



AFAO Annual Report

2000 – 2001

[President's Report](#)

[Executive Director's Report](#)

[Indigenous Project](#)

[AFAO/NAPWA Education Team](#)

[National Training Agenda](#)

[Organisational and Member Services](#)

[Policy](#)

[International](#)

[Vaccines](#)

[AFAO Member's Reports](#)

National President's Report

Bill Whittaker

The past 12 months have provided a particularly testing environment for AFAO and our member organisations to work in. I am pleased to report that the organisation and our members have responded well to several difficult challenges.

On the international level, the HIV pandemic continues relentlessly. Worldwide there are over 36 million infections, with some 16,000 new infections occurring every day. Recently, leading scientists discussed the potential for infections to rise to 200 million within the next 20 years. Asia/Pacific, with 7.5 million infections, is predicted to become the epicentre of the global epidemic within the next decade. A continuing challenge for Australia, as a recognised world leader in the HIV response at government, community and scientific levels, is how to best respond to these frightening figures, especially in our region. The recent United Nations General Assembly Special Session on HIV/AIDS and the forthcoming International Congress on AIDS in the Asia and Pacific the (ICAAP) have been key areas for AFAO's international work during the past year. AFAO is also assisting the regional and international AIDS response through specific projects, by providing strong policy input, and by promoting networking and cooperation.

Domestically, the declines in HIV infection rates that have characterised the past several years appear to have plateaued. This of course raises the concern that infection rates could start to rise. Indeed, HIV infection figures for 2000 from Victoria, which showed a sustained rise in HIV infections over the year, gave a wake up call for Australia. Adding to this is research data and epidemiology that indicates a rise in risky behaviours locally and in various comparable cities overseas, especially among gay men. Although other States/Territories have not experienced increased rates of new infections, the concern is that this could only be a matter of time.

Therefore, it is important that government and community efforts to promote safe behaviours and harm reduction approaches are re-energised. A significant amount of AFAO's efforts have been focused on working with our members and the HIV/AIDS partnership on this critical challenge.

Scientific research has provided a mixed picture over the past year. The pace of vaccine research continues to grow, and AFAO's partnership in the Australian Vaccine Consortium has been a key area of activity for us. However, the reality remains that vaccines, even if they prove successful, are years away and for the foreseeable future prevention education is our best weapon against HIV. For Australian's living with HIV/AIDS, many continue to derive benefit from antiretroviral treatments. However, there are significant limitations – treatment related toxicities, treatment failure and the challenges of drug adherence are very real and difficult issues for many people. We need better treatments urgently for those already infected with the virus. Strong clinical and basic science research is essential to achieve this. And we need continuing social research to inform and enhance our prevention and care work. I am pleased that AFAO and our members have made a strong contribution to debates about research issues and research organisation and funding over the past 12 months.

In addition to some of the key policy and advocacy areas outlined above, the Statement of Directions adopted by the membership 12 months ago has guided AFAO's work. As the Executive Director reports, very good progress has been made on implementing the Statement of Directions.

In terms of AFAO's governance, there were some significant constitutional changes made this year to modernise the rules of the organisation and clarify governance responsibilities. Notably, the AFAO Executive has been changed to the AFAO Board, with the Board now having prime governance responsibilities for the organisation. I am pleased to report that the Board has operated smoothly during the year. We have tried to construct our meetings with

the aim of ensuring the right balance between policy and operational focus. This process has been assisted by regular feedback from Board members and a facilitated evaluation just completed. I want to express my warm thanks to all AFAO Board members for their patience, goodwill, enthusiasm and many hours of hard work.

As President, I am fortunate to have many opportunities to work with the AFAO staff. For me this is a particularly enjoyable part of my work. I am proud of the skills and talents of our staff team and the dedicated and professional way they approach their work. During 2000/2001 much has been achieved by the AFAO staff, often in difficult circumstances. I pay tribute to the enormous efforts of the AFAO staff during the past year.

Finally, I record with much regret that our Executive Director, Robin Gorna, leaves AFAO at the end of the year. I have been truly fortunate to have worked closely with Robin and to have witnessed her dedication, enthusiasm, drive and formidable policy and advocacy skills. As head of the staff team, Robin has provided exemplary support and guidance to the Board over the past 12 months. Robin's three years at AFAO are marked with many significant achievements which have enriched not only AFAO, but also the wider response in Australia and beyond.

[Top](#)

Executive Director's report

Robin Gorna

This is the last Annual Report I will oversee as Executive Director. It is an exciting report to write because AFAO is in a very strong position – making it timely to pass the privilege of working here to someone new. We have many significant achievements to reflect in this Report.

In 1999 AFAO embarked on a Strategic Directions Setting Process, under the guidance of the National President Darryl O'Donnell, who bears much credit for steering this Strategic Process. The results (the AFAO Statement of Directions 2000–2004) were adopted at the AGM in October 2000, and since then the staff has prioritised implementation of this renewed and clearer sense of our direction. This has been an important step forward, not without its painful moments. The staff team has endured a protracted period which has included a full restructure, including bringing in a coherent senior management team, which was only fully operational at the end of this financial year. The management team has brought consistency and stability to AFAO, and the individual members – Mark Bebbington, Tim Childs and Dermot Ryan – are highly talented and an asset to the organisation.

One of the most significant achievements of the Strategic Directions process has been the affirmation of AFAO's commitment to the centrality of HIV-positive people in the response to HIV. More than statements of good will, this commitment has seen the transfer of resources from AFAO to NAPWA. Our goal has been to secure firmer independence for NAPWA in the future, and to enable NAPWA to develop and sustain its central role in treatments education, policy and advocacy work.

During the period of change there have been significant losses, most notably the departure of Tim Leach. Tim worked at AFAO for five years, principally as a brilliant Deputy Director, but also often acting up in his least favourite role as Executive Director. Tim inspired great love and loyalty among his staff and co-workers and achieved remarkable outcomes for AFAO, often at some cost to himself. He was so hard to replace we needed three managers to fill his shoes.

During this transitional year the management team took many shapes. My thanks to Simon Donohoe who spent an important eight months with us, leading the ANET and Indigenous teams. During these changing times Chris Ward stepped in to a range of key roles, managing Policy, International and Administrative teams and also stepping in to my shoes for several weeks. Chris has been a remarkable force within AFAO and I am delighted that he continues to advise us from his reclaimed position as Senior Policy Analyst. Finally with the re-organising of staff positions we have benefited from outsourcing out media liaison work to Michael Kessler.

Despite the inherent dangers of strategic processes there was modest staff turnover this year. We farewelled Executive Assistant, Susan Ives whose skills are now to be found at the Australian Taxation Office. She was succeeded by brilliant temps Tammy Faulds and Sandra Leffers. Receptionist Faustina Lee stepped in during Phillip Shaw's extended carer's leave and the exuberant Maurice Shipp succeeded Indigenous Project Officer Tony Creighton. Michael Hurley also left AFAO at the conclusion of our joint research project with the Australian Research Centre in Sex, Health and Society (ARCSHS) to become a full-time researcher at ARCSHS. This is good news for them, and good for AFAO to have a highly admired colleague in such a key position.

The final two losses saw movement across to new positions with AFAO member organisations: Kirsty Machon is now NAPWA's Policy Officer and Colin Batrouney has moved to (his host organisation) VAC/GMHC to take up their position of Education Manager. We will miss Kirsty and Colin's brilliant perspectives on HIV treatments, and many other elements of our AIDS and cultural responses, but trust that their incredible expertise will continue to reach us through our members.

AFAO's highly talented staff team have progressed an extraordinary array of work this year. At the turn of the year we learned that the vaccines consortium, in which AFAO is a partner, had been awarded the highest ever Australian research grant from the US National Institutes of Health. While at times it has seemed that the vaccines work could overwhelm us, it has been a significant force bringing together many threads of our work: lessons from effective treatments activism, confronting the sometimes fragile successes of behavioural prevention work with gay men and other communities, and developing vibrant advocacy and policy work domestically and in the international arena. Whatever the future holds for the consortium's specific vaccine candidate, AFAO and our members and colleagues will have developed a sophisticated understanding of the opportunities and challenges inherent in vaccines research and development.

Vaccines work has raised a number of new and challenging issues for AFAO and our members, not least, legal and ethical questions. I am grateful to the volunteers on our Vaccines Policy Reference Group for their skilled input which has enhanced our understanding of many complex areas. Special thanks to David Catterns, QC, who provides pro bono legal advice to the vaccines project, in his specialist area of Intellectual Property. This advice complements the substantial pro bono legal support AFAO receives from Mallesons, Stephens & Jacques – and we recognise the exceptional commitment of their partner Andrew Smith who arranged this support and provides AFAO's key relationship with the firm.

In the International arena this past year has been remarkable. The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) was held in New York 25–27th June 2001. AFAO staff devoted significant attention to this historic event, and Australia was extremely fortunate in having Bill Whittaker – AFAO's National President – play a key role in the strong delegation which took a central role in the UN negotiations facilitated by the Australian Ambassador Penny Welmsley. Overall 2001 will be a milestone year in international policy, and we look forward to the successful running of the 6th International Congress on AIDS in Asia and the Pacific (6th ICAAP), of which I am a co-Chair, and its associated Ministerial Meeting. AFAO's central involvement in these events has secured our international role beyond project work.

Our international project work has expanded with the adoption of a new international grants

scheme which will – in the first instance – be used to disperse the first Aus\$200,000 from AFAO's private donor. We are incredibly grateful to the donor for her extraordinary commitment and generosity of support to AFAO and to these projects. This year saw a AUS\$34,500 donation to the Treatments Access Campaign (TAC) in South Africa to develop their advocacy and education work with HIV-positive pregnant women, especially to access treatment if they choose. We have also maintained important input to AusAID funded projects in Papua New Guinea, Indonesia and the Pacific.

AFAO's International work builds upon the success of our domestic response. While some may find the domestic issues overshadowed by the international dimensions of HIV/AIDS, the need for us to focus in on Australia's domestic response remains critical. During the year fault lines have developed in a number of national issues, and we have placed significant attention in those areas of policy and advocacy. A main focus of attention has been issues surrounding Australia's research response, and the apparent diminution of government support with mainstreaming. We have also focused in on the problems in resourcing key components of the National Strategy, notably the lack of transparency regarding funding of gay men's HIV prevention, especially at State and Territory levels. This has reached a particular urgency with sustained rises in HIV prevalence among gay men in Victoria. We have been pleased to work through the ANCAHRD system to address these issues, as well as working directly with the Commonwealth and Minister Wooldridge's office.

AFAO's work with Indigenous gay men and sisters has grown in importance this year, and we have continued to receive strong support from the Commonwealth. We are now working co-operatively with a range of Aboriginal Medical Services (AMSs) as well as AFAO members around the country to progress joint activities to support Indigenous gay men and sisters in accessing appropriate services from both NACCHO (the National Aboriginal Community Controlled Health Organisation) and AFAO member organisations.

The AFAO/NAPWA Education Team (ANET) has also grown in strength, despite the instability of changing managers. This financial year saw a strengthening of achievement, and far less delay with approval of resources and campaigns. As the staff team finalise campaigns in a timely fashion, this enables ANET to turn attention to some of the more challenging elements of the new directions. One key component is the National Training Agenda which has reached a key stage supporting Educators in being able to recognise the transferability of their skills, and respecting the career development needs of workers in the sector.

In concluding let me pay tribute to those workers, and as well as the staff I have worked with, the Presidents – Peter Grogan, Darryl O'Donnell and Bill Whittaker – the Boards and members of AFAO. We have achieved much in the past three years, and the last 12 months – some which has been played out on the public stage, even at the highest levels of global governance. Other achievements should not be left unrecognised – those which are less glamorous but critical in fitting the organisation for a more stable future, with stronger systems, policies and procedures. I am grateful to you all for this remarkable experience of working at AFAO. I have learned much and will cherish my time here. Especial thanks to Bill Whittaker who encouraged me on my first steps to AFAO and who has been my wise and inspiring counsel over his past year as President. I look forward to watching AFAO continue to achieve great things in the years ahead.

[Top](#)

Indigenous Gay / Sistergirl and Transgender Project

The past year has provided the project with some of its greatest challenges whilst at the same time producing some of its major achievements. The AFAO membership called for a review of the project to reconsider whether the current approach met the changes in environment and to strategically realign it with emerging national issues. An extensive review process was conducted with major stakeholders, providing a final report that identifies a range of issues from the projects strengths and challenges to policy development and future focus. The next twelve months will see phase two of review process with prioritisation of the report and implementation.

Achievements in the area of project work were the development of three major resource initiatives. These are 'The Access For All' training package, an 'Indigenous Cultural Sensitivity Awareness' package and trainer's manual, and the 'Indigenous Treatments Resource'. All the resources underwent extensive consultation with potential service providers and community members resulting in production of high quality resources for the indigenous community that addressed priority HIV/AIDS and related sexual health issues.

Challenges for the project, which remains as one of the key objectives to the project, is the limited progress in the development of strategic alliances between AIDS Councils and Indigenous Community Controlled Health Services. Recent growth within the Queensland AIDS Council indigenous project and increased collaboration between ACON and Redfern Aboriginal Medical Services are ensuring this objective is progressed.

Key Indigenous networks such as the Indigenous Projects Officer Network and the National Indigenous Gay/Sistergirl and Transgender Steering Committee are cornerstones of the projects past year's success and have contributed unquestionably in the enabling of Indigenous well being. Thanks go to the Steering Committee members who are: Robert Smith, Peter Pinnington, Mark Saunders, Michael Murray, Shane Burgess, Alan Radford, Tony Creighton, Denis Ridgeway, Crystal Johnson, Jacki Timpngwuti.

[Top](#)

AFAO/NAPWA Education Team

In 2000/01 ANET continued to build on the strength of the co-partnership approach to HIV education nationally. Whilst there were some shifts and changes in the team, ANET continued to implement the recommendations of the strategic directions agreed to in late 2000. Amongst a plethora of resources, campaigns and education initiatives developed and distributed by the team there were also two significant shifts in education focus over the year.

The first was the adoption of risk reduction strategies in gays men's prevention education. This was an outcome from recommendations of the AFAO Educators Conference and reflects the changing factors occurring nationally in HIV education. New education strategies and campaigns reflect the following:

- The current epidemiological and social research data continues to demonstrate a need to examine the direction and methodology of prevention work with gay men;
- There is an increasingly diverse range of decisions in relation to HIV prevention being made by gay men reflecting very different positioning of HIV in gay men's lives;
- The apparent emergence of personal HIV risk reduction strategies other than condom use among some gay men;
- Strategies and interventions targeting the different ways in which gay men, both HIV positive and HIV negative, have positioned HIV prevention, sexual behaviour and condom use in their lives need to be recognised and addressed in ways that adopt

- harm reduction principles;
- The scale of interventions that are required to make an impact on the epidemic are difficult to achieve within the current level of financial resourcing for gay and other homosexually active men's HIV/AIDS education.

Positive Education Workshop

The second shift in education focus was operating within a model of wellness in positive education. Since late 1997, the HIV community sector has been responding to the educational and informational needs of people living with HIV via the Positive Information and Education (PIE) Strategic Plan. The plan provided the sector with a 'checklist' of tasks around the delivery of positive education. ANET held a workshop for people working in positive education to examine the effectiveness of initiatives within the PIE plan and highlight areas where additional efforts are required. The Positive Educators Workshop held in January concluded that, "ANET should adopt the "wellness model" of lived HIV reality as fundamental to its strategic and activity program development."

Priority areas for education/ information engagement were identified as: sexuality; organisational and infrastructure changes; poverty; mental health; treatments; HIV living and the socially lived experience; practice leadership; and collaboration of primary health care providers.

The positive voice was validated as central to all our developmental work, second only to the lived positive experience, in all its diversity. The need to recognise the potential for identity and issue, as positive norm, needs to be at the heart of all we do. Therefore, the development of a range of national best practise policy and advocacy exemplars were identified as important steps in underpinning, reflecting and supporting shifts in the epidemic and form part of the ANET work plan.

ANET has continued to be guided throughout the year by the ANET Steering Committee. The committee, chaired by Peter Canavan and is made of delegates from NAPWA and AFAO membership. The Committee, whilst predominately providing advice on the direction of the team and its work, has close ties with the Education Strategies Group (ESG). The ESG meet three times a year and is made up of education managers from state AIDS Councils, and education representatives from the National Organisations. This group often provide local educational perspectives for resource and campaign development as well as being a valuable networking opportunity for the membership.

Campaign and resource development

Over the year the ANET team produced and distributed a range of quality campaigns and resources targeting HIV positive people, both gay and other men who have sex with men.

HIV Tests and Treatments

Developed primarily for HIV positive people; as well as their partners, family, carers and friends. The booklet is a baseline treatments information resource providing comprehensive and up-to-date information regarding tests and treatments for HIV/AIDS, monitoring, the management of issues associated with long term therapy, starting and changing therapies, and managing side effects.

Wanted

ANET produced a magazine in September 2000 entitled *Wanted*. The magazine was predominantly targeted at gay men who are community attached. The resource is an education tool that reflects the diversity of issues facing gay men packaged in an entertaining and engaging format.

Everyday pleasures

This campaign derived from observations that the bulk of campaigns and resources produced for HIV positive people over recent years have focused on issues relating to HIV treatments or HIV treatments compliance. This campaign was an opportunity to explore new

ways to understand and live with a HIV positive diagnosis utilising a paradigm of pleasure. A series of seven postcards and posters were produced which focused on aspects of 'everyday' life. The themes included: delicious; work; time-out; play; sex tomorrow; and bond. Simple messages and quotes, taken from interviews with positive people around the country accompanied striking images on postcards.

Travel

In 2000 ANET undertook a research project exploring in-depth the issue of travel/mobility and HIV risk. The issues identified formed the basis of an education campaign for gay men travelling either overseas or domestically from regional/rural areas to larger Australian cities. It comprises two posters – one addressing HIV risk behaviours while travelling, and the other HIV treatment adherence issues. A passport-size booklet covering the meanings of travel for gay men; freedom and anonymity; negotiating sex and condom use; disclosure of HIV status; travelling with HIV treatments; and treatment adherence issues while travelling was also developed. The booklet is aimed at overseas travellers and provides information on homosexuality and age of consent in individual countries, entry and visa requirements for HIV-positive travellers and reciprocal health care agreements.

The States You're In

As part of the travel campaign, a booklet for gay men in country and regional Australia was produced entitled *The States You're In*. Although many of AFAO's member organisations are involved in service delivery to gay men who live in rural and regional areas, there have been few HIV education resources available which specifically address this target audience and the particular issues they face in relation to HIV-related health risks, and other general health issues.

Discussion Papers

As part of the ANET teams ongoing role in capacity building with the membership a series of discussion papers were produced and distributed. They included:

- Keeping it safe: Maintaining gay safe sex practices in the light of treatments for HIV;
- Hold everything! An overview of structured interruptions to HIV Therapy;
- Gay men and travel: HIV risk behaviours and treatment practices;
- New HIV test to determine recent seroconversion;
- Risk reduction strategies for anal sex with casual partners; and
- Professionally gay.

National evaluation project

In May 2000, the National Centre in HIV Social Research began an evaluation of ANET and its work. This twenty-month project includes a number of activities to evaluate how ANET delivers HIV related health promotion resources, campaigns and other activities to gay men and people living with HIV/AIDS in Australia.

[Top](#)

National Training Agenda for HIV/AIDS Educators of gay and other men who have sex with men project

During the past year, this 2-year project has continued to undertake extensive research and consultation in the development of the national training agenda. As a result there has been broad and on-going support from all states and territories.

Following national consultations the project preceded with customising compulsory and common competency units of the Certificate IV and Diploma in Community Services (Community Work). These competencies reflect the knowledge, skills and attributes required

by HIV/AIDS educators working in the sector. Educators identified a number of benefits in customising the national Certificate IV and Diploma Community Services (Community Work). These included: a nationally recognised training system; career path options both within and out of sector; recognition of prior learning for existing employees and volunteers; transferability of qualifications; clarification of job roles and identifications of skills gaps; volunteer training.

The customised standards can be further customised to meet specific local requirements and be used as a best practice model for HIV/AIDS educators working with other target groups such as sex workers and injecting drug users.

Six one-day training workshops were conducted for managers in AIDS councils as part of the ESG Meetings. Training provided to Education Managers included: theory and practice: understanding and applying research to education; staff supervision; project management; team management; improving task and people management; performance indicators. The workshops received positive evaluations, not only as a training program for a group who receive little formal training to work effectively within their positions, but also as a means of engaging key players in the implementation of the training agenda around issues relating to training and workforce development.

[Top](#)

Organisational and member services (formerly the administration team)

Chris Ward started as acting admin team manager on 17 April 2000 and finished on 23 July 2001. Thanks to Chris for managing the team along with his other management duties. Following on from the review of AFAO's strategic directions in 2000, the new position of manager of Organisational and Member Services was created. Tim Childs is the new manager, and he started work with AFAO on 23 July 2001.

It has been a busy year for the now newly named OMS Team. A new telephone system has been installed with call accounting facilities. This will enable AFAO to track and itemise all calls made. The system also has direct dial facilities for all AFAO and NAPWA/ATPA staff.

A capital equipment grant was received from the commonwealth and this enabled us to replace old computers and upgrade the computer network. The final stage of this will be the upgrading of our internet access through the use of ADSL (a dedicated and much more powerful internet line) which will dramatically increase both our dial out and dial in capabilities. With the grant we were also able to replace worn-out office furniture with more ergonomically suitable furniture.

We undertook Internal building alterations to accommodate NAPWA/ATPA and also undertook alterations to centralize resources and equipment.

The successful organisation of the AGM last October in Sydney and the April General Meeting in Melbourne were very busy times for the team. The April General Meeting was held in Melbourne so that AFAO could support the NAPWA National Conference, which was also being held in Melbourne at that time. There was considerable additional work for the admin team in organising a general meeting in Melbourne.

We implemented a new budgeting system and new accounting software, which created a lot of work for the Financial Controller – a big thanks to Jill. We received assistance with the new system from Joe Bontempo from WAAC. Thanks to Joe for his help, and to WAAC for releasing him to us several times over the last financial year. The AFAO Board of Directors adopted a new governance policy including a new finance policy.

Following the review of AFAO's strategic directions, the admin team has now been

expanded to include other roles, such as Media and Website officers, and to provide a more dedicated focus to the membership. The newly named Organisational and Member Services Team has a new manager and both the team and individual roles are being reviewed within the context of the new focus and the organisation as a whole.

[Top](#)

Policy

During the past year, the AFAO policy team worked on a wide range of issues affecting the response to HIV/AIDS in Australia and internationally.

The Team

The Policy Team is made up of 3.4 full-time positions, staffed by a mix of full-time and part-time staff: Linda Banach, David Edler, Timothy Moore and Chris Ward. Chris Ward managed the team in his role as Acting Manager of Policy, International and Administration during the year. In July 2001 Mark Bebbington was appointed to the permanent position of Policy and International Manager.

Issues

AFAO's policy work primarily focused on the external policy environment as it affects people living with and affected by HIV/AIDS, providing policy support to our member organisations, and internal and organisational policy issues. The majority of the internal and organisational policy work arose due to AFAO's review of strategic directions during 2000, and implementation of the outcomes of that review.

Review of AFAO's strategic directions

The policy team resourced the working group reviewing AFAO's strategic directions. Exhaustive consultations were conducted both within the AFAO membership and with external stakeholders, and implementation of the final report of the review has involved ongoing work by the policy team.

Policy and Advocacy Advisory Group

As a result of the report on strategic directions, AFAO established a Policy and Advocacy Advisory Group. The group's role is to advise the AFAO Board of Directors on:

- Policy priorities;
- the development of strategic relationships between AFAO and other advocacy organisations on issues of mutual interest; and
- processes for AFAO's advocacy work at the national level.

AFAO Board member and VAC/GMHC CEO Mike Kennedy chairs the group. Its members are drawn from the AFAO Board, secretariat and member organisations. Some of the issues on which the group has worked include the mid-term review of the 4th National Strategy and preparations for the forthcoming federal election.

Organisational policies

During 2000–2001 AFAO has developed a range of internal and organisational policies, including policies on:

- Recruitment and selection;
- induction and orientation of new staff;
- work/life balance;

- representing AFAO on external committees; and
- representing AFAO in the media.

The AFAO Board has also developed and adopted new policies on governance and finance.

Health Records and Privacy

In 2000 the Australian Health Ministers Advisory Council endorsed a scheme to create a national system of electronic health records, and established the National Electronic Health Records Taskforce to progress this project.

AFAO and NAPWA provided feedback on the draft report of the Taskforce, and through the Legal Working Group of ANCAHRD have made a submission to the Federal Privacy Commissioner on privacy protections for health information in the private sector.

Sex industry law reform

AFAO and the Scarlet Alliance produced Model Principles for Sex Industry Law Reform. These were endorsed by the ANCAHRD Legal Working Group. AFAO also supported local sex worker organisations in advocacy on sex industry law reform in South Australia and Western Australia.

The Federal Government's review of welfare

AFAO and NAPWA produced a joint submission to the Federal Government's review of welfare and worked collaboratively with the Australian Council of Social Service in advocating for a welfare system which:

- Is able to address poverty through the provision of appropriate services and adequate support payments;
- does not rely on compulsion; and
- recognises the role of carers.

The report of the review recommends substantial medium and long-term changes to the manner of welfare provision, including changes to the structure of payments, individualised service delivery, enhanced mutual obligation criteria for government, business and recipients, and a range of participation support mechanisms.

The Federal Government has not yet responded in detail to the recommendations in the report, and the timeline could be as long as 10 years if all of the report's recommendations were implemented. Welfare policy will remain an important area of work for AFAO in the coming year.

Returns on Investment Advisory Committee

This committee was established by the Department of Health and Aged Care to provide expert advice in relation to a study of the effectiveness and cost effectiveness of needle and syringe programs in preventing transmission of HIV, and Hepatitis B and C. AFAO's policy team provides representation to this important committee.

The tax system

AFAO continued to provide advice to members on the introduction of the GST. In consultation with members, AFAO made a submission to the Federal Government's inquiry into the definition of charities. In this submission AFAO called for the maintenance of appropriate tax incentives to permit public benevolent organisations to carry out their work, a recognition of the validity of advocacy work by public benevolent organisations, and a consistent approach across the country to the determination of charitable status for organisations.

Funding for gay men's HIV prevention

In December 2000 AFAO wrote to the federal Health Minister expressing concern that there

is no way of monitoring spending on HIV prevention activities for gay and homosexually active men, and concern that spending in this area may be as little as 10 percent of overall HIV spending. AFAO called for improvements to the accountability of state/territory government spending on HIV/AIDS, and to lead a review of current prevention activities targeting gay and homosexually active men.

National Illicit Drug Action Plan

AFAO policy analyst Timothy Moore represented AFAO on the National Expert Advisory Committee on Illicit Drugs, which drafted the National Illicit Drug Action Plan.

ANCAHRD

AFAO Executive Director, Robin Gorna, is a member of the Australian National Council on AIDS Hepatitis C and Related Diseases (ANCHARD). AFAO staff and Board members also are members of the ANCAHRD HIV/AIDS Committee, ANCAHRD Legal Working Party, ANCAHRD National Indigenous Australian's Sexual Health Committee and the ANCAHRD Gay Men's Health Promotion Working Group.

Monitoring changes to Research Funding

The future processes of funding HIV and AIDS research have been a significant issue during the past year. Over the next three years dedicated HIV and AIDS funding will shift from the Public Health Division, where it's allocation is advised by ANCAHRD and the Clinical Trials and Treatments Advisory Committee (CTTAC), to the National Health and Medical Research Council, (NHMRC).

AFAO, in conjunction with NAPWA, hosted a community summit in May 2001 which provided an opportunity for open debate and analysis of proposals and options. AFAO has also contributed to the debate through representation at ANCAHRD and discussion with key players, including approaching the Public Health Division to ensure that future research arrangements provide for community input.

Other policy work

Timothy Moore presented at the International Conference on the Reduction of Drug Related Harm on 'The centrality of drug users in a harm reduction response'. Assistance was also provided to the International Harm Reduction Association in the development of the association's constitution.

Other work undertaken by the policy team included briefing members on the Federal Budget, a submission to the national review of infection control guidelines, briefing members on legal/health policy matters; poster presentations; and papers on antenatal testing practices in Australia.

[Top](#)

International

AFAO continued its involvement in regional and international work through the activities of the international policy officer, the international programs officer and other AFAO staff and executive members.

The International Advisory Group provides advice to the AFAO International Team and the AFAO Board of Directors on policy and project work. Its members are drawn from the AFAO Board, secretariat and member organisations.

UNGASS

In late 2000, AFAO made major contributions to the United Nations document Framework for Global Leadership on HIV/AIDS. This was followed by consultations with and briefings for member organisations on UNGASS, applying for NGO accreditation and comments on the

UNGASS draft declaration. AFAO National President Bill Whittaker represented the community sector on Australia's official delegation to UNGASS. This delegation was highly successful and contributed to a more effective and ambitious final declaration.

Monitoring of international HIV/AIDS issues

AFAO continues to monitor international HIV/AIDS issues. In the past year some of the activities included: supporting the inclusion of gay and lesbian rights in human rights legislation in Tokyo and Hong Kong; advocating for the establishment of HIV/AIDS monitoring and education in East Timor; protesting continued travel restrictions for PLWHAs to the USA (an issue raised by UNGASS preparations); and contributing to the international treatments access campaign by denouncing the lawsuit by pharmaceutical companies against the South African government and supporting a defiance campaign by South Africa's Treatment Action Campaign (TAC) to import generic fluconazole.

Also this year, AFAO prepared submissions and produced policy papers on a range of issues including: human rights and aid; ethical and practical issues relating to HIV/AIDS drug donations; federal budget provisions for aid; and cross-border HIV/AIDS issues.

In January, meetings were organised in Melbourne and Sydney for a wide range of stakeholders to prepare for UNGASS, the Commonwealth Heads of Government Meeting and the 6th International Congress on AIDS in Asia and the Pacific (ICAAP). The meetings discussed links between the events and aimed to encourage participation in ICAAP.

Project work

This year AFAO consolidated its international project work in the Asia Pacific region with our project partners in Fiji and Indonesia. AFAO also established new partnerships through projects initiated in Papua New Guinea and South Africa.

South Africa

The Durban World AIDS Conference marked an important turning point in the demand for access to affordable treatments for HIV and opportunistic infections in developing countries. At the forefront of this global activism was the South African community-based organization TAC. At the Durban Conference, AFAO disbursed the first round of its private donor funds to support the Treatment Action Campaign's mother-to-child transmission prevention campaign. The campaign has produced a policy document and guidelines outlining treatment options for HIV positive women, undertaken provincial workshops on mother-to-child transmission prevention, and conducted national radio spots advocating for access to treatments for pregnant women.

Indonesia

AFAO continued its association with the Health International Group (HIG) consortium for the Indonesia HIV/AIDS and STD Prevention and Care Project. The project is now in its sixth and final year of implementation. In June HIG partners met in Jakarta to convene the final official project meeting. The HIG consortium will continue to manage the Indonesia project in a 'care-taking' capacity until phase 2 of the project begins in early 2002.

Fiji

The AFAO Partnership Project in the Pacific has ended after seven successful years. A testament to our project partner, the AIDS Task of Fiji (ATFF), is the high quality of work and regard for the project in the Pacific region. This is despite the delays in project activities as a result of the political unrest in Fiji.

Papua New Guinea

In July AFAO was pleased to learn that AusAID had awarded the contract for a major HIV/AIDS project in Papua New Guinea to a consortium including ACIL, the Macfarlane Burnet Centre and AFAO. The PNG National HIV/AIDS Support Project will assist the PNG National AIDS Council to implement the multi-sectoral PNG National HIV/AIDS Medium Term Plan. Implementation of the project began in October 2000.

AusAid Accreditation

AFAO maintains its role in seeking to increase support for international HIV/AIDS work from AusAID and the Commonwealth. AFAO's international team has continued to progress AFAO's application for AusAID accreditation. Accreditation status will enable AFAO to apply for funding through AusAID's NGO Funding Schemes.

International grants scheme

Finally, an international grants scheme disbursement process was endorsed by the AFAO Executive. Funded by a private donor, the international grants scheme will soon begin to fund select organisations in the Asia Pacific region to implement HIV/AIDS initiatives.

[Top](#)

Vaccines

HIV vaccine development consortium

On 28 June 2000, it was announced that an Australian consortium comprising scientists, social researchers and AFAO had been awarded AUD24.6 million by the US National Institutes of Health (NIH) over five years to develop a preventative HIV vaccine based on innovative DNA/Fowlpox prime boost technology.

The Australian consortium's HIV vaccine development is considered to be one of the world's most promising, and the commitment to a partnership model that includes community involvement is a particular strength.

AFAO coordinated the media strategy and ensured that both community and scientific representatives conveyed the same messages: that an HIV vaccine will be located within the context of a broad range of prevention work and that a successful vaccine is at least ten years away.

Over the past year, AFAO has played an important role in ensuring that affected communities in Australia are both consulted, and involved in the decision-making and direction of the HIV vaccines program. AFAO has participated in a challenging and ultimately rewarding series of negotiations to ensure strong community involvement and representation in the consortium responsible for developing the HIV vaccine. It is assisted by the AFAO Vaccine Policy Reference group, which provides guidance on issues such as ethics, intellectual property and trial methodology.

AFAO also participated in the 'start up' process for community education on HIV vaccines issues for its member organisations and broader communities through articles in AFAO publications and presentations organised by the AIDS councils of New South Wales and South Australia, NAPWA, and the Australasian Society for HIV Medicine (ASHM). Work has also begun to inform Australian communities of the results of other vaccine trials.

Social and Epidemiological Research Component

An important part of the HIV vaccine development program is the Social and Epidemiological Research component. It examines the impact of vaccines development on the behaviour and attitudes of trial participants and communities affected by the HIV/AIDS epidemic. The largest individual project is the Health in Men (HIM) study, which is an open cohort of gay and homosexually active men in Sydney. AFAO is represented on the consultative committee which oversees the study. The study is designed to provide baseline information against which to assess the impact of any vaccine trial on behaviour and to estimate HIV incidence in this population. The social and epidemiological research component of the project also includes research into the attitudes, expectations and risk behaviours of trial participants in the Phase I/II trial in both Australia and Thailand.

Thailand community component

AFAO's work includes developing a Thailand community-subcomponent. AFAO will partner with Thai community organisations to carry out the program, which will include the provision

of culturally appropriate education, resource production, workshops, counselling, training and the distribution of safe sex supplies. AFAO has made links with various Thai community based and non-government HIV/AIDS organisations to provide them with information about the project and seek their input.

AFAO anticipates that the project will have positive results for Thai community organisations by: increasing knowledge and awareness of HIV vaccine development; providing greater capacity to address the complexities of involvement in clinical trials; advocating about scientific and ethical issues; and forging closer ties with clinical research facilities.

[Top](#)

AFAO Members' Reports

[NAPWA](#)

[Scarlet Alliance](#)

[AIVL](#)

[AIDS Council of NSW](#)

[AIDS Action Council of the ACT](#)

[Northern Territory AIDS Council](#)

[Queensland AIDS Council](#)

[AIDS Council of South Australia](#)

[Tasmanian Council on HIV and Related Diseases](#)

[Western Australian AIDS Council](#)

[Victorian AIDS Council](#)

NAPWA

The past 12 months have been both exhilarating and momentous for NAPWA and its membership. Significantly the organisation began separate and individual funding contracts with the Commonwealth Department of Health and Aged Care, and secured enhancements to support the work of a fulltime coordinator, as well as establish autonomous financial and administrative systems. One of the outcomes from this was that NAPWA undertook a comprehensive review and strategic directions consultation that sets and guides the work of the organisation for the period until 2004 – the same term as the 4th National Strategy.

By the AGM in October 2000, both NAPWA and AFAO had gone through significant negotiations as part of the AFAO Strategic Directions restructure, and the membership of the Federation supported the transfer of specific projects and resources to the responsibility of NAPWA. These included the auspicing of the National Treatments Officers Network, primary responsibility for HIV treatments policy development, and the transfer of the National Treatments Policy Group. NAPWA is also beginning a transition process to assume management of the Positive Living publication by the end of 2001. The strong statements of support for the centrality of positive people from within the HIV community based sector response, as well as the opportunity for NAPWA to be adequately resourced to carry out the functions as the national peak body for PLWHA's, were a highlight that marked the end of 2000.

In December of 2000, NAPWA recruited for a fulltime Executive Officer and following appointment were able to begin the implementation of the Strategic Plan priorities. Work continued to recruit the new positions of HIV Health Policy Analyst and HIV Living Policy Analyst. Together with a full time Administration/Finance Officer there is now a strong secretariat to support the work of the organisation. The AIDS Treatment Project Australia (ATPA) Project Officer has been operating as an integral part of the NAPWA team.

The strength of this operational unit was revealed at the Eighth National conference for PLWHA held in Melbourne in April. "Positive Voices" engaged not only with the diversity of positive living experiences – indigenous, women, gay men and positive heterosexuals but with a breadth of HIV sector organisations. Government department workers, academics and Federal and State politicians listened and contributed to the conference agenda.

A memorandum of understanding between NAPWA and the ATPA steering committee was negotiated in October 2000 and this arrangement is for review at the November AGM. The 2001 AGM will also be an opportunity for NAPWA to conclude a review of the governance of the organisation. NAPWA state based member organisations have been discussing a number of governance models since the general meeting in April.

The NAPWA Executive and its member representatives have had an engaged and busy year, seeing the organisation through growth, restructure, and exciting developments for the organisation. They represent a PLWHA population that actively engages in the processes of community leadership and public participation. This can only enhance the responses, both at a community level as well as at a public policy level, to the HIV epidemic in Australia.

NAPWA looks forward to continuing its defined areas of work of national positive advocacy and representation, issues coordination and community consultation and organisational capacity building, as outlined in the Strategic Plan. The relationship with AFAO continues to be crucial to meeting these goals and for the year 2000 – 2001 it can be reported that the relationship continues to develop in a meaningful way for PLWHA across Australia.

[Top](#)

[Members Menu](#)

Scarlet Alliance

National Training Project

The most significant project for Scarlet in 2001 was the implementation of our National Training Project. Project worker and former Scarlet Alliance convenor Sue Metznerath was employed by the Project Management Committee to establish the project, based in Canberra and currently co-located with the local sex worker outreach project auspiced by the AIDS Action Council of the ACT.

The goal of the project is to increase the capacity of sex worker and non-sex worker organisations to provide the best and most accurate information to sex workers on sexual health and related issues in a wholistic context. This will facilitate the ability of sex workers to make informed decisions about safe sex practices and sexual health.

The objectives of the project are as follows:

- Conduct consultations with sex worker organisations on peer education techniques;
- Collate accurate information on sexual health and related issues for sex workers;
- Liaise with non-sex worker organisations on services which they currently provide for sex workers;
- Research knowledge and attitudes of non-sex worker organisations towards sex workers; and
- Assemble information collected into training packages.

Each sex worker organisation will receive two training sessions, along with a training manual and video resource. As at September 2001, the preliminary work and research has been completed, and the project is about to start its first phase of consultations.

Law reform

On the law reform front, 2001 saw Queensland's first legal brothel. This involved a long process of negotiation with key stakeholders in Queensland, and we are all now closely following the establishment to see whether it can succeed under the complicated legislative requirements for operation.

The attention of the national media was focused on Tasmania in November 2000 when Scarlet held a law reform forum in Hobart to draw attention to the inequities of the highly discriminatory legal system for sex workers in Tasmania. Meetings were held with a number of key members of parliament who promised swift action to remedy the injustice of the Tasmanian sex work laws. At the time of publication, the Tasmanian government has done nothing towards furthering any law reform agenda.

In South Australia the four bills that were before the parliament were defeated and in Western Australia the introduction of stricter penalties for street workers has resulted in more arrests of both clients and street workers.

Resources

At the law reform forum in Tasmania, the Principles for Model Sex Industry Legislation developed by AFAO and Scarlet alliance were launched. This document sets out the principals that should guide sex industry legislation to ensure a balance of stakeholder needs. Also launched at this forum was the report into discrimination against sex workers entitled, *Unjust and Counter-Productive: The failure of governments to protect sex workers from discrimination*. This document is a lobbying tool based on national research conducted with sex workers regarding their experiences of discrimination.

The Guide to best practice: Occupational health and safety in the Australian sex industry produced by AFAO and Scarlet has received widespread national attention. The document has been adopted by the Queensland Prostitution Licensing Authority with minor changes to use as a benchmark for occupational health and safety standards in Queensland brothels.

[Top](#)

[Members Menu](#)

AIVL

On behalf of the Australian Intravenous League Executive Committee, it is my pleasure to present a 2000/01 Annual Report for inclusion in AFAO's Annual Report.

Over the year AIVL has been working towards the establishment of new partnerships and the enhancement of existing ones, each reflecting the value and expertise within individual organisations. By adopting collaborative approaches, we are able to extend our reach and improve the quality of services available to people who use drugs illicitly. AIVL is firmly committed to working with AFAO in an ever-changing environment.

AIVL's Executive Committee has been working towards the endorsement of a range of policies and procedures for implementation to enhance communication systems internally and within the broader membership of AIVL. The recent constitutional review and adoption of amendments remains a key role for the Executive to follow through with to ensure the primacy of users and their voices.

The year has seen the production and distribution Australia-wide of some wonderful resources developed by and for users. These include updated versions of the *Guide to Safer Injecting*, the *Guide to Cleaning Fits* and the long awaited *Handy Hints*. The response to these three resources, the latter in particular, has been overwhelming. The education team has been working on three unique projects over the year. The first is a hepatitis C prevention resource for users incarcerated in appalling conditions in Australia's prison system. The second is a resource for Australian Aboriginal users, developed in partnership with a local

user group and an affiliated Aboriginal medical service, and finally AIVL's Disposal Research Project.

This year the policy program 'revised' and released the first edition of *Junkmail*, AIVL's national policy magazine, and collaborated with Reckitt Benckiser to develop a user friendly guide to buprenorphine. We have had a substantial increase in media coverage over the year and our public profile has continued to grow.

The Executive acknowledges the outstanding contributions made by all staff members of AIVL, and all AIVL delegates and representatives Australia-wide.

[Top](#)

[Members Menu](#)

AIDS Councils

AIDS Council of New South Wales

2000–01 was an important year for the AIDS Council of NSW as we began implementing our vision for the future in *Strategic Directions 2000–2003*. We spent much of the year putting in place the infrastructure required to expand services for people living with HIV/AIDS and to broaden the role of the organisation in gay and lesbian health.

ACON's future has been shaped by the communities we work with – by people living with HIV/AIDS and their significant others, gay men and lesbians, injecting drug users, sex workers and other people whose lives and health are affected by discrimination. Community debate and consultations shaped *Strategic Directions 2000–2003*, reinforcing our commitment to enhance services and quality of life for people living with HIV/AIDS. ACON's communities also told us how ACON could play a greater role in promoting and improving their health and wellbeing.

Our services have expanded to reflect the growing diversity of health needs for people living with HIV/AIDS and the many health issues that affect our communities including issues around mental health and drug and alcohol use. ACON has been a major player in the national debate about HIV and mental health and we have worked to develop our programs and thinking in a way that improves the services available to people with mental health problems, without constructing inevitable associations between mental illness and people living with HIV or gay men and lesbians.

We have expanded our counselling services, with a stronger emphasis on assessment, short-term solutions focused interventions and care coordination, and are working with the community to identify ways to give mental health issues greater priority.

ACON began a new initiative to promote coordinated care and greater access to health services with the NSW GP Enhanced Care Project in Sydney's eastern suburbs and the state's central west. This Commonwealth-funded pilot project has ACON officers working with GP surgeries to enhance their capacity to support patients managing chronic illness and the psychosocial factors that affect their lives.

Many services have been enhanced across rural and regional NSW, bringing a new focus to health promotion efforts for lesbians and sexual health services for gay men. ACON's services for people living with HIV/AIDS remain our core business.

As a leader in HIV prevention, ACON's educational campaigns and debate on current issues for HIV prevention and gay men were a major priority for the year. Our basic safe sex campaigns during the Olympics (*Go for Rubber*) and at Mardi Gras (*Up Ya Bum*) were well received. Faced with emerging evidence about how gay men are using strategies other than

condoms to reduce the risk of HIV transmission, we responded quickly with a second Mardi Gras campaign (*Consider This...*), an internet discussion board and a strong media presence on the issues. The NSW Minister for Health responded to a call from ACON for a forum of HIV/AIDS experts to discuss our state's response to rises in HIV infection rates in Victoria and overseas. This forum was held in May and reaffirmed a partnership approach to HIV/AIDS risk practices among gay men in Sydney.

Community safety was a key issue during the year with the Lesbian and Gay Anti-Violence Project finding a new home in ACON to develop and implement crime prevention strategies for the gay and lesbian community. Similarly, domestic violence in same sex relationships has become a hot issue with the community and ACON has taken on a leading role with an interagency group to help secure more appropriate services for gay and lesbian victims of domestic violence.

ACON began its foray into supporting a healthier gay and lesbian community with Stir It Up a bi-monthly lesbian health speaker series. Discussion nights, which explored issues around community, health and violence, were well attended and ACON plans further Stir It Up events. Similarly, our new Roundtable discussions on a variety of topics again saw ACON putting key issues on the agenda for community organisations and service providers.

ACON will build upon this solid base in 2001–02 to further expand our work in the gay and lesbian community and strengthen our HIV services.

[Top](#)

[Members Menu](#)

AIDS Council of South Australia (ACSA)

The year has been one of consolidation and some growth for ACSA program areas. We were successful in gaining some new positions from funding sources for 2000/2001. However, this has been offset somewhat by a requirement of the Department of Human Services, our key funding body, to submit funding submissions for 2001/2002 which offer a 10% reduction on 2000/2001 levels. Nonetheless the year has seen a growth in community-based work, especially outreach, program areas, an enhanced profile of the organisation amongst target communities and increased collaborations with other agencies.

A Memorandum of Understanding (MOU) with the South Australian Voice for Intravenous Education (SAVIVE) was negotiated and significantly progressed. We expect to formally sign and adopt the MOU by the end of the year. The constitution of the organisation was also reviewed and a number of changes proposed including; renaming board members as directors; and the introduction of two year terms, with half to be renewed each year. This should ensure greater continuity and succession planning at a board level.

Sex worker law reform occupied a significant amount of media and political attention this year. Sex Industry legislation, which would have legalized and regulated sex work, failed to pass Parliament on its second reading. The issue remains on the political agenda, however. The program also significantly expanded its outreach work, with a focus on street work, which appears to have increased substantially over the past two years.

The SAVIVE program was successful in obtaining funds from the Council of Australian Governments, under the Illicit Drug Strategy, for two additional outreach peer educators. These positions work directly with community health centres in the West and South of the city, enabling greater access to services for users in the Adelaide metropolitan region.

Gay Men's Health (GMH) was successful in obtaining funding for two new educator positions although at the expense of one administrative position. These have enabled us to open a

part time service in Noarlunga in the city's south, and to work on enhancing access and appropriate services for sub-populations of gay and homosexually active men. New partnerships have been developed with Indigenous community organisations and social networks, laying the foundations for increased support for and work with Aboriginal gay men and sister-girls.

A communications officer position was filled this year, enabling media training and strategies to be developed and implemented. Unfortunately the position has now been defunded. Candlelight Vigil this year saw a reduction in attendance to 120 people, in common with the experience of many other states and territories.

The positive services financial counsellor position saw an increasing number of clients during the year. The position also took on the role of co-coordinating assessments and referrals for Cithall, a medium term accommodation service for homeless gay men.

[Top](#)

[Members Menu](#)

AIDS Action Council of the ACT (AACACT)

This year has been one of consolidation and development of the Council and of PLWHA ACT. In response to an increase in demand for care and support services which appears related to growing difficulties with treatments, including side effects, toxicities, compliance and drug resistance, a new Community Support Services Unit was formed. This Unit brings together staff involved in care and support and the client service delivery activities of PLWHA staff.

The Community Education and Health Promotion Unit continued to develop innovative and creative local responses, as well as implementing national campaigns developed by AFAO's ANET team. As part of the Spring OUT festival we conducted a Canberra Gay Community Periodic Survey through the National Centre and, for the first time, have baseline data to inform future education initiatives. There appeared to be no significant difference between Canberra and other similar cities, although testing rates appeared comparably low. Community forums are being held to explore the implications of the data. The new Sexual Health, AIDS, Hepatitis and Related Diseases Ministerial Advisory Committee has recommended future funding for the survey on a biennial basis.

Of particular note has been the Beats Project, funded by HealthPact which has achieved the co-operation of the ACT Urban Services Department in placing signage in beats across the Territory. Other Councils have taken up this project. "Yes, I Am", an anthology of writing and creative work by young queer people in the ACT was widely distributed to schools and tertiary institutions. There was also significant demand for the publication interstate and overseas. The Positive Lives Exhibition, held at the Canberra Museum and Art Gallery, provided an invaluable context for maintaining general community awareness of HIV/AIDS issues.

We have made considerable progress against the PIE Strategy and, as a result of an innovative exercise, involving VAC/GMHC have articulated a plan for positive information and education for the next twelve months. Feedback suggests that people are seeking more than information about pills and potions and looking for opportunities to become involved in a range of personal development and creative activities. An example was the "Positive Moves" project, again funded by HealthPact, which succeeded in facilitating access to physical activity through a program of dance and movement workshops.

Internally we invested time and resources improving our administrative systems, in particular program budgets linked to a formal planning cycle were introduced. Co-ordination of client services also improved with the implementation of initial assessment processes, care plans and a central data- base. We are piloting self-assessment against generic standards as part

of an ACT government Quality Project. We also upgraded our computer and communication systems.

Our external relations, with the ACT Health Department and other agencies continue to be positive and useful. This year we expanded the focus of the HIV Inter Agency Network and have worked closely with ACT Council of Social Services on a number of issues, including the proposed ACT prison.

[Top](#)

[Members Menu](#)

Northern Territory AIDS Council (NTAC)

After more than 18 months of negotiation and lobbying plus participating in two inquiries, the NT AIDS Council has finally had its recurrent grant increased to a sustainable level. The NT Health Minister finally confirmed during the year that NTACs recurrent grant has been increased by \$167,000. With this increased level of funding, the Board of the NT AIDS Council is looking to get on with the job of continuing to provide services to the HIV affected community without having to worry about where the next dollar is coming from.

In June we moved into our new premises at 46 Woods Street. This building provides the organisation with enormous potential to expand services. We now have a confidential space to discuss issues with clients, as well as provide a massage service to HIV positive clients. We are also looking forward to Clinic 34 staff offering STI screening and blood tests from the consulting room. The move to bigger premises allows the introduction of a 'drop in' service open to HIV positive people and young gay and bisexual men. In addition to the drop in room, an area outside the NTAC offices is available for clients to relax and socialise with other community members.

The last few months have been very busy and productive at the AIDS Council. Recently, the Board and Staff held their annual Strategic Planning Weekend and mapped out plans to take the organisation forward into the next year. Many of the initiatives involve greater volunteer involvement and training within the organisation and building on the valuable contribution of current volunteers.

NTAC has found itself strategically placed both geographically and structurally to work directly with the United Nations (UN) and East Timor travellers in Darwin. NTAC is currently looking at joint initiatives with other NGO's to work with UN personnel from East Timor, and considers this work as crucial in reducing transmission rates of HIV at the 'Top End'.

NTAC continues to implement AFAO campaigns, such as the "parties campaign" and the new "HIV Tests and Treatments". NTAC is currently in the process of distributing the campaign material from "Everyday Pleasures" and the "Travel Campaign" during Darwin's peak tourism time of July-August.

NTAC's Needle and Syringe Availability Program (NSP) continues to grow as demonstrated through client numbers, and has particularly benefited from the new premises which offer a larger space to service clients and provide information. NSP clients also benefit from the new space at NTAC which allows for informal counselling and referrals in a confidential setting. We are currently negotiating setting up a second NSP in Palmerston (a satellite city of Darwin) as approximately a third of the clients accessing the Darwin NSP are from Palmerston.

Our focus on education has significantly increased during the past year, with education sessions provided to school students ranging in ages 13 to 18. This school based education campaign is essential in Darwin due to the territories low mean age, and the consequent 'risk' nature of many young people.

We continue to foster and develop the gay, lesbian, bisexual and transgender communities in the Top End. NTAC co-ordinated Pride Week in 2000, and again in 2001. In addition, NTAC has been at the forefront in promoting and developing gay and lesbian health in the Northern Territory through education seminars at the local gay/lesbian nightclub, and in supporting a gay and lesbian tourism collective through the NT Tourism Commission.

Education to the broader community was also increased with the great success of last year's AIDS Awareness Week, and associated Red Ribbon Project throughout Darwin. This year NTAC aims to expand AIDS Awareness Week using the national 'I care, do you?' theme. During AIDS Awareness Week 2000, Chris Puplick was a guest speaker at the inaugural World AIDS Day Dinner held in Darwin, attracting a diverse range of politicians, members of the scientific community, and members of the HIV/AIDS affected communities.

NTAC remains committed to the health of indigenous gay men and sister-girls, with numerous community visits to indigenous communities throughout the year. In addition to community outreach, we developed resources targeting indigenous gay men and sister-girls. Following community consultation an STI Manual was produced, and a video resource focusing on sexual health and emotional wellbeing of indigenous gay men and sister-girls in the Top End.

At the end of the financial year, our finances are sound with adequate reserves and ongoing operational grants to cover all foreseeable expenses. It certainly has been an eventful year, which laid the groundwork for NTAC to actively work with the community in minimising HIV transmission. The expanded number of staff, along with the increased level of funding now provides NTAC with an excellent opportunity to work strategically with our target populations and to be a leader in the field of HIV/AIDS education and prevention in the Top End.

[Top](#)

[Members Menu](#)

Queensland AIDS Council (QuAC)

The Queensland AIDS Council (QuAC) and Queensland Positive People (QPP) continue to provide a wide range of services to meet the needs of the Queensland population. The extent of QuAC's role was noted in the final report of the Evaluation of the Queensland AIDS Council and Queensland Positive People conducted during 2001 by Siggins Miller Consultants:

In Brisbane, QuAC/QPP fills the roles filled in Sydney by ACON, PLWHA (NSW), Luncheon Club, Positive Living Centre, Bobby Goldsmith Foundation, and the Gay and Lesbian Rights Lobby. QuAC/QPP in Brisbane and the regions are a focus for the local gay and lesbian community without support from other HIV and gay and lesbian community organisations. QuAC/QPP is not funded for some of its current tasks in furthering these roles (e.g. World AIDS Day and Candlelight memorials)."

Queensland Health initiated the evaluation and the key findings of the final report released in June 2001 were:

- QuAC and QPP programs and services comply with the service agreement with Queensland Health and, in many areas, exceed those requirements;
- QuAC should be more knowledgeable of developments in health care generally;
- the health and welfare needs of QuAC clients are sometimes better met by the mainstream health system and QuAC should not attempt to meet all needs of positive people;
- QuAC's education programs are heading in the right direction;
- QuAC is well administered, but programs, services and some staff and volunteers

- could be more user-friendly; and
- QPP would better meet the needs of more positive people if it increased its focus on health.

The Board has accepted these findings and the recommendations of the report. QuAC and QPP have been proactive in response to the Evaluation and its recommendations. During 2000/2001, QuAC's Client Services and Support Project once again increased its reach, bringing to 460 the number of people living with HIV/AIDS served by the project in the reporting year. This represents forty percent of all people living with HIV/AIDS in Queensland. QPP continues to be a highly representative organisation with 405 members – more than thirty percent of HIV-positive people in Queensland.

The combined efforts of the Client Services and Support Project and the HIV Education Program showed QuAC's leading the way in the response to mental health issues for the gay and HIV-positive populations. A major component of this work was a social marketing campaign, 'Pink and Blue' that included a comprehensive booklet targeting HIV-positive and HIV-negative gay men. Other mental health initiatives were a statewide staff-training program, development of an instructional video and initiating the development of Queensland Health protocols for the care of individuals with dual diagnosis of HIV/AIDS and mental illness.

The Health Enhancement and Monitoring Project (HEMP) – a joint project of QuAC and QPP – developed a set of fact cards on HIV tests and treatments. A series of events and consultations with people living with HIV/AIDS this year also led to the development of a comprehensive booklet on nutrition information for people living with HIV/AIDS. QuAC's highly successful Indigenous Gay Men and Sister-Girl Project produced a series of posters and booklets titled *Kiss – Knowledge Is Survival*.

QuAC owned and operated Brisbane's Gay and Lesbian Health Service for more than ten years. In March 2001, however, the Service's practice manager raised concerns about the continued viability of the service given the difficulty of recruiting new doctors. The QuAC Board entered into discussions with the doctors about how to ensure the on-going viability of the Service. Eventually, the Board was pleased to accept the offer of Dr David Orth to purchase the practice.

Heartfelt thanks go out to all the individuals and organisations who have helped QuAC's work in the past year. Without your volunteer time, donations and in-kind support our achievements would be much diminished.

[Top](#)

[Members Menu](#)

Tasmanian Council on AIDS and Related Diseases (TasCARD)

The year saw significant staff change. The Executive Director (Peter Lucas), the Care and Support/Community Development Coordinator (Denis Tilney), and the Harm Reduction Coordinator (Charles Roberts) were subject to long periods of illness during the year, and decided to step down from their positions as a consequence.

The departure of Executive Director Peter Lucas gave rise to a series of temporary appointments. TasCARD is grateful for the assistance of the Australian Federation of AIDS Organisations (AFAO) in making one of its key staff members, Dermot Ryan, available to work with TasCARD as Acting Executive Director during the period October to December 2000. Dermot's approach to the job, his political acumen and his very real capacity to relate to people enabled us to weather that period.

Following Dermot's departure, Board member Jan Snashall agreed to act as Executive Director for nearly four months. Following a national recruitment exercise, Iris Ritt took up the position in May 2001.

Kim Oakley was appointed to the Harm Reduction Coordinator's position, and Marie Frodsham was engaged as Care and Support/ Community Development Coordinator, with Tania Hunt appointed to work in the Harm Reduction Program and Care and Support Program.

TasCARD improved channels of communication and cooperation with key government agencies during the year. These channels include the Health Minister and the Health Department. We also maintained regular formal and informal contact with our colleagues in the Sexual Health Branch and cooperated with the Government and with the Department on many public policy issues of mutual concern.

TasCARD welcomes the positive and strong partnerships developed and/or strengthened during the year with Nu-Fit, Your Place, The Link, the Gay and Lesbian Community Inc, Working It Out, the Venue Organising Committee, TAShepC, the Tasmania Police Academy, public and private schools and colleges, AFAO, the Australian Hepatitis Council, and the AIDS Trust of Australia.

Community Development and Care and Support Program

Home-care

TasCARD has, in the past, trained its own teams of volunteers. The small numbers of HIV-positive clients in Tasmania and the limited need for regular, ongoing home-care caused the abandonment of this approach. TasCARD now provides specific HIV-related training to volunteers from other agencies statewide, calling upon them as required.

Clients and Services

The provision of monthly client lunches to those affected by HIV/AIDS proved to be increasingly popular and provided a chance for people to get together, gain support, share experiences and meet new people. Responding to a survey of clients conducted during the year, speakers were invited to provide information sessions on varied topics of interest requested by clients.

World AIDS Day 2001

TasCARD focused efforts to raise public awareness of HIV/AIDS on World AIDS Day (WAD) this year. All monies raised from the sale of Red Ribbons was donated to the Andrew Shaw Foundation (ASF) that provides assistance to Tasmanians affected by HIV/AIDS facing economic hardship. WAD 2000 raised \$9600 for the ASF. Gay Men's Health Program (GMHP)

Beat and Venue Outreach

Beat Outreach was undertaken twice weekly in Hobart, with approximately 200 safe sex packs supplied to contacts. TasCARD received indications of interest from the North-West in relation to this service, and began planning to fulfil this statewide obligation. Venue Outreach continued to increase in demand, and saw TasCARD staff more heavily involved at Queen's Ball 2001 than ever before.

Significant relationships with the community

TasCARD supported the involvement of the GMHP in such organisations as Working It Out and the Gay and Lesbian Community. This involvement demonstrates our commitment to achieve better health and wellbeing outcomes for GLBT Tasmanians. TasCARD was also represented on government bodies committed to bettering the social environment of GLBT people. These bodies include the Gay, Lesbian, Bisexual and Transgender Police Liaison Committee and the Health Department GLBT Reference Group.

Review of the Program

TasCARD has begun the process of re-examining the GMHP. Whilst there will remain a very firm commitment within the program to the prevention of HIV/AIDS amongst gay men and

men who have sex with men, TasCARD will also be involved in other aspects of gay men's health and wellness. With continuing support from the community, TasCARD plans to become a leader in the provision of health and wellbeing services for gay men and men who have sex with men in Tasmania.

Harm reduction program

Needle Availability Program (NAP)

There has been a significant increase in the number of clients accessing the outlet with up to 700 transactions taking place per month. Over a twelve-month period, statistics indicate that there has been an average 98.6% return rate, (the data being based on client estimations).

Part of the staffing role includes developing extended rapport with clients through one-on-one conversations in the outlet. This has proved very fruitful in that approximately 98 % of clients are happy to engage in conversation relating to their injecting issues, including associated health problems.

Tasmanian Users Health and Support League (TUHSL)

TASTE is a joint initiative of TUHSL and the TasCARD Harm Reduction Program, produced by the Harm Reduction Program. Issues of *TASTE* are currently produced bi-monthly with at least 600 copies distributed nationally per issue.

Hepatitis C

In June 2000 the first National Hepatitis C Strategy was launched. In response to this strategy, the first Tasmanian Hepatitis C Policy was developed. TasCARD played an extensive role in the development of the policy and is involved in the current statewide implementation activities.

TasCARD is the member organisation for Tasmania to the Australian Hepatitis Council. TasCARD was unsuccessful during 2000/01 in securing specific additional funding for HCV Services despite consistent lobbying.

Education

There has been a significant expansion in TasCARD's education and information activities within the Harm Reduction Program, including the securing of a contract with the Tasmania Police Academy to provide sessions on the Tasmanian drug culture and the NAP. In conjunction with the State Needle Availability Program Coordinator, TasCARD has undertaken a range of educational sessions including NAP permit holder training and Approved Health Care Worker training.

[Top](#)

[Members Menu](#)

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

Governance

At the 2000 AGM, a number of Rule changes were passed. The position of Secretary was changed to Vice-President/Secretary to provide a clearly defined backup to the President. The Board term was changed to two years with half the Board positions to be elected each year. This change will take effect from the 2002 elections.

The Board has also co-opted two additional members. The current Board is: Darren Russell (President), Philomena Horsley (Vice President/Secretary), Mathew Jones (Treasurer), David Menadue (PLWHA rep), John Daye, Kevin Guiney, Jon Willis, Paul Clarkson, Kim Glover, David Voon (Staff rep) and Mike Kennedy.

Funding

After several years with no funding increase, we were finally able to negotiate with the

Department for a 3% increase for 2000/2001 to cover a VAC Award salary rise and the CPI increase paid to Victoria by the Commonwealth under the Public Health Outcomes Funding Agreement. This rise will be built into the base figure for 2001/2002 and the CPI increases should continue to flow through now that the principle of passing them on has been established.

The Department has also provided an additional \$500,000 for education enhancements arising from the increase in HIV notifications in 2000 and for a collaborative research project with the Australian Research Centre in Sex, Health and Society to identify the social, sexual and information networks of homosexually active men in Victoria.

We also negotiated a simplified set of reporting requirements under our contract with the Department and report on this half yearly instead of quarterly.

HIV/AIDS data

The Victorian Health Minister released the HIV figures for 2000 at a media conference at VAC/GMHC in April 2001. These data showed a substantial increase in new HIV notifications compared with 1999 and the highest annual figures since 1994. The 2001 figures to date have remained at the higher 2000 levels.

At the Minister's request, the HIV sub-committee of the Ministerial Advisory Committee on AIDS, Hepatitis and Related Diseases prepared an action plan to respond to the increased notifications and this was formally signed off by the Minister just prior to the release of the figures in April. This action plan which addressed enhancements in the areas of surveillance, research, prevention education and health promotion, sexual health and testing, and treatment and support has been implemented and will continue to be rolled out during the 2001–2002 year.

Ministerial Advisory Committees

The Ministerial Advisory Committee on AIDS, Hepatitis and Related Diseases is continuing to function effectively with its two subcommittees (HIV and Hepatitis C) well advanced with the development of State Strategies.

The Ministerial Advisory Committee on Gay and Lesbian Health is finalising a set of discussion papers, which will be used to undertake state-wide consultations on a Victorian Gay and Lesbian Health Strategy to be launched by the end of 2001.

The Attorney-General's Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Law Reform worked closely with the government on the drafting of the *Statute Law (Amendment) Relationships Act* which gave same sex couples the same legal rights as heterosexual defacto couples in relation to 52 pieces of legislation, and created the new term "domestic partner" to encompass heterosexual and same sex defacto relationships. The Act was passed after a rocky passage through the Opposition parties.

The Committee is now working on a further set of legislative amendments for introduction later in 2001 to complete the reforms recommended by the Equal Opportunity Commission's 1998 report *Same Sex Relationships and the Law*.

Accommodation and services

Work has commenced on the refurbishment of the Braille Library building in Commercial Road, Prahran (near the Alfred Hospital) for the relocation of the Positive Living Centre (PLC) (currently at St Kilda) and the HIV Services program (currently at South Yarra). Work should be completed early in 2002 for a total project cost of \$4 million. A review of the PLC is being undertaken to ensure that the new centre is delivering an appropriate mix of services to meet the changing needs of the PLWHA client population. The social isolation project and the project which works with young PLWHA continue to experience high levels of demand.

Strategic Vision

The Board approved the VAC/GMHC Strategic Vision 2001–2003 at its December 2000

meeting. A Board committee is now overseeing the implementation of the Strategic Vision across the organisation's programs.

[Top](#)

[Members Menu](#)

Western Australian AIDS Council (WAAC)

The change in State Government early in 2001 has resulted in a demonstrably different external environment in which the WA AIDS Council operates. These include:

- The Gallop government has reviewed Health Administration in WA and made commitments to public health outcomes and a re-orientation to preventative health measures;
- Sex work law reform is back on the political agenda;
- A Gay and Lesbian Review Committee document has been presented to parliament outlining far-reaching legislative changes that include:
 - Recognition of same sex relationships;
 - Amendments to the Equal Opportunity Act (WA) prohibiting discrimination and vilification of people on the basis of their sexual orientation;
 - Amending the Criminal Code (WA) to provide for uniform age of consent for homosexual and heterosexual young people; and
 - Recommending the rights of gay people to adopt and lesbian and single women to access IVF treatments and services.

Internal achievements

Internally, WAAC has achieved the following:

- The purchase of another mobile van for the Needle and Syringe Exchange Program, and the employment of additional staff have increased the number of sites attended by the NSEP. This has been possible through an allocation of COAG funds;
- Steady progress has been made towards the goal of becoming a Registered Training Organisation and should be achieved by the end of 2001;
- The development of a team named the "Health Enhancement Team" comprising staff from Support services, Peer Education and the Women's Project has been developed to ameliorate the social isolation felt by positive people. This cross-department team is redeveloping WAAC's publications, organising a social program and promoting health enhancement activities such as the use of complementary therapies.

Gay Men's Education has re-oriented and a Community Development Officer has been employed. Using the principles of community development and health promotion the staff member will develop targeted education and prevention programs amongst diverse groups.

The Indigenous Project, funded for one year only, has identified many needs for young gay, sistergirl and transgender indigenous people. WAAC is currently advocating for funding to continue this work.

Fundraising and Marketing is making a solid contribution to our core funds via two successful events, the Perth Food and Wine Fair and StyleAID as well as World AIDS Day and other community events.

[Top](#)

[Members Menu](#)