

# AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS



# ANNUAL REPORT 2014–2015



AIDS Council CEOs Meeting at AFAO, Sydney, 2015. L–R: Simon Ruth (VAC); Michael Scott (QuAC); Sabine Wagner (TasCAHRD); Bridget Haire (AFAO Board); Simon Donohoe (AFAO secretariat); Linda Forbes (AFAO secretariat); Andrew Burry (WA AIDS Council); Philippa Moss (AIDS Action Council of the ACT); Nic Parkhill (ACON).

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**AFAO would like to express its appreciation for the continued support of the Australian Government Department of Health under the Communicable Disease Prevention and Service Improvement Grants Flexible Fund, and the Health Systems Capacity Development Fund; and Department of Foreign Affairs and Trade (DFAT).**



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# PRESIDENT'S REPORT

By Bridget Haire

**In 2014, Australia's Ministers for Health committed to a vision of ending new Australian HIV transmissions by 2020 – an ambitious goal, but one that the community HIV sector wholeheartedly endorses.**

Never before has this goal seemed as plausible as it does now. In May 2015, results from the START study showed that commencing treatment for HIV immediately rather than waiting for immune decline resulted in a 53% decreased risk of developing serious illness. This result, together with the data on treatment as prevention (TasP) that has been accumulating since 2011, puts to rest any controversy about the optimal time to begin antiretrovirals. For both the individual health of the person with HIV, and for the public health benefit of reducing ongoing transmission, the optimal time to start is immediately after diagnosis (as soon as the individual is ready).

In addition to these data, the Conference on Retroviruses and Opportunistic Infections (CROI) in early 2015 reported further evidence that pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV acquisition among gay and other homosexually active men (86% risk reduction in two studies).

Real clarity flows from this evidence on biomedical treatment and biomedical HIV prevention. The urgent task for the HIV partnership now is the removal of impediments that discourage or prevent people from accessing testing; beginning treatment, if appropriate; and considering PrEP, if at high risk of HIV. Recognising risk is one part of this – the other is addressing the stigma and discrimination, which are still prevalent across Australian society and remain a key driver of the epidemic.

The Australian HIV sector has done an excellent job in removing the barriers to immediate treatment access for those diagnosed with HIV, joint advocacy efforts resulting in removal of the CD4 count threshold that formerly existed in treatment guidelines, and the introduction of community dispensing of s100 drugs. Access to community-based HIV testing is still limited, however, and PrEP can still only be accessed through clinical trials or personal importation schemes – as is also the case with HIV self-testing. Removing the barriers to these enabling technologies must be the focus of the coming year.

The importance of focusing primarily on the needs of Australia's highest risk and most affected population – gay men and other men who have sex with men – remains critical to an effective response.

While gay men remain the primary focus, other populations have not been ignored. Addressing stigma and discrimination has been the focus of one of AFAO's innovative programs – working with communities from the African diaspora, who face the complex task of building and maintaining community in Australia, while supporting community members who may be living with or at increased risk of HIV. AFAO's community development work in this emerging risk population has been built up over several years to develop the trust and rapport necessary for the success of this important work.



AFAO President Bridget Haire, with NAPWHA President Robert Mitchell, during a panel discussion on treatment as prevention at the AFAO Members Forum, Sydney, May 2015.



Outgoing AFAO President Willie Rowe (left), together with Executive Director Rob Lake, and incoming AFAO President Bridget Haire. Willie stepped down from the AFAO Board in May 2015 to take up the position of Chief of Staff for West Australian Premier Colin Barnett.

Despite an uncertain funding environment, AFAO has flourished under the direction of Executive Director, Rob Lake. Rob has kept both morale and productivity high, focusing on achievable outcomes and careful attention to relationship building, both inside and outside the sector.

Supporting this work is the AFAO Board – a dynamic group of people who bring high-level skills and experience to the table. The commitment of each Board member over this past financial year has been extraordinary, and I would like to acknowledge and thank each person for their sustained and energetic contribution to the governance of the organisation.

Our shared goal of ending HIV by working together to support, empower and protect people living with HIV and affected communities is the factor that unifies and powers our work. ■

# EXECUTIVE DIRECTOR'S REPORT

By Rob Lake

**R**eflecting on the past year highlights some mixed messages. At AIDS 2014, there were strong global and Australian commitments announced, with the Council of Australian Governments (COAG) Health Council's *AIDS 2014 Legacy Statement* pledging to virtually eliminate HIV transmission in Australia by 2020, and the launch of a renewed Department of Foreign Affairs and Trade (DFAT) HIV Strategy. These statements coincided with renewed focus from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) to intensify approaches that work, and where epidemics impact most.

Unfortunately, that intensification is not a focus of the Commonwealth Government response. Funding cuts to DFAT have meant the end of the HIV Regional Capacity Building Program, which, since 2008, worked with South East Asian and Pacific organisations of men who have sex with men (MSM), people with HIV, sex workers, people who inject drugs and the sexual health workforce.

These organisations worked hard to achieve a seat at the table as key decision-makers in the region, to better plan and deliver HIV prevention, treatment and legal protections for the communities they represent. The loss of funding to this program removes an opportunity for cooperation and collaboration between civil society in Australia and the region, and support for ongoing development of these organisations.

Domestically, the energy from government is being driven at a State rather than a National level. The Implementation Plan for the National HIV, STI, Hepatitis and Aboriginal Strategies awaits final sign-off and release, meaning that we will again be half way through the Strategy period before any new work begins.

There is also a clear need for new work and a place for new tools. We have known for some time that early treatment initiation, community-based rapid testing and pre-exposure prophylaxis (PrEP) are potential game changers for HIV prevention, diagnosis and treatment in Australia. The evidence has become irrefutable; and yet our trajectory to use of these tools in 'real world' scenarios has been slow.

Rapid testing clinics run by AIDS Councils are demonstrating that, with user-friendly testing services, gay men will recommit to integrating regular testing into their lives. We are fortunate to have sought and received Pharmaceutical Benefits Scheme (PBS) approval for people with HIV to begin taking treatments at the point they are ready, rather than the decision being based on the loss of CD4s.

Sign-up to PrEP demonstration projects in Australia has been enthusiastic. In addition, personal importation of antiretrovirals by those outside of PrEP trials is increasing; however, these are stop gaps. Licensing, approval and funding of rapid tests, PrEP and HIV medications for all people with HIV in Australia is still in the pipeline. We continue to wait.

Meanwhile, in the AFAO office we continue to work on these policy issues, health promotion campaigns and to collaborate with our Member Organisations, as is detailed throughout this report.

Notwithstanding ongoing funding uncertainty, it has been a strong year for AFAO. Campaign and policy work developed with members and implemented around Australia has been visible, effective and well received. Within the secretariat, the creation of a new role of Manager – Finance and Administration, means a stronger, direct focus on this critical part of AFAO's work. Sarita Ghimire, now Manager, is taking this work forward.

Willie Rowe, AFAO president since 2012, was called to higher duties by the WA Premier. Willie's leadership for AFAO has been strong, astute and considered. We wish him well and acknowledge his impact. Bridget Haire, AFAO Vice President, stepped into the role and has ably navigated the step into leadership. In November, we also bid farewell to Dean Murphy, who left the Health Promotion team to pursue his academic career. Dean's contribution to our work is much appreciated. Pete Smith from the Finance and Administration team also departed AFAO late last year – his hard work was of great assistance to all the AFAO staff.

As is always the case, I want to thank the whole AFAO team who make our work possible, and without whom my job would be much more difficult.

Thanks to all of the AFAO staff in Sydney and to those who are based remotely for their work and support. Thanks to the management team and to the Board of AFAO for its leadership, to the Policy and Communications and Health Promotion teams – and to the members. Their partnerships, collaboration and insights give depth, credibility, relevance and impact to our campaign, policy and advocacy work.

This year, *HIV Australia* – AFAO's flagship publication – was acclaimed in an independent external review, which praised its scope, style, production values and community-centred approach. Similarly, an evaluation of the AFAO Health Promotion Program highlighted its impact and support to our sector, and the relevance and responsiveness of its approach. The findings of these evaluations affirm the strong reputation amongst our sector and professionalism of the AFAO staff.

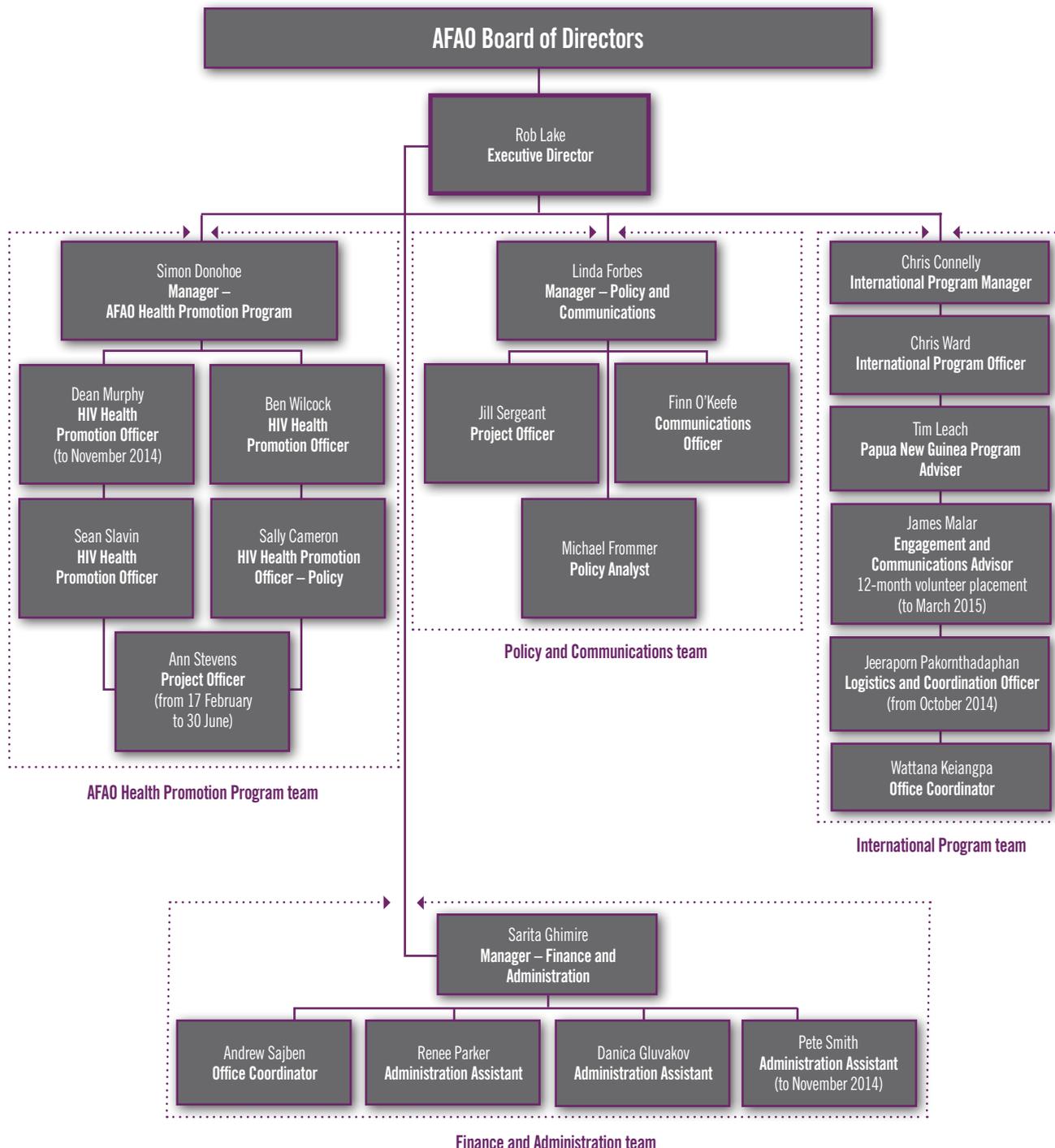
The International Program, based in Bangkok, was also evaluated at the end of the DFAT program. The inclusive and collaborative approach to our work in Asia and the Pacific was a feature of the evaluation and a reflection of the work of AFAO's staff in Bangkok. Throughout 2014/15, AFAO's international team provided strong leadership and support to our partners in Asia and in PNG.

To all of our partners in the fight against HIV and the support of people with and affected by HIV, thanks once more. To the researchers, clinicians, fellow community sector advocates, politicians and government workers, thanks once more for working together to keep HIV on the map, and to respond and to work towards addressing the needs we all see, and the goals we share. ■



The AFAO Annual Report 2014–2015 cover collage – Pictured clockwise from far left: Anwernekenhe National HIV Alliance staff and volunteers during Aboriginal and Torres Strait Islander HIV Awareness Week, Sunshine Coast, December 2014; Participants at the Asia-Pacific Intergovernmental Meeting on HIV and AIDS Bangkok, January 2015; AFAO International Program Manager, Chris Connelly and WA AIDS Council Executive Director, Andrew Burry participating in the Global Fund meeting of the Communities, Rights and Gender Special Initiative, Bangkok, August 2015; Max Amolloh, a member of the AFAO African Reference Group, reports back during the AFAO African Faith Leaders' Meeting, Sydney, July 2015; Dr John Rule and Professor Sharon Lewin at NAPWHA's stall in the Global Village at AIDS 2014, July 2014; APCOM's Australia Awards Fellows in Melbourne during AIDS 2014; Joel Falcon from Scarlet Alliance participating in a panel at the AFAO Members Forum, May 2015; participants at the AFAO Young Gay Men and HIV Risk Health Promotion Workshop; Protesters at the AIDS 2014 Mobilisation March call for the repeal of section 19A, Melbourne; Rob Lake (AFAO Executive Director) and Abby Landy (Positive Speakers Bureau, Positive Life NSW) during Canberra's International AIDS Candlelight Memorial event at University House, Australian National University. Photo Keith Jeffers.

## AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS (AFAO) ORGANISATIONAL CHART



By Linda Forbes, Manager



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

**A**FAO's Policy and Communications team undertakes analysis of HIV-related policy issues, providing advice to government by way of submissions to Parliamentary and departmental inquiries, engaging in consultations and contributing to AFAO's input to the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and the Blood Borne Virus and Sexually Transmissible Infection Subcommittee (BBVSS).

We also provide information, resources and other materials to AFAO members and other stakeholders, as well as organise, program and host national workshops and forums on key issues.

Over the year, the team also continued with its other core activities:

- producing AFAO's flagship magazine, *HIV Australia*
- maintaining AFAO's website
- managing the organisation's social media presence, and
- contributing to AFAO's engagement with the media – including by developing and maintaining our online HIV Media Guide.

Apart from these ongoing core activities, in 2014/15 the Policy and Communications team together hosted AIDS 2014 Global Village activities and provided extensive input into development of implementation plan for the suite of National Blood Borne Virus (BBV)/Sexually Transmissible Infections (STI) strategies launched last July.

## Policy focus

AFAO's policy work seeks to bring the health and prevention benefits of recent treatment and prevention research to the Australian HIV response, while advocating for reforms that maintain and strengthen Australia's legal and policy framework. The team's policy activities continued to be a mix of responsive work driven by the Commonwealth's policy and legislative agenda, and proactive policy work driven by emerging issues affecting HIV priority populations, as defined by the *Seventh National HIV Strategy 2014–2017*.

Released in July 2014, just prior to the AIDS 2014 international conference in Melbourne, the Seventh National HIV Strategy includes a range of crucial priority actions that must be implemented if Australia is to meet its commitment to achieve the targets set by the 2011 United Nations Political Declaration on HIV. The Strategy seeks to focus primarily on the targets to:

- reduce sexual transmission of HIV by 50 per cent by 2015, and
- increase treatment uptake by people with HIV to 90 per cent.

Apart from these numerical targets, the Strategy stresses the importance of 'enabling social and legal environments ... in ensuring access to HIV prevention, treatment, care and support', setting out priority actions toward eliminating stigma; addressing institutional, regulatory and systems barriers to equality of access for people with HIV people in affected communities; and addressing legal barriers to evidence-based prevention strategies across jurisdictions.

These HIV Strategy priority areas have guided our policy work over the year, framing input into development of the Implementation Plan for the National BBV/STI strategies and our submissions to inquiries, input into consultations, and analysis of emerging issues identified by AFAO and its members.

## Submissions

Over the year, the policy team's submissions and input to consultations included:

- submissions and other feedback regarding drafts of the Implementation Plan for the National BBV and STI Strategies 2014–2017
- comments to the Therapeutic Goods Administration (TGA) on the discussion paper for its Review of Medicines and Medical Devices Regulation
- comments to the TGA on Proposed Performance Requirement and Risk Mitigation Strategies for HIV Tests
- submission to the Senate Select Committee on Health Inquiry into Health Policy, Administration and Expenditure
- submission to National Pathology Accreditation Advisory Council on Draft Guidelines for Point of Care Testing
- comments on the draft National HIV Testing Policy
- comments on Draft Guidelines for Point of Care Testing
- submission on and engagement in consultation regarding *Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper*
- submission to the Australian Health Practitioner Regulation Agency on Guidelines for the Regulatory Management of Registered Health Practitioners and Students Infected with BBVs
- submission to Communicable Diseases Network Australia regarding the *Australian National Guidelines for the management of Health Care Workers known to be infected with Blood-Borne Viruses*
- comments to Senate Committee Inquiry regarding the draft *Medical Services (Dying with Dignity) Bill 2014*
- submission to Senate Legal and Constitutional Affairs Committee Regulator of *Medicinal Cannabis Bill 2014*
- submission to the Ice Taskforce on the National Ice Strategy (May 2015)
- submissions to Joint Committee on Law Enforcement Inquiry into crystal methamphetamine (ice) (June 2015)
- comments on Interim Report of the Reference Group on Welfare Reform
- comments to United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) re: survey on civil society organisations' perspectives on progress in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific
- comments to Joint United Nations Programme on HIV/ AIDS (UNAIDS) on the Global Non-Discrimination Targets
- submission to the Virtual Consultation on UNAIDS Strategy 2016–2021.

## Briefings

Briefing papers for members and other stakeholders included:

- AIDS 2014 background briefing papers for media and other stakeholders, including:
  - *HIV and Australia: A Short History ...*
  - *Substantially Increasing Access to and Uptake of Voluntary HIV Testing*
  - *Making Pre-Exposure Prophylaxis Available to People at High Risk of HIV Infection*
  - *Application of Criminal Laws in Cases of HIV Sexual Transmission and Exposure.*
- papers on HIV and African communities (English and community language translations)
- *Primary Health Care – the landscape in 2014*
- *Promoting Treatment for HIV Prevention: AFAO Health Promotion Discussion Paper*
- Accessing pre-exposure prophylaxis (PrEP) in Australia: the state of play for enhancing access to PrEP for gay men and other MSM
- paper on South Australian and West Australian legislation providing for mandatory testing of alleged offenders for BBVs.

## AFAO National Policy Officers Network (ANPON)

ANPON provides networking opportunities and support for policy officers and other AFAO Member Organisation staff who are involved in HIV policy work, providing participants with opportunities to discuss current activities, emerging issues, flag upcoming work and identify potential areas of mutual interest for collaboration. Throughout the year, AFAO convened regular ANPON teleconferences and hosted a national ANPON workshop in May.

## HIV and African communities

AFAO has continued to support the development of a community-led response to HIV prevention, care and support for African Australian communities. In 2014–15 this work included:

- hosting the AFAO African Reference Group, which has facilitated the development of networks of African community leadership and of HIV sector/multicultural health organisations
- liaising with the African and Black Diaspora Global Network on HIV/AIDS (ABDGN) regarding the planning and coordination of an African/Black Diaspora Networking Zone at AIDS 2014 (see below), and facilitating a Working Group for the zone
- organising a national meeting of African faith leaders to discuss how they can be involved in addressing HIV-related stigma in their communities
- presentations to the Migration, Social Disadvantage and Health conference
- update and translation of AFAO's Briefing Paper on HIV and African communities.

## AIDS 2014 Global Village activities

### G'Day! Welcome to Australia

The team programmed and hosted the engaging AIDS 2014 Global Village Networking Zone, 'G'Day! Welcome to Australia'. The design and fit-out of the Zone celebrated the centrality of community in Australia's partnership response to HIV – programming including a diverse mix of presentations, workshops, launches and 'infotainment'. The Zone also featured screenings of HIV-related films and documentaries and a digital gallery of health promotion materials.

## Under the Baobab Tree

AFAO also co-hosted Under the Baobab Tree, the African Diaspora Networking Zone at AIDS 2014, in partnership with the African Black Diaspora Global Network and the Centre for Ethnicity and Health (Victoria). The Zone provided a venue for formal presentations and workshops, cultural performances, and a space for networking, resource-sharing and informal discussions. AFAO's engagement in this Zone consolidated our relationship with multicultural health organisations, and has positioned us well to support and collaborate on continued health promotion and policy initiatives with African and other CALD communities.

## National HIV Forum

AFAO hosted its inaugural National HIV Forum in Sydney on 17 October 2014 to share ideas and develop consensus on next steps for Australia's community-based HIV sector and our partners in the context of the then newly-released *Seventh National HIV Strategy 2014–2017*. AFAO consulted with its members to develop a program that would ensure high-level discussion of key Seventh National HIV Strategy priorities, and locate HIV-related issues within proposed changes to the broader health sector. Forum participants included AFAO members, clinicians and researchers.

## Members Forum

The team developed the program for AFAO's May 2015 Members Forum. The program was designed to engage with the AFAO membership and facilitate consideration of issues to be addressed in developing and delivering health promotion activities, and in ensuring effective and evidence-based policy representation. Forum participants included Member CEOs, program managers, health promotion and education staff, and staff involved in policy analysis.

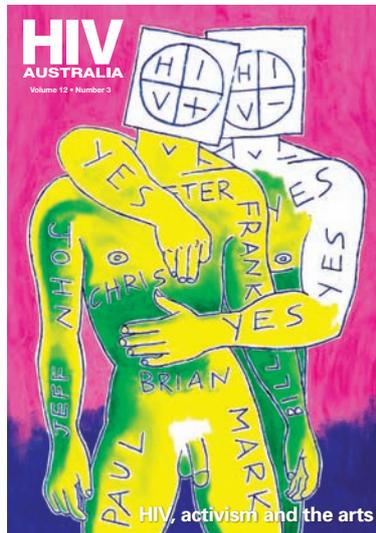
Sessions covered:

- reforms required to address laws that entrench stigma and discrimination experienced by people with HIV, gay men, people from CALD communities, sex workers, injecting drug users, and people from Aboriginal and Torres Strait Islander communities
- developing treatment as prevention health promotion campaigns and education programs
- enhancing access to PrEP
- roll-out of community dispensing of HIV antiretrovirals
- evaluating peer-based programs
- developing and producing *HIV Australia*, AFAO's flagship magazine
- HIV and African communities.

## Website and social media

Website traffic grew substantially over the year, with the number of visitors (107,000) and the number of pages viewed (245,000) doubling from the previous period. This was due to factors including increased engagement during AIDS 2014 and increased traffic via social media. The number of people accessing the site on mobile devices increased significantly (up by 143% for phones and 106% for tablets), with most visitors arriving due to searches for specific content. *HIV Australia* and news pages were also popular.

Traffic to the AFAO blog (<https://afaotalks.blogspot.com>) almost doubled in 2014–15, with over 3,000 visitors and 4,551 views of the 31 posts published over 12 months. The blog included reflections on conferences such as AIDS 2014 and CROI 2015, AFAO forums; and one-off events, such as policy roundtables, activates marking the International AIDS Candlelight Memorial and a sex worker-art exhibition.



*HIV Australia* covers from 2014/15.

AFAO utilises Facebook and Twitter to share HIV and AFAO-related content and news. Engagement with AFAO's Facebook page increased over the year. In AFAO's first year on Twitter, we gained over 400 followers, sent over 1,300 tweets, received 400 mentions and were retweeted 613 times.

## Media

AFAO continued to engage external consultants, Mountain Media, to support AFAO's media strategy and to monitor and address instances of inaccurate or stigmatising reporting about HIV, people living with HIV or people among affected communities. Where appropriate, we lodged complaints with media outlets and referred editors and journalists to AFAO's HIV Media Guide, for best practice guidance and support.

AFAO's media strategy for AIDS 2014 focused primarily on engaging journalists with the release of HIV surveillance data and the *AIDS 2014 Legacy Statement*.

In preparation for the conference, we repackaged AFAO's HIV Media Guide as an online resource ([www.hivmediaguide.org.au](http://www.hivmediaguide.org.au)), and worked with the AIDS 2014 media team to disseminate this information to journalists in the lead-up to the conference, as well as distributing an HIV language guide to journalists reporting on the conference.

Throughout the year, media interest in PrEP was high. HIV rapid and home testing, proposed changes to Medicare co-payments, the ban precluding gay men from donating blood, and the impact of Australian and international budget cuts on the HIV response also received coverage in both gay and mainstream media over the year. See AFAO's website ([www.afo.org.au](http://www.afo.org.au)) for links to media coverage throughout the year that included comments from AFAO on HIV and related issues.

## *HIV Australia*

This has been an exciting year for AFAO's flagship publication, *HIV Australia*. We produced our largest edition ever for the AIDS 2014 conference, followed up with two other equally strong editions. We conducted an external evaluation of the publication, which found the magazine to be highly successful in contributing to debate about key policy issues.

In 2014/15, our print circulation remained steady at around 3,200 copies per edition, with website analytics continuing to show that articles are read and shared online long after each edition has been published.

We produced three editions of *HIV Australia* over the year:

- ***HIV and the enabling environment: Australia and our region***  
This 80-page edition, produced for AIDS 2014, explored the success of Australia's HIV partnership response and examined how this is informing the approach of community organisations working across Asia and the Pacific. The edition was launched at AFAO's Global Village 'G'Day!' Zone, with over 2,000 copies distributed to delegates at the conference.
- ***HIV, activism and the Arts***  
This visually-rich edition examined the often undervalued role that cultural production has played in HIV health promotion, advocacy and public education over the last 30 years. Featuring David McDiarmid's 1994 painting, *Yes*, on the cover, the edition included a retrospective look at Australian HIV health promotion and reflections on the history of HIV activism in Australia. The edition also profiled contemporary artists showcased in the AIDS 2014 cultural program, whose work addresses stigma and raises awareness about the lived experience of HIV-positive people.
- ***Toward 2020: is Australia on track to meet its targets?***  
This topical edition considered the impact of target-setting on the policy response to HIV. Articles discussed the benefits and limitations of target-bound approaches to policy making; the importance of targets for achieving regulatory reform; the lack of discrimination and stigma indicators in the Seventh National HIV Strategy; and the need to reform laws which stigmatise and criminalise communities affected by HIV. The edition constitutes a tool to stimulate discussion among the AFAO membership and beyond.

In December 2014, AFAO commissioned an external evaluation of the magazine. Key stakeholders were interviewed – including editors, editorial advisory committee members, contributors and subscribers. The evaluation report found that *HIV Australia* is very successful in meeting its objectives, noting that the magazine is held in high regard among the HIV, health and research sectors. The evaluation found that '*HIV Australia* makes a unique contribution to the HIV policy context and the response to HIV in Australia.' ■



**Pictured clockwise from top left:** The AFAO National Policy Officers Network (ANPON) workshop featured presentations from the Centre for Social Research in Health (CSRH) and the Kirby Institute, Sydney, May 2015; AFAO's African Reference Group met to discuss emerging issues and identify future priorities, Sydney, July 2015; Max Amolloh reports back on group discussion at the AFAO African Faith Leaders' Meeting, Sydney, July 2015; AFAO policy staff and speakers at the co-launch of two resources designed to support mobile and migrant communities responses to HIV – AFAO's *HIV and Stigma in Australia: A Guide for Religious Leaders* and LaTrobe and Curtin University's *HIV and Mobility: Roadmap for Action*, Melbourne, December 2014; The AFAO Members Forum was attended by AFAO member CEOs, program managers, health promotion and policy staff, Sydney, May 2015; the AFAO Members Forum included robust debate about pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP), Sydney, May 2015; AFAO Communications Officer, Finn O'Keefe, outlines *HIV Australia* Evaluation report findings at the AFAO Members Forum, Sydney, May 2015; the AFAO National HIV Forum enabled the broader HIV partnership to share ideas and develop consensus on next steps for Australia's community-based HIV sector and other partners, Sydney, October 2014.

# AFAO INTERNATIONAL PROGRAM

By Chris Connelly, Manager



Program staff: Chris Connelly (left) and Chris Ward.

**D**uring the year, AFAO's flagship international programs under the Regional HIV Capacity Building Program came to an end, with the cessation of funding from the Australian government for the regional program. These two programs – JumpStart and the Community Advocacy Initiative (CAI) – were conducted through a peer-civil-society-to-civil-society model between AFAO and counterpart organisations in Asia and the Pacific, working to strengthen capacity and advocacy initiatives within the community response to HIV across the region.

The lead partners, APCOM (Asia Pacific Council on Male Sexual Health) and APCASO (Asia Pacific Council of AIDS Service Organisations), are seeking other donor agencies to continue this work, while hoping for renewed support from the Australian government in future iterations of the programs. An overview of the programs' key activities and achievements in their final year is outlined below.

## JumpStart

A partnership between AFAO and APCOM, the JumpStart program began in December 2012. It aims to strengthen the capacity of networks of men who have sex with men (MSM) and transgender people across Asia and the Pacific. In the final year of the program, the focus of capacity building activities shifted from sub-regional to country level networks. Under JumpStart, AFAO and APCOM collaborated to conduct capacity assessments of national networks or community-based organisations operating in seven countries across the region including Cambodia, Laos, Malaysia, Myanmar, Philippines, Thailand, and Vietnam.

The assessment used the JumpStart rapid assessment tool (RapApp) to facilitate a discussion with key representatives from each network or organisation in 14 areas of organisational and technical capacity, identifying strengths and weaknesses and leading to development of a technical support plan. As part of the facilitated process, a series of stakeholder visits was conducted to strengthen the capacity of each organisation in building partner relationships and mobilising support. As a result, organisations in several of the countries now have closer working relationships with stakeholders at country level.

A key outcome of the process in Laos was approval from the Center for HIV/AIDS and STD (CHAS) for establishment of an informal network of MSM and transgender people focusing on HIV in the country. This was a similar process followed in the establishment of the Laos Association of people living with HIV (APL+), and was a significant step for MSM and transgender civil society in the country. During the year, AFAO, APCOM and ASHM (Australasian Society for HIV Medicine) collaborated to develop a revised version of the RapApp for use with a broader cross-section of HIV civil society organisations.

In addition to the RapApp process, small grants enabled several of the country partners to conduct small advocacy engagements and activities. This included a workshop conducted by Dangal National Network in

Philippines to bring MSM civil society together to discuss priorities to feed into the Global Fund country concept note development process. As a result, the allocation of resources for MSM interventions was increased within the concept note activity plans and budget. Later in the year a workshop was co-organised by Dangal, JumpStart and the CAI program on HIV financing for MSM responses in the Philippines, to build capacity and consensus around domestic funding issues. In Malaysia, the myISEAN network used the JumpStart small grant to organise a disclosure workshop for MSM and transgender people.

APCOM used JumpStart as a platform to develop multiple advocacy and technical materials for use by civil society around the region, including the Headlight technical series summarising issues for male and transgender sex workers from the United Nations Population Fund (UNFP), United Nations Development Programme (UNDP) and Asia Pacific Network of Sex Workers (APNSW) publication, *The Right(s) Evidence – Sex Work, Violence and HIV In Asia*; discussion papers on community responses to the Global Fund's new funding model and the World Health Organization (WHO) guidelines on programming for Key Populations; a policy brief on shared responsibility for young MSM; podcasts on experiences of HIV-positive MSM; and a series of briefs highlighting the work of individual MSM and transgender advocates and organisations around the region.

With the close out of current Australian government funding for JumpStart, an evaluation of the program since December 2012 was conducted, finding that the program had significant achievements during this time, and is well-positioned to undertake focused advocacy actions under future phases of work.

## Community Advocacy Initiative (CAI)

The CAI program – a partnership between AFAO and APCASO – is currently in its third phase of activity, with a strong focus on HIV financing, using the Investment Framework as a guide. During the year, activities became more refined at country level, tailored to the context and opportunities arising. During the year, the program worked closely with national level civil society organisations in Cambodia (HACC – HIV/AIDS Coordinating Committee), China (CHAIN – China HIV/AIDS Information Network), Laos (LaoPHA – Lao Positive Health Association) and Vietnam (SCDI – Center for Supporting Community Development Initiatives).

In China, the program conducted a survey of civil society experiences and concerns relating to provision of domestic financing. The Chinese government has committed to fully funding the HIV response, and to providing funding for civil society, but has only established a funding mechanism in the past few months. CHAIN used the report to facilitate a meeting with HIV agencies within the government to

discuss the concerns of civil society related to the mechanism, and its focus on provision of services to the exclusion of advocacy related activities.

In Cambodia, HACC conducted ongoing engagements into national processes for development of the Global Fund concept note, national strategic plan, and discussions on domestic funding. In addition, a national consultation workshop was conducted to discuss and document the country dialogue process for development of the Global Fund concept note, with focus on how civil society engagement had been facilitated.

In Laos, the program was able to facilitate inputs from civil society into the Global Fund concept note to attempt to improve the allocation of funding to civil society to be more effective. In Vietnam, SCIDI conducted research at the provincial level to explore the development of provincial sustainability plans, looking at proposed HIV finance mechanisms and the challenges they might face.

At a regional level, CAI facilitated a workshop on civil society experiences through the Global Fund new funding model in four countries (Indonesia, Philippines, Laos and Vietnam) to provide recommendations and learnings to feed into Global Fund revisions to the model, and how civil society can better be engaged.

In addition, APCASO played a strong role in engaging in the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Intergovernmental Meeting (IGM) on HIV/AIDS, ensuring that HIV financing issues were on the agenda, and joining a discussion panel at the event. APCASO and AFAO facilitated HIV financing and the IGM Roadmap sessions at the Community Forum of the IGM. In advance of the IGM two policy briefs were released, focusing on CAI experiences in Vietnam, and government commitments to HIV financing in Asia and the Pacific.

With the discontinuation of current Australian government funding for CAI, a program evaluation was conducted for the period September 2012 to May 2015, with the findings that CAI fills an important space in the civil society response and should be continued. The evaluation also identified ten key learning outcomes from CAI, recommending that these be incorporated into future phases of CAI, or similar projects.

Within the year, APCASO also experienced some significant changes, with a relocation to Bangkok (co-located with AFAO International and APCOM), bidding farewell to Moi Lee Liow after five years of dedicated service, and welcoming RD Marte as the new Executive Director of the organisation.

## Papua New Guinea (PNG)

By Tim Leach, PNG Program Adviser

Kapul Champions is PNG's national peer-based organisation for men with diverse sexualities and transgender people (or 'MDS' and 'TG', as they describe themselves). Kapul Champions promotes HIV prevention and other healthy behaviours among its constituents and advocates for the human and constitutional rights of the country's MDS and TG communities. The organisation is supported by AFAO with funding from the Department of Foreign Affairs and Trade (DFAT), and overseen by an elected Board of MDS and TG volunteers.

Homosexual sex remains illegal in PNG, so it is a complex matter to operate an organisation for MDS and TG in this context. Even so, this past year has seen Kapul Champions achieve very significant



The Kapul Champions team (L–R): Nick Morea-Evera (Senior Program Officer), Mactil Bais (Program Manager) and Watson Gabana (Advocacy Officer).

outcomes. In the past year, Kapul Champions has conducted a regional forum for constituents in the Highlands – the first time such an event has been held in this region. It also conducted two support visits for emerging MDS/TG communities (in Lae and Mingendi), and a closed workshop for HIV-positive MDS and TG (also in Lae). It has developed two important community education resources (a poster supporting appropriate use of antiretrovirals and a second resource promoting social inclusion for MDS and TG), and continues to distribute its *Know Your Rights* booklet, promoting awareness among MDS and TG that they have rights under both international law and the national constitution. It also conducted a workshop to help journalists and other media personnel to better understand HIV, and to improve their reporting of HIV, MDS and TG issues. This workshop led to the development of a television documentary on MDS and TG, broadcast on EMTV (PNG's free-to-air television station) earlier this year.

Kapul Champions is a key player in a multi-sectoral movement to decriminalise homosexual sex in PNG, with organisations involved including UNAIDS, the National AIDS Council and a range of other international and local agencies. This movement works to convince parliamentarians and other decision-makers that decriminalisation would not only be consistent with PNG's human rights commitments, but would also greatly help in preventing the spread of HIV. This understanding underpins all of DFAT's regional HIV work.

A key achievement in the past year was the successful staging of a three-day national workshop in Lae on rights and the law, convened by Kapul Champions as part of a collaboration with several other PNG civil society organisations.

Kapul Champions has had fine leadership from its first national president, Manu Peni, and now from current president, Parker Hou. Elected at the 2014 AGM, Parker is a well known human rights advocate in PNG and the Pacific, and under his stewardship the organisation recently appointed its first ever Program Manager. This is an important step towards full organisational independence.

AFAO acknowledges the efforts of Manu, Parker and Board members past and present. It also acknowledges the good work of newly appointed Program Manager Mactil Bais, Project Officer Watson Gabana, long-term Senior Project Officer Nick Evera, and Administration Manager George Raubi.



At the Asia-Pacific Intergovernmental meeting on HIV and AIDS, held in Bangkok in January 2015, 30 countries from the region committed to ending HIV in Asia and the Pacific by 2030. L–R: AFAO's Chris Connelly, Rob Lake and Don Baxter (AFAO International Program Advisor) on day two of the meeting.

### Health Policy Project Gender and Sexual Diversity Training

AFAO International took on a new project in collaboration with Research Triangle Institute (RTI) and Futures Group under the Health Policy Project. The project provided Gender and Sexual Diversity training to the staff of President's Emergency Plan for AIDS Relief (PEPFAR) offices (United States Agency for International Development and Centers for Disease Control and Prevention), US Embassies and PEPFAR implementing partners in several countries around Asia and the Pacific. The training is part of a global initiative, with AFAO International collaborating to roll-out training programs in the PEPFAR Regional Office in Thailand, Cambodia, Myanmar, Vietnam and Papua New Guinea.

### Australia Awards Fellowships (AAF) and the International AIDS Conference 2014

AFAO International hosted two Australia Awards Fellowships programs in conjunction with the ASHM Leadership and Mentoring Program. The fellowships enabled 50 community leaders and advocates from 12 countries in Asia and the Pacific to come to Australia for a tailored program of training and site visits around the International AIDS Conference. Twenty-five fellows were hosted in partnership with APCASO and their focal point partners, and 24 hosted through APCOM and their sub-regional networks. AFAO additionally supported four young fellows to join the program. The overall AAF goal is to develop the skills and knowledge of current and aspiring leaders in priority areas, to provide support in advancing key regional policy objectives, and to increase institutional capacity in partner countries.

During their time in Australia, the fellows undertook a range of skills and capacity building activities in the areas of leadership, advocacy, government accountability, human rights, HIV financing, social media, social research, and HIV testing technologies run by AFAO

and ASHM. Fellows also participated in the AIDS 2014 conference, satellite events and training programs. Aside from facilitating the AAF programs, AFAO International also supported several global village discussion panels, radio broadcasts and sessions at the MSMGF pre-conference.

AFAO continued to engage the AAF fellows through a 12-month mentoring program following the conference, with online discussion modules on topics including advocacy, social media, LGBTI rights and social research.

### Secondment from WAAC

AFAO International was fortunate this year to welcome Ben Bradstreet from the WA AIDS Council (WAAC) to Bangkok for three months. The secondment, enabled through support from WAAC, aimed to increase WAAC's linkages to civil society organisations working in Asia, particularly in countries with high levels of migration to Western Australia. Ben worked closely with APCOM on the JumpStart project, and took several pieces of work forward, including policy briefs, and conducting the RapApp and stakeholder visits in Malaysia with myISEAN, and in Myanmar with Myanmar Youth Stars. Ben was also able to return to Bangkok to assist with the APCOM PrEP regional consultation.

### Organisational

AFAO International would like to thank the hard work and dedication of our small team. We particularly wish to thank James Malar (External Relations and Communications) and Chris Ward (Project Officer) who both departed the program during the year. Continued acknowledgement to the ongoing AFAO International Program team Chris Connelly (Program Manager), Tim Leach (PNG Program Adviser), Jeeraporn Pakornthadaphan (Logistics and Coordination Officer) and Wattana Keiangpa (Office Coordinator). ■



**rapapp SCORES ON Monitoring And Evaluation Capacity**

Powered by **jumpstart** APCOM AFAO Australian Federation of AIDS Organisations

For queries on APCOM technical support, please email: [apcom@apcom.org](mailto:apcom@apcom.org)

Only **1 out of 8** organisations has an M&E system in place and claims to carry out analysis and learning.

There is a **need** for training in **project design and management**, with some organisations requiring comprehensive training in M&E including:

- 1) Development of M&E Frameworks
- 2) Monitoring of Projects and Core Organisational work
- 3) Evaluation Tools
- 4) Community Participation in Evaluation, Analysis and Documentation of Learning

**3 out of 8** have **limited or project-focused** M&E system.

APCOM and AFAO are accredited by the Global Fund Communities, Rights and Gender Department as Technical Assistance providers in Asia and the Pacific.

Pictured clockwise from top left: James Malar and Michael Kirby at the Asia-Pacific Intergovernmental Meeting on HIV and AIDS, Bangkok, 28–30 January 2015; Chris Ward speaking at the Asia-Pacific Intergovernmental Meeting on HIV and AIDS, Bangkok; Laos MSM and transgender civil society with AFAO, APCOM and UNAIDS representatives at the JumpStart government dialogue meeting; Infographic from JumpStart Regional Analysis Report on the Capacity Assessment of regional, sub-regional and national MSM and transgender organisations and networks in Asia and the Pacific; Ben Bradstreet from WA AIDS Council joined AFAO's International Program on secondment for three months, and is pictured here during IDAHOT 2015, Bangkok, May 17; and Australia Awards Fellows from APCOM in Melbourne, Chinatown, July 2014.

# AFAO HEALTH PROMOTION PROGRAM

By Simon Donohoe, Manager



From left: Simon Donohoe, Dean Murphy, Ben Wilcock, Sean Slavin, Sally Cameron and Ann Stevens.

**The AFAO Health Promotion Program provides national leadership to the Australian community-based education and health promotion response to HIV by:**

- developing and disseminating policy briefing papers and discussion papers on pertinent HIV prevention and health promotion issues
- coordinating and undertaking health promotion policy analysis, and providing advice to the AFAO membership on best practice in health promotion
- developing HIV and sexually transmissible infections (STI) social marketing and health promotion campaigns, as well as web- and print-based information resources for communities affected by HIV, and
- creating and coordinating workforce development opportunities that build on and enhance the capacity of the AFAO membership.

AFAO principally works within the disciplines of health promotion, community development and adult learning, and we work in collaboration with AFAO's membership on initiatives that are developed or refined at a national level and implemented locally.

Over the last year, AFAO's health promotion staff have continued to provide valuable leadership and input to national policy development in several key areas including HIV testing, PrEP, and young gay men and same-sex-attracted youth.

## Social Marketing Campaigns

### Post-exposure Prophylaxis (PEP) awareness campaign

The PEP Awareness Campaign ([www.getpep.info](http://www.getpep.info)) targets gay men and other men who have sex with men (MSM), including those men who inject drugs. The primary target audience are non-HIV positive gay men and other men who have sex with men (MSM); however, the campaign is targeted to all gay men and other MSM, including men living with HIV who are able to inform their HIV-negative partners and other men about PEP.

The campaign aims to increase awareness among gay men and other MSM about the availability of PEP as an effective means of averting HIV infection immediately after an event that may put them at increased risk of HIV infection (e.g., condomless sex, a condom breaking or slipping off during sex, or sharing injecting equipment with a person that has, or might have, HIV). It also includes links to other online resources providing detailed information about PEP and a listing of hospitals and other clinical services where PEP is available.

As part of the PEP Awareness Campaign development process, AFAO has consulted and collaborated with a range of clinical bodies and organisations, including ASHM (the Australasian Society for HIV Medicine) and the Australasian College for Emergency Medicine, to scope and devise appropriate mechanisms and activities to increase awareness of PEP prescribing guidelines among clinicians throughout Australia.



AFAO's popular HIV Tests & Treatments resource, designed to build the health literacy of people with HIV, has been fully revised and is now available as a website.

## Resources

### HIV Tests & Treatments

*HIV Tests & Treatments* was a popular print-based resource targeting people living with HIV (PLHIV), originally produced by AFAO in 2000, and revised and reprinted in 2003 and 2009. This year, AFAO's Health Promotion team revised, updated and republished the resource as a website ([www.hivtnt.org.au](http://www.hivtnt.org.au)).

The HIV Tests & Treatments website describes currently available antiretroviral (ARV) drugs for the treatment and management of HIV infection, as well as common tests used to monitor the health of people with HIV. It also provides detailed information on how these tests can be used to help people with HIV to manage health issues and make decisions about starting, stopping or changing ARV treatments. The resource aims to promote and support health-seeking behaviour among PLHIV by increasing health literacy and building capacity to maximise health and wellbeing.

### Treat Yourself Right

*Treat Yourself Right* was a booklet containing specific information for HIV-positive women, first produced by AFAO in 2000 and revised and reprinted in 2001 and 2007. The resource has been out of print since late 2008, but remains highly-regarded by Australian and international PLHIV organisations and networks, and in particular by women living with HIV in Australia, as it one of only a few resources written specifically for HIV-positive women in the Australian context.

Due to recent developments in ARV treatment, new evidence about the preventative benefits of ARV therapy and the rise of electronic media, *Treat Yourself Right* was in need of a major revision and update.

AFAO's Health Promotion team undertook a review process that included a survey of key networks of women living with HIV, international scoping of comparable resources, and a technical review of scientific and medical information. Positive women's networks and service providers steered the structure of the revised resource and reviewed draft text. They were also instrumental in ensuring the revised resource will be made available in both print and electronic formats.

The website and booklet, renamed *Living Well: Women Living with HIV*, will be launched and distributed in September 2015. It aims to increase

health literacy about HIV and comorbidities among women living with HIV, and increase awareness of issues faced by women living with HIV among health and other service providers.

### Updating and refreshing current health promotion websites

The AFAO Health Promotion Program maintains a number of websites on a range of issues. Developed in earlier years, these sites require intermittent review and update in order to remain fresh, accurate and relevant.

In the past year, updates were undertaken for Time to Test ([www.timetotest.com.au](http://www.timetotest.com.au)), which included making the site more mobile-friendly and the addition of an Indigenous Australian model to the poster series and website. Review of the Ending HIV website ([www.endinghiv.org.au](http://www.endinghiv.org.au)) delivered a more accessible structure and a more contemporary look. The Drama Downunder website ([www.thedramadownunder.info](http://www.thedramadownunder.info)) has been re-skinned to reflect new design iterations for the campaign being implemented in Victoria, and to better promote the partner notification and STI testing reminder service on the website homepage.

Various changes have also been made to the Your Body Blueprint website ([www.yourbodyblueprint.org.au](http://www.yourbodyblueprint.org.au)) and associated resources, based on feedback from the *AFAO Health Promotion Program 2012–2014 Evaluation*. New design changes aim to make the site more appealing to a wider range of people with HIV.

### Capacity Building

#### Young Gay Men and HIV Risk: workshops and best practice guidelines

In 2014, AFAO commenced a review of Australian health promotion practices addressing young gay men's HIV health promotion needs. The process included literature review, dialogue with key service providers, and the development of a set of best practice guiding principles.

The Health Promotion team undertook scoping of 24 AFAO Member Organisations and key LGBTI-focused youth and mental health services to identify shared experiences and to differentiate experiences and understanding by sector and region.

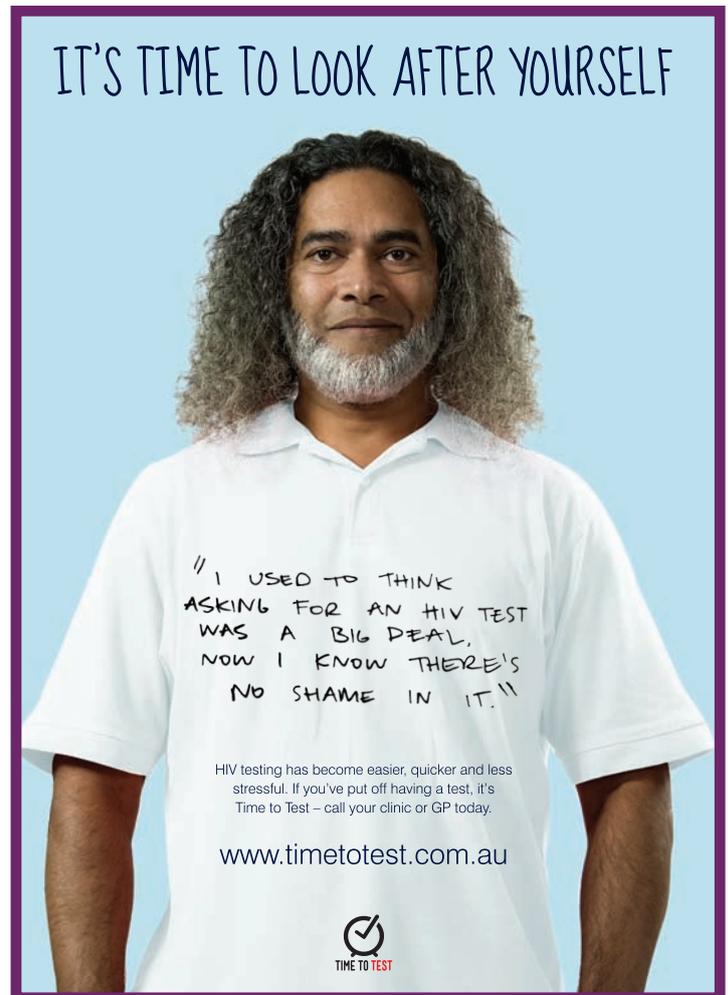
AIDS Councils from around Australia selected 22 young gay men to complete a series of Cultural Probes tasks to investigate their health priorities, understanding of HIV, and attitudes to HIV messaging. AFAO then convened a workshop of expert HIV and sexual health educators from HIV, mental health and youth sectors to discuss the health promotion needs of young gay men and best practice methodology to address those needs. The meeting included 25 participants from AFAO Member Organisations (state-based AIDS Councils and former AIDS Councils) and representatives from the youth, LGBTI health, and mental health sectors.

The workshop program development and facilitation was undertaken by Natalie Rowland from Redrollers Research, a consultancy company specialising in Cultural Probes and with which AFAO has previously worked to inform our work on community-based HIV testing services.

The process highlighted some of the excellent work being done in the area, and increased awareness of innovations that can be used to strengthen organisation capacity. It also highlighted key challenges, including how to leverage changes to school-based sex education, how to increase organisational capacity to reach young gay men across broad platforms, and how to better engage young gay men to take ownership of HIV risk and initiatives to address it. A summary of the process and set of best practice health promotion guidelines was distributed to participants and made available on the AFAO website.



*Living Well: Women Living Well with HIV*, a highly-regarded resource for HIV-positive women in Australia, will be relaunched in print and online in October 2015.



A new iteration of AFAO's Time to Test campaign, geared towards Aboriginal and Torres Strait Islander communities.

## Needs assessment and framework for treatment as prevention

The AFAO Health Promotion Program undertook a broad range of consultations with AFAO members and other experts to help inform a framework for the effective delivery of health promotion about treatment as prevention (TasP). A series of interviews with HIV-serodiscordant couples was also completed. These interviews formed case studies to help us understand the information and health promotion needs of individuals regarding TasP. This work will inform the development of a campaign in the next year aimed at serodiscordant couples.

## Audit of community-based HIV testing services

Community-based HIV testing has been increasingly implemented across Australia in the last few years, since the advent of rapid HIV testing. To help better understand the impact and utility of these type of services, AFAO commissioned Dr Jeanne Ellard to undertake a descriptive review of these interventions.

The project explored different approaches to community-based HIV testing in Australia from the perspective of the organisations and peer workers involved. The study aimed to identify the design strengths of different community-based testing approaches, and the ongoing training and support needs of peer workers. The data were collected using ethnographic techniques including field observations and interviews.

Results of the research indicate that community-based rapid HIV testing offers gay men and MSM new and different ways to test their HIV status. It repositions HIV testing as a practice beyond the traditional setting of clinics and this has the potential to attract men who have never tested before, or those who do not test regularly. The report, which is available on the AFAO website, provided a set of recommendations for improving these services, and supporting the ongoing needs of the staff and volunteers involved in them.

## Evaluation of the 2012–2014 Health Promotion program of activities

As part of AFAO's commitment to critical reflection and improvement to its programs and services to its members, Dr Rigmor Berg and Paul van Reyk were contracted to undertake an extensive, independent evaluation of AFAO's health promotion campaigns and resources, and capacity development activities rolled out as part of the 2012–2014 AFAO Health Promotion Program. This consultancy resulted in a comprehensive report based on analysis of information gleaned from: focus groups conducted in each state and territory; one-on-one interviews with stakeholders and program managers and staff of AFAO's Member Organisations; consultations with other relevant service providers; analysis of online advertising schedules and corresponding website traffic statistics; and a comprehensive review of the program documentation, including the AFAO Health Promotion Program Strategic Plan, rationales for specific initiatives, prior evaluations and formative research reports.

The evaluation investigated four social marketing campaigns: Your Body Blueprint, The Drama Downunder, the national [non-NSW] roll-out of the Ending HIV, and Time to Test; four print- or web-based resources: *Taking a Look, Our Team, Us Mob and HIV*, *Destiny Haz Arrived*, and QuAC's Condoman website, which was produced with financial assistance from the AFAO Health Promotion Program; as well as various discussion and briefing papers produced by the AFAO health promotion team, and the utility of the intellectual and policy leadership in the health promotion domain.

Evaluation can often be seen as a somewhat irksome imposition on people's time, but is nonetheless essential for the continuous improvement of the campaigns, resources and services that AFAO provides to people with HIV and the HIV-affected communities. I would like to pass on a personal and sincere thank you to all those who contributed their time



The Drama Downunder, one of four AFAO social marketing websites reviewed and updated during 2015.



Experts from HIV, LGBTI health, youth and mental health sectors participating in AFAO's Young Gay Men and HIV Risk Health Promotion Workshop, Sydney, 22 May 2014.



The Get PEP campaign aims to increase awareness among gay men and other MSM about the availability of PEP as an effective means of averting HIV infection immediately after a high risk event.

and effort to this evaluation process, including focus group participants, program managers and project officers from the AFAO membership and the AFAO health promotion team; and especially to the lead consultant, Dr Rigmor Berg, who went way above and beyond the contractual requirements to provide AFAO with such a comprehensive and informative report.

A copy of the *AFAO Health Promotion Program 2012–2014 Evaluation* report is available upon request. ■

# FINANCE AND ADMINISTRATION

By Sarita Ghimire, Manager



**Pictured above:** Sarita Ghimire, Andrew Sajben, Renee Parker, Danica Gluvakov and Pete Smith

**T**he Finance and Administration team provides a range of support and services to AFAO staff, Board and AFAO's Member Organisations. Over the year our team consisted of Sarita Ghimire, Manager – Finance and Administration; Andrew Sajben, Office Coordinator; and Renee Parker, Danica Gluvakov and Pete Smith, Administration Assistants.

The year has been both exciting and challenging, and has included changes to our team structure and the way we conduct our work. In April, Sarita took up a new position as Manager of the team – an important first step in the strategic restructure and review of AFAO's finance and administration systems. This direct managerial oversight has already resulted in improved workflow processes.

Throughout the year, Andrew, Danica and Renee continued to excel with their regular responsibilities, and on occasion, taking on additional duties as well. Pete – who was on a fixed-term contract – left AFAO in November 2014 after completing his contract term. He was a great support to the team while Danica was on maternity leave.

This year, our team commenced working with new auditors – a routine change of auditors required by AFAO's governance policies. We thank our outgoing auditors, Masselos Grahame Masselos, for their excellent work and look forward to working with the team at LBW & Partners, whose expertise in the not-for-profit sector will definitely add value to our organisation.

This year AFAO engaged an external consultant to review and streamline our financial processes, which has resulted in some new systems changes. Changes following the review have included implementation of a cloud-based accounting system, XERO, as well as exploring potential improvements to our human resources and payroll systems.

So far, our team is very satisfied with the move to XERO; the software includes some great features that have improved the efficiency of our daily processes, as well as improvements in the process of reporting to AFAO management and Board.

An administration review, conducted by an independent consultant, was also commenced in late 2014, and is due to be finalised in the first quarter of the new financial year. We are anticipating some practical recommendations to ensure robust administrative systems and facilitate cohesive team work. A visit to the AFAO Bangkok office by Sarita this year was a great chance to liaise with our International Program staff, and other staff and project partners based in Bangkok. This visit has enabled the AFAO teams in Sydney and Bangkok to streamline financial systems. Our team also took on responsibility for providing financial management support to our project partner in Papua New Guinea, Kapul Champions. We will continue to provide this support for the next few months, until Kapul Champions has its own financial systems in place. Financial management support to APCOM (Asia Pacific Coalition of Male Sexual Health), another international project partner based in Bangkok, also continued over year.



Sarita Ghimire, Manager – Finance and Administration, meets with AFAO's International Program team and program partners in Bangkok.

We are proud that all of the year's reports and lodgements, such as the Annual Return, Australian Charities and Not-for-profits Commission (ACNC) Return, Australian Council for International Development (ACFID) Return, Financial Acquittals, insurances, Activity Statement to Australian Tax Office were all compliant with the requirements.

The Finance and Admin team also played an integral role in AFAO's preparations for the AIDS 2014 conference. This included all the usual conference logistics, such as organising registration, accommodation and travel for staff (and some presenters) attending the conference, as well as assisting with planning for AFAO's community networking zone, 'G'Day! Welcome to Australia', in the Global Village Exhibition Hall. Participation in this international event was a great opportunity, as well as a fun experience for our team. The feedback about our team's contribution to the event was extremely positive and appreciative.

As in previous years, our team, with assistance from Simon Donohoe, Manager of the AFAO Health Promotion Program, and Mike Hogan, our IT Consultant, maintained IT-related services for staff and other stakeholders.

With ongoing funding uncertainty, we again look forward to another challenging and busy year. Our team is committed to maintaining outstanding support to AFAO and all our stakeholders. ■

## NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)

By Aaron Cogle, Executive Director

**2**014/15 was a year of consolidation and development for NAPWHA, following the frantic lead-up to the International AIDS Conference. NAPWHA's activities at AIDS 2014 were well received, and our work was highly visible throughout the conference. I believe that the body positive should be extremely proud of all that was achieved and the contribution that NAPWHA and its member organisations – especially Living Positive Victoria – made to this international event.

Throughout the year, there were several pleasing developments as a result of AIDS 2014. In Victoria, following a state election, the incoming Labor Government repealed the HIV-specific sections of the criminal code; while in Tasmania, legal provisions requiring mandatory disclosure of HIV were also removed.

As promised by the federal government at AIDS 2014, community dispensing of HIV medication was implemented across Australia from July of this year. A survey was undertaken by NAPWHA and its members to determine issues of concern to people living with HIV (PLHIV) about the changes. This work formed the basis of our advocacy and informed the implementation of the new arrangements.

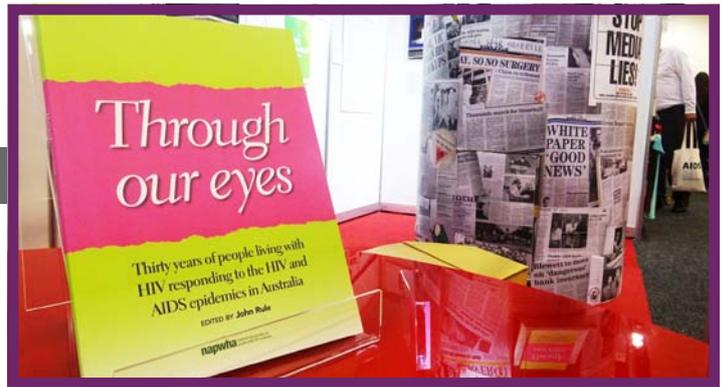
This year also saw the evolution of the Positive Leadership Development Institute (PLDI), which has grown from a NAPWHA/Living Positive Victoria partnership to now include broad HIV-sector support across the country.

Due to funding uncertainty across the sector, the NAPWHA Board took a very conservative approach to managing the finances of the organisation and the secretariat remained understaffed throughout most of the year. However, NAPWHA weathered the uncertainty well and has recently recruited two new staff members, bringing us back to full strength.

Unfortunately, our friends in South Australia didn't fare as well. Sadly, Positive Life SA (PLSA) was unsuccessful with both of its tender submissions, leaving the organisation without any ongoing funding. This caused great distress within the positive community in South Australia and NAPWHA has spent a considerable amount of effort in supporting PLSA.

Once again NAPWHA, its member organisations and Poz Action contributed to many parliamentary inquiries, including submissions on methamphetamine use and Therapeutic Goods Administration (TGA) approval processes. NAPWHA also collaborated with the Australian Federation of AIDS Organisations (AFAO) and contributed to policy work.

The Australian Temporary Residents Access Study (ATRAS) released its final report highlighting the important issue of Medicare Ineligible PLHIV in Australia. The study provided new understandings about positive people without Medicare access: who they are, what are their needs and how we provide them with treatment. NAPWHA worked with state health officials to ensure that the remaining study



**Pictured top:** *Through Our Eyes*, edited by Dr John Rule, on display during AIDS 2014, Melbourne, July 2014; **centre:** Dr John Rule and Professor Sharon Lewin at NAPWHA's stall in the Global Village; and **above:** NAPWHA's 30 Years of HIV exhibition at AIDS 2014.

participants will receive ongoing access to treatment. We will continue to advocate that Australia needs to provide universal access to treatment for all HIV-positive people in this country, in line with our global commitments.

As part of our role as collaborators in the international cure research partnership, NAPWHA has worked with Australian researchers (led by Professor Sharon Lewin) to provide information for positive people about this rapidly evolving area. By the end of this year, NAPWHA will be hosting an Australian web portal – [www.HIVCure.com.au](http://www.HIVCure.com.au) – to coordinate and disseminate research developments and findings to the Australian HIV sector, especially the positive community. ■

# ANWERNEKENHE NATIONAL HIV ALLIANCE (ANA)

By Michael Costello-Czok, Executive Officer

**'Our Story, Our Time, Our Future' was the theme for the International Indigenous Pre-conference on HIV & AIDS, held in Sydney just prior to AIDS 2014. The Pre-conference theme provided a useful framework to consolidate and progress work plan activities of the ANA throughout 2014/15.**

The ANA played a leading role in coordinating the Pre-conference, partnering with James Ward of Baker IDI to secure funding and implement what proved to be an extremely successful event. This work also ensured greater participation and involvement of Indigenous Peoples at AIDS 2014 than has ever been achieved at previous International AIDS conferences.

The entire ANA Board and Staff were fortunate to attend and participate in both events. The reflections and discussions which followed generated some major strategic responses for the ANA – especially in relation to HIV prevention, addressing injecting drug use and increasing workforce capacity.

The ANA successfully concluded the year by completing the actions outlined in our first Strategic Plan, alongside completion of the work plan activities set out in our Department of Health three-year funding contract. The ANA feels reasonably confident that a further contract will be secured given our significant achievements of collaboration and partnership building over the past year.

ANA work plan activities included the completion of a toolkit resource titled, *Our Destiny – Protecting Our Sexual Health*. Designed to build the capacity and skills of Aboriginal and Torres Strait Islander sexual health workers in relation to treatment as prevention (TasP), this resource is a continuation of the Our Destiny Haz Arrived poster – a partnership project between AFAO and the ANA that provides culturally appropriate information on HIV and STI prevention and treatment, care and support. Implementation of the toolkit is set to commence in late 2015.

Network Circle, the network for Aboriginal and Torres Strait Islander workers among the AFAO membership, continues to build. Established in 2014, the network has grown to a membership of 15.

The ANA is playing a leading role in the development and implementation of the Aboriginal and Torres Strait Islander HIV Awareness Week (ATSIHAW). ATSIHAW aims to increase awareness about HIV prevention tools and activities among Aboriginal and Torres Strait Islander communities, using the key message, 'You and Me Can Stop HIV'. The inaugural ATSIHAW event was launched in Canberra leading up to World AIDS Day 2014, and exciting and innovative plans for ATSIHAW 2015 are in development.



**Pictured top:** Michael Costello-Czok, Executive Officer, Anwernekenhe National HIV Alliance (ANA) at the AFAO Members Forum, Sydney, May 2015; and **above:** ANA staff and supporters (L–R): Nell Turner, Michael Costello-Czok, Corey Costello-Czok and Wendy Anders during Aboriginal and Torres Strait Islander HIV Awareness Week, Sunshine Coast, December 2014.

In early 2015, the ANA received the welcome news that the Health Minister, the Hon Susan Ley MP, had approved funding to commence plans for the November 2015 Anwernekenhe 6 conference. The conference is set to return to the Central Australian Arrernte Nation, marking 21 years since Anwernekenhe 1 was first held at Hamilton Downs, just outside of Alice Springs.

The theme of Anwernekenhe 6 is 'Remembering, Recognising and Responding'. The conference will focus on key areas including youth, elders, women and people who inject drugs, alongside gay men and sisters/girls. Conference participants will actively contribute to the development of ANA's second Strategic Plan 2015–19. ■

# AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL)

By Annie Madden, Executive Officer

**F**or AIVL, 2015 has been a significantly better year than the past few, where major challenges – particularly in relation to our ongoing survival as the national peak drug users' organisation in Australia – have been a continuous theme.

AIVL continues to effectively represent the voice of people who inject and use illicit drugs, particularly in relation to blood borne viruses (BBVs), pursuing our core aim of promoting and protecting the health and human rights of people who inject/have injected illicit drugs (PWID). In partnership with our state/territory peer-based member organisations, we have maintained focus on issues of national importance for PWID. Internationally, AIVL has continued its strong role in the International Network of People Who Use Drugs (INPUD).

This year, one of AIVL's major achievements has been the development of our new Strategic Plan 2015–2018, though a process involving in-depth consultations with our members, Board and staff.

We are really excited about the approach we have taken – to both the development and the 'look' of the Strategic Plan. This careful ground work has ensured that AIVL has produced a meaningful document which will inform our decision making and strategic directions for the next three years.

A major development within the consultation and development of the Strategic Plan was to clarify that AIVL, while always retaining a primary focus on people who inject drugs (because of the significantly greater levels of harm, stigma and discrimination routinely experienced by this part of our community), represents people who use or have used illicit drugs more broadly than injecting drug use.

Our aim was to provide a brief document that individual people who use/have used illicit drugs could engage with in a meaningful way. We think we have achieved this through a combination of dynamic graphics and succinct text. Across four pages, the *AIVL Strategic Plan 2015–2018* outlines AIVL's core vision and purpose, values and principles and importantly, our six Strategic Goals for the next three years:

1. To **contribute** to the prevention, assessment, treatment and care of blood borne viruses, particularly hepatitis C and HIV among people who inject/have injected drugs
2. To **facilitate** meaningful consumer engagement on issues of relevance to the health and human rights of people who use illicit drugs
3. To **advocate** for increased drug treatment modalities and to improve the quality, availability and accessibility of existing evidence informed treatments
4. To **challenge** and reduce stigma and discrimination among people who use illicit drugs
5. To **improve** our engagement and influence with AIVL members, key decision makers and other relevant stakeholders
6. To **expand** and diversify AIVL's current funding base and income streams.

Copies of the *AIVL Strategic Plan 2015–2018* can be accessed at [www.aivl.org.au](http://www.aivl.org.au)

AIVL is planning to develop a poster version of the Strategic Plan for display by our members and other frontline services accessed by people who inject/use illicit drugs, particularly for use within needle and syringe program (NSP) and drug treatment settings. This poster will communicate to drug users that: **"You have a national organisation that represents you, your interests and the issues that affect your life and the lives of those you care about. It is called AIVL and this is what we stand for ..."**

In other work over the year, AIVL has continued to represent people who use/inject illicit drugs at the national level through government and parliamentary inquiries such as the Joint Parliamentary Inquiry into Hepatitis C, the Prime Minister's National Ice Taskforce and the Joint Parliamentary Inquiry into "ice". We have also met with parliamentarians, parliamentary advisers and with Senator Smith, the Co-Chair of the Parliamentary Liaison Group on BBVs/sexually transmissible infections (STIs).

In relation to the high public profile issue of methamphetamine use, AIVL established the AIVL National Network Methamphetamines Working Group. This Working Group has been holding regular meetings over the past six months and has developed a work plan of activities to respond to and address methamphetamine use from the drug user perspective. For further information about this Working Group contact AIVL at [info@aivl.org.au](mailto:info@aivl.org.au)

We have also represented people who inject/have injected illicit drugs in a range of other national meetings, committees, forums and events. As part of our work to represent the priority issues for people who inject drugs in relation to hepatitis C, AIVL recently produced three important new ground-breaking research and policy documents:

- *No-one Like Using the Dirties: A Study into the Reuse of Injecting Equipment in Australia*
- *NSP in Prisons: An International Review 2015*, and
- *We Live with it Almost Every Day of Our Lives: an AIVL Report into Experiences of Stigma and Discrimination*.

AIVL and our member organisations have also engaged in advocacy with the Pharmaceutical Benefits Advisory Committee (PBAC) and the Australian Government on the availability of and access to the new generation hepatitis C treatment drugs. We have made numerous written submissions, and participated in face-to-face consultation processes representing people living with hepatitis C in Australia who inject/have injected illicit drugs.

The most recent 2015 Annual Surveillance Report on BBVs/STIs reflected an almost 150% increase in the death rate from hepatitis C in the past 10 years. Despite a series of positive recommendations from PBAC to support the listing of effective new generation treatments on the PBS, we are still awaiting final approval from the Federal Health Minister and Federal Cabinet to provide access to these lifesaving medications. AIVL's urgent advocacy to address this continues.

Unfortunately, 30 June 2015 also saw the end of the AIVL 'Supporting Asian Networks of Drug User Projects' (StANDUP) Program. The

# 'No one likes using the dirties'

A study into the re-use of injecting equipment in Australia

Written by Angella Duvnjak, Ele Morrison, Annie Madden and Anna Olsen

# "We live with it almost every day of our lives"

an AIVL report into experiences of Stigma & Discrimination

Written by Jason Hargraves



- PEER-BASED
- HARM REDUCTION
- HEALTH PROMOTION
- REPRESENTATIVE
- CONSULTATIVE
- HUMAN RIGHTS
- SOCIAL JUSTICE
- ACCESS & EQUITY
- PARTNERSHIP
- EVIDENCE-BASED
- VOCAL
- TRANSPARENT
- ACCOUNTABLE
- MEANINGFUL INVOLVEMENT



## AIVL'S PRINCIPLES

## AIVL'S VALUES

<p>Respecting the rights and dignity of all people</p>	<p>Empowering people who use/inject drugs and people accessing drug treatment services to have ownership and self-determined control over their health and wellbeing</p>	<p>Promoting and supporting peer-based and harm reduction approaches</p>
<p>Acknowledging Aboriginal and Torres Strait Islanders as the first Australians and respecting their communities' traditions, views and ways of life</p>	<p>Challenging stigma and discrimination in all its forms against people who use/have used illicit drugs</p>	<p>Maintaining productive links with organisations, networks and communities of drug users through effective networking and capacity building</p>
<p>Valuing diversity and promoting equality and social justice</p>	<p>Supporting the right of people who use/have used illicit drugs to form their own organisations, provide peer-driven services and programs and represent their own needs and interests</p>	<p>Enabling people who use/inject drugs to protect their health including the prevention, treatment and management of blood borne viruses through education, information and a supportive policy and legislative environment</p>
<p>Advancing evidence-informed approaches to policies, programs and services for people who use/have used illicit drugs</p>	<p>Ensuring the meaningful involvement of people who use/have used illicit drugs in the development of policies, programs and services that affect their lives</p>	<p>Working in genuine partnership and collaboration with all relevant stakeholders; and being accountable and responsive to the community we are part of and represent</p>

Pictured clockwise from top: Two new ground-breaking research and policy documents produced by AIVL; and AIVL's new Strategic Plan combines dynamic graphics with succinct text to outline its vision and strategies for the next three years.

absence of this long-standing, important and unique program will be felt by both AIVL and our peer-based partners in the region.

As a long-standing national member of AFAO, AIVL has also continued to participate in the AFAO Board, Annual and General Meetings and other AFAO activities, including the AFAO National Policy Officers Network (ANPON). Along with other national partners, we have actively participated in the development and implementation of the National HIV Strategy 2014–2017 and the other four national BBV/STI strategies and Implementation Plan.

Maintaining our successes in relation to people who use/have used illicit drugs and HIV and meeting the PWID-focused goals and targets within the National HIV Strategy 2014–2017 continues to require a clear commitment to evidence-based harm reduction and peer education approaches. But, as emphasised in our 2014 AFAO Annual Report, implementation of the National HIV Strategy continues to require **action** not just words on eliminating stigma and discrimination and to stopping the criminalisation of PWID, if we are ever to be properly supported to be active participants in our own health and wellbeing! ■

# SCARLET ALLIANCE, AUSTRALIAN SEX WORKERS ASSOCIATION

**T**his year was capped off by the Scarlet Alliance Hot and Heavy: Sex Workers Reveal All policy launch, held on 25 June 2015. The launch was an afternoon of networking, presentations from guest speakers on key policy issues affecting sex workers and, of course, the launch of several significant policy documents.

*Key Issues: Sex Worker Policy Issues in Australia* ([www.scarletalliance.org.au/library/NFkeyissues14](http://www.scarletalliance.org.au/library/NFkeyissues14)) highlights the primary outcomes from the annual national forum that brought together over 100 sex workers in Melbourne in November 2014. *The Principles for Model Sex Work Legislation, the Pacific Sex Worker Network Statement*, and the *Sex Workers at AIDS 2014* report were also launched. These Scarlet Alliance policy documents, and our other publications, are all available for download at: [www.scarletalliance.org.au/pub/](http://www.scarletalliance.org.au/pub/)

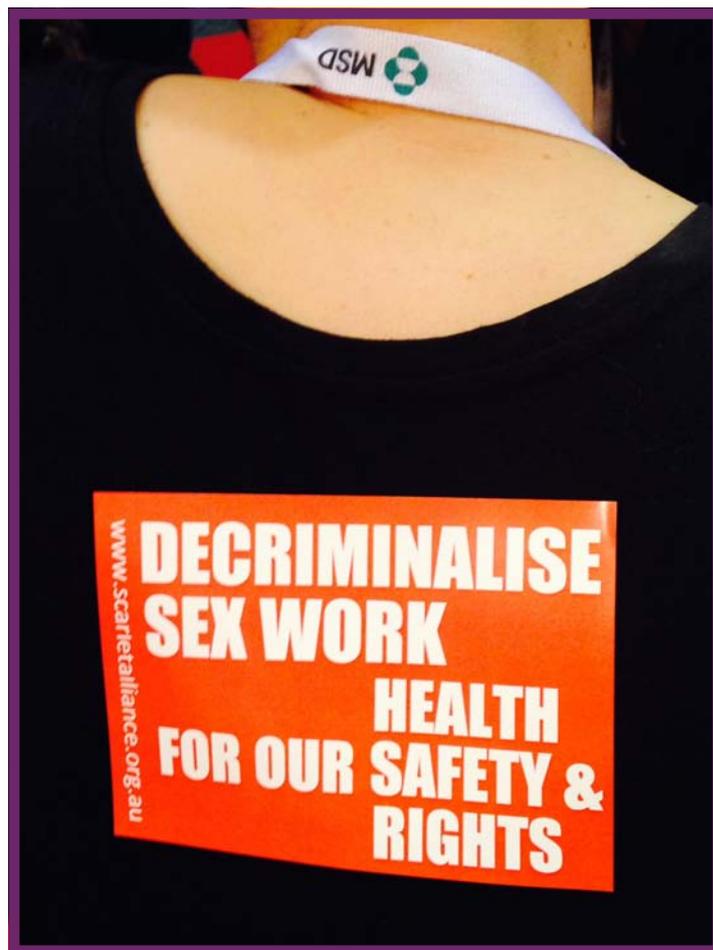
*Stepping Up to the Evidence on HIV and Sex Work: Decriminalise Sex Work Now!* ([www.scarletalliance.org.au/library/aids2014report](http://www.scarletalliance.org.au/library/aids2014report)) is the final report from Scarlet Alliance on sex work content and contribution to AIDS 2014. The report documents conference themes and outcomes through quotes, summaries and photos of the sex worker sessions, workshops, performances, actions, media, Pre-conference and consensus statements. The content transverses issues relating to HIV and sex work, with a focus on: biomedical developments; stigma and discrimination; human rights issues, including criminalisation of HIV and sex work; migration and mobility; and funding.

Consistent themes and priorities emerged throughout the Sex Worker Pre-conference, the Sex Worker Networking Zone, and the main conference at AIDS 2014. A key outcome from the conference was a strong call for decriminalisation of sex work. This was supported by *The Lancet* sex work and HIV edition, in which researchers presented their findings that the decriminalisation of sex work would have the largest impact on the course of HIV epidemics by ‘... averting 33–46% of HIV infections in the next decade.’

The importance of community-led prevention responses was also highlighted. The effectiveness of these strategies for sex workers is particularly evident in Australia. Sex workers have lower rates of incidence and prevalence of sexually transmissible infections (STIs) and HIV than the general population. The outcome of community engagement, peer-led outreach, peer education and policy advocacy addressing stigma, discrimination and supporting decriminalisation is evident in the continued high levels of condom use by sex workers, and subsequent low levels of HIV and STIs.

Scarlet Alliance and our membership continue to support increased access to HIV treatment and prevention options, including biomedical interventions, but with the understanding that these may not be suitable for use by all sex workers – especially given the success of proven prevention strategies. That’s not to say that biomedical interventions are of no benefit to sex workers. There may be benefits for individual sex workers living with HIV, for example, but a ‘one-size-fits-all’ approach where biomedical interventions are promoted at the cost of other existing successful approaches is extremely problematic.

Over the year, Scarlet Alliance has consulted with our membership and consolidated our position on biomedical interventions and sex work, to ensure that existing HIV prevention strategies that work



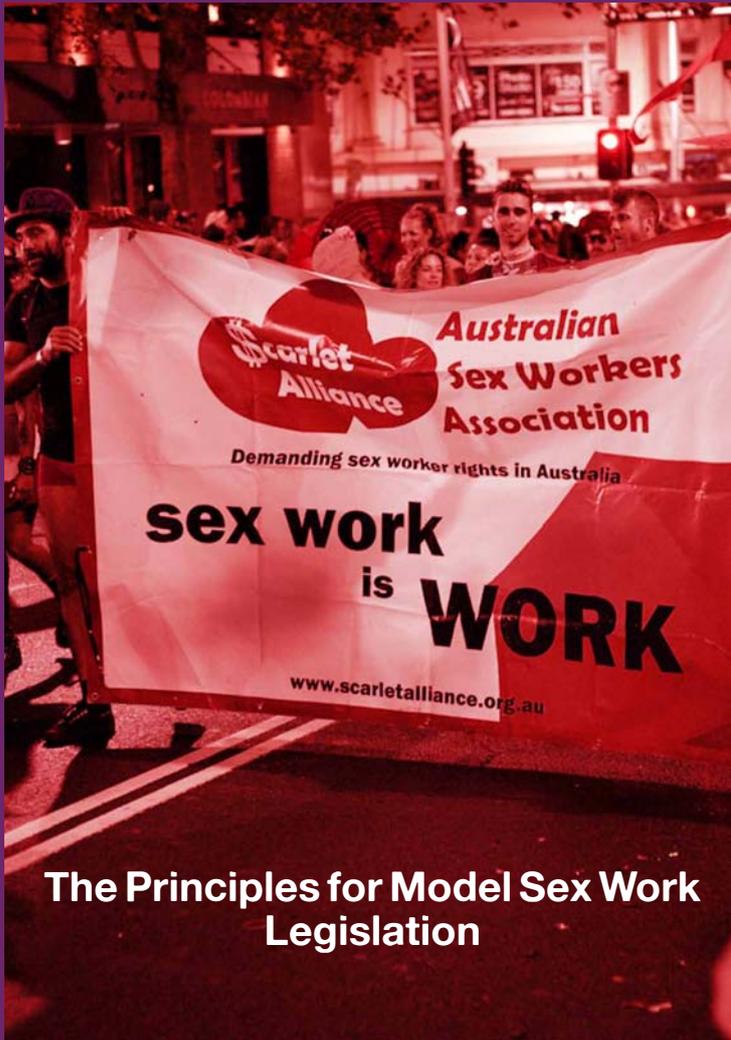
A key outcome from AIDS 2014 was a strong call for the decriminalisation of sex work.

successfully for sex workers are not overlooked, and the concerns of sex workers are not left out of conversations about biomedical HIV prevention. Pre-exposure prophylaxis (PrEP) is considered unsuitable as a primary method of safer sex for sex workers, as it only prevents HIV. The need to prevent all STIs remains an important part of health and safety for sex workers.

As with PrEP, sex workers are concerned that a push for treatment as prevention (TasP) could eclipse current HIV and STI prevention strategies, which have been effective in preventing HIV and STI transmission in sex worker communities for 30 years. TasP could also negatively impact the ability of sex workers to negotiate safer sex with clients. Rapid testing is not appropriate for sex workers as the likelihood of false positives is very high for a community with such a low prevalence of HIV.

Legal frameworks and policing approaches continue to impact directly on sex worker rights, health and safety and have required consistent advocacy for decriminalisation.

Lack of funding security continues to impact on our organisation and the partnership that underpins successful outcomes for sex workers. However, we look forward to the coming year and continuing to build on our past successes. ■



**The Principles for Model Sex Work Legislation**

**STEPPING UP TO THE EVIDENCE ON HIV AND SEX WORK: DECRIMINALISE SEX WORK NOW!**



**SEX WORKERS AT AIDS 2014**



*Pictured clockwise from top: Jules Kim presenting at the Scarlet Alliance Hot and Heavy: Sex Workers Reveal All policy launch, Sydney, 25 June 2015; Stepping Up to the Evidence on HIV and Sex Work: Decriminalise Sex Work Now! is the final report from Scarlet Alliance on sex work content and contribution to AIDS 2014; and The Principles for Model Sex Work Legislation.*

## AIDS ACTION COUNCIL OF THE ACT

By Philippa Moss, Executive Director

**T**he AIDS Action Council of the ACT (the Council) has been operating since 1983. Funded by ACT Health, the Council is Canberra's only community-based HIV organisation. Today, the Council has a clear mandate to provide care and support to people living with HIV, and to deliver education and prevention campaigns, community events and health promotion activities.

The Council continues to commemorate the lives lost to HIV/AIDS and maintain the legacy of more than 31 years of international HIV activism. As a grass-roots organisation of volunteers, many of whom are peers, volunteers play a significant role in supporting the work of the organisation. The Council is fortunate to have over 100 volunteers, and this number continues to grow.

The Council is also pleased to be taking a leading role within the broader lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) communities, and this is reflected through our counselling services, LGBTIQ-targeted training, workshops and events.

2014/15 was a big year, with our main focus being to ensure a high level of service delivery whilst maintaining a tight control on expenditure. The year was a great success and culminated in the Council ending its long-term lease at Westlund House in Acton to move to a smaller and more financially sustainable space at Havelock House. Relocating also offered an opportunity to consolidate the Council's considerable archive collection. Over its thirty years, the Council has amassed a fascinating and unique collection of local and national history, which is a priceless record of the work of the organisation, the evolving awareness and response to HIV and AIDS, and the wider community's understanding of LGBTIQ life in the Canberra region.

Board members, staff and volunteers worked collaboratively to ensure the collection was thoroughly photographed and documented, with specialists engaged to ensure preservation of papers, linens, dyes, photographs and multimedia formats. The collection is now permanently housed at the Heritage Library and the Australian Lesbian and Gay Archives, where it can be accessed for research and exhibition purposes, and can continue to be supplemented into the future.

The Council recognises that nothing will change without leadership and collective partnership, and looks to AFAO as our peak body to drive this important process. AFAO supports our organisation through leadership, inclusive and innovative public policy, research,



AIDS Action Council staff during the 2014 AGM, Canberra. L-R: Philippa Moss (Executive Director), Nathan Boyle (President of the Board) and Roger Morrison (Board Member).



L-R: Femke Withag, Policy Officer Cultural Affairs and Public Diplomacy at the Embassy of the Kingdom of the Netherlands, Rob Lake, Executive Director of Australian Federation of AIDS Organisations (AFAO), and Philippa Moss, Executive Director of AIDS Action Council of the ACT on World AIDS Day, Canberra, 2014.

resources and health promotion campaigns. As a small jurisdiction, the ACT is particularly vulnerable to any peak body funding cuts, as we do not have the resource base or capacity of the larger states and territories. The services and programs provided by the Council are vitally important to the future of those living with HIV and to assist the Australian Health Ministers' commitment to working towards the virtual elimination of new HIV transmission in Australia by the end of 2020. ■

**This year was a landmark year for ACON, as we marked 30 years of delivering HIV prevention, HIV support and LGBTI health services to our clients and communities in NSW.**

ACON was created in 1985 by gay men and their friends in Sydney, during the early years of the HIV/AIDS crisis, to help fight the spread of HIV and to provide care and support for people living with and dying from AIDS. Since then, ACON has evolved to become an essential part of NSW's health sector, with more than 850 staff and volunteers working across NSW to deliver a range of services and activities throughout the state.

It's been an incredible journey for us, and we thank the thousands of people and organisations which have helped us be here for our community over the last three decades.

Today, we're focused on ending HIV transmission in NSW by 2020 – by getting gay men to 'test more', 'treat early' and 'stay safe'.

In this regard, our most high-profile activity of the year was the installation of a massive 18 metre tall pink condom, which covered the heritage-listed Hyde Park Obelisk for a week in the lead-up to World AIDS Day to promote the health benefits of 'staying safe'. The installation generated huge media locally, nationally and internationally and was viewed by millions of people around the world on social media.

February saw the launch of two other key HIV prevention initiatives – our new a[TEST] facility on Oxford St (the state's first permanent community operated HIV testing facility) and our Treat Early campaign, the latest phase of our Ending HIV initiative.

Developed in consultation with researchers and clinicians, the Treat Early campaign promotes the health benefits of the latest HIV medicines as well as their capacity to reduce the amount of HIV in a person's body to an undetectable level, significantly reducing the likelihood of the virus being transmitted. The campaign was promoted across community, mainstream and social media, and promotional merchandise was distributed at key community venues and events.

Located at 167 Oxford St, our new a[TEST] centre offers free rapid HIV testing and STI screening services six days a week, operated in partnership with the Sydney Sexual Health Centre and with the support of the NSW Ministry of Health, Albion Centre, and St Vincent's NSW State Reference Laboratory.

Together with our other a[TEST] facilities in Surry Hills, Newtown and Kings Cross, as well as our other peer-led rapid HIV testing sites across NSW, we have provided over 4,000 rapid HIV tests over the last two years, with well over 1,000 tests being conducted at the new a[TEST] Oxford St site since the launch.

The success of these services was reflected in annual data from the NSW Ministry of Health, which showed that 76% of gay men in Sydney had an HIV test in the last 12 months – the highest figure since 1996, when this data first started being collected. In 2014, 465,584 HIV tests were performed in NSW, an increase of 11% since 2012. The data also showed that 346 new cases of HIV were diagnosed in NSW, compared with 353 in 2013 – a decrease of 2%.

These figures correlate with the NSW Health Ministry's 2015 first quarter HIV data, which shows that HIV testing rates in NSW have



In February, ACON launched two key HIV prevention initiatives. **Pictured top:** NSW Health Minister, the Hon Jillian Skinner MP, opened ACON's new a[TEST] HIV testing service on Sydney's Oxford Street. L-R: Mark Orr (ACON President), The Hon Jillian Skinner MP, Bruce Notley-Smith MP, Member for Coogee and Nic Parkhill (ACON CEO); and **above:** Treat Early, the latest phase of ACON's Ending HIV campaign, promotes the benefits of early treatment.

increased every year over the last four years – both overall and among high risk populations; and that 90% of people with HIV attending public sexual health and HIV clinics are on treatment.

While these figures are very encouraging and are heading in the right direction, gay men need access to the full range of prevention options such as pre-exposure prophylaxis (PrEP) and home-based HIV testing. We advocated throughout the year for these measures to be made available to our community as soon as possible.

Throughout the year, we also provided a comprehensive range of other HIV support services including counselling, home-based care, support groups, treatments information, workshops and meals, and information about complementary therapies.

We also continued to help reduce the impact that other health issues have on people affected by or at risk of HIV by providing a range of programs and services related to sexual health, mental health, the use of alcohol and other drugs, ageing, social inclusion, and homophobic, transphobic and domestic violence. ■

# NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL (NTAHC)

By Kim Gates, Executive Director

**T**he 2014/15 year was busy with staff movement, as well as in our core work and activity. This was the first full year with Kim Gates in the Executive Director's role, and new Deputy Director, Nfanwy Welsh, joining the team in June 2014.

Throughout the year we had a couple of staff departures, and these positions remained vacant until the new financial year. During this period, NTAHC staff remained focused under the guidance of the Board and the management of the Executive Director, and the agency had a successful year of peer-based community events and health promotion activities.

There have been a number of highlights for NTAHC this year, including the re-engagement of the positive women's group, which culminated in a women's bush wellness retreat in Litchfield and a high tea in the Botanic Gardens, with special guests including our Patron, the Hon Sally Thomas AC. Both events were opportunities for developing and deepening our relationships with communities of predominantly culturally and linguistically diverse (CALD) women.

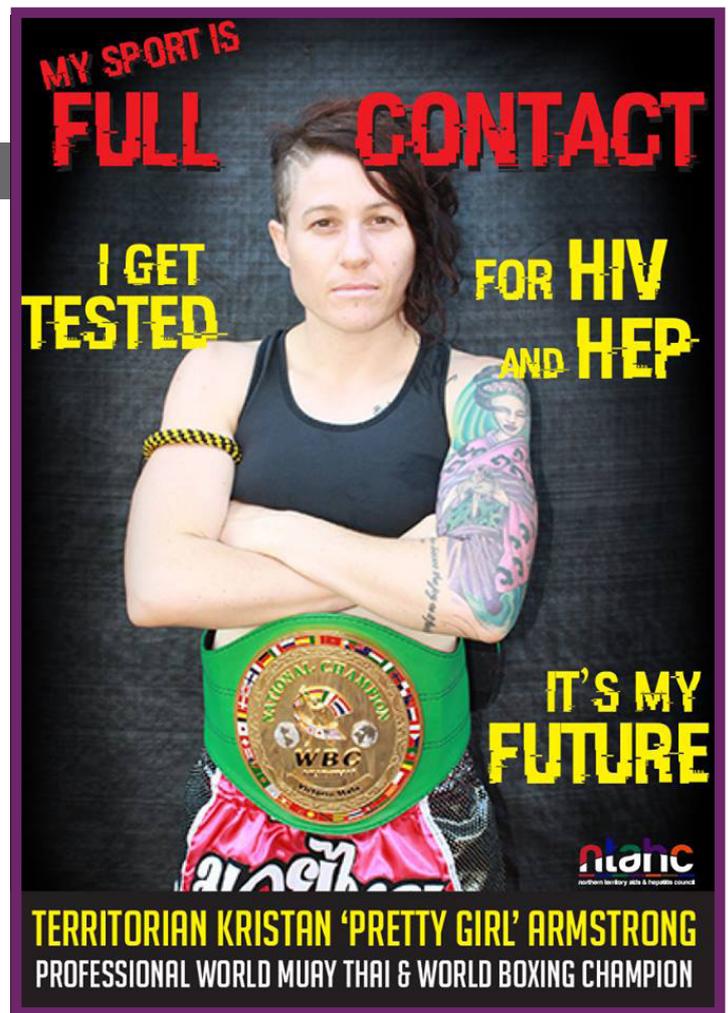
Health promotion across the Top End and Central Australia is an activity our staff enjoys for the opportunities it provides to interact and engage with new audiences and priority populations. NTAHC worked actively with CALD communities in the NT this past year, and also developed a campaign on blood borne viruses and sport, focusing on mixed martial arts.

NTAHC continues its advocacy work championing community-based testing and developing an evidence base for rapid testing, working with the NT Department of Health at steering committee and management level. We also continue to advocate for the expansion of access to needles and syringes through vending machines and peer distribution, to provide greater accessibility to our populations of people who use injecting drugs (PWID).

Providing specific and broad-based training and education sessions on sexual health and blood borne viruses is slowly growing in frequency and diversity, with ongoing requests for training and education in both Darwin and Alice Springs, including requests from remote communities and local businesses in Darwin. As much of our training and education is unfunded, we are trialling a fee-for-service model. Where business requests are made, we charge a very reasonable fee and no fee for direct client service provision.

Event-based health promotion work continues to feature prominently in our health promotion strategy. In Darwin, NTAHC's feature World AIDS Day activity on 28 November saw over 130 people enjoy the World AIDS Day FAB-U-LASH Luncheon at Darwin Waterfront, with a focus on inclusiveness for families and friends with children-specific activities. A static display was set up in the Smith Street Mall on World AIDS Day to sell red ribbons and raise awareness among the general community.

Alice Springs held a community BBQ in the lovely back yard of the Alice Springs office with local musicians and artists, where residents from treatment facilities and community members shared stories and music. Alice Springs staff and volunteers also held a BBQ at



NTAHC's campaign focusing on blood borne viruses and sport included local sports stars as ambassadors to promote a 'get tested' message.

the Bunnings store and had good engagement with the tradies and renovations crowd.

This year the International AIDS Candlelight Memorial was held in both Darwin and Alice Springs in May 2015, with the Darwin event attracting 110 folks, and the Alice Springs event a more modest 40. The events were identical in presentation, with an address from NTAHC's Patron and President before the screening of *Transmission: The Journey from AIDS to HIV*; the Darwin event was held in the balmy open air at Lake Alexander, while the Alice Springs event was held at Witchetty's Art Space on a very frosty night.

Support groups continue in both Darwin and Alice Springs with varied consistency in numbers; the Darwin group has recently restructured and joined the hepatitis support group, and folks meet regularly at the monthly Malak community dinner. Participants of the support groups have been accessing the dietitian and EIC (Eat-Indulge-Connect) for health and wellbeing tips, cooking classes and sessions.

NTAHC continues to utilise social media to reach potential new audiences using Facebook, e-newsletters, and more recently, Twitter. The increase in the audiences using these mediums demonstrates that this is a highly successful way of disseminating health promotion messaging. This year, we have expanded our social media presence to include Facebook pages for all our programs and most priority population areas, adding three new Facebook pages. We continuously look to new and innovative ways of engaging our client groups and the communities we serve. ■

# QUEENSLAND AIDS COUNCIL (QuAC)

By Michael Scott, Executive Director

**'There is no better than adversity. Every defeat, every heartbreak, every loss, contains its own seed, its own lesson on how to improve your performance the next time.' — Malcolm X**

The temptation for Queensland AIDS Council (QuAC) to obsess about the past has been overwhelming, particularly given that the organisation is still without state government funding, and has operated without state funding since May 2012. The lessons we have learnt, both from our experiences as an organisation and from our community, centre around overcoming discrimination, adversity and political challenges – in relation to HIV as well as broader issues experienced by lesbian, gay, bisexual, transgender and intersex (LGBTI) people. In 2014/15, QuAC resisted the temptation to look backwards and instead focused on what we could achieve ... and we found something quite special.

In September 2014, QuAC launched Clinic 30, a comprehensive mental and sexual health service for the LGBTI community in Brisbane. Because funding was not forthcoming, we boldly relied on a system of employing clinicians to staff the clinic, recouping funds through the Medicare Benefits Scheme. The LGBTI community has voted with its feet. Our five-day-a-week service is already at capacity, and we are working towards further expansion. We successfully filled the gap in Brisbane by testing for and treating all sexually transmissible infections (STIs), and continued to provide the Gender Clinic for trans\* clients once a week. Testing Point still remains strong, with volunteer clinicians providing sexual health testing every Tuesday from 6–8pm.

Our 2 Spirits program, devoted to the provision of sexual health services for Aboriginal and Torres Strait Islander communities, goes from strength to strength. Utilising the 'whole of community approach', the program has focused significantly on the communities of the Torres Strait and Bamaga to the north, Rockhampton, Woorabinda and Mount Morgan in Central Queensland and urban communities in Brisbane. The program continues to provide workforce development for other non-government organisations around engagement with Aboriginal and Torres Strait Islander gay men and sisters, and is represented on national boards including the Anwernekenhe National HIV Alliance, the Deadly Sex Congress in Queensland, the Brisbane Indigenous Sexual Health Workers Network and the Cairns Indigenous Sexual Health Workers Network.

The Men4Men project, focusing on preventative health care for gay men and men who have sex with men, relies heavily on volunteer outreach. Community outreach to pubs and clubs has occurred weekly for the past year, involving implementation of AFAO's national roll-out of the Ending HIV, Drama Downunder and Time to Test campaigns. Outreach has continued at Cairns and Brisbane sex-on-premises venues. This outreach has been supplemented with an online and social media presence to reach a different cohort of men.

Our Training and Capacity Building program focused on the state-wide roll-out of National LGBTI Aged Care training. Twenty-six sessions were held in regional, remote and urban Queensland centres, with around 300 managers, HR and front line staff becoming LGBTI Champions. These Champions will be linked in with QuAC's Ageing in Diversity Action Groups in Townsville, Brisbane and on the Gold



Staff and volunteers launch Clinic 30, QuAC's sexual and mental health service for the LGBTI community, September 2014.

and Sunshine Coasts. QuAC's 'Val's Café' consultancy for aged care services was initiated with a Sunshine Coast aged care provider, supporting this service towards Rainbow Tick accreditation.

The QuAC Ageing in Diversity Project aimed to enhance awareness of the needs of older LGBTI people and build the capacity of aged care service providers in meeting these needs. Five Ageing in Diversity Action Groups were implemented in key locations across the state, bringing together service providers and LGBTI consumers to work towards this aim. Five Over 50s Expos were conducted in these sites, showcasing agencies and services that were actively working towards genuine inclusivity. Ad hoc speakers' bureaus were formed and agencies began an audit process of their activities, each working towards accreditation as an inclusive service provider.

Our Seniors Community Visiting Scheme (SCVS) played an active role in promoting the availability of community visitors, the specific and unique needs of LGBTI clients, and the introduction of LGBTI special needs places. Significant numbers of volunteers have been trained to visit seniors throughout Brisbane. We have presented at several conferences on the Scheme, and a national network of LGBTI SCVSs has been established.

Through MindOUT!, capacity building and community engagement activities were held in key regional areas to enhance the provision of inclusive, responsive services. The Brisbane LGBTI Mental Health Professionals Network (MHPN) increased to a membership of 90 and support was provided to establish the Wesley Mission Brisbane's Gold Coast LGBTI Transformative Practice MHPN. A Cairns chapter is now being established. The project also engaged with the Queensland Mental Health Commission's Suicide Prevention Action Planning process.

The Many Shades of Blue project surveyed mental health service providers in the West Moreton-Oxley region to identify their level of knowledge and confidence in providing inclusive, safe and responsive services for LGBTI people seeking assistance with mental health issues. A Good Practice Guide for enhancing service delivery to address the mental health needs of LGBTI populations was developed to support mental health service providers to increase cultural competency and awareness in negotiating issues related to sexuality, gender identity and intersex status, specifically in relation to mental wellbeing.

Despite the many challenges, QuAC has continued to rebuild and now faces an exciting future, with increasing prospects for funding. Our positive approach to service delivery despite adversity will put us in a strong position within a changing political climate.

**'If you don't like something, change it. If you can't change it, change your attitude.' — Maya Angelou ■**

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

By Sabine Wagner, Chief Executive Officer

**2014/15 saw TasCAHRD continue to adapt to changing internal and external environments in Tasmania while meeting the needs of our clients, consumers and members. The employment of two new staff members – Sabine Wagner as CEO and Tracey Wing as client support officer – resulted in a new approach to our HIV client support program; this has seen a marked increase in the number of clients accessing our service and a renewed sense of community developing along the way.**

Throughout the year, the HIV Care and Support Program delivered a range of important peer support activities, including coffee afternoons, TasCAHRD BBQs, a Christmas event and 'Buddy' network events to support individuals, as well as delivering training for a range of organisations.

Our two unfunded programs, the Andrew Shaw Foundation (ASF) and the Nigel Mallet Housing Project (NMHP) have continued as before. The question about whether to maintain NHMP, which provides long-term accommodation for our clients, had been raised in previous years. This year the restructuring of the rental system, at no additional cost to tenants, allowed us to improve the viability of this project and secure its future with TasCAHRD.

ASF, the only emergency relief funding program for people with HIV in Tasmania, has made a huge difference to our clients. Higher living costs have naturally increased the demand for financial support with medication, utility bills and food vouchers. We are looking forward to our 30th anniversary celebration this year, with increased fundraising opportunities for a healthier ASF bank balance.

TasCAHRD continued as the state member of the peak national body, Hepatitis Australia. This means the organisation not only acted as a conduit into Tasmania for the many benefits of membership of Hepatitis Australia, but has also represented Tasmania on a national level, which included making a submission to the parliamentary inquiry into hepatitis C.

Tasmania has been able to benefit from the World Hepatitis Day Community Grants Program, funded by Hepatitis Australia and implemented by TasCAHRD. This included a World Hepatitis Day event at Parliament House, sponsored by Christine Milne and Cassy O'Connor, which actively contributed to the establishment of the Commonwealth Inquiry into Hepatitis C in Australia. This year, Hepatitis Australia membership also allowed us to hold a Love Your Liver luncheon and service expo for newly arrived refugees and asylum seekers. About 60 community members and 15 workers from migrant/refugee organisations, men and women from Karen, Nepalese, Hazara, Farzi, Lebanese, Sudanese and Chinese communities attended to listen to and participate in the event.

During the past year, TasCAHRD was also involved in the Tasmanian roll-out of the national LGBTI (lesbian, gay, bisexual, transgender and intersex) age care training in partnership with Working It Out (WIO), which continues until June 2016. TasCAHRD also organised four LGBTI-specific mentors in violence prevention (MVP) training/



TasCAHRD CEO, Sabine Wagner (left), NAPWHA President, Robert Mitchell, and the Hon Elise Archer MP, Speaker of the House of Assembly, Liberal Member for Denison. World AIDS Day function, Parliament House, 4 December 2014.

consultation sessions facilitated by Dr Shannon Murdoch-Spriggs, which were held in the north and south of the state.

TasCAHRD also facilitated the Gay Community Periodic Survey, which was conducted for the very first time in Tasmania. A total of 210 Tasmanian men participated, the majority completing the survey online. Some of the findings will be followed up in the upcoming year via in-depth interviews with a number of Tasmanian men to explore barriers to effective HIV prevention, treatment and care.

The Man2Man HIV Prevention program aimed to deliver prevention and education services throughout the state, including distributing two issues of the *Man2Man* magazine, training to Tasmanian pharmacies in the lead-up to community dispensing and the weekly *Bent Air* radio show. The Man2Man program also implemented a Pants Optional party night during the state's Pride Festival, including implementing the Time to Test campaign and had a presence at the rally and march.

Man2Man staff also attended activities run by other groups and organisations, such as a men's health week expo in Tasmania's low security men's prison, Red Aware week at the Menzies Centre in Hobart and training to first-year medical students at the University of Tasmania (UTAS). During the last quarter of the year, the Man2Man program saw temporary staff shortages and the *Bent Air* radio show continued with Tracey Wing, our Client Support Officer.

TasCAHRD also ran the state's World AIDS Day campaign and activities. We got the red ribbon message out with red lighting of Hobart's main fountain, street banners, collection days and a morning tea event at Parliament House, sponsored by the Speaker of the House, the Hon Elise Archer MP and attended by National Association of People With HIV Australia (NAPWHA) President, Robert Mitchell, as guest speaker.

We have also continued to support the Tasmanian Scarlet Alliance Sex Worker Project, providing subsidised accommodation and infrastructure support to the project and its staff. There is little doubt that this partnership is one that benefits both organisations greatly.

Alongside this, the organisation will continue to diversify and expand the ways it delivers services and meets the needs of its Tasmanian consumers. We are looking forward to our 30th anniversary celebrations at the end of 2015 and new and exciting times ahead. ■

# VICTORIAN AIDS COUNCIL (VAC)

By Simon Ruth, Chief Executive Officer

The Victorian AIDS Council (VAC) started off the financial year with months of preparation coming to fruition at the International AIDS Conference (AIDS 2014) in Melbourne. This was a rare opportunity to display the Victorian response to HIV/AIDS, as well as familiarise a global audience with our new organisational brand identity.

During the conference, VAC worked with Living Positive Victoria to highlight the need to repeal section 19A of the *Crimes Act 1958* (Vic) – the only HIV-specific criminal offence in force in any Australian jurisdiction, with a penalty of up to 25 years imprisonment prescribed. As the conference wrapped up and the Victorian state election drew nearer, the repeal of 19A was incorporated into a joint election platform that saw both VAC and Living Positive Victoria calling for commitments from all political parties on various issues including access to treatment, access to testing, post-exposure prophylaxis (PEP), and sustaining HIV prevention efforts in Victoria.

Since the election, we've seen a further four-year commitment from the state government to provide a peer-led rapid HIV and syphilis testing service through PRONTO! The advocacy efforts around section 19A also proved successful, with the passage of the *Crimes Amendment (Repeal of Section 19A) Act 2015* removing a law that further stigmatised people living with HIV.

In health promotion, VAC took a more colourful approach in the latest iteration of Drama Downunder – one of the country's most successful and longest running sexual health campaigns. The past year has also seen VAC produce more online video content. *Wayne and Kevin* has now been viewed over 50,000 times – raising awareness about syphilis and the importance of regular sexual health testing. The Sexy Tests series worked with community members to highlight the need for sexually adventurous men who have sex with men to get tested seasonally, using services like the PRONTO! rapid testing site.

Another series of clips was produced as part of VAC's #approvePrEPdownunder advocacy campaign, using the voices of community leaders living with HIV to advocate for the Therapeutic Goods Administration (TGA) approval of pre-exposure prophylaxis (PrEP). These advocacy efforts have included an online petition on [www.change.org](http://www.change.org) as well as several community events and forums offering information about this important new addition to the suite of HIV prevention tools.

The past year has also seen VAC embark on two new interstate projects. Following a public tender process with SA Health, VAC is working together with SHine SA to offer HIV prevention and sexual health education in South Australia, ensuring that the response to HIV/AIDS in SA continues to be community led.

The STRIDE project, funded by beyondblue and the Movember Foundation, will see VAC as the lead agency on a two-year partnership with ACON, the Centre for Social Research in Health (CSRH), Liquorice (a Melbourne-based digital design agency), Living Positive



**Pictured top:** Protesters at the AIDS 2014 Mobilisation March call for the repeal of section 19A of the *Crimes Act 1958* (Vic), Melbourne, July 2014; **centre:** VAC CEO, Simon Ruth speaking at an AIDS 2014 press conference on the repeal of section 19A. L-R: Edwin J Bernard (HIV and criminal law expert), Ian Muchamore (President of Living Positive Victoria), Paul Kidd (activist and HIV Legal Working Group Chair), Simon Ruth, Matt McCoy (Iowa State Senator) and Sean Strub (Executive Director of Sero Project); and **above:** *Wayne and Kevin*, VAC's online animation video, seeks to raise awareness about syphilis and the importance of regular sexual health testing among gay men.

Victoria and GAMMA NSW, to develop a digital platform for stigma intervention for men who are suffering from anxiety, depression, or poor mental health. This specific project will be targeting same-sex attracted men who are in heterosexual relationships as well as men living with HIV. We look forward to seeing these exciting projects develop in the coming years. ■

**In our 30 years of existence, there probably hasn't been a single year without the need for cultural change. This past year has been no exception, driven by the necessity of preparing our organisation and our staff for the increasing shift towards competitive tendering in securing outcomes-based contracts.**

We are approaching the end of the fixed term of our current three-year funded service agreement with the Sexual Health and Blood-Borne Virus Program of the WA Department of Health. Although we anticipate an extension, sooner or later we will need to clearly demonstrate the value for money that we as an organisation provide, as well as better quantifying the outcomes we achieve.

Our 30 year history has resulted in experience and expertise, reputation and credibility, knowledge and skills; these make a package of abilities that, when added to our continuing high level of community connectedness, ought to comprise a very compelling funding proposition. The challenge will lie in our ability to produce reliable evidence that supports our claims.

During this last year, we were able to put our selling skills to the test through participation in a competitive tender for the roll-out of the Safe Schools Coalition in Western Australia (SSCWA). We were successful, and what was interesting for us in the preparation of our bid was identifying the 'value' we own collectively through our longevity, our volunteer contribution, and the highly effective partnerships and other relationships we enjoy.

SSCWA adds to a range of existing services we offer to young people, including: Freedom Centre for gender and sexuality diverse young people; Keep it Safe Summer (KISS), primarily targeted at school leavers; and several sexual health programs that build capacity for young people and their educators. Over the last 12 months, we estimate that we have directly engaged with some 26,000 young people in our jurisdiction.

Inevitably, we continue to respect and embrace our underlying culture of a community-based organisation, while at the same time learning to think and act in more commercial terms. We have continued to build more robust systems around finances, risk management and media, and have expanded our communications to reach an increased number of people more often, and in a greater number ways.

At the beginning of the year, we were able to have a very significant participation in the International AIDS Conference (AIDS 2014), supporting 14 staff members and six members from the communities of people living with HIV to participate in what may be a once-in-a-lifetime opportunity.

We can no longer (if we ever could) feel separated from the epidemics in the countries that comprise our international neighbourhood. In association with the Australian Federation of AIDS Organisations (AFAO), we created an annual secondment opportunity for a staff member to work in the Bangkok office of AFAO's International office, in a civil society capacity development role. Apart from the professional development such an opportunity represents, it is also a great way of building regional collaboration and networks.



Dr Nason Tan discussing challenges for health promotion in Malaysia with WA AIDS Council staff, February 2015.

We were also honoured to host a visit from Dr Nason Tan of Malaysia (KL), who shared the stories and experiences in promoting sexual health in an environment where so many people are either homeless, stateless or both. Nason made a huge impression on us and helped us appreciate a need for solidarity in our collective work.

In 2014, we saw the highest number of new diagnoses for gay and other homosexually active men in WA since 1991; these figures were twice the rate of those in 2009. Communicating the reasons for this increase remains challenging.

Since M Clinic opened five years ago, the HIV testing rate for men has significantly increased. We therefore conclude that a proportion of the increase in diagnoses is a result of an effective testing strategy. Nonetheless, client conversations also suggest changing sexual practices, particularly among younger guys. While 12 months ago, WA was a little cautious in fully embracing pre-exposure prophylaxis (PrEP) without further questions answered, a year on we recognise that for some men this has become a critically important prevention option. We have worked closely with the WA Department of Health around how we can make PrEP available to WA men and the role that M Clinic should play in the process.

M Clinic is five years old as a sexual health screening service and now has 3,500 clients registered. Only 62% are Australian born, while 44% are aged 29 years or younger; more than a quarter are aged between 18 and 25 years.

We continue to believe that ending HIV transmission in WA is a realistic proposition, notwithstanding the increasing numbers of gay and other homosexually active men in Perth receiving a positive diagnosis. There is a range of explanations for why this is happening, but it is apparent that finding the most effective means of preventing HIV transmission at a community level remains elusive. We have a singular advantage in the access to very large numbers of gay men at M Clinic, and through our peer workshops and other services. It seems certain that continuing and enhancing our prevention programs is vital, and in so doing, we must find ways to have more sophisticated conversations with those vulnerable to HIV acquisition. ■

# AFFILIATE MEMBER ORGANISATIONS

## POSITIVE LIFE NSW

By Craig Cooper, Chief Executive Officer

**P**ositive Life NSW has continued to maintain a high level of representation for people living with HIV (PLHIV) in health education and advocacy initiatives, often working in partnership with other key agencies, such as the Australasian Society for HIV Medicine (ASHM), the Kirby Institute, National Association of People with HIV Australia (NAPWA) and the NSW Ministry of Health. At the beginning of 2015, our staff profile was restructured to reflect the changing needs of NSW PLHIV populations and to increase our policy, communications, treatments and clinical-associated capacity.

### Service delivery advocacy

Our systemic and patient advocacy is ongoing, to address poverty, homelessness, comorbidities, mental health and drug and alcohol issues among PLHIV. Our Community Consultation and Engagement Framework (CCEF) provides our staff a grounded, grass-roots program development mechanism to identify and report against emerging policy priorities and the need for evolving programmatic responses for PLHIV populations.

### Campaigns and resources

Take Control, phase three of our 2014 Choose campaign, provides a well-recognised and positive message for PLHIV and HIV service partners, as we work toward increasing treatment uptake and ending HIV in NSW. The campaign was launched by NSW Health Minister, the Hon Jillian Skinner MP at Customs House in Sydney on World AIDS Day 2014.

The Choice is Yours campaign (<http://thechoiceisyours.positivelife.org.au/>) aims to educate PLHIV and community pharmacists about new community dispensing arrangements for HIV medications. The campaign website targets PLHIV, service providers, hospital pharmacies, HIV agencies, pharmacists and community chemists and Local Health Districts, and provides useful information about where PLHIV can access chemist that dispense HIV meds. The Access to HIV Treatments Advisory Group, comprised of pharmacists and key agencies, continues to progress the smooth roll-out of community HIV dispensing in NSW and meet the information needs of PLHIV and health professionals.

We partnered with Multicultural HIV and Hepatitis Service (MHAHS) to develop a Treatment as Prevention (TasP) health literacy resource, produced in plain English and translated into various community languages, as a part of the project supported by MAC Cosmetics.

A position paper, *PLHIV Housing Services, Independent Living and Homelessness* has been presented to the NSW Ministry of Health and the Commonwealth Department of Social Services (DSS); Positive Life is now finalising a proposal for Housing NSW to convert the DSS submission into a state-based response and secure resourcing to meet the growing needs of PLHIV who are homeless or need housing support.

Positive Life and ACON worked with the Kirby Institute, the SPANC study investigators and clinicians to successfully advocate for an expansion of diagnostic services at St Vincent's Hospital for PLHIV and gay men who are at increased risk of anal cancer. The increased service capacity will shorten waiting list and help to increase the early detection of anal cancer in high risk groups.



Take Control, phase three of Positive Life NSW's Choose campaign, was launched on World AIDS Day 2014.

### Events and PLHIV social inclusion

Positive Life has been very active in a range of events, including AIDS 2014; our 25th anniversary event, held at the end of 2014; Fair Day and Mardi Gras in early 2015; and a successful partnership with ACON for the 2015 Candlelight Vigil in May 2015. A number of outreach events included four PLHIV rural outreach sessions held at Bega, Wagga, Lismore and Dubbo and a Heterosexual Treatments Forum, held in Western Sydney.

Peer support programs continued throughout 2015, with both the Quarterly and Peer 2 Peer programs. Scheduling for the Quarterly increased in frequency from four to six events per year, with locations across the inner city, inner west and western Sydney. A members' competition resulted in renaming the Quarterly to [+Connect]. The PLHIV discussion program, Peer 2 Peer, grew both in membership and awareness of the importance of peer-led connection.

### Positive Speakers Bureau

The Positive Speakers Bureau (PSB) continues to play an important role in educating the general community about the lived experience of PLHIV and reducing stigma and discrimination. A review of the PSB in December 2014 made seven recommendations aimed at improving and reinvigorating the Bureau into the future. The Bureau provided speakers for 180 speaking engagements for schools, universities, HIV sector partners and the corporate sector.

### Emerging issues

Providing PLHIV and HIV sector partners with information on emerging issues remains a priority for Positive Life. Articles were published on evidence about the benefits of treatment, about the lack of knowledge among gay men about post-exposure prophylaxis (PEP), about concerning trends in late diagnosis of gay men in their 40s and 50s with HIV, and about the need for PLHIV to take a stand and play an active role in fighting HIV-related stigma and discrimination. PrEP advocacy and Peer Led Partner Notification have emerged as two pieces of priority work for Positive Life. We will continue to partner and collaborate with ASHM, ACON, MHAHS and the NSW Ministry of Health throughout 2015 and into 2016. ■

By David Riddell, Chief Executive Officer

By Shaun Robinson, Executive Director

## Programs and services

In June 2015, Bobby Goldsmith Foundation (BGF) began its 32nd year delivering care and support to the most vulnerable people living with HIV (PLHIV) across NSW. It has been a huge year for BGF. Our team was enhanced by bringing on new staff with broader social work and health skills to support our 1,200 plus clients.

Our Stanford University designed Positive and Chronic Disease Self-Management Program workshops, Take Control of Your Health, have entered their third year. These interactive workshops for PLHIV continue to provide adherence and self-advocacy skills, and create new peer facilitators as the program grows.

BGF continues to provide its range of existing support services that include casework, financial assistance and counselling, HIV AOD (alcohol and other drugs) care, and Phoenix Programs.

## Bobby Goldsmith House

Of greatest significance this past year was BGF's decision to exit Bobby Goldsmith House, the residential property which housed ten clients in Surry Hills. This was a hard decision to make, given the history of the house and the lives that it touched. However, all residents were successfully and happily re-homed within a short distance and continue to be supported by their existing community support workers.

BGF believes this new model of care, created in consultation with our clients and community stakeholders, can be replicated across the state. This is particularly important, as so many PLHIV live by themselves with multiple other chronic conditions, and as we face an ageing population.

## The future

BGF took steps to strengthen and refresh the Board composition. New recruits will broaden the Board's diversity mix and deliver consumer representation at the highest level of the organisation.

BGF has been awarded a Gilead Research grant to test the efficacy of tailored text messaging to support medication adherence to all PLHIV across NSW. ■

**N**ZAF has been working to our four-pronged approach to HIV prevention – condoms, testing, treatment and pre-exposure prophylaxis (PrEP) – a strategy which combines proven approaches with the application of new science to our work. Condom promotion continues through the Love Your Condom campaign – with views and interactions with campaign messages reaching into the multi-millions over the year.

The marketing expertise we apply to Love Your Condom has also been turned to promote HIV testing; we have now doubled our volume of tests in five years, and are delivering over 3,000 rapid tests a year. Most importantly, we are starting to see other providers such as sexual health services seeking to adopt rapid testing, which will significantly assist the ramp-up of testing nationally.

NZAF has partnered with sexual health services in three different locations to alert the men who have sex with men (MSM) community to syphilis outbreaks through our information and communication technology marketing frameworks. In terms of treatment, we have leveraged the findings of both PARTNER and START to support early access to antiretrovirals and to lobby for the removal of the CD4 threshold.

NZAF has also been working in partnership with other organisations to try to get a pre-exposure prophylaxis (PrEP) demonstration project off the ground. The project would enrol men at high risk of acquiring HIV and would be clinically supervised by sexual health physicians. We have been working to encourage consensus across clinical and community agencies to have a combination prevention framework adopted in government policy.

Community engagement is integral to all our work, and in the New Zealand context this involves specific strands of work with Maori, Pacific, Asian and African communities. We have continued our work with Positive Women and Body Positive, bringing HIV stigma out into the open through the advocacy of people living with HIV. ■



NZAF's four-pronged approach to HIV prevention.

## THE AFAO BOARD



### **Bridget Haire, President**

Bridget Haire is a post-doctoral research fellow at the Kirby Institute, UNSW Australia where she studies ethical aspects of infectious diseases. Her research includes PrEP, HIV criminalisation and neglected tropical diseases. She has a strong commitment to the community sector and has worked in HIV and sexual and reproductive health in a range of different roles for more than 20 years. Bridget is a consultant for the Australia-China Human Rights Technical Co-operation Program on sexual and reproductive health rights for the Australian Human Rights Commission, and is a member of the Global Emerging Pathogens consortium. She has a Masters of Bioethics (Hons) and a Doctorate on standards of care in HIV prevention research.



### **Simon Ruth, Vice President**

Simon Ruth is Chief Executive Officer at the Victorian AIDS Council (VAC). Prior to arriving at VAC, Simon spent twelve years at Peninsula Health where he was Director of Complex Services, overseeing a range of programs including alcohol and drugs, youth services, aged care, subacute programs and Aboriginal health. He has also worked for the Salvation Army, St Vincent de Paul Society and Youth Support and Advocacy Service (YSAS). Simon has a keen interest in improving health services for PLHIV and the GLBTI communities. Simon is a past member of the Liquor Control Advisory Council and the Whole of Victorian Government Alcohol & Drug Strategy Expert Advisory Committee. Simon has been a Board Member of the Victorian Alcohol and Drug Association (VAADA) since 2005 and was its President from 2007–2012.



### **Andrew Burry, Treasurer**

Andrew is the Chief Executive Officer of the WA AIDS Council. Between 2007 and 2012 he was General Manager of the AIDS Action Council of the ACT. Prior to that, he spent two years as a fundraiser with the Victorian AIDS Council/Gay Men's Health Centre. Andrew's prior professional background in commerce includes the biotechnology, finance and advertising sectors. He has tertiary qualifications in marketing and finance. 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 been involved with the ALSO Foundation and the Melbourne Queer Film Festival, and was a foundation member of the Board of the National LGBTI Health Alliance.



### **Joanne Leamy, Secretary**

Joanne has served on the Board of Queensland AIDS Council (formerly Healthy Communities) since 2008 and became President in late 2012. Joanne is a Registered Nurse with over 20 years nursing and research experience in the fields of sexual health, HIV and hepatitis C. She holds an MA (Nursing) and has held sessional teaching positions at James Cook University, Griffith University and taught at University of Queensland HIV Courses. She is also a Graduate of the Australian Institute of Company Directors. Joanne has a teenage son and has undertaken various volunteering activities in her LGBTI community.



### **Chris Gough, Australian Injecting and Illicit Drug Users League (AIVL)**

Chris Gough is a strong advocate of harm reduction and firmly believes in consumer guided and driven programs. Classically educated as an entomologist, he transitioned to social health, working first in crisis accommodation and then entering field of blood borne virus (HIV, hepatitis C, hepatitis B) prevention. This involved development and execution of community development projects including front line needle and syringe program (NSP) outreach work with the NSW Users and AIDS Association (NUAA), as well as peer education projects and policy. Chris currently works as a Health Education Officer at Sydney's Medically Supervised Injecting Centre, UnitingCare. He is on the Board of the Australian Illicit and Injecting Drug User's League (AIVL) and is a member of the International Network of People Who Use Drugs (INPUD).



### **Neville Fazulla, Anwernekenhe National HIV Alliance (ANA)**

Neville is the current Chair of the Anwernekenhe National HIV Alliance (ANA). He is also Chair of PATSIN (Positive Aboriginal and Torres Strait Islander Network) and the Co-chair of the ATSIHAW (Aboriginal and Torres Strait Islander HIV Awareness Week) committee. Neville is of both Aboriginal (Western Arrernte and Yawarrawarrka) and Afghani descent. He has been actively involved for many years in social justice, human rights and the response to HIV in Australia and internationally within the Aboriginal and Torres Strait Islander and the non-Aboriginal community. Neville has have worked in both leadership and peer education roles in the HIV response and was involved in the establishment of Aboriginal and Torres Strait Islander Project Officers in AIDS Councils within Australia.



### **Mish Pony, Scarlet Alliance, Australian Sex Worker Association**

Mish Pony has been involved in the sex worker rights movement and LGBTIQ health for a number of years, starting as a queer officer at the University of Sydney and a facilitator of ACON's Fun & Esteem project. Mish was the Trans Sex Worker Representative for Scarlet Alliance, Australian Sex Workers Association 2009–2010, and 2011–2013, and International Spokesperson in 2010–2011.

They are currently the Administration Officer for Scarlet Alliance, Australian Sex Workers Association; and are a collective member of Camp Out Inc., an organisation that puts on an annual camp of LGBTIQ teenagers. Mish has facilitated numerous workshops on trans\*, queer and sex worker issues, as well as presenting at conferences around Australia. Mish also runs a trans woman zine *distro* in their spare time and is part of a collective establishing a queer, women-focused land project in the Hunter Valley.



### **David Menadue OAM, National Association of People with HIV Australia (NAPWHA)**

David has served in a range of governance roles with HIV sector organisations in Victoria and nationally. These include being Vice-President and Board Member of Victorian AIDS Council for numerous terms since 1989, former President and Board Member of People Living with HIV/AIDS Victoria (now Living Positive Victoria), Board Member of AFAO and former President and current Board Member of NAPWHA. David is a former school teacher, retired since the nineties, after several AIDS-defining illnesses. He has a particular interest in the service and policy needs of people living with HIV as they age. He was awarded an Order of Australia in 1995 and is the author of an autobiography, *Positive*.



### **Alison Coelho, Co-opted Member**

Alison Coelho is the Stream Leader Multicultural Health Improvement and Manager of the Multicultural Health and Support Services (MHSS) and Multicultural Oral Health at the Centre for Culture Ethnicity and Health (CEH). MHSS is a state-wide program that aims to prevent HIV, sexually transmissible infections, and viral hepatitis amongst high prevalence refugee and migrant communities across Victoria. She has a background in Sociology and Community Development. Alison spent over a decade in the community sector in refugee policy development, advocacy, regional coordination and direct service in metropolitan Melbourne. She also worked in Nairobi on an HIV prevention project with young people. She is committed to addressing the social determinants of health and their impact on the health and wellbeing of refugee and migrant communities.



### **Kim Gates, Co-opted Member**

Kim has been employed with NTAHC since November 2012. Kim was initially employed as the Deputy Director and was promoted to Executive Director in March 2014. She holds a degree of Master of Indigenous Health, and has over 15 years' experience working in the areas of blood borne viruses, justice, Indigenous health and drug and alcohol in the non-government sector and the Commonwealth and Territory governments. Kim is passionate about improving health outcomes for Territorians, particularly Aboriginal people. Kim has extensive governance experience and currently holds the position of Secretary of the Association of Alcohol and Other Drug Agencies NT (AADANT) and is Secretary of the NT Writers' Centre.



### **Karen Price, Ordinary member**

Karen Price has more than 15 years' experience working at senior levels in the health sector in federal and state government roles, as well as senior positions in the tertiary education and not-for-profit sectors. Karen has led and managed significant pieces of policy and programmatic work across HIV, mental health, ageing and aged care, and drug and alcohol sectors. Karen is an investigator on a number of research grants, and has a strong focus on strategic partnerships. Currently, Karen is the Director of HIV and Sexual Health for ACON – NSW's leading community-based HIV prevention and LGBTI health organisation.



### **Finn O'Keefe, Staff Representative**

Finn O'Keefe joined AFAO in 2008 as a part-time Project Officer, and was appointed AFAO's Communications Officer in 2010. He is an editor of *HIV Australia* and also coordinates the production of many other AFAO publications. When not at AFAO, Finn produces audio and music for films and audiovisual resources for the community sector, and has a passion for projects with 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 Arts in Communication (Media Arts and Production).

# TREASURER'S REPORT

By Andrew Burry

**C**ontinuing uncertainty with contracts made prudent and tight financial management even more necessary in 2014–2015. This approach resulted in a surplus for the year to June 30 2015 of \$70,550 – a substantial increase on the \$25,355 surplus recorded in the previous year.

Following a tender process, AFAO engaged LBW & Partners as auditors for the 2014/15 financial year. In addition to the review, the firm offered advice to the Board and Management on areas where efficiency and financial controls could be further strengthened.

This process supported the considerable amount of work undertaken during the year by the Finance and Administration team, led by Sarita Ghimire, who has been promoted to the new

position of Manager – Finance and Administration. Included in work to streamline financial processes was the migration of the accounts to the XERO cloud-based software package. Once fully implemented, this will provide management and the Board with enhanced financial reporting tools and analysis.

Our financial position remains good and we retain a substantial level of net assets, which continue to be predominantly represented by cash. Our organisation is therefore in a relatively strong position to meet expected and unexpected challenges in the months and years ahead.

Our appreciation goes to Sarita and her team for another year's outstanding contribution to the work of the organisation. ■

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED  
**THE BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2015**

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

**Board of Directors**

The names of the Directors in the office at any time during or since the end of the year are:

Peter W Rowe (Willie) – President (resigned May 2015)	Bridget Haire – President (from May 2015)
Simon Ruth (Vice President – joined Dec 2014)	Joanne Leamy – Secretary
Andrew Burry – Treasurer	Karen Price – Ordinary Member (joined June 2015)
Craig Cooper (resigned Dec 2014)	David Menadue (joined Dec 2014)
Damon Brogan (resigned Sept 2014)	Chris Gough (joined Oct 2014)
Michelle Tobin (resigned April 2014)	Neville Fazulla (joined April 2015)
David Mejia-Canales (resigned Sept 2014)	Mish Pony
Alison Coelho – Co-opted member	Kim Gates – Co-opted member
Finn O’Keefe – Staff Rep	Rob Lake – Ex Officio
Linda Forbes – Acting Ex Officio	

**DIRECTORS’ REGISTER OF ATTENDANCE 2015**

	Board Meetings	
	Number Eligible To Attend	Number Attended
Burry, A	7	6
Brogan, D	1	1
Coelho, A	6	4
Cooper, C	2	1
Fazulla, N	3	1
Forbes, L	1	1
Gates, K	6	5
Gough, C	6	5
Haire, B	7	7
Lake, R (Ex Officio)	7	6
Leamy, J	7	7
Menadue, D	5	3
Meija, D	1	0
Mitchell, R	1	1
O’Keefe, F	7	6
Pony, M	7	7
Price, K	1	0
Rowe, P	5	5
Ruth, S	5	5
Tobin, M	4	2

**Principal Activities**

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

- a) To stop the transmission of Human Immunodeficiency Virus (HIV) and generally to promote the health of groups at higher risk of HIV
- b) To assist people and households affected by HIV and AIDS by provision of material, emotional and social support;
- c) To educate and promote information, actions awareness that minimises the risk of transmission of HIV; and
- d) To oppose discrimination against people living with or affected by HIV.

**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, 2015 amounted to \$70,551 (2014 surplus of \$25,355).

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

Rob Lake – Executive Director 

Andrew Burry – Treasurer 

Dated this 25 day of September 2015



**LBW & PARTNERS**

Chartered Accountants & Business Advisers  
ABN 80 618 803 443

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**PARTNERS**

George P Rochios  
Mark W Willock  
Rupa Dharmasiri  
Alan M Perrott

**AUDITOR'S INDEPENDENCE DECLARATION TO THE DIRECTORS OF AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED**

In accordance with the requirements of section 60-40 of the Australian Charities and Not for Profits Commission Act 2012, as the auditor for the audit of Australian Federation of AIDS Organisations Incorporated for the year ended 30 June 2015, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and
2. No contravention of any applicable code of professional conduct in relation to the audit.

Rupaninga Dharmasiri  
Partner

LBW & Partners  
Chartered Accountants  
Level 3, 845 Pacific Highway  
CHATSWOOD NSW 2067

DATED this 24<sup>th</sup> day of September 2015



Liability limited by a scheme approved  
under Professional Standards Legislation



ANALYSIS  
INTERPRETATION  
PLANNING

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED  
**STATEMENT OF FINANCIAL POSITION** AS AT 30 JUNE 2015

	Notes	2015 \$	2014 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	1,082,732	672,967
Financial Assets	5	457,655	836,406
Trade and other receivables	6	109,324	179,620
Security Deposits and prepayment		17,080	14,241
<b>TOTAL CURRENT ASSETS</b>		1,666,791	1,703,234
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	7	83,492	105,083
<b>TOTAL NON-CURRENT ASSETS</b>		83,492	105,083
<b>TOTAL ASSETS</b>		1,750,283	1,808,317
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	8	353,696	459,923
Grants in Advance	9	180,926	202,082
Provisions	10	290,910	280,995
<b>TOTAL CURRENT LIABILITIES</b>		825,532	943,000
<b>NON-CURRENT LIABILITIES</b>			
Provisions	10	45,415	56,532
<b>TOTAL NON-CURRENT LIABILITIES</b>		45,415	56,532
<b>TOTAL LIABILITIES</b>		870,947	999,532
<b>NET ASSETS</b>		879,336	808,785
<b>EQUITY</b>			
Reserves	12	330,000	86,678
Retained earnings	11	549,336	722,107
<b>TOTAL EQUITY</b>		879,336	808,785

The accompanying notes form part of these financial statements

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME** FOR THE YEAR ENDED 30 JUNE 2015

	Notes	2015 \$	2014 \$
<b>REVENUE</b>			
Donations and gifts – Monetary		16,215	1,500
Grants			
DFAT PNG MSM Program		233,035	222,075
DFAT Regional HIV Capacity Building Program		563,647	588,502
DFAT Australia Awards Fellowships Programs		91,212	450,245
Other Australian – Commonwealth Funds (Dept. of Health)		2,163,004	2,212,804
Other Overseas		77,129	—
Investment income		35,137	48,723
Other income			
Overseas		29,427	9,386
Domestic		19,131	54,775
Revenue for International Political or Religious Adherence Promotion Program		—	—
<b>TOTAL REVENUE</b>		<b>3,227,937</b>	<b>3,588,010</b>
<b>EXPENDITURE</b>			
International Aid and Development Projects			
Funds to international programs	2	805,699	1,036,109
Program support costs		54,337	57,387
Community education		—	—
Fundraising costs – Public		—	—
Fundraising costs – Government, multilateral and private		20,428	32,718
Accountability and administration	2	3,442	48,865
Expenditure for International Political or Religious Adherence Promotion Program		—	—
Domestic Programs			
Domestic programs expenditure		550,138	707,051
Staffing		1,136,572	1,059,437
Administration		586,771	621,088
<b>TOTAL EXPENDITURE</b>		<b>3,157,386</b>	<b>3,562,655</b>
<b>EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE</b>		<b>70,551</b>	<b>25,355</b>
Other Comprehensive Income		—	—
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>70,551</b>	<b>25,355</b>

The accompanying notes form part of these financial statements

**STATEMENT OF CHANGES IN ACCUMULATED FUNDS & RESERVES** FOR THE YEAR ENDED 30 JUNE 2015

	<b>Retained Earnings</b>	<b>General Reserves</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Balance at 30 June 2013</b>	696,752	86,678	783,430
Excess of revenue over expenses	25,355	—	25,355
<b>Balance at 30 June 2014</b>	722,107	86,678	808,785
Excess of revenue over expenses	70,551	—	70,551
Transferred (to) or from Reserves	(243,322)	243,322	—
<b>Balance at 30 June 2015</b>	549,336	330,000	879,336

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 2015

	Notes	Inflows (Outflows) 2015 \$	Inflows (Outflows) 2014 \$
<b>Cash flows from operating activities</b>			
Australian Government Grants received		2,214,044	2,204,251
Interest Received		35,137	48,723
Other Grants/Income		1,027,896	1,388,583
Project Grant Costs		(1,317,234)	(1,689,407)
Payments to Employees and Suppliers		(1,928,829)	(1,805,978)
Net cash provided by (used in) operating activities	15	31,014	146,172
<b>Cash flow from investing activities</b>			
Payments for property, plant and equipment		—	(118,210)
(Increase) decrease in term deposits		378,751	(836,406)
Net cash provided by (used in) investing activities		378,751	(954,616)
Net increase/(decrease) in cash held		409,765	(808,444)
Cash at beginning of year		672,967	1,481,411
Cash at end of year	4	1,082,732	672,967

The accompanying notes form part of these financial statements

**TABLE OF CASH MOVEMENTS FOR DESIGNATED PURPOSE** FOR THE YEAR ENDED 30 JUNE 2015

	Cash available at beginning of year	Cash raised during the year	Cash disbursed during the year	Cash available at end of the year
	\$	\$	\$	\$
<b>Domestic Programs</b>	1,391,454	2,351,414	(2,243,760)	1,499,108
<b>DFAT Regional HIV Capacity Building Program</b>	63,298	629,304	(595,401)	97,201
<b>DFAT PNG MSM Program</b>	(78,415)	238,414	(217,323)	(57,324)
<b>Donations – Intl Program</b>	9,715	—	(7,500)	2,215
<b>DFAT Australia Awards Fellowships Programs</b>	123,321	(19,184)	(103,387)	750
<b>USAID – PEPFAR SOGI</b>	—	77,129	(78,692)	(1,563)
<b>TOTAL</b>	<b>1,509,373</b>	<b>3,277,077</b>	<b>(3,246,063)</b>	<b>1,540,387</b>

DFAT PNG – All expenses were made in accordance with their designated purpose. However the Federation has experienced a timing delay with this funding.

**Cash available is represented by:**

	2015 \$	2014 \$
Cash and Cash Equivalents	1,082,732	672,967
Financial Assets	457,655	836,406
<b>Total Cash Available</b>	<b>1,540,387</b>	<b>1,509,373</b>

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 Australian Charities and Not-for-Profits Commissions Act 2012, Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board and the *Associations Incorporations Act (ACT) 1991*.

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

The Federation is a not-for-profit entity for finance reporting purposes under Australian Accounting Standards.

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, except for the cash flow information, 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 recognised 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 profit or loss and other 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:

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
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**

**Initial recognition and measurement**

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately.

### Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost.

*Amortised cost* is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

(i) *Financial assets at fair value through profit and loss*

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in fair value (ie gains and losses) recognised included in profit or loss.

(ii) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Federation's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) *Available-for-sale investments*

Available-for-sale investments are non-derivative financial assets that are not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management.

(v) *Financial liabilities*

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

#### Impairment

A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

#### Derecognition

Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party, whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

**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 profit or loss and other 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**

**Short-term employee benefits**

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

The Federation's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of the current provisions in the statement of financial position.

**Other long-term employee benefits**

Provision is made for employees' annual leave entitlements not expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to end-of-reporting-period market yields on government bonds that have maturity dates approximating the terms of the obligations. Any re-measurements of other long-term employee benefit obligations due to changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Federation's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the association does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current provisions.

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 and Other Income**

Non-reciprocal grant revenue is recognised profit or loss when the Federation obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Federation and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Federation incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. All revenue is stated net of the amount of goods and services tax.

**j) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised 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.

**l) Fair Value of Assets and Liabilities**

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

Fair value is the price the Federation would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

**m) Trade and Other Receivables**

Trade and other receivables include amounts due from members as well as amounts receivable from third parties. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 5 for further discussion of the determination of impairment losses.

**n) Trade and Other Payables**

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Federation during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 12 months of the recognition of the liability.

**o) Provisions**

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

**p) New Accounting Standards for Application in Future Periods**

An assessment of Accounting Standards and Interpretations issued by the AASB that are not yet mandatorily applicable to the Federation and their potential impact on when adopted in future periods is discussed below:

AASB 9: *Financial Instruments* (December 2014) and associated Amending Standards (applicable for annual reporting periods commencing on or after 1 January 2018).

These Standards will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and include revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting.

The key changes that may affect the Federation on initial application of AASB 9 and associated Amending Standards include certain simplifications to the classification of financial assets.

The Board of Directors does not anticipate the adoption of AASB 9 may have a significant impact on the Federation's financial instruments.

**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.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

**Note 2: International Program Expenditure**

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
International Aid and Development Projects:		
Funds to international program (regular programs – DFAT PNG MSM & Regional HIV)	738,337	626,464
Funds to international program (Australia Awards Fellowships programs)	67,362	409,645
	<hr/> 805,699	<hr/> 1,036,109
Accountability & Admin (regular programs – DFAT PNG MSM & Regional HIV)	1,127	8,265
Accountability & Admin (Australia Awards Fellowships programs)	2,315	40,600
	<hr/> 3,442	<hr/> 48,865

**Note 3: Auditors' Remuneration**

Remuneration of the auditor of the Federation for:

– Auditing or reviewing the financial report: paid to Masselos Grahame Masselos	22,000	22,000
– Auditing or reviewing the financial report: paid to LBW & Partners (interim audit for FY 2014/15)	5,000	–
	<hr/> 27,000	<hr/> 22,000
Other services paid to LBW & Partners	400	–
	<hr/> 400	<hr/> –

**Note 4: Cash and Cash Equivalents**

Cash at bank	979,664	93,920
Short-term bank deposits (up to 3 months)	102,368	578,347
Cash on hand	700	700
	<hr/> 1,082,732	<hr/> 672,967

**Note 5: Financial Assets**

Held to maturity investments – Term Deposits	457,655	836,406
	<hr/> 457,655	<hr/> 836,406

The effective interest rate on term deposits was between 2.25% – 3.30%.

*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	1,082,732	672,697
	<hr/> 1,082,732	<hr/> 672,697

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED  
**NOTES TO THE FINANCIAL STATEMENTS** FOR THE YEAR ENDED 30 JUNE 2015

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
<b>Note 6: Trade and Other Receivables</b>		
Member Organisations	3,951	6,254
International Program – Abt JTA International & Project Partners	102,321	92,072
Health Sector Organisations	1,790	10,911
GST Receivable	–	70,383
Other miscellaneous	1,262	–
	109,324	179,620

**Note 7: Property, Plant and Equipment**

Office equipment at cost	47,299	47,299
Accumulated depreciation	(41,133)	(38,873)
Total office equipment	6,166	8,426
Leasehold improvements		
At cost	113,714	113,714
Accumulated depreciation	(36,388)	(17,057)
Total Leasehold Improvements	77,326	96,657
Total Property, Plant and Equipment	83,492	105,083

**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.

	<b>Leasehold Improvements</b>	<b>Office Equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Balance at the beginning of the year	96,657	8,426	105,083
Depreciation expense	(19,331)	(2,260)	(21,591)
Carrying amount at the end of year	77,326	6,166	83,492

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
<b>Note 8: Trade and Other Payables</b>		
CURRENT		
Trade payables	268,911	408,108
GST Payable	22,049	37,241
Clearing Accounts – PAYG Tax	17,585	14,574
Clearing Accounts – Superannuation	8,680	–
APCOM HIVOS Fund balance	36,471	–
	353,696	459,923

**Note 9: Grants in Advance**

Health Department Grants – Commonwealth and State	51,040	–
International Program Grants	129,886	176,317
Other Grants	–	25,765
	180,926	202,082

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
<b>Note 10: Provisions</b>		
Employee Benefits		
Current	290,910	280,995
Non-Current	45,415	56,532

The provision relating to employees with 5 or more 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	14.8	15.4
--	------	------

**Note 11: Retained Earnings**

Retained earnings at beginning of year	722,107	696,752
Operating surplus/(deficit) for the year	70,551	25,355
Transfer to Redundancy Reserves	(243,322)	—
Retained earnings at the end of the year	549,336	722,107

**Note 12: Redundancy Reserve**

The Equipment Replacement & Employee Entitlement Reserve from past year has been renamed as Redundancy Reserve to provide funding for possible staff redundancies for forthcoming years given the recent DFAT decision to de-fund AFAO and likelihood of reduction in funding from Commonwealth.

Opening balance	86,678	86,678
Transfer from retained earnings	243,322	—
Balance at end of the year	330,000	86,678

**Note 13: 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	138,032	111,384
– between 12 months and 5 years	156,709	272,668
– greater than 5 years	—	—
	294,741	384,052

**Note 14: Events after the Balance 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 25th September, 2015.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED  
**NOTES TO THE FINANCIAL STATEMENTS** FOR THE YEAR ENDED 30 JUNE 2015

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
<b>Note 15: Cash Flow Information</b>		
Reconciliation of Net Cash Flow from Operations with Surplus/(Deficit) from Operations		
Operating surplus/(deficit)	70,551	25,355
Depreciation	21,591	19,583
(Profit)/loss on disposal of assets	—	3,849
<b>Changes in net assets and liabilities</b>		
(Increase)/decrease in prepayments & deposits	(2,839)	11,690
(Increase)/decrease in trade & other receivables	70,296	(56,603)
Increase/(decrease) in sundry creditors	(106,227)	(5,988)
Increase/(decrease) in grants in advance	(21,156)	110,150
Increase/(decrease) in employee benefits payable	(1,202)	38,136
	31,014	146,172

**Note 16: Financial Risk Management**

The Federation's financial instruments consist mainly of deposits with banks, local money market instruments, receivables and payables.

The totals for each category of financial instruments, measured in accordance with AASB 139, as detailed in the accounting policies to these financial statements, are as follows:

	<b>Note</b>	<b>2015</b>	<b>2014</b>
		<b>\$</b>	<b>\$</b>
<b>Financial assets</b>			
Cash on hand	4	1,082,732	672,967
Accounts receivable and other debtors	6	109,324	179,620
Held to maturity investments – term deposits	5	457,655	836,406
<b>Total financial assets</b>		1,649,711	1,688,993
<b>Financial liabilities</b>			
Financial liabilities at amortised cost:			
– accounts payable and other payables	8	353,696	459,923
<b>Total financial liabilities</b>		353,696	459,923

**Financial Risk Management Policies**

The Federation's Board of Directors is responsible for, among other issues, monitoring and managing financial risk exposures of the Federation. The Treasurer monitors the Federation's transactions and reviews the effectiveness of controls relating to credit risk, liquidity risk and market risk.

The Treasurer's overall risk management strategy seeks to ensure that the federation meets its financial targets, while minimising potential adverse effects of cash flow shortfalls.

**Specific Financial Risk Exposures and Management**

The main risks the Federation is exposed to through its financial instruments are credit risk and liquidity risk. There have been no substantive changes in the types of risks the association is exposed to, how these risks arise, or the Board's objectives, policies and processes for managing or measuring the risks from the previous period.

**a. Credit risk**

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to the Federation.

Credit risk is managed through maintaining procedures (such as regular monitoring of the financial stability of significant customers and counterparties) ensuring, to the extent possible, that members and counterparties to transactions are of sound credit worthiness.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating or in entities that the Board has otherwise assessed as being financially sound.

*Credit risk exposures*

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying amount and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

There is no collateral held by the Federation securing account receivable and other debtors.

Accounts receivable and other debtors that are neither past due nor impaired is considered to be of high credit quality.

The Federation has no significant concentrations of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of accounts receivable and other debtors are provided in Note 6.

**b. Liquidity risk**

Liquidity risk arises from the possibility that the Federation might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The Federation manages this risk through the following mechanisms:

- preparing forward-looking cash flow analysis in relation to its operational, investing and financial activities;
- only investing surplus cash with major financial institutions; and
- proactively monitoring the recovery of unpaid receivables.

The financial assets and financial liabilities as at the balance date are expected to mature within one year.

*Financial assets pledged as collateral*

Term deposits amounting to \$30,000 and \$45,000 (2014: \$30,000 and \$45,000) have been held by the bank as security for AFAO Newtown office lease and staff payroll respectively.

The Federation has no significant exposure to interest rate or currency risk.

**Fair Values**

Cash, accounts receivable and other debtors, and accounts payable and other payables are short-term instruments in nature whose carrying amount is equivalent to fair value.

**Note 17: Federation Details**

The registered office of the Federation is:

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

**Note 18: Economic Dependency**

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

**Note 19: Related Party Disclosures**

- a. The names of each person holding the position of director of the Organisation during the financial year are: Peter W Rowe (Willie), Bridget Haire, Simon Ruth, Joanne Leamy, Andrew Burry, Karen Price, Craig Cooper, David Menadue, Damon Brogan, Chris Gough, Michelle Tobin, Neville Fazulla, David Mejia, Mish Pony, Alison Coelho, Kim Gates and Finn O'Keefe.
- b. Key management personnel comprise of Rob Lake (Executive Director), Simon Donohoe (Education Programs Manager), Chris Connelly (International Programs Manager), Linda Forbes (Policy & Communications Manager) and Sarita Ghimire (Manager – Finance and Administration).
- 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 \$579,552 (2014: \$551,179). This included short-term benefits of \$529,959 (2014: \$505,017) and superannuation of \$49,593 (2014: \$46,162).

**Note 20: Compliance with ACFID Code of Conduct**

These 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](http://www.acfid.asn.au)

## Responsible Entity's Declaration

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

- a) The financial statements and notes of Australian Federation of AIDS Organisations Incorporated are in accordance with the *Australian Charities and Not for Profits Commission Act 2012*, including:
  - i Giving a true and fair view of its financial position as at 30 June 2015 and of its performance for the financial year ended on that date; and
  - ii Complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Australian Charities and Not For Profits Commission Regulation 2013*; and
- b) There are reasonable grounds to believe that Australian Federation of AIDS Organisations Incorporated will be able to pay its debts as and when they become due and payable.

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

Robert Lake – Executive Director



Andrew Burry – Treasurer



Dated this 25<sup>th</sup> day of September 2015



#### LBW & PARTNERS

Chartered Accountants & Business Advisers  
ABN 80 618 803 443

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#### PARTNERS

George P Rochios  
Mark W Willock  
Rupa Dharmasiri  
Alan M Perrott

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

### Report on the Financial Report

We have audited the accompanying financial report of Australian Federation of AIDS Organisations Incorporated (the association), which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and of other comprehensive income, statement of changes in accumulated funds and reserves and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the board of directors on the annual statements giving a true and fair view of the financial position and performance of the association.

#### *Directors' Responsibility for the Financial Report*

The directors of the association are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and for such internal control as the directors determine necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our 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 about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and 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 association'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 the director, as well as evaluating the overall presentation of the financial report.

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



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CHARTERED ACCOUNTANTS  
AUSTRALIA • NEW ZEALAND

ANALYSIS  
INTERPRETATION  
PLANNING



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

*Opinion*

In our opinion, the financial report of Australian Federation of AIDS Organisations Incorporated is in accordance with the requirements of the with Division 60 the Australian Charities and Not-for-profits Commission Act 2012 and , including:

- i. giving a true and fair view of the association's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- ii complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Rupaninga Dharmasiri

Partner

LBW & Partners

Chartered Accountants

Level 3, 845 Pacific Highway

CHATSWOOD NSW 2067

Dated this 25<sup>th</sup> day of September 2015



**LBW & PARTNERS**

Chartered Accountants & Business Advisers  
ABN 80 618 803 443

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**PARTNERS**

George P Rochios  
Mark W Willock  
Rupa Dharmasiri  
Alan M Perrott

**COMPILATION REPORT TO AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED**

We have compiled the accompanying statement of Australian Federation of AIDS Organisations Incorporated, which comprise the statements of income and expenditure for the year ended 30 June 2015. The specific purpose for which the statement of income and expenditure has been prepared is to provide financial information to the board of directors.

*The Responsibility of the Directors*

The board of directors is solely responsible for the information contained in the statement of income and expenditure and have determined that the accounting policies used are appropriate to meet their needs and for the purpose that the statement of income and expenditure were prepared.

*Our Responsibility*

On the basis of information provided by the directors we have compiled the accompanying statement of income and expenditure in accordance with the financial reporting framework and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the directors provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The statement of income and expenditure was compiled exclusively for the benefit of the directors. We do not accept responsibility to any other person for the contents of the statement of income and expenditure.

Rupaninga Dharmasiri  
Partner  
LBW & Partners  
Chartered Accountants

Level 3, 845 Pacific Highway  
CHATSWOOD NSW 2067

Dated this 25<sup>th</sup> day of September 2015



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ANALYSIS  
INTERPRETATION  
PLANNING

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED  
**INCOME AND EXPENDITURE STATEMENT** FOR THE YEAR ENDED 30 JUNE 2015

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
<b>Revenue</b>		
Donations and Gifts	16,215	1,500
Grants		
DFAT PNG MSM Program	233,035	222,075
DFAT Regional HIV Capacity Building Program	563,647	588,502
DFAT Australia Awards Fellowships Program	91,212	450,245
Commonwealth Funds – Department of Health & Ageing	2,163,004	2,212,804
Other Overseas Grants	77,129	–
Investment Income – Interest	35,137	48,723
Other Income		
Overseas	19,131	9,386
Domestic	29,427	54,775
	<b>3,227,937</b>	<b>3,588,010</b>
<b>Expenditure</b>		
<b>Overseas Projects</b>		
Funds to overseas projects	621,845	905,238
Other project costs	57,779	106,252
Domestic Projects Costs	552,996	712,647
<b>Administration</b>		
Audit	27,000	22,000
Bank Charges	2,001	1,942
Bad Debts Written Off	–	27,230
Contractors Fees	55,849	48,283
Depreciation Expense	21,591	19,583
Employee Assistance Program	1,785	–
Insurance	19,325	26,691
Meeting Expenses	18,060	18,878
Office Equipment Expense	15,082	34,550
Postage & Freight	1,848	871
Professional Fees	–	10,587
Loss on Disposal of Assets	–	3,849
Rent and Electricity	84,700	92,886
Relocation/Refurbishment Costs	–	19,362
Repairs and Maintenance	57,777	44,256
Resources and Subscriptions	29,122	21,923
Salaries and Wages (including international and domestic)	1,325,582	1,210,387
Staffing On-costs (includes professional development costs)	19,755	16,029
Stationery and Office Supplies	9,221	9,035
Superannuation	116,801	106,073
Telephone, Facsimile & Internet	13,829	12,903
Travel	77,843	74,189
Website	27,594	17,011
	<b>3,157,386</b>	<b>3,562,655</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>70,551</b>	<b>25,355</b>



## **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](http://www.afao.org.au)**