Suicide Story Program – (2021–2026)

The Suicide Story Program is a culturally grounded suicide prevention initiative developed by and for Aboriginal people in the Northern Territory. For more than a decade, it has supported communities by sharing knowledge and practical tools that empower individuals and communities to recognise early warning signs, build confidence to have difficult conversations, and provide meaningful support before a person reaches crisis point.

This year also marks the conclusion of a valued five-year partnership with the Suicide Story Aboriginal Advisory Group (SSAAG). AMSANT extends its sincere gratitude to the SSAAG members for their leadership, cultural guidance and unwavering commitment to suicide prevention across the Northern Territory. Their lived experience, wisdom and advocacy have been instrumental in shaping the Suicide Story Program and strengthening community-led approaches to social and emotional wellbeing, leaving a lasting legacy that will continue to inform and support future generations.



Dana McDonald (AMSANT SEWB), Charity Weymouth and Kellene Lambert (StandBy NT) at Culture Care Connect Summit – September 2025





'Fire Chart' – participants place themselves 'close to the fire' on the 'Fire Chart' to show their strength and confidence to help and support friends, family, and community



Facilitator Raymond Campbell works with participants to create their Community Response Plan. This activity encourages groups to map out local services, support networks, and key people in their area who can be accessed during times of need. The process builds awareness of available resources and strengthens community readiness to respond to challenges

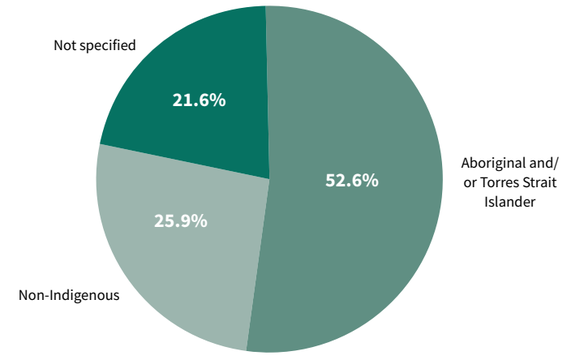
Social and Emotional Wellbeing and Alcohol and Other Drugs Workforce Forum 2026

The Social and Emotional Wellbeing (SEWB) and Alcohol and Other Drugs (AOD) Workforce Forum 2026 brought together the Northern Territory SEWB and AOD workforce for two days of connection, learning, reflection, and collaboration. Taking place on 26–27 May 2026 at the Botanical Gardens Darwin, the forum welcomed participants from Aboriginal Community Controlled Health Organisations and community organisations across the Territory.

Thirty-one presenters showcased the outstanding work being undertaken across the SEWB and AOD sectors, highlighting innovative practice, community-led initiatives, lived experience perspectives, and emerging approaches to care. The two-day Forum showcased the strength, resilience, and commitment of the workforce and the positive impact of culturally safe, community-driven responses in supporting Aboriginal and Torres Strait Islander social and emotional wellbeing.

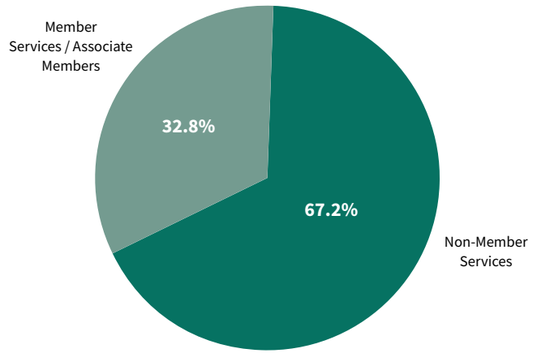
As AMSANT's flagship annual workforce development event, the Forum provided a valuable opportunity to strengthen partnerships, share knowledge and experiences, and reflect on the challenges and opportunities shaping the sector. It reinforced a collective commitment to continuous learning, innovation, and supporting the ongoing growth and development of the SEWB and AOD workforce across the Northern Territory.

Attendees who identified as Aboriginal and/or Torres Strait Islander



Attendees representing member services

Member service representation for 116 participants





Health Systems

The Aboriginal Medical Services Alliance Northern Territory's (AMSANT) Health Systems team works alongside our members to strengthen culturally safe and comprehensive primary health care.



Dr. David Reeve
Health Systems Manager



Alana Liedloff, Katrina Lloyd, Maryanne Lewis, Dave Reeve, Lily Trinh, Linda da Costa, Jade Hansen, Sharon Manhire, Congqi Liu, Susan Clarke, Janelle Peters, Katherine Zippel, Natasha Sealy, Anna Coleman, Shaira Noa, Stacy Cox, Richie Garcia

Ear Health Coordination Program

AMSANT's ear health coordinators support members to strengthen prevention, early detection, diagnosis and treatment of ear disease, and to improve access to ear and hearing health care in communities. With ear disease and preventable hearing loss remaining significant health concerns, the program also contributes to efforts to close the gap in health outcomes between Indigenous and non-Indigenous Australians. In the 2025–26 financial year, the program continued to support improved access to ear and hearing health care, contributed to sector-wide resourcing, planning and reform activities, and provided targeted support to health services.

The Ear Health Coordination Program directly supports AMSANT members with service delivery planning, clinical skills training, equipment access, Communicare use, Medicare claiming processes and guidance on local ear and hearing care pathways.

Workforce training remained a major focus. The Ear Health in Our Hands workshop brought together more than 40 participants over three days to explore models of care, best practice and practical skills in otoscopy and tympanometry, with 22 participants completing accredited ear irrigation training. The program also strengthened its partnership with Ear Train, with 69 participants undertaking ear and hearing health training in the first half of 2026.



Filming a training video in partnership with Ampilatwatja Health Service on how to safely perform otoscopy

The program continued to contribute to national advocacy for improved ear and hearing health outcomes for Aboriginal communities, participating in:

- the National Aboriginal Community Controlled Health Organisation (NACCHO) Ear and Hearing Health Community of Practice,
- the Technical Advisory Group for the Otitis Media Guidelines,
- contributed to ongoing advocacy for dedicated ear and hearing health funding within the Aboriginal community-controlled health sector,
- represented AMSANT at interstate forums and conferences.

A key highlight was presenting improvements to Communicare at Western Australia's Ear and Hearing Health Forum, supporting visiting specialists to record findings directly in the clinical information system.

Blood Borne Viruses and Sexually Transmissible Infections (BBVSTI) Program

Throughout the year, AMSANT's sexual health coordinator supported Aboriginal Community Controlled Health Services (ACCHS) across the NT to deliver comprehensive sexual health programs in response to high rates of blood borne viruses (BBVs), sexually transmitted infections (STIs) and ongoing syphilis notifications. Working closely with member services, NT Health, non-government organisations, NACCHO and national partners, AMSANT advocated for culturally safe care, with a focus on stronger syphilis responses for people over 40 years of age.

A major focus was continued advocacy for the community-controlled sector in the NT syphilis response.

This included contributing to syphilis Incident Management Team meetings, the Sexual Health Advisory Committee, harm reduction forums, congenital syphilis discussions, national roundtables and comprehensive sexual health education in NT schools.

The new syphilis plan, developed with NT Health and ACCHSs, was launched in June 2026. Learnings from NT ACCHSs informed early syphilis planning, with services already leading enhanced responses soon after the outbreak was recognised.

Member support remained core business through regular contact with NT ACCHSs, clinical guidance, regional STI and BBV planning, staff induction support, onsite education and stronger networks between sexual health workers. A successful screening program was also delivered alongside Maningrida's annual Youth Week, with strong community participation and support from local organisations, volunteers, AMSANT clinicians and NT Health.

Workforce development was strengthened through member-wide education, specialist training, the NACCHO annual sexual health workshop in Darwin and advocacy for financial assistance to support NT ACCHS attendance. The AMSANT NT ACCHS sexual health workshop showed strong engagement and reinforced the value of practical training shaped around workforce needs.

Systems improvement also progressed, with the Centralised Clinical Items Project in its final stages for installation in Communicare to support consistent practice, better data collection and continuous quality improvement.



Barbara Molanus at 2025 NT CQI Forum

Medicare and MBS optimisation

AMSANT's Optimal Utilisation of the Medicare Benefits Schedule (MBS) Program supported Aboriginal Community Controlled Health Services to strengthen Medicare claiming practices and maximise available revenue. The program provided practical advice, training, resources and tailored assistance to Medicare and practice administration staff across the Northern Territory.

A key achievement was the establishment of the NT Medicare Community of Practice, which brought member services together each month to share knowledge, discuss emerging issues and receive updates from AMSANT, Services Australia and other stakeholders.

AMSANT held its first Medicare workshop in May 2026, welcoming attendees from ACCHSs across the NT in Medicare, administration and clinical roles. Participants found the workshop highly valuable for learning, knowledge sharing and networking, and appreciated its interactive, interdisciplinary approach.

Presentations from a wide range of experts including NTPHN, Services Australia and AMSANT's Policy, and CQI team, encouraged best-practice Medicare billing and MBS item utilisation, and provided attendees with policy and advocacy updates.



Syphilis Action Plan Launch. Image credit: NT Health





Medicare workshop
Darwin May 2026



2025 NT
CQI Forum

Digital Health: strengthening capability, connection and clinical communication

During the 2025–26 financial year AMSANT's Digital Health team continued to support member services to strengthen their use of digital systems and improve clinical communication across the Northern Territory.

In September 2025, AMSANT held its annual Digital Health Forum in Alice Springs, with strong representation from member services and key digital health partners. The forum provided practical updates on Communicare, Medicare billing, healthcare identifiers, the Acacia rollout, secure messaging, provider directories, telehealth and national digital health initiatives.

Participants shared practical insights from their use of digital health systems and discussed ways to improve operability, technical support, system upgrade communications, access to real-time reporting and dashboards, and workforce digital health training.

The forum also highlighted the importance of Indigenous Data Sovereignty, cultural safety and involving ACCHOs and frontline staff in the design of digital health systems.

The inaugural Communicare superuser workshop was another highlight, held over three days in Darwin in April 2026. The workshop brought together around 10 participants from member services for an intensive, practical learning experience led by the highly regarded trainer Deb Gent. Participants explored the more detailed functions of Communicare, shared approaches from their own services and built confidence in applying the system to support quality care.

To support more accurate service information, stronger referral pathways and better communication between healthcare providers, AMSANT partnered with NT Health and the Northern Territory Primary Health Network (NT PHN) on the Health Connect Australia Provider Directory pilot project. The national initiative aims to establish a trusted and centralised directory of repository for healthcare provider and service information. Through this partnership, AMSANT and NT PHN registered health services in Provider Connect Australia so accurate service details can populate the Directory.



Communicare
superuser workshop
Darwin April 2026

> **The forum also highlighted the importance of Indigenous Data Sovereignty, cultural safety and involving ACCHOs and frontline staff in the design of digital health systems.**

Continuous Quality Improvement Program

During the year, the AMSANT Continuous Quality Improvement (CQI) Program strengthened quality improvement capability across Northern Territory Aboriginal Community Controlled Health Services by bringing together clinicians, managers and quality leaders to share knowledge, build skills and improve primary health care delivery.

A major highlight was the 2025 Northern Territory CQI Collaborative, held in Alice Springs under the theme *Fresh Foundations in CQI: Refocusing on Comprehensive Primary Health*. The event brought together participants from across the Territory and interstate to share CQI initiatives, practical tools and evidence-based approaches for improving primary health care in the Aboriginal Community Controlled Health sector.

Presentations and workshops covered topics including chronic disease management, nutrition, recall systems, rheumatic heart disease, sexual health, accreditation, Indigenous Data Sovereignty, consumer engagement and workforce development.



Que Kenny
at 2025 NT
CQI Forum

The CQI Program also delivered the Big Rivers CQI Forum which brought together health professionals to strengthen Medicare claiming processes, improve health check delivery and identify practical strategies to enhance service performance. Participants shared experiences, learned from successful initiatives and applied quality improvement methods to local priorities.

Recognising the importance of health in early life, the CQI Program delivered maternal and child health (MCH) CQI Forums in Alice Springs and Tennant Creek. These workshops focused on improving MCH services through enhanced child health checks, immunisation practices, Medicare workflows and continuous quality improvement methodologies. The forums encouraged collaboration between services, strengthened clinical capability and supported consistent approaches to preventive care across Central Australia and the Barkly region.

To help services embed continuous improvement into routine practice, the program also developed and released a comprehensive CQI Toolkit and Guide, providing practical templates, step-by-step guidance and accessible resources based on the Plan-Do-Study-Act (PDSA) methodology.



Cancer Workshop for the NT ACCHO cancer workforce Darwin May 2026

Cancer Program

AMSANT's cancer program continued to work on strengthening cancer prevention, screening and cancer care across the Northern Territory Aboriginal Community Controlled Health Organisation (NT ACCHO) sector by building and brokering partnerships, advocacy, and providing site visits, workforce mentoring and implementation assistance for the new NT ACCHO cancer workforce.

To provide targeted support AMSANT established the NT ACCHO Cancer Community of Practice, creating an opportunity for the new cancer workforce to connect, share experiences, identify service needs, share resources and collaborate to address barriers to cancer care.

In May AMSANT partnered with the Alan Walker Cancer Care Centre at Royal Darwin Hospital to deliver a 2-day Cancer Workshop for the NT ACCHO cancer workforce. The workshop aimed to strengthen participants' understanding of the cancer care journey, treatment options and palliative care, and strengthen relationships between ACCHO staff and the specialist cancer services.

AMSANT played a significant role in supporting the implementation of the National Lung Cancer Screening Program (NLCSP) across the NT. Activities included development of NT-specific training resources, supporting the workforce with training, Communicare system guidance and implementation support. These activities contributed to improved workforce readiness and strengthened local capacity to support clients participating in the new screening program.

AMSANT contributed to key Territory and national cancer stakeholder groups, including the NT Cancer Network, the NT Cervical Cancer Elimination Steering Committee and NACCHO-led forums and Communities of Practice. This work strengthened partnerships with member services, NACCHO, Cancer Australia, NT Screening, specialist oncology providers and other stakeholders, supporting better coordination across the cancer care continuum and ensuring NT ACCHO perspectives inform culturally safe, Aboriginal-led cancer policy, planning and quality improvement.

> **These activities contributed to improved workforce readiness and strengthened local capacity to support clients participating in the new screening program.**



Cancer Workshop for the NT ACCHO cancer workforce May 2026, Darwin

Strong Feet Program

The Strong Feet Program improved the prevention and management of diabetes-related foot complications across the Top End, East Arnhem and Big Rivers regions. Delivered in partnership with ACCHOs, NT Health and specialist tertiary services, the program strengthens access to high-quality, culturally safe foot care, improves referral pathways and supports consistent diabetes foot screening and management practices to help reduce avoidable foot complications and amputations.

The program also delivered significant system improvements by embedding a standardised diabetes foot screening tool into the Communicare clinical information system. Updated referral pathways, practical offloading resources and clinical support tools have further strengthened the early identification and management of diabetes-related foot complications while supporting greater consistency in care.

Building workforce capability remained a key priority, with webinars, practical workshops, virtual reality training and hands-on education delivered to clinicians across remote and regional communities. As part of this work, AMSANT presented workshops on practical foot care at the 2025 Northern Territory CQI Collaborative and progressed development of an accredited Podiatry Skill Set to expand the skills of the Aboriginal health workforce and improve long-term access to culturally appropriate foot care.



Foot care workshop 2025 NT CQI Forum

Community awareness around diabetes foot health was strengthened through Diabetes Feet Day, the launch of the Keeping our Feet Healthy and Connected to Country health promotion campaign, and the co-design of culturally appropriate educational resources with Aboriginal artists and member services. Together, these initiatives have increased awareness of diabetes foot health, promoted regular foot screening and strengthened the capacity of health services and communities to prevent avoidable diabetes-related foot complications.

> **The Strong Feet Program improved the prevention and management of diabetes-related foot complications across the Top End, East Arnhem and Big Rivers regions.**



Foot care workshop 2025 NT CQI Forum

Financial report

For the year ended 30 June 2026

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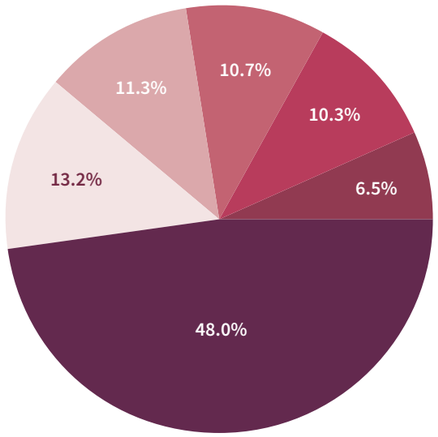


Kintor Clinic Pintupi Health Service visit March 2026

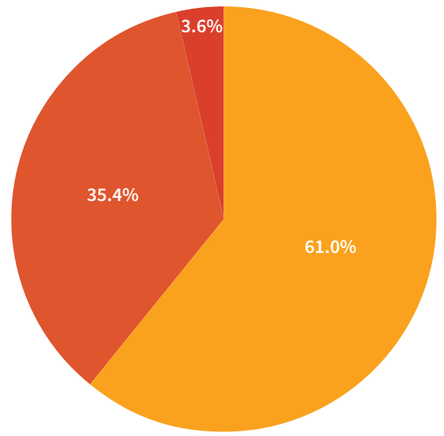
AMSANT Financial Summary

Financial report for the year ended 30 June 2026

Revenue Breakdown



Expense Breakdown



Total Revenue	$15,343,492
NACCHO Grants	$7,360,322
Commonwealth Government Grants	$2,027,716
NT Government Grants	$1,741,001
Other Grants	$1,638,045
NT PHN Grants	$1,582,695
Other Income	$993,713

Total Expenses	$13,505,328
Employee expenses	$8,231,787
Other Costs	$4,781,759
Depreciation expenses	$491,782

Director's report

For the year ended 30 June 2026

The Directors present their report together with the financial report of the Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation for the financial year ended 30 June 2026.

Directors

The following persons were directors of the Corporation during the whole of the financial year and up to the date of this report.

Director Name	Position	Duration
Rob McPhee	Chair	2/03/2022 to current
Ebony Abbott-McCormack	Deputy Chair	10/02/2026 to current
David Galvin	Independent Director	2/06/2017 to current
Jeanette Ward	Independent Director	1/06/2017 to current
Donna Ah Chee	Director	26/06/2015 to 22/02/2026
Giselle Barku	Director	8/11/2023 to current
Steve Rossingh	Director	2/03/2022 to 09/05/2026
Anne-Marie Lee	Director	2/03/2022 to current
Sinon Cooney	Director	10/11/2020 to current
Charlie Gunabarra	Director	8/11/2023 to current
Ross Jakamarra Williams	Director	6/11/2024 to 04/11/2025
Janelle Collins	Director	10/02/2026 to current

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

Meetings of Directors

The number of meetings of the Corporation's Board of Directors held during the year ended 30 June 2026 and the number of meetings attended by each Director were:

Director Name	Number of Meetings Eligible to Attend	Number of Meetings Attended
Donna Ah Chee	3	2
Rob McPhee	4	4
Giselle Barku	4	4
Steve Rossingh	3	3
Anne-Marie Lee	4	4
Sinon Cooney	4	4
Charlie Gunabarra	4	4
David Galvin	4	3
Jeanette Ward	4	4
Ross Jakamarra Williams	1	0
Ebony Abbott-McCormack	2	2
Janelle Collins	2	2

Principal Activities

The principal activities of the Corporation during the financial year were:

- Serving as a peak body and a forum for the Aboriginal Medical Services in the Northern Territory;
- Supporting Aboriginal Community Controlled Health Services (AMSANT) Members to deliver culturally safe, high quality comprehensive primary health care that supports action on the social determinants of health; and
- Representing AMSANT Members' views and aspirations through advocacy, policy, planning and research.

No significant changes in the nature of these activities occurred during the financial year.

Significant Changes

No significant changes in the Corporation's state of affairs occurred during the financial year.

Future Developments

There are no future developments known or planned, which require specific disclosure.

Operating Result

The Corporation reported a profit for the year of $1,838,164 (2025: loss of $4,684,378).

The 2025 result comprised an underlying surplus of $686,154 and a net income and expenditure adjustment of ($5,370,532) arising from the accounting treatment of contract liabilities for unspent grant funding. This resulted in a total loss of $4,346,316 for 2025.

The contract-liability adjustment was non-cash and reflected the recognition and release of unspent grant funding in line with the relevant funding obligations and refund terms.

At 30 June 2026, contract liabilities totalled $5,519,976 (2025: $6,719,785), including $4,346,316 (2025: $5,370,532) of unspent grant funding for grant-funded programmes and $35,055 (2025: $240,648) of unspent grants to be repaid. Refer to Note 10 to the financial report.

Performance Measures

The Corporation monitors both financial and operational performance using a range of quantitative and qualitative benchmarks. Financial performance is assessed through measures such as budget-to-actual results, cash flow adequacy, and the level of unspent grant funds. Operational performance is evaluated through program delivery outcomes and compliance with funding obligations.

Events Subsequent to the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation in future financial years (2025 : Nil).

Likely Developments and Expected Results of Operations

Subject to the continued support of the Government and other donor funding, the Board intends to maintain and further strengthen the Corporation's role in supporting Aboriginal community-controlled health services across the Northern Territory.

The Corporation expects to remain financially sustainable while continuing to strengthen sector capacity and outcomes for its member services.

There are no significant future developments known or planned that require specific disclosure.

Environmental Regulation

The Corporation's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Indemnification of Officers

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Corporation.

Proceedings on Behalf of Corporation

No person has applied for leave of court to bring proceedings on behalf of the Corporation or intervene in any proceedings to which the Corporation is a party for the purpose of taking responsibility on behalf of the Corporation for all or any part of those proceedings. The Corporation was not a party to any such proceedings during the year.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2026 has been received and can be found on page 53 of this annual report.

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

Director

Rob McPhee, Chair
21 October 2026

Director

Ebony Abbott-McCormack, Deputy Chair
21 October 2026

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AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 339-50 OF THE CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2006 AND UNDER SUBDIVISION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012

TO THE DIRECTORS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2026 there have been no contraventions of:

(i) the auditor independence requirements as set out in *the Corporations (Aboriginal and Torres Strait Islander) Act 2006* and section 60-40 *Australian Charities Not-for-profits Commission Act 2012*, in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

Nexia Edwards Marshall NT
Chartered Accountants

Noel Clifford
Partner

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Darwin, Northern Territory
Dated: 27 October 2026

Advisory. Tax. Audit.

Nexia Edwards Marshall NT (ABN 74 414 259 116) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see www.nexia.com.au/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited by a scheme approved under Professional Standards Legislation.

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2026

	Note	2026 $	2025 $
REVENUE			
Grant Income	2(a)	14,349,779	12,798,774
Other Income	2(b)	993,713	629,743
Total Revenue		**15,343,492**	**13,428,517**
EXPENSES			
Auditor's Remuneration	3(a)	36,100	52,513
Consultants and Contractors		957,420	1,577,273
Depreciation Expense	3(b)	491,782	484,223
Employee and Personnel Benefit Expenses	3(c)	8,231,787	7,407,164
Finance Expenses	3(d)	87,470	119,352
Information, Communication and Technology Costs		483,812	281,123
Legal Fees		10,138	19,527
Motor Vehicle Expenses		39,737	43,338
Operation Expenses		701,496	392,541
Project Expenses		1,681,200	1,244,407
Rental and Hire Charges	3(e)	5,317	40,784
Travel Expenses		779,069	1,080,118
Total Expenses		**13,505,328**	**12,742,363**
RECOGNITION OF CONTRACT LIABILITIES:			
Being Unspent Grant Funding Previously Taken to Revenue:			
Unspent grant funds - Contracts finishing less than 12 months and refundable		-	(4,286,571)
Contract Liabilities - Unspent grant funding obligations		-	(1,083,961)
Total Recognition of Contract Liabilities		**-**	**(5,370,532)**
Net Profit (Loss)		**1,838,164**	**(4,684,378)**
Other Comprehensive Income		**-**	**-**
Total Comprehensive Income (Loss) for the year		**1,838,164**	**(4,684,378)**
PROFIT (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		**1,838,164**	**(4,684,378)**
TOTAL COMPREHENSIVE INCOME (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		**1,838,164**	**(4,684,378)**

The accompanying notes form part of these financial statements.

Statement of financial position

As at 30 June 2026

	Note	2026 $	2025 $
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	4	12,879,075	12,312,676
Trade and Other Receivables	5	85,854	69,868
Other Current Assets	6	241,265	218,927
TOTAL CURRENT ASSETS		**13,206,194**	**12,601,471**
NON-CURRENT ASSETS			
Property, Plant and Equipment	7	248,450	319,209
Right of Use Assets	8	954,760	1,376,458
TOTAL NON-CURRENT ASSETS		**1,203,210**	**1,695,667**
TOTAL ASSETS		**14,409,404**	**14,297,138**
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	1,335,599	1,298,769
Contract Liabilities	10	5,519,976	6,719,785
Lease Liabilities	11	420,835	401,473
Employee Provisions	12	714,172	893,151
TOTAL CURRENT LIABILITIES		**7,990,582**	**9,313,178**
NON-CURRENT LIABILITIES			
Lease Liabilities	11	651,860	1,092,914
Employee Provisions	12	158,906	121,154
TOTAL NON-CURRENT LIABILITIES		**810,766**	**1,214,068**
TOTAL LIABILITIES		**8,801,348**	**10,527,246**
NET ASSETS		**5,608,056**	**3,769,892**
EQUITY			
Retained Surplus		5,608,056	3,769,892
TOTAL EQUITY		**5,608,056**	**3,769,892**

The accompanying notes form part of these financial statements.

Statement of changes in equity

For year ended 30 June 2026

	Retained Surplus $	Total Equity $
Balance at 1 July 2024	8,454,270	8,454,270
Comprehensive income:		
Net loss for the year	(4,684,378)	(4,684,378)
Other comprehensive income for the year	-	-
Total comprehensive income/ (loss) attributable to Members of the Corporation for the year	(4,684,378)	(4,684,378)
Balance at 30 June 2025	3,769,892	3,769,892
Balance at 1 July 2025	3,769,892	3,769,892
Comprehensive income:		
Net profit for the year	1,838,164	1,838,164
Other comprehensive income for the year	-	-
Total comprehensive income attributable to Members of the Corporation for the year	1,838,164	1,838,164
Balance at 30 June 2026	5,608,056	5,608,056

The accompanying notes form part of these financial statements.

Statement of cash flows

For year ended 30 June 2026

	Note	2026 $	2025 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of Commonwealth, Territory and Other grants		13,149,970	14,148,027
Other receipts		617,069	334,349
Interest received		320,658	394,714
Payments to suppliers and employees		(13,053,174)	(14,337,911)
Net cash provided by operating activities	**16**	**1,034,523**	**539,179**
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		40,000	87,805
Payment for property, plant and equipment		(27,287)	(305,199)
Net cash provided by (used in) investing activities		**12,713**	**(217,394)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments for lease liabilities		(480,837)	(483,470)
Net cash used in financing activities		**(480,837)**	**(483,470)**
Net increase (decrease) in cash held		566,399	(161,685)
Cash and cash equivalents at beginning of the financial year		12,312,676	12,474,361
Cash and cash equivalents at end of the financial year	**4, 16**	**12,879,075**	**12,312,676**

The accompanying notes form part of these financial statements.

Notes to the financial report

For year ended 30 June 2026

Note 1 Material Accounting Policy Information

The financial statements cover Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation is operating pursuant to the Corporations *(Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) and the *Australian Charities and Not for Profits Commission Act 2012* (ACNC Act).

The financial statements were authorised for issue on 21 October 2026 by the Directors of the Corporation.

STATEMENT OF COMPLIANCE

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures of the Australian Accounting Standards Board (AASB), the CATS/ Act 2006 and the Australian Charities and Not-for-profits Commission Act 2012. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

BASIS OF PREPARATION

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements are in Australian Dollars and have been rounded to the nearest dollar.

CRITICAL ACCOUNTING ESTIMATES

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 1 (p) Critical Accounting Judgements, Estimates and Assumptions.

CURRENT AND NON CURRENT CLASSIFICATION

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

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

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

MATERIAL ACCOUNTING POLICIES

(a) Revenue and Other Income Recognition

The Corporation recognises revenue as follows:

Revenue from Contracts With Customers

Revenue is recognised at an amount that reflects the consideration to which the Corporation is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Corporation identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Operating Grants

Grant revenue is recognised in profit or loss when the Corporation satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Capital Grant

When the Corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions) recognised under other Australian Accounting Standards.

The Corporation recognises income in profit or loss when or as the Corporation satisfies its obligations under the terms of the grant.

Interest income

Interest income is recognised using the effective interest method.

Donations

Donations are recognised on receipt of the funds with control of this revenue having passed to the Corporation.

Income from Sale of Goods

Revenue is recognised when control of the products has transferred to the customer and or the obligated services have been performed. For such transactions, this is when the products are delivered to the customers and or the services rendered. Discounts are not provided with the sale of these items.

A receivable will be recognised when the goods are delivered and or services provided. The Corporation's right to consideration is deemed unconditional at this time as only the passage of time is required before payment of that consideration is due. There is no significant financing component because sales are made within a credit term of 30 to 45 days.

The Corporation's historical experience with sales returns show that they are negligible and considered to be highly improbable. As such no provision for sale refunds is recognised by the Corporation at the time of sale of goods and or services.

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

(b) Property, Plant and Equipment

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1 (f) for details of impairment).

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

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate	Basis
Plant and equipment	10-40%	Straight line
Motor Vehicles	20-25%	Straight line
Right of Use Assets - Leased Buildings	15-20%	Straight line

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

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

(c) Leases

The Corporation as Lessee

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

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

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

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

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Corporation anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

(d) Right of Use Assets

A Right of Use Asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right of Use Assets are depreciated on a straight line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Corporation expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right of Use Assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

(e) Impairment of Financial Assets

The Corporation recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income; and
- contract assets (eg amount due from customers under contracts).

The Corporation uses the following approach to impairment, as applicable under AASB 9: Financial Instruments:

- the simplified approach;

Simplified Approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

This approach is applicable to:

- trade receivables; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivables is used taking into consideration various data to get to an expected credit loss (ie diversity of its customer base, appropriate groupings of its historical loss experience, etc).

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

Recognition of Expected Credit Losses in Financial Statements

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

(f) Impairment of Non Financial Assets

At the end of each reporting period, the Corporation reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows - that is, they are specialised assets held for continuing use of their service capacity - the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the Corporation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(g) Employee Benefits

Short-term employee benefits

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

The Corporation's obligations for short-term employee benefits such as wages, salaries and superannuation are recognised as a part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

The Corporation classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Corporation's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and

are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long term employee benefits are recognised in profit or loss in the periods in which the changes occur.

The Corporation's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the Corporation does not have an unconditional right to defer settlement for at least twelve months after the reporting date, in which case the obligations are presented as current liabilities.

The Corporation based on past experience records employee's long service leave entitlements on commencement of their employment with the organisation.

Retirement benefit obligations

Superannuation benefits

Contributions are made by the Corporation to employees superannuation funds and are charged as expenses when incurred.

All employees of the Corporation receive accumulated contribution superannuation entitlements, for which the Corporation pays the fixed Superannuation Guarantee contribution to the employee's superannuation fund of choice. For the period 1 July 2025 to 30 June 2026, this was 12% of the employee's ordinary average salary. All contributions in respect of employees' accumulated contribution entitlements are recognised as an expense when they become payable.

The Corporation's obligation with respect to employees' accumulated contribution entitlements is limited to its obligation for any unpaid Superannuation Guarantee contributions at the end of the reporting period. All obligations for unpaid Superannuation Guarantee contributions are measured at the undiscounted amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's Statement of Financial Position.

(h) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short- term borrowings in current liabilities on the statement of financial position.

(i) Trade and Other Receivables

Trade and other receivables include amounts due from clients for fees and goods and services provided, from donors and any outstanding grant receipts. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for measurement. Refer to Note 1(f) for further discussions on the determination of impairment losses.

(j) Goods and Services Tax (GST)

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

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

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(k) Income Tax

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

(l) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the Corporation during the reporting period that remain unpaid at the end of the reporting period.Trade payables are recognised at their transaction price. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(m) Contract Liabilities

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

(n) Provisions

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

(o) Comparative Figures

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

(p) Critical Accounting Judgements, Estimates and Assumptions

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

(i) Useful lives of property, plant and equipment

As described in Note 1(b), the Corporation reviews the estimated useful lives of property, plant and equipment assets at the end of each reporting period, based on the expected utility of the assets.

(ii) Impairment - General

The Corporation assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Corporation that may be indicative of impairment triggers.

Impairment of plant and equipment assets

The Corporation assesses impairment of plant and equipment at each reporting date by evaluating conditions specific to the Corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions. There was no provision for impairment of plant and equipment at 30 June 2026 (2025: $Nil).

Impairment of accounts receivable

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtors' financial position. Provision for impairment of receivables at 30 June 2026 amounted to $Nil (2025: $Nil).

(iii) Performance Obligations Under AASB 15

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

(iv) Lease Term and Options Under AASB 16

The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economical incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date.

Factors considered may include the importance of the asset to the Corporation's operations; comparison of terms and conditions to prevailing market rates; incurrence of significant penalties; existence of significant leasehold improvements; and the costs and disruption to replace the asset. The Corporation reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the Corporation estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

(q) Fair Value of Assets and Liabilities

The Corporation measures some of its assets at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

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

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

(r) Economic Dependence and Going Concern

The financial statements have been prepared on a going concern basis, which contemplates continuity of normal business activities and the realisation of assets and settlement of liabilities in the ordinary course of business.

The Corporation is dependent on the Commonwealth Departments of Health and Aged Care, and the NT Government Department of Health for the majority of its revenue to operate its programs and business. At the date of this report, the Board of Directors has no reason to believe that the above government departments will not continue to support the Corporation. The operations and future success of the Corporation is dependent upon the continued support and funding by the government bodies and the achievement of operating surpluses and positive operating cash flows.

The Corporation has successfully procured funding until 30 June, 2027. The Corporation continues to be offered continuation of contracts for new positions and programs through federal funding streams.

(s) New and Amended Accounting Standards Adopted By The Corporation

The accounting policies adopted are consistent with those of the previous financial year except for the following amendments to accounting standards and other changes in accounting policy, which have been adopted for the first time this financial year:

AASB 2026-1 Amendments to Australian Accounting Standards – Disclosures about Uncertainties in the Financial Statements

The adoption of the amendment did not have a material impact on the financial statements. AASB 2023-5 which amends AASB 121 : The Effects of Changes in Foreign Exchange Rates and AASB 1 : First Time Adoption of Australian Accounting Standards to improve the usefulness of information provided to users of financial statements. The amendments require entities to apply a consistent approach to determining whether a currency is exchangeable into another currency and the spot exchange rate to use when it is not exchangeable. The amendment did not have an impact on the Corporation's financial statements.

The Standard also amends AASB 121 to extend the exemption from complying with the disclosure requirements of AASB 121 for entities that apply AASB 1060: General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities to ensure Tier 2 entities are not required to comply with the new disclosure requirements in AASB 121 when preparing their Tier 2 financial statements.

New and Amended Accounting Standards Not Yet Adopted By The Corporation

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Corporation for the annual reporting period ended 30 June 2026. The Corporation's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the Corporation, are set out below.

AASB 18 Presentation and Disclosure in Financial Statements

This standard is applicable to annual reporting periods beginning on or after 1 January 2027 and early adoption is permitted. The standard replaces IAS 1 'Presentation of Financial Statements', with many of the original disclosure requirements retained and there will be no impact on the recognition and measurement of items in the financial statements. But the standard will affect presentation and disclosure in the financial statements, including introducing five categories in the statement of profit or loss and other comprehensive income: operating, investing, financing, income taxes and discontinued operations. The standard introduces two mandatory sub-totals in the statement: 'Operating profit' and 'Profit before financing and income taxes'. There are also new disclosure requirements for 'management-defined performance measures', such as earnings before interest, taxes, depreciation and amortisation ('EBITDA') or 'adjusted profit'. The standard provides enhanced guidance on grouping of information (aggregation and disaggregation), including whether to present this information in the primary financial statements or in the notes. The Corporation will adopt this standard from 1 July 2027 and it is expected that there will be a significant change to the layout of the statement of profit or loss and other comprehensive income.

Note 2 Revenue and Other Income

GOVERNMENT GRANTS

The majority of the Corporation's funding is in the form of grants from the Government. The Corporation has assessed that the majority of its grant agreements are enforceable and contain sufficiently specific performance obligations. This determination was made on the basis that the funding agreements require the Corporation to carry out various community support programs across member Aboriginal Community Controlled Health Organisations (ACCHOs) and remote communities. The Corporation therefore recognises funding received under such agreements as Revenue under AASB 15. Revenue is recognised as the Corporation delivers the required services over the duration of the underlying programs.

		2026 $	2025 $
2(a)	**Grant Revenue:**		
	Commonwealth Government Grants	2,027,716	1,767,261
	• NT Government Grants	1,741,001	1,412,217
	• NACCHO Grants	7,360,322	7,517,821
	• NT PHN Grants	1,582,695	1,837,195
	• Other Grants	1,529,555	646,936
	Total Grant funding	14,241,289	13,181,430
	Plus (Less) Decrease / (Increase) in Unexpended Grants	1,024,217	-
	Less Grants Repaid	(915,727)	(382,656)
	Total Grant Income from Operational Activities	**14,349,779**	**12,798,774**
2(b)	**Other Income:**		
	• Interest Income	320,658	394,714
	• Other Income	259,482	12,544
	• Profit on Sale of Assets	40,000	87,805
	• Secondment Fees	373,573	134,680
	Total Other Income	**993,713**	**629,743**

FINANCIAL REPORT

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION ABN: 26 263 401 676

Note 3 Expenses

		2026 $	2025 $
3(a)	**Auditor's Remuneration:**		
	• Audit of financial statements	36,100	35,000
	• Consulting and professional fees	-	17,513
	Total Auditor's Remuneration	**36,100**	**52,513**
3(b)	**Depreciation Expense:**		
	• Depreciation Plant and Equipment	98,046	76,506
	• Depreciation Right of Use Assets	393,736	407,717
	Total Depreciation and Amortisation Expenses	**491,782**	**484,223**
3(c)	**Employee and Personnel Benefits Expenses:**		
	• Salaries and Wages	7,313,170	6,418,979
	• Superannuation	764,938	740,902
	• Work Cover Insurance	138,237	100,360
	• Movements in Employee Leave Entitlements	(141,226)	(71,154)
	• Other Employee Benefit Expenses	156,668	218,077
	Total Employee Benefits Expense	**8,231,787**	**7,407,164**
3(d)	**Finance Expenses:**		
	• Bank Charges	363	1,416
	• ROU Lease Interest - Buildings	87,107	117,936
	Total Finance Expenses	**87,470**	**119,352**
3(e)	**Rental and Hire Charges**		
	• Equipment Hire	225	3,163
	• Rental Costs	5,092	37,621
	Total Rental and Hire Charges	**5,317**	**40,784**

Note 4 Cash and Cash Equivalents

	Note	2026 $	2025 $
CURRENT			
Cash on hand		-	264
Cash at bank		9,025,200	8,899,098
Term Deposits		3,853,875	3,413,314
Total Cash on hand and at bank	**16(a), 17**	**12,879,075**	**12,312,676**
Cash and Cash Equivalents are comprised of:			
Tied Cash Holdings:		**9,014,799**	**10,094,046**
Untied Cash Holdings:		**3,864,276**	**2,218,630**
Total Cash Holdings:		**12,879,075**	**12,312,676**

Note 5 Trade and Other Receivables

	Note	2026 $	2025 $
CURRENT			
Trade Receivables:			
Trade receivables		16,944	32,973
Total Trade Receivables		**16,944**	**32,973**
Other Receivables:			
Other receivables		68,910	36,895
Total Other receivables		**68,910**	**36,895**
Total Current Trade and Other Receivables	**17**	**85,854**	**69,868**

The Corporation's normal credit term is 30 days. No collateral is held over trade and other receivables.

Note 6 Other Current Assets

	2026 $	2025 $
CURRENT		
Rental bonds	-	1,652
Prepayments	241,265	217,275
Total Other Current Assets	**241,265**	**218,927**

Note 7 Property, Plant and Equipment

	2026 $	2025 $
NON CURRENT		
PLANT AND EQUIPMENT		
Plant and equipment:		
At cost	349,188	321,901
Less Accumulated depreciation	(287,487)	(260,984)
	61,701	60,917
Motor vehicles:		
At Cost	419,786	477,791
Less Accumulated depreciation	(258,957)	(246,499)
	160,829	231,292
	222,530	292,209
Capital Work In Progress (WIP)		
Leasehold improvements	25,920	27,000
Total Property, Plant and Equipment	**248,450**	**319,209**

MOVEMENTS IN CARRYING AMOUNTS

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Plant and Equipment $	Motor Vehicles $	Capital WIP $	Total $
Carrying amount at 1 July 2025	60,917	231,292	27,000	319,209
Additions at cost	27,287	-	-	27,287
Disposals	-	-	-	-
Depreciation expense	(26,503)	(70,463)	(1,080)	(98,046)
Carrying amount at 30 June 2026	61,701	160,829	25,920	248,450

Note 8 Right of Use Assets

	2026 $	2025 $
NON CURRENT		
(a) AASB 16 Related Amounts Recognised in the Balance Sheet		
Right of Use Assets		
Leased Building	2,357,551	2,385,512
Less Accumulated depreciation	(1,402,791)	(1,009,054)
	954,760	1,376,458
Total Right of Use Assets	**954,760**	**1,376,458**

The Corporation's lease portfolio includes two building leases, one in Alice Springs and one in Darwin City. The property in Alice Springs is a six year lease, commenced on 1 July 2021 and expires on 30 June 2027. The next review is scheduled for July 1, 2027. The property in Darwin City is a three year lease, commenced on 1 July 2023 and expires on 30 June 2026. The lease in Darwin City is currently on month to month basis, no contract in place.

The option to extend or terminate is contained in the Darwin City property lease of the Corporation. These clauses provide the Corporation the opportunities to manage leases in order to align with its strategies.The extension or termination options which were probable to be exercised have been included in the calculation of the Right of Use Asset.

Movements in Carrying Amounts

	Leased Building $	Total $
Carrying amount at 1 July 2025	1,376,458	1,376,458
Modification	(27,962)	(27,962)
Disposals	-	-
Depreciation expense	(393,736)	(393,736)
Carrying amount at 30 June 2026	954,760	954,760

	Leased Building $	Total $
(b) AASB 16 Related Amounts Recognised in the Statement of Profit and Loss		
Depreciation charge related to right of use assets	393,736	407,717
Interest expense on lease liabilities	87,107	117,936
Short-term leases expenses	5,317	40,784
	486,160	566,437

Note 9 Trade and Other Payables

	Note	2026 $	2025 $
CURRENT			
Trade payables		481,617	600,028
Accrued expenses		848,421	289,665
Amounts payable to the ATO		(44)	274,720
Other sundry payables		5,605	134,356
Total Trade and Other Payables		**1,335,599**	**1,298,769**
Financial liabilities at amortised cost are classified as Trade and Other Payables:	**17**	**1,335,599**	**1,298,769**

Note 10 Contract Liabilities

	2026 $	2025 $
Unspent grants - grant funded programmes	4,346,316	5,370,532
Unspent grants - to be repaid	35,055	240,648
Revenue received in advance	1,138,605	1,108,605
Contract Liabilities - grant funded programmes	**5,519,976**	**6,719,785**
(a) Contract liabilities - movement in amounts:		
Balance at the beginning of the year	6,719,785	
Additions: Grants for which performance obligations will only be satisfied in subsequent years	14,241,289	
Expended: Grants acquitted or utilised during the year	(15,441,098)	
Closing balance	5,519,976	

Under AASB 15 Revenue from Contracts with Customers, grant funds are recognised as income when the entity obtains control of the funds and satisfies the performance obligations specified in the contract. In the first year of the contract, if the grant agreement is enforceable and contains sufficiently specific performance obligations, the entity typically recognises income for the portion of obligations fulfilled during that period. This often results in recognising most or all of the grant as income upfront if obligations are substantially met early. However, by the final year, any unspent funds that remain tied to unsatisfied obligations or refund clauses cannot be recognised as income. Instead, these amounts represent a present obligation to either deliver goods/services or return funds, which meets the definition of a liability under AASB 15. Consequently, the entity reverses previously recognised income for these unspent amounts and records an expense and a liability (often termed “contract liability” or “refund obligation”) to reflect the obligation to the grantor. This approach ensures revenue recognition aligns with the transfer of control and avoids overstating income when obligations remain outstanding.

(b) Unacquitted Grant Funding Recognised in Revenue and Retained Earnings

2026: Recognised in Revenue and carried forward in Retained Surplus at 30 June 2026 was $Nil from 2026 (2025: $780,868). Under the terms of the grant agreement this grant revenue should be spent in the on coming financial year.

Note 11 Lease Liabilities

	Note	2026 $	2025 $
CURRENT			
Leases - buildings		420,835	401,473
		420,835	401,473
NON-CURRENT			
Leases - buildings		651,860	1,092,914
		651,860	1,092,914
Total Lease Liabilities	**17**	**1,072,695**	**1,494,387**

The lease liabilities are secured by the underlying assets and are subject to the terms of their individual lease agreements.

Note 12 Employee Provisions

	2026 $	2025 $
CURRENT		
Provision for annual leave	506,030	520,906
Provision for time off in-lieu	9,376	16,460
Provision for long service leave	198,766	355,785
	714,172	893,151
NON-CURRENT		
Provision for long service leave	158,906	121,154
	158,906	121,154
Total Provisions for Employee Benefits	**873,078**	**1,014,305**
Analysis of total provisions:	**Total**	
Opening balance at 1 July 2025	1,014,305	
Provisions utilised during the year (net)	(141,227)	
Balance at 30 June 2026	**873,078**	

Provision For Employee Benefits

Employee provisions represents amounts accrued for annual leave, TOIL and long service leave. The current portion for this provision includes the total amount accrued for annual leave entitlements and the amount accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Corporation does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Corporation does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1 (g).

Note 13 Capital and Leasing Commitments

	2026 $	2025 $
(a) Lease Liability Commitments:		
• not later than 1 year	480,837	492,836
• later than 1 year but not later than five years	700,526	1,203,754
• later than five years	-	-
Total Future Lease Payments at the End of the Reporting Period:	1,181,363	1,696,590
(b) Operating Lease Commitments		
Rental commitments: short term and low value assets		
Payable – minimum lease payments no later than 12 months:		
• Short term leases	3,780	3,432
• Low value assets	-	-
Total Operating Lease Commitments	**3,780**	**3,432**

The Corporation continues to pay a monthly rental of $286 for a store shed, or $3,780 per annum.

(c) Capital Expenditure Commitments

The Corporation has $Nil capital expenditure commitments as at 30 June 2026 (2025 : $Nil).

Note 14 Contingent Liabilities and Contingent Assets

The Directors are not aware of any contingent liabilities or assets as at 30 June 2026 (2025 : $Nil).

Note 15 Events After the Reporting Period

The Directors are not aware of any significant events since the end of the reporting period that have significantly affected, or may significantly affect the Corporation’s operations, the results of those operations, or the Corporation’s state of affairs in future financial years (2025 : Nil).

Note 16 Cash Flow Information

	Note	2026 $	2025 $
(a) Reconciliation of cash and cash equivalents to Statement of Cash Flows:			
Cash on hand and at bank	4	12,879,075	12,312,676
Total cash as stated in the Statement of cash flows		**12,879,075**	**12,312,676**
(b) Reconciliation of Cash Flow from Operating Activities with Current Year Profit (Loss)			
Profit (Loss) for the current year		1,838,164	(4,684,378)
Non-cash flows:			
Depreciation and amortisation expense		491,782	484,223
(Profit) / Loss on sale of assets		(40,000)	(87,805)
Interest expense on lease liabilities		87,107	117,936
Changes in assets and liabilities:			
(Increase)/decrease in trade and other receivables		(15,986)	187,125
(Increase)/decrease in other current assets		(22,338)	48,415
Increase/(decrease) in accounts payable and other payables		36,830	(2,174,968)
Increase/(decrease) in contract liabilities		(1,199,809)	6,719,785
Increase/(decrease) in employee provisions		(141,227)	(71,154)
Net cash provided by operating activities		**1,034,523**	**539,179**

Note 17 Financial Risk Management

The Corporation's financial instruments consist mainly of deposits with banks, local money market instruments, short term and long-term investments, account receivables and payables, contract assets, lease liabilities and contract liabilities. The totals for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2026 $	2025 $
Financial assets			
Financial assets at amortised cost:			
Cash on hand	4	12,879,075	12,312,676
Trade and other receivables	5	85,854	69,868
Total financial assets		**12,964,929**	**12,382,544**
Financial liabilities			
Financial liabilities at amortised cost:			
Trade and other payables	9	1,335,599	1,298,769
Lease liabilities	11	1,072,695	1,494,387
Total financial liabilities		**2,408,294**	**2,793,156**

Refer to Note 18 for detailed disclosures regarding the fair value measurements of the Corporation's financial assets.

Note 18 Fair Values Measurements

The Corporation measures and recognises the following assets and liabilities at fair value on a recurring basis after initial recognition:

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- leasehold improvements.

The Corporation does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities on a nonrecurring basis.

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position.

	Note	2026 Carrying Amount $	2026 Fair Value $	2025 CARRYING AMOUNT $	2025 FAIR VALUE $
Financial assets					
Cash on hand and at bank	4, 17	12,879,075	12,879,075	12,312,676	12,312,676
Trade and other receivables	5, 17	85,854	85,854	69,868	69,868
Total financial assets		**12,964,929**	**12,964,929**	**12,382,544**	**12,382,544**
Financial liabilities					
Trade and other payables	9, 17	1,335,599	1,335,599	1,298,769	1,298,769
Lease liabilities	11, 17	1,072,695	1,072,695	1,494,387	1,494,387
Total financial liabilities		**2,408,294**	**2,408,294**	**2,793,156**	**2,793,156**

(i) Cash on hand and at bank, term deposits, accounts receivable and other debtors, and accounts payable and other payables and contract liabilities are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for annual leave, which is outside the scope of AASB 9.

(ii) Lease liabilities fair values are assessed on an annual basis by Management and the Committee Members. Current available data is used in assessing their carrying and fair values.

A fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either:

(a in the principal market for the asset or liability; or

(b) in the absence of a principal market, in the most advantageous market for the asset or liability.

Note 19 Key Management Remuneration

Any persons having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any Committee Member (whether executive or otherwise) of the Corporation, is considered to be Key Management Personnel (KMP).

The totals of remuneration paid to KMP of the Corporation during the year are as follows:

	2026 $	2025 $
Short term employee benefits	1,477,601	1,795,313
Post employee benefits (superannuation)	163,106	201,388
Total Key Management Remuneration	1,640,707	1,996,701

Directors receive no remuneration for their services.

Note 20 Other Related Party Disclosure

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel or individual or collectively with their close family members.

Transactions between related parties are on commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

The related party of the Corporation where transactions occurred during the year is Northern Territory Primary Health Network (NTPHN). Aboriginal Medical Services Alliance Northern Territory is a member of NT PHN.

	2026 $	2025 $
During the year the Corporation received grant funding from NT PHN of:	1,582,695	1,837,195

There were no other related party transactions in 2026 (2025: $Nil).

Note 21 Corporation Details

The Registered Office and Principal Place of Business of the Corporation is:

Aboriginal Medical Services Alliance Northern Territory
43 Mitchell Street
Darwin City NT 0801

Directors declaration

For the year ended 30 June 2026

The Directors of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, declare that in the Directors' opinion:

1. The financial statements and notes, as set out on pages 5 to 24, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act 2006) and with the Australian Charites and Not-for- Profits Commission Act 2012 (ACNC Act) and:

   (a) Comply with Australian Accounting Standards - Simplified Disclosures applicable to the entity; and

   (b) Give a true and fair view of the financial position of the Corporation as at 30 June 2026, its performance and cash flows for the year ended on that date.

2. In the Directors' opinion there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation and with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2022.*

Director

Rob McPhee, Chair
21 October 2026

Director

Ebony Abbott-McCormack, Deputy Chair
21 October 2026

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

Opinion

We have audited the financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation (the "Corporation"), which comprises the statement of financial position as at 30 June 2026, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the Directors' declaration.

In our opinion, the accompanying financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* including:

(i) giving a true and fair view of the Corporation's financial position as at 30 June 2026 and of its financial performance and its cashflows for the year then ended; and
(ii) complying with Australian Accounting Standards – Simplified Disclosures, the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022.*

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Corporation 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 our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other information

The Directors are responsible for the other information. The other information comprises the information in Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation's annual report for the year ended 30 June 2026 but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION (CONT.)

Other information (Cont.)

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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

Responsibilities of the Directors for the Financial Report

The Directors of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards*, the Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

The Directors are responsible for overseeing the Corporation's financial reporting process.

Auditor's responsibility for the audit of the financial report

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We 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 our 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.

Advisory. Tax. Audit.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION(CONT.)

Auditor's responsibility for the audit of the financial report (Cont.)

- 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 Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Conclude on the appropriateness of the Directors' 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 Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- 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.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Nexia Edwards Marshall NT
Chartered Accountants

Noel Clifford
Partner

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Darwin, Northern Territory
Dated: 27 October 2026

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Glossary

ACARAC	Aboriginal Community Alcohol Responses Advisory Committee
ACCHS	Aboriginal Community Controlled Health Service
AHP	Aboriginal Health Practitioner
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APONT	Aboriginal Peak Organisations Northern Territory
APY Lands	Anangu Pitjantjatjara Yankunytjatjara Lands
AP2CC	Accelerated Pathways to Community Control
ASQ-TRAK	Talking about Raising Aboriginal Kids
BBV	Blood-borne virus
BBVSTI	Blood Borne Viruses and Sexually Transmissible Infections
Bicillin	Benzathine benzylpenicillin
CARPA manual	Remote Primary Health Care Manual
CDC	Centre for Disease Control
CPHC	Comprehensive Primary Health Care
CQI	Continuous Quality Improvement
DFSV	Domestic, family and sexual violence
ECS	Elder Care Support
EHOW	Environmental Health Our Way
ITC/SMA	Integrated Team Care and Shared Medical Appointments
IMT	Incident Management Team
MAC	My Aged Care
NACCHO	National Aboriginal Community Controlled Health Organisation
NASPETP	Northern Australia Suicide Prevention Education and Training Project
NLCSP	National Lung Cancer Screening Program
NHRA	National Health Reform Agreement
NRT	Nicotine Replacement Therapy
NTAHKPI	NT Aboriginal Health Key Performance Indicators
NTECAA	NT Executive Council for Aboriginal Affairs
NT PHN	Northern Territory Primary Health Network
NTRAI	Northern Territory Remote Aboriginal Investment
PHC	Public Health Care
PRA	Policy, Research and Advocacy
SCSEP	Smoking Cessation Support Enhancement Program
SEWB	Social and Emotional Wellbeing
STI	Sexually transmitted infection
SSAAG	Suicide Story Aboriginal Advisory Group
TETIS	Top End Tackling Indigenous Smoking
WALS	Workforce and Leadership Support
WDSU	Workforce Development and Support Unit
WHO	World Health Organisation

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