



# AFAO Annual Report 2002-2003

## President's Report

### **Bill Whittaker**

The scale of the AIDS epidemic now outstrips even the worst-case scenarios of a decade ago according to estimates by UNAIDS, the United Nation's coordinating agency for HIV/AIDS. More than 43 million people are now living with HIV/AIDS and every day over 14,000 new HIV infections occur and thousands of people die of AIDS. The vast majority of these new infections and deaths could be avoided by implementing scientifically proven prevention strategies and by providing essential medicines, including antiviral drugs.

These failings are by no means confined to developing nations. As the World Health Organisation (WHO) recently noted, HIV infection rates and AIDS-related deaths are on the rise again in a number of countries where real progress was previously being made in containing HIV/AIDS. Complacency and "AIDS fatigue" at government, donor, community and individual levels are cited by WHO as contributing to this situation. WHO notes that in some settings, successful HIV prevention and care programs have been allowed to run down, while other countries have not modified their prevention and care programs in the face of new complexities.

The global impact of HIV/AIDS was summed up by the UN Secretary General in a recent report (September 2003) to the General Assembly on progress in implementing the UN's Declaration of Commitment on HIV/AIDS. The Secretary General concluded that despite some progress –

- In many important respects the challenges posed by the epidemic remain as large as ever;
- That in the most-affected countries of sub-Saharan Africa, the impact of the epidemic is becoming alarmingly more acute; and
- That little progress has been made worldwide in reducing the number of new cases of HIV infection and there are indications that the global rate of infection could accelerate as the epidemic expands in Asia and Eastern Europe.

The Secretary General noted that too few political leaders are aggressively leading national efforts to respond to the epidemic and that leadership and financial resources have not been sufficient to translate scientific knowledge into enough on the ground actions to turn the tide of the global pandemic.

Australia has long been regarded as a world leader in responding to HIV/AIDS. However, the Australian response has also suffered setbacks in the past 12 months, confirming concerns that elements of our response are not working properly. For the first time in many years, we have seen a significant rise in new HIV infections in Australia, mirroring a worrying trend seen in several comparable developed countries (e.g. Canada, USA, UK and various EU countries).

In Australia, these new infections are overwhelmingly among gay men. However, there is concern about the potential for rapid spread of HIV into other vulnerable populations, particularly the Indigenous community, injecting drug users and sex workers. These rises in HIV infection rates come at a time of continuing pressures on harm reduction approaches, such as needle/syringe programs, which have been such a successful cornerstone of Australia's response to HIV/AIDS over the past 20 years.

For the past three years AFAO has been working to help revive Australia's National HIV/AIDS Strategy in the face of growing challenges and complexities. We were successful in advocating that the Commonwealth Government commission a comprehensive review of Australia's HIV/AIDS Strategy. AFAO's submission to that review was highly praised by the reviewers. Our submission warned of a rise in HIV infections if Australia's response was not revitalised.

This review was completed in October 2002 and found that there were a range of problems and new challenges in Australia's HIV/AIDS response. The Review recommended a major revitalisation of Australia's HIV/AIDS effort, including bringing in a new national HIV/AIDS Strategy by the middle of 2003. However, quite unexpectedly there was a very long delay in publicly releasing the Review reports and in announcing the Commonwealth Government's response to the Review recommendations. This hiatus has caused loss of morale in the HIV/AIDS sector and a perception of drift in Australia's HIV/AIDS response, underscored by the release of a series of figures confirming rises in HIV infection rates, as we had warned.

At the time of writing, the Commonwealth Government had announced its acceptance of the majority of the national strategy review recommendations, including a commitment to a 5<sup>th</sup> National HIV/AIDS Strategy. This announcement, though overdue, is nonetheless most welcome.

In other recent developments, the Hon. Tony Abbott MP has been appointed as Minister for Health and former Health Minister Dr Michael Wooldridge will head up the Minister's restructured advisory committee on HIV, Hepatitis and Sexual Health. We look forward to working closely with Mr Abbott and with his new advisory committee headed by Dr Wooldridge.

The immediate challenge now is for Australia to move decisively to implement the recommendations contained in the Review of our national HIV/AIDS strategy. We do still have a window of opportunity to reverse the trend of new HIV infections and tackle other significant problems identified in the Review reports. The major focus of AFAO's work over the past year and in the year ahead will be the revitalisation of Australia's HIV response to meet that challenge.

Notwithstanding the difficulties of the past 12 months, not the least of which is the continuing reduction in real terms of AFAO's funding, AFAO and our Members have continued to show leadership, determination and innovation in the fight against HIV/AIDS in Australia. It is pleasing to report that the achievements of AFAO and our Members have been considerable over the past 12 months, as documented extensively in this Annual Report.

Our work has not only focused on the Australian HIV/AIDS response. Given the impact of HIV/AIDS globally and regionally, AFAO is now also increasingly called on to participate in the development of regional and international policy, programs and strategies. These activities have included developing the implementation program for the Asia/Pacific Leadership Forum; contributing to policy and planning in antiviral treatment access and scale-up planning regionally and globally; contributing to the development of WHO's Global Health Sector Strategy on HIV/AIDS; and supporting the work of a range of regional non-government organisations in Asia/Pacific.

A recent review of AFAO's performance and role commissioned by the Commonwealth Government commented very favourably on AFAO's achievements and has supported a strong continuing role for the organisation as a key player in Australia's response to HIV/AIDS.

Internally, we have further streamlined governance and general operations. This has resulted in further efficiency gains and helped to maximise our policy, advocacy and program capabilities. The AFAO Board has worked well during the past year. We were all greatly saddened by the death of one of our members, Phillip Medcalf, in February. Phillip's quiet but effective manner contributed significantly to the Board's successful operation.

Our work has been supplemented by fixed purpose and time limited working groups on particular issues, which enables us to involve a range of expertise from the HIV/AIDS sector and other sectors. I want to express my warm thanks to all AFAO Board members for their enthusiasm and many hours of hard work. As President, I have been particularly fortunate to have had the opportunity to work with Ben Harris as our Vice-President. Ben, who has decided not to stand for re-election this year, has contributed much to AFAO over the past three years.

Working in the complex and difficult environment of the past 12 months has meant that the pressures on the AFAO staff have been considerable. To the credit of all on the AFAO staff team, they have performed exceptionally well during the past year and they are of course central to the organisations achievements. On behalf of the membership and Board, I extend sincere thanks to the AFAO staff for their efforts. In particular, I would like to thank our Executive Director, Don Baxter. Don's outstanding leadership qualities and many other formidable skills in policy and management have been demonstrated many times over the past year, not only in terms of Australia's response to HIV but also through his efforts in assisting the Asia/Pacific response to the epidemic. Don and I have worked together in various capacities for over 20 years, and the opportunity to work alongside him again at AFAO has been an absolute privilege.

The test of the strength of communities and community-based organisations is their ability to respond with determination and effectiveness in a time of challenge. AFAO and our Members have met this test many times over the past two decades. Over the past year, when we have faced a new set of difficulties and some disappointments, we have done so again.

Australia's HIV/AIDS response is now at a crossroads – there are opportunities which must be taken to revitalise our response to HIV/AIDS in Australia and also to maximise our contribution to the global fight against AIDS. As this report demonstrates, AFAO and our Members are well placed to join with our partners in government, the health profession and the scientific community in a redoubled effort to turn the tide of the HIV/AIDS epidemic.

## Executive Director's report

### ***Don Baxter***

2002-03 has been a difficult year for AFAO - as it has for all other agencies working under the HIV/AIDS Strategy. As the President's report outlines, we all operated in an environment initially characterised by expectation of good outcomes from the National Strategy review, through to a sense of drift, increasing uncertainty and developing malaise.

Despite this environment AFAO has operated extremely effectively. We have continued to provide policy leadership in what has been a policy and decision-making hiatus, maintained the confidence and strong support of our Members, delivered comprehensive and innovative education programs, contributed significantly to the regional and international HIV response – and returned a satisfactory financial outcome in a year of major organisational change and contractual uncertainty.

This report outlines key outcomes in the areas of

- National policy and advocacy
- National health promotion around HIV
- Regional and international responses to the HIV pandemic, and
- Meeting major challenges in our internal operations

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

AFAO's submission - '*A Response at the Cross-roads*' - to the Review of the National HIV/AIDS Strategy continued to provide the comprehensive framework for re-vitalising Australia's response to HIV throughout the year in the absence of release of the Review reports and the government's response to them.

With the decline of the key advisory structures, ANCAHRD and its Committees, the delay in releasing the HIV Review report and reduced role by the Commonwealth Department of Health & Ageing, AFAO found itself increasingly carrying most of the national policy leadership responsibility within the HIV partnership.

Nowhere was this clearer than in addressing the first major qualitative change to the epidemic in Australia in a decade – the increase in new HIV infections in the three most populous states, confirmed in May 2003.

Our handling of the media response to this revelation, combined with our subsequent proposals to the Commonwealth and the InterGovernmental Committee on HIV/AIDS, Hepatitis C and Related Diseases, have set the environment and are providing the framework by which this issue can be addressed nationally by all members of the HIV partnership.

Other major policy issues addressed by AFAO have been:

- The possible impacts on people with HIV/AIDS of proposed changes to the Pharmaceutical Benefits Scheme – both by the proposed co-payments legislation and by a free trade agreement with the USA
- Proposed changes to Medicare included in 2003/2004 Federal Budget
- The possible impacts on people with HIV/AIDS of a range of proposed changes to the welfare system, including a comprehensive submission to the government's Discussion paper, 'Self-reliance and social inclusion' in June 2003
- Ground-breaking work in policy issues associated with the development of HIV vaccines, particularly the release of partially-effective vaccines
- Participation and input to the Review of the National Drug Strategy Framework and to the National Drug Prevention Policy consultation process (in conjunction with AIVL)
- Submissions and follow-up on the WA Prostitution Bill and funding of effective sex worker education programs (in collaboration with the Scarlet Alliance)

More detailed reports on this work – and the submissions we developed and lodged with a wide range of other policy-making bodies - are included in the Policy & International section of this annual report.

## **Media**

Through 2002 AFAO deliberately underplayed media coverage of HIV to allow the Review reports and their consideration by the Minister to proceed without distraction (except for stimulating and contributing extensive media coverage of outcomes from the International AIDS Conference in Barcelona in July 2002).

However from early 2003 our strategy had to change to address:

- The release of the much-hyped – but totally ineffective - VaxGen HIV Vaccine (in February/March)
- The rise in new HIV infections in the major states (in May), and
- The initiation of the Australian-Thai HIV vaccine trial in Sydney (in June)

## **HIV Education and Health Promotion: major national campaigns, policy and projects**

AFAO continued to develop and deliver high quality HIV prevention and health promotion programs through 2002-2003, primarily through the ANET team and the AFAO National Indigenous Project – despite some difficult environmental factors.

The rises in HIV infections in May 2003 required immediate policy and program response – to which AFAO, chiefly through the board and the ANET team, was able to respond promptly and continues to work with our Members on devising new approaches and directions to this challenging change.

Earlier in the reporting year, AFAO had launched and been implementing the innovative web-based *sexinqueerplaces.com* program. However, in December 2002 the Department requested AFAO suspend website access and shift to a CD-Rom strategy of dissemination, to which we reluctantly agreed. This required a substantial re-design of the implementation strategy for the resource and considerable subsequent pressure on the ANET team in delivering other requirements under the contract.

However, in addition to ‘sexinqueerplaces’ the ANET team was able to develop and launch most elements of the program. This extensive program is set out in detail in the ANET and Indigenous Project section of this report. Particular highlights were:

- Treatment Breaks campaign (addressing interruptions to taking antivirals)
- Development of an STI (Sexually Transmitted Infections) campaign, both internet and print-based, titled *‘Last night I picked up some-one ...and something’*
- *‘HIV & Us Mob’*, the first HIV treatments resource designed by and for Indigenous Australians, has been spectacularly successful. Widely-praised and used by Indigenous organisations, it is now being sought by various state prison systems

Development and delivery of our education programs has been further compounded by the Commonwealth’s shift to a project-based contract model in its funding agreements for HIV and other agencies. These provide an inappropriate, artificial framework for the development and delivery of long-term education programs that AFAO designs and delivers, but also inhibit the flexibility to adjust to emerging trends, such as the rise in HIV infections, or facilitate major changes in program delivery strategy, exemplified by the *sexinqueerplaces* matter.

Notwithstanding this awkward environment AFAO managed to develop an ANET Education Strategy for 2003-2005. This will provide clearer strategic guidance to the team and also streamlines the advisory and management processes for the program.

## **The International epidemic and the Asia/Pacific Region**

While AFAO receives minimal government funding to undertake work on regional and international HIV issues we have been able to build on our domestic and international experience.

A key step forward was the finalisation in late 2002 of a revised AFAO International Strategy. This identified AFAO’s primary focus on policy, strategy and advocacy skills and provided much clearer direction to our focus and activities.

At the international level our President contributed significantly to the development of the WHO Global Health Sector Strategy for HIV/AIDS, including addressing the WHO General Assembly on the need for such a strategy in October 2002.

Other highlights, set out in more detail in the Policy & International section, included:

- Access to treatments: leading the advocacy, policy and information distribution in the Asia/Pacific region
- Contributing to the Asia Pacific Leadership Forum program, both as a consortium member of the workshop design and delivery team and advising on overall development of the program
- Supporting the HIV community-sector regional networks, APCASO and APN+
- Funding three innovative projects under our private donor-funded grants program, including a skills-building study tour of HIV+ people from Papua New Guinea
- Advising Minister Downer and AusAID on a range of key issues in the international and regional epidemics, and
- Both oral and poster presentations at the Barcelona International AIDS Conference

Unfortunately AFAO's capacity to maintain current levels of policy advice and program delivery are not sustainable unless a more secure revenue stream can be identified and developed for this work.

## **AFAO's internal operations**

### ***Governance and Strategy***

While the governance of AFAO continues to operate smoothly the overall strategy and policy hiatus in HIV/AIDS in Australia during the year impinged on AFAO's capacity to move ahead with a timely revision of our strategic plan, '*Strategic Directions 2001-2004*'. In this climate of uncertainty the board decided to defer this major strategic plan review until early 2004, by which stage the government's intentions around a 5<sup>th</sup> National Strategy and its overall directions will be more clear.

The revised internal policy advice structures AFAO instituted last year have worked well. We have been able to draw upon a wide range of expertise from our Members and other supporters, with time very generously given. The establishment of the Indigenous Strategic Alliance and clarification of its role has also provided better advice to the Board and improved energy and focus in both the Alliance and AFAO's Indigenous Project.

At the end of the year the board also decided on the model to streamline the advisory structures for the AFAO/NAPWA education program with full implementation by the end of 2003.

### ***The Department's Review of AFAO***

The Department initiated a comprehensive Review of AFAO in May 2003. The Review, undertaken by consultants Morgan Disney Associates, strongly endorsed the standing, directions and performance of AFAO.

This was very pleasing given the difficult environment in which the Review was conducted. While the Review itself was a very significant focus for the Board and for me at a relatively inopportune time – just as the rise in HIV infections was announced and amidst the uncertainty about the National Strategy Review reports - it nonetheless provided an opportunity for reflection on and confirmation of our strategy and direction – and also provided some valuable feedback on some areas of AFAO performance that deserve attention.

### ***Relations with Members***

In 2002-2003 we further consolidated sound relations with all our Members – much of which was reflected back through the Review of AFAO process. This year we paid particular attention to high-level liaison meetings with the leaderships of AIVL and Scarlet Alliance and were able to re-affirm and clarify our collaborative relations with each of them.

## ***Office Relocation***

Moving offices can be a major disruption for many organisations. Our OMS Team managed to locate, negotiate, re-fit and move us into cheaper, better, lighter – but much smaller – offices with minimal disruption to our program development and delivery. And all done without any revenue supplementation.

## ***Financial Operations and Contractual Issues***

While AFAO has emerged from this difficult year with a satisfactory financial result this has been achieved despite some enormous hurdles.

The AFAO Management Team has been forced to work in an environment of grossly unsatisfactory contract development and management by our major funder, the Department's Population Health Division. The combination of an inappropriate project-based contract model (where we are an ongoing organisation delivering a comprehensive, integrated program) combined with late contract finalisation, inadequate understanding of the contents of the contracts by Departmental officers, nonsensical financial reporting requirements, unclear and contradictory activity reporting requirements, an inability to assess and respond to contract variation requests and, particularly, routinely late payments – some more than two months late - has forced the AFAO Management team and finance staff to spend inordinate and highly wasteful focus and time on micro-managing AFAO's cash-flow to ensure the organisation was not transgressing its corporate and legislative responsibilities.

This situation was compounded late in the year with the Department's tardiness in initiating the Review of AFAO, thereby causing the devising and negotiating of a 3-month "interim" contract, to be followed by another negotiating round during that 3-month period for the remaining 9 months of 2003-04.

That all this was reaching a crescendo just at the time of the announcement of the rise in HIV infections was a matter of considerable chagrin for both AFAO management and board. Where our attention should have been primarily focussed on bold, creative ideas to address this qualitative change in the epidemic, instead we were constantly forced back to focus on minutiae, caution and uncertainty.

We are heartened to see the Review of AFAO recommends that the Department work with AFAO "to improve the relationship and mutual accountability with AFAO".

In light of these contractual issues, revenue uncertainty and our shouldering the costs of relocation, increased insurance and increased public liability costs, perhaps "satisfactory" is an understated description of our financial outcome. I pay particular tribute to the Management Team members, especially Tim Childs and the Finance team – but also to the AFAO staff, who have had to carry on through this demoralising uncertainty for month after month, which they have done admirably.

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

My thanks to the members of the Board, all of whom have helped steer us through this year of uncertainty and developing malaise with determination and unwavering but not uncritical support - and particularly to the President, Bill Whittaker, whose calmness and sage judgment in times of extreme pressure and tension has steered us through some of the most unusual and unpredictably tough times of the epidemic.

## **Staff list 2002 - 03**

**Alex Turner** International Programs Officer  
**Andrew Sajben** Administration Officer/Travel Coordinator  
**Andy Quan** International Policy Officer  
**Chris Ward** Senior Policy Analyst (to Feb 03)  
**Craig Tracey** Finance Clerk  
**David Edler** Policy Analyst  
**Dean Murphy** ANET HIV Educator – Policy and Research (to Feb 03)  
**Dermot Ryan** ANET and Indigenous Manager  
**Don Baxter** Executive Director  
**Jill Sergeant** Website Officer  
**Jill Mogridge** Financial Controller  
**John Godwin** Policy Analyst (From Oct 02)  
**Juliet Dewar** Acting Management Administration Assistant ( From Apr 03)  
**Mark Bebbington** Policy and International Manager  
**Mark Street** IT Consultant  
**Michael Kessler** Media Liaison Officer  
**Michael Costello** Indigenous Gay and Transgender Senior Project Officer  
**Nicola Addison** Relief Administration Officer  
**Paul Kidd** Editor, Positive Living (to Dec 03)  
**Peter Canavan** ANET HIV Educator – Capacity Development  
**Phillip Keen** ANET HIV Educator-Campaign and resource development – Gay education  
**Pol McCann** Vaccines Policy and Education Officer (From Jun 03)  
**Ross Duffin** ANET HIV Educator-Campaign and resource Development – Positive Education  
**Sara Lubowitz** Vaccines Policy and Education Officer (to Feb 03)  
**Sharyn Casey** Acting Editor HIV Australia and HIV Educator-Campaign and Resource Development-Positive Education  
**Tim Childs** Organisational and Member Services Manager  
**Timothy Woon** Cleaner  
**Tony Creighton** Indigenous Gay and Transgender Project Officer  
**Verushka Darling** Executive Assistant (to Apr 03)

## **Our Sponsors**

AFAO would like to thank the following sponsors for their in-kind support over the last year:

**Mallesons Stephen Jaques** (for their continued pro bono legal work)  
**Rydges Hotel Camperdown** (AFAO's preferred Sydney meeting room and accommodation provider)  
**Visy Paper Recycling** (for our free paper recycling service)

Thanks for continued support in a range of areas:

**South Sydney Council**  
**Hughes Bruce**

## ANET

The AFAO /NAPWA Education Team 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 works closely with AFAO and NAPWA's constituent organisations.

The 2002 –2003 year has presented ANET with many challenges and demands. Over the year our efforts have been spread across:

- campaign and resource production,
- delivering training opportunities to the membership,
- strengthening capacity through a number of demonstration projects, and producing policy and analysis of social and clinical research addressing changes in the epidemic most notably the increase in HIV notifications.

## Campaign and resource development

### ***www.sexinqueerplaces.com***

Developed over a two-year period [www.sexinqueerplaces.com](http://www.sexinqueerplaces.com) is an Internet-based campaign for gay men, which utilises multimedia technology including animation, audio and interactivity. The campaign was implemented online between July and December 2002. However, after concerns about unlimited access to the campaign via the web, the Department of Health and Ageing requested AFAO suspend website access and shift to a CD-Rom distribution strategy, to which we agreed. This required a substantial re-design of the implementation strategy and considerable subsequent pressure on the ANET Team in delivering other requirements under the contract. The CD Rom version of the resource also included the very successful *HIV+ gay sex* booklet and VAC/GMHC's *life blood* series.



### ***HIV Treatments Breaks***

A national campaign addressing the area of HIV treatments breaks, largely developed in 2001-2002, has now been produced and implemented across the country. The HIV treatment breaks campaign is based on current treatments knowledge. The advent of HAART and increasing treatments complexity has tended to coincide with diminished community focus on HIV treatment issues and information and decreased knowledge about, and interest in, treatment issues by HIV community sector workers.

The issue of HIV treatment breaks is quite complex and there is still not medical consensus about whether treatments breaks should be sanctioned in any circumstances. It was for this reason the campaign materials were endorsed and cobadged by ASHM. Additionally a treatments breaks institute training work-shop was held in late December and as part of the supported implementation activities, health care worker and GP briefings were held prior to the release of the campaign material in every state and territory. The campaign materials included a series of press ads, a small booklet and a series of A5 postcards.

### ***Last Night I picked up some-one .... And Something.....***

Originally developed by ACON, this campaign was offered to ANET for consideration of national production and distribution. In addition to supplying states outside NSW and Victoria with the detailed booklet addressing issues in relation to STI testing, transmission, treatment and identification, ANET developed a national poster, highlighting the availability of the booklet, a series of press ads which ran in various publications and negotiated with the websites gaydar, gay.com and the youth orientated lesbian & gay site, mojenic.com, to run a series of banner ads. The banner ads provide a direct link to the STI website developed for the campaign and hosted as a part of the main AFAO site.



The work with the STI campaign has further assisted AFAO in enhancing and developing its corporate relationships with organisations such as gaydar and gay.com who appeal to large contemporary gay community and non gay identifying men. These strategic relationships provide an important link to gay men and MSM, especially in light of recent social research critiques degrees of community 'disengagement' from HIV and a shift away from traditional notions of community by both gay men and other men who have sex with men.

### ***Cruising workshops***

ANET completed the pilot of the cruising workshops, which focused on the topics of online cruising, cruising at beats and cruising at sex on premises venues. The workshop manuals and support information now form key ongoing activities in many of the member organisations.

### ***Positive resources***

This year ANET produced the second edition of *Tests and treatments* and completed work on *A positive diagnosis*, a booklet for people newly diagnosed with HIV, and *Having a life*, a resource of narratives of living with HIV which are awaiting approval and release.

### **Analysis and policy**

ANET has responded to many issues and generated discussion papers on a range of emerging themes in HIV education. In August 2002 ANET hosted a forum between the ESG, ANET Steering Group and staff working in State Health Departments (IGCAHRD) on issues in HIV/AIDS education. The meeting specifically examined changes in behaviour amongst gay men and the potential for increasing HIV notifications, outside Victoria. From May this year ANET has been working with the membership and independently on developing both immediate and sustainable responses to the increases in HIV notification. Articles and discussion papers that aim to improve current understandings of, and that make clear some of the complexities of HIV prevention education have been circulated widely.

Some specific research and analysis papers have been produced in response to the suspension of [www.sexinqueerplaces.com](http://www.sexinqueerplaces.com). Specifically the Australian Research Centre in Sex Health and Society (ARCSHS) was commissioned to produce a paper on *Electronic technologies, HIV education and health promotion targeting a gay men and men who have sex with men*. The paper found no evidence for a strong link between gay men and MSM using the net and an increase in STIs or HIV and explored possible future uses and options for new peer developed interventions using the net. ANET collaborated with the National Centre in HIV Social Research (NCHSR) to undertake a survey on gay and MSM who seek out sex using the Internet. The research was conducted in Melbourne and Sydney as part of the periodic surveys and the report is due later this year.

A further discussion paper was produced examining the use of Adult Verification Systems (AVS) and options for internet interventions with explicit material targeting gay men. The paper concluded that the use of AVS not be recommended as a strategy in limiting exposure of sensitive or explicit material because they also limit exposure to the intended target group. ANET will continue to explore this policy and intervention area over the coming years, especially as research shows more that 40% of gay and MSM use the internet for a variety of needs in their life, making this a prime area for targeted HIV prevention area. Additionally many AFAO member organisations are exploring options for Internet based and on-line education and health promotion interventions due to the growing number of gay men using the Internet.

Other papers examined issues including defining capacity building, SARS and HIV, superinfection, the use of community media and HIV vaccines based stories. ANET continued to work on establishing benchmarks for prevention based activities targeting gay men and non-gay identifying men. After discussions with the both Commonwealth and State Health Departments it is expected that comprehensive mapping of activities will take place in late 2003.

### **Structure and Strategies**

The Education Strategies Group (ESG) and ANET Steering Group have both been reviewed following recommendations made in the 2002 ANET evaluation. A new advisory structure has been recommended and will be initiated next year following the development of an MOU between AFAO

and NAPWA. The streamlined structure will also oversee the progression towards implementing the ANET strategic plan, which is due for release later this year.

## Capacity Development

Over the year the team successfully completed the first round of HIV Education Institutes. The Institutes are designed to meet the needs of educators in a range of work force development and capacity development areas. The Institutes have relatively small participant numbers (about forty) due to their targeted and subject-specific nature and are held in the alternate year to the HIV Educators' Conference. This year the institutes covered HIV treatments and treatment breaks, contemporary evaluation practise in HIV health promotion and education, and current practise and theory in peer education.

In addition to these activities the ANET team has continued to work closely with educators in the membership through the Education Strategies Group, campaign implementation and reference groups the education website and discussion boards in assisting educators with campaign and resource development, research analysis and meeting the local needs of the gay and HIV positive communities around Australia.

The ANET team includes Philip Keen, Peter Canavan and Ross Duffin. Dean Murphy left the team this year to take up a position at the NCHSR and Sharyn Casey joined the team.

## Indigenous Gay, Sistergirl and Transgender HIV/AIDS and Sexual Health Project

The work of the Indigenous project over the past twelve months has seen major progress in the areas of resource development and continued growth with both the Indigenous Strategic Alliance (ISA) and the Indigenous Projects Officer Network (IPON).

The second meeting of the ISA was conducted in Alice Springs in March, which included a community forum sexual abuse workshop. The sexual abuse workshop was developed to equip ISA committee members with a national perspective of Indigenous sexual abuse issues and current stakeholders working on sexual abuse. The workshop included presentations from Family Planning WA, the Australian Research Centre in Sex Health and Society, NYP Women's Council of Central Australia and community individuals. Workshop outcomes have included the development of the AFAO Sexual Abuse Consultation and Sexual Health Strategy. The consultation report and strategy will build on the work of the National Indigenous Gay and Transgender Consultation Report and Sexual Health Strategy providing workable strategies to AFAO on how to move forward in addressing sexual abuse issues in the Indigenous gay and sistergirl community.



HIV/AIDS and Us Mob was launched in Alice Springs in March at the Central Australian Aboriginal Congress. The booklet provides introductory information on HIV testing, HIV treatments, health monitoring and care and support needs, as well as service contact details. It is the first time a comprehensive resource on HIV, including treatments, has been provided nationally targeting Indigenous people. The booklet has been well received by the Indigenous community and stakeholder organisations. The resource has already gone out of print and arrangements are underway for a reprint to fill the demand for the resource.

The Indigenous Project has developed closer linkages with ANET over 2002 – 2003, liaising on all resource development to cultural suitability and ensuring all ANET initiatives have Indigenous relevance where appropriate. One of the major collaborations has been the development

of the resource, HIV/AIDS and Us Mob.

Other significant resource developments include the Sistergirl resource which is in the final stages of completion. Themed, *Sistergirl Do It For Yourself – Keep Yourself Covered*, the resource promotes positive self-esteem and incorporates HIV prevention and education messages.



## **International policy and projects**

AFAO has continued its contribution to the regional and international response to HIV/AIDS over the last year with a great deal of energy and a sharpened focus. The International Policy Officer and International Programs Officer worked with other AFAO staff and board members on key activities such as the international grants scheme, support to regional networks, and contributing to improving access to HIV treatment in the region. A major achievement was the adoption of a new International Strategy 2003-2005 to replace the outdated strategy from 1999.

## **Access to treatment**

AFAO has played a key role in a number of regional meetings on improving access to HIV treatment in the Asia-Pacific region and around the world. We have been instrumental in writing and disseminating reports on the events, and facilitating listservs to improve regional communication and networking on the issue. Working with the Asia-Pacific Council of AIDS Service Organisations (APCASO), AFAO has actively participated in meetings such as the WHO Bi-Regional Meeting on Access to Care and Treatment in Chiang Mai, the International Roundtable in Canberra, and the International Treatment Preparedness Summit in Cape Town, and co-organised an Australian meeting on treatment access through the Australian Council For Overseas Aid (ACFOA).

## **Community involvement**

AFAO has also been involved in and contributed to various meetings on key issues representing community and advocating for the inclusion of affected groups in the regional response. AFAO participated in a special meeting of the United Nations Economic and Social Commission of Asia and the Pacific (UNESCAP) on HIV/AIDS and rapporteured a meeting to encourage community involvement in the Global Fund. AFAO has also been involved in the writing of a major document on the involvement of affected communities in policy-making and advocacy, as well as a module for groups to run workshops using the UNGASS Declaration of Commitment.

## **Regional networks, local education**

AFAO continues to provide ongoing policy support to a number of regional networks, in particular, APCASO, but also the Coalition of Asia Pacific Regional Networks on HIV/AIDS (the Seven Sisters) and the Asia Pacific Network for People Living with HIV/AIDS (APN+). Locally, AFAO has made presentations on international and regional issues to lawyers, students, and youth conferences.

## **International grants scheme**

AFAO's international grants scheme, the cornerstone of AFAO's international project work, has funded three new projects during the 2002/03 year.

### ***PNG study tour***

During October 2002 AFAO and NAPWA jointly hosted a two-week visit from three plwha activists from Papua New Guinea (PNG). The visit had a skills building and training focus and aimed to expose the participants to a range of community-based and peer driven responses to HIV/AIDS in Australia, and to identify which experiences and skills could be transferred to a community-based response in PNG.

Training focused on a range of skills identified by participants, including public speaking training, HIV and disclosure issues with family and friends, proposal writing for donor funding, participation in volunteer food distribution networks, community support network (CSN) volunteer training, nutrition, education and HIV 101 training, and visits to plwha and community-based home care services.



### ***JOY (Jaringan Odha Yogyakarta), Jakarta Indonesia***

AFAO provided three months of seed funding for the recently established plwha group JOY, in Yogyakarta Indonesia. The funds enabled JOY to meet as a group to discuss salient issues for local plwha and allowed JOY to host guest speakers, including HIV activists and medical doctors, and to talk about HIV and nutrition, antiretroviral therapy, opportunistic infections, and public speaking for

plwha. The funds allowed JOY to register as an association with the Indonesian Government, and to develop a newsletter and pamphlets about GIPA, public speaking, and to distribute information and support group contacts.

### **Power of Life Whistle Home Project, Bangkok Thailand**

The 13-month AFAO funded Whistle Home Project, supported a plwha group in Bangkok to provide a range of home care, counselling, support group, information, and care referral services for HIV positive women, children and their family. The project, which operated out of three major Bangkok antenatal clinics / hospitals, and the Whistle Home itself, provided support to plwha from Bangkok and regional areas of Thailand. The project also funded the development of a Thai script website.

### **Papua New Guinea**

AFAO continues to provide technical and management support to the AusAID funded PNG National HIV/AIDS Support Project. A major project achievement of the past 12 months has been the passing of legislation in the PNG Parliament of the HIV/AIDS Management and Prevention Bill, which outlaws discrimination and stigmatisation of plwha and people presumed to be living with HIV/AIDS.

### **HIV Australia**

Four editions of HIV Australia were produced in the 2002-2003 financial year, with each edition carrying a topical theme. The themes included: *Barcelona – the 2002 World AIDS Conference* which concentrated on research and findings released at the conference, *The changing face of HIV* which looked at the issues of relevance to plwha in Australia today, *HIV in the ASIA Pacific* which concentrated on HIV in the region and *HIV and Women* which looked at HIV related issues specific to women living with HIV/AIDS. The Editorial Advisory Committee continued to meet regularly during the year to provide direction and feedback on the magazine's direction.



### **National Policy**

The Policy Team provides research, analysis of national developments in HIV related policy and law, and provides briefings to members on relevant issues. We also respond 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 arising over the past year have included changes to Medicare announced in the 2003/04 Federal Budget, the Disability Reform Bill and other proposed welfare reform measures and proposals regarding the future of the Pharmaceutical Benefits Scheme.

### **Medicare**

AFAO is concerned that changes to Medicare are leading to a winding back of the principle of universal access to health care. The move to a user pays system with a safety net for the poor could adversely impact on people living with HIV who are on low to middle incomes, particularly those who use GP services regularly or heavily in a given period. The cost of providing GP services is being shifted onto health consumers, except for concession-card holders. People in part-time or low-paid jobs but who do not qualify for a health care card risk being charged substantial and unregulated consultation fees each time they visit a doctor.

Consumer health groups, including AFAO and NAPWA, have pointed out that people with chronic illnesses such as HIV have expensive ongoing health care costs: for example, through requiring treatments which involve substantial monthly co-payments for prescription drugs, services, or complementary therapies. AFAO supported NAPWA's submission to the Senate Medicare inquiry which details these concerns.

## **Welfare reform**

The Disability Reform Bill, introduced in Parliament during 2002, sets out changes to the Disability Support Pension (DSP) which were announced as part of the 2002/2003 Federal Budget. The most significant changes proposed is the reduction of the number of hours per week a person with a disability may work and still be eligible for the DSP, from thirty hours to fifteen hours. Opposition members in the Senate have defeated the passing of this Welfare Reform bill twice. The AFAO/ NAPWA Welfare Reform working group have been monitoring the progress of this issue and have been responding to developments as they occur. AFAO's response to the Government discussion paper on welfare reform is available on the AFAO website.

## **Pharmaceutical Benefits Scheme (PBS )**

AFAO developed and lodged a comprehensive submission to the government's Interdepartmental Review of the PBS in July. This submission analysed and reiterated the rationale for and benefits of the scheme from a society and economy wide perspective, not just focusing the PBS costs of the health budget.

In May 2003 US President Bush announced a timeline for the agreement and approval of a United States – Australia Free Trade Agreement (FTA). With approval likely during 2004, AFAO has been monitoring FTA developments very closely. The American pharmaceutical industry is keen for trade in medicines to come within the scope of the agreement. Any changes to the PBS which flow from the FTA could significantly transfer the costs of medicines to the Australian government and/or consumers at a time when the perceived priority within Australia is to contain the costs of the PBS.

## **Other submissions and policy input**

- During 2002/03 AFAO provided submissions in the following areas of national policy:
- Australian Health Ministers Advisory Council inquiry into health privacy
- Senate Economic Reference Committee inquiry into the impact of public liability insurance cost increases
- the Productivity Commission Inquiry into the Disability Discrimination Act
- the Senate Inquiry into Poverty
- the Senate Inquiry into the Australian Human Rights Commission Legislation Bill 2003
- the Department of Health & Ageing's national consultation on the Retractable Syringes Initiative
- consultations on a National Drug Prevention Framework
- representations to the Therapeutic Goods Administration on removal of Nonoxynol-9 from condoms.
- response to the government's Discussion Paper on Welfare Reform

AFAO also provided input to state and territory law reform as requested by our members, including submissions in the following areas:

- law reform on same sex partnerships in South Australia
- law reform on age of consent in the Northern Territory and New South Wales
- Western Australia's Prostitution Control Bill

Our work with Scarlet Alliance on sex work policy focused on issues arising in Western Australia where the Government proposed legislation to restructure the sex industry at the same time as threatening to de-fund Phoenix, the local sex worker organisation. AFAO assisted in advocating for a resolution of the funding situation, and the Government decided not to proceed with the legislation after considerable opposition from the industry.

Work with AIVL focused on threats to harm reduction presented by the Government's Retractable Syringe Pilot Scheme and review of the National Drugs Strategy Framework.

The Policy Team continued its involvement in a project led by Dr Helen Watchirs of the Australian National University which measures the extent to which Australian laws comply with the International Guidelines on HIV and Human Rights. Findings from the Project are due for publication in 2004.

The Policy Team also represented AFAO on the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD) Legal Working Party through 2002/03, with a focus on assisting the Working Party on analysis of ethical issues involved in Phase I and II HIV preventive vaccines trials.

During the 2002/2003 year the AFAO Policy Team comprised Chris Ward, David Edler, Sharyn Casey, John Godwin and the Manager, Mark Bebbington. Chris left us in February to work on HIV and human rights issues in Cambodia. AFAO will miss Chris greatly and acknowledges his tireless efforts in policy development and advocacy during the six years that he was with AFAO.

## **Organisational and Member Services (OMS)**

The most significant tasks this year were tightly monitoring and managing AFAO's cash flow through a time of contractual uncertainty and the relocation of the AFAO Secretariat from our offices of six years in Surry Hills to a smaller and more economically viable office in Newtown.

Planning for the move began very early in 2002 with a search for new properties that fitted the organisational need and reduced budget. Andrew Sajben and I spent many hours looking at some 'very interesting' places before finding our current offices. Following intense work around development applications and lease negotiations, the latter of which was completed with the assistance of our pro bono solicitors Mallesons Stephen Jaques, we signed the lease on 29 October 2002 and moved into the new offices on 21 November 2002. Many people outside of the organisation contributed to the successful relocation of AFAO and NAPWA, in particular Coralie Doyle (formerly of South Sydney Council), Margaret Hughes of Hughes Bruce for her time and energy in designing the new office space, Mark Clapham for his initial assistance in lease negotiations and Mark Street, who worked tirelessly through the night to ensure our computer systems were operational. The OMS team worked exceptionally well with various other teams, including NAPWA staff Scott Lockhart and Nicola Addison, to ensure a co-ordinated and smooth transition from one office to the next. A big thank you to everyone who assisted.

The team has farewelled and welcomed a few staff during the year. Unfortunately due to funding constraints the OMS team was further reduced with the loss of our receptionist, Phillip Shaw, who had been with AFAO for nearly four years. Verushka Darling (aka Jamieson Hunt) left the team in February 2003 to further his career in television. Verushka is now working for MTV as a producer and show host. Juliet Dewar has joined the team on a temporary basis as the newly created part time Management Administration Assistant, which formerly replaces the role of the Executive Assistant. I am pleased to say that the rest of OMS has continued to galvanise a dynamic and productive team. Andrew Sajben (Administration Officer and Travel co-ordinator) has managed a very big increase in his travel co-ordinator role with all of AFAO's staff and volunteer travel now co-ordinated through him to substantial efficiency and cost saving effect.

Jill Mogridge (Financial Controller) and Craig Tracey (Finance Clerk) have continued to work hard in keeping on top of the financial systems and have brought this year's Audit in well on time. They have provided immense assistance to the management team as we struggled with funding problems throughout the year with the need to be more vigilant than usual regarding our very tight cash flow. Along with normal duties Craig successfully introduced a new electronic time sheet system late last year which has greatly improved our staff time and entitlement recording. Jill has continued to bed down the new finance system and bar a few minor things we are now very happy with the systems ability to provide us with timely and accurate reports. Jill continues to excel in grappling with the complex range of revenue streams that AFAO receives and her support and diligence are greatly appreciated.

Jill Sergeant has taken the AFAO website to even greater levels of accessibility and usefulness and with the admission to the Commonwealth Department of Health and Ageing website (HealthInsite), AFAO's site is now considered best practice in health promotion and education. Jill has also hosted the first meeting of a website officers network, which we hope will grow to be a national forum for cross-sectoral peer support and development for website workers in the community sector.

Mark Street continues to provide AFAO with all its IT management needs. Michael Kessler has remained as AFAO's media liaison officer and has greatly assisted Don and Bill with gaining a greater media presence for AFAO.

AFAO's sponsorship and fundraising program continues to grow, and we have now engaged a professional fundraising company to assist us in finding new areas of revenue. We hope this new relationship will bear fruit in early 2004. Rydges Hotel at Camperdown is AFAO's new hotel provider for national meetings including our annual general meeting, providing free meeting space and

exceptionally good deals on accommodation. A special thanks to El, Jo and Mindy for their continued support of AFAO's work. Mallesons Stephen Jaques has continued as AFAO's pro bono legal advisers and a special thank you to Andrew Smith, pro bono co-ordinator, and Sarah Aitken for her work on our new lease. Visy Recycling now provide AFAO and NAPWA with a free paper recycling service thanks to Craig Tracey's efforts. There are many other people to mention who have provided a range of in kind services and support over the last year to AFAO. You know who you are and we thank you for your work and assistance.

Finally thanks again to the OMS team who have consistently worked away behind the scenes to keep AFAO running efficiently and effectively and for their support of me as manager.

## **Vaccines**

AFAO continues its membership in the Australian Thai HIV Vaccines Consortium which is working to develop a preventative HIV vaccine based on a DNA/Fowlpox prime-boost strategy. The program involves clinical trials in both Australia and Thailand. Recruitment for the Sydney trial began in June 2003. As a full and equal partner in the Consortium, AFAO participates in all management and decision making aspects of the program. AFAO's role is to provide the community perspective at all stages of the project's development. This role of community representation is enhanced by the AFAO Vaccine Policy Reference Group which provides guidance on issues such as ethics and trial methodology.

AFAO assisted in drafting the trial protocol and informed consent documents, has developed an information package and website for potential trial participants, and provided advice on recruitment strategies. AFAO continues to play a role in the social research component which examines the impact of vaccine development on the behaviour and attitudes of trial participants and the gay community.

AFAO staff have conducted information sessions with HIV educators and other stakeholders to ensure all are well informed about the Sydney trial and general vaccine development issues.

With the commencement of the Sydney trial AFAO will begin its education program for trial participants which includes the provision of written information, production of a regular newsletter, and ongoing peer support through the establishment of discussion groups.

Another principle responsibility of AFAO is to form links with Thai community organisations in preparation for community involvement in the Thai vaccine trial. The Thai community partner organisations will be involved in education and resource production, workshops, counselling, training and the provision of safe sex materials. AFAO has undertaken capacity-building activities with selected organisations over the past year and worked in collaboration to develop a detailed workplan. The Thai community component will formally begin in late 2003.

## **AFAO website**

It is now two years since the AFAO website project was established and the past twelve month period has seen a number of significant new developments. This was the middle period of the AFAO Website Strategy 2002 - 2004 and the project is generally on track with the workplan set out in that document.

## ***Assess and implement accessibility***

Research into accessibility started in the previous financial year and continued into this year with a meeting in August 2002 between the Website Officer and a website staff member of People With Disabilities (PWD).

After a stringent application process, approval for partnership with Health Insite, a Commonwealth Health Department web portal, was granted in May 2003. Health Insite now links to AFAO resources. Health Insite requires that partner sites apply World Wide Web accessibility guidelines to their site and approval which means the AFAO site conforms to these guidelines as far as possible.

## ***Plan evaluation and review***

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

- As mentioned above, the approval process for Health Insite was demanding and we view the approval as an independent indicator of high quality.

- Questions about the website were included in the Organisational and Member Services Member Survey in May. Responses are yet to be evaluated and any changes incorporated.
- Ongoing analysis of site reports and site inquiries. A self assessment of the site based on site reports was completed in April.
- Discussion of Website Strategy Objectives at the Website Steering Committee in April as a preliminary to reviewing the Strategy in 2003-2004. The Committee agreed that the project was effectively meeting those objectives.

### ***Start implementing promotions***

As recommended in the Strategy, promotion to members and site visitors through HTML newsletter updates started in August 2002 and has continued throughout the year, with six newsletters being sent out.

The Website Officer has researched options for promoting the website and this issue was discussed at the Steering Committee meeting in April. An advertising and promotions strategy was completed in June and Internet advertising started at the end of that month.

Improvements to site usability also took place in June (e.g. placing links to safe sex information prominently on the home page) and will continue.

### ***Capacity building for members***

The Website Officer was consulted on web issues by Scarlet Alliance and PLWHA (NSW).

In May the Website Officer wrote an options paper on HIV education grey literature management for the AFAO / NAPWA Education Team.

In April the Website Officer met with colleagues from the NSW Cancer Council to discuss options for developing a cross-sectoral website officers network for community sector website officers. Plans for an initial meeting were set in motion in June. It is envisaged that AFAO members be invited to join such a Network for mutual support and upskilling.

### ***Site growth and development***

The site averaged over 62,000 page views per month during this period with an estimated 24,000 unique visitors (many of them returning to the site) and around 40,000 sessions on the site. Traffic has fluctuated during the year but showed signs of steady increase from April onwards. Traffic from regions other than Australia and the US has been increasing.

The most popular areas have been FAQs on HIV/AIDS, our policy project information on sex work, educational resources, reports on our Indigenous work and the increasingly popular Positions Vacant section.

In February the site management platform, Web2Go, was upgraded, allowing even greater control and flexibility in managing the site.

### ***Other projects***

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

- Updating parties and gay guys sites
- Improving accessibility for parties
- Development of a new site for the Sydney HIV Vaccine trial. The site was completed in May and launched in June.

## **Members' Reports 2002 - 2003**

### **Australian Injecting and Illicit Drug Users League (Inc.) (AIVL)**

#### **Governance activities**

Whether a sign of the times or by virtue of a bureaucratic bungle, AIVL commenced the year in a state of 'nameless limbo'. The Australian Securities and Investment Commission rejected the membership endorsed name change on the basis it was "offensive to the public". The argument held little sway when legally challenged and AIVL eventually won the appeal and the right to our new name.

AIVL also signed a Memorandum of Understanding with the Australian Hepatitis Council (AHC) and is looking to repeat the exercise and solidify our partnership with AFAO later this year.

#### **Policy program**

AIVL continued to participate on national advisory structures, at conferences, forums, on research projects, and provided ongoing support and development to several of our member organisations.

A range of Position Papers was developed on issues affecting Australian illicit/ injecting drug users (IDUs) including Harm Reduction & Drug User Organisations. The AIVL National Statement on Ethical Issues in Research Involving Injecting/Illicit Drug Users was also finalised. Other initiatives included:

- Development of a proposal and model for a trial of Needle and Syringe Programs (NSP) in Prisons.
- Continued production of *Junkmail*, AIVL's national drug users' policy magazine.
- Continued development of strategic alliances with other peak national organisations including AFAO, AHC, ACOSS, CHF, NACCHO, AMA and ANEX.

#### **Education program**

AIVL produced two AVANT Cards - a popular resource tapping into hidden communities in this financial year. We also developed the AIVL Peer Education Framework and Best Practice Document to address the need for a common understanding of what constitutes 'peer education' in process and outcomes. Both the 4<sup>th</sup> National HIV/AIDS Strategy and 1<sup>st</sup> National Hepatitis C Strategy place emphasis on the need for peer education approaches amongst injecting and illicit drug users and AIVL believes user peer education theory and practice must be understood by all participants to ensure the most effective implementation of national strategies. The Peer Education Framework and Best Practice Document will be widely disseminated and will include an outline of potential uses for the documents.

The six monthly *Hepatitis See* publication was changed to an electronic web-based newsletter to increase the subscriber base. We released the long awaited *Blood Relations* video, which was developed in conjunction with WA Aboriginal injecting drug users, and promotes safer injecting practices and hepatitis C education and prevention through the sharing of experiences.

In relation to the *National Psychostimulant Users Snapshot Report*, AIVL conducted a national snapshot project looking at the key issues for psychostimulant users in relation to blood borne viruses, particularly hepatitis C. The final report's implementation plan will guide work in this area for the next two years.

The Young Women Injecting Drug Users Project brought together over 40 young women from across Australia. AIVL sought to understand why this group of IDUs are at greater risk than other IDUs of new hepatitis C (and probably HIV) infections, why these users are more marginalised than their male counterparts and why they are further marginalised than older users. In exploring

new territory AIVL looked beyond drug user organisations and the traditional paper based resource outcome, and found a different kind of success. The young women added tremendous value to the project. Their honesty, humour and courage was awe-inspiring and each young woman gained much needed support from within their community. Finally, they were all utterly amazed that anybody gave a damn about them and their issues.

### ***Future activities***

AIVL conducted a two-day peer education training workshop using AIVL's Certificate IV Community Services (Community Work) Training Program. This will ensure AIVL member organisations are working from the same premise and all drug users are being provided with the most effective and efficient interventions within their local organisations.

AIVL will develop interactive hepatitis C information functions for the AIVL website.

One day training workshops on Injecting Drug Use will be developed for indigenous health workers. Issues will include working with and providing appropriate services to IDUs, understanding the issues and needs of IDUs, and the role of peer education and harm reduction approaches with indigenous IDUs.

AIVL will develop and implement a campaign strategy over two years to encourage current IDUs to adopt hand washing as a standard part of their injecting practice. The hand washing campaign with injecting drug users will also promote HIV and hepatitis B prevention, and the reduction of bacterial infections.

### **Scarlet Alliance**

Without an office or paid staff member, Scarlet Alliance has once again managed to provide input into policy on a state and national level. Scarlet has produced policy and informed government via submissions and working parties including the National STI Strategy working group and provided a central communication point bridging Australia's sex worker organisations and projects.

This is testament to the great level of professionalism of those who have volunteered their time to support the HIV prevention work of sex worker organisations/projects, improve the status of the sex worker community and effect change over the unacceptable level of stigma and discrimination which threatens the health and wellbeing of those who choose sex work as an occupation.

The extremely low rates of HIV & STIs is a result of the high standard of HIV and sexual health education provided by sex worker organisations and by sex workers themselves in educating their clients and is evidence of our communities successful response. However, our successes are threatened while the ability for sex workers to adopt and promote safe sex messages is challenged by the legal status of many in the industry. Legislation that promotes best practice Occupational Health and Safety Standards for sex workers is not on the horizon for many states. In balance it seems we are a long way off the type of capacity building projected in the 4<sup>th</sup> National HIV Strategy.

There is no doubt that the work of Scarlet Alliance and its member organisations has improved the sex work community's ability to respond positively to an increasingly challenging and difficult environment. However without financial support this work cannot meet its potential.

### ***National Forum and Annual General Meeting, Perth, November 2002***

The forum was attended by 80 people over the three days and covered a variety of issues including:

- Model Sex Worker Project/Organisation: a workshop aimed at identifying critical elements which make up the ideal peer sex worker service, and providing Scarlet members with a shared vision to work towards.
- An update on the Scarlet Alliance National NESB skill-share weekend.
- The National Training Project update and consultation workshop.
- Impact on service provision by criminalisation of sectors of the sex industry.

- Innovative education strategies and community development projects.
- Outline of the NSW DISC project and poster presentations.

Guest speaker, Allison Arnott-Bradshaw, presented results from her thesis on the impact of licensing legislation in Victoria.

A focus group of approximately 50 sex workers, educators and sex worker organisations/projects staff identified the impact on working practices and service provision by legislation proposals in Western Australia. The recommendations fed into the Scarlet Alliance submission to the Western Australian Police Ministers office in response to a Green Bill released in November 2002.

Western Australian sex workers showcased local art projects including installation, video, performance and a website exhibiting the art of street based sex workers in the area.

The forum ended with the formation of three working parties (Legal, Multicultural and Media) and a discussion outlining the goals and future directions for Scarlet, setting priorities for 2003, including seeking funding for a communications officer, establishing National CALD resources and re-establishing our web-site.

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

Scarlet Alliance remains in an Advisory role to the SANTP which is now auspiced by ACON, and housed at SWOP in Sydney. The first phase of consultation was incorporated into the National Forum in Perth last year. In order to reflect the complex range of knowledge, skills and attributes required by HIV/AIDS educators working in the sex work sector it was decided to adapt the nationally accredited Diploma in Community Education. Scarlet Alliance member organisations have been included to a high degree in evaluating the adaptation of the competencies with customisation workshops held with educators in Sydney, Brisbane, Adelaide, and Melbourne. The training phase was held in June at the RTO, Cope in Adelaide, with participants training for a Certificate IV in Assessment and Workplace training. By completion, 24 participants will be assessed for the Diploma in Community Education, including 13 assessors. The project itself has been assessed at each stage of development and a final independent evaluation will be conducted in September-November.

### ***Defunding of Phoenix***

Phoenix, a Scarlet Alliance member project based in Perth, WA, was de-funded this year after a long and extensive law reform campaign. The vital link between regulatory frameworks and health outcomes requires Scarlet Alliance members to advocate for law reform but places the member organisations at risk when their position appears to oppose the government. As identified in the 4<sup>th</sup> National HIV Strategy, legislation, regulation and enforcement directly impacts on the health and safety of individual sex workers. Our organisations will remain vulnerable to political whims until our participation in the promotion of legislation which supports best practice occupational health and safety for sex workers can be recognised and legitimised.

### ***Migrating sex workers***

Scarlet Alliance is currently working on updating its policy on migrating sex workers and tapping into the immense knowledge held by its member organisations who undoubtedly have the highest level of contact with those working in the Australian sex industry. This issue has been raised in the public arena due to the high level of media coverage of 'trafficked persons' in the sex industry. Scarlet Alliance has re-assessed the focus of our work and is currently building partnerships with other organisations working on the same issue along with the Human Rights and Equal Opportunity Commission.

Our work on a submission to the Joint Parliamentary Inquiry (into the ACC) on the issue of trafficking ties in with our soon to be released policy document and our participation at the Melbourne conference in October on the same issue.

### ***Website***

The Scarlet Alliance website is due to be launched at the National Forum in November 2003. The website has been produced with software that enables areas of the site to be easily updated

by persons with basic computer skills. This element will assist us in increasing the level of up to date information and communication without a central office or paid staff. The National Forum will include a training session on how to upload information for two people from each member organisation/project. The site will also archive much of the work Scarlet Alliance has achieved over the past years and provide the opportunity for member organisations to share resources.

### ***AFAO activities***

Our relationship with AFAO has given Scarlet Alliance members a valuable opportunity to network and skillshare with other national organisations and to provide the platform for those organisations to better understand our work. Scarlet Alliance held a workshop as part of AFAO's May general meeting providing the opportunity for HIV educators to exchange and compare strategies and ideas and reflect on those strategies which are transferable to working with sex worker communities.

The incorporation of sex industry issues into the national community based response to HIV/AIDS is extremely important and it is invaluable to have this link via our membership to AFAO with other national organisations. AFAO's support for Scarlet Alliance to be recognised as a National peak body and represented alongside the other members of the HIV/AIDS partnership 'with a seat at the table' in all forums is much appreciated.

Unfortunately, without core funding, Scarlet Alliance is prevented from working to capacity in facilitating a national response to issues of vital importance to the sex worker community in its work as part of the HIV/AIDS partnership. This situation impacts not only the health of Australian sex workers but also on our ability to share our knowledge and success with those in other countries who are responding to HIV/AIDS within their own sex worker communities.

### ***Scarlet Alliance Office Bearers 2002- 2003***

Treasurer: Jenni Gamble

Secretary: Gabby Skelsey

President: Janelle Fawkes

Vice President: Maria McMahan

Ordinary Member: Cheryl Matthews

Public Officer: Tarquin McPartlan

International SW spokesperson: Julie Futol

Male SW Spokesperson: Kenn Robinson

## **The National Association of People living with HIV/AIDS (NAPWA)**

The National Association of People living with HIV/AIDS (NAPWA) has experienced another 12 months of growth in performance and outcomes, as well as secretariat size.

Moving to a new location with AFAO in November 2002, the two organisations continue to share opportunities to exchange expertise and work co-operatively. The relocation was a significant undertaking in this reporting period, and a major investment of time and resources for the organisation, from which we expect to see a valuable return in future savings to our operational expenses.

NAPWA's executive and governance restructure during the last financial year has been judged to be a success by the membership and associated partners. The Board of Director model has given more focus to the strategic directions planning of NAPWA, while allowing the NAPWA Portfolio Convenors greater opportunity to put valuable time and attention to the work of the seven portfolio areas. This has seen a remarkable enhancement to each of the areas. All portfolios have increased capacity in advocacy and policy representation in this period, and all of the networks of volunteers involved within each portfolio have dramatically grown. This is particularly important as we continue to reach out for wider and more diverse involvement of positive people with the national organisation.

The political and funding environment continues to be challenging for the national organisation as we continue to adapt and respond to both the changing nature of the HIV/AIDS NGO sector, as well as the reality that in Australia today there are competing demands for the health dollar, and public health priorities. The lost time and missed opportunities to realise any potential focus from the mid term review of the 4<sup>th</sup> National HIV/AIDS strategy last year has been disappointing in this 12 months, and in many ways this has impacted on the strength and consolidation of the national HIV response. The development of a 5<sup>th</sup> national strategy awaits, and NAPWA is keen to see this get underway with a sense of leadership and commitment from the Commonwealth government.

The priority areas of treatments, care and support, positive education and social research, have been attended to with much substantive and high-level work. The PBS, Medicare and a review of the TGA have all been analysed and critiqued as continuing work in the HIV Health policy area. The collaboration with our partners in all of the HIV National Centres continues to operate strongly, and the areas of welfare reform and disability assessments has seen NAPWA move into establishing HIV training packages for Centrelink providers and Commonwealth agencies, amongst the work of policy development and representation.

NAPWA continues its input into the HIV education agenda and processes, especially through the joint AFAO/NAPWA Education Team (ANET). The year has seen more review of both the structure of the ANET steering group functions and role, as well as intensive considerations of the content and development of HIV prevention education, and education priorities for positive people in Australia at this period of the epidemic. The model of ANET has continued, and NAPWA continues to believe in the value of the two national organisations working together in education, on behalf of their collective memberships and communities. Currently NAPWA and AFAO also collaborate for collective work in the areas of care and support, international development, and health policy as strategic opportunities present themselves.

During the year the organisation has been represented and had abstracts accepted at the 2003 AIDS Impact Conference, 2002 and 2003 ASHM Conferences, and been invited to present key addresses or presentations at over 20 other national forums or workshops in the year. The NAPWA Indigenous Portfolio was also host to the inaugural Indigenous Positive Network (IPN+) in June, a significant occasion which NAPWA hopes will be the beginning of this network finding strength and support within the NAPWA membership.

Another highlight of the past year has seen the International and Treatments Portfolio Convenors working together as part of the development of a PNG study tour for HIV positive delegates from PNG, and their carers and health care workers, which is being hosted in October 2003 at the 9<sup>th</sup> NAPWA Biennial Conference. This initiative is part of a number of activities being implemented as outcomes of a consortium programme for Australian involvement in assistance and training packages for the HIV response in PNG. Other collaborating partners include ASHM and several Australian pharmaceutical companies. The number of projects being undertaken within the region by the NAPWA International Portfolio grows, and the involvement with APN+ programmes has been significant.

The ATPA continues to be successfully auspiced and co-located with NAPWA, and has achieved another year of outreach success. The National Treatments Roadshow and the interactive "Chin Wags" have been moving around the country, and also delivering to a number of specific health care worker training activities.

Collaborations have also continued with ASHM for the successful Short Courses in HIV Medicine for community workers, and the pharmaceutical industry. The ATPA has also been part of the preparations for the PNG study tour, allocating its outreach coordinator to the resourcing for this project. It has also had abstracts accepted at the 2002 and 2003 AIDS Impact Conference, and the 2002 and 2003 ASHM Conferences. The development of a Quinquennial report has reached near completion as the ATPA moves closer to its fifth anniversary in October 2003.

NAPWA continues to work closely with its members, and has been represented in a variety of capacities across the country over the year. It supports PLWH/A organisations and groups in many ways, ranging from assistance with facilitating consultations and strategic planning activities, through to outreach initiatives offering education, health promotion, or HIV social research forums. The NAPWA membership has been an engaged and supportive base contributing to the growth and achievements of the national organisation as it represents plwha issues on their behalf.

Finally, the relationship between NAPWA and AFAO is also demonstrated by the contribution of NAPWA as a member of the AFAO Board of Directors. Phillip Medcalf, a well-loved and loyal representative and President of NAPWA, died in February 2003. He was also an AFAO Board member and well known to the AFAO membership and secretariat. He has been missed by many of us within NAPWA, and also many within the HIV community sector.

NAPWA also acknowledges AFAO President Bill Whittaker for his support during this period, and then in welcoming David Menadue into the role of President following his move into this position. At the time of going to press NAPWA notes Bill's intention to step down as AFAO President at the end of 2003, and we thank him for his support and commitment over his tenure. A positive President for each of these national organisations has been a tremendous statement for the Australian HIV response, and the visibility of positive people within that response.

## **AIDS Action Council of the ACT**

This year has been one of consolidation and development. Our external relations with ACT Health and other agencies continues to be positive. The delay in the release of the review of the 4<sup>th</sup> National Strategy and in the commencement of the Public Health Outcomes Funding Agreement (PHOFA) negotiations have had an impact on assured ongoing funding. While the ACT government is commencing a process to offer three-year funding agreements with community service agencies, we are excluded from that process until the PHOFA funding levels beyond June 04 are finalised. The ACT Government responded responsibly to increases in the Social and Community Services (SACS) salary levels, compensating all funded agencies for this increase.

The public liability insurance crisis hit hard. Our broker only gave the agency 10 business days notice that the insurer was not inviting renewals. As a result the agency was forced to close while alternative cover was secured, fortunately only for three days. The increase in premium from \$700 to \$7,000 had an obvious budgetary impact. There is no further Government funding forthcoming to cover this and other increases, including Worker's Compensation. The response has been to offer to reduce our contracted outputs, which are always exceeded in any case. In the current service contract we were successful in negotiating the inclusion of qualitative reports in addition to the simple outputs. These have been particularly useful in ensuring ACT Health is aware of the increasingly complex environment in which we operate.

The Community Support Services Unit has seen clear improvements in the co-ordination of direct services to HIV positive people, both locally and in southern NSW. Demand remains high for quality and appropriate care and support services. Significant issues continue to include difficulties with treatments (side effects, toxicities, compliance and drug resistance), discrimination, dental health and financial issues. A comprehensive directory of services for positive people, *Getting It Together*, has distributed to service providers and discharge planners.

The Community Education and Health Promotion Unit continued to deliver innovative local responses, as well as implementing national campaigns. The year saw a wide distribution of the *Cover Yourself in Canberra* campaign which aimed to restore the image of the condom, and features local landmarks (the Captain Cook Memorial Jet, the Carillon, Parliament House flagpole and Telstra Tower), all covered with a condom and bearing a health message. The materials have been taken up enthusiastically by over 100 local tourism, sporting and hospitality businesses. In addition, all brothels and adult shops were targeted through a separate distribution by the Sex Worker Outreach Project. An interactive website, [www.qnet.com.au](http://www.qnet.com.au) has been launched, aimed at same sex attracted youth in the region and is well subscribed.

The pilot of STRIP, (Sexual Health Testing, Referral and Information Project), in conjunction with the Canberra Sexual Health Centre and the ACT Division of General Practice, was very successful. As a result the project has been ongoing, with outreach clinics at a major sex-on-premises venues and at the Council premises on Saturday mornings. In addition, STRIP has been held at the Australian National University and planning is underway for this service to expand to the Sex Worker Outreach Project. STRIP has been nominated for an ACT Health Quality Award. The Unit also continued to increase its community education activities, including schools and colleges.

PLWHA ACT has also had a successful year, with valuable input from the Worker's Reference Group. The monthly HIV Dietician's clinic has continued and the Complementary Therapies Clinic and Massage Program expanded. A lunch for HIV positive women has given direction for

providing enhanced peer support for this group.

Internally we continued to invest resources to improve administrative systems. In particular, the new services database has been further refined, allowing for more accurate data collection and reporting on all services. The website is going through substantial redesign, including the capacity for discussion groups. Upgrading and refurbishing of the premises to provide a secure and welcoming environment for all is underway.

## **Aids Council of NSW (ACON)**

ACON began the 2002-2003 financial year publicly joining the dots between HIV prevention and care with the role that Mardi Gras plays in gay men's health. As a founding member of the New Mardi Gras organisation, we fought to save this Sydney icon and maintain the important role it plays in HIV prevention and health promotion work. Our campaigns are highly visible during the Mardi Gras season when we distribute thousands of condoms and safe sex information and the parade helps raise awareness about HIV/AIDS. Many community organisations providing services to people living with HIV/AIDS also rely on Mardi Gras for a significant amount of their fundraising.

Before the 2003 Mardi Gras Season got underway we were busy getting the safe sex message out at the Sydney Gay Games with a special *Get It On* condom reinforcement campaign. During Mardi Gras we launched our annual safe sex campaign focussing on a range of myths around HIV and sexually transmissible infections (STI). A fun set of fridge magnets with colourful condoms supported this launch. Throughout the year we also produced a number of other HIV and STI prevention initiatives including a new booklet on STIs "*Last night I picked up someone..and something*", a campaign on syphilis, "*Look what's back*" and a poster targeting Asian gay men, "*Get tested for free*". All of these campaigns were distributed through our offices in Sydney, Western Sydney, Illawarra, Northern Rivers, Hunter and Mid North Coast and were reinforced in the range of support groups we ran locally and at key community events.

Health promotion for people living with HIV/AIDS (plwhas) was a key focus for ACON during the year with visibility campaigns for HIV positive men and women. An initiative at Mardi Gras Fair Day saw Bill and Ben the Positive Men raising awareness for plwhas with body paint to depict characters from well-known David McDiarmid campaigns. A major awareness campaign for HIV positive women was launched with postcards, posters and booklets on women making healthy sexual choices. Health was also a focus for plwhas with our Healthy Life+ booklet and gym program focussing on fitness and wellbeing for HIV positive gay men. The Positive Living Centre continued to expand its programs throughout the year and new opening hours of Tuesday to Saturday have attracted many more people to this skills building centre. We continued to support positive people with an extensive vitamins service and were quick to act in the face of the TGA Pan Pharmaceuticals recall and replace several of our products.

This year represented our final year of *Strategic Directions 2000-2003* and the initial stage of broadening of our role into gay and lesbian health. We explored a number of health issues facing our communities at *Health in Difference 4*, the fourth national conference on queer health held in Sydney in November with ACON as a key sponsor. We presented a number of papers during the conference and launched our *Drug Strategy 2002-2005*, the first Australian drug strategy for the gay and lesbian community. Lesbian health officers in all of our branches supported several lesbian health speaker series as well as the launch of a campaign targeting health professionals and their dealing with lesbians – "*Sometimes it's good not to think straight*" – in partnership with the Lesbian Health Interagency Network and the Australian Lesbian Medical Association.

The Lesbian and Gay Anti-Violence Project (AVP) focussed on supporting the health and safety of our communities with the launch of the Safe Place program and the return of pink triangles for key businesses and venues. Same sex domestic violence became an increasingly important issue for the AVP and for our counselling service which is now focussing on expanding the skills and expertise of our counsellors in this area. Our advocacy efforts this year involved lobbying the NSW Department of Housing over proposed changes to the Special Assistance Subsidy (Special) SASS and lobbying alongside the Gay & Lesbian Rights Lobby and FPA Health for an equal age of consent in NSW.

ACON has achieved a great deal during the last three years and in the first part of 2003 spent considerable time consulting with our communities and stakeholders on plans for the next three years. At the end of this consultation we released *Strategic Directions 2003-06* with a greater

commitment to HIV/AIDS prevention and care within a broader sexual health context. We now acknowledge our communities as being made up of gay men, lesbians, bisexuals and transgender people and plan to extend our work for bisexual and transgender people in the coming years.

## **Northern Territory AIDS and Hepatitis Council Inc (NTAHC)**

This year has seen a consolidation of the gains made the previous year – in staff morale, delivery of services, Board cohesion and unity of purpose. Our Executive Director, Frank Farmer, has worked tirelessly and cooperatively with the Board, ensuring that Board members are fully briefed on the activities of NTAHC and that all legal requirements and deadlines are met. I cannot speak highly enough of his professionalism and commitment.

### ***Organisational expansion***

After long and serious consideration, the Northern Territory AIDS Council decided to seek membership to the Australian Hepatitis Council, and take on the added responsibility as the peak body responsible for education, advocacy and support for people with hepatitis C in the Territory. The Australian Hepatitis Council granted membership in November 2002 and we have subsequently changed our name to the Northern Territory AIDS and Hepatitis Council (NTAHC), and our constitution has been amended accordingly.

NTAHC received four small grants to develop and implement projects around hepatitis C. These included a pilot youth outreach project, education in correctional settings, the establishment of a consumer input group and the development of a strategic plan for the organisation. These projects have been successfully completed and have given us a solid grounding to establish ongoing services for hepatitis C. We have received additional substantial funding to help build capacity of our needle and syringe program(s), and for treatment information, support and referral. The coming year will see the funds flowing through to expanded programs, and we can be justly proud of the confidence placed in us by the various funding bodies.

NTAHC has undertaken a commitment to support a small project in East Timor and we will continue to work towards its implementation in the year ahead.

### ***Finances***

Our financial position is sound, and again we will end the year with a small surplus. This is a major achievement, given that only a few years ago we were in a vulnerable financial position and operating out of substandard accommodation. Our present premises are of a high standard in pleasant surroundings which sends the right message to our clients and the community in general – NTAHC is a serious player in the delivery of community education and services to a broad spectrum of people with a range of health needs.

### ***Activities***

NTAHC has successfully facilitated the Darwin Pride Festival, AIDS Awareness Week, and the Candlelight Vigil, and introduced the World AIDS Day Gala Ball as our main fundraising activity for the year. All have been successful due to the commitment and the hard work of our dedicated staff and volunteers. Sponsorships have increased, and for a relatively small organisation we generate considerable positive publicity and community support in what is often seen as a contentious area of public health. I extend my personal thanks to all those who have made our functions a success throughout the year.

### ***Central Australia***

Although we are the Northern Territory peak body, our services do not extend to Central Australia, which is without cohesive, dedicated blood borne virus (BBV) services at this time. The funding offered by the Northern Territory Government to establish BBV services in Alice Springs was inadequate and would have needed to be subsidised by the Darwin based service. "Robbing Peter to pay Paul" is not economically sound, nor is it in the interests of clients. We will continue to lobby the Government to allocate sufficient funds for the development of appropriate services in Alice Springs and surrounding districts. Until that happens we remain the "Northern

Territory" body in name only.

### ***The future***

With the funding for our expanded services in place, and a cohesive workforce headed by our Executive Director, the immediate future looks good. We have significant backing and support in the community, and I would like to thank our Patron Justice Sally Thomas for her wonderful support throughout the year. Her Honour gives generously of her time, and her continuing interest and support is very much appreciated. It has been a pleasure to work with Frank Farmer and the members of the NTAHC Board, all of who have contributed so much, and with great good humour. I wish everyone continuing success in their work with NTAHC.

**Dawn Lawrie, President**

## **AIDS Council of South Australia (ACSA)**

Over the past year, ACSA has achieved a lot and continued to prove itself as a stable and professional organisation. During the year Shane Dinnison stepped down from his role as President after leading ACSA for two years. Shane's enthusiasm and drive has served the organisation well and he left behind not only a new three-year strategy, but also a model for Board governance. The position of President has been taken over by former Vice President Tony Mordini.

For some years the Red Ribbon Fund and the Bobby Goldsmith Foundation (SA) have both been working to raise funds to assist HIV positive people in financial need. During the past year discussions took place to amalgamate the two organisations and combine their efforts in the belief that together they can be more effective. The organisation is now known as the Red Ribbon Bobby Goldsmith Fund. So far this amalgamation is working well and as a result it has been possible to streamline the administrative systems. We intend to review this arrangement in February 2004.

In response to a rising number of requests from HIV positive people for financial assistance to buy food, a food store known as *The HIVE* was initiated by the Red Ribbon Committee in February 2003 and is successfully operating at the Positive Living Centre. By purchasing food from Foodbank SA Inc, a charitable food warehouse at one third of the cost compared with retail outlets we are able to provide assistance to the HIV positive community in a more cost effective manner.

With a view to establishing a sound base of funding for the Red Ribbon Bobby Goldsmith Fund, ACSA has recently employed a Development Manager to lead the Council in the areas of fundraising and events management. This position was made possible with funding assistance received from the AIDS Trust of Australia.

ACSA recognises the need to review and improve its services and processes and to this end we have commenced a Quality Management Services program which will take three years to complete but enables us to examine the operations of ACSA thoroughly and to make improvements as we progress.

During the year ACSA was instrumental in facilitating the establishment of the Community Alliance. This collaboration is comprised of a number of similar organisations and gives us an opportunity to discuss common issues. In developing this alliance we were guided by the principles of the Working Together strategy developed by the Department of Human Services and SACOSS.

As a practical expression of our intention to work collaboratively with other organisations ACSA has developed a Memorandum of Understanding with the Gay and Lesbian Counselling Service and will soon develop a similar document with PLWHA (SA). We have also made space available at Darling House for a representative of the HIV Women's Project to work once a fortnight.

An external review of the COAG funded peer support projects in community health agencies was commissioned by ACSA and undertaken in the previous year. The review found the project to be a very successful and worthwhile which, to quote from the Executive Summary of the report, "has achieved its four stated objectives and its overall aim of reducing behaviours that lead to

the transmission of blood-borne viruses among drug users in outer metropolitan Adelaide". We are very pleased with this evaluation and hopeful that the COAG funds currently being negotiated will ensure that this project continues.

Gay Men's Health this year received funding to undertake a six-month Quit Smoking project specifically aimed at gay and same-sex attracted men, with a focus on HIV positive men. We have commenced promotion of the Quit smoking courses which we will run and have started to develop material for an awareness-raising campaign. The project is Gay Men's Health's first major non-HIV funded service and is being implemented in close collaboration with QUIT SA.

Once again our volunteers and committed and enthusiastic staff have enabled us to achieve our goals. Thanks also to a very supportive Board.

## **TasCAHRD**

The year in review saw the coming and going of a number of staff. David Chadwick, Catherine Dalgarno, Tamara Speed, Jane Dunsford, Greer Wells, Jules Cassidy, Jeanette Dal Santo and Verno Heijn either joined or completed their time (or both). The agency has gained a wealth of understanding and built greater capacity through the involvement of such skilled and experienced workers.

The inaugural HIV Retreat at Camp Cunningham was an unparalleled success, with plans for the next one already shaping up. Recruitment for a new Care and Support Officer is well underway.

In the Harm Reduction Program, Tania Hunt was welcomed back from nine months parental leave. In June 2003, TasCAHRD was heavily involved in Drug Action Week that included the launch of a safe injecting resource, which was the winning entry from an art competition held during the previous year's Drug Action Week. During the last few months of the year Greer Wells undertook a resource production project, which saw the development of specific resources for people who inject licit drugs illicitly, the first such their resources in Tasmania.

The Gay Men's Health and Wellbeing Program (GMHW) Coordinator has successfully facilitated the establishment of a young gay men's group. In the coming months the GMHW Program will continue to strengthen its role in TasCAHRD and will develop a positioning paper to guide activities in the next 12 months and beyond.

Together with staff from other program areas the hepatitis C Program (HCP) Coordinator has worked towards integrating hepatitis C into the Council by exploring ideas for collaborative work and articulating the uniqueness of the program.

Through Management Services, the Office Manager continues to provide administrative support to all other TasCAHRD Programs, including the trouble shooting of complex IT problems, which has facilitated quicker and cheaper resolution of day-to-day problems. Through the Office Manager, TasCAHRD's working relationships with venue owners and event organisers has grown and developed, resulting in the regular provision of Venue Outreach services.

### ***Funding and service agreement***

April saw the beginning of negotiations for the 2003/2004 Funding and Service Agreement. Again TasCAHRD stressed the urgent need for continued funding specifically to address pressing hepatitis C issues such as isolation, information provision, referral, education and support identified through the work of both the Hepatitis C Program Coordinator and Hepatitis C Project Officer.

The State Government stood by its commitment to provide specific funding to address hepatitis C issues and TasCAHRD was able to employ Jeanette Dal Santo as the Coordinator of the Program.

### ***Insurance***

TasCAHRD's insurance cover was due to expire at 4 pm on 3 September 2002, and with no replacement cover available, the Council was faced with the threat of imminent closure. Many individuals and agencies approached the Council with support and concern and the Board, staff and clients were extremely appreciative. Fortunately at the 11<sup>th</sup> hour TasCAHRD was able to

secure full insurance of the agency at a hugely increased cost (due to the expense of Public Liability Insurance an increase of almost \$12,000. While the Tasmanian Government met half of the cost increase in 2002-2003, the remaining increase had to be met from within the Agency's budget.

### ***Minister of Health and Human Services***

The Honourable David Llewellyn, Minister for Health and Human Services, visited the agency and met with the staff in February.

### ***Sexual Health Services, DHHS***

With the appointment of the new Director, TasCAHRD has been meeting regularly to establish and further develop protocols determining how the two agencies will work together. Sexual Health Services have been undergoing enormous change including the recruitment of new staff and TasCAHRD looks forward to building positive working relationships that will benefit mutual client groups.

### ***Australian Federation of AIDS Organisations (AFAO)***

TasCAHRD staff attended the Peer Education Institute and the Treatments Break Institute and as a result, the Treatments Break Campaign will be rolled out in Tasmania in September of the next financial year.

### ***Australian Hepatitis Council (AHC)***

During the year in review the AHC conducted two workshops including an Anti-Discrimination workshop and needs assessment and an education strategy workshop.

### ***AIDS Trust of Australia (ATA)***

Once again the ATA has worked collaboratively with TasCAHRD in funding the first Tasmanian HIV Retreat. Positive feedback has placed the need for another such event firmly in the TasCAHRD Business Plan.

### ***Alcohol Tobacco and Other Drugs Council of Tasmania Inc. (ATDC)***

The ATDC became an incorporated organisation during the year in review and is waiting on funding from the Commonwealth to undertake 12 months of establishment and a range of activities including seeking and securing ongoing funding from other sources.

### ***Sex Industry Law Reform***

TasCAHRD was one of a diverse number of organisations, government and non-government, who met several times in the past 12 months to discuss the proposed sex industry law reform which was initiated by the Attorney General's Department. Maria McMahon, the then President of Scarlet Alliance, was a guest speaker at the December meeting of the group and spoke at length about the impact of legislative reform in other jurisdictions, outlining the pitfalls worth avoiding. TasCAHRD is in total support of sex work being treated as employment and therefore covered by other existing legislation such as OH&S and Superannuation legislation.

### ***AIVL***

Unfortunately TasCAHRD's application to become a level 3 member of AIVL was rejected. While this was extremely disappointing, TasCAHRD continues to provide services for and to work closely with injecting drug users through the Harm Reduction Program and the NAP. The bimonthly newsletter, TASTE, continues to be a popular publication and is produced by a client of the NAP.

## **Victorian AIDS Council (VAC)/Gay Men's Health Centre (GMHC)**

### **Governance**

For the second year running, the same three members were elected to the VAC and the GMHC Boards and the Board again co-opted an additional member. The cycle of two-year terms for Board members is now fully established and half the Board comes up for election each year.

The 2002/2003 Board was Darren Russell (President), Kevin Guiney (Vice President/Secretary), Jon Willis (Treasurer), Greg Horn (PLWHA rep), John Daye, Brian Price, Doris Beecher, Kim Glover, Jim Arachne (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. We were delighted to be able to post a modest surplus after the \$312,000 deficit in 2001-2002 that resulted from capital costs incurred in the establishment of the new Positive Living Centre and the relocation of our St Kilda medical clinic.

It became clear to the VAC/GMHC Board when preparing the 2003/04 budget that we could not continue to deliver the same level of services as in the past without a substantial increase in our contract price. When the Department of Human Services (DHS) responded negatively to our approach, we commenced a campaign at a political and community level for a funding increase that resulted in an additional \$100,000 being agreed in mid-June and a commitment to discuss our budget again after the VAC review.

While that outcome has enabled us to move into the new financial year without having to retrench any staff, 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**

After several years of discussion with DHS, they have finally agreed to commission a review of VAC that should be completed by mid-November 2003. The review will also evaluate the services delivered by PLWHA (Victoria). Included in the terms of reference is an assessment of the efficiency and effectiveness of the services we deliver with DHS funding and determining appropriate types and levels of services that DHS should purchase from us considering the changing nature of the HIV/AIDS epidemic in Victoria.

### **HIV/AIDS data**

The data for new HIV notifications in 2002 are slightly higher than they were for 2001. Gonorrhoea and chlamydia notifications in gay men remain high, and there has been a marked percentage increase in syphilis diagnoses in gay men, although the actual numbers are still low. The additional work funded by DHS as the HIV Action Plan that commenced in 2001 has now been completed and negotiations to extend this work will be resumed by the Department after the VAC review. VAC/GMHC and a broad range of partners (including ARCSHS, ASHM, Melbourne Sexual Health Centre, the Burnet Institute, The Alfred Hospital, NCHSR and Convenience Advertising) have submitted a successful tender to conduct a state-wide HIV and STI testing campaign targeting gay and homosexually active men. The campaign will commence in September 2003 and run for an initial period of 12 months.

### **Ministerial Advisory Committees**

The Ministerial Advisory Committee on AIDS, Hepatitis and Related Diseases has completed its initial two-year term and is awaiting reappointment. The Health Minister launched the *Victorian HIV Strategy* in July 2002 and DHS finally commenced work recently on the implementation plan for the Strategy.

The Ministerial Advisory Committee on Gay and Lesbian Health finalised its work earlier this

year on a Victorian Gay and Lesbian Health Strategy. The Health Minister launched the *Health and Sexual Diversity Action Plan* in July 2003 and the Committee's term has been extended to oversee its implementation. Prior to last year's State election, the government announced an allocation of \$1 million over four years to establish a Gay and Lesbian Health and Wellbeing Resource Unit that will operate independently of government. Tenders to establish the Unit are now open and it is expected to begin operations in November/December 2003.

The Attorney-General's Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Law Reform has continued to operate effectively, has overseen a community education program about the changes to legal recognition of same-sex relationships which were enacted in 2000-2001, and has identified several areas of additional work which follow on from the relationship recognition legislation.

## **Western Australian AIDS Council (WAAC)**

After a difficult financial year in 2001-2002, the Board of Management, staff and volunteers managed to sustain the capacity to provide quality services to the community of WA during 2002-2003. This has taken extraordinary commitment and dedication by the staff after WAAC offered voluntary redundancies at the end of 2002 and there was a loss of valued employees, most of who are making their mark in related fields.

The external environment in WA, like many other states and nationally, is complex. There is an overwhelming demand on acute health care services, which invariably means that population health and preventative measures are seen as less of a priority. Sexual health services in WA are under-developed and the burden of providing HIV services is predominantly left to WAAC. In addition we are experiencing a greater degree of political conservatism, where there appears to be less willingness to work with community based groups particularly if it means "going out on a limb" or supporting innovative, but politically unpopular measures, to prevent infections to marginalised people. The closure of Phoenix, the local peer-based sex worker program has created much uncertainty about the level of political support for sexually explicit, but effective campaigns, conducted by peer-educators.

Despite this difficult external environment, diagnoses of HIV remained relatively stable in WA, although we are seeing a very worrying trend of new diagnoses amongst metropolitan based Aboriginal men and women who have mental health issues and problematic substance use. WAAC is working collaboratively with a number of health providers to grapple with this issue. The AFAO resource – "HIV and us mob" is extremely popular and has been requested in a number of different agencies in WA.

Positive services has been well accessed plwha and HAPAN (The HIV/AIDS Peer Advocacy Network), supported by Cipri Martinez has provided a number of very well attended forums and discussion groups around treatments, enhancing health through good nutrition and exercise and recent diagnosis. A number of retreats for men, women and families were also conducted around positive sexuality and spirituality and well-being.

There were no real surprises in the Gay Men's Periodic Survey. Findings included an increasing number of men are engaging in unprotected anal intercourse with regular and casual partners and the increase in use of the internet for men seeking sexual assignation. To supplement our understanding of this phenomenon, Graham Brown, the WA AIDS Council's previous Education Manager has completed a qualitative study investigating the meaning of sexual relationships between casual and regular partners. His findings show that men will consider themselves to be having casual sex in one context but not necessarily in another context, despite sharing similar attributes. For example some men will have always have safe sex at Beats (seen to be for quick anonymous sex) but not at particular venues (seen to be for finding a potential partner). In addition different patterns of behaviour emerged, such as men discarding the use of condoms after a short period of time, despite not having an up-to-date test because they were now being seen as a "regular" partner. He postulates that men use a novel set of justifications for different behaviours and social marketing campaigns need to be designed to "speak" to the different understandings around regular, casual and anonymous sexual partners.

Gay men's education remained focussed on encouraging men who have sex with men to be tested and emphasising STIs as an important co-factor in HIV transmission. The AFAO STI

campaign has been well received in WA. The sauna clinics continue to be well utilised and the WA AIDS Council and FPWA have joined forces in offering more services to men who have sex with men who do not want to attend the clinics in the saunas.

The WA AIDS Council, along with WASUA (the Western Australian Substance Users' Association), have experienced a significant increase in the level of injecting equipment distributed. People who choose to inject drugs appear to be adhering to health messages about using clean fits every time, although other health issues are emerging because of the injection of pills and subutex.

The WA AIDS Council and the Freedom Centre along with Gay and Lesbian Community Services and PFlag, have commence 2 projects, funded by different sources to increase the capacity of the community and mainstream agencies in dealing with service delivery to GLBQTI people. One of the projects is based in major rural centres and the other is in the metropolitan area. A lot of interest has been generated by these projects as they are assisting agencies in dealing with post-law reform service delivery.

The Freedom Centre, a centre for same sex attracted young people, continues to provide excellent services for its clientele despite being adversely affected by the curfew imposed on young people in the Northbridge area. As a result, the Council and the Freedom Centre are moving from this area to another close by area so that it can maintain its focus on reaching vulnerable people with a same sex attraction and/or diverse gender expression.

For other young people, a targeted campaign (K.I.S.S – Keep it safe summer) for “leavers” attending end of year celebrations at Rottnest and the south-west, attending concerts such as the Big Day Out and orientation days has been highly successful because it highlights safety around sex, alcohol and drug use.

The WA AIDS Council continues to provide quality training on HIV/AIDS, blood borne viruses and STIs, pre and post test discussion and infection control to varied organisations, including the WA Police service, Prison nurses and custodial officers, medical students, midwives and nurses at KEMH and Conservation and Land Management. This provides good opportunities to bring about systemic change for people with BBVs as well as those vulnerable to being infected. In the coming year, the WA AIDS Council will also be working closely with Local Government Authorities and local police around crime prevention at beats. This project will improve our capacity to provide safe sex education to men using beats.

All in all, the past year has been challenging for the WA AIDS Council but has provided us with an opportunity to re-prioritise and re-invigorate our services. We look forward to a more stable year, with an accent on service planning and provision along with other related service providers.