



**AUSTRALIAN FEDERATION
OF AIDS ORGANISATIONS ANNUAL REPORT
2011–2012**



“Living in a world with HIV/AIDS, working for a world without HIV/AIDS”

The AFAO Secretariat Vision Statement

AFAO would like to express its appreciation for the continued support of the Australian Government
Department of Health and Ageing Community Sector Support Scheme.



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IAN RANKIN AFAO PRESIDENT

We have been through a tough year in the Australian partnership response to HIV. Many ongoing efforts are still strong and delivering one of the most contained epidemics on the planet.

There are promising opportunities awaiting us, including advances in prevention strategies that may deliver results we have been hoping for during the thirty-year history of this epidemic. However, there are signs of policy inertia, damage done to collaborative partnership arrangements and reduced commitments to the response to HIV. These disrupt our work, momentum, ability to innovate and productivity. If allowed to continue, they may disassemble Australia's collaborative response to HIV prevention and care and lead to a re-emergent epidemic. We do not have to look too far for evidence of this in other countries, as well as evidence of success to inspire us.

“In my opinion, we are morally, politically and humanly obliged to do all we can to reduce HIV transmission in Australia.”

The AFAO secretariat is strong and productive. I would like to congratulate all members of staff for their efforts over the last year. Changes to funding arrangements were successfully negotiated although delays by decision makers did create some uncertain moments. Executive Director Rob Lake's leadership and remarkable performance in a most difficult job has been a source of strength and confidence for the sector. The AFAO Board remains capable and resilient and I thank my colleagues for their contributions to the leadership and stewardship of the organisation.

At events including the Positive Services Forum and the National Gay Men's HIV Health Promotion Conference, I marvelled at the ongoing resilience and dynamic achievements of AFAO's Member Organisations and their paid and unpaid staff. Member Organisations continue to face challenges of adequacy of funding levels and uncertain levels of government support for their work. The actions of the Liberal National Party Government in Queensland defunding Healthy Communities were reprehensible. It will adversely affect the course of the HIV epidemic in Queensland and damage Australia's overall response. Across the country, we are seeing an increasing appetite among Commonwealth and State funders to introduce competition between health and community service non-government organisations (NGOs), despite rhetoric (and a

National Compact) that highlights the significance of the community sector contribution and its approach.

Back in 1997, I was President of NAPWA and we were mobilising for the delivery of combination antiretroviral therapy. Success in delivery saved thousands of lives and delivered enhanced quality and extent of life for people living with HIV. It was not an easy task. It took determination, lobbying, consensus building and a lot of hard work. As a result however, Australia is now on the verge of a generation 'free from AIDS', with an HIV-positive diagnosis increasingly being an indicator of health (or welfare) system failure rather than the norm.

Over the last decade, the HIV diagnosis rate has remained stubbornly consistent. We now have scientific confirmation that rapid and community-based testing, increased treatments uptake and pre-exposure prophylaxis can significantly reduce the rate of HIV transmission.

In my opinion, we are morally, politically and humanly obliged to do all we can to reduce HIV transmission in Australia. We have committed globally, nationally and locally to reducing transmission, however, there is policy inertia as we seek to extend our tools for prevention. As with the introduction of combination antiretroviral therapies, the pace of change is too slow. I find it particularly troubling that some of the narrative we are hearing continues to position people with HIV or at risk of HIV as incapable of rational decisions in their own best interest. This undervaluing of the most important collaborators in the fight against HIV is unworthy of the Australian response and of our history.

We need to achieve better models of consensus building in the Australian HIV response. Overcoming policy inertia is hard but necessary work. We need clearer leadership and more transparent models of operation. To us, there are as yet few evident dividends from the broad-banding of the HIV response with other blood borne viruses and sexual health. The synergies between these policy areas can only be realised if there is an increased commitment to funding and a clear willingness to act together across administrative, political, clinical, research and community aspects of the partnership.

The year ahead is very important to our future success. Courage, determination and clarity of argument are vital to deliver the changes that can give us an Australia where, by 2020, HIV transmission is a rarity. The goal is worthy. I am happy to report AFAO is well equipped to undertake its role in pursuing it. All of Australia's partners in the response to HIV have responsibilities in reducing transmission that will deliver a tremendous positive difference to our fight against HIV in Australia and the lives of people with and affected by HIV. ■



ROB LAKE AFAO EXECUTIVE DIRECTOR

This year has brought some great changes in social and scientific understanding and challenged us to reconsider the core requirements of a strong Australian HIV response.

There is growing optimism about the possibility of significant HIV prevention and positive health outcomes achievable by:

- ensuring all people living with HIV who want treatment, are on treatment
- ensuring HIV diagnosis is timely, with a consequent reduction in cases of late diagnosis
- reducing cases of HIV transmission.

A change in the Commonwealth health portfolio has brought great hope. The Hon Tanya Plibersek MP, Minister for Health, has a history of unequivocal support for HIV prevention, care and support. Her attendance at the International AIDS Conference (July 2012) was noted, as was that of Victoria's Minister for Health, Hon David Davis, MLC, and Chair of the

Commonwealth Parliamentary Liaison Group on HIV, Senator Louise Pratt.

“The HIV epidemic is as complex as it has ever been, with great diversity among people living with HIV ...”

Unfortunately, at state level political support has not been uniform. AFAO member, Queensland Association for Healthy Communities (Healthy Communities) sustained a deliberate attack by Queensland's new government and despite no clear evidence or rational justification, Healthy Communities lost a significant portion of its funding. It seems incredible that these cuts to prevention programs have occurred at a time when,

around the country, there is a collective desire to apply our new understandings and reduce HIV transmission. We continue to fear the consequences of Healthy Communities' funding loss but note that lack of government funding cannot destroy community initiative – which we know from our experiences in Queensland in the early 1980s.

The HIV epidemic is as complex as it has ever been, with great diversity among people living with HIV, those newly acquiring HIV, how and where people are infected, and how and when they are diagnosed. Effective strategies to reduce HIV transmission are undermined by funding cuts which limit the full range of prevention and testing responses required. HIV-positive heterosexual men and women remain marginalised

and are more likely to be diagnosed late with HIV. Heterosexual people with HIV can face additional challenges due to a lack of community support and less experience around HIV.

AFAO Member Organisations

Through the year we have done some great work with our Member Organisations as we jointly progressed initiatives, including contributions from Member's staff and boards. In particular, our combined response to the United Nations 2011 Political Declaration on HIV/AIDS (UNPD) articulates a clear and collective view to inform future advocacy. This work, inspired by Bill Whittaker's initiative at the 2010 Australasian HIV/AIDS Conference, was highly valued at the 2012 International AIDS Conference in Washington, where AFAO's 'Australia' stall became a valuable hub to engage with members, particularly on treatment-related issues.

Our national members: Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA); Australian Injecting and Illicit Drug Users League (AIVL); the National Association of People living with HIV (NAPWA); and Scarlet Alliance, Australian Sex Workers Association (Scarlet) continue to advocate and deliver education and services with a strength and passion that delivers results. The work of Scarlet and AIVL is held in high regard, both domestically and internationally. In Australia, there is minimal transmission among people who inject drugs, and sexual transmission between sex workers and their clients is a rarity. Our work with NAPWA, who ensure GIPA principles inform our collective work, includes joint work on positive health promotion, on stigma, and our 'Fear Less Live More' campaign.

ANA provides an independent voice for Aboriginal and Torres Strait Islander communities as it partners with Aboriginal controlled community health centres. Recognition of HIV risk in Aboriginal communities associated with injecting has been slow to arrive, but AFAO welcomes and congratulates Aboriginal health agencies on their engagement with this issue. We record again our great disappointment that the Commonwealth has refused to take on this matter and has not funded the ANA despite NACHO's advocacy efforts in this area.

I would like to praise the efforts of the AFAO Board, particularly the Executive: Ian Rankin, Willie Rowe, Nicolas Parkhill and Andrew Burry, for taking an active interest in AFAO's operation and providing support to myself and to staff. AFAO Board Member, Chris Lemoh, has also provided great assistance, particularly through his support for our work to better engage with Australian African communities. I'd also like to thank

continues

Phil Davey, Nick Lucchinelli and Anil Lambert from Mountain Media for their media support work which has resulted in some great responses.

AFAO

Staff have worked through a period of considerable uncertainty and change. Although AFAO sought to confirm 2011/2012 funding by submitting contracts in December 2010, contracts were not signed by the Commonwealth until well into this financial year. I'd like to thank AFAO Managers David Traynor, Matthew Tyne, Linda Forbes and Simon Donohoe for continuing to managing their work program through this difficult period. I'd also like to acknowledge the significant efforts of Sarita Ghimire and Andrew Sajben for ensuring AFAO's effective administration during this time. The excellent time-management and organisational skills of Danica Gluvakov and Renee Parker have been essential to AFAO's operation.

While getting to 30 June 2012 has had its challenges, AFAO has now signed a multi-year contract with the Commonwealth for the first time. We look forward to working in an environment of greater certainty.

International Program

This year has seen a crisis in funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with clear implications for partners in most parts of Asia. This is most frustrating at this critical time when the UNPD and significant research findings provide an opportunity to address HIV transmission risk in new and significant ways.

International project contracts for 2011/12 were not signed until September, which had a clear impact on our staff and also on our partner organisations who depend on our program. Despite that, great work has been undertaken to build AFAO's International Program. I'd like to take this opportunity to acknowledge the significant contribution of our former International Program Manager, David Traynor, whose efforts have been widely praised. Dave led the establishment of the program's Bangkok office and formed strong relationships with key partners in the region. Dave has now moved on to a significant role in the International Treatment Preparedness Coalition. Dave's role has been filled by Matthew Tyne, long-term International Program officer, who has stepped up into the role of Acting Manager. Matt's strategic efforts are continuing strong relationships with our local partners and have ensured AFAO has become a key community sector development partner in the region. I'd like to thank Don Baxter, former AFAO Executive Director, who now sits on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Don's efforts as International Program Policy Adviser to AFAO have been greatly appreciated. I'd also like to thank Vaness Silpakhon Kongsakul for his administrative support, which ostensibly keeps our Bangkok office running.

Education

ANET has done great work identifying and progressing campaigns which can be seen in a range of places, including an increased social media presence. This year has seen ANET work with private partners as well as engaging with new target

audiences. We look forward to the results of that work and evaluation of the ways in which it has been picked up and used.

ANET continued its train the trainer role through initiatives including hosting a pre-conference forum on PrEP at the 2012 International Microbicides Conference, and organising the largest National Gay Men's HIV Health Promotion Conference held to date (formerly known as the HIV Educators Conference). Feedback about both these events has been very positive. I'd like to acknowledge ANET Manager Simon Donohoe's effective leadership and also the great efforts of ANET HIV Education Officers, Dean Murphy, Ben Tart and Ben Wilcock.

ANET has continued to ensure its work is evidence based by engaging with research and policy debates, including being instrumental in developing HIV sector understanding around the implications of rapid HIV testing. As the positive consequences of rapid HIV testing are becoming better understood, ANET has undertaken significant work on licensing and access to rapid HIV testing. I'd like to particularly acknowledge the efforts of Phillip Keen, who has embarked on a two-year secondment to NAPWA. While we are pleased that Phillip has had this opportunity, it has certainly left a gap in the ANET team.

Policy

AFAO's Policy and Communications team has continued to undertake policy analysis and provide expert advice on HIV-related issues to government, AFAO members and other stakeholders. This has been a period of great change in the health system, and AFAO has engaged on major national issues, including the National Disability Insurance Scheme, Personally Controlled Electronic Health Records, and migration and workplace mobility. The Policy team guided development of the discussion paper *Implementing the UNPD in Australia's Domestic HIV Response: Turning Political Will into Action* and, with NAPWA, organised the HIV, Criminal Law and Public Health Forum, held in Canberra in September 2011.

The policy team has continued to produce high quality work in a high-turnover policy environment. I'd like to acknowledge the work of Policy and Communications Manager, Linda Forbes, in progressing both major/sustained and one-off issues. Michael Frommer has consistently provided strong analytical input into the policy program and also undertook an effective placement in our Bangkok office. Jill Sergeant has done outstanding work developing AFAO's relationship with African communities, which will directly inform Australia's HIV response. Finn O'Keefe continues to drive *HIV Australia*, and Jill and Finn entered new territory this year with the launch and maintenance of AFAO's blog AFAO talks (<http://afaotalks.blogspot.com.au>.)

It has been a very full year as staff, Board and Member Organisations have worked hard and made genuine contributions to improve the effectiveness of Australia's HIV response. I look forward to see what changes the next 12 months will bring. ■

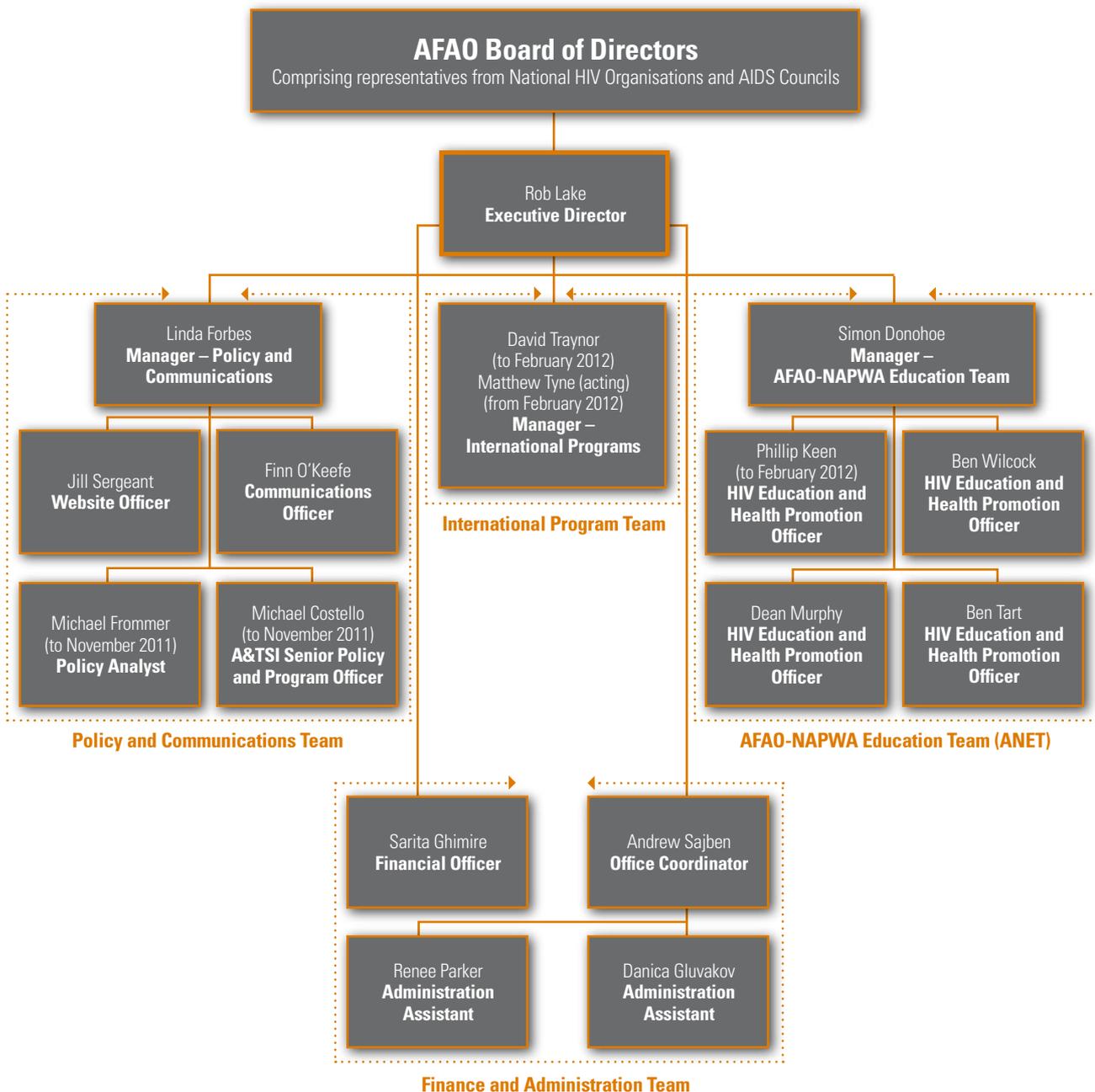


Pictured clockwise from top: L-R: Michael Frommer (AFAO), Michael Kidd (MACBVS), Rob Lake (AFAO), Stephen Hodge (DoHA), Lance Schema (ACON), Hon Tanya Plibersek MP (Minister for Health), Mark Orr (ACON), Don Baxter (AFAO Advisor) and Nic Parkhill (ACON) at AFAO's Conference stall, Washington, DC, 24 July 2012; Bill Clinton's closing address at AIDS 2012; Thousands march in protest against the Trans Pacific Partnership Agreement (TPPA) in front of the White House, 24 July 2012; and Michael Frommer (AFAO) poses with Condoman (Michael Costello, ANA).



The AFAO Annual Report 2011–2012 cover collage – Pictured clockwise from far left: Members of Australia’s delegation to the UN special session on HIV; Participants at the Anwernekenhe 5 conference, Cairns; The AIDS Action Council of the ACT’s International Candlelight Memorial; Ita Buttrose at the launch of the National Association of People Living with HIV/AIDS’ ‘Start the conversation’ media campaign; ‘Testing? Too Easy!’ – an AIDS Council of South Australia campaign; Fiona Tunley and Kirsten Machon from the Victorian AIDS Council/Gay Men’s Health Centre; A stall at the Tasmanian Council on AIDS, Hepatitis and Related Diseases’ Community Picnic Day; Janelle Fawkes and Christian Vega from Scarlet Alliance; Senator Louise Pratt, Joseph Akoro Sewedo and Rob Lake at CHOGM, Perth, October 2011; RD Marte of APCASO addresses delegates at a media event for HIV-negative spouses of people living with HIV and sero-discordant couples in Hanoi, Vietnam in October 2011.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS (AFAO) ORGANISATIONAL CHART



LINDA FORBES **MANAGER**

From left: Jill Sergeant, Finn O'Keefe and Michael Frommer

AFAO's Policy and Communications team provides advice on HIV-related issues and undertakes policy analysis and law reform advocacy to improve Australia's response to HIV. We provide information, resources and other materials to AFAO stakeholders and support AFAO's engagement with the media. We produce briefings and publications for our members and other stakeholders, and hold workshops and forums on key issues.

Policy advocacy and advice

Policy activities over the year continued to be a mix of responsive work driven by the Federal Government's agenda, and work arising from emerging issues identified by AFAO and our Member Organisations – all in the context of the *Sixth National HIV Strategy*.

Health reform

AFAO monitored the roll-out of the Personally Controlled Electronic Health Record (PCEHR), focusing on issues relating to the sharing of health records among health and allied health-care professionals. If communities affected by HIV are to engage with the PCEHR, privacy issues must be addressed in policy development and community education. Our work highlighted issues regarding the opt-in system; health professional information sharing; access controls; and governance issues.

We highlighted HIV-related preventative health issues in various submissions, including in submissions to the Senate Inquiry into the supply of health services and medical professionals in rural areas; to the Australian National Preventative Health Agency on its Stakeholder Engagement Strategy; and on the National Tobacco Strategy.

HIV and Aboriginal and Torres Strait Islander communities

We continued to monitor emerging BBV-related issues among Aboriginal and Torres Strait Islander communities – analysis of which informed our input into a range of inquiries and consultations.

AFAO edited and managed production of *Us Mob Talking: A collection of background papers on HIV/AIDS and sexual health issues for Aboriginal and Torres Strait Islander communities* – a booklet developed for the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) for its Anwernekenhe 5 Conference, held in

Cairns in August 2011. The booklet provided conference attendees with background policy materials to facilitate discussion of policy remedies.

Disability and aged-care

AFAO provided input to various inquiries and consultations regarding discrimination and human rights issues faced by people with HIV and affected communities, particularly issues affecting people with disability associated with living long-term with HIV, including changes to Disability Support Pension assessment policies.

Human rights and discrimination

We made submissions on the proposed consolidation of Commonwealth anti-discrimination laws, focusing on how best to address HIV-related discrimination and the issues faced by people ageing with HIV in the disability and aged care systems. We also made comments on the *National Human Rights Action Plan Baseline Study* and on the Exposure Draft of the *National Human Rights Action Plan*.

Immigration

AFAO's position statement calling for reform of Australian migration policies affecting refugees living with HIV has now been endorsed by several peak organisations, including the Refugee Council, People with Disabilities Australia, the National Ethnic Disability Alliance, the Australian Federation of Disability Organisations and the Federation of Ethnic Communities Councils of Australia.

Criminalisation

AFAO continued to monitor Australian and international cases where HIV-positive people have been charged with offences relating to sexual transmission of HIV or exposing another person to HIV. Together with NAPWA, we convened a national forum in Canberra in September 2011. Discussion focused on HIV-positive perspectives and experiences of prosecutions, legal and health responses, and advocacy and remedies. At the forum, the HIV, criminal law and public health forum communiqué was agreed, expressing the shared concerns of forum participants regarding prosecution trends and practices in Australia, and setting out the key issues that need to be addressed.

HIV among migrant and mobile communities

AFAO hosted a national forum on HIV and African Communities in May 2011. The forum and associated consultations informed drafting of AFAO's second discussion paper on HIV and African communities, for release at the second African Forum (September 2012). AFAO provided support to organisations



seeking to be involved in the development of state-based networks of HIV service providers and African community leaders. We also commenced a project to map HIV health promotion programs in Australia that target African communities, and undertook a literature review of research and projects on HIV and African diaspora communities in developed countries.

Forums and workshops

AFAO held Member Workshops in November 2011 and May 2012. Designed to facilitate high-level discussion of policy and sectoral issues, the workshop programs incorporated sessions on key HIV-related issues and developments including:

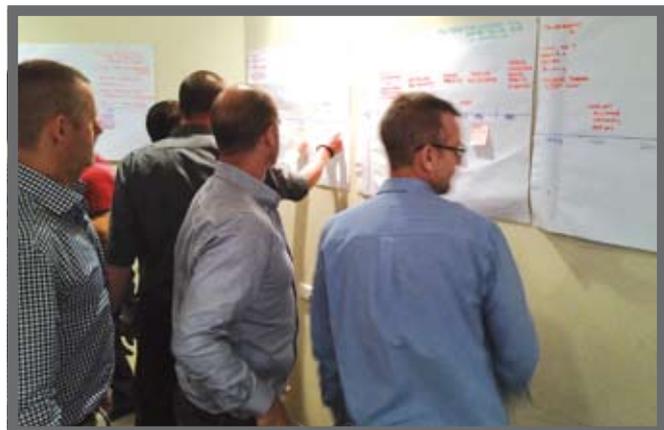
- HIV rapid testing
- Biomedical prevention
- HIV and criminal law
- Ageing
- Migration policy
- Medicare ineligibles
- UNPD 2011
- HIV and African communities
- E-health
- Media issues.

Our Positive Services Forum, held in March 2012, was targeted to people from AFAO Member Organisations involved in planning and providing services to people living with HIV. It provided opportunities to explore key care and support issues, share information and resources and network and strategise.

HIV Australia

AFAO's flagship publication, *HIV Australia*, has an extensive postal distribution and is published on the AFAO website (with additional content included). Its print circulation remained steady at around 3,000, and our first forays into social media opened up a significant secondary readership. Tracking our online readership, it is clear that posting via social media has extended the magazine's reach.

We have further developed the framing of *HIV Australia* editions around key areas of interest. In July 2011, we examined issues relating to HIV and culturally diverse communities living in Australia: examining how HIV, cultural identity and sexuality can intersect and can magnify stigma. The edition



Pictured (top): *HIV Australia* covers, June 2011–June 2012; **(middle)** A delegation of community workers from China visit AFAO to learn about Australia's HIV response, September 2011; **(above)** Participants at AFAO's Positive Services Forum create a timeline of key events in the history of Australia's HIV response, March 2012, Melbourne.

also examined how organisations can build capacity to address these issues. In November, authors debated the future of HIV treatments and prevention, discussing pre-exposure prophylaxis (PrEP) and treatment as prevention, as well as the potential benefits of rapid HIV testing. In February, we focused on HIV and women. This edition proved to be extremely popular. In June, we looked at the increasing use of social media in health promotion campaigns and HIV advocacy online, and examined potential privacy issues for people engaging with e-health.



Sem Mabuwa (consultant), Elizabeth Mlambo (Kirby Institute), Jill Sergeant (AFAO) and Kudakwashe Tuwe (NZAF) at the inaugural AFAO National Forum on HIV and African Communities, May 2011, Sydney.

Media

AFAO continued to monitor the media, identifying inaccuracies that potentially affect understanding of HIV itself (modes of transmission, treatment, epidemiology and emerging issues), as well as reporting that has the potential to feed HIV-related stigma.

The quality of mainstream reporting of HIV-related issues in Australia has been variable. Media coverage regarding the Washington IAS was generally good; however, reports of criminal cases involving HIV transmission or exposure tended to be inaccurate and sensationalist. We had some success in obtaining withdrawal of inaccurate news headlines disseminated online.

The AFAO website contains links to media coverage regarding HIV. Our updated media guide, *Reporting HIV in Australia – Information for Journalists*, is also available on the website.

Website and social media

AFAO's new website was given a 'soft' launch in September to iron out technical glitches, with an official launch following the Annual General Meeting in November 2011. The redeveloped website has a bold new design, with more intuitive navigation options, expanded functionality, and a library section which allows easier access to AFAO resources and other publications. The new site also facilitates better coverage of HIV-related news and includes well-visited job and event listings.

From 1 October until 30 June 2012, there were 48,819 visits to the site by 33,710 unique visitors, viewing 123,667 pages. Aside from the home page, the most popular pages on the site were

pages related to HIV testing, FAQs, living with HIV, safe sex, The AFAO National Gay Men's HIV Health Promotion Conference, jobs page, HIV statistics and treatments.

Most visitors arrived via Google, however a significant number were from Facebook (750 visits), Health Insite (497) and Wikipedia (400). 15% of site visits over the year were from mobile devices, with a noticeable increase in traffic from these devices over time.

An increase in traffic from social media and the mobile web is consistent with web trends; however, the rise in Facebook traffic is mainly due to the launch of the AFAO Facebook page in February. The Facebook launch coincided with the Mardi Gras promotion of AFAO's 'Fear Less Live More' campaign and AFAO's page has been growing in reach and number of fans since then. Facebook is useful for promoting news items posted in the AFAO website, as well as providing a platform for job ads and posts on our new blog. It also enables us to better promote our members' work as well as our own.

We launched our blog, AFAO talks (<http://afaotalks.blogspot.com.au>), in March. The blog is a means for AFAO staff to report on events and garnered a strong following during the Positive Services Forum and the National Gay Men's HIV Health Promotion Conference. The blog also generated an increase in traffic to the AFAO website.

Overall we have been very satisfied with the response to our ventures into social media. Stats for all platforms show a strong and increasing level of engagement from our fans and visitors. ■

MATTHEW TYNE ACTING MANAGER



David Traynor, International Program Manager to February 2012

AFAO's International Program recently celebrated the first anniversary of our Bangkok location. In late February 2011, we joined with co-habitants, Asia Pacific Coalition on Male Sexual Health (APCOM), to officially open our premises. We have now been joined by the Purple Sky Network Secretariat, a senior project officer from the International Drug Policy Consortium and a new coordinator for Youth Voices Count. Our co-location with these great agencies has enabled stronger communication with our partners and helped raise AFAO's profile among HIV and development agencies in the region. The AFAO Board will review the Bangkok location of the International Program in 2013.

Programs and Projects

The work of the International Program has again centred on strengthening the role of communities in HIV responses, with an emphasis on scaling up men who have sex with men and transgender (MSM/TG) focused programming. What follows are a few examples of our work with our partners during 2011/12.

Small grants

AFAO's International Small Grants Program has been generously funded by an individual benefactor since 2001. During that time, we have supported a range of innovative projects by more than 40 local, community-based organisations. This year, AFAO supported a further five projects: Purnabal Plus, Purple Sky Network, LaoPHA, APN+, and the Myanmar MSM Network. In May 2012, we produced a booklet promoting some of the projects supported by the program. Further details on the AFAO International Small Grants Program are available at www.afao.org.au/what-we-do/international-program.

Unfortunately, our donor, who has supported AFAO so generously during the past ten years, is unable to continue. AFAO and its partners are very grateful for her kindness and generosity and sincerely thank her for making a difference in the lives of many people throughout Asia and the Pacific. AFAO is currently exploring options to maintain the International Small Grants Program.

The Papua New Guinea (PNG) MSM/TG Leadership Development Project

Following 18 months of consultations and leadership development activities, in late 2011, PNG men who have sex with men and transgender people formed the first national

MSM/TG organisation in the country: a significant achievement for the MSM/TG community, particularly given social and legal barriers present in PNG.

The establishment of Kapul Champions, the new organisation's name, follows more than two years of work by AFAO and its in-country partner, Poro Sapot Project (Save the Children PNG), supporting local men and transgender people to form a national organisation. In early 2012, AFAO signed an agreement with Igat Hope, the national network of PLHIV, to auspice Kapul Champions during this next phase of the project, which will focus on organisational development.

Kapul Champions has an elected Board drawn from across the country. AFAO is working with the Kapul Champions Board on governance and the development of a strategic plan. Kapul Champions has undertaken community consultations on the issue of human rights and legal literacy for MSM and TG. Kapul Champions will have its official launching in late November 2012.

Strengthening the Indonesian National Network of Gay Men, *Waria** and MSM (GWL-INA)

AFAO continued to support GWL-INA during 2011/2012. GWL-INA emerged following the findings of a community needs assessment in late 2005. From its formal establishment in early 2007, it has become a critical player in the Indonesian HIV response as it advocates for the rights of MSM/TG. To support the Network's increasing capacity and workload during 2011/12, AFAO assisted with the development of an organisational monitoring and evaluation framework. GWL-INA is now five years old and to mark this milestone, AFAO worked with the Network earlier this year to document its history.

* Transgender

The AFAO/APCASO Community Advocacy Initiative (CAI)

CAI, a partnership project with the Asia Pacific Council of AIDS Service Organisation (APCASO), continued to work with affected communities in Laos PDR and Vietnam. In Vietnam, a new group of community leaders emerged among HIV-negative partners in sero-discordant couples. For the first time, HIV-negative partners were given the platform to speak at national policy meetings and conferences regarding their needs and rights. They are now recognised as another important stakeholder in Vietnam's HIV response. The AFAO and APCASO partnership will continue as CAI focuses on community organisations' engagement with the new investment framework for the global HIV response.



The AFAO Bangkok office is shared with four other HIV community organisations. Pictured are Matthew Vaughan (APCOM), Midnight Poonkasetwatana (APCOM), Tung Bui (Youth Voices Count), Gloria Lai (IDPC), Matt Tyne (AFAO) and Vaness Silpakhon Kongsakul (AFAO/APCOM).

The APN+ Positive Capacity Development Initiative

AFAO acted as fiscal agent and provided program support to the Asia Pacific Network of People Living with HIV (APN+), who are responsible for the implementation and management of the Positive Capacity Development Initiative (the Initiative). The Initiative aims to develop sustainable, country and regional PLHIV organisations and networks.

In December 2011, the Initiative (along with all projects funded through the HIV Consortium for Partnerships in Asia and the Pacific) was independently evaluated across its entire three years of operation. The evaluation found that the Initiative increased capacity of APN+ and its country national networks to engage at both institutional and individual level with external stakeholders, particularly government. Acquired leadership, positive speaking and advocacy skills enabled greater debate, inclusion and negotiation at higher levels of government than before. The project also contributed to improved structure and authority of the PLHIV organisations.

Australian Leadership Awards Fellowships: Indonesian delegation

The International Program was successful in developing a proposal under AusAID's Australian Leadership Award program to host a delegation of 11 Indonesian HIV sector workers in September and October 2012. This program aims to strengthen Indonesia's national capacity to develop, manage and support HIV prevention, care, support and treatment programs for MSM and *waria* (transgender people). The delegation will include a representative of the Indonesian National Network of Gay Men, *Waria* and MSM (see page 10).

Advocacy

AFAO has continued to lobby AusAID for scaled up responses to HIV among MSM and TG communities in the Asia and Pacific regions. AFAO Executive Director, Rob Lake, has taken the lead in this work with support from Don Baxter, AFAO's previous

Executive Director, who continues to provide strategic support to AFAO's International Program in his Board-appointed role as an honorary advisor.

Don continued as Co-Chair of the Global Forum on MSM and HIV, and Board Member and Treasurer of the International Council of AIDS Service Organizations (ICASO). In November 2011, with AFAO and ICASO's support, Don was appointed to the Board of the Global Fund to Fight AIDS, TB and Malaria (GFATM) as the Alternate Board Member of the Developed Countries NGO Delegation.

Don contributes insights and lessons learned from AFAO and the Australian HIV community response at key meetings, including:

- meetings of the Global Fund Board, ICASO Board and the MSM Global Forum (Board plus Co-Chairing its AIDS 2012 Pre-conference Event);
- presentations at regional workshops on the strategic Investment Framework and Civil Society's role (Africa region, Dar es Salaam) and APCASO and UNAIDS (Bangkok)
- presentations at the US PEPFAR Regional MSM Guidance Workshops, held in Johannesburg and Bangkok.

Acknowledgements

The International Program would like to thank our partner agencies, supporters and consultants for their work this year. In February, David Traynor, the International Program Manager, left AFAO. Dave's contribution to the program and AFAO over the past five years has been immense. Dave remains in the field and continues in his role in the Communities Delegation to the Board of the Global Fund for AIDS Tuberculosis and Malaria (GFATM), to advocate for greater focus on human rights in GFATM's programming and increased investment in strengthening most affected communities. We thank David for his passionate commitment to our work and look forward to the impact he will have in his new role. ■

SIMON DONOHOE **MANAGER**

From left: Phillip Keen, Dean Murphy, Ben Wilcock and Ben Tart

This year has pushed us to stretch our thinking as we work to understand the implications of emerging HIV science, including the findings of the HPTN 052 and iPrEx trials. The release of new data and our discussions with our peers, both domestically and internationally, have resulted in a refocus and revitalisation of our work.

Our interest in biomedical research is not new. In fact, AFAO recruited a specialist biomedical officer way back in 2004. What is new is a set of evidence with immediate, although not straight forward, application. We also know there are more trials underway, including trials of sophisticated prevention products. This is an evolving field. As we move to respond to international HIV prevention and treatment targets, and to devise our own domestic targets, it is important that rhetoric about the 'prevention revolution' does not undermine the care required to optimise what is essentially a 'prevention evolution'.

Many in HIV affected communities are aware of a change in HIV prevention science but not all are aware of the detail. It is our job to ensure that HIV infection risk, understood at community level, is clearly interpreted and communicated to our target audiences so that it can be applied to individual circumstances, particularly for those in serodiscordant relationships. This is a time for refining our messages.

During 2011/2012, our consideration of available data and conversations with our members and stakeholders has resulted in a rethink. We have:

- refocused our resources on increasing early detection of HIV infections through more frequent and regular testing. Early detection of HIV infection has the potential to deliver significant health benefits for individuals and to prevent ongoing HIV transmission. For some time, Australian HIV prevention efforts have been based on the belief that our testing rates were among the highest in world. Closer examination of current testing has shown that is not the case and that testing rates may actually be slipping.
- developed greater understanding of HIV treatment uptake to better inform our work. Previous assumptions about very high treatment uptake seem to have been overstated, with a newly suggested figure of only some 52% of those able to be on treatment, actually being on treatment. That has made us stop and think about how the 'treatment as prevention' agenda might apply, including if we actually reach the target of 90% of eligible people on treatment. In particular, we remain concerned that high treatment uptake will not impact the significant transmission risk posed by those newly infected and therefore highly infectious, which in turn impacts community viral load.

- begun to address the dominant false narrative about late HIV diagnosis: that those acquiring HIV through heterosexual sex make up the majority of those presenting for HIV testing late in their infection. In fact, while late presentation is more common among people acquiring HIV through heterosexual sex (30%) than among men who have sex with men (MSM) (15%), the sheer number of MSM infected with HIV each year means more gay men/MSM test late and late diagnosis among gay men/MSM remains a critical issue.

Capacity Building

ANET has continued its commitment to identify and progress key emerging issues.

- **Biomedical focus** – Our involvement in biomedical initiatives continued as ANET leveraged interest in the International Microbicides Conference 2012 by co-hosting a pre-conference forum on pre-exposure prophylaxis (PrEP). The session was well attended, with vigorous discussion enhancing the knowledge base of all involved. We were also actively involved in the development of a research proposal on combination prevention strategies relating to use of PrEP, which we hope resulted in the establishment of a National Health and Medical Research Centre demonstration project on the introduction of PrEP in the Australian context: The ComboPrEP Study.
- **Rapid Testing** – ANET has been instrumental in progressing the issue of rapid HIV testing, including developing foundation papers and informal networks over the last few years. This year we have seen this issue progress to a matter of national importance as we participated on the National HIV Testing Policy Expert Reference Committee charged with providing input into the review of the National HIV Testing policy, and continued liaison with our international colleagues as we build the Australian rapid testing evidence base.
- **Hep C** – ANET has put considerable effort into addressing the mounting evidence (both anecdotally from clinicians and from significant meta-analysis reviews) that sexual transmission of hepatitis C is occurring among gay men in Australia. We have been influential in devising an appropriate response, including undertaking discussions with the National Centre in HIV Social Research, which resulted in establishment of the Heptagon Study: an online survey designed to increase understanding of hepatitis C risk, testing and attitudes among gay and bisexual men. That work informed design of The New Deal website (www.thenewdeal.org.au) which targets gay men at risk of sexual transmission of hepatitis C.

- **United Nations 2011 Political Declaration on HIV/AIDS** – ANET had considerable input into both the content and the AFAO member consultation processes that developed the impressive *Implementing the UNPD in Australia's Domestic HIV Response: Turning Political Will into Action*. The report considers our international commitments in the context of Australia's National HIV Strategy. Although developed for domestic application, the model of consultation and report design has also generated considerable interest internationally.
- **12th National Gay Men's HIV Health Promotion Conference** – This year marked the largest yet National Gay Men's HIV Health Promotion Conference (formerly known as the HIV Educators Conference). The conference included a full program of issue-based presentations. For the first time, we included an additional day of skills building workshops on how to run focus groups and using Google Analytics. Aside from the formal presentations and workshops, this conference provides a highly valued space for networking amongst education and policy staff, and an important opportunity for health department staff to sit with their community sector partners and share ideas. Evaluations were very positive.

This year, the Conference passed three resolutions:

- noting with alarm the Queensland Government's removal of funding from the Queensland Association of Healthy Communities and calling on the Queensland Government to review that decision
- noting that barriers exist for people living with HIV to readily and easily access HIV antiretroviral medications and that these access issues need to be addressed, and
- calling on all parts of the HIV partnership to proactively work towards making rapid HIV testing routinely available in Australia.

Campaigns

ANET has developed a number of new campaign resources during the last year, particularly using new social media (see box opposite). We have been innovative in process, target audience and approach.

Our involvement with African and other culturally and linguistically diverse (CALD) communities triggered development of a resource specifically targeting religious leaders as influential opinion leaders in many communities. We look forward to the roll-out of this interesting strategy to address stigma and discrimination and the evaluation of its impact.

We engaged in successful public-private partnerships that have broadened our funding base and brought in corporate expertise to considerable effect. One example is our campaign on human papillomavirus (HPV) and anal cancer, which we developed after receiving an unconditional grant from CSL Limited. As we awaited approval of the Gardasil vaccination for boys, we considered the impact of HPV infection on people living with HPV.

ANET continued to engage with web and other electronic media as a means to communicate with our target audiences. Just as information and communication technology (ICT) continues to develop at a seemingly exponential pace, we continue to develop our understanding of the design and applications of different media.



A poster for ANET's 'Your Body Blueprint for HIV and Healthy Living' campaign

This year we decided against reprinting our popular *HIV Positive Gay Sex* booklet, instead developing the fourth edition as a website. This decision has increased the resource's accessibility.

We were fortunate to engage in a public-private partnership with Boehringer Ingelheim and their agents, Buchan and Waggenger Edstrom, to develop a campaign on HIV-related co-morbidities. This work represents a perhaps lateral, but ultimately more effective approach to community education about the impact of HIV on ageing (and vice versa). This great exercise, which enabled input of high end corporate web designers and advertising expertise, resulted in the development of a slick new web-based strategy to be rolled out as the Your Body Blueprint website in late 2012.

Not all ICT strategies go to plan. We continue to monitor and evaluate as we develop our work, and this year that process revealed important findings about the much trumpeted use of social media as the panacea for all communications ailments. On World AIDS Day, AFAO launched our 'Fear Less Live More' campaign, which included a heavy reliance on social media. Our monitoring and evaluation of the campaign revealed some interesting results. The website had fewer visitors than anticipated, and although more than 1,000 people 'liked' our Fear Less Live More Facebook page, the level of discussion on these intrinsically complex issues was relatively poor. These results revealed our suspicions that social media is not the best fit for all issues and greater care must be taken when considering the types of issues that will facilitate discussion through a social media format.

continues

ISSUE	TITLE	DESCRIPTION
CAMPAIGNS AND RESOURCES		
HIV Stigma	<i>HIV Stigma in Australia: A guide for religious leaders</i> (booklet)	Religious and faith leaders are highly influential in shaping the attitudes and beliefs of their congregations. This booklet provides detailed information and practical steps that religious leaders can take to reduce stigmatising and discriminatory attitudes and behaviours towards PLHIV within their congregations and the broader Australian community. The booklet is an adaptation of a resource entitled <i>What Religious Leaders Can Do About HIV/AIDS</i> , developed by the United Nations Children's Fund (UNICEF) in New York, and includes relevant data on the Australian HIV epidemic.
	Respecting the lives of people living with HIV (Posters for healthcare settings) <ul style="list-style-type: none">• Ordinary people. Extraordinary lives. (HIV-positive women)• Respect, Rights, Resilience (HIV-positive men)	These two posters are based on recommendations contained in an AFAO-commissioned consultation report regarding HIV stigma, conducted by NAPWA among their positive heterosexual and positive Aboriginal and Torres Strait Islander networks. The posters are designed for display in healthcare settings. They promote a positive stance on non-discriminatory attitudes from healthcare providers and promote resilience to stigma and discrimination among PLHIV.
Modifiable risk factors for comorbidities for PLHIV	Your Body Blueprint for HIV and Healthy Living (Website and promotional posters and advertisements) www.yourbodyblueprint.org.au	A social marketing and education campaign promoting practical steps that PLHIV can take to minimise their chance of developing a range of co-morbidities such as cardiovascular disease, kidney disease and osteopenia. The campaign is supported by a comprehensive website containing detailed information on co-morbidities common among PLHIV. The website was developed in partnership with Boehringer Ingelheim and their agents, Buchan and Waggener Edstrom.
PRINT AND WEB RESOURCES		
Sex-positive information for gay men and PLHIV	HIV Positive Gay Sex (Website) www.hivpozgaysex.org.au	A web-adaptation of the popular <i>HIV Positive Gay Sex</i> booklet, which is now in its third edition.
	The New Deal (Website) www.thenewdeal.org.au	A website targeting gay and other men who have sex with men regarding the risk of sexual transmission of hepatitis C.
	HIV Living Fact Sheet Series <ul style="list-style-type: none">• Lymphogranuloma venereum (LGV)• Pre-Exposure Prophylaxis (PrEP)	A further two topics have been added to the popular series of HIV Living Fact Sheets.
TRAINING AND CAPACITY BUILDING		
Conference and Networking	2012 National Gay Men's HIV Health Promotion Conference	The AFAO National Gay Men's HIV Health Promotion Conference was held from 28–30 May 2012. The conference is designed for people who work in HIV education health promotion and policy, with a particular focus on education for gay men and people living with HIV.

SARITA GHMIRE FINANCIAL CONTROLLER**ANDREW SAJBEN** OFFICE COORDINATOR

From left: Danica Gluvakov and Renee Parker

This year has been a busy time for the Finance and Administration team, maintaining a range of support and services to staff, the AFAO Board and our Member Organisations. The team, consisting Sarita Ghmire (Financial Controller), Andrew Sajben (Office Coordinator), and Renee Parker and Danica Gluvakov (Administration Assistants) has enjoyed the challenges and new opportunities the year has brought.

Finance

This year has seen admin and finance working more cohesively as a team, with more clearly defined roles within the team. The in-house training for these new roles has provided great staff development opportunities and proven a morale boost.

In September 2011, an audit tender process was organised to appoint AFAO's auditor for the next three years. Once again, Garry Grahame of Masselos Grahame Masselos was the successful tenderer. He was recommended by the Board and appointed at AFAO's AGM in November 2011.

As part of the ongoing process to improve reporting to the AFAO Board and management, financial reporting to the Board was revised this year. Many thanks to AFAO Treasurer, Andrew Burry, and our auditor, Garry Grahame, for their valuable input towards making the reports more meaningful and easy to understand.

With continuous reforms in day-to-day financial systems, salary packaging arrangements for AFAO staff also underwent some changes. Following the Board's approval in February 2012, a salary packaging card system was introduced: a system which is proving to be preferred across the community sector.

The financial management and reporting system for the newly relocated International team in Bangkok is working smoothly. We expected and did encounter a few financial challenges during the year which were resolved by team effort: a testament to the good coordination and communication between Sydney and Bangkok offices.

Administration

2011/12 saw some changes within our team and how we work. Andrew has taken on responsibility for processing the AFAO payroll, and Danica and Renee have also taken on a range of new financial tasks within the Finance Department. Danica and Renee's job descriptions have been updated accordingly. These new arrangements have been taken on with great enthusiasm and professionalism and have proven to be both efficient and cost effective. We also enjoy the benefit of working more closely with Sarita who has guided us with her considerable expertise.

Apart from organising and supporting our ongoing regular meetings, including those of the AFAO Board, the Education Managers Forum, AFAO Special General and Annual General Meetings, we also played an integral role in the smooth running of the highly successful National Gay Men's Health Promotion Conference 2012. It was a pleasure working with the ever-efficient and engaging Ben Tart and Ben Wilcock, ANET's Education Officers.

We enjoy supporting the AFAO International team and are continually amazed at the scope of work the team is involved in and committed to. We feel privileged to work closely with the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance, supporting them in their role as a community-based organisation representing the interests of Aboriginal and Torres Strait Islander people in relation to HIV.

The administration team, with assistance from Simon Donohoe (Manager of ANET), coordinates the maintenance and ongoing requirements of our IT systems and other technical devices. Michael Hogan, our IT external contractor, continues to provide up-to-date systems advice and systems maintenance.

Danica dropped a bomb and joyfully announced her pregnancy earlier this year. Consequently, Danica is currently on maternity leave. Congratulations to both Danica and her husband on the birth of their newborn son.

As we continue to work to support the work of all our AFAO colleagues, we look gaily ahead to what we think will be an interesting and challenging year. ■



MICHAEL COSTELLO EXECUTIVE OFFICER

Progress towards establishing our independence over the past year has seen significant achievements by the ANA.

Those achievements include:

Anwernekenhe 5 Conference

This year began with an extensive implementation plan to assist preparations for the Anwernekenhe 5 Conference. This was the fifth Anwernekenhe conference for Aboriginal and Torres Strait Islander people since the first, held in October 2004. Anwernekenhe is an Arrernte word meaning 'us mob'.

The conference was conducted in Cairns in August 2011. One hundred and ten participants attending the three-day event, which also included a one-day satellite for all participating peer groups. Conference participants were provided with a copy of *Us Mob Talking: A collection of background papers on HIV/AIDS and sexual health issues for Aboriginal and Torres Strait Islander communities* – a booklet specifically prepared to brief participants about current policy issues to facilitate rigorous discussion.

The conference theme, Us Mob Healing, promoted the broadening and inclusion of 'whole of community'. Previous conferences focused on gay and sistergirl populations and while Anwernekenhe 5 continued to focus on our core constituents, broadening our inclusion was important in achieving our overall ANA aims and objectives. Major conference themes were workshopped throughout the conference to ensure that all outcomes will become achievable actions to enhance and improve HIV initiatives for the Aboriginal and Torres Strait Islander community.

Development and implementation of ANA Strategic Plan

Priority themes arising during the Anwernekenhe 5 conference are reflected in our newly developed *ANA Strategic Plan 2011–2015*. The ANA's first ever strategic plan sets out 11 priority areas to be addressed during ANA's further development. While the needs of Aboriginal and Torres Strait Islander people affected by HIV are wide ranging, complex, and in some cases unique, the ANA recognises that it cannot address all these needs and issues given our limited resources. Care has been taken to ensure our Strategic Plan is feasible and not over ambitious. The ANA has prioritised a few key issues to ensure our effective contribution to the HIV response.

Creation of Executive Officer role

In December 2011, the ANA Board was pleased to announce the creation of its first ever paid position, with the role of Executive Officer filled by Michael Costello under an 18-month contract.



Participants at the Anwernekenhe 5 conference, August 2011, Cairns.

Appointment of an Executive Officer has allowed the ANA Board to move away from administration tasks and focus on governance. This has significantly improved and advanced the organisation's objectives and goals, with the Executive Officer now focusing on:

- implementation of the ANA strategic plan
- development and implementation of our organisational plan
- prioritising and securing ongoing funding, and
- development of a Secretariat office plan.

Funding from the AIDS Trust of Australia provided to the ANA over the last year has ensured that it continues to grow into a viable organisation. Support from the AFAO Board, management and staff has also assured that the ANA has been able to move to its own financial operating systems over the year. ■

2 011/12 has been a busy year for Scarlet Alliance! The latest *LASH (Law and Sexual Health) Report* and *Kirby Institute Annual Surveillance Report* demonstrate that sex workers in Australia have maintained low rates of HIV and sexually transmitted infections (STIs) and high rates of testing and condom use.

Scarlet Alliance continues our ongoing partnership approach with government, being represented on the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS), and the Blood Borne Virus and Sexually Transmissible Infections Sub-Committee (BBVSS) of the Australian Population Health Development Principal Committee (APHDPC). This year has seen much positive media (alongside much stigmatising and inaccurate media) on sex worker issues, and we continue to advocate for evidence-based policy at a time of political change and law reform. Scarlet Alliance continues to operate largely due to the hard work of volunteers. Despite the demonstrated success of sex worker led approaches to HIV/STI prevention, Scarlet Alliance was refused Community Sector Support Scheme (CSSS) funding. Scarlet Alliance continues to operate under-resourced and under-funded.

State law reform

This was a big year for sex work law reform in a number of states around Australia. Scarlet Alliance wrote a letter to ACT Attorney General Simon Corbell on uptake of recommendations from the Inquiry into the *Prostitution Act 1992*, which included funding a culturally and linguistically diverse (CALD) outreach program for sex workers.

We submitted a paper in response to the Western Australian *Prostitution Bill 2011* introduced by Christian Porter, which proposed an unworkable model contrary to the National HIV and STI Strategies, including the criminalisation of both clients and sex workers and a heavy licensing scheme which prohibited non-citizens or non-permanent residents from working.

Scarlet Alliance provided submissions on South Australia's *Sex Work Industry Bill 2012* introduced by Steph Keyes MP, which publically espoused decriminalisation of sex work but legislated for location controls, police regulation and criminal laws specific to the sex industry (including street-based sex work). We opposed amendments to the *Police Powers and Responsibilities and Other Legislation Amendment Bill 2011* in Queensland which proposed police immunity for requesting unsafe sexual services from sex workers. And in Victoria, we sent a submission to the Victorian Department of Justice on their proposal to reclassify offences under the *Sex Work Act 1994* as infringements, and a submission to Consumer Affairs Victoria on Sexual Slavery Signage requirements.

Federal law reform

Federally, Scarlet Alliance submitted to the *National Human Rights Framework Baseline Study and Action Plan*, recommending that sex workers be included as one of the ten groups 'particularly vulnerable to disadvantage and human rights abuses'. We produced submissions on the National Consolidation of Anti-Discrimination Laws, recommending specific protections be put in place for sex workers, and on statutory changes to the definition of a charity to ensure charities can still engage in advocacy as a fundamental strategy of health promotion.

In 2011, the Commonwealth Government proposed amendments to the *Criminal Code (Crimes Legislation Amendment [Slavery, Servitude and People Trafficking] Offences Bill)*. Scarlet Alliance wrote a submission to the Attorney General in December 2011 advocating for a rights-based and sex-worker driven approach to sex work and migration and the promotion of evidence-based prevention strategies as the most effective way to combat trafficking.

Government inquiries

In June 2012, the Senate Legal and Constitutional Affairs Committee requested an Inquiry into the above slavery, servitude and people trafficking bill, which removes consent as a relevant factor in determining trafficking cases, increases police powers, introduces heightened surveillance (including interceptions of communications) and criminalises more activities and people around migrant sex workers. Scarlet Alliance submitted a paper opposing a criminal justice approach to labour exploitation, and recommending improving the rights of migrant workers through translated materials, visa reform and equitable access to industrial rights mechanisms. The NSW Community Relations Commission also initiated an Inquiry into the Exploitation of Women through Trafficking, and Scarlet Alliance submitted a response in August 2012.

The Federal Government also held an Inquiry into the use of Fly-In, Fly-Out, Drive-In, Drive-Out Workforce Practices in Regional Australia. Following our submission, Scarlet Alliance appeared at the NSW Public Hearing of the Inquiry, emphasising the safer sex skills sex workers bring to local communities, and advocating for better government investment in infrastructure, health services and state sex worker organisations to ensure better access to safer sex equipment, education materials and outreach services in regional areas.

Conferences and events

Scarlet Alliance Representatives travelled to Seoul for the 11th International Congress on AIDS in the Asia Pacific (ICAAP 11), attending the Sex Worker Community Forum. Discriminatory visa requirements in the United States meant that the International AIDS Conference (AIDS 2012) in Washington was inaccessible to sex workers and drug users, so an alternative Sex Worker Freedom Festival was held in Kolkata in 2012. Scholarships allowed for two elected representatives from Scarlet Alliance to present at this event, hosted by the Global Network of Sex Work Projects (NSWP).

Locally, 2012 saw the inaugural Festival of Sex Work launched in Victoria by our member organisation Vixen. It included sex worker Q&A, policy discussions, digital storytelling and a historical walking tour of Melbourne. Scarlet Alliance presented at the Hot Sex Over Lunch Panel at the National Centre for HIV Social Research's Silence and Articulation Conference at the University of NSW (UNSW) in April. Our panellists spoke on discrimination against sex workers living with HIV, dangers of licensing models, proven benefits of decriminalisation, and issues facing migrant and CALD sex workers. Scarlet Alliance President, Kane Matthews, presented a paper entitled *Maintaining sex workers as HIV leaders = 'Same old bold targets'*, promoting better laws as the same target still needed for sex workers.

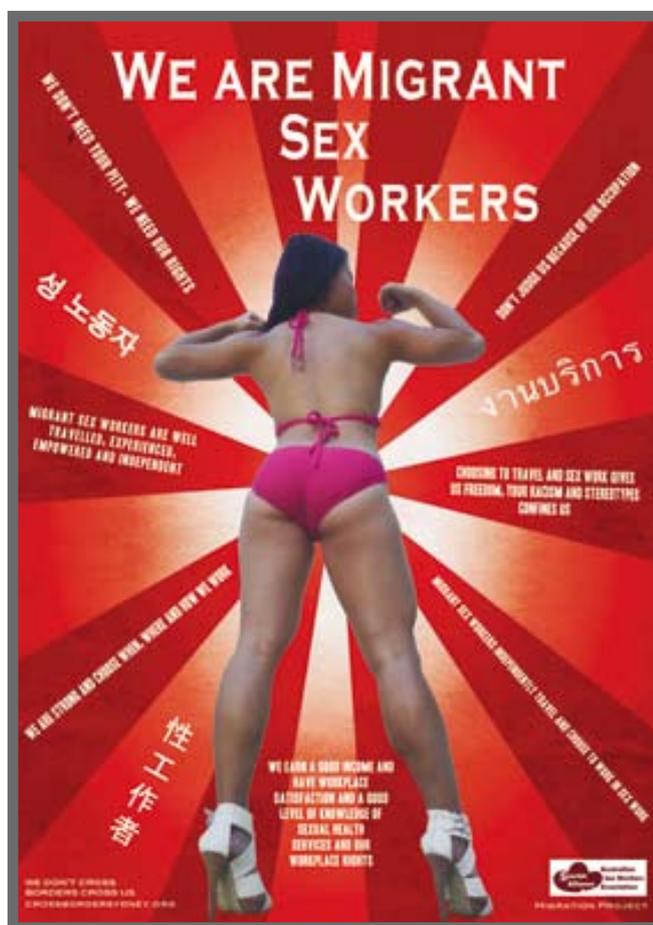
Scarlet Alliance was invited by Governor General Quentin Bryce to attend an International Women's Day networking event at her residence in Kirribilli. NSW Minister for Women, Pru Goward, invited Scarlet Alliance to attend the Women of the Year Awards at NSW Parliament House. Scarlet Alliance represented migrant sex worker issues at Human Trafficking seminars at both UNSW and University of Queensland law schools. Our CEO presented at the Planning and Brothels Seminar held by the Australian Institute of Urban Studies in March. Scarlet Alliance also presented at an International Whores Day event and the 'Revvig Up HIV Prevention' Community Forum in South Australia.

Publications

This year Scarlet Alliance had an article on mandatory STI and HIV testing of sex workers accepted for publication in the *World Journal of AIDS*. We prepared a joint briefing paper on sex worker access to hepatitis B vaccinations with the Australian Injecting Drug Users League (AIVL), presented to BBVSS. We finalised the review and re-write of the *Principles for Model Sex Industry Legislation* to include the last decade of sex worker rights literature, activism and research.

Advocacy, outreach and training

The Scarlet Alliance Migration Project now has a range of translated materials on the Scarlet Alliance website including visa information, information on laws, and the Guide to Your Rights and Responsibilities when dealing with Police, Immigration or Taxation Officers in your workplaces. In 2012, Migration Project staff presented to the Chinese delegation from the HIV sector on representation and governance issues, took the Vietnamese Government delegation to migrant sex worker



A campaign poster from the Scarlet Alliance Migration Project

workplaces, met with the UN Special Rapporteur on Trafficking and presented at the National Roundtable on People Trafficking Senior Officials Meeting.

Scarlet Alliance continued to coordinate Advocacy Clinics, including letter-writing and skill-sharing amongst sex workers to develop our capacity to lobby politicians and media. ■

Navigating our way through the changing landscapes of sexual health, blood borne viruses (BBVs), STIs and the health and wellbeing of GLBT communities has been our challenge this year. We have recognised that it is increasingly difficult to sustain HIV as a 'standalone' issue, given that a new diagnosis brings less physical impacts today than it once did; however, the same cannot be said for the personal and social impacts.

Our current and future relevance has posed something of an existential conundrum that has exercised our thinking throughout the year. Our response has been a subtle repositioning of the foundation of our work into the more general BBV and sexual health arenas. This was in part driven by extensive advocacy and lobbying for action to address the problem of contaminated injecting equipment in our prison and further work to support the review of the current *Prostitution Act*.

The Alexander Maconochie Centre (AMC)

The ACT Prison opened in 2009 as the first correctional facility in Australia to fully embrace the principles of human rights. Sadly, these rights have not supported the notion of equitable access to health care, as has been starkly demonstrated by the absence of harm minimising programs in support of those prisoners who inject drugs. We saw a window of opportunity in 2011 for changes. Our strategic approach was to change the conversation from 'needles' to a less emotive and inflammatory discussion around the management of blood borne viruses. We proposed a minimalist model to Chief Minister (and Health Minister) Katy Gallagher which would allow a one-for-one exchange of contaminated equipment in the Health Centre by a doctor, removing any involvement of prison officers. We also proposed that this be framed within a full strategy for BBV management. With the support of stakeholders other than prison employees the government has adopted this approach. In association with the Hepatitis Resource Centre, we have been providing training programs for both staff and prisoners. The new BBV Strategy will see this area of work significantly expand.

Sex Workers and the Sex Industry

The Sex Worker Outreach Project (SWOP) has continued to be extremely effective and this year we made the decision to position SWOP within a much broader context. This allows us to address environmental factors that impact on the lives of sex workers and their health. This has included expanded sensitivity training offered to the Australian Federal Police, health sector workers and social services staff. Sex workers, who are predominantly women, comprise the single biggest client group for the AAC so we have increased our resources and capacity in sexual health, women's health and advocacy. Whilst outreach will continue to be peer-based, demand for expanded services will not necessarily be so. All clients, including those working in the sex industry, access support within our service delivery framework and this



Pausing for reflection at the AACACT's International Candlelight Memorial

ensures that the process is driven by the client, has specific goals and incorporates a feedback loop.

People Living with HIV

A higher proportion of those newly diagnosed with HIV have accessed our organisation this year than in recent years. This is a result of improved collaboration with local clinical services and the development of an outreach service that avoids the need to visit Westlund House. Nearly all new clients have shown little or no interest in ongoing peer-based support, preferring individual access to somebody who can answer their questions quickly and efficiently; usually information and/or support related questions, or questions about treatment decisions and choices. We also have a population of people who have been living with HIV for an extended period who have very different needs and expectations. The growing disparity in the needs of people living long term with HIV and those who have recently acquired HIV presents challenges we have yet to address.

Organisation

We restructured our organisation into program areas comprising Social Marketing, Living Well, and Peer Education and Outreach. This has resulted in greatly increased across-organisation collaboration, empowerment and decision making for staff at all levels in the organisation, as well as greater efficiency in resource use and an increase in innovation. A fourth program area will be oriented towards the commercial sex industry.

All public events have again seen higher attendance this year. We were particularly pleased that 150 people attended the International Candlelight Memorial, with one third of that number being under the age of 30. Some 1,200 people attended Fairday and 70 people joined us for the community breakfast on World AIDS Day (including 40% of the ACT's elected legislators).

Grant income and self-generated funds both rose in 2011/12 and we were able to record our seventh successive surplus. ■

Following consolidation of our four Sydney-based sites into a single location in June last year, the 2011/12 financial year provided ACON an opportunity to continue developing foundations for a new era of program and service delivery.

As anticipated, the new premises at 414 Elizabeth Street, Surry Hills has become an important centre for people living with or affected by HIV and members of the GLBT community. We look forward to further developing the facilities and resources made available to us through the generous support of the NSW Government.

ACON's primary focus throughout the year remained a reduction in HIV and sexually-transmitted infection (STI) transmission among gay men. In terms of HIV prevention, the rate of new HIV diagnoses in NSW remained stable in 2011. Surveillance data compiled by NSW Health recorded 332 new HIV notifications in 2011 compared to 305 in 2010. Consistent with the historical trend, most cases in 2011 (279 or 84% of notifications) were attributed to sex between men. Risk behaviour trends reported in the February 2012 *Sydney Gay Community Periodic Survey Report* also indicated continuing stability in key indicators such as the rate of unprotected anal intercourse with casual partners (UAIC) and testing for HIV within the previous 12 months.

This trend of stability in HIV transmission in NSW has now entered its fifteenth year. It is clear that the programmatic response to gay men will require additional initiatives and approaches in the prevention mix to realise a sustained decline in diagnoses. Furthermore, we need to dramatically increase the scope and momentum of our response to the epidemic in order to reach the 2015 prevention targets committed to by the Australian Government under the United Nations 2011 Political Declaration on HIV/AIDS (UNPD).

To help achieve our prevention goals, this year we undertook a comprehensive review of our organisational structure, strategies and programs to reposition our work in relation to HIV/STI prevention, health promotion and sexual health. With the support of the NSW Government, we are continuing to develop new approaches to our work in HIV prevention. A crucial component will be securing the long overdue introduction of rapid HIV testing. In 2010, ACON commissioned the Burnet Institute to undertake a systematic international review of community-based rapid HIV testing services which strongly supported the case for the introduction of rapid HIV testing in Australia. In November, we welcomed the start of NSW's first ever trial of rapid HIV testing. The trial, conducted in four Sydney-based sexual health clinics, is continuing into 2012/13 and we continue to pursue a commitment from all relevant authorities to making rapid HIV testing a permanent healthcare initiative as a matter of urgency.

It is widely accepted among HIV and health advocates that a range of social and environmental factors can increase a person's risk of acquiring HIV as well as reduce the capacity of



Pictured (top): Representatives from PriceWaterhouseCoopers at the Pride In Diversity Awards with Jacki Weaver and patron Michael Kirby; **(above)** Writer and social commentator Eva Cox with SWOP staff at SWOP's 21st anniversary commemorations

some people with HIV to maintain their health and wellbeing. These factors can include issues related to mental health, alcohol and other drugs, homophobic violence, same-sex domestic violence, and ageing. To help reduce the impact of these influences for people living with HIV and for other members of the GLBT community, ACON continued to provide a range of relevant programs and services.

To help increase awareness and understanding about how HIV is currently impacting on gay men in NSW, a new education campaign, *The Big Picture*, was promoted over summer. Incorporating a Q&A format with stylised infographics, the campaign was promoted through in print and online GLBT media and through a range of social media platforms. Several existing campaigns were also redeveloped to address a range of HIV and STI prevention priorities. These included new executions of the Victorian AIDS Council/Gay Men's Health Centre's condom reinforcement campaign *Wherever Sex Happens* and our HIV/STI testing campaigns *Drama Down Under* and *Get Tested Now*. All these campaigns were promoted in key GLBT media, in clubs, pubs and sex on premises venues, and to GPs and other relevant clinicians.



A campaign image from *A-Men*, a book of photos and essays exploring the social and cultural experiences of Asian gay men in Australia.

During 2011/12, ACON developed a new outreach program, Sexperts, which was piloted very successfully in a Sydney CBD sex on premises venue. We significantly increased our engagement with Asian gay men through the production and distribution in February of our new *A-Men* resource: a book of photos and essays exploring the social and cultural experiences of Asian gay men in Australia.

ACON also continued its focus on the provision of care, support and health promotion services for people living with HIV. Throughout the year, we provided a comprehensive range of services for men and women living with HIV, including counselling, home-based care, housing assistance, support groups, treatments information and workshops.

We continued to auspice the work of the Sex Workers Outreach Project (SWOP), which marked 21 years of service to workers in NSW's sex industry at a special ceremony in October. We also commenced a process aimed at SWOP achieving independent NGO status by July 2014, following Board reaffirmation of the principle of priority population self-determination in developing and delivering effective HIV program responses.

In May, we launched Peace of Mind, a state-wide mental health education program for GLBT community members. In April,

we co-produced the ground-breaking *We Are Family Too* report which examined the effects of homophobia, racism and stereotyping on same-sex attracted Australians from Arabic-speaking backgrounds. In September, we produced Australia's first ever national conference addressing domestic and family abuse in the relationships of GLBT people.

Between July and November, we conducted a 12 site trial of a GLBTI cultural sensitivity education program for workers in the aged care sector. In October, we co-presented the first ever National LGBTI Ageing Roundtable: a two-day high-level conference aimed at improving Australia's aged care system to meet the needs of GLBTI people. For lesbians and same-sex attracted women, the Word of Mouth campaign was launched in February to help reduce the health risks associated with drug use and body art practices.

In May, our Pride In Diversity workplace equality program recognised workplace support for GLBT people at its annual awards ceremony. PriceWaterhouseCoopers (PwC) was named Australia's most gay-friendly employer for 2012 at the event which featured keynote addresses from Pride In Diversity patron The Hon Michael Kirby AC, CMG, and Academy Award®-nominated actress and high-profile GLBT community supporter, Jacki Weaver. ■

The face of the HIV epidemic continues to change in South Australia. We have now seen heterosexual notifications sitting at 50% or more of new HIV notifications for the third year running, triggering a revision of priorities in prevention work. In our report last year, we highlighted the opportunities for prevention work with broader population groups.

During 2011/12, two noticeable areas demanded specific responses and mobilisation of resources and partners.

Firstly, a cluster of some ten HIV infections occurred within a predominately non-gay identifying group sex party scene. This required a multi-disciplinary response given the difficulty of engaging with a disparate group of party goers with nothing in common apart from opportunity. Our sexual health promotion and sex work networks were able to make inroads to work with party organisers to offer services.

Secondly, the lack of HIV prevention and general sexual health resources for African communities was highlighted in a review of prevention resources. This led ACSA to allocate resources to a culturally and linguistically diverse (CALD) HIV-prevention project targeting African communities who are currently not in contact with HIV and sexual health service systems. A reference group has been formed and work is progressing nicely.

Our campaign work on HIV prevention for gay/men who have sex with men (MSM) continued during the year with emphasis on a new HIV testing campaign for 17–25-year-olds. The campaign objectives were threefold: to dispel fears that young men might have about testing; to encourage young men to test every three months; and to let them know where to go to get tested. SHine SA and The Second Story (TSS) Youth Health Services partnered with ACSA to develop this peer-led STI/HIV testing campaign in response to downward trends in the proportions of young men having HIV/STI tests (as reported in the annual *Adelaide Gay Community Periodic Survey*). Ten young men from the metro-Adelaide region were recruited to develop and produce an HIV/STI testing video clip. The young men identified some of the reasons why younger gay, bisexual and MSM do not regularly test for HIV/STIs. They developed a script and storyline, and named the campaign ‘Testing? Too Easy!’. Another initiative was ‘Ask an expert’ — a new website which provides basic information about HIV viral load as well as a safe place for anyone to submit anonymous questions to HIV experts about viral load and HIV transmission.

Each year we continue to report on the lack of progress in the area of sex work law reform. In the last year there has been some traction, with a private members bill being introduced in late 2011, withdrawn and then re-introduced in May 2012. The latest bill is certainly an improvement on earlier iterations but fails to acknowledge the realities of street-based sex work and locational provisions. Whilst ACSA can be somewhat pragmatic



The campaign identity for ‘Testing? Too Easy!’ — a campaign developed by the ACSA in response to why younger gay, bisexual and men who have sex with men do not test regularly for HIV/STIs

about reform, given that we are working under laws proclaimed in the 1930s, it’s not much use drafting legislation which will continue to promote turning a blind eye to some elements of the industry.

A review of peer education services for people who inject drugs was commissioned in late 2011. There were no surprises: peer education continues to be a highly valued strategy in promoting safe behaviours among people who inject drugs, continues to be the cornerstone of blood borne virus prevention and has delivered low levels of HIV among people who inject drugs. The review will enable our peer educators to engage more with the most vulnerable injectors.

Our health promotion program for people living with HIV, Positive Directions, continued on with financial support from the MAC Cosmetics M·A·C AIDS Fund. After 18 months, a number of key themes emerged, including the importance of the program in initiating social resilience potential and improving sense of wellbeing among people living with HIV.

At the governance level, we maintained a committed group of directors who continued to govern the organisation in a professional manner. Several new sub committees were created in the last year which has enabled the business of the Board to be managed more efficiently. Our staff team, including our directors and volunteers, as always, remain incredibly committed to the work of ACSA and I applaud them for their commitment, dedication and creativity. ■

AUSTRALIAN INJECTING & ILLICIT DRUG USERS LEAGUE (AIVL)

ANNIE MADDEN EXECUTIVE OFFICER

The past 12 months have been really exciting for AIVL with the organisation going from strength to strength in profile building, project and advocacy work and resource development.

We have continued our primary focus on promoting and protecting the health and human rights of people who inject/have injected illicit drugs (PWID), and in partnership with state/territory peer-based drug user organisations, we have maintained a clear focus on representing issues of national importance for PWID. As well as being part of an active national network, AIVL has also continued to play a strong role in the International Network of People Who Use Drugs (INPUD) – an organisation which has also significantly developed across 2012 with marked increases in funding, capacity, profile and activity.

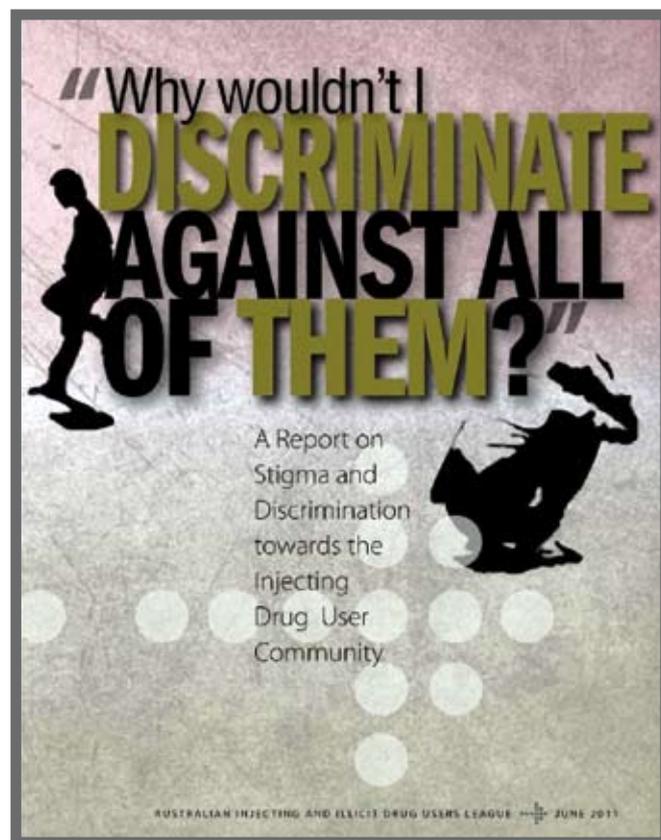
In 2012, AIVL is celebrating more than 21 years of existence and survival as a unique national peer-based organisation. It seems as though every year is busier than the last. This year, AIVL achieved some important milestones in both of our major funded programs: National Hepatitis C & Other BBVs/STIs Program and the AIVL International Program including:

National Anti-Discrimination Project

AIVL's National Anti-Discrimination Project continues to be a major focus as we work to address stigma and discrimination and its profound impact on the health and lives of PWID. Between 2009 and 2011, AIVL undertook preparatory work to inform Australia's first national public education campaign challenging negative attitudes and behaviour towards PWID. AIVL commissioned an independent market research report and published a literature review and research discussion paper titled "Why Wouldn't I Discriminate Against All of Them?": *A Report on Stigma and Discrimination towards the Injecting Drug User Community*.

Together, these reports informed the third stage of the National Anti-Discrimination Project's campaign and advocacy activities that have been the focus of our work in 2012. This work has included the development and public launch of AIVL's first ever short film *Afternoons with Max Marshall* – a film about the media, discrimination and drug use. The film was launched in May 2012 and has been receiving overwhelming positive reviews from those attending screenings across the country. Over the next 12 months, the focus will be on getting the film out to the general public (particularly young people in post-secondary and tertiary education). *Afternoons with Max Marshall* is a small film with a big job and, like all big jobs, we are starting with the smallest of steps – starting the conversation . . . If you haven't seen it yet, you can view it on the stand-alone website: <http://maxmarshallmovie.com>

During the past 12 months, the project has also developed and recently launched a new training module on stigma and discrimination towards PWID, targeting health care professionals and students. The module, Putting the Puzzle



Pictured (top): The cover of AIVL's "Why Wouldn't I Discriminate Against All of Them?" report; **(above)** promotional campaign material for *Afternoons with Max Marshall* – AIVL's short film about the media, discrimination and drug use

Together: Stigma, Discrimination and Injecting Drug Use, will be used to train doctors, nurses, pharmacists, dentists and students in those disciplines. Across 2012/13, AIVL will roll-out a national train-the-trainer program among AIVL state/territory member organisations to support them to deliver the module in their jurisdictions.

In 2012, the National Discrimination Project also developed and launched a new online survey and information resource targeting PWID about their experiences of stigma and discrimination, particularly in health care settings, titled *Discrimination: Know Your Rights*. In only a few months (and before we could promote it) more than 120 drug users had already completed the online survey. PWID can also access information on what constitutes discrimination, how to make a formal complaint, legal rights and info on their local Anti-Discrimination Board/Human Rights Commission. A report on the first cut of data from the online survey is available at www.aivl.org.au along with other reports and resources from the AIVL National Anti-Discrimination Project.

AIVL website

The range and scope of content available through AIVL online (www.aivl.org.au) has really expanded during 2012, with new content added every day. As a national organisation, our online presence is one of the major ways we reach drug users and can initiate conversations with the rest of the community about issues of importance for drug users. Along with access to all of our publications, reports and policies, our website allows visitors greater opportunity for engagement and interaction, including access to interactive resources, online petitions, polls, videos, self-advocacy guides, social networking, live news feeds, 24 hour NSP listings (linked to Google maps), legal rights info, loads of links, latest news on key emerging issues and *Junkmail* – AIVL's magazine online.

In 2012, AIVL has linked-up a number of our key social networking sites (including Facebook, Twitter, and 'Our C-ciety') which means we are now reaching people across multiple platforms and people are reaching us in the way that suits them best. Increasing our focus on our online presence is really paying off, with one of our latest resources on Hepatitis C and Vein Care' (www.aivl.org.au/veincare) reaching 15GB of downloads from that single resource in a month. The main AIVL website receives high traffic, and the loads of great feedback we are receiving is keeping us motivated to make it even better in 2013.

Policy and advocacy

Over the past 12 months, AIVL has continued to contribute to the national BBV/STI partnership through our participation on the Ministerial Advisory Committee on BBVs and STIs (MACBBVS) and the Blood Borne Virus and STI Sub-Committee (BBVSS). In 2011/12, AIVL Executive Officer Annie Madden was also appointed to the Australian National Council on Drugs (ANCD) – the Prime Minister's primary advisory committee on alcohol and other drug issues. Over the past few months, we have done our best to represent the needs and issues for PWID across the Mid-Term Reviews of the five National BBV/STI Strategies. Participation in the national partnership has also included ongoing involvement in national research initiatives in the blood borne virus, illicit drugs and drug treatment areas.

Across 2011/12, AIVL continued to present at key conferences, forums and events including the ASHM HIV Conference and the Australasian Viral Hepatitis Conference. AIVL played a major role in the Viral Hepatitis Conference through participation on

the conference organising committee, working groups and on the drafting and launch of the Auckland Statement. We have also continued to participate in AFAO through the AFAO Board and General Meetings and more recently through participation in the development of the draft 'Consensus Statement' to take action on HIV.

While it is vital that the experience of PWIDs inform the policy response, providing effective and timely advice/action is extremely challenging given AIVL remains inadequately resourced, particularly for our work in the illicit drugs and drug treatments areas. Despite poor funding, we continue to be active in the drug policy space including: a joint research project with the Drug Policy Modelling Project on public opinion and Australian drug policy; participation in the recently released second Australia 21 Report on drug law reform; and Australian National Council on Drugs Roundtables on 'Recovery' and 'Opioid Pharmacotherapy'.

AIVL contributed to many policy discussion papers, advocacy submissions and media releases during 2011/12; copies of which are available at www.aivl.org.au. Other major projects conducted by AIVL in 2012 include:

- National Hepatitis C IDU Peer Educator Training Project
- National Youth BBV and STI Prevention Peer Education Pilot Project
- Hepatitis B Prevention Among PWID Project
- National Aboriginal and Torres Strait Islander IDU & BBV Prevention Project
- National Hepatitis C Testing, Diagnosis & Treatments Project.

AIVL Regional Partnerships Project

During 2011/12, AIVL continued working through the HIV Consortium for Partnerships in the Asia and Pacific Regions to support the ongoing development of drug user organisations in Asia and to build meaningful partnerships with peer counterparts in the region. Over the past 12 months, AIVL continued to support the Asian Network of People Who Use Drugs (ANPUD). ANPUD, established in 2009, provides networking for country member groups and a regional platform for injecting drug users to raise human rights concerns – which is important given that many injecting drug users cannot be visible at country level due to the criminalised context in which they live and work. AIVL has also continued partnership work with PKNI – the national drug users' organisation in Indonesia, and other local/provincial Indonesian peer-based drug user organisations such as Performa, STIGMA Foundation and IKON. Work was also undertaken in partnership with the AusAID funded HIV/AIDS Asia Regional Program to conduct training and organisational capacity development with the Myanmar Drug Users Network. New partnerships were developed with the fledgling Vietnamese Network of People Who Use Drugs (VNPUD) during 2012. With the current HIV Consortium format concluding in June 2012, AIVL has successfully applied for new funding through AusAID to continue our partnership work with drug user organisations and networks in Asia over the coming two years. ■

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

ROBERT MITCHELL PRESIDENT

In the last few years, significant scientific advances have radically changed our understanding of how HIV can be prevented and should be treated – now and into the future.

Following the participation of NAPWA President, Robert Mitchell, and special representative, Bill Whittaker, at the UN Special Session on HIV in New York in June 2011, NAPWA embarked on a mission to meet some significant global targets. In order to arrive at the three zeros: zero deaths, zero new infections and zero AIDS, we committed to help reduce the number of new transmissions in Australia by 80% by 2015, and to raise the numbers of HIV-positive Australians on treatment to 90% by 2013.

A significant component of this crusade was launched in June this year with a multi-faceted advertising campaign: ‘If you’re living with HIV, start a treatment conversation with your doctor’. Using the services of creative agency Ward 6, and with unrestricted funding provided by Gilead Sciences, the campaign aimed to raise awareness of the health and protective benefits of modern HIV treatment and to encourage those not currently treating to engage with their doctor. The eye-catching ads appeared on billboards, buses and trams, and in mainstream and community print media along the eastern seaboard states where a significant proportion of Australia’s positive population resides. The campaign is currently being evaluated before a peer-focused education phase begins.

The last year has seen a great deal of animation across the HIV sector in response to Bill Whittaker’s paper, originally presented at the 2011 Australasian HIV/AIDS Conference, on the changed treatment and prevention landscape. NAPWA staff and representatives have been actively engaged in various community discussions about the importance of early treatment and the role of treatment as prevention. These have included presentations at education and community forums, for sector partners including Pozhet and the Multicultural HIV and Hepatitis Service, and at conferences including the National Gay Men’s HIV Health Promotion Conference in May 2012.

This year we also responded to the wide range of other issues affecting the lives of people living with HIV. Education forums staged around the country via our Treataware project continued to address the health and treatment issues of most relevance to our constituents. *Positive Living* magazine broadened its reach and appeal, both within social media circles and in print, and now appears as an insert in the *Star Observer*, which has distribution along the Eastern seaboard. The NAPWA website maintained its role as a popular source of information for the HIV community sector, and the organisation continued to compile an electronic newsletter to members and send regular media bulletins via email and Twitter with links to relevant national and international HIV news.



Pictured (top): Members of Australia’s delegation to the UN special session on HIV included (from left) Robert Mitchell, David Cooper, Bill Whittaker and Michael Kirby; **(above)** Members from NAPWA’s Treataware Outreach Network gather in Sydney.

We maintained a watching brief on social justice issues with a particular focus on changes to Centrelink, including a follow-up to our submission to the Senate Community Affairs Inquiry into the Disability Support Pension Impairment Tables Review. This year, NAPWA also provided submissions to the Productivity Commission, the public inquiry into Disability Care and Support, and we contributed to the UN Global AIDS Progress Report.

Our advocacy work progressed through collaborations with professionals, sector partners and community networks including: Australasian Society for HIV Medicine (ASHM), AFAO, Australian Federation of Disability Organisations (AFDO), Australian Council of Social Service (ACOSS) and the National



Audience at the launch of NAPWA's national HIV treatments media campaign

HIV Research Centres. We have been pleased with the diversity of representative opportunities taken up by the organisation this year which have provided a further venue for advocating on behalf of our HIV-positive constituency.

We are also excited about the release of the *HIV Stigma Audit* report. This major piece of work has taken the best part of two years and contains the contribution of many people living with HIV (PLHIV). The findings also represent an important contribution to the ongoing monitoring of the National HIV Strategy. Continuing to engage in a program of activities to support the wellbeing of PLHIV will be an important priority in the coming year. The 'Review of literature regarding the definition and characteristics of resilience and factors that may inform effective health promotion interventions' forms part of the research into practice components of the *HIV Stigma Audit*.

The NAPWA research program has also been actively involved in a new study based at the National Centre in HIV Social Research that looks at attitudes and beliefs about HIV treatments among PLHIV currently not treating. This project will be collecting data until mid-2013 and expects to provide vital information to help optimise the uptake of antiretroviral treatment in Australia.

An important initiative that occurred in September 2011 was the joint NAPWA/AFAO forum on criminal law and its intersection with HIV. In recent years there has been a disturbing increase in the number of criminal prosecutions for HIV transmission or exposure. NAPWA believes that the prosecution of individual HIV-positive people is counterproductive and undermines the public health response that aims to engender a culture of shared responsibility for prevention.

Another highlight of the year was the AHOD (Australian HIV Observational Database) Temporary Residents Access Study (ATRAS), which is providing free antiretroviral therapy over four years to PLHIV who are ineligible to receive Medicare benefits. The 180 places commenced filling in November 2011 and closed in July 2012. We are grateful to all partners for their commitment to this important initiative.

This is a critical time in our response to the epidemic, and has renewed our sense of purpose, particularly when representing PLHIV on Commonwealth bodies, the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and Blood Borne Virus and Sexually Transmissible Infections Sub-Committee (BBVSS). As we continue to pursue better outcomes for our HIV-positive population and other affected communities, we will remain vigilant in our efforts to ensure Australia meets our UN commitments. ■

NTAHC has had a stellar year for peer-based community events and health promotion activities. We successfully implemented a number of national and international campaigns in the local news and via sector partners and networks.

The monthly Needle and Syringe Program (NSP) campaigns have evaluated well and been disseminated through all secondary outlets. Community events, such as World AIDS Day, Candlelight Vigil and World Hepatitis Day were all well attended, generated positive community feedback and created a local media presence.

Monthly peer generated NSP health promotion messages have included: blood awareness, drugs and the law, STIs and people who inject drugs, hepatitis awareness, kidneys, overdose awareness and vein care. These posters have been peer reviewed and well received by clients and are generating interest from remote health organisations and secondary outlets.

NTAHC initiated a new Aboriginal sexual health and blood borne virus (BBV) campaign, targeting remote and urban Indigenous people. This campaign has been developed collaboratively with and endorsed by Central Australia Aboriginal Congress. This will be stage one of an ongoing specialist and targeted campaign.

Advocacy

As a community stakeholder, NTAHC contacted the NT Minister for Health regarding the need for a review of the Opiate Pharmacotherapy Program (OPP). In recognition of NTAHC's important role representing stakeholders (via NSP delivery), NTAHC's Executive Director was appointed Chairperson of the NT OPP Review Steering Committee.

NTAHC is concerned about the legislation for sex workers in the Territory. In particular, we're concerned about the requirement for sex workers to register with NT Police. NTAHC has started a legislative and policy review, with the aim of repealing NT legislation and decriminalising sex work.

Harm Reduction

ANEX completed a review of the NT NSP in November 2011. An NT Working Group has been formed to implement the recommendations of the Review. The NT NSP Working Group reports to the Sexual Health Advisory Group (SHAG) and is responsible for:

- Examining the findings and recommendations of the *Review of the Needle and Syringe Program in the Northern Territory* and identifying priority recommendations
- Activating, supporting and monitoring the implementation of priority recommendations
- Facilitating information sharing and coordination among primary, secondary and pharmacy-based NSP outlets throughout the Territory
- Ensuring meaningful engagement of people who inject drugs and other priority populations throughout all stages of the implementation process.



NTAHC Executive Director Craig Cooper and Indigenous performer Miss Elleaneous

The NT NSP Working Group membership comprises representatives of a range of government and non-government agencies, such as:

- NTAHC
- Sexual Health and BBV Unit, Department of Health
- Clinic 34s (Darwin, Katherine, Nhulunbuy, Alice Springs and Tennant Creek)
- Top End and Central Australian Hospital Networks, Department of Health
- NT Pharmacy Guild
- Yulara Medical Centre (Uluru-Kata Tjuta National Park)
- Alcohol and Other Drugs Program, Department of Health
- Aboriginal Medical Services Alliance of the Northern Territory (AMSANT)
- An NSP service user.

The Working Group is chaired by NTAHC, and the Sexual Health and BBV Unit acts as Secretariat.

Care and Support

The NTAHC Care and Support team continues to deliver a range of care and support services. The Darwin office runs a monthly HIV-positive support group. Group feedback is positive and informs the content and structure for the group. Eat, Indulge, Connect runs quarterly and is aligned with dietician clinics. Themes for Eat, Indulge, Connect include: diet and nutrition; physical and mental health; and support for people contemplating treatment and or those currently on treatments. Our monthly Hepatitis C Support Group is well attended and receives high praise from participants.

Preparing for 2012/13

On 30 June 2012, NTAHC was advised that it had been unsuccessful in securing a Department of Health and Ageing contract that had been held for the past four years. The NTAHC Executive Director and Board began a targeted strategic advocacy campaign in response to the funding threat – gaining support nationally and throughout the territory for the funding to be reinstated. Many organisations around Australia, including AFAO and the National Association of People Living with HIV (NAPWA), supported NTAHC to successfully secure funding for 2012/13 and we now look forward to the year ahead. ■

QUEENSLAND ASSOCIATION FOR HEALTHY COMMUNITIES (HEALTHY COMMUNITIES)

MARK MOREIN PRESIDENT

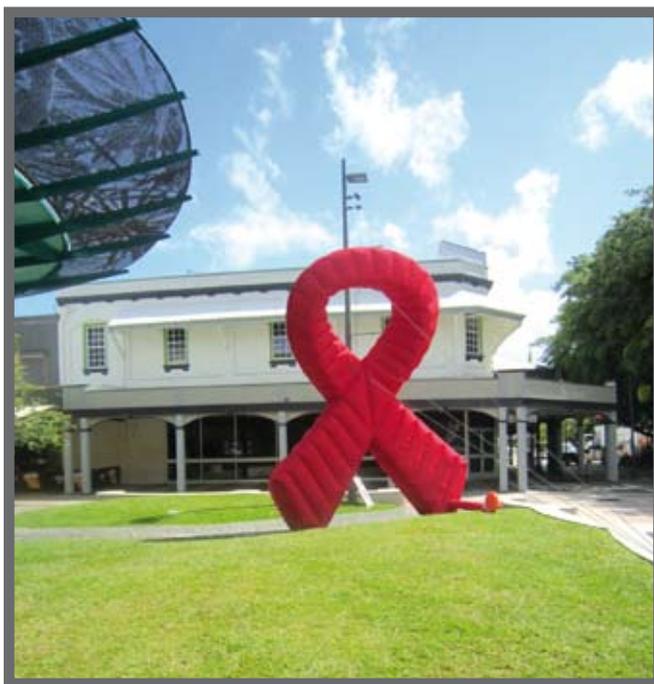
To understate things, this has been an extremely difficult year for everyone at Healthy Communities. It seems like I should be writing two separate reports. The first would cover the period up to the 21 May 2012 announcement that the Minister for Health was defunding Healthy Communities. That report would have been optimistic, focusing on our progress working with gay men and men who have sex with men (MSM) throughout Queensland, the successes we have seen on the political level, and the improving working relationship with Queensland Health. It is true that we have continued to see rises in HIV notifications but with new approaches and technology (for example rapid testing and 'test and treat') there was reason to believe we were about to turn that corner.

At the May AFAO workshops, Paul Martin and I listed 'working with the new government' as our greatest challenge in the near future. I rarely dislike being proved right, but everything changed with a story in the *Sunday Mail* and this report is far less optimistic than I would prefer. It is fair to say that no-one saw this coming and that many people are still in shock, confused and angry about it. There are still all sorts of unanswered questions about this decision, including the way in which it was announced and its long term ramifications. I do not think they will ever be answered.

Healthy Communities has held community consultations in Cairns, Brisbane and the Sunshine Coast to begin the important conversations with members of the LGBT communities about what we will do and how we will do it with the profoundly reduced budget that we will work with for the foreseeable future. By our next Annual General Meeting, we will have some concrete ideas to bring to our members.

While the exact details of what Healthy Communities will look like in the future are unclear, one thing is certain – we are not going away! While funding from Queensland Health has ceased, we will continue working with gay men and MSM to stop the spread of HIV. Our commitment to this remains strong. The latest version of the 'controversial' Rip & Roll campaign is up and running. Our volunteer run Action Groups will continue to offer support within our communities, such as sex and gender diverse people, lesbians, seniors and GLBT people from culturally and linguistically diverse backgrounds.

We are forced to curtail our operations. Our Sunshine Coast Resource Centre will be closed (hopefully temporarily), while in both Cairns and Brisbane we have downsized our staff. Both offices will have one Health Promotion Officer who will be responsible for both HIV work as well as broader LGBT health work. Our organisational support team has been reduced and remaining staff will be on reduced hours.



World AIDS Day, Cairns

This affects our capacity to provide the high quality services that we and our communities expect from us. We will be even more reliant on volunteers than we already are and attracting donations will become a high priority. In the past, we have been able to support many smaller, less well-funded organisations working in our communities through the Healthy Communities Fund or by providing space in our Resource Centres. Unfortunately this must change and we can no longer provide cash grants or free support. This does not mean we will not continue working with all members of the communities, but the nature of that work will have to change.

They say that when the chips are down, you find out who your friends really are. It has been amazing and humbling to watch our staff respond to this challenge by continuing to provide excellent services to our communities, and many have indicated that they intend to continue their work on a voluntary basis. Other organisations working in the Queensland LGBT rights arena have been extremely supportive, as has AFAO. Equal Love immediately saw the link between our defunding and curtailing of LGBT legal rights. The support of the AIDS Trust of Australia will enable us to continue working in Aboriginal and Torres Strait Islander communities in north Queensland. Members of Healthy Communities and the broader community have been extremely generous in supporting our Fighting Fund and also our ongoing work.

They also say 'When the going gets tough the tough get going' – so watch this space! ■

TASMANIAN COUNCIL ON AIDS HEPATITIS AND RELATED DISEASES (TASCAHRD)

SHAUN STAUNTON CHIEF EXECUTIVE OFFICER

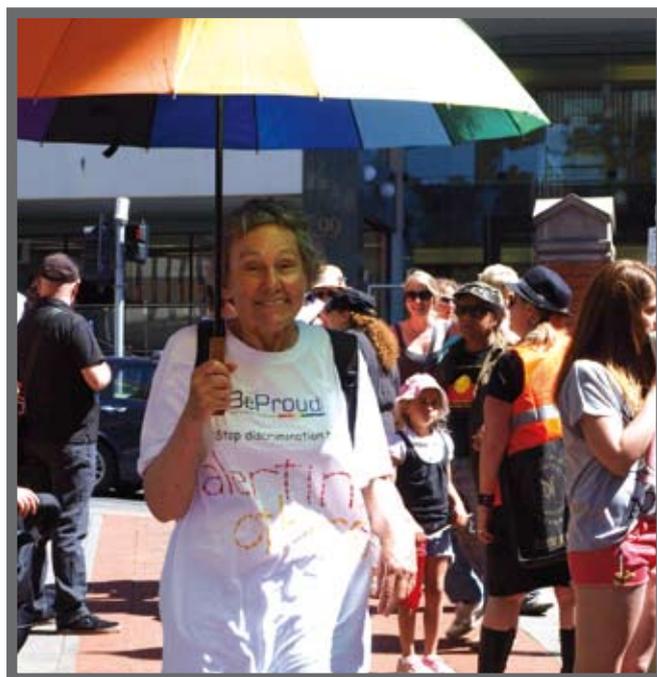
As with 2010/2011, this year proved to be another year of change for TasCAHRD. Most notably, the organisation's longest serving Chief Executive Officer, Kevin Marriot, moved on to new things.

While Kevin has moved on from the CEO position he has generously made himself available to provide guidance to the new CEO, as well as remaining involved with the joint Be Proud Tasmania project and assisting with an update of TasCAHRD's web presence. It is obvious that Kevin has guided TasCAHRD through some tumultuous and exciting times, encouraging and steering the organisation into new and important areas. There is no doubt the organisation wouldn't be in the respected position it is in without his hard work and dedication over the years.

Shaun Staunton, hailing from the Queensland HIV sector, stepped into the CEO role in February 2012. First priority for the new CEO and TasCAHRD's Board was negotiating with Government around the potential for all of TasCAHRD's programs (HIV and hepatitis alike) to go to competitive tender. Fortunately, this negotiation resulted in at least some positive outcomes, with the Man2Man HIV Prevention and HIV Care and Support programs and some TasCAHRD management positions being directly funded again for another contract period. However, the restrictions and tightening of all government funding in Tasmania, and indeed across many other parts of the country, means the funding for HIV prevention work by TasCAHRD has shrunk under the new contracts. These funding restrictions mean TasCAHRD has had to farewell a half-time HIV prevention worker, as well as its Quality and Compliance Manager. As with the previous period, TasCAHRD continues to discuss and plan for other options to complement the work it currently does, and new ways to work with and in the community. This includes a continued push to introduce clinical services aimed at increasing access to appropriate services for priority populations.

TasCAHRD's hepatitis prevention work went to competitive tender, with TasCAHRD eventually losing funding. To date, significant planning time has been spent ensuring the transition of clients and existing work from TasCAHRD to the new provider goes as smoothly as possible. Effort has also been put into identifying the repercussions of the funding change for Tasmania's connection with the national peak body, Hepatitis Australia.

The Man2Man HIV Prevention program continues to reach out to men who have sex with men across the state, including via the twelfth issue of its *Man2Man* magazine which focuses on drug and alcohol use. The Man2Man program also continues to expand into new areas and explore new ways of communicating with men who have sex with men in Tasmania. We have just increased our online presence by implementing a new blog to complement our various other social media strategies. These



A TasCAHRD volunteer proudly displays a message from this year's Pride March – 'Alerting Others: Stop Discrimination'

strategies sit alongside performing outreach on internet dating sites. TasCAHRD is also in the final stages of wrapping up a recent evaluation of the *Man2Man* magazine, and already the results are looking very useful for informing the future direction and focus of the magazine.

Working in partnership with the Man2Man Program, TasCAHRD implemented a CALD (culturally and linguistically diverse) communities project during the last year. The CALD project focused on increasing TasCAHRD's capacity to respond to the needs of CALD communities, strengthening statewide networks, and increasing community capacity.

TasCAHRD's HIV support services continue to reinforce existing activities, including peer support events such as coffee afternoons, a community garden group, regional peer support dinners, peer support day trips, and a Christmas event, while also expanding into new areas. In recent times, the HIV Care and Support Officer has implemented a 'Buddy' network for clients who want to develop peer support networks away from larger group activities, as well as trialling activities for younger people living with HIV. In addition, supported by National Association of People Living With HIV (NAPWA) and Tasmania's Andrew Shaw Fund, the HIV Care and Support Program also ran the Lifestyle Event, a one day information, support and peer connection event.

TasCAHRD will continue to strengthen and consolidate its position, reinforcing the work it does, into the future. Expansion will continue in key areas, trialling new strategies and activities to further expand TasCAHRD's presence and service provision across the state. ■

This past year has been an exciting and energetic one for VAC/GMHC. The Board and the organisation have worked hard on a governance review, our biggest and broadest ever consultation process for our almost complete strategic planning process, and a variety of program reviews.

Our advocacy on the criminalisation of HIV is hoped to result in fewer HIV transmission court cases. We have had promising discussions with the Health Minister, members of Parliament and the Department of Health to raise awareness of the potential benefits of rapid HIV testing, and to advocate for a community-based trial. What follows is a brief update on some of our services.

HIV Services

VAC/GMHC strives to meet the needs of a diverse client base. Our clients represent a broad population; old and young, women, men, trans people, straight, gay, Indigenous, those from culturally and linguistically diverse (CALD) backgrounds, those living with co-morbidities and many who are socially isolated. Many are doing well but others are not.

We work with partners towards reducing isolation; combating ignorance, stigma and discrimination; enhancing skill development; offering practical assistance; educating other services; and providing a safe and supportive environment for all. We could not operate without the dedication of our volunteers who provide many of the services we deliver.

Counselling

In addition to individual and couples counselling for those living with or affected by HIV and GLBTIQ community members, we have also developed and conducted a number of therapeutic groups addressing themes of anxiety, pre-HAART experience of living with HIV, homophobia, body image, violence and insomnia. We are also increasingly supporting CALD community members who live with persecution for their sexual identity and/or serostatus.

The Centre Clinic

The last year has seen The Centre Clinic experience the biggest period of change in a decade. Clinical, staffing and process functions have undergone review and renewal. The Clinic was accredited against the Royal Australian College of General Practitioners (RACGP) Standards for General Practice, which means we have access to new funding streams. It has also allowed us to become accredited as an Extended Skills Training Post, which allows recruitment of GP Registrars into six month positions, and hopefully into the HIV field generally, if these doctors embark upon specialist careers. We have been able to open our books for the first time in several years to expand preventative care initiatives and augment mental health services.



The Hon David Davis, MLC (Minister for Health), Matt Dixon (VAC/GMHC Executive Director), Martin Wischer (RDNS) and Liz Crock (RDNS)

Health Promotion

This past year, VAC/GMHC concentrated more on initiatives that were not primarily print-based. The VAC/GMHC website supports campaigns such as The Drama Down Under, Staying Negative, Protection, Wherever Sex Happens and Down n' Dirty. The Drama Down Under website offers SMS messaging and partner notification functions, and the Staying Negative campaign has had a significant presence in social media, in particular Facebook. This delivered a 300 percent increase in website traffic with more than 33,000 unique visitors to the site.

Our successful web series Queer as Fxxk (now re-named Being Brendo) has continued. There are more than 100 different episodes on the Facebook page and Youtube channel. The episodes continue to focus on sero-discordant relationships, drug and alcohol issues, coming out, homophobia and safe sex. Our fan base continually grows with more than 6,000 'likes' and more than 3,000 regular monthly viewers who also give instant feedback on issues in the show.

In addition, the Peer Education Program continues to expand its work in a variety of ways including:

- Increasing partnerships with various youth groups
- Strengthening the relationship with Rainbow Network Victoria by hosting professional development workshops around working with our communities
- Continuing partnerships with multicultural GLBT organisations.

The Outreach Project continues a weekly presence in sex on premises venues and online.

There have been many developments in the field of prevention over the last twelve months and it would appear that the community, the health promotion program and the organisation as a whole are poised to meet the challenges that the future will bring.

VAC/GMHC's relationships with stakeholders including community, funders and political leaders are in good shape. The coming year will see us building on these – always with the aim of strengthening the independence, dignity, health and wellbeing of people living with HIV and reducing the transmission of HIV and STIs. We are very much looking forward to working with our partners around Australia and across the region towards AIDS 2014 (the 20th International AIDS Conference) in Melbourne. ■

The WA AIDS Council (WAAC) has had an eventful and productive year with the opening of a new site in Fremantle, shifting the M Clinic whilst undergoing strategic planning to guide the organisation into the next five years. WAAC was successful in a tender to provide Intensive Case Management services for people living with HIV with complex issues. This service called SHAPE (Supporting Health and Personal Empowerment) will complement existing services offered to people living with HIV. WAAC has also received additional funding to undertake the convenience advertising and social marketing for travellers at Perth domestic, international and regional airports.

To its credit, the highly successful M Clinic needed to move to larger premises as a result of community acceptance of the model. In the first half of 2012, the M Clinic was responsible for diagnosing half of WA's newly diagnosed HIV cases among gay men and men who have sex with men. Many of these men were first testers and only tested because of the accessibility and convenience afforded by the M Clinic. The majority of these cases were incident cases and follow-up referrals and support were offered in a timely manner. WAAC is paying close attention to these trends, using findings from two research projects conducted by the Kirby Institute to inform future service delivery.

A new fixed needle and syringe exchange program (NSEP) site was opened in Fremantle. Called the Freo XChange, there has been a significant increase in the number of people accessing the service and the level of equipment being exchanged. One of our other mobile NSEP sites has successfully been transitioned to a community drug agency.

Our fourth site, the Freedom Centre is going from strength to strength and continues to see many young people of diverse sex and gender. WAAC and the Freedom Centre were fortunate to contribute to a Department of Health 'Clinical Senate' on Young People's Sexual Health, where medical and surgical issues relating to young people wishing to transition were highlighted and discussed in a meaningful way. We were also thrilled when the coordinator of the Freedom Centre was awarded the WA Youth Worker of the Year award for her commitment and extraordinary work within the LGBTI community.

There has been significant traction within the WA community with regard to improving the mental health and wellbeing of LGBTI people. State funding for suicide prevention has been granted to complement the national project run by the National LGBTI Health Alliance. In addition, training on LGBTI issues is being provided to front line mental health workers.

The Equal Opportunity Commission has also been proactive in advocating for homophobic and transphobic bullying in schools to be addressed as a matter of urgency through



Pictured (top): Staff and volunteers from the Metropolitan Migrant Resource Centre (MMRC) proudly wearing the 'One Community against HIV/AIDS stigma and discrimination' t-shirts; **(above)** Trish Langdon, who is leaving WAAC after twelve years as Executive Director, four years as Chairperson, and nearly ten years on the AFAO Board.

policy development and implementation in WA schools. WAAC sponsored Dr Tiffany Jones from the Australian Research Centre in Sex, Health and Society (ARCSHS) to present her findings around the correlation between the absence of defined anti-homophobic and transphobic bullying policies in schools and suicidal ideation and other mental health issues in young LGBTI people. Dr Jones and her colleague Roz Ward provided further input into the formation of a safe schools coalition.

As previously mentioned, the Board of Management and staff of the WA AIDS Council have been involved in an extensive strategic planning process facilitated by Meredith Turnbull from Adaptive Projects. This has been in readiness for the next



World AIDS Day, 2011

three to five year funding cycle with the Western Australian Department of Health and its procurement of HIV, sexual health and blood borne virus services.

The unique epidemiology of HIV in WA has obviously influenced and guided the outcomes of this planning process, how the organisation is structured and the staffing requirements into the future. As previously reported, WA continues to see less than half its new HIV diagnoses amongst gay men and men who have sex with men and a comparatively high proportion of diagnoses among heterosexual men and women from high prevalence backgrounds. That being said, in the past three years the overall number of new HIV diagnoses has increased significantly including among gay men and men who have sex with men, particularly those aged under 30 years.

The organisational restructure will mean that work teams will be organised around work type, processes, accountability requirements and staff supervision needs, rather than target groups. Services of a clinical nature, delivered predominantly to individuals, will be in one department (Positive Services, Counselling and M Clinic). Services relating to community development and engagement will be in another department. A third team will provide support for direct service delivery to individuals and communities through human resource management, communication strategies, training and development, volunteer coordination and policy development.

It is envisaged that this restructure will yield a less siloed approach to service delivery and greater opportunities for integrated service delivery to people living with HIV. Having a more consistent approach to engaging with communities and developing and building partnerships is expected to be a positive outcome of the restructure. Interestingly, throughout the year WAAC reinvigorated a past successful campaign aimed at reducing stigma and discrimination towards people living with HIV, called the One Community campaign. Initially used during the PRIDE celebrations with the LGBTI community, WAAC used it to engage with people living with HIV, African community members and young people with great success as it is resonates with all groups.

Last but not least, on a personal level this will be my last report for the Australian Federation of AIDS Organisations. After twelve years as Executive Director and four years as Chairperson of WAAC, and nearly ten years serving on the AFAO Board, I have been privileged to work alongside some outstanding people whom I now cherish as friends. I wish the AFAO Board, staff and members as well as Andrew Burry, the new CEO of the WA AIDS Council, all the very best into the future. ■

Positive Life NSW

Sonny Williams, Chief Executive Officer

During the past financial year there have been changes in the staff structure of the organisation and a review of position descriptions, program delivery and accountabilities as we plan for the next phase of Positive Life NSW.

In 2011/12, Positive Life NSW produced a key piece of work: Sero Disco 2 – Why let HIV get in the way of a good relationship? The campaign aims to improve understanding of the experiences and HIV prevention needs of gay men in serodiscordant relationships. A coffee table style magazine was produced and distributed across the state; internet links were added on Manhunt.com; and a new successful working partnership formed with SameSame.com.au, producing outstanding results.

Positive Life NSW continued to have a high level of representation in consultative and advocacy initiatives, often working in partnership with other key agencies. Our efforts in 2011/12 included:

- submission to the Senate Finance and Public Administration Committee: Inquiry into the Government's Administration of the Pharmaceutical Benefits Scheme
- submission on the *NSW Public Health (Disposal of Bodies) Regulation 2011 Regulatory Impact Statement*
- discussion paper on HIV dispensing services – *A Community Pharmacy Satellite for Dispensing HIV Medications*
- briefing paper on housing issues for PLHIV with (with ACON, BGF and ADAHPS Supported Accommodation)
- briefing paper on treatment and prevention, health and transmission issues
- discussion Paper on HIV and ageing produced for the South Eastern Sydney Local Health District (SESLHD) HIV and Complex Care and Ageing Working Group
- submission on the *NSW Draft Public Health Regulation 2011* (with ACON and HALC)
- submission on improving access to antiretroviral therapy for people with HIV in NSW (with ACON)

During the last year, Positive Life has been reaching out into the community through our rural forums to keep in touch with the realities of regional and rural-based HIV-positive people and service providers. These efforts have been highly regarded and have strengthened relationships. The challenge will be maintaining these links as we work together to achieve the overall objectives of the organisation. ■

Positive Directions

Vince O'Donnell, Manager

An organisational review and restructure has seen the name Spiritus dropped from the brand 'Spiritus Positive Directions' and we have returned to our original organisational branding of Anglicare Southern Queensland.

Positive Directions is the key service in Queensland aimed at providing state-wide care coordination, information and referral services for people living with HIV (PLHIV). Offices remain in Brisbane, Cairns, Townsville, the Sunshine Coast and the Gold Coast. During the year, the Brisbane office has relocated, with Cairns and Nambour (Sunshine Coast) also soon on the move. We continue to link people living with HIV to appropriate services – including advocacy services, allied health services, community and social support services, and health promotion programs.

Positive Directions continues to review its operations and has strengthened our roll-out of the Chronic Conditions Self-Management course. We ensure clients are supported with individual self-management plans and other actions. Many of the following continue to present as key issues for PLHIV; housing and tenancy, social supports, financial, emotional support, co-morbidities, education, nutrition and food, mental health, transport, HIV medication issues, employment, relationships, disclosure, legal, dental, immigration related, immune status, stigma and discrimination and PEP. ■

New Zealand AIDS Foundation (NZAF)

Shaun Robinson, Executive Director

The New Zealand AIDS Foundation (NZAF) leads New Zealand's NGO response to HIV and is a proud Affiliate Member of AFAO. NZAF provides HIV-related sexual health services, supports people living with HIV, undertakes HIV prevention interventions, contributes to behavioural surveillance and research for MSM, and advocates for appropriate policy and human rights. The NZAF has close connections to AFAO on many levels, including collaborative efforts in the Pacific.

In 2011/12, the NZ AIDS Foundation support for the pro-condom social marketing brand 'Get it On' gained further momentum with the 'love your condom' message extending through a wider range of on-line, cell phone, venue, event and gay and mainstream media channels to reach a greater number of gay men than ever before. Condom distribution went up 38% and HIV testing 40%.

It is very exciting that we are seeing tangible results, with new diagnosis of HIV for gay and bisexual men down by more than 33% in 2011 and continuing to decline in 2012. ■



Ian Rankin, National President

Ian has been involved in the community response to HIV since 1994. He has held various positions, including being former President of the Australian AIDS Federation of Australia (AFAO), the National Association of people with HIV (NAPWA), and AIDS Action Council of the ACT (AAC) as well as Convenor of People Living with HIV/AIDS ACT (PLWHA ACT). Ian compiled *AIDS Action! – A History of the AIDS Action Council* and has held various representative positions at the National and Territory level on committees focused on HIV.

Ian has worked in the Commonwealth Public Service and studied policy development and social research at the Australian National University (ANU). Ian has a passion for effective governance, meaningful engagement of people affected by HIV and building a more sustainable Federal Government commitment to a vital HIV response in this country and in the Asia Pacific region.



Willie (Peter) Rowe, Vice President

Willie served as a member of the WA AIDS Council (WAAC) Board of Management from 1998 to 2011. This included three years as Treasurer and three years as Chairperson. In addition to maintaining a range of ongoing programs crossing the spectrum of responses to the HIV/AIDS epidemic in Western Australia, during his time at WAAC the organisation engaged with and developed programs for a range of emerging HIV issues including culturally and linguistically diverse (CALD) and mobility challenges. Willie has an extensive background in government, both at political and bureaucratic levels. Willie also has a significant personal interest in the ongoing HIV/AIDS response.



Nicolas Parkhill, Secretary

Nic has more than 15 years experience in the public and community health sectors. For the last four years, he has headed up both the health promotion and operational divisions of ACON. Prior to that, Nic worked in a variety of senior management and policy development roles for NSW Health and the NSW Cabinet Office, many with a specific focus on alcohol and other drugs. He also has a background in campaign management and public relations.



Andrew Burry, Treasurer

Andrew has been General Manager of the AIDS Action Council of the ACT (AAC) since 2007. Prior to that, he spent two years as a fundraiser with the Victorian AIDS Council/ Gay Men's Health Centre (VAC/GMHC). Andrew's prior professional background in commerce includes the bio-technology, finance and advertising sectors. He has tertiary qualifications in marketing and finance. After 'retiring' from business in 2000, Andrew lectured marketing students for two years at Monash University, whilst also working as a volunteer announcer and current affairs presenter with JOY FM 94.9. Andrew has also been a volunteer with the ALSO Foundation and the Melbourne Queer Film Festival. He was a foundation Board member of the National LGBTI Health Alliance.



Chris Lemoh, Ordinary Member

Chris Lemoh is a physician practising in the areas of general internal medicine and infectious diseases. He is currently undertaking research on HIV in Victoria's African communities. He has a strong interest in the relationship between social equity and health. Specific interests include refugee health, HIV in mobile and marginalised populations, cross-cultural health research and the role of community engagement in public health and health service delivery.



Michael Costello, Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA)

Michael has over 17 years experience working in the community response to HIV, both nationally and internationally. Michael's involvement with the Anwernekenhe movement began in 1998 at Anwernekenhe 2, where he was elected to the Anwernekenhe Steering Committee. Soon after, Michael accepted a position with AFAO as Senior Policy and Programs Officer for the National Aboriginal and Torres Strait Islander HIV/AIDS Project, a position he held until December 2011 when he was employed as the Executive Officer of the ANA. Michael upholds a strong commitment to self-determination for Aboriginal and Torres Strait Islander people, ensuring that we maintain and continue to build an effective community response to HIV.



Robert Mitchell, National Association of People Living with HIV/AIDS (NAPWA)

Robert hails from Tasmania and has had a long association with the HIV sector, both at state and national levels. He has been involved with the National Association of People Living with HIV since 2000, and for the past five years has held the position of President of the Association. Robert is also a member of the Commonwealth's Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections. He has a commitment to the meaningful involvement of people living with HIV/AIDS at all levels in the response to HIV, and demonstrates his commitment through consultative and collaborative participation and leadership.



Finn O'Keefe, Staff Representative

Finn O'Keefe joined AFAO in 2008 as a Project Officer, and was appointed as AFAO's Communications Officer in 2010. He is an editor of *HIV Australia* magazine and also coordinates the production of many other AFAO publications. When not working at AFAO, Finn produces music and audio for audio-visual resources for the community sector. He specialises in working with refugee communities on multilingual resources, and has a passion for projects that have social justice aims and outcomes. Finn also works at the Powerhouse Museum, Sydney, where he facilitates music therapy workshops for people with disabilities. Finn holds a Bachelor of Communications (Media Arts and Production) from the University of Technology, Sydney.



Jenny Kelsall, Australian Injecting & Illicit Drug Users League (AIVL)

Jenny worked at the Burnet Institute in Melbourne for many years in the Epidemiology and Social Research Unit and the Centre for Harm Reduction with a focus on injecting drug use and blood borne viruses. Jenny was part of the multi-disciplinary research team with Professor Nick Crofts, which documented the hepatitis C epidemic among injecting drug users for the first time in Australia. Jenny has worked on a range of peer-based research and education projects across Australia and Asia and she is currently Executive Officer at Harm Reduction Victoria (formerly VIVAIDS): the drug user organisation for Victoria.



Kane Matthews, Scarlet Alliance, Australian Sex Worker Association

Kane joined Scarlet Alliance in 2007 and was employed in 2007 and 2008 to conduct and author *The National Needs Assessment of sex workers who live with HIV*. He has also volunteered over many years for a number of community organisations. Kane's involvement with Scarlet Alliance has included a range of activities promoting the rights of sex workers living with HIV as well as industrial relations for the sex industry. In November 2011, Kane was elected President of Scarlet Alliance for one year. In his professional life, Kane has worked for more than nine years in industrial relations and continues to work casually in the sex industry, having started working when he was 16. Kane has been living with HIV since 2003.

The financial accounts have been successfully audited without qualification or significant recommendations.

A surplus of \$117,324 for the year just ended is a very satisfactory result. This is slightly higher than was budgeted and importantly, offset the combined deficits recorded in the previous two years. The Board felt that it was both prudent and important to return members funds to a higher level, particularly since at the time of preparing the budget, future funding was somewhat less certain than it is now. At a little under \$650,000, net assets are at a healthy level and allow the organisation to cope with adverse and unexpected circumstances.

The surplus can be attributed to careful and successful management of the organisation's affairs that resulted in cost savings against reasonably static revenue compared to the prior year.

The Finance and Audit Committee convened for all its scheduled meetings and reviewed the accounts and broader financial issues as they arose. In order to provide the full Board with more comprehensible information, new reporting formats were introduced. These have been effective. The Committee is also reviewing policies relating to finance to ensure that they are up to date and conform with AFAO's future requirements.

The Auditors made particular mention of the excellent administrative and financial procedures already in place, and complimented the contribution of Financial Controller Sarita Ghimire and her team in producing an excellent financial outcome.



We're Family Too Report launch. Pictured back (left to right): Report author Ghassan Kassisi; The Hon John Ajaka, Arab Council Chair; Dr Rosemary Suliman, ACON President Mark Orr. Pictured front (left to right): The Hon Helen Westwood, Australian Human Rights Commission President; The Hon Catherine Branson, Arab Council CEO; and Randa Kattan. Photo courtesy of Ann Marie Calihanna. See ACON's report on page 20.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
THE BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2012

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

Board of Directors

The names of the Board of Directors of the Australian Federation of AIDS Organisations Incorporated (thereafter called the Federation) as at balance date are:

Ian Rankin (President)	Willie Rowe (Vice-President)	Nicolas Parkhill (Secretary)
Andrew Burry (Treasurer)	Chris Lemoh (Ordinary Member)	Robert Mitchell
Jenny Kelsall	Kane Matthews	Michael Costello
Finn O'Keefe (Staff Rep)	Rob Lake (Ex Officio)	

DIRECTORS' REGISTER OF ATTENDANCE 2012		
	Board Meetings	
	Number Eligible To Attend	Number Attended
Brown, G	2	2
Burry, A	7	5
Costello, M	3	1
De Castro, C	1	1
Edwards, A	1	—
Gluvakov, D	1	1
Keen, P	2	2
Kelsall, J	7	4
Lake, R (Ex Officio)	7	7
Lemoh, C	7	6
Matthews, K	6	5
Mitchell, R	7	7
O'Keefe, F	1	1
Parkhill, N	7	4
Rankin, I	5	5
Ross, C	3	2
Rowe, W	5	5
Tobin, M	1	1

Principal Activities

The Principal Activities of the Federation during the financial year were:

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

Significant Changes

No Significant Changes in the nature of these activities occurred during the year.

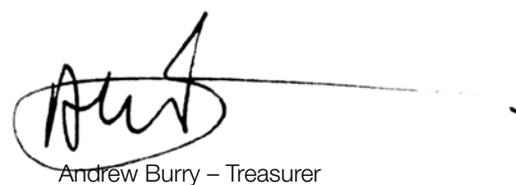
Operating Result

The surplus of the Federation for the year ended 30 June, 2012 amounted to \$117,324 (2011 deficit of \$50,586).

Signed in accordance with a resolution of the Board of Directors by:



Rob Lake – Executive Director



Andrew Burry – Treasurer

Dated this 14th day of September 2012

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

	Notes	2012 \$	2011 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,044,340	1,254,188
Trade and other receivables	5	485,421	225,682
Inventories		—	—
Assets held for sale		—	—
Security deposits and prepayment		5,060	51,357
TOTAL CURRENT ASSETS		1,534,821	1,531,227
NON-CURRENT ASSETS			
Property, plant and equipment	6	17,033	24,347
Investment property		—	—
Intangibles		—	—
TOTAL NON-CURRENT ASSETS		17,033	24,347
TOTAL ASSETS		1,551,854	1,555,574
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	350,123	413,639
Grants in Advance	7, 8	361,408	333,043
Provisions	7, 9	147,132	241,570
Borrowings		—	—
TOTAL CURRENT LIABILITIES		858,663	988,252
NON-CURRENT LIABILITIES			
Provisions	9	44,875	36,330
Borrowings		—	—
TOTAL NON-CURRENT LIABILITIES		44,875	36,330
TOTAL LIABILITIES		903,538	1,024,582
NET ASSETS		648,316	530,992
EQUITY			
Reserves	11	56,678	56,678
Retained earnings	10	591,638	474,314
TOTAL EQUITY		648,316	530,992

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2012

	Notes	2012 \$	2011 \$
REVENUE			
Donations and gifts – monetary		64,041	104,450
Donations and gifts – non-monetary		—	—
Bequests and Legacies		—	—
Grants			
AusAID PNG		193,875	186,424
AusAID HIV Consortium		498,397	662,810
Other Australian		2,265,417	2,095,350
Other Overseas		—	—
Investment income		42,132	28,779
Other income			
Overseas		—	—
Domestic		73,254	9,102
Revenue for International Political or Religious Adherence Promotion Program		—	—
TOTAL REVENUE	2	3,137,116	3,086,915
EXPENDITURE			
International Aid and Development Projects			
Funds to international programs		542,991	577,263
Program support costs		76,013	89,599
Community education		—	—
Fundraising costs – Public		—	—
Fundraising costs – Government, multilateral and private		24,294	17,311
Accountability and administration		19,285	11,574
Expenditure for International Political or Religious Adherence Promotion Program		—	—
Domestic Programs			
Domestic programs expenditure		756,823	598,321
Staffing		1,085,727	1,260,772
Administration		514,659	582,661
TOTAL EXPENDITURE		3,019,792	3,137,501
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE		117,324	(50,586)

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF CHANGES IN ACCUMULATED FUNDS & RESERVES
 FOR THE YEAR ENDED 30 JUNE 2012

	Retained Earnings	General Reserves	Total
	\$	\$	\$
Balance at 30 June 2010	524,900	97,600	622,500
Surplus/(Deficit) attributable to members	(50,586)	—	(50,586)
Amount transferred from reserves	—	(40,922)	(40,922)
Balance at 30 June 2011	474,314	56,678	530,992
Surplus/(Deficit) attributable to members	117,324	—	117,324
Balance at 30 June 2012	591,638	56,678	648,316

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

	Notes	Inflows (Outflows) 2012 \$	Inflows (Outflows) 2011 \$
Cash flows from operating activities			
Australian Grants received		2,030,501	2,450,976
Interest Received		42,132	28,779
Other Income		833,109	1,102,241
Project Grant Costs		(1,290,754)	(1,260,504)
Payments to Employees and Suppliers		(1,824,836)	(1,858,783)
Net cash provided by operating activities	14	(209,848)	462,709
Cash flow from investing activities			
Payments for property, plant and equipment		—	(3,500)
Net cash provide by (used in) investing activities		—	(3,500)
Net increase/(decrease) in cash held		(209,848)	459,209
Cash at beginning of year		1,254,188	794,979
Cash at end of year	4	1,044,340	1,254,188

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
TABLE OF CASH MOVEMENTS FOR DESIGNATED PURPOSE
 FOR THE YEAR ENDED 30 JUNE 2012

	Cash available at beginning of year	Cash raised during the year	Cash disbursed during the year	Cash available at end of the year
	\$	\$	\$	\$
Domestic Programs	1,028,766	2,105,210	(2,360,071)	773,905
AusAID HIV Consortium	2,691	497,782	(497,603)	2,870
AusAID PNG	129,828	145,598	(193,875)	81,551
Donations – Intl Program	92,903	—	(64,041)	28,862
AusAID ALAF Program	—	157,152	—	157,152
TOTAL	1,254,188	2,905,742	(3,115,590)	1,044,340

The accompanying notes form part of these financial statements

Note 1: Statement of Significant Accounting Policies

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

The financial report covers the Australian Federation of AIDS Organisations Incorporated as an association incorporated in the Australian Capital Territory under the *Associations Incorporation Act 1991*.

The financial report of the Australian Federation of AIDS Organisations Incorporated as an individual entity complies with all Australian equivalents to International Financial Reporting Standards (AIFRS) in their entirety.

The following is a summary of the material accounting policies adopted by the Federation in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

Basis of Preparation

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, financial assets and financial liabilities for which the fair value basis of accounting has been applied.

Accounting Policies

a) Income Tax

As a charitable institution for the purposes of Subdivision 50-5 of the *Income Tax Assessment Act 1997*, the Federation is exempt from income tax.

b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal.

Subsequent costs are included in the asset's carrying amount or recognized as a separate asset, as appropriate, only when it is probable that the future economic benefits associated with the item will flow to the Federation and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

Depreciation

The depreciable amount of all fixed assets is depreciated using the diminishing value method over their estimated useful lives.

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

Class of fixed Asset	Depreciation Rate
Fixtures, furniture and fittings	20.00%
Equipment, including computers	33.33%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

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

c) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Federation are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amount equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased asset are depreciated on a diminishing value basis over their estimated useful lives where it is likely that the Federation will obtain ownership of the asset or ownership over the term of the lease.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the period in which they are incurred.

d) Financial Instruments

Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Financial assets at fair value through profit and loss

A financial asset is classified in this category if acquired principally for the purpose of selling in the short-term or if so designated by management.

Available-for-sale financial assets

Available-for-sale financial assets include any financial assets not included in the above categories.

Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken directly to equity.

e) Impairment of assets

At each reporting date, the Federation reviews the carrying values of its tangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

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

f) Employee Benefits

Provision is made for the Federation's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

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

Long Service Leave is recognised as a current liability after five years of service which is in advance of the statutory period pursuant to an entitlement under employees' Certified Agreements and as a non-current liability from commencement of employment and five years of service.

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

g) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

h) Foreign Currency Transactions and Balances

Foreign currency transactions during the year are converted to Australian currency at the rates of exchange applicable at the dates of the transactions. Amounts receivable and payable in foreign currencies at balance date are converted at the rates of exchange ruling at that date.

i) Revenue

Accounting for grants received. Grants are credited to revenue in the year specified in the Grant Agreement. Revenue based grants received during the year which relate to subsequent years are treated as programs not yet fully expended and recorded as "Grants in Advance".

Interest revenue is recognized on a proportional basis taking into account the interest rates applicable to the financial assets.

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

j) Goods and Services Tax (GST)

Revenues, expenses and assets are recognized net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognized as part of the cost acquisition of the asset or as part of an item of expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

k) Comparative Figures

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

Critical Accounting Estimates and Judgments

The board members evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Federation.

Key Estimates – Impairment

The Federation assesses impairment at each reporting date by evaluating conditions specific to the Federation that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

Note 2: Revenue

Operating Activities	2012	2011
	\$	\$
Donations and Gifts – Monetary	64,041	104,450
Operating grants:		
AusAID PNG	193,875	186,424
AusAID HIV Consortium	498,397	662,810
Other Australian: Government Grants	2,131,054	2,095,350
Other Australian: AIDS Trust of Australia	134,363	—
Investment Income	42,132	28,779
Other income:		
Australian	73,254	9,102
	3,137,116	3,086,915

Note 3: Auditors' Remuneration

Remuneration of the auditor of the Federation for:		
Auditing or reviewing the financial report	22,000	22,000
Less: Reimbursement from AusAID Consortium	(1,000)	(1,000)
	21,000	21,000
Board Training and Corporate Services	8,680	—
	8,680	—

Note 4: Cash and Cash Equivalents

Cash at bank	666,339	893,888
Short-term bank deposits	377,301	360,000
Cash on hand	700	300
	1,044,340	1,254,188

The effective interest rate on short-term bank deposits was 4.80% (2011: 4.98%). The 2 deposits \$25,000 and \$35,000 have an average maturity of twelve months and other 2 deposits of \$213,606.47 and \$103,695.30 has 3 months maturity each.

Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the balance sheet as follows:

Cash and cash equivalents	1,044,340	1,254,188
	1,044,340	1,254,188

Note 5: Trade and Other Receivables

Member Organisations	17,857	12,361
Government Grants	375,133	180,217
Loan – National AIDS Fundraising Ltd	—	—
International: Project Partners	—	1,299
Health Sector Organisations	18,450	4,408
GST Receivable	33,981	27,397
Income Receivable – AIDS Trust Of Australia	40,000	—
	485,421	225,682

Note 6: Property, Plant and Equipment

	2012	2011
	\$	\$
Office equipment at cost	93,575	93,575
Accumulated depreciation	(81,353)	(75,242)
Total office equipment	<u>12,222</u>	<u>18,333</u>
Leasehold improvements		
At cost	40,578	40,578
Accumulated depreciation	(35,767)	(34,564)
Total Leasehold Improvements	<u>4,811</u>	<u>6,014</u>
Total Property, Plant and Equipment	<u>17,033</u>	<u>24,347</u>

Movements in carrying amounts

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

	Leasehold Improvements	Office Equipment	Total
	\$	\$	\$
Balance at the beginning of the year	6,014	18,333	24,347
Additions	—	—	—
Disposals	—	—	—
Depreciation expense	(1,203)	(6,111)	(7,314)
Carrying amount at the end of year	<u>4,811</u>	<u>12,222</u>	<u>17,033</u>

Note 7: Trade and Other Payables

	2012	2011
	\$	\$
CURRENT		
Trade payables	350,123	413,639
Grants received in advance	361,408	333,043
Short-term employee benefits	147,132	241,570
	<u>858,663</u>	<u>988,252</u>

Note 8: Grants in Advance

Health Department Grants – Commonwealth and State	—	—
International Program Grants	110,413	223,346
Other Grants	250,995	109,697
	<u>361,408</u>	<u>333,043</u>

Grants in Advance represent work that had commenced in the 2011 / 2012 financial year but where final costs will not be paid until the 2012/2013 financial year.

Note 9: Provisions

Employee Benefits (Refer to Note 1 (f))

Current	147,132	241,570
Non-Current	44,875	36,330

The provision relating to employees with 5 years service is recorded as a current liability and the provision relating to employees with 0 to 5 years service (i.e. not statutorily liable), is treated as a non-current liability pursuant to negotiated employment contracts of AFAO staff.

Number of full time equivalent employees at year end	<u>14.2</u>	<u>16.4</u>
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Note 10: Retained Earnings

	2012	2011
	\$	\$
Retained earnings at beginning of year	474,314	524,900
Operating surplus/(deficit) for the year	117,324	(50,586)
Retained earnings at the end of the year	591,638	474,314

Note 11: Equipment Replacement and Employee Entitlement Reserve

The Equipment Replacement & Employee Entitlement Reserve was established to provide funding for equipment replacement and employee entitlements and expenditure otherwise deemed necessary from time to time and which are anticipated in forthcoming years.

Opening balance	56,678	97,600
Transfer from retained earnings	—	(40,922)
Balance at end of the year	56,678	56,678

Note 12: Operating Lease Commitments

Non-cancellable operating leases contracted for but not capitalised in the financial statements

Payable – minimum lease payments

– not later than 12 months	36,446	105,485
– between 12 months and 5 years	—	35,162
– greater than 5 years	—	—
	36,446	140,647

Note 13: Events after the Statement of Financial Position Date

- a) No material events that affect the Federation or these financial statements have occurred since balance date requiring disclosure.
- b) The financial report was authorised for issue on the 14th September, 2012.

Note 14: Cash Flow Information

Reconciliation of Net Cash Flow from Operations with Surplus/(Deficit) from Operations

Operating surplus/(deficit)	117,324	(50,586)
Depreciation	7,314	10,523
(Profit)/Loss on disposal of assets	—	—
Changes in net assets and liabilities		
(Increase)/decrease in prepayments & deposits	46,297	1,807
(Increase)/decrease in trade debtors	(259,739)	414,083
Increase/(decrease) in sundry creditors	(63,516)	21,234
Increase/(decrease) in grants in advance	28,365	80,998
Increase/(decrease) in employee benefits payable	(85,893)	25,572
Increase/(decrease) in reserves	—	(40,922)
	(209,848)	462,709

Note 15: Financial Risk Management

a. General objectives, policies and processes

In common with all businesses, the Federation is exposed to risks that arise from its use of financial instruments. This note describes the Federation's objectives, policies and processes for managing those risks and the methods used to measure them. Further quantitative information in respect of these risks is presented throughout these financial statements.

There have been no substantive changes in the Federation's exposure to financial instrument risks, its objectives, policies and processes for managing those risks or the methods used to measure them from previous periods unless otherwise stated in this note.

The Board has overall responsibility for the determination of the Federation's risk management objectives and policies. The Federation's risk management policies and objectives are therefore designed to minimize potential impacts of these risks on the results of the Federation where such impacts may be material. The Board receives reports from the Executive Director through which it reviews the effectiveness of the process put in place and the appropriateness of the objectives and policies it sets.

The overall objective of the Board is to set policies that seek to reduce risk as far as possible. Further details regarding these policies are set out below.

Note 16: Federation Details

The registered office of the Federation is:

The Australian Federation of AIDS Organisations Incorporated
Level 1
222 King Street
Newtown NSW 2042.

Note 17: Economic Dependency

The Australian Federation of AIDS Organisations Incorporated is reliant upon continuing government funding to operate as a going concern.

Note 18: Related Party Disclosures

- a. The names of each person holding the position of director of the Organisation during the financial year are: Dr Graham Brown, Mr Ian Rankin, Ms Alison Edwards, Mr Willie Rowe, Mr Nicolas Parkhill, Mr Andrew Burry, Dr Chris Lemoh, Ms Jenny Kelsall, Mr Kane Matthews, Ms Caroline De Castro, Mr Robert Mitchell, Mr Colin Ross, Ms Michelle Tobin, Mr Michael Costello, Mr Phillip Keen, Ms Danica Gluvakov, Mr Finn O'Keefe and Mr Rob Lake.
- b. Key management personnel comprise of Mr Rob Lake (Executive Director), Mr Simon Donohoe (Education Programs Manager), Mr David Traynor (International Programs Manager to Feb 2012) and Ms Linda Forbes (Policy & Communications Manager) and Ms Sarita Ghimire (Financial Controller).
- c. Transactions between related parties are on normal commercial terms and conditions no more favourable than those to other parties unless otherwise stated.
- d. Income paid, payable or otherwise provided to key management personnel during the year was \$495,654(2011: \$595,264). This included short-term benefits of \$456,740 (2011: \$548,404) and superannuation of \$38,914 (2011: \$46,860).

Note 19: Compliance with ACFID Code of Conduct

The Summary Financial Reports have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Implementation Guidance available at www.acfid.asn.au.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30 JUNE 2012

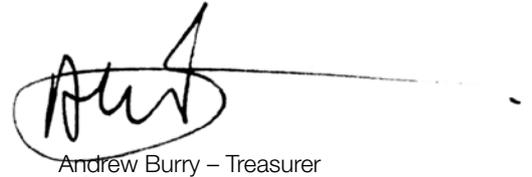
The Board of Directors of Australian Federation of AIDS Organisations Incorporated declare that:

1. the financial statements and notes are in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board and:
 - comply with relevant Australian Accounting Standards as applicable; and
 - give a true and fair view of the financial position as at 30 June 2012 and of the performance for the year ended on that day of the association.
2. in the Board of Directors opinion, there are reasonable grounds to believe that the Australian Federation of AIDS Organisations Incorporated will be able to pay its debts as and when they fall due.

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



Rob Lake – Executive Director



Andrew Burry – Treasurer

Dated this 14th day of September 2012

Established 1973

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED**

Report on the Financial Report

I have audited the Financial Report of Australian Federation of AIDS Organisations Incorporated for the financial year ended 30 June 2012, consisting of the Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows, Statement of Changes in Accumulated Funds & Reserves, Table of Cash Movements for Designated Purpose, accompanying Notes, and the Statement by the Board of Directors.

Directors

John James Masselos

James J Masselos

Damien Barker

Elenie Ferrier

Directors and Management Responsibility for the Financial Report

The Directors and Management are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and The Australian Council for International Development (ACFID) Code of Conduct and for such internal control as Directors and Management determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Principal

Garry Stewart Grahame

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on our audit. I have conducted my audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

Consultant

Maria Masselos

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. My procedures included the examination on a test basis, of evidence supporting the amounts and other disclosures in the Financial Report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Directors and Management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Directors and Management financial reporting under the Association Incorporation Act (ACT 1991). I disclaim any assumption of responsibility for any

LEVEL 17 44 MARKET STREET SYDNEY NSW 2000

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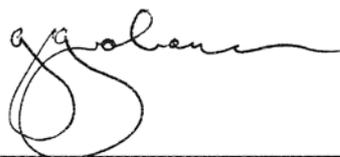
reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

The audit opinion expressed in this report, pursuant to the Associations Incorporation Act (ACT, 1991), has been formed on the above basis

Opinion

In my opinion the Financial Report of the Australian Federation of AIDS Organisations Incorporated presents fairly in all material respects, the financial position of the Australian Federation of AIDS Organisations Incorporated as at 30 June 2012, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and the ACFID Code of Conduct.



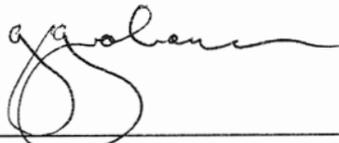
Garry Stewart Grahame FCA
Chartered Accountant

Sydney, 11 September 2012

Disclaimer

The additional financial information for the Income and Expenditure Statement is in accordance with the books and records of Australian Federation of AIDS Organisations which have been subjected to the auditing procedures applied in the statutory audit of the Federation for the year ended 30 June 2012. It will be appreciated that the statutory audit did not cover all details of the additional financial information. Accordingly we do not express an opinion on such financial information and no warranty of accuracy or reliability is given.

In accordance with our Firm policy, we advise that neither the Firm nor any member or employee of the Firm undertakes responsibility arising in any way whatsoever to any person (other than the Federation) in respect of such information, including any errors or omissions therein, arising through negligence or otherwise however caused.



Garry Stewart Grahame FCA
Chartered Accountant
Masselos Grahame Masselos Pty Limited
Sydney, 11 September 2012

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2012

	2012	2011
	\$	\$
Revenue		
Donations and Gifts	64,041	104,450
Grants		
AusAID PNG	193,875	186,424
AusAID HIV Consortium	498,397	662,810
Health Department Grants	2,131,054	2,095,350
AIDS Trust of Australia	134,363	—
Investment Income – Interest	42,132	28,779
Other Income		
Overseas	—	—
Domestic	73,254	9,102
	3,137,116	3,086,915
Expenditure		
Overseas Projects		
Funds to overseas projects	419,434	577,263
Other project costs	104,592	118,484
Domestic Projects		
Community education	—	—
Other project costs	764,259	605,856
Administration		
Audit	21,000	21,000
Bad Debts Written Off	—	490
Bank Charges	1,943	2,019
Contractors Fees	47,019	31,813
Depreciation Expense	7,314	10,523
Donations/Gifts	—	10,185
Employee Assistance Program	—	360
Insurance	29,260	24,892
Meeting Expenses	22,519	38,142
Office Equipment Expense	11,310	1,739
Postage and Freight	2,359	2,256
Professional Fees	10,595	5,000
Loss on Disposal of Assets	—	—
Rent and Electricity	99,330	117,630
Repairs and Maintenance	28,143	32,957
Resources and Subscriptions	16,706	14,673
Salaries and Wages	1,212,374	1,260,772
Staffing On-costs	10,034	11,674
Stationery and Office Supplies	11,900	13,754
Superannuation	105,377	104,453
Telephone, Facsimile and Internet	15,490	22,337
Travel	61,764	66,768
Website	15,882	42,441
WorkCover Compliance	1,188	20
	3,019,792	3,137,501
OPERATING SURPLUS/(DEFICIT)	117,324	(50,586)



AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS

Level 1, 222 King Street (PO Box 51), Newtown NSW 2042

Telephone (02) 9557 9399 Facsimile 02 9557 9867

www.afao.org.au