



AFAO WILL CONTINUE TO INSIST ON A STRONG AND VIBRANT PARTNERSHIP APPROACH – ONE WHICH WILL ONCE AGAIN BE THE WORLD'S BEST. **TOO MUCH IS AT STAKE TO DO OTHERWISE.**



DARREN RUSSELL AFAO PRESIDENT

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS



AFAO

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ANNUAL REPORT

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### Vision Statement

The AFAO Secretariat Vision Statement is: "Our communities living with, affected by and fighting HIV/AIDS can rely on the AFAO Secretariat Team for information, advocacy and policy of uncompromising quality."

## THE PRESIDENT'S REPORT

DARREN RUSSELL



**T**he HIV/AIDS epidemic continues unabated, and recent evidence shows that it is scything through the countries in our region. The Asia-Pacific region is now home to 10% of the world's HIV-positive population, as well as accounting for 40% of new cases. Countries such as Cambodia, Vietnam, Myanmar, China, Nepal, and India face growing epidemics, and Thailand is seeing a resurgence of HIV among homosexually-active men, and among injecting drug users (the latter is attributed to the Thai Prime Minister's "War on Drugs").

On our doorstep, Papua New Guinea has seen an alarming level of HIV, and lacks the infrastructure and political will to deal with its epidemic effectively. The International AIDS Conference held in Bangkok in July of this year threw these issues into stark relief, and speaker after speaker told of the plights in their respective countries.

At home, Victoria, New South Wales, and Queensland have all recorded rises in infection rates in recent years, and although there is hope that the rises have levelled off somewhat, we face a huge job to reduce the rates to the levels of a few years ago. The figures remain volatile, and there can be no room for complacency.

There is no significant change in the Australian population groups who are contracting HIV – overwhelmingly they remain homosexually-active men. There remains the real risk, however, of significant spread into other vulnerable groups such as injecting drug users. It is clear, though, that there is no single, simple reason as to why the rates of infection have risen – the reasons are complex and multiple, and it follows that the solutions will also be complex and multiple. It is tempting to try to find one simple answer to this problem, but that simplistic approach is doomed to failure.


With such rises and such complexities it is truly disappointing that it is taking so long for our Federal Government to respond to these rising rates of infection. Gay men have a right to feel aggrieved at the startling lack of cohesive, strong leadership from Canberra. When an urgent and vigorous re-vitalisation of Australia's HIV response is required, we have only seen lukewarm engagement – this does not bode well for the future.

Throughout this time, AFAO has tried repeatedly to engage the Government, but with disappointing results. It could truly be said that it has been a frustrating twelve months for AFAO with regards to prodding the Australian Government. The Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH) has proven, so far, to be an ineffective body. We hope that in the future it can become a more robust tool for re-vitalising Australia's HIV response – but major changes will be required.

Treatment and care are daily issues for many people with HIV/AIDS and have also not received much Government attention, despite our best efforts and those of our member organisation, NAPWA. Access to bulk-billing general practitioners, and the ongoing costs of antiretroviral medications, are just two such issues which continue to occupy us. Furthermore, the long-term side effects of antiretroviral medications are becoming clearer and threaten people's adherence to these life-saving treatments.

There remains continuing pressure on harm reduction, with constant assaults on these evidence-based principles by conservative forces. Needle and syringe programs remain a cornerstone of harm reduction, and rightly deserve to be robustly defended. Arguably, they have, more than any other single measure, stopped the widespread dispersal of HIV infection into the broader community.

AFAO, though, has been fighting its battles on all of these fronts, and is in good financial shape. We are well-placed to continue our vital work. Recent years have been lean, but we have recently been able to diversify our income stream somewhat, which has given us a little flexibility. We will endeavour to continue this diversification in the coming years. Our Board is a cohesive and hard-working team. I would particularly like to thank Bill Whittaker for his three years presidency of AFAO – and his continuing invaluable contribution as Vice President. Our Executive Director, Don Baxter, continues to do a superb job – his leadership and policy skills are recognised throughout Australia and throughout our region. Our managers and staff are all highly motivated and committed to those at risk of, and those living with, HIV/AIDS, and they demonstrate this on a daily basis.

AFAO will, with our member organisations, continue to lead Australia's community response to HIV/AIDS. The partnership approach – between the medical and scientific community, the affected community, and the Government – which has been the envy of the world, is in some peril with Government's unwillingness to engage in meaningful dialogue. AFAO will continue to insist on a strong and vibrant partnership approach – one which will once again be the world's best. Too much is at stake to do otherwise. 

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**2003/04 was an extraordinarily difficult year for AFAO. In three intersecting environments developments for the worse compounded to bring on a near-nightmare experience.**

In the epidemiological sphere, rises in HIV infections in the three major states were confirmed. In the Strategic and Policy environment the government's long-delayed response to the Reviews of the 4th Strategy, its new advisory structure, and the initial draft of the 5th HIV Strategy, underscored the government's lack of forthright leadership and it's moving away from a genuine HIV Partnership. In our operational environment AFAO suffered severe contractual and financial uncertainty and was forced to negotiate three funding contracts within six months with our major funder, the Department of Health & Ageing's Population Health Division.

That AFAO's Board, management and staff were able to maintain a focus on the big issues – while also having to focus on the minutiae of contract negotiation and micro-managing cash flow – has ensured we ended AFAO's most challenging year yet in a sound position.

This report outlines the key issues and outcomes for the year in the areas of:

- National policy & advocacy;
- Rises in HIV infections;
- HIV education and health promotion;
- Regional & International activities;
- Relations with Members; and
- AFAO's internal operations.

#### **National Policy & Advocacy**

The national policy agenda was dominated by uncertainty and delay arising from the government's delayed release of its Response to the Review of the 4th National Strategy until mid-November – 13 months after the Review reports. This was followed by its announcement of a "new" advisory structure, after a 15-month vacuum, which effectively breached the twenty-year HIV Partnership by omitting any HIV community-based membership on the paramount advisory committee. This was followed



## **THE EXECUTIVE DIRECTOR'S REPORT**

DON BAXTER

by a poorly constructed process for developing the 5th National Strategy, resulting, not surprisingly, in an unacceptable and widely-criticised first draft which had to be in effect withdrawn.

AFAO rapidly developed a comprehensive analysis of the Government Response, putting the community-sector in a strong position to contribute to the 5th Strategy. However, our representations and protests about the MACASHH advisory structure were resisted by Minister Abbott, who also has not found time to meet with us. As we predicted the MACASHH structure has failed to provide any significant leadership in HIV policy issues and has in no way re-vitalised Australia's response.

The first draft of the 5th Strategy was withdrawn but the problem compounded when the government then allocated responsibility for drafting the Strategy to the 12-member MACASHH HIV-STI Subcommittee, assisted by a consultant with no experience in HIV or public health – a recipe for confusion and delay, duly played out.

As the June 30th expiration of the 4th Strategy approached – and only glacial progress being made in the clumsy drafting process – the Minister did accede to AFAO's proposal to extend the 4th Strategy until December 31st.

While these issues dominated policy and advocacy work for the year AFAO also managed to cover a substantial range of other policy issues, including: potential impact of changes to the Charities definition; proposed changes to Medicare; possible impacts on the US/Australia Free Trade Agreement on the PBS; proposed legislation of the sex industry in Tasmania and in Victoria; proposed changes to the *Disability Discrimination Act* in relation to illicit drug use; Queensland's tendering process for HIV services and the development of Australia's international strategy for HIV/AIDS.

#### **Rises in HIV infections**

The rises in HIV infections in the three biggest states, confirmed in May 2003, represent a fundamental change in the direction of the epidemic in Australia.

In response to this change AFAO instituted a media campaign to alert the community and government, compiled a comprehensive discussion paper for Members and others, proposed to the Commonwealth a national mapping exercise of current prevention programs for homosexually active men, developed and proposed a national action plan for MACASHH endorsement and leadership, convened a special national meeting of AFAO Members (held on November 19th), adjusted our ANET program plans to better address the rises and focussed the national HIV Educator's Conference in May on the issue.

AFAO and our Members – and the NSW government – have largely responded well to the Rises issue. However, leadership from the national government and MACASHH has been dilatory to non-existent. The Department finally commissioned a mapping exercise but the result is disappointing, providing little or no guidance to identify gaps, duplications, or areas for enhancement. The MACASHH has not provided any leadership at all, discussing the issue in only the most cursory manner.

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# THE EXECUTIVE DIRECTOR'S REPORT

DON BAXTER

Continued

## HIV Education and Health Promotion

In addition to the policy and analytical work on rises in infections the ANET team and the AFAO National Indigenous Project produced and released a series of campaigns and resources. Highlights among these were:

- *A Positive diagnosis*, a handbook for people newly diagnosed with HIV;
- Launch of the web-based + booklet STI campaign for gay men *Last night I picked up some-one ... and something!*; and
- *Having a Life*, positive people's stories of living with HIV

The ANET Team also successfully conducted the HIV Educator's Conference, in association with HIV Social Research Conference in Sydney in May. Simultaneous scheduling of the Indigenous Strategic Alliance and Indigenous Project Officers Network meetings ensured a substantial indigenous presence and also a sound use of resources. More details are included in the ANET and Indigenous sections following in this report.

## The international epidemic and the Asia/Pacific Region

Despite limited financial resources AFAO was able to continue to provide leadership and support to the community response in the Asia-Pacific region – and to a more limited extent, at the international level.

Our primary focus on access to HIV treatments in the region was brought to full fruition at the Treatments Advocacy workshop for five Asian countries in Bangkok in March. Co-presented with our Thai colleagues, this very successful venture has seen the 'kick-starting' of productive treatments access initiatives in Indonesia, Vietnam, Cambodia and Laos. Our proposal to Foreign Minister Downer to appoint an Australian 'HIV ambassador' for the region has been adopted and an appointment announced in July 2004.

Other major activities, covered in more detail in the Policy & International section of this annual report, were:

- Continuing support for regional HIV community-sector networks, APCASO and APN+;
- Contributing to the Asia-Pacific Leadership Forum program, both as a consortium member delivering its program and advising on the overall development of the program;
- Contracting our Thai community partners in the HIV Vaccine program to undertake vaccine preparedness community education in Bangkok;
- Funding three new innovative projects under our private-donor funded grants program;
- Advising Minister Downer and AusAID senior management on a range of HIV/AIDS issues, including advocating an Australian contribution to the Global Fund, AusAID's Papua New Guinea project, the APLF, UNGASS and Treatments Access in the region;
- Meetings with UNAIDS Director-General Dr Peter Piot and with Global Fund Executive Director, Richard Feachem; and
- My attendance as part of the official Australian delegation at the 59th Session of the UN Economic & Social Commission for Asia and the Pacific [session theme topic: Responding to HIV/AIDS] in July 2003.

## AFAO's Internal Operations

### Governance & Strategy

AFAO's capacity to move through the difficult environment of the last 12 months relatively unscathed is in good measure due to the continuing strong leadership by the Board, led by our Presidents Bill Whittaker (until November) and Darren Russell (from December).

In the overall strategy and policy hiatus created by the government's lack of action the Board again decided to defer review of AFAO's Strategic Plan until the overall 'environment' in which we operate is clearer.

During the year we jointly revised our Memoranda of Understanding with NAPWA and with AIVL – and initiated a similar review of the MoU with Scarlet. The Board also set in place a process to progress consideration of a 12th Member for AFAO, coming from the Indigenous community.

### Relations with Members

The Department's independently-commissioned Review of AFAO, finally completed in August 2003 but still not released publicly, found high satisfaction levels and strong support for AFAO's role and work among our Members – along with a couple of areas for attention.

Two-day meetings were held involving all Members in November 2003 and April 2004. In addition to the MoU negotiations noted above, considerable focus has been on liaising with QuAC about the HIV program tendering process and with Scarlet on a range of issues, including sex industry issues in Western Australia and Tasmania.

However, the intense focus on managing the policy and contractual issues over these 12 months has restricted visits by me and/or the President to ACSA, ACON and AIVL. This is not satisfactory and we plan to rectify it over the next 12 months.

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### *Contractual issues and Financial operations*


In the first six months of this reporting year AFAO operated in an extremely tense and uncertain environment. Having to negotiate three contracts within a six month period, under-pinned by rumours of an impending slashing of AFAO's funding level (notwithstanding the recommendations of the Review of AFAO), was an unprecedented situation.

This forced the Board to spend time considering the very survival of the organisation – and the Management Team to focus intensely on negotiation of contract deliverables, micro-managing cash flow and handling staff morale and anxiety. The context was compounded by a continuing staff 'churn-over' within the Department's Population Health Division and consequent delays and 're-inventing of the wheel'. Fortunately this latter situation stabilised and improved significantly after December.

This context inevitably resulted in delays in AFAO's ability to meet all program deliverables for the 2003–04 year, leading to considerable roll-overs of program work into the 2004–05 year and thus increasing pressure in the coming year on our capacity to meet all negotiated deliverables.

While the financial micro-management process was painful our end-of-year result has been favourable, with a significant surplus as a result. This will go a significant way to providing AFAO with adequate reserves to handle an emergency such as we endured this year and is in line with our auditor's recommendations to the Board.

### **... and finally**

My thanks to two groups of people. First, to all members of the Board for holding steady through this turbulent year, keeping their eye on the big issues despite the pervasive sense of malaise in national leadership. Second, to the staff who have all stuck with the organisation despite the uncertainties – and done so with resilient spirit and continuing high productivity. 

**T**he Policy Team conducts policy research, analysis of national developments in HIV related policy and law, and provides briefings to members on current issues. The Team responds to inquiries from a broad range of domestic and international stakeholders. Where issues are regarded as critical to our membership, submissions are provided to Government on the impact of policy on people living with HIV and HIV affected communities.

Major issues that arose over the 2003–2004 year included development of the 5th National Strategy on HIV/AIDS and preparatory work for the first National Strategy on Sexually Transmitted Infections (STIs); debates about the future of the federal Disability Discrimination Act including proposals to exclude people who use illicit drugs from discrimination protections; and changes to Medicare and the Pharmaceutical Benefits Scheme (PBS) including assessment of the impact of the Australia–US Free Trade Agreement.

Policy staff presented a session on social justice issues at the NAPWA biennial conference in Cairns in October, and organised workshops at AFAO members meetings in November and April on Medicare and the PBS (including the impact of the free trade agreement), the National Drugs Strategy, and pre-election issues.

### **MACASHH, the 5th National Strategy on HIV/AIDS, and towards a 1st STI Strategy**

In early 2004, the Commonwealth announced a new national advisory structure for policy on HIV/AIDS, indigenous sexual health and hepatitis C virus. The structure comprises the Ministerial Advisory Committee on HIV/AIDS, Sexual Health and Hepatitis (MACASHH). AFAO is represented on the newly established HIV Committee, which reports to MACASHH.

To support the work of the HIV Committee, the Policy Team prepared briefings on guiding principles and monitoring and evaluation issues for consideration for incorporation into the 5th National HIV/AIDS Strategy.

In early 2004, the Commonwealth indicated that it would be seeking to develop a national Strategy on STIs in parallel with the 5th National HIV/AIDS Strategy. The Policy Team prepared scoping materials on the potential content of a National Strategy on Sexually Transmitted Infections (STIs), including the need for a national Chlamydia screening program for the general population and the inter-relationship of HIV and STI policies and programs for populations such as gay men, sex workers and Aboriginal and Torres Strait Islanders.

### **Human rights and discrimination**

During 2003–04, the Productivity Commission conducted a major review of the *Disability Discrimination Act 1992*. AFAO provided joint submissions to the review with NAPWA, and presented oral evidence at the Commission's Inquiry hearings. In December 2003, the Government released a draft Bill that proposed to exclude discrimination on the grounds of use of illicit drugs from the *Disability Discrimination Act's* protections. AFAO participated in a coalition of community based organisations that opposed the Bill, and presented a written submission and oral evidence to the Senate Inquiry into the *Disability Discrimination Amendment Bill 2003*. AFAO also developed a joint submission with NAPWA to the Human Rights and Equal Opportunity Commission's Review of Guidelines for providers of insurance and superannuation.

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## NATIONAL POLICY REPORT

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### Medicare and the PBS

AFAO engaged in ongoing debates about the future of Medicare, policy responses to the decline of bulk billing, and the potential impact on the PBS of the free trade agreement (FTA) with the US. In relation to the FTA, AFAO provided input into the NAPWA submission to the Joint Standing Committee on Treaties Inquiry and the Senate Select Committee Inquiry.

### Briefing papers

Briefing papers prepared for members and other stakeholders in 2003–04 included:

- *Charities Bill 2003* and Australian Taxation Office (ATO) ruling on Public Benevolent Institutions;
- Proposed changes to Medicare GP bulk billing arrangements;
- Community participation in Commonwealth Government HIV/AIDS & STIs Advisory Structures;
- 2004/2005 Federal Budget;
- Rationale for a National Strategy on STIs; and
- Australia/US Free Trade Agreement.

### Other submissions and representations

Other submissions and representations made during 2003–04 included:

- **Charities Bill** AFAO provided input to the Board of Taxation's consultation on legislative proposals regarding the definition of charity. AFAO was particularly concerned about proposed changes to the law that may have restricted the advocacy activities of peak organisations.
- **Sex work policy and legislative issues** AFAO developed and presented a submission to the consultation on the draft *Tasmanian Sex Industry Regulation Bill 2003*. A submission was also lodged with the Victorian government regarding proposed regulatory reforms regarding increased licensing fees, which would have disadvantaged small sex work operations. AFAO Policy staff also worked with Scarlet Alliance on the completion of funding submissions and liaised on the issues of sex slavery and peer education within the sex industry.
- **Review of National Drugs Strategy** AFAO made representations supporting AIVL's submission to the consultation on the Drugs Strategy.
- **Proposals to conduct pre-exposure prophylaxis trial in Australia (in conjunction with the ANET Team)** AFAO initiated discussion of this issue within the AFAO Board and membership, and the policy team assisted ANET in developing a discussion paper on the issue.
- **Availability on Non-occupational Post Exposure Prophylaxis (n-PEP) in States and Territories** AFAO met with St Vincent's Hospital, which is the largest provider of PEP in Australia, to discuss funding and availability problems. An audit was undertaken on n-PEP availability in each state and territory, and barriers to access.
- **Licensing of partially effective HIV vaccines** Background research into this issue was conducted and contact was initiated with academics and researchers working in relevant fields.
- **Australia's position on the World Trade Organisation TRIPs Agreement** Representations were made to the Minister for Trade on Australia's position access to generic medicines and the TRIPs Agreement WTO to inform the Minister attendance at the WTO meeting in Mexico in September. ⚡

## INTERNATIONAL REPORT

**K**ey international work in 2003 and 2004 included developing the capacity of community advocates for increasing treatment access across the region, advising and supporting regional networks, participating in the Asia Pacific Leadership Forum program, and continuing to highlight the essential role of community organisations and affected communities in responding to HIV/AIDS in the region. Work has also included collaboration with WHO, UNESCAP, UNAIDS, the POLICY Project and TREAT Asia, advocacy with the Commonwealth, particularly in pressing for a strategic increase of resources and program design and to respond to HIV/AIDS in the Asia-Pacific region, supporting projects through AFAO's small grants scheme, and participation in a broad range of regional and international meetings.

AFAO's international work is mainly carried out by AFAO's Executive Director, AFAO's President and Vice-President, the Manager of the International and Policy Team, and by two secretariat staff, the International Policy Officer and the International Programs Officer. AFAO's international activities are funded from non-government contracts and through our private donor.

A successful initiative of this year was the Community Sector Workshop on HIV Treatment Access: "Building Policy & Advocacy Capacity in Southeast Asia" held in Bangkok, 16–19 March 2004. The highly successful meeting, co-presented with our Thai colleagues, was attended by 40 participants and speakers from Indonesia, Vietnam, Cambodia, Laos and Thailand. An e-mail discussion group established after the workshop indicates ongoing planning and advocacy for treatments access and scale-up in all participating countries.

Over the last year, a range of staff and board members have provided formal and informal advice to the Australian Government and international agencies, and have undertaken advocacy through the development of submissions and attendance at various international meetings. AFAO continues to provide ongoing advice and support to the Asia Pacific Council of AIDS Service Organisations

(APCASO) secretariat and the Coalition of Asia Pacific Regional Networks on HIV/AIDS (Seven Sisters).


Last year, AFAO participated in the Asia Pacific Leadership Forum, a consortium lead by the Burnet Institute for the design and delivery of intensive HIV policy and advocacy skills workshops for selected high level 'influencers' of government policy in Asian and the Pacific. Three successful workshops took place in 2003. AFAO's role was to assist with the development of the training curriculum, recommend presenters, develop information resources and assist with the electronic information exchange.

AFAO continues to participate in activities related to our participation in an activist-oriented summit in Cape Town in March 2003, the International Treatment Preparedness Coalition. This meeting has spawned an active international discussion list, a community-lead funding mechanism for on-the-ground treatment access initiatives, and high level meetings between community representatives and key global stakeholders in treatment access. AFAO also participated in the first major regional meeting to be convened on HIV/AIDS and Human Rights, the Expert Meeting on HIV/AIDS in Asia-Pacific.

AFAO's international grant scheme aims to promote and strengthen community-based and non-government organisations in the Asia-Pacific region to respond to the HIV epidemic by incorporating the full involvement of communities and populations most at risk of HIV infection. The scheme, which has been developed by the International Programs Officer with funds provided by a private donor, has now completed three rounds of funding. During 2004, the AFAO international grant scheme is accepting applications for a fourth round and is funding five new projects:

- **Freelava AFAO** is funding Freelava, a non-government organisation involved in HIV prevention education, advocacy and policy formation, to implement a 12 month pilot project within 12 local barangays (villages) in Cebu City, the Philippines.
- **Naya Goreto**, which means 'new trail', is a non-government community-based organisation based in Kathmandu Nepal. Naya Goreto works with, and is staffed by, injecting drug users (IDUs) who are themselves infected or affected by HIV/AIDS. Naya Goreto works primarily with female IDUs and their families to advocate for the rights of IDUs and PLWHAs. The AFAO funded project focuses on empowering women to access health services in Kathmandu.
- **Cathe Foundation** is a community-based PLWHA organisation based in Lahore Pakistan. Through the development and distribution of six monthly magazines, Cathe Foundation hopes to address a lack of understanding about HIV amongst the general public, non-acceptance of PLWHA in Pakistani society, and promote stories by PLWHA and their families/communities.
- **Home of Loving Care** is a non-government organisation based in Beijing China. The project has both a lobbying advocacy focus, as well as a small social research and education component. Home of Loving Care staff will undertake surveys of PLWHA in LiHe countryside, collecting data about living standards, understanding of HIV/AIDS, and current medical care of PLWHA.
- **New Light AIDS Control Awareness Group (NLACAG)** is a non-government PLWHA organisation based in Punjab Province Pakistan. NLACAG is receiving funding for a two month period to undertake a strategic planning process to take NLACAG forward for the next five years.

With funding provided by meeting organisers or other non-government funds, AFAO international staff have been invited to participate in and report on a broad range of International and Regional meetings including: amFAR-sponsored TREAT Asia meetings in Bangkok and Kuala Lumpur; the WHO Western Pacific Regional Office Informal Consultation on "3x5" in Manila, and the Jogjakarta Roundtable Meeting: Access to ARV Treatment in ASEAN countries.

In addition to widely distributed reports and summaries written on the meetings above, AFAO International staff have also written or made significant contributions to publications including *People who matter: involving affected communities in responding to HIV/AIDS – the Coalition of Asia Pacific Regional Networks on HIV/AIDS*; *Making UNGASS Work: Using the Declaration of Commitment on AIDS for lobbying and advocacy*; and a report on the Alternative Community Forum held in Bangkok. 

A successful initiative of this year was the Community Sector Workshop on HIV Treatment Access: "Building Policy & Advocacy Capacity in Southeast Asia" held in Bangkok . . . The highly successful meeting, co-presented with our Thai colleagues, was attended by 40 participants and speakers from Indonesia, Vietnam, Cambodia, Laos and Thailand.

It is now three years since the AFAO website project was established and the project is generally on track with the workplan set out in that document.

#### Assess and implement accessibility

The Website Officer completed accessibility training with Vision Australia in September 2003 and has implemented changes to improve accessibility as far as possible. This training helped identify some key problems in relation to accessibility which will be resolved during the impending site upgrade, scheduled for October 2004.

#### Plan evaluation and review

A number of evaluation activities took place during this period including:

- Useability testing in March 2004;
- Further progress on the internal review of the site in 2004; and
- Continued assessment of site reports (this was hampered by software problems at our host company).

At the close of 2003–04, the Website Officer was about to complete the review of the site and prepare a final document which assessed the site's performance based on the aims of the 2002–04 Website Strategy.

#### Start implementing promotions

An advertising and promotions strategy completed in June 2004 was implemented. The AFAO website was promoted through online text ads placed with Google and Looksmart search engines. The Google ads performed well and are ongoing. Looksmart ads did not perform as well and were discontinued. Site reports indicate that improving site useability has improved site traffic. The website was promoted through an AFAO poster display and bookmark promotions at the ASHM and NAPWA conferences in November 2003. The implementation of the Promotions Strategy has been reviewed at quarterly intervals.

#### Capacity building for members

From November 2003, the Website Officer initiated and has remained involved in an organising committee for a national conference for website workers in community organisations. The purpose of this conference is skill-sharing and capacity building for website workers in community based organisations. The conference is scheduled for November 2004. AFAO members will be encouraged to attend.

The Website Officer continued working on establishing a network of community-based website workers, and hosted two successful workshops, in August 2003 at AFAO and May 2004 as a satellite event to the HHARD and AFAO HIV Educator's Conference. Around twenty people attended each workshop, and in both cases there was a good representation of AFAO member organisations and HIV/sexual health/Hep C organisations (over 60% at both meetings). At the May workshop, Marcus Foth – the webmaster for QuAC and QPP – gave an excellent presentation on open source tools and community building through interactive website features such as discussion boards. Proceedings from the satellite are online at the AFAO website.

#### Site growth and development

Since August 2003 there have been major problems with site reporting which have proved difficult to resolve. This means that comprehensive reports for 2003–04 are not available. However, a comparison of April to June periods in 2002–03 and 2003–04 indicates substantial growth.

	2003	2004
Page views per month	12,357	76,136
Visitors per month	1,941	4,105

Traffic from Australia has been increasing and traffic from regions other than Australia and the US continued to increase.


Due to site report difficulties it is not possible to determine which are the most popular pages, for the entire 2003–04 period, however in January, the most popular pages included: Indigenous Projects, Positions vacant, News briefs, HIV/AIDS FAQs and Having a Life (a section reproducing the ANET resource for people living with HIV). This is a similar profile to previous years. The downloading of PDF files has increased, and popular downloads include:

- Various Indigenous reports;
- Pages from the ANET resource *A positive diagnosis*;
- Submissions on the Tasmanian sex industry Bill; and
- ANET resource *HIV positive gay sex*.

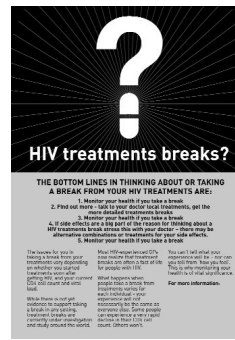
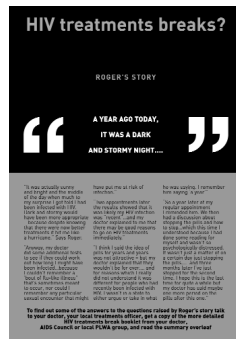
In the latter part of 2003–04 the website officer started preparations for a proposed software upgrade and site restructure.

#### Other projects

During this period, the Website Officer has also worked on other website projects including:

- A website for the HHARD social Research and AFAO HIV educators conference in May;
- Updates to AFAO sub-sites;
- A review of the Hepatitis Council website;
- Implementation of web log software; and
- The ANET clearinghouse committee. 

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THE AFAO /NAPWA  
EDUCATION TEAM (ANET)

The AFAO/NAPWA Education Team (ANET) is a joint initiative of AFAO and NAPWA (the National Association of People Living With HIV/AIDS). ANET upholds the principles of a community-based response to HIV/AIDS through which gay men and people with HIV/AIDS work collaboratively and in partnership with their communities to build effective, sustainable and appropriate responses to the epidemic. The Team's work is guided by the Education Policy Group (EPG), and we work closely with AFAO and NAPWA's constituent organisations.

The 2003-04 year has presented ANET with several major challenges: the imposition of two three-month, and one six-month contract by the Department of Health and Ageing (as opposed to the usual 12-month contract), and the almost complete absence of national leadership from Federal government and bureaucracy in responding to the rises in new HIV infections in Australia greatly hampered ANET's ability to effectively plan and deliver timely education campaigns, resources and training. Additionally, in early 2004 there was considerable disruptions to the team's staffing, including the resignation and consequent replacement of both the ANET manager and one of the gay men's HIV educators.

Yet despite these drawbacks, ANET was able to significantly contribute to the HIV educational and health promotional response in Australia, by continuing to provide intellectual leadership and support to our member organisations and the HIV sector generally. ANET team members' involvement and contribution to national conferences such as International Health Promotion Conference, the HIV/AIDS and Related Diseases Social Research Conference, and the ASHM Conference, as well as a range of national and international symposia and other forums throughout the year has been met with great acclaim and appreciation. It is a challenging time for HIV education and health promotion, one which increasingly requires its practitioners to critically reflect on and revise traditional methods of community engagement and educational message delivery.

Evaluation and prioritisation of ANET's work

This year has also seen a major evaluation of a range of ANET resources, campaigns, and training initiatives by an independent evaluator, Diana McConachy. The evaluation report, entitled *Adding Value*, found ANET's work and processes to be highly valued and successful in its impact on gay men, people with HIV, educators and support workers involved in the delivery of ANET products.

The evaluation also examined the infrastructure and organisational relationships required for the collaborative development of ANET materials, and provided a set of recommendations for improving these relationships, as well as the processes by which the priorities of ANET's work are set. Recommendations included the establishment of Development and Implementation Groups (DIGs), comprising key personnel from AFAO's and NAPWA's membership involved in the development and implementation of the ANET materials. The intention of this groups is to effectively access local expertise, at both the development and implementation stages, so that ANET's materials maintain relevancy for local communities.

Additionally, based on the recommendations of this evaluation, the structure and overall purview of the now defunct ANET Steering Committee has been revised, and a new advisory group, known as the Education Policy Group (EPG) has been established. The new group comprises four representatives each from AFAO's and NAPWA's membership, with the ANET manager and the NAPWA HIV Living Policy Analyst holding ex-officio roles. This new advisory group now has a clearer articulation of its role in terms of setting priority areas for ANET's work, as well as an expanded brief to investigate and provide policy advice on broader HIV education and health promotion issues to both the AFAO and NAPWA Boards.

ANET campaigns

STIs Campaign

In July 2003, AFAO began implementation of a campaign addressing rises in sexually transmitted infections (STIs) among gay and other men who have sex with men (MSM). This campaign has been AFAO's first STI-specific campaign. Key features of this campaign were an online promotion strategy, and state and territory implementation strategies involving collaborative work with sexual health services. The campaign aims were to:

- Increase the health literacy of gay and other MSM in relation to symptoms and transmission of a range of STIs;
- Encourage regular STI testing among gay and other MSM;
- Promote vaccination for hepatitis A and B among vulnerable gay and other MSM; and
- Provide practical information for gay men about accessing sexual health services for regular STI testing.

The campaign was based upon a booklet produced by the AIDS Council of NSW. In addition to a national print run of the ACON booklet, AFAO developed a suite of related materials for various media:

- An online version of the booklet (at [www.afao.org.au/stis](http://www.afao.org.au/stis));
- A series of banner advertisements for various Websites;
- A full-colour A3 poster;
- Print advertisements for national and local gay community press; and
- Various one-off resources developed in conjunction with individual AIDS Councils, including condom and lube packs, event display materials, light-boxes (for displaying materials in sex-on-premises venues), and stickers.

continues >

It is a challenging time for HIV education and health promotion, one which increasingly requires its practitioners to critically reflect on and revise traditional methods of community engagement and educational message delivery.

## THE AFAO /NAPWA EDUCATION TEAM (ANET)

continued

The online promotion strategy included AFAO's first use of Website banner advertisements on *Gaydar.com* and *Mogenic.com*, two of the most popular Internet 'chat' and lifestyle Websites for gay men and same-sex attracted youth in Australia, and pay-per-click advertising on *Google.com*, a popular Internet search engine site. During the first three months of the advertising cycle, the banners achieved over ten million impressions (an impression is an occasion when a banner is displayed on computer). Gaydar Australia advised that the banner campaign had been their second most successful banner series.

The implementation group have reported that members of the campaign target group have responded positively to the campaign materials. Sexual health workers have given very positive feedback about the booklet: in some states it has become the main resource used in client interactions with gay and other MSM.

### Treatments Breaks Campaign

Treatment breaks or strategic treatment interruptions are currently still under investigation in clinical trials comparing intermittent therapy to continuous therapy. Good answers from these trials are unlikely for a few years. Despite the uncertainty, many people with HIV, with or without their doctors advice, are choosing to have a break from their treatment. A campaign about our current state of knowledge and all of the issues people with HIV need to consider was developed in 2002-03 and implemented during 2003-04.

### Campaigns addressing rises in new HIV infections

Since February 2004, ANET has been developing a range of educational responses to the increases in new HIV infections that have been recorded across Australia. This has resulted in the campaign materials addressing the following areas:

- condom reinforcement;
- disclosure of HIV sero-status;
- relationships; and
- promotion of regular HIV testing.



Additionally, ANET is undertaking an action research project utilising HIV educators from AFAO's and NAPWA's member organisations across Australia and a social researcher to investigate the processes and strategies regarding gay men's decision-making around sex and pleasure. It is hoped that the outcomes research will inform the development of future education work that has more resonance with the lives of gay men in the 21st century, and does not depend on presentation of educational resources through the traditional 'prism' of HIV and/or risk.

The educators involved in the data-collection for the action research have been provided with training in guided interview techniques, as a means of increasing their skills and capacity for undertaking similar investigations with their constituency in the future.

The implementation of these campaigns is scheduled for the late 2004 and early 2005.

### ANET Resources

#### A positive diagnosis

A *positive diagnosis* was designed as a resource for people with a recent HIV diagnosis. While improvements in treatments have changed how people with HIV think about the future, it is still the case that getting an HIV-positive diagnosis is very often a significant psychological trauma. There had been no resource for people with a recent diagnosis for some years, and 20,000 copies of this booklet were distributed nationally.

#### Having A Life

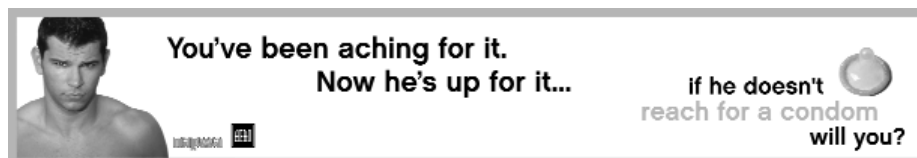
Improvements in treatments a decade ago have led to an increasingly 'private' experience of living with HIV. Sometimes, the only service provider a person with HIV may see for many years is their GP. Equally, some people with HIV, because of their set of needs, will access many services over a short period of time. This privatisation has led to a perception of decreasing visibility of people with HIV and AIDS. For people who have been diagnosed since improvements in treatments, it is often more difficult to find other people with HIV and to access the stories of people with HIV. Accessing stories is known to be very beneficial for people with HIV who do not have easy access to HIV-positive personal support networks. This booklet consists of people with HIV telling their stories. It is thematically divided around some of the common issues such as disclosure, treatments, sex, planning for the future, staying healthy, identity, loss and having children.

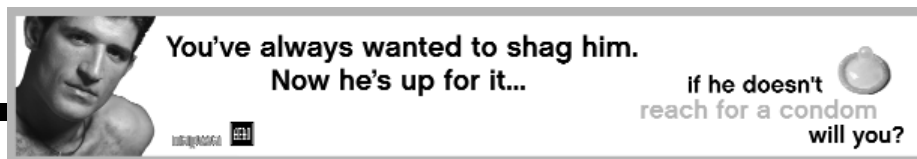
#### HIV/AIDS Resources Manual Update

The *HIV/AIDS Resources Manual* was first produced in 1998. It is designed to be a technical information resource for HIV educators and other people who work in the HIV sector. It focuses on the science of HIV prevention, co-infections, STIs, and behavioural and biological prevention issues. The information needs to be updated regularly because of new knowledge or new topics that require addressing so that the manual remains comprehensive and up-to-date. The manual sections on hepatitis C, post exposure prophylaxis (PEP), and preventative vaccines were updated this year. Next year the STI section will be significantly expanded and updated.

#### Side Effects Resource

As treatments have improved, most of the morbidity associated with HIV disease is now due to the side effects of the drugs used to treat it. A long booklet is in production addressing ways to prevent and manage the most common side effects.





### Discussion Papers

ANET regularly produces discussion documents on new educational challenges, education trends or technical education issues. During the last year we produced documents on:

- pre-exposure prophylaxis (PREP);
- superinfection with HIV;
- electronic technologies and HIV education and health promotion;
- recent rises in HIV infections in Australia; and
- vaccines and the media.

### Capacity Development Projects

One of the strategic goals of ANET is to develop and enhance the capacity of AFAO and NAPWA member organisations to effectively respond to issues relevant to their constituencies. To achieve this, ANET offers best practice expertise and advices in supporting locally relevant activities and initiatives. This year, the following two projects were selected for the receipt of a small grant and the provision of ANET staff support as a means of enhancing these organisations' capacity.

#### Doing It For Ourselves — PLWHA (SA)

The 'Doing It For Ourselves' project provided increased opportunities for PLWHA (SA) Inc.'s Board of Management to engage with its membership, and other HIV-positive people (and those close to them), to influence and engage with current and future PLWHA (SA) programs, services and activities, through their input into the development of the organisation's 2003–2006 Strategic Plan. The Strategic Plan is now being implemented by PLWHA (SA), with assistance from the AIDS Council of South Australia (ACSA). This successful project has enhanced the organisation's capacity to address and respond to locally identified needs and issues in the HIV community. The development of this Strategic Plan has also provided a best practice model for other similar sized PLWHA organisations in other states and territories to emulate.

#### Bouncing Back — HIV/AIDS Peer Advisory Network, HAPAN (WA)

The 'Bouncing Back' program was developed by the HAPAN Treatments Convenor in consultation with a range of local people with HIV/AIDS living in the Perth area, and other key stakeholders and specialists. These consultations identified the need for a health and exercise program for the HIV community that was accessible and able to be adapted for PLWHAs with individual medical and health needs.

As a result an exercise program was developed and trialled. The program utilised appropriate exercise equipment and a nutrition and exercise booklet that was prepared to support the program on an ongoing basis. The program was run at the Western Australian AIDS Council (WAAC) for three nights each week, over a 12 year period, and provided an effective and sustainable exercise and lifestyle program in a non-threatening environment for people with body image issues, and which addressed some of the health and HIV treatments issues, such as diarrhoea, weight loss, lipodystrophy, and fatigue.


The program was highly successful in that it raised the awareness of the benefits of exercise and a good diet for people with HIV and increased community engagement with both HAPAN and WAAC.

### ANET training

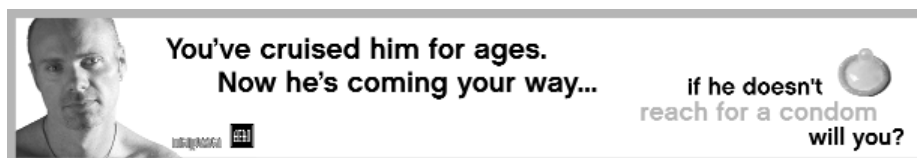
#### AFAO/NAPWA HIV Educator's Conference 2004

In May 2004 ANET successfully co-hosted the 8th National Educator's conference with the National Centre in HIV Social Research. The theme of this year's conference was 'New Technologies, New Responses'. Over 200 delegates attended the conference. The conference prompted submissions from around the country on a variety of emerging and continuing issues within HIV and hepatitis-related issues, including:

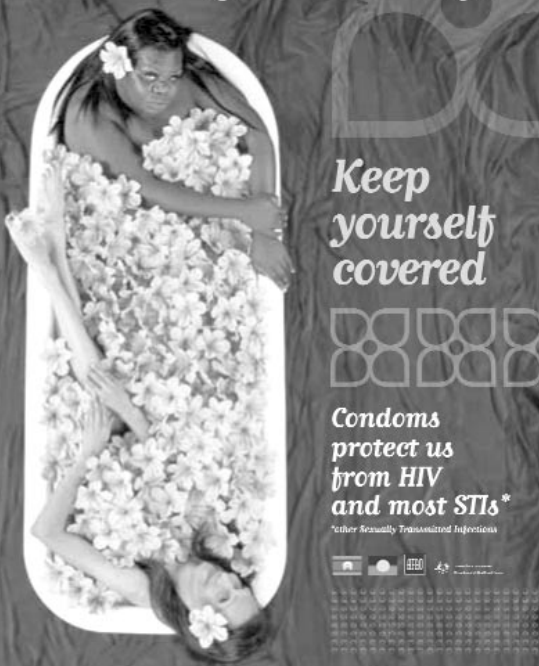
- New HIV technologies: issues such as vaccines, pre-exposure prophylaxis (PREP) microbicides were presented on and discussed. Will Nutland from the Terrence Higgins Trust (UK) presented data and comment on a recent British study regarding gay men's knowledge of existing prevention technologies and home testing.
- Rises in new HIV infections: A variety of trends have been associated with increase in HIV infection trends among gay men. Speakers covered a range of topics including unprotected sex, treatment breaks, sexually transmissible infections, and HIV testing.
- Internet Technologies and HIV research and education: Issues discussed included a presentation by social researcher, Professor Harm Hoppers from University of Maastricht, the Netherlands, on how the Internet can be used for research; the use of the Internet as a social and sexual space by gay men; and a report on the first survey of gay chat sites used in Sydney and Melbourne; and the use of the Internet as a way to deliver sexual health information.
- The use of crystal methamphetamine in gay communities in Australia, its relation to rises in new HIV infections, and challenges to HIV prevention education.
- Positive In Prevention. Issues included HIV disclosure and negotiation, the use biological prevention strategies, and PLWHA care and health promotion.
- Sexually Transmissible Infections and HIV, including implications for prevention and HIV care.

An independent post-conference evaluation was conducted, which has resulted in the presentation of recommendations for future improvements to the conference format in future years. 

ANET is undertaking an action research project utilising HIV educators from AFAO's and NAPWA's member organisations across Australia and a social researcher to investigate the processes and strategies regarding gay men's decision-making around sex and pleasure.



# Sistergirls Say



THE SISTERGIRL 'KEEP YOURSELF COVERED' RESOURCES



## INDIGENOUS GAY, SISTERGIRL AND TRANSGENDER HIV/AIDS – SEXUAL HEALTH PROJECT

The Indigenous Project works with AFAO members to develop capacity and promote community development to deliver a range of programs to Indigenous communities. This includes assisting AIDS Councils in the building of relationships with Indigenous communities through promotion of AFAO and members work. The work of the Indigenous project over the past twelve months has seen the culmination of several years of work coming together, with development in two significant areas: commencement of the IDU project, and the completion of the AFAO Strategy for responding to sexual abuse of young Aboriginal & Torres Strait Islander gay men and sistergirls.

Sexual abuse and its impact on gay and sistergirl communities was first raised during the national consultations undertaken by the AFAO Indigenous Project in 1997, which led to the release of the AFAO National Indigenous Gay and Transgender Consultation Report and Sexual Health Strategy. Due to the sensitive nature and cultural issues related to sexual abuse, strategies and movement forward were cautious. The strategy has undergone a rigorous consultation process involving the

Indigenous Project, the Indigenous Strategic Alliance (ISA), members of the Indigenous Project Officer Network (IPON), and the AFAO Management and Board. The ISA will shortly prioritise strategy recommendations and the project will then commence implementing them over the coming months.

A consultation project for a national campaign addressing injecting drug use in Indigenous communities commenced in 2003. This is a collaborative project between AFAO and AIVL, and has involved national consultations with Indigenous communities, coordinated through AFAO and AIVL members in different States and Territories. The project has focused on the issues and direct health promotion needs of injecting drug users. This project has also been assisted with a reference group comprising representatives from the ISA, Indigenous IDU community, AIVL, ASHM, NCHECR and ARCSHS.

Work has also concluded on the development of the two Sistergirl poster resources, entitled 'Keep Yourself Covered'. These posters addressed issues of HIV and STI health promotion, as well as pride and self-esteem. At the ASHM Conference in Cairns in October 2003, the project gave a poster presentation on the resource development process, which resulted in the Project winning an ASHM prize. The presentation was given in English and Tiwi language, and also included song and dance by the sistergirls featured in the poster. ⚧

Sexual abuse and its impact on gay and sistergirl communities was first raised during the national consultations undertaken by the AFAO Indigenous Project in 1997, which led to the release of the AFAO National Indigenous Gay and Transgender Consultation Report and Sexual Health Strategy.

**T**he Organisational and Members Services Team continues its role in providing administrative infrastructure and support to the other teams within AFAO as well as the Board and the member organisations. In order to provide this infrastructure our roles are diverse and include the positions of Administration Officer (Andrew Sajben), Financial Controller (Jill Mogridge), Finance Clerk (Craig Tracey), Website Officer (Jill Sergeant), Executive Assistant (Juliet Dewar), IT Consultant (Mark Street), Media Officer (Brad Johnston from February 2004) and me (Martin Bangs) as Manager (from 23 February 2004).

The team farewell my predecessor, Tim Childs, in March 2003. Tim served as the OMS Manager for more than two and half years and I'm sure that the rest of the OMS team valued his admirable contribution to the teams efforts and achievements during this time in the same way I appreciated the hand-over period that Tim thoroughly took me through.

It has been and continues to be an interesting, challenging and exciting opportunity for me to join AFAO as a member of the OMS Team. My first challenge in the role as the Manager has been to become acquainted and well versed with the complexities and nuances of attending to the administrative and financial side of the organisation. In grappling with this I am grateful for the capable and supportive assistance and acceptance from the rest of the OMS Team, as well as the support from the other teams within AFAO.


It has, as always, been a busy year for the OMS team. The perennial events of the general meeting in April 2004 and the annual general meeting in November 2003 were effectively co-ordinated and organised by Juliet Dewar and Andrew Sajben for the member organisations and the AFAO Board. Juliet has worked hard in assisting the Executive Director and the Board Members as well as undertaking various administrative tasks for the OMS team. Andrew has efficiently and effectively co-ordinated the travel requirements for the ASHM conference in November 2003 and the HHARD Conference in May 2004 as well as maintaining internal systems and policies involving IT maintenance requisitions, building maintenance, archiving and filing systems and working on the AFAO A-Z Guide.

The Finance Team comprised of Jill Mogridge and Craig Tracey have worked hard during the year to implement several upgrades to the accounting software as well as develop and implement new reporting requirements required from several different areas. This is in conjunction with the ongoing challenges of maintaining a complex financial environment as well as managing the cash flow in an uncertain funding period.

Jill Sergeant has worked assiduously on the AFAO website to improve accessibility which has improved site traffic, implement an advertising and promotions strategy through google as well as conducting an internal review of the site to maintain its quality. Jill has also continued maintaining a community based website workers network and during the year facilitated two productive meetings to enhance skill sharing and capacity building.

Mark Street continues to provided AFAO with quality IT maintenance support and worked very hard this year to upgrade AFAO's file server. Brad Johnston has taken on the role as AFAO's media officer and we welcome Brad on-board in this important role.

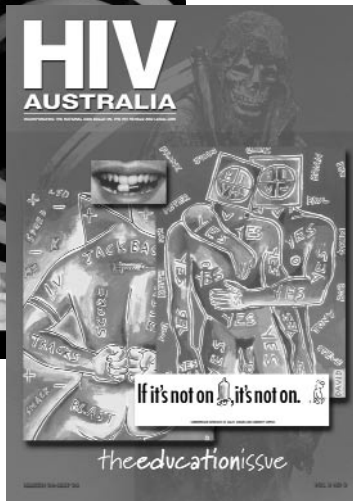
AFAO has continued our relationship with our sponsors from the corporate world and special thanks must go to Mallesons Stephens Jacques who provide us with legal advice on a pro-bono basis and Rydges Hotel Camperdown who are AFAO's preferred hotel for accommodation and meetings. AFAO is extremely appreciative of the support our sponsors provide and looks forward to an ongoing relationship in the future.

Finally I would like to give a special thanks to the OMS Team for their efforts and support during my introductory time and also for their accomplishments in the time prior to my arrival. 

MALLESONS STEPHEN JAQUES




The Organisational and Members Services Team continues its role in providing administrative infrastructure and support to the other teams within AFAO as well as the Board and the member organisations.



## VACCINES

The Australian Thai HIV Vaccine consortium, of which AFAO is a member, is developing and clinically trialling a preventative AIDS vaccine using a DNA/Fowlpox prime-boost strategy. AFAO participates in all decision-making processes of the consortium and a key role is to ensure informed volunteer participation and comprehensive community education about the program and vaccine development generally.

The program involves a clinical trial in Sydney, which commenced during this year, to test if the vaccine is safe when given to humans and whether the vaccine stimulates the sort of response from the immune system that is considered important in protecting against HIV.

A second trial is planned for Thailand in 2005 using a modified version of the vaccine designed for the sub-type of HIV commonly found in Thailand. AFAO has formed a partnership with two community organisations in Thailand, the Centre for AIDS Rights and the AIDS Access Foundation, to deliver a comprehensive vaccine education program in Bangkok. Our Thai partners have been delivering community education workshops, producing information resources and have initiated the formation of community advisory board. 

## MEMBER ORGANISATIONS

### AIDS ACTION COUNCIL OF THE ACT

REBECCA DAVEY – GENERAL MANAGER

This year has been one of change for the Council. Long term General Manager Daniel Coase accepted a position with ACT Health which left a huge hole both in personality and stability and in knowledge and leadership within the sector. However, through a long vacancy which was ably filled by the Education Manager, Kevin Schamburg, and the appointment of a new General Manager, Rebecca Davey, the Council has continued to grow. The delays in both the release of the 5th National Strategy and the negotiations between states and territories and the Commonwealth over the Public Health Outcomes Funding Agreement (PHOFA) continued to impact assured ongoing funding. The ACT Government had made a commitment to the community sector to have three year funding partnerships in place by 1 July 2004, however, were unable to carry this commitment through to many areas in the sector due to the lack of progress in finalising the PHOFA. Despite these uncertainties, the relationship between the Council and ACT Health has remained strong, and through partnership policies pushed through the ACT Government increasing intersectorial collaboration is becoming evident.

The Community Support Services Unit (CSSU) has also seen a change in leadership. The appointment of a new manager, Nada Ratcliffe, with a social work background has lead this unit into an increasingly client case management role. The unit has been working hard with another non-government organisation focused on housing to purchase two properties to rent to people living with HIV/AIDS who are otherwise struggling to find accommodation in suitable premises, especially in the current ACT housing climate, which has been impacted on not only by nationwide skyrocketing real estate prices, but also by a lack of rental properties both public and private following the January 2003 bushfires.

PLWHA ACT have worked closely with the CSSU throughout the year. Ongoing support from the Worker's Reference Group has been vital in a year where the support worker managed not only PLWHA ACT but also the CSSU through another long vacancy. Both areas have combined to create a small but vibrant women's group, and have worked to secure funding for both a positive men's and positive women's retreat to be held separately in the new year. The monthly HIV Dietician's clinic has continued and the Complementary Therapies Clinic and Massage Program continue. PLWHA ACT has worked closely with the nominated representative on the ACT Ministerial Advisory Committee on Sexual Health, HIV/AIDS, Hepatides and Related Diseases to maintain the ACT Government's attention on HIV/AIDS. The Trevor Daley Fund has been undergoing a review in the management and prioritisation of funding. Like most charitable funds demand often exceeds availability of funds, however, an end of year charitable spate of donations from the community has secured the fund for a little longer, and the review of it's operation will continue into the new year.

The Community Education and Health Promotion Unit (CEHPU) has continued to deliver innovative local responses. A follow up campaign to 'Cover Yourself in Canberra', 'Condom Miranda' (based on the Carmen Miranda image) was developed to appeal to the youth sector. Miranda has toured extensively throughout the ACT appearing both live and in mannequin form at various sites, handing

The delays in both the release of the 5th National Strategy and the negotiations between states and territories and the Commonwealth over the Public Health Outcomes Funding Agreement (PHOFA) continued to impact assured ongoing funding.

out both dental dam and condom packs, further raising the profile of the condom and lube as the primary safe sex message for all. The same sex attracted youth website [www.qnet.com.au](http://www.qnet.com.au) and the AIDS Action Council websites have continued to be well visited. Workshops for same sex attracted women, young men and older men have been held regularly throughout the year and have also been well attended. The Sexual Health Testing, Referral and Information Project (STRIP), held in conjunction with the Canberra Sexual Health Centre and the ACT Division of General Practice, has continued to grow and expand, with sub-projects aimed at marginalised youth (T-Shirt) and sex workers and punters (SWOP Shop) running in conjunction to the primary project which is aimed at major sex-on-premises venues and clinics at the Council premises on nominated Saturday mornings. STRIP was presented at the Cairns ASHM conference and received the Community Program Presentation Award the program has been a finalist in two major ACT Health awards

The CEHPU worked closely with PLWHA ACT and clients to produce a photo exhibition 'A Positive Journey'. This photo exhibition was created through clients taking away with them a disposable camera and capturing the reality of their own lives. The exhibition showed for a number of weeks at a local community service's exhibition space, and was well received by the community. The photos remain on view at the Council premises, and are especially important following the unexpected death soon after the exhibition of one of the clients involved.

As the year comes to a close, members of the Council are busily preparing to attend the Bangkok Conference where they have been successful in gaining acceptance of a poster presentation of the 'Cover Yourself in Canberra' Campaign. This has been enabled through generous donations from a number of beneficiaries including ACT Health to enable the attendance of delegates. ♂

**H**IV infections in NSW rose by 6% during 2003, well down on the 15% increase of the previous year showing that renewed and reinvigorated safe sex messages – properly funded and delivered in partnership – must be a central part of any response to the rise in infections. ACON worked as part of an interagency with NSW Health and Area Health Services along with PLWH/A (NSW) Inc. and the Australasian Society of HIV Medicine (ASHM) to address this issue through a joint campaign highlighting the rise in HIV and promoting safe sex. The February 2004 *Sydney Gay Community Periodic Survey* indicated a high level of recognition by gay men of the campaign messages with a 65% recall rate. Towards the end of 2003–04 ACON was finalising a new 'Gay Men's HIV/STI Prevention Strategy 2004–06' with a focus on new intervention strategies that take into account the changing rates of HIV infections.

Dionne Warwick took some time out from her Australian tour schedule to help raise awareness of the rise in HIV infections in NSW. She joined ACON's Bill and Ben the Positive Men, based on characters from David McDiarmid safe sex posters, to raise the visibility of positive people and HIV prevention. Our other condom reinforcement messages during the year included the second stage of the 'Expose the Myth' campaign and pre-Mardi Gras and Sleaze campaigns.

Sydney Lesbian and Gay Mardi Gras and Sleaze are also busy times for ACON's safe sex sluts who are a familiar presence around the various parties promoting use of condoms. ACON's volunteer Drug Rovers are an important initiative developed initially in response to GHB issues at major parties but are now a familiar part of large dance parties, working with organisers and medical staff to support the health and safety of punters.

The Mardi Gras season was also a key time for ACON to focus on other issues affecting our community such as same sex domestic violence. We launched a major SSDV campaign developed with funding from the NSW Attorney-General's Department to raise awareness of this issue within our communities and to provide a range of referral information. We hope to increase the understanding of domestic violence in the gay and lesbian community and to dispel a number of myths. Homophobic violence also generated considerable media interest in NSW with the release of the first statewide study by the NSW Attorney General finding 85% of gay men and lesbians in NSW are subjected to homophobic abuse. ACON assisted in the *Report on Homophobic Hostilities and Violence Against Gay Men and Lesbians in NSW* and the results confirmed the high rates of homophobic violence that are reported to our Lesbian and Gay Anti-Violence Project.

Alcohol is acknowledged as a contributing factor in both domestic violence and hate-related violence as detailed in ACON's submission to the NSW Summit on Alcohol Abuse. We called for more appropriate services to be developed, or expanded, to better cater for the needs of same sex attracted people experiencing problems with alcohol dependence. The Summit recommended prevention strategies be tailored to the specific needs of GLBT communities, that services are culturally sensitive and responsive for individuals and groups from the GLBT communities and that an integrated service delivery model be developed to assist GLBT people affected by alcohol misuse and domestic violence. The Government took up a number of these recommendations in its response, including a further commitment to resource a study of the scope and impact of party drugs on the GLBT communities.

In health promotion we launched a new resource – *Opening the Window* – for lesbians on health and wellbeing to promote greater self care. Our Positive Men's Health Promotion team ran a series of Healthy Life+ gym programs for HIV positive gay men around exercise, general health and diet. The program is run in conjunction with Gold's Gym Sydney who won an international award for 'most outstanding contribution to charity and community causes'. Health promotion programs have attracted many new clients to our Positive Living Centre with the client base doubling in the past year. The PLC established a new catering project to provide training and potential income opportunities for positive people.

Our Community Support Network (CSN) also increased client numbers with a new intake program in hospitals and wider eligibility criteria to provide services to a greater number of people in need of home care support. Our CSN Transport Service also expanded the area for community transport options. ACON's housing service expanded its reach with a new housing buddy project with volunteers assisting plwha's through the process of finding housing. We also received funding from FACS for a project to assess the impact of same sex domestic violence on homelessness in our community. ♂

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## MEMBER ORGANISATIONS

AIDS COUNCIL OF  
SOUTH AUSTRALIA

MATTHIAS WENTZLAFF-EGGEBERT  
– ACTING EXECUTIVE DIRECTOR

**T**his year's Annual Report is to celebrate twenty years of existence of the AIDS Council of South Australia. It is important to remember that the AIDS Council has provided twenty years of service to its communities and continues responding to the challenges of HIV/AIDS as it affects South Australia.


The AIDS Council in the last few years has become much more involved with allied organisations and is engaging in a range of collaborative work. The organisation works closely with PLWHA (SA) Inc and the HIV Women's Project to ensure continuous service provision to the constituents of these organisations.

During the past year we have been constant supporters of the 'Let's Get Equal' campaign to reform laws that discriminate against same-sex relationships in South Australia, Pride March and the Adelaide Lesbian and Gay Cultural Festival FEAST, and it is our intention to continue these relationships into the future. The position of Development Manager at ACSA is now proceeding to establish a fundraising and events base to secure funding for a variety of projects.

The HIVE community food store for PLWHA is continuing at the Positive Living Centre with the support of the Red Ribbon Bobby Goldsmith Fund and was recently evaluated as being one of the most important projects for the HIV positive community in South Australia.

The organisation still provides a solid base of strong community information, peer education, harm reduction as well as counselling and support services across its key constituencies of gay and homosexually active men, injecting drug users, sex workers and people living with HIV/AIDS. This year, requests for information sessions and presentations have increased, new resources have been developed, the clean needle program services suburban areas and an outreach trial into gay chat rooms on the internet has been completed.

The continued relevance of our work is well reflected in the bus shelter poster developed by the AIDS Council of SA in response to rises in HIV and STI infections in South Australia:

HIV/AIDS is still here. Condoms still work. 

## AIVL

MICHAEL LODGE – EXECUTIVE COMMITTEE MEMBER

**T**he staff and management of AIVL worked hard over the past year on raising the profile of the organisation on a range of fronts:

- We developed and began implementing a 'Political Lobbying and Representation Strategy' (strategy aimed at raising AIVL's profile amongst federal politicians includes targeted meetings with politicians and advisers, a letter writing campaign, producing summaries of the key positions of each political party in the lead-up to the federal election, etc.).
- We made presentations at national, local and international conferences.
- We implemented a Strategic Alliances Strategy including holding meetings with key national organisations that AIVL has not worked with before.
- Additional Media Training was held for our Policy Manager, President and Vice President.
- Representation on key national advisory structures including MACASHH Hep C Sub Committee.
- AIVL was represented on the organising committees for the International Conference on the Reduction of Drug Related Harm and the 4th Australasian Hepatitis C Conference.

Our ongoing support of the member organisations and users across the country included:

- Continuing to run a Managers Forum to provide peer support to the managers of the AIVL member organisations.
- Continuation of the Annual Peer Education Training Workshop (new peer educators from across the country are invited to a national skills and capacity building workshop to increase the pool of trained peer educators) held in Adelaide.

**Policy Program**

The policy program was particularly active ensuring drug user issues were on the public health agenda by:

- Development of policy position statements on access to pain management for IDU with hep C and drug testing in the workplace.
- Continuing to represent IDU on retractables (member of IRG, produced Retractable Update, produced flyer for IDU on retractables, working with researchers conducting pilots, media comment, regular updates in *Junkmail*, etc).
- Ongoing promotion of the AIVL NSP in Prisons document including meetings with politicians at the local level, setting up a Corrections Health Elist and organising a national meeting to discuss and progress a trial NSP in an Australian prison.
- Ongoing promotion of the AIVL national Statement on Ethical Issues in Research Involving IDU.
- Development of the Hep C, IDU & Discrimination Media Project (this will involve targeted media coverage and a website with sections for the media and the general public).

Ongoing promotion of the AIVL NSP in Prisons document including meetings with politicians at the local level, setting up a Corrections Health Elist and organising a national meeting to discuss and progress a trial NSP in an Australian prison.



## NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS (NAPWA)

JO WATSON – EXECUTIVE OFFICER

Continuing core work included:

- Publication of *Junkmail*, the national policy magazine for drug users;
- Policy & Advocacy Training Workshops – running skills building workshops for drug users in policy development, advocacy, activism and lobbying through the local AIVL member organisations; and
- Continuing policy activities in relation to the needs of methamphetamine injectors and young women IDU.

### Education Program

AIVL's Education Program also continued work across an impressive array of projects and training:

- Continued to produce AVANT Cards on emerging issues (next set will be on myths in relation to hepatitis C transmission);
- Distribution of the AIVL Peer Education Framework document;
- Continued production of Hepatitis See electronic newsletter;
- Continuing development of the AIVL website;
- Young Women IDU and Hepatitis C Peer Education Project (young women IDU are working with AIVL to produce an education resources for this group);
- Development of a Methamphetamine, Hepatitis C and Injecting Drug Use interactive website; and
- Development of the campaign materials for the National Hand-Washing Campaign. This is a campaign about avoiding injection-related infections.

**N**APWA's advocacy work has three pillars that underpin and guide our national response: leadership, participation and capacity development. From a leadership perspective, NAPWA has gone from strength to strength over the past year, in spite of some of the particular challenges which we have faced in our advocacy work and efforts.

We have been very fortunate to have David Menadue as NAPWA President for the first seven months of the year. Since then, David has continued his service as Vice President. David brings a wealth of experience and expertise to NAPWA, and participates in many areas of NAPWA's work, including as a member of the HIV subcommittee of the government's Ministerial Advisory Committee on HIV, STIs and Hepatitis (MACASHH).

Gabe McCarthy became Acting President in February this year, and President in April 2004. Gabe is the first woman ever elected President, so this is an important and long-overdue development, and reflects NAPWA's growing credibility as an organisation willing and able to represent the broad range of Australians living with HIV and AIDS.

The NAPWA Board and National Portfolio Convenors have led the organisation and its work with distinction, harnessing the energy of many committed volunteers who contribute to our working groups and our national response. Our state-based member organisations have provided representatives who are experienced advocates, who understand the importance of strong alliances, and working together collaboratively to achieve desired outcomes. The Secretariat continues to coordinate overall responses on advice and direction from the Board under the leadership of Jo Watson, Executive Officer.

NAPWA has strengthened opportunities for member participation and partnership building during the year and the outcomes from this work are impressive and clear. Some of the highlights of the year include the following contributions to our community based response.

In Cairns, we held our 10th National Conference, an outstanding success, with over 250 delegates attending from all states and territories. Delegate feedback from the conference was extremely positive and affirmed the importance of these gatherings for information sharing, peer networking and honing of national advocacy and policy issues for NAPWA and our membership. A full conference proceeding booklet has been produced and is available from the NAPWA office or website.

Another first for this NAPWA conference was the attendance of HIV positive delegates and their carers from four rural and remote communities in PNG who attended the conference as part of a facilitated study tour which aimed to equip them with some first hand experiences of the ways that Day Care centres for HIV positive people operate in Australia. Their attendance was made possible through the Collaboration of Health PNG (CHPNG), of which NAPWA is a contributing member. Since then NAPWA has trained two development workers to visit each of these centres to provide

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From a leadership perspective, NAPWA has gone from strength to strength over the past year, in spite of some of the particular challenges which we have faced in our advocacy work and efforts.

## MEMBER ORGANISATIONS

## NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS (NAPWA)

JO WATSON – EXECUTIVE OFFICER

continued

technical and peer support and advice on some ways forward in communities operating under enormously difficult circumstances. A full report has been produced, and further work is being planned. This was just one of the many areas of work which the growing and dynamic International Portfolio has been providing input over the past year.

NAPWA was an organising member of the HHARD and National HIV Educators' conference held in Sydney in May. This conference provided an excellent opportunity for NAPWA's membership working in health promotion and education activities to highlight their work, network with other peers, and raise issues of concern to positive people.

Of course, HIV policy occurs within a broader health care system. As a recognised leading peak organisation, NAPWA participated at a three-day Australian Health Care Summit in Canberra. This was a very significant gathering of national health care organisations, policy-makers and individuals concerned and invested in maintaining and strengthening an ethical, robust and sustainable public health care system. NAPWA continued to support and participate in the national advocacy work of the Consumer's Health Forum (CHF), through CHF workshops and trainings for consumer representatives, supporting CHF's advocacy efforts, and providing representatives on specialist advisory and working groups, including the Committee for the Recognition of Medical Specialties.

Our national broadsheet *Positive Living* is now well-established within its NAPWA home and provides one important way that we and our members communicate to each other and to a broad range of interested parties on issues of national significance to the lives and well being of positive people. This last reporting period saw a national evaluation undertaken which showed that readers highly valued the publication, its format, content and distribution strategies.

Our partnerships highlight the strength and breadth of our work with other key national community and government institutions and organisations. We have representation on, and extensive input into, the work of: AFAO; the three National Research Centres in HIV (Epidemiology and Clinical, Social and Virology research); the Australian Research Centre in Sex, Health and Society (ARCSHS); the AIDS Trust of Australia (ATA); the Intergovernmental Committee on AIDS, Hepatitis and Related Diseases (IGCAHRD); and the AIDS Treatment Project Australia (ATPA) to name a few.

NAPWA's work is guided by our Strategic Plan, and carried out either through the Secretariat's efforts or through the Workplans of the seven NAPWA National Portfolios: Care and Support; Education; Health and Treatments; Indigenous; International; Legal; and Women.

All seven portfolios have worked hard over the past twelve months, and are contributing to the development of a NAPWA Strategic Plan for 2004–008.

In June 2004, we had the first anniversary of our Indigenous Positive Network (IPN+), which is now operating nationally as a positive peer support and advocacy network for Indigenous positive people. The IPN+ is now firmly and strategically placed to work with other bodies, including the Aboriginal Medical Services, the Indigenous Australians Sexual Health Committee (IASHC) and AFAO's Indigenous Strategic Alliance.

The last six months has also been important for the Women's Portfolio, with the formation of a new national network of positive women. It is significant that we now have a national forum for women to come together and network, provide peer support and education to each other and to identify and work with NAPWA on addressing the unmet needs of women living with HIV.

The Health and Treatments Portfolio continues to be the largest NAPWA portfolio, progressing important work on clinical trials, and the finalisation of a trial protocol for a relatively new treatment (New-Fill) for a disfiguring side effect of HIV treatments: facial lipoatrophy.

It is significant that we now have a national forum for women to come together and network, provide peer support and education to each other and to identify and work with NAPWA on addressing the unmet needs of women living with HIV.

# NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL

DAWN LAWRIE – PRESIDENT

**T**his year has been characterised by further integration of hepatitis into core business and the expansion of services to include Central Australia.

The Council renewed its contract with the Department of Health and Aging and secured increased funding under the National Injecting Drugs Strategy (NIDS-Treatments) which enabled increased capacity in the Needle and Syringe Project (NSP) with the expansion of operating hours at the Palmerston NSP, the provision of community education around hepatitis C, and the provision of limited support services for people who are hepatitis C positive. Organisationally, we determined that we will focus our care and support initiatives for hepatitis C positive people considering or experiencing treatments.

Additionally the Council received ongoing funding from Territory Health to allow the continuation of the Hepatitis C Consumer Forum which was established as a pilot project with short term funding. These opportunities have significantly increased our capacity to integrate hepatitis C into core services.


Our traditional HIV focused projects have remained stable and productive. Some notable developments include the development of a strong gay and lesbian youth group and the establishment of a resource centre within the Council for the gay and lesbian community.

Perhaps the most significant development for the year is the establishment of a regional office in Central Australia. The AIDS Council of Central Australia ceased services in early 2003 and since then there have been limited dedicated services for blood borne viruses in Alice Springs. The Northern Territory AIDS and Hepatitis Council secured the contract to provide BBV services in early 2004 and has engaged in the process of establishing services since then. In order to take up services in Central Australia the Board acknowledged it was necessary to restructure the Darwin office. The result is we now have Regional Project Managers in both the Top End (Dr Joe Thomas) and Central Australia (Ms Jill Meade), who are responsible for the day to day management of projects in their respective regions. The Alice Springs office was officially opened Friday 10th September by the Minister for Health and Minister assisting the Chief Minister for Central Australia the Hon Peter Toyne MLA.

A planning day was held in August, with most staff and Board members attending, allowing a full and frank discussion of our planning for the future and enabling our senior staff from Alice Springs the opportunity to meet with their colleagues and Board members, a most successful day. It is important to note that the Board position of Secretary was filled by Christine Weir, an Alice Springs resident – most apposite given the establishment of the office in that region.

We received permission to utilise surplus funds from the Aboriginal and Torres Strait Islander (ATSI) Project to conduct a short term research project around appropriate services for itinerant (long-grass) people in the Darwin metropolitan area, and also received additional dedicated funds to carry out some focused prevention work on the Tiwi Islands with sisters.


During the year we were able to upgrade the IT system and network Darwin, Palmerston and Alice Springs to maximise all of the organisation's operations.

I thank my fellow Board members, the Executive Director and his staff for their work throughout this most productive year, and I acknowledge the continuing support of the Northern Territory Department of Health and Community Services and the Commonwealth Office of Aboriginal and Torres Strait Islander Health (OATSIH) through the Dept of Health and Ageing. Their support and encouragement has made our excellent delivery of services possible. 

The Health and Treatments Portfolio also contributed significantly to NAPWA's submissions to government on the US-Australia Free Trade Agreement, our submission to the Senate Select Committee on Medicare as well as our submission to the TGA Review of Australian Arrangements for Clinical Trials and Access to Unapproved Therapeutic Goods.

The Care and Support Portfolio has also had a full workplan, with much attention focused on proposed changes to eligibility requirements for the Disability Support Pension (DSP), mandatory training in HIV awareness to Centrelink Disability Officers and other personnel and agencies charged with the responsibility to make assessments on work capacity, and advocating for the introduction of a Chronic Illness Card for people on low incomes so that individuals who have a proven need for pharmaceuticals are able to access these at reduced or concessional rates.

The Care and Support Portfolio has also worked hard to highlight issues related to ageing, long term housing needs, poverty and financial hardship issues and has also joined the Centrelink Customer Reference Group where issues of policy translate into practice and initiatives.

NAPWA is currently engaged in a major consultation process with its membership on the issues we wish to see taken up in Australia's 5th National HIV and STI Strategy and its eventual implementation. All of the portfolios are actively contributing to this important process of needs and content identification, and priority setting for policy and advocacy matters we wish to have enshrined in our national response. 

We received permission to utilise surplus funds from the Aboriginal and Torres Strait Islander (ATSI) Project to conduct a short term research project around appropriate services for itinerant (long-grass) people in the Darwin metropolitan area.

## MEMBER ORGANISATIONS

## QUEENSLAND AIDS COUNCIL

RODNEY GOODBUN – PRESIDENT

**T**he rise of new HIV notifications in Queensland continued to concern the Board and members of the gay, lesbian, bisexual and transgender communities in 2003–04. While the QuAC Board believed that the Australian and Queensland Governments could have been doing more to address this issue, it also acknowledged that there was a need for QuAC to review its own HIV prevention responses. This gave rise to the development of the Education Action Plan launched in March 2004.

The Action Plan consisted of six core priorities intended to increase the profile of HIV Education among the affected communities in Queensland and disrupt current HIV transmission patterns. The core priorities included sexual health testing, condom use, working with and supporting the community, addressing the role of HIV positive gay men and other men who have sex with men and the role of drug and alcohol use in sexual practices.

Following on from *Last night I picked up someone ... and something* which ran through 2003–04, the Action Plan has directly informed the development and implementation of the latest campaign for gay men and other men who have sex with men. *Keep It Up, Keep It Safe* was launched in June 2004. It congratulated men for controlling the spread of HIV over 20 years of the epidemic. But it also directly raised the issue of the increase in new HIV infections and promoted condom use as the most effective method for responding to HIV and other sexually transmissible infections.

The Client Services Development Project was funded by Queensland Health and completed in December 2003. The project found very high levels of satisfaction with referral, advocacy and care coordination among people living with HIV/AIDS and services providers. Conducting a file audit identified ways of improving systems to support current practice and provided an opportunity to develop a tool for ongoing quality assurance.

The final report from the project also recommended further action through the implementation of the Networking Strategy 2004 to enhance QuAC's capacity to meet the needs of people living with HIV/AIDS into the future.

A priority for the Board in 2003–04 was further work on QuAC's housing program including plans for the renewal of QuAC's housing portfolio and the establishment of a housing assistance fund for clients. However, as a result of uncertainties created by Queensland Health's new purchasing arrangements for HIV/AIDS, hepatitis C and sexual health programs, this work was suspended. The financial statements for 2003–04 will reflect that QuAC remains in a strong position to progress this work once the structure and program arrangements for the organisation are resolved.

One of the key goals identified by the current QuAC Board when it took office in October 2003 was the development of closer working relationships with other community-based organisations working in the HIV/AIDS, hepatitis C and sexual health sector. I am pleased to say that as a result of a workshop initiated by QuAC, the Partnership of Non-Government Health Organisations (PONGHO) formed in 2004 with a view to sharing information, developing common positions on key policy issues and providing a unified voice to Government when required.

Other highlights of the year included:

- QuAC's national profile receiving a boost as a result of the impressive work of our far north Queensland volunteers at the Australasian Society of HIV Medicine (ASHM) and National Association of People Living With HIV/AIDS (NAPWA) conferences staged in Cairns in October;
- QuAC staff and Board members supporting Queensland Positive People on its journey to incorporation and continuing to work on issues related to this important coming of age through the QuAC/QPP Working Group;
- QuAC continuing to support Action Reform Change Queensland (ARCQ) in advocating for lesbian, gay, bisexual and transgender rights through the use of meeting/office space and access to resources. ARCQ joined with other state and territory rights groups in April 2004 to form the Equal Rights Group lobbying on national issues such as relationship recognition and entitlements;
- At its May 2004 meeting, the Board approving the creation of two Equity Officer positions within the staff body and a corresponding position on the Board. These officers will work towards enhancing the safety and diversity of the work place and the wider organisation; and
- The Constitution Working Group having oversight of a major review of QuAC's constitution with the results to be presented to the 2004 Annual General Meeting.

However, the key challenge for the Board and for QuAC during 2003/04 was, without doubt, the competitive tendering processes initiated for the HIV/AIDS, hepatitis C and sexual health programs for the first time in 2003.

QuAC acknowledged that competitive tendering can be an appropriate purchasing tool for governments to use in some circumstances. However, even in these limited circumstances, competitive tendering techniques should be adapted for appropriate application in human services where there are "social markets" that differ from "for profit" markets. QuAC argued that competitive tendering is not appropriate where there is a limited market of service providers and highly specialised service needs. This is the case in relation to HIV/AIDS.

The Client Services Development Project ... found very high levels of satisfaction with referral, advocacy and care coordination among people living with HIV/AIDS and services providers. Conducting a file audit identified ways of improving systems to support current practice and provided an opportunity to develop a tool for ongoing quality assurance.

An explanation provided by Queensland Health for the change to funding processes represented by competitive tendering was that Government needed to introduce efficiencies which can be achieved through a reduction of the administration costs of service agreements. But if the objective of competitive tendering was to better manage administrative costs, a range of alternative strategies were available to achieve this objective rather than competitive tendering.


Beyond the achievement of administrative efficiencies, what is the public health argument for the changes in funding arrangements? No detailed public health rationale has so far been advanced to QuAC about the decisions made by Queensland Health that led to, and were given effect through, the tendering processes. In fact, no consultation has occurred around these issues with people living with HIV/AIDS, affected communities or community organisations.

This failure to consult signalled a significant shift away from a partnership between the Queensland Government and people living with HIV/AIDS, affected communities and community organisations. QuAC believes that the participation of the people living with HIV/AIDS, affected communities and community organisations is crucial to achieving quality health outcomes.

Throughout the tender processes, QuAC advocated the following positions to Queensland Health:

- Queensland Health should focus on the development of the Queensland Government HIV/AIDS, Hepatitis C and Sexual Health Strategy as a precursor to developing any new purchasing strategy for services;
- The new Queensland Government HIV/AIDS, Hepatitis C and Sexual Health Strategy should have a key focus on community engagement addressing participation, consultation and purchasing processes; and
- Queensland Health should establish a planning cycle for the Queensland Government HIV/AIDS, Hepatitis C and Sexual Health Strategy that coordinates key policy and program development processes with the purchasing processes.

The lapse of the *Queensland Health HIV/AIDS Strategy framed in the context of sexual health 1999 to 2002* and *Hepatitis C Strategy* in June 2002 was of great concern as funding processes were developed independent of state level policy. In addition, apparent changes in strategic direction that were signalled by the tender specifications and program funding allocations were not subject to scrutiny or consultation with stakeholders outside of Queensland Health. As part of the 2004 Pride Rally, March and Fair Day in King George Square, I called on Health Minister Nuttall to re-open the dialogue with people living with HIV/AIDS, affected communities and community organisations and to re-engage the partnership.

As a result of QuAC's advocacy, Queensland Health ordered a probity audit of the tendering process. The outcomes of the audit and the tendering process were unknown at the close of 2003-04. 

Beyond the achievement of administrative efficiencies, what is the public health argument for the changes in funding arrangements? No detailed public health rationale has so far been advanced to QuAC about the decisions made by Queensland Health that led to, and were given effect through, the tendering processes. In fact, no consultation has occurred around these issues with people living with HIV/AIDS, affected communities or community organisations.

**S**carlet Alliance having participated in the Australian HIV/AIDS response since 1989 was denied representation on the MACASHH HIV/AIDS and STI committee by the Commonwealth Government at the same time as denying HIV/AIDS communities any representation on the overarching committee. This is a serious oversight in what is said to be the continuation of the partnership approach in which sex work communities have played an important and undeniably successful role. The lack of representation of sex work communities on an Australian Government committee is an obvious gap at a time when Australia's role with other Asia-Pacific countries relies on sharing our strategies in developing successful programs working with affected communities, especially sex workers.

Irrespective of this decision, Scarlet Alliance has continued to grow and develop strong networks in the Asia-Pacific regions and Internationally, representing sex workers and sex worker organisations at key gatherings, conferences and forums. Whilst Australia's peak body of sex worker organisations/projects remains without support from the Commonwealth Government for secretariat funding, all of this critical work is made possible through the donation of time, experience and skills.

### Sex worker services under threat

This year sex worker organisations and projects in Australia have been increasingly expected to maintain high level service delivery in an increasingly disabling HIV/AIDS prevention environment. Sex industry businesses have experienced an extremely high level of raids by both DIMIA (Department of Immigration and Multicultural and Indigenous Affairs) and AFP (Australian Federal Police). At times these raids have included media and public servants.

Such singling out of an industry for high level police and immigration micro-management has resulted in sex industry businesses, even legitimate ones, going underground to avoid this level of harassment. The work of sex worker organisations in contacting sex workers in these work places becomes increasingly difficult with the result being sex workers having no HIV prevention information and advice when new to the Australian industry.

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## MEMBER ORGANISATIONS

## SCARLET ALLIANCE

JANELLE FAWKES – PRESIDENT

continued

This year also saw the unprecedented decision by Queensland Health to markedly reduce funds to the state sex worker organisation. The decision to reduce the organisations capacity to provide HIV/AIDS and sexually transmissible infections (STI) prevention was made because rates of STIs and HIV/AIDS amongst the sex worker community in that state are low!

**Australian Federal Police (AFP) Training**

Scarlet Alliance have negotiated involvement in a pilot training project with AFP officers from around Australia and has developed a training package aimed at breaking down discrimination and stigmatisation resulting from stereotypes about the sex industry and migrant sex workers, and improving AFP officers approach when in contact with sex workers. It is now clear the pilot program was successful and after receiving very positive evaluation Scarlet Alliance has been invited to participate in further training due for August, 2004.

**Scarlet Alliance National Training Project (SANTP)**

The SANTP was completed this year, with about 20 sex worker peer educators being assessed for the nationally recognised Diploma in Community Education. The project involved every member of Scarlet Alliance in developing the resources which can be used for future applicants, and has placed trained assessors in the majority of our organisations to continue this initiative. An independent evaluation is in its final stages with sustainability report and recommendations due to be released in September, 2004.

**International Networks**

Scarlet Alliance has worked hard to re-establish links with Asia Pacific Network of Sex Workers (APNSW) and is now represented on the steering committee and is a current member of the Network of Sex Work Projects (NSWP).

**Policy**

The Scarlet Alliance volunteer executive responded to proposed sex industry law reform in Tasmania with a submission to the Attorney General, Judy Jackson, and to the Victorian Governments proposed licensing fee increases along with a submission to the Senate inquiry into 'sex slavery'.

**National Forum and Annual General Meeting, Canberra, November, 2003**

The Scarlet Alliance National Forum was organised to provide participants the opportunity to also attend the launch of AIDS Awareness week and the World AIDS Day launch at parliament house in Canberra. Attended by 60 people over the three days the forum included the launch of the scarlet alliance website ([www.scarletalliance.org.au](http://www.scarletalliance.org.au)) and the opportunity for our membership to network with representatives from national and state-based organisations, Commonwealth and ACT health departments, and local organisations.

The forum included:

- Critique of the impact of International Anti-trafficking movements and abolitionists on sex work communities and HIV/AIDS prevention programs;
- Introduction to debates surrounding the National STI Strategy, with guest speakers Frank Bowden, Chairperson of MACASSH, HIV & STI Committee and Dr Linda Banach along with Maria McMahon, Scarlet Alliance representative on the National STI Strategy Steering Committee;
- Update on Innovative education strategies and community development projects;
- The Scarlet Alliance National Training Project update and consultation workshop;
- Skill share workshops – website uploading skills, Strategic planning tool developed by Saul Isbister for the PWA (Private Workers Alliance, NSW); and
- Discussions on developments and trends within Australian sex worker communities.

The AGM included the election of a new board and four positions, two AFAO delegates, the international sex work spokesperson and male sex work spokesperson. Our agreed priorities for 2004 included a strategy planning meeting of the executive and development of a constitution more closely aligned with our membership and the sex worker communities of Australia and the funding of Scarlet Alliance.

**AFAO membership**

AFAO's support for the recognition of Scarlet Alliance as a National peak body and our right to represent sex worker communities alongside the other members of the HIV/AIDS partnership, 'with a seat at the table' in all forums, is much appreciated. In particular, the support for the capacity development of Scarlet Alliance to firmly establish itself as a stand alone organisation will improve our ability to support the continuation of state based members providing an extremely high level of HIV/AIDS and STI prevention education.

Scarlet Alliance have negotiated involvement in a pilot training project with AFP officers from around Australia and has developed a training package aimed at breaking down discrimination and stigmatisation resulting from stereotypes about the sex industry ...

# TASMANIAN COUNCIL ON AIDS, HEPATITIS AND RELATED DISEASES (TASCAHRD)

BRENDON NELSON  
– EXECUTIVE DIRECTOR

Scarlet Alliance hopes to share our knowledge and success with sex worker organisations/projects in other countries who are responding to HIV/AIDS within their own sex worker communities. In part this can be achieved by participating in the Asia-Pacific Network of Sex Worker Organisations, however additional scope exists to assist our colleagues through targeted information and learning exchanges relating to individual country level programs.

## Migration issues and international sex workers

Scarlet Alliance prepared an extensive submission to the Senate inquiry into ACC and 'trafficking of women for the purpose of sexual servitude' and provided evidence at the resulting face to face inquiry in NSW. Our submission was endorsed by NSWP (Network of Sex Worker Projects) and APNSW (Asia Pacific Network of Sex Workers) and acknowledged a growing trend internationally of migratory sex workers being conflated with victims of sexual servitude within the term 'trafficked'. Consequences of the lack of understanding of these issues has directly impacted on the work of sex worker organisations throughout the world and has been used by abolitionist feminists within the anti-trafficking movement to increase the criminalisation of sex workers and to strengthen laws prohibiting "prostitution" related activities which negatively impact on the ability of sex workers to negotiate safe sex and work safely.

Scarlet Alliance has presented workshops on the impact of anti-trafficking discourse on HIV/AIDS prevention work in the sex industry at the AFAO AGM and HHARD conferences in Sydney, as well as presenting two workshops and a sex workers testimony at the Human Rights Courts and workshops in Sydney.

## Our future

We are currently in the process of developing collaborative projects with Ziteng, (sex worker support project in Hong Kong) identifying HIV/AIDS education strategies for migrant Chinese sex workers and with Empower, Chang Mai on community development strategies as a key factor in HIV/AIDS prevention projects. As was established at our November National Forum, Scarlet Alliance Executive have held an initial workplan development day and have organised a Strategic Planning meeting in August to determine future work directions and constitutional changes to be incorporated into the 2004 November, AGM.

## Scarlet Alliance Office Bearers 2003–04

Treasurer	Jenni Gamble
Secretary	Gabby Skelsey
President	Janelle Fawkes
Vice President	Maria McMahan
Ordinary Member	Alina Thomas
Public Officer	Tarquin McPartlan
International rep	Rachel Wotton
Male SW rep	Kenn Robinson 

The 2003–04 year again proved to be a period of great organisational change for TasCAHRD. Staffing issues were again a high priority. These changes included the resignation of Iris Ritt as Executive Director and the appointment of Brendon Nelson to the role. The Office Manager, Gay Men's Health Coordinator and Hepatitis C Coordinator positions were also re-filled in this period. Despite periods of vacancy and orientation of new staff, work has continued with the organisation developing a renewed energy and enthusiasm for its work. As usual the commitment of volunteers, staff and Board members allowed the organisation to continue to deliver services.

## Sex Industry Law Reform

The Attorney General released a draft Bill for sex industry law reform in early 2004. TasCAHRD responded to this draft highlighting concerns in relation to local council planning processes and worker registration requirements. AFAO assisted Janelle Fawkes (Scarlet Alliance) to come to Tasmania to lobby the government and work with local sex workers in relation to the Bill. Janelle's knowledge and efforts have certainly promoted a more informed debate of the issues.

## Service Funding

The Department of Health and Human Services renewed TasCAHRD's existing (core) service agreement for one year (2004–05). The Department continues to indicate its intention to move to three year agreements. Although costs such as insurance and wages continue to rise at a rate greater than CPI payments, funding has not reflected these increases.

## Government Leadership

The Population Health Division of the Department handed management of the Sexual Health Service to the Hospital and Ambulance Division. This has resulted in improved clinical service provision around the State. However, the capacity of the Department to develop HIV, HCV and STI policy and strategies within the State appears to have diminished. TasCAHRD gained the support of the Minister for an HIV, HCV and STI working group which the Department has indicated it will convene early in the 2004–05 financial year.

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## TASMANIAN COUNCIL ON AIDS, HEPATITIS AND RELATED DISEASES (TASCAHRD)

BRENDON NELSON  
– EXECUTIVE DIRECTOR

continued

### HIV Care and Support

New client contacts, new diagnosis and clients with complex needs continued to require direct support as well as education, training and support to allied health services. TasCAHRD continues to provide a variety of services including HIV Nutrition Clinics every three months, regular client luncheons and activities and information sessions covering issues such as cardiovascular health and treatment breaks. Vanessa Wagner and Nurse Nancy hosted an information evening covering issues such as living with HIV, treatment and side effects in June, which also included the launch of the resource *Having a life*. Regular mail outs to clients continued with information on HIV treatments, current information on health maintenance, co-infection, *Positive Living* newsletters and new resources.


### Education and Prevention

Numerous information and education sessions have been conducted in a variety of forums including Palliative Care, Police recruits, Centrelink International, Disability Services and high schools and colleges. HIV Positive Speaker engagements were conducted during AAW, receiving an overwhelming response. Beat and venue outreach continued and campaign work using AFAO campaign resources also continued through the year. Local resources were developed to highlight HIV prevention issues for people travelling to mainland dance parties such as Mardi Gras.

### Harm Reduction Program

With the reappointment of the Harm Reduction Coordinator in December 2003, a continuing focus has been placed on strengthening the Harm Reduction Program within the organisation, and externally as a key player in the advancement of the Tasmanian Needle Availability Program. A key focus for the program over the past year has been on education and training with a total of 20 training sessions conducted, attracting 188 participants. The program has also managed to secure funding to carry out a research project to establish the top three health maintenance needs for people who inject drugs. It is envisaged that the findings will form the basis for more intensive research over the coming years and provide an evidence base to securing funding to address these needs.

### Hepatitis C

Hepatitis C funding to the organisation has come from COAG Hepatitis C Initiative funding. TasCAHRD received the total amount of these funds for the 2003–04 year allowing the employment of one fulltime worker for 12 months. The initial offer for the 2004–05 year was significantly reduced, but was subsequently boosted to again allow for the employment of a fulltime worker, following intervention by the Minister. The Tasmanian Hepatitis C Policy/Strategy expired June of 2004. The review of this strategy and development of a new strategy are yet to happen. 

New client contacts, new diagnosis and clients with complex needs continued to require direct support as well as education, training and support to allied health services.

### Governance

The cycle of two-year terms for Board members is now fully established and half the Board comes up for election each year. The 2003–04 Board was Jon Willis (President), Kevin Guiney (Vice President/Secretary), Mark McColl (Treasurer), Kirk Peterson (PLWHA rep), John Daye, Bernie Tolan, Doris Beecher, Neville Braybrook (Staff rep) and Mike Kennedy.

### Financial reports

The year has been another very tight one financially for the organisation. While the CPI increase contained in the Public Health Outcomes Funding Agreement was passed on this year, the cumulative effect of several years of rollover funding has been a substantial decline in income from our Department of Human Services (DHS) contract in real terms. A bequest received late in the financial year meant that we were able to post a larger than anticipated surplus, but it will be some time before we are able to restore the reserves we drew on for capital expenditure in 2000–01.

It is the Board's firm view that our financial position remains unsustainable in the longer term with further cuts to existing services being inevitable unless we can attract additional funds.

### VAC review

On 30 August 2004, the Minister for Health, Bronwyn Pike, announced the government's response to the recommendations of the review of the Victorian AIDS Council that had been provided to the Department of Human Services (DHS) in December 2003.

VAC/GMHC had been suggesting a review to DHS for some years, in particular to address our concerns about the static funding for HIV/AIDS services and the need for DHS to explicitly determine the appropriate types and levels of services purchased by the Department considering the changing nature of the HIV/AIDS epidemic in Victoria. Over several years VAC/GMHC funding had been declining in real terms and it was our view that the Department's lack of any service planning processes were contributing to this declining funding. The former Ministerial Advisory Committee, chaired by Rob Moodie, had raised similar concerns.

The increase in HIV notifications between 2000 and 2003 was the catalyst for DHS to move on the review and, in the first half of 2003, DHS negotiated with VAC for a five stage process for the review: the preparation and lodging of a VAC submission, a series of public consultations, a stakeholder consultation, the consideration by the review panel of all submissions, presentations and stakeholder input and the preparation of a final review report. A review of PLWHA Victoria was conducted by the same review panel and process in conjunction with the VAC Review.

The review panel was: Levinia Crooks (Executive Officer, Australasian Society for HIV Medicine), Kim Stewart (Associate Director, AIDS/Infectious Diseases Unit, NSW Department of Health), Craig Sinclair (Director, Cancer Education Unit, The Cancer Council of Victoria) and Bill Whitaker (President, Australian Federation of AIDS Organisations).


The review made a total of 35 recommendations, and these are broadly consistent with the VAC submission to the review. The VAC/GMHC Board has supported most of the recommendations and has indicated to DHS that there are a few where it wishes to have further discussions about how these might be implemented.

This review completes the process, begun in the 1996 review, of making PLWHA Victoria an independent autonomous organisation funded directly by DHS rather than through VAC/GMHC. With VAC's full support, the Treatments Officer position has been transferred from VAC/GMHC to PLWHA Victoria. VAC has agreed with DHS and PLWHA Victoria to continue the current arrangement, whereby VAC provides PLWHA Victoria with accommodation and services free of charge, during the period while DHS is determining the longer-term arrangements for the location of PLWHA Victoria. We were also pleased that the review made a number of recommendations for improvements in the way DHS plans and purchases services from the HIV/AIDS community sector, including VAC/GMHC. This was an issue that we had given considerable emphasis to in the VAC submission to the review.

There are two areas where the DHS response has been inadequate and we will be seeking further negotiations on these issues. DHS has not accepted review recommendation that it should provide an annual capital grant to VAC/GMHC to contribute to the ongoing maintenance and related building costs (including compliance with regulations) for the Claremont Street premises owned by GMHC.

The review also recommended that VAC/GMHC should give greater priority, both in terms of focus and the allocation of funding and other resources, to health promotion targeting homosexually active men and stated that "additional funding for these purposes will need to be provided by DHS".

The published DHS response to this recommendation is completely inadequate, with the department stating that they expect that VAC will seek to identify and allocate sufficient resources within its annual allocation to support campaigns and health promotion activities that are responsive to current and emerging issues.

VAC/GMHC supports the review recommendations for a greater focus and funding allocation to HIV prevention, however we do not believe that there are significant savings to be made in other areas of the organisation to offset the increases needed in health promotion. Rather we believe that successive Victorian governments, by failing to index payments to the community HIV/AIDS sector, diverting indexation payments from the Commonwealth to other projects, and failing to ensure that funding kept pace with needs, have allowed the Victorian HIV/AIDS response to run down to the extent that all HIV/AIDS community organisations need an injection of recurrent, project and capital funding just to maintain the position the sector was in 1997. 

It is the Board's firm view that our financial position remains unsustainable in the longer term with further cuts to existing services being inevitable unless we can attract additional funds.

## WESTERN AUSTRALIAN AIDS COUNCIL

TRISH LANGDON  
– EXECUTIVE DIRECTOR

**T**he Western Australian AIDS Council has had an interesting year – mostly stable in its internal operations although somewhat tumultuous in the external environment.

The State Government is counting down to an election early in 2005, having hit the non-government sector very hard in late 2003 with a range of funding cuts, defunding of some programs and a review of agencies all for a mere \$11.8 million in savings. This was strongly and vigorously challenged by the sector and made WAAC's cash management extremely difficult at the time. The government also released *The Reid Report*, a comprehensive review of health services in WA, which suggested that major teaching hospitals amalgamate and shift to populated areas in order to keep the acute budget under some semblance of control. Whilst supportive of Population Health, it did not suggest anything radical to re-orient the system.

WAAC is currently expending about 9.1% of our total re-current budget on providing services for Aboriginal people. This is supplemented by two Aboriginal specific programs – one in HIV/BBV and STI education and training and the other in Hepatitis C education through the Needle and Syringe Exchange Service. WAAC has also formed an Advisory Committee providing strategic advice to the Board and management team about appropriate service delivery in the agency. HIV and STI rates amongst Aboriginal people in WA are very worrying and the government has committed to providing additional sexual health services in rural and remote regions.


Positive Services has seen an increase in the number of new clients referred in the past year with over 100 clients requiring support services at any one time. In addition, many more people living with HIV receive complementary therapies through the Living Well Program, emotional support through the Buddy Program and attend retreats and other social activities. The Council also offers counselling by Counselling Psychologists around HIV prevention, testing and adjustment to diagnosis, gender and sexuality issues, mental health issues and domestic

violence. The HIV/AIDS Peer Advisory Network is sponsored by WAAC and ably facilitated by Cipri Martinez. The group successfully conducted "Bounce Back," an exercise and nutrition program for people living with HIV, funded by AFAO. There has been a noticeable improvement in the well-being of people attending the program.

Towards the end of 2003, in Gay Men's education, it became clear that WA was seeing an increase in the number of new diagnoses of HIV, particularly amongst men who have sex with men. It also appeared that some of these new diagnoses were new infections. This led to a concerted effort and campaign to revitalise the "condom culture" in WA and encourage people at risk to test for HIV and other STIs. This was enhanced by a collaboration with FPWA to open a men's sexual health clinic to enhance the clinics operated by WAAC. New advertisements and editorial in the local gay press have had a positive impact. Innovative projects such as Speed Dating for same sex attracted men have been extremely popular as well as the normal range of services such as Mensline, forums and groups, Beat outreach and one to one peer education. In addition the WA AIDS Council, in conjunction with two Local Government Authorities and the Police service undertook a project aimed at preventing crime at Beats and increase the level of reporting of crime. It included comprehensive training for Police diversity officers, rangers and security officers and new Police recruits.

The Needle and Syringe Exchange Service continues to service 13 metropolitan and outer metro sites as well as in-house exchanges in the West Perth Office. During the year, the Health Department imposed a cap of 50 units per exchange to ease the budgetary pressure being faced by NSEPs in WA. This resulted in a 12.8% increase in the number of clients accessing the service with only a 6.7% drop in the amount of equipment distributed leading to fears that equipment could be shared. The cap was lifted in July 2004.

The WA AIDS Council provides a number of education and prevention programs delivered within supportive environments targeting youth. The majority of them are planned and delivered by young people, ensuring they are relevant and appropriate. K.I.S.S (Keep it Safe Summer) is an integrated program with outreach teams attending the popular "leavers" celebrations at Rottnest and Dunsborough, having information stalls at events such as the "Big Day Out" and orientation weeks at Universities. The World AIDS Day 2003 poster competition was conducted for secondary and tertiary students in conjunction with FPWA (formerly Family Planning Association). The Freedom Centre is a strong, vibrant program for young same sex attracted people or with diverse gender expression. It has endured three moves during the year although the program managed to attract approximately 30 new clients per month. The Freedom Centre also contributed to the "Same Sky" project, a collaboration between the WA AIDS Council, GLCS and P Flag to assist same sex attracted young people living in rural areas to develop their resilience and to build capacity within local communities to deal with the issues of same sex attraction. It is funded by the Commonwealth Department of Health and Ageing. This project was complemented by an Internet project funded by the Foundation for Young Australians. The Freedom Centre/Same Sky website receives an average of 275 unique hits per month and shows the power of this medium in providing support and education.

External training around HIV, sexual diversity and related topics has been provided to over 450 Prison Officers, 20 WA Police Service (WAPS) Diversity Officers, 150 WA Police Service new recruits, over 300 Medical students and nurses and over 150 Aboriginal Health Workers. Other allied health and welfare professionals such as pharmacists, local government workers including rangers, environmental officers and security officers, health promotion officers, teachers, youth workers and community workers, have all attended training, workshops and forums. Internally, in addition to the 30 staff, 70 new volunteers have been trained and they now make a workforce of 350 active volunteers at the Council. 

Towards the end of 2003 ... it became clear that WA was seeing an increase in the number of new diagnoses of HIV, particularly amongst men who have sex with men. It also appeared that some of these new diagnoses were new infections. This led to a concerted effort and campaign to revitalise the "condom culture" in WA and encourage people at risk to test for HIV and other STIs.



**Left to right, back row:** Dion Butler, David Edler, Jill Sergeant, Peter Canavan  
**Middle row:** Ross Duffin, Michael Costello, Bridget Haire, Andrew Sajben, Craig Tracey; Mark Bebbington  
**Front row:** Martin Bangs, Leith Butler, John Godwin, Don Baxter, Alex Turner, Simon Donohoe.  
**Not photographed:** Sharyn Casey, Juliet Dewar, Phillip Keen, Jill Mogridge, Andy Quan, Julie Wylie.

Photographed by Mark Bebbington

STATEMENT BY THE BOARD OF DIRECTORS OF THE AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

In accordance with the *Associations Incorporation Act 1991 (ACT)* the Board of Directors report as follows:

- i) The name of each member of the Board of Directors of the Australian Federation of AIDS Organisations Incorporated (thereafter called the Federation) during the year ending 30 June 2004 are:
- |                            |                                 |                           |
|----------------------------|---------------------------------|---------------------------|
| Darren Russell (President) | Bill Whittaker (Vice-President) | Adrian Lovney (Secretary) |
| Trish Langdon (Treasurer)  | Mike Kennedy                    | Gabe McCarthy             |
| Janelle Fawkes             | Mike Lodge                      | Phillip Keen              |
| Don Baxter (Ex Officio)    |                                 |                           |

Damon Brogan (6/11/03), Ben Harris (6/11/03), David Menadue (14/2/04) resigned during the year.

- ii) Register of Attendance 2004

	Board Meetings	
	Number Eligible To Attend	Number Attended
Baxter, D (Ex Officio)	8	8
Brogan, D	2	2
Fawkes, J	8	5
Harris, B	2	2
Keen, P	8	8
Kennedy, M	8	8
Langdon, P	8	8
Lodge, M	6	6
Lovney, A	8	7
McCarthy, G	4	3
McMahon, M (Alternate Director for J Fawkes)	2	2
Menadue, D	4	4
Russell, D	6	5
Watson, J (Alternate Director for G McCarthy)	1	1
Whittaker, W	8	8

- iii) The surplus of the Federation for the year ended 30 June, 2004 totaled \$133,090 (2003, \$17,103)

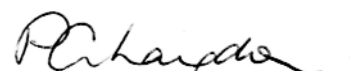
In the opinion of the Board of Directors of the Australian Federation of AIDS Organisations Incorporated:

- the accompanying financial statements for the year ended 30 June, 2004 present a true and fair view of the financial position of the Federation at 30 June, 2004 and the results of its operation are in accordance with the applicable Accounting Standards in Australia;
- the operations of the Federation have been carried out in accordance with the Constitution of the Australian Federation of AIDS Organisations and the Associations Incorporation Act 1991 (ACT); and
- at the date of this statement there are reasonable grounds to believe that the Federation can pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:



Don Baxter  
Executive Director



Trish Langdon  
Treasurer

Dated: 14. 10. 04

■ INDEPENDENT AUDIT REPORT

To the Members of the Australian Federation of AIDS Organisations Incorporated

**Scope**

I have audited the financial report of the Australian Federation of AIDS Organisations Incorporated for the year ended 30 June 2004, consisting of the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows, the accompanying notes and Statement by the Board of Directors. The directors are responsible for the preparation and presentation of the financial reports and the information contained therein. I have conducted an independent audit of the financial reports in order to express an opinion on it to the Board of Directors of the Federation.

My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Australian accounting standards and the *Associations Incorporation Act 1991 (ACT)* so as to present a view which is consistent with my understanding of its financial position and performance as represented by the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

**Audit Opinion**

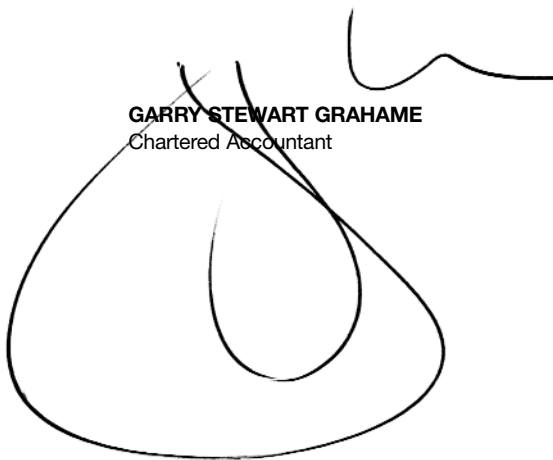
In my opinion, the financial report of the Australian Federation of AIDS Organisations Incorporated, present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements and the *Associations Incorporation Act 1991 (ACT)*, the financial position of the Australian Federation of AIDS Organisations Incorporated as at 30 June, 2004 and the results of its operation and its cash flows for the year then ended.

Sydney, New South Wales

**GARRY STEWART GRAHAME**  
Chartered Accountant

Dated:

14/10/04



continued

STATEMENT OF FINANCIAL POSITION  
as at 30 June 2004

	Notes	2004 \$	2003 \$
<b>Current Assets</b>			
Cash Assets	4	690,504	221,610
Receivables	5	154,571	113,993
Prepayments & Deposits		36,680	25,784
<b>Total Current Assets</b>		<b>881,755</b>	<b>361,387</b>
<b>Non Current Assets</b>			
Property, Plant and Equipment	6	83,025	88,438
<b>Total Non Current Assets</b>		<b>83,025</b>	<b>88,438</b>
<b>Total Assets</b>		<b>964,780</b>	<b>449,825</b>
<b>Current Liabilities</b>			
Payables	7	174,239	94,844
Grants in Advance	8	405,821	171,082
Provisions	9	137,959	87,085
<b>Total Current Liabilities</b>		<b>718,019</b>	<b>353,011</b>
<b>Non-Current Liabilities</b>			
Provisions	9	53,622	36,765
<b>Total Non-Current Liabilities</b>		<b>53,622</b>	<b>36,765</b>
<b>Total Liabilities</b>		<b>771,641</b>	<b>389,776</b>
<b>Net Assets</b>		<b>193,139</b>	<b>60,049</b>
<b>Accumulated Funds &amp; Reserves</b>			
<b>Reserves</b>	10	97,600	—
<b>Accumulated Funds</b>	11	95,539	60,049
<b>Accumulated Funds &amp; Reserves at end of year</b>		<b>193,139</b>	<b>60,049</b>

This Statement of Financial Position should  
be read in conjunction with the attached  
Notes to the Financial Statements

■ STATEMENT OF FINANCIAL PERFORMANCE  
for the year ended 30 June 2004

	Notes	2004	2003
		\$	\$
<b>Revenue</b>			
Health Department Grants		1,830,403	1,823,055
International Projects	12		
Donated Funds		108,017	
Grants		—	
Other Income		5,766	105,466
Interest Received		24,633	10,229
Other Income from ordinary activities		244,888	258,092
<b>Total Revenue</b>		<u>2,213,707</u>	<u>2,196,842</u>
<b>Expenditure</b>			
Audit Fee		15,903	14,850
International Projects	12		
Overseas Projects		50,990	
Community Education		—	
Administration		62,793	105,466
Depreciation and Amortisation		25,731	30,349
Project Grant Costs		560,286	632,768
Staffing		1,003,093	1,048,577
Other expenses from ordinary activities		377,724	347,729
<b>Total Expenditure</b>		<u>2,080,617</u>	<u>2,179,739</u>
Surplus for the Year		133,090	17,103
Accumulated Surplus at beginning of the year		60,049	42,946
Transfer to Reserves		(97,600)	—
<b>ACCUMULATED FUNDS at end of the year</b>		<u>95,539</u>	<u>60,049</u>

This Statement of Financial Performance should be read in conjunction with the attached Notes to the Financial Statements

continued

STATEMENT OF CASH FLOWS  
for the year ended 30 June 2004

	Notes	Inflows (Outflows) 2004 \$	Inflows (Outflows) 2003 \$
Cash flows from operating activities			
Government Grants received		1,984,157	1,957,196
Subscriptions and Resources		90	2,590
Interest Received		24,633	10,229
Other Income		425,839	251,886
Project Grant Costs		(812,904)	(910,799)
Payments to Suppliers and Employees		(1,122,355)	(1,291,416)
Net cash flows from operating activities		499,460	19,686
Cash flow from investing activities			
Payments for property, plant and equipment		(30,566)	(51,058)
Proceeds on disposal of property, plant and equipment		—	1,080
Net cash used in investing activities		(30,566)	(49,978)
Net increase/(decrease) in cash held		468,894	(30,292)
Cash at the beginning of the financial year		221,610	251,902
Cash at the end of the financial year	14	690,504	221,610

This Statement of Cash Flows should  
be read in conjunction with the attached  
Notes to the Financial Statements

■ **NOTES TO THE FINANCIAL STATEMENTS**  
for the year ended 30 June 2004

**NOTE 1** SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Presentation

The financial report is a general purpose financial report which has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views, other authoritative pronouncements of the Australian Accounting Standards Board and the *Associations Incorporations Act 1991 (ACT)*.

It has been prepared on the basis of historical costs and except where stated, does not take into account changing money values or fair values of non-current assets.

b) Revenue Recognition

Accounting for Grants Received

Grants are credited to revenue in the year of receipt and the year specified in the Grant Agreement. Revenue based grants received during the financial year which relate to subsequent financial years are treated as programs not yet fully expended and recorded as "Grants in Advance". (Note 8)

c) Recognition of Liabilities

A liability is recognised when it is probable that the future sacrifice of economic benefits will be required and the amount of liability can be reliably measured.

d) Property, Plant and Equipment

Acquisition

Items of property, plant and equipment are initially recorded at cost and depreciated as outlined below.

The carrying amounts of non-current assets valued on the cost basis, are reviewed to determine whether they are in excess of their recoverable amount at balance date. If the carrying amount of a non-current asset exceeds its recoverable amount, the asset is written down to the lower amount. The write-down is expensed in the reporting period in which it occurs.

Depreciation and amortisation

Items of property, plant and equipment are depreciated using the diminishing value method over their estimated useful lives.

The depreciation rates used for each class of asset are as follows:

Fixtures, furniture and fittings	20.00%
Equipment, including computers	33.33%

The standard depreciation write-off is reviewed at the end of the year to reflect any extraordinary diminution of utility during the year. \$10,248: (\$13,003) has been written off this year, arising from upgrade of network system and photocopier.

e) Employee Entitlements (Note 9)

The amounts expected to be paid to employees for their pro-rata entitlement to long service and annual leave are accrued annually at current pay rates having regard to experience of employee's departures and period of service.

The provision for employee entitlements to long service leave including related on-costs has not been discounted to its present value as the resulting provision would not be materially different to that currently stated in these financial statements.

Long Service Leave is recognised as a current liability after five years of service which is in advance of the statutory period pursuant to an entitlement under employees' Employment Contracts and a non-current liability between three and five year of service.

A redundancy provision of \$40,000 was raised this year for the first time and represents approximately 30% of a maximum potential obligation pursuant to changes to the pattern of Commonwealth grant funding. But for this change in accounting policy, the surplus of the Federation would have been \$40,000 higher.

Contributions are made by the Federation to an employee superannuation fund and are charged as expenses when incurred.

f) Leases

Operating leases are leases under which lessors effectively retain substantially all of the risk and benefits of ownership of leased items. Payments made under operating leases are included in the determination of the operating surplus/(deficit) for the year.

g) Current Asset – Receivables (Note 5)

The collectability of debts is assessed at balance date and provision is made for any doubtful debts. 2004 Nil: (2003 Nil).

**NOTE 2** PRINCIPAL ACTIVITIES – INCORPORATION

The Federation was incorporated under the Associations Incorporation Act 1991 (ACT) on 5 February 1987.

The principal activities of the Australian Federation of AIDS Organisations Incorporated are:

- To stop the spread of Acquired Immune Deficiency Syndrome (AIDS) and generally to promote the health of groups at higher risk of AIDS
- To assist people and households affected by AIDS by provision of material, emotional and social support;
- To educate and promote the adoption of personal lifestyles which minimise the risk of transmission of AIDS; and
- To oppose discrimination against people with or at higher risks from AIDS and AIDS related conditions.

**NOTE 3** INCOME TAX

The Federation is exempt from income tax in accordance with Section 23(c) of the *Income Tax Assessment Act 1936*.

continued

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 30 June 2004

	2004	2003
<b>NOTE 4</b> Current Assets – CASH	\$	\$
Trading Account	210,126	136,127
Cash Management Account	445,078	50,183
Term Deposits	35,000	35,000
Cash on Hand	300	300
	690,504	221,610
<b>NOTE 5</b> Current Assets – RECEIVABLES		
Member Organisations	7,662	8,699
Government Health Grants	85,261	44,275
International:		
– Vaccines Program	39,376	39,930
GST Receivable	13,672	16,967
Sundry Debtors	8,600	4,122
	154,571	113,993
<b>NOTE 6</b> Non Current Assets – PROPERTY, PLANT AND EQUIPMENT		
Equipment at Cost	163,110	174,041
Accumulated Depreciation	(80,085)	(85,603)
	83,025	88,438
<b>NOTE 7</b> Current Liabilities – PAYABLES		
Sundry Creditors	148,828	75,442
PAYG Tax	11,278	11,407
GST Payable	14,133	7,995
	174,239	94,844
<b>NOTE 8</b> Current Liabilities – GRANTS IN ADVANCE		
Health Department Grants – Commonwealth and State	305,571	163,684
International Funding	100,250	7,398
	405,821	171,082
<p>Grants in Advance represent work that had commenced in the 2003/2004 Financial Year but where final costs will not be paid until the 2004/2005 Financial Year.</p>		
<b>NOTE 9</b> Current Liabilities – PROVISIONS		
Employee Entitlements (Refer to Note 1(e))		
Current	137,959	87,085
Non-Current	53,622	36,765
<p>The provision relating to employees with 5 years service is recorded as a current liability and the provision relating to employees with 3 to 5 years service (i.e. not statutorily liable), is treated as a non-current liability pursuant to negotiated employment contracts of AFAO staff. A redundancy provision of \$40,000 is incorporated as a non-current liability.</p>		
<b>NOTE 10</b> RESERVES		
Equipment Replacement & Employee Entitlement Reserve		
<p>The Equipment Replacement &amp; Employee Entitlement Reserve was established to provide funding for equipment replacement and employee entitlements and expenditure otherwise deemed necessary from time to time and which are anticipated in forthcoming years.</p>		
Opening balance	—	—
Transfer from retained earnings	97,600	—
Balance at end of the year	97,600	—

■ **NOTES TO THE FINANCIAL STATEMENTS**  
for the year ended 30 June 2004

	2004	2003
<b>NOTE 11</b> ACCUMULATED FUNDS	\$	\$
Accumulated surplus at beginning of year	60,049	42,946
Operating surplus for the year	133,090	17,103
Transfer to Reserves	(97,600)	—
	<hr/>	<hr/>
Accumulated Surplus at the end of the year	95,539	60,049

<b>NOTE 12</b> INTERNATIONAL PROJECTS		
Revenue		
Donated Funds	108,017	105,466
Other Income	5,766	—
	<hr/>	<hr/>
	113,783	105,466
Expenditure		
Overseas Projects	50,990	39,551
Community Education	—	13,908
Administration	62,793	52,007
	<hr/>	<hr/>
	113,783	105,466

The Funds received constitute funds specifically donated for overseas community education in HIV/AIDS. These funds were partially applied to administration costs for project proposal development, international program work and project consortium meetings held in Australia. Any Surplus that remains from this funding at the end of the year is carried forward to the following financial period.

<b>NOTE 13</b> LEASE EXPENDITURE COMMITMENTS		
Aggregate amount of lease expenditure contracted for at balance date but not provided for	<hr/>	<hr/>
	239,156	307,083
Not later than 1 yr	69,751	67,000
Later than 1 yr but not later than 2 yrs	71,495	67,000
Later than 2 yrs but not later than 5 yrs	97,910	173,083
	<hr/>	<hr/>
	239,156	307,083
	<hr/>	<hr/>
Representing non-cancellable operating leases	239,156	307,083

<b>NOTE 14</b> RECONCILIATION OF CASH		
For the purposes of the statement of cash flows, cash constitutes cash on hand, in banks and on deposit. Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the Statement of Financial Position as follows:		
Cash on Hand	300	300
Cash at Bank	690,204	221,310
	<hr/>	<hr/>
	690,504	221,610

continued

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 30 June 2004

**NOTE 15** ADDITIONAL FINANCIAL INSTRUMENTS DISCLOSURE

a) Interest Rate Risk

The Federation's exposure to interest rate risk and the effective weighted average interest rate for classes of financial assets and liabilities are set out below:

2004	Note	Floating Interest Rate \$	Fixed Interest Maturing in 1 year or less \$	Non-Interest Bearing \$	Total \$
<b>Financial Assets</b>					
Cash	4	655,204	35,000	300	690,504
Receivables	5	—	—	154,571	154,571
Other				36,680	36,680
		655,204	35,000	191,551	881,755
Weighted average interest rate at 30 June, 2004					
		3.72%	5.5%		
<b>Financial Liabilities</b>					
Accounts Payable				174,239	174,239
<b>2003</b>					
	Note	Floating Interest Rate \$	Fixed Interest Maturing in 1 year or less \$	Non-Interest Bearing \$	Total \$
<b>Financial Assets</b>					
Cash	4	186,310	35,000	300	221,610
Receivables	5	—	—	113,993	113,993
Other		—	—	25,784	25,784
		186,310	35,000	140,077	361,387
Weighted average interest rate at 30 June, 2003					
		3.64%	3.61%		
<b>Financial Liabilities</b>					
Accounts Payable				94,844	94,844

b) Credit Risk Exposure

Credit risk represents the loss that would be recognised if counter-parties failed to perform as contracted.

On Balance Sheet Financial Instruments

The credit risk on financial assets of the Federation, which have been recognised on the balance sheet, is the carrying amount.

The Federation minimised concentrations of credit risk undertaking transactions with a range of organisations primarily in the area of social welfare.

c) Net Fair Values of Financial Assets and Liabilities

The carrying amounts of receivables, payables and provisions for employees' entitlements approximate net fair value.

■ **NOTES TO THE FINANCIAL STATEMENTS**  
for the year ended 30 June 2004

**NOTE 16** RECONCILIATION OF NET CASH PROVIDED BY OPERATING ACTIVITIES TO OPERATING RESULTS

	2004	2003
	\$	\$
Operating surplus (deficit)	133,090	17,103
Depreciation	25,731	30,349
Loss on disposal of non-current assets	10,248	11,923
Change in net assets and liabilities		
(Increase) decrease in prepayments & deposits	(10,896)	2,427
(Increase) decrease in debtors	(40,578)	82,513
Increase (decrease) in sundry creditors	79,395	(184,655)
Increase (decrease) in grants in advance	234,739	56,089
Increase (decrease) in provisions	67,731	3,937
Net cash flows from operating activities	499,460	19,686

**NOTE 17** CONTINGENT LIABILITY

No contingent liability is known to exist at the date of the Financial Statements.

**NOTE 18** SEGMENT REPORTING

The Federation operates in one industry, promoting the awareness and prevention of HIV/AIDS.

**NOTE 19** AUDITOR'S REMUNERATION

	2004	2003
	\$	\$
Audit	14,000	14,000
Other Services	1,903	850
	15,903	14,850

**NOTE 20** EVENTS SUBSEQUENT TO BALANCE DATE

No other material events which affect the Federation or these financial statements have occurred since balance date requiring disclosure.

**NOTE 21** DIRECTORS AND MEMBERS REMUNERATION

Income received or due by and receivable by directors and committee members other than ex-officio members. The number of directors and committee members whose income from the Federation falls within the following bands

\$'000	2004	2003
0-10	—	1
20-30	—	—
30-40	—	1
40-50	—	—
50-60	1	—

Remuneration is only payable to staff nominated to the Board of Directors and the remuneration represents normal salary and no additional remuneration is received for membership of the Board.

To the Members of the Australian Federation of AIDS Organisations Incorporated

**Scope**

On the basis of information provided by the directors of the Federation, the attached Detailed Statement of Financial Performance has been compiled in accordance with APS9 'Statement on Compilation of Financial Reports' for the year ended 30 June 2004.

The directors are solely responsible for the information contained in the detailed statement of financial performance and have determined that the accounting policies used are consistent with the financial reporting requirements of the Federation's constitution and are appropriate to meet the needs of the members of the Federation.

To the extent permitted by law, we do not accept liability for any loss or damage which any person, other than the Federation may suffer arising from any negligence on our part. No person should rely on the detailed statement of performance without having an audit or review conducted.

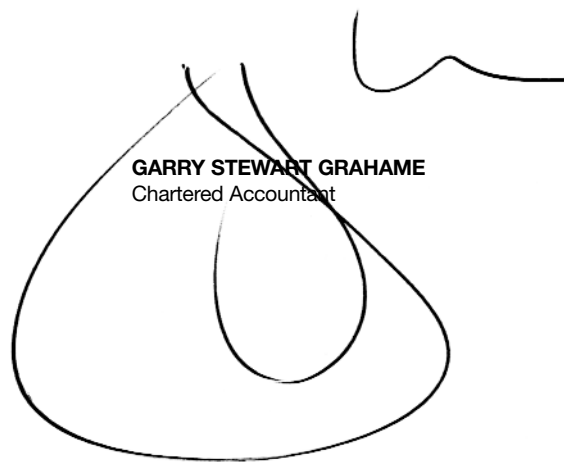
The Detailed Statement of Financial Performance was prepared for the benefit of the Federation and the purpose identified above. We do not accept responsibility to any other person for the contents of the detailed statement of financial performance.

Sydney, New South Wales

**GARRY STEWART GRAHAME**  
Chartered Accountant

Dated:

14/10/04



■ DETAILED STATEMENT OF FINANCIAL PERFORMANCE  
for the year ended 30 June 2004

	Notes	2004	2003
		\$	\$
<b>Income</b>			
Health Department Grants		1,830,403	1,823,055
International Project Grants	10		
Donated Funds	108,017		
Grants	—		
Other Income	5,766	113,783	105,466
Other Income/Grants		244,888	255,502
Interest Received		24,633	10,229
Subscriptions and Resources		—	2,590
<b>Total Income</b>		<b>2,213,707</b>	<b>2,196,842</b>
<b>Expenditure</b>			
Audit		15,903	14,850
Bank Charges		79	334
Depreciation Expense		25,731	30,349
Doubtful Debts		—	(15,000)
Insurance		22,746	18,773
International Projects	10		
Overseas Projects	50,990		
Community Education	—		
Administration	62,793	113,783	105,466
Media Resources		11,379	14,184
Meeting Expenses		13,175	13,465
Office Equipment Expense		2,533	4,930
Postage & Freight		2,503	2,897
Profit/(Loss) on Disposal of Assets		10,248	11,923
Project Grant Costs		560,286	632,768
Re-location Costs		4,760	31,035
Rent and Electricity		70,595	142,849
Repairs and Maintenance		19,763	21,890
Resources and Subscriptions		12,811	10,465
Salaries and Wages		1,003,093	966,347
Staffing Oncosts		1,876	—
Stationery, Copying & Office Supplies		13,569	11,219
Superannuation		81,341	82,230
Telephone, Facsimile & Internet		24,480	27,078
Travel		47,592	42,806
Website		19,434	8,881
Workplace Compliance		2,937	—
<b>Total Expenditure</b>		<b>2,080,617</b>	<b>2,179,739</b>
<b>OPERATING SURPLUS</b>		<b>133,090</b>	<b>17,103</b>

This Detailed Statement of Financial Performance should be read in conjunction with the attached Notes to the Financial Statements

# AFAO Board

## **Dr Darren Russell: National President**

**Educational qualifications:** MBBS FRACGP DipVen FACSHS  
**Experience:** Darren has been the national President of AFAO for one year, and prior to this he was the President of the VAC/GMHC for three years. He works as a doctor in the field of sexual health and HIV, and has been doing this for 14 years.

## **William Whittaker: Vice President**

**Educational qualifications:** AIDS and gay community activist  
**Experience:** Bill has extensive experience serving on boards and committees of non-government organisations. He has served as chairperson of various organisations including the National Association of People Living with HIV/AIDS, Sydney Gay and Lesbian Publishing Pty Ltd, and the Sydney Gay and Lesbian Mardi Gras. He has also worked as Chief Executive Officer of the AIDS Council of NSW, Australia's largest non-government HIV organisation.

## **Adrian Lovney: Secretary**

**Educational qualifications:** Bachelor of Law (Hons)  
**Experience:** Adrian has been involved at governance level in HIV/AIDS organisations for over 10 years, including a number of years on the AFAO Executive, as Queensland AIDS Council President and currently as President of ACON. He has spent a number of years providing policy, program and political advice to government in the areas of health and human services. Adrian is currently General Manager, Industry Association, at Credit Union Services Corporation (Australia) Limited (CUSCAL), which is the peak representative body and service provider to Australian credit unions.

## **Trish Langdon: Treasurer**

**Educational qualifications:** Bachelor of Commerce (UWA) Bachelor of Social Work (UWA).  
**Experience:** Trish is the current Executive Director of the WA AIDS Council and has previously served as the Chairperson of the Council. She worked in the AIDS sector in NSW in the early nineties and has worked in disability services and the public hospital system in WA in direct service delivery and managerial positions.

## **Phillip Keen: Staff Representative**

**Educational Qualifications:** Bachelor of Arts (University of Sydney); Diploma in Community Services (Community Work).  
**Experience:** Phillip is currently employed as an HIV Educator, Campaign & Resource Development (Gay Men's Education) in the AFAO/NAPWA Education Team (ANET). He has over 13 years experience in the HIV sector through his work at both AFAO and ACON.

## **Gabe McCarthy: NAPWA**

Gabe has been living with HIV for 15 years and has extensive experience serving on boards and committees in the sector. These include the role of Queensland Positive People Convenor and board member of the Queensland AIDS Council from 1999–2003. Gabe has served on the NAPWA Board for the past three years, taking the reins as President in May 2004. She is also a member of the AIDS Treatment Project of Australia (ATPA) Advisory Group. Gabe has an ongoing commitment to social justice, advocacy and peer support and particularly enjoys working with her HIV positive peers. Gabe also has a strong commitment to youth work.

## **Michael Lodge: The Australian Injecting and Illicit Drug Users League**

**Educational qualifications:** Bachelor of Arts, University of Wollongong  
**Experience:** Michael is currently the Executive Officer of the NSW Users and AIDS Association. For most of the past 20 years Michael has worked in the areas of drug & alcohol, HIV and HCV. Since beginning his adult working life at the Wollongong Crisis Centre in 1985, he has worked in the health system at the local Area Health Service level, the NSW Government, the Commonwealth Government and then in 2001 came back into the NGO sector. His work over that time has covered community development, individual counselling, professional development, community education, policy and management. Michael has been living with HIV since 1993.

## **Janelle Fawkes: Scarlet Alliance**

**Educational qualifications:** BA (Interactive Multimedia), Diploma in Community Education.  
**Experience:** Janelle has worked in sex worker organisations and served on their Boards since the mid 90s. This is her third year on the Executive of Scarlet Alliance, the national peak body of sex worker organisations, of which she is President. Janelle has extensive community education and community development experience, including sex worker arts performance events and workshops in Australia and overseas. She is currently employed on a work-based education project with SIN (Sex Industry Network).

## **Mike Kennedy: Ordinary member**

**Educational qualifications:** Bachelor of Arts (QU)  
**Experience:** Mike is the Executive Director of the Victorian AIDS Council/Gay Men's Health Centre. Prior to this, he was General Manager of the AIDS Action Council of the ACT, and worked in the Commonwealth and Queensland public sectors in a range of finance and human resource management positions. Mike has held numerous voluntary positions in the HIV/AIDS sector.



AFAO is a member of the Australian Council for International Development (ACFID) and is a signatory to the ACFID Code of Conduct. The code requires members to meet high standards of corporate governance, public accountability and financial management. More information about the ACFID Code of Conduct is available from AFAO and ACFID at: [www.acfid.asn.au](http://www.acfid.asn.au) or via email at [acfid@asn.au](mailto:acfid@asn.au) Telephone: (02) 6285 1816 Facsimile: (02) 6285 1720