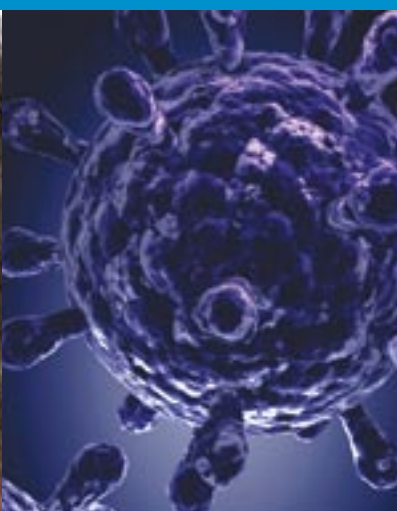


AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS 2008–09 ANNUAL REPORT





VISION STATEMENT

The AFAO Secretariat Vision Statement is:

"Living in a world with AIDS, working for a world without AIDS."

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



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

Telephone: 02 6285 1816 Facsimile: 02 6285 1720

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PRESIDENT'S REPORT

■ DR GRAHAM BROWN

The past twelve months have been an intense time for the entire HIV partnership.

The Rudd government was elected in 2007 with a platform which explicitly committed to re-vitalising Australia's HIV response, including its Partnership response. That re-vitalisation has been actioned this year with a range of measures, including:

- establishment of a dynamic new Ministerial Advisory Committee on Bloodborne Viruses and STIs (MACBBVS);
- review of the previous National Strategies;
- rapid formulation of new National Strategies;
- re-establishment and re-energising of the Parliamentary Liaison Group on HIV/AIDS; and,
- adoption of a new HIV Strategy with significant improvements by AusAID.

Importantly, Minister Roxon's office and her advisers are welcoming and responsive. Parliamentary Secretary for Health and Ageing Mark Butler – and his predecessor, Senator Jan McLucas – have shown strong engagement with HIV issues and welcomed ideas and input.

Senator Louise Pratt is leading the re-energised Parliamentary Liaison Group vigorously and, through her fostering its strong bi-partisan participation, has re-affirmed this key principle of the HIV response in both language and in practice. Similarly, Parliamentary Secretary for International Development Assistance, Bob McMullan, has been engaged and encouraging on HIV issues in the Asia-Pacific region – including driving finalisation of AusAID's new HIV Strategy. Taken together this amounts to a sea-change from the drift and uncertainty prevailing prior to the Rudd government's election.

MACBBVS and National Strategies

The Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) was established in March 2009 under the energetic, engaged and expert leadership of Professor Michael Kidd.

In six months this Committee has restored leadership at the national level and is rapidly building a much stronger framework for setting strategic directions and mobilising collaborative responses.

My appointment to the MACBBVS, along with other key community sector leaders, has restored direct community input at the highest level, reinforced by my appointment as Co-Chair of the Expert Writing Group for the HIV Strategy. These roles



Pictured Dr Graham Brown,
President of the Australian Federation
of AIDS Organisations

have been a demanding but exciting opportunity to influence national policy – and an intriguing challenge in balancing the role of individual appointment to MACBBVS and the elected role of President of AFAO.

There has been a substantial investment of time, energy and passion into the suite of National Strategies by the entire HIV partnership. Within a very short timeframe, further impacted by the demands that responding to swine flu made on the Department of Health and Ageing, the HIV partnership has demonstrated an enormous level of support, cooperation, flexibility and focus. I would particularly like to thank all members of AFAO for being so mobilised and ready to engage in the process.

Influencing the Government's Reform agenda

Throughout this year AFAO has necessarily been engaged in the government's wider-ranging reform agenda – particularly in health. We continued our campaign to influence the COAG reform agenda to 'Simplify Commonwealth-state financial relations'. Initiated in early 2008, this campaign is aimed at ensuring the new National Health Care Agreement do not unintentionally undermine the HIV response by allowing the state and territory governments to transfer HIV and other public health funds to address the latest hospitals alleged 'crisis'.

Success in this project is not yet assured, and the development of new National Strategies and Implementation Plans which include targets and performance indicators which are sufficiently robust to ensure funds are not dissipated in future is a key task over the coming months.

In parallel AFAO has been analysing and inputting to the other major elements of the Government's wide-ranging Health Reform Agenda by way of national forums, submissions, briefing papers for members, and direct advocacy.

New lessons from Australia's HIV epidemic

The last decade has provided very clear evidence that there is a minimum investment in programs and leadership below which HIV infections will increase. The last decade saw what has been called the 'Natural Experiment'. The Victorian and Queensland governments reduced funding for HIV prevention and support programs – and their infection rates rose. But New South Wales did not disinvest – and their rates remained stable. Victoria re-invested in 2006 and their infection rates in 2008 indicate a decline. Queensland has re-invested more recently and we look forward to the outcome in 2009.

These are very important lessons in themselves. But they also strongly suggest that nationally we are operating at the minimum level of investment to sustain rates of HIV at their current level of about 1,000 per annum. But we must be aiming to do better than this – to reverse the rate of HIV infections. The 'Natural Experiment' data also indicates that a modest increase in investment in HIV prevention and support programs could shift Australia's currently plateaued rate of infections to a downward trajectory. The new National HIV Strategy should set this target and be a lever for governments – both Commonwealth and State – to increase this investment through their next Budget process.

Aboriginal and Torres Strait Islander people – and HIV

This year has seen the establishment of the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (commonly referred to as 'the ANA') as an independent community-controlled organisation – and AFAO welcomed the ANA as its twelfth member organisation in November, 2008. Sports star and Australian hero Cathy Freeman launched the ANA publicly at a gala event at this year's Australasian HIV Conference in Brisbane.

Its task – and ours – remains as challenging as ever. Alarming increases in HIV infections from injecting drug use, compounded by grotesque incarceration rates of young Indigenous men, are creating the potential for Australia to develop an injecting-initiated heterosexual epidemic in the Indigenous community – which Australia has so far avoided. At the same time, Indigenous gay men and sisters continue to constitute more than 50 percent of HIV infections among Indigenous Australians.

In conclusion

Overall I am confident we can look forward to a re-vitalised HIV Partnership, reinvigorated leadership at the national level – and new National Strategies with meaningful Implementation Plans and active oversight by the MACBBVS. While a plateau in new HIV infections is a good achievement, if we are to begin to drive the rate of new HIV infections down we will need a modest increase in funding for the HIV program – which will be recouped in future savings in treatment and care costs.

I am proud that AFAO has been able to play a considerable role in bringing about this much-improved situation through this year and I want again to thank the Board, member organisations and the AFAO staff for their sterling contributions throughout the year.

EXECUTIVE DIRECTOR'S REPORT

■ DON BAXTER



Pictured: Don Baxter, AFAO's Executive Director

The revitalisation of Australia's HIV response through restoration of national leadership and re-affirmation of the HIV Partnership in both word and deed under the Rudd Government – outlined in the *President's Report* – has also re-energised AFAO and our member organisations.

Just as well. The past year has seen a rapid review of the previous National Strategies and formulation of new Strategies – alongside the wide-ranging Health Reform Agenda the government has put in place. Keeping ahead of the game has been a challenge – but undertaking it in the context of meaningful discussions and fruitful interactions with government and the HIV partnership has allowed us to meet the challenge comprehensively to date, while continuing to deliver a wide range of programs in HIV prevention and health promotion nationally – and increasingly in the Asia-Pacific region.

We feel this re-energisation has taken hold across most of the members of the HIV Partnership – and we look forward to one important partner, the Department of Health and Ageing, catching up soon to the pace which the government, its advisory committee and the rest of the Partnership members, are setting.

Strategy and Policy – leadership and homework

AFAO participated comprehensively in the review of the previous National Strategies and has been directly involved in the writing groups formulating the new HIV Strategy, the STIs Strategy and the Indigenous strategy. We are quietly confident that the new Strategies – and their associated Implementation Plans – will lead to a much more vigorous and coherent HIV response in Australia, monitored by regular and active oversight by the Ministerial Advisory Committee on Bloodborne Viruses and STIs (MACBBVS).

Alongside the Strategies review and preparation work, AFAO has maintained very active engagement with the government's wide-ranging Health Reform Agenda. We have lodged submissions and prepared briefing papers on all of its major components including:

- the National Hospital and Health Reform Commission's report;
- the National Preventative Health Taskforce reports;
- the National Primary Health Care Strategy;
- the National Mental Health and Disability Employment Strategy; and
- the National Health Care Agreement.

Our national Positive Services Forum in June 2009 canvassed a range of possible impacts of the Health Reform Agenda. In addition we have prepared submissions to a range of other government and parliamentary enquiries – as outlined in the Policy and Communications section of this annual report.

AFAO also initiated discussion across the HIV partnership on a range of issues. Our discussion paper on a more focused and systematic approach to people of sub-Saharan African origin living in Australia and HIV started a dialogue which we will continue to foster through the coming year. We also progressed consideration of the policy issues on a range of other issues including:

- clarifying the policy agenda arising from increased criminal prosecutions of people with HIV through a widely-praised discussion paper;
- facilitating the development of National Syphilis Action Plan for Gay Men through a national forum held in May 2009, with a second forum scheduled for October 2009 to complete the Plan;
- establishing a Policy Reference Group on the desirability of introducing rapid HIV testing in Australia, accompanied by several issues papers; and
- commissioning a major study of stigma and discrimination within the gay community between HIV-negative and positive men, which appears to be a global first.

We upgraded our media coverage during the course of the year, including a major intervention in September 2008 on Australians travelling and working in high prevalence countries and becoming infected.

Other major interventions were around the escalating HIV epidemics among gay men and other MSM in the Asia-Pacific (in August) and articulating the lessons learned from the apparent 'plateauing' of Australia's rate of HIV diagnoses in September 2009.

The revision and publication of our *Media Guide* has been widely praised and a very successful launch conducted in Parliament House in Canberra, with more than a dozen parliamentarians attending this multi-partisan event.

Aboriginal and Torres Strait Islander Communities – progress and challenges

The ANA – Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance – was formally accepted as the twelfth member of AFAO at our November 2008 AGM, thereby fulfilling a long-term objective of AFAO to have an independent Indigenous community-controlled organisation as a full member. Cathy Freeman publicly launched the ANA at a gala event in Brisbane in September 2009.

The Project also organised a three day professional development workshop and forum for staff in the ATSIPON network and produced a position paper, with the Aboriginal and Torres Strait Islander Project Officers' Network (ATSIPON) articulating the rationale and practice of the 'whole of community' approach implemented across these programs over the past five years, extending their scope well beyond the initial focus on gay men and sistersgirls/transgenders.

In September 2008, Senator Jan McLucas launched the innovative Torres Strait HIV radio snippets campaign on Thursday Island. The snippets were broadcast in Torres Creole. Building on a print resource developed by the Queensland Association for Healthy Communities (QAHC) these HIV messages were the first time radio had been systematically used in a campaign in the Torres Strait, where radio is the chief medium of communication.

Late in this reporting period the main funding agency for our program, the Office of Aboriginal and Torres Strait Islander Health (OATSIH), indicated that it was intending to shift its focus to 'service delivery' and was proposing to put the funding out to tender very soon. AFAO and the ANA believe this is entirely inappropriate and are currently in negotiation with OATSIH and the Minister's office on this proposal.

AFAO and the Regional and Global HIV epidemics

In 2008–09 AFAO has seen major developments in two areas:

- culmination of our intensive advocacy for MSM and for people living with HIV to be appropriately prioritised in the new AusAID HIV Strategy; and
- a substantial expansion of AFAO's overall program with a range of new initiatives and projects put in place.

The International Program section of this *Annual Report* summarises the extended range and progress in the programs

and projects we are currently managing – some in partnership with AFAO members: (ACON in the Pacific and Mekong countries; QAHC in PNG) – and I commend your reading of it to gain an insight into the variety and extent of our work.

Revenue for the International Program increased by nearly 100 percent in the year and appears likely to continue increasing in the coming years. A review of our current international strategy will be undertaken early in 2010 so that this program expansion retains the directions and coherence which have been a hallmark of its success to date.

Our global, regional and local advocacy through the year for effective responses to the escalating HIV epidemics among gay men and MSM in the Asia-Pacific has been effective in policy terms – though not yet in programmatic terms. Meanwhile the virus is not sitting around waiting for AusAID and other donors to get their act together. This will remain a major focus for the coming year.

Our private donor continued her support through this year, but in light of the global financial crisis, she is indicating an impending end to her on-going capacity to support the program. As it has contributed more than a million dollars for innovative, risk-taking grants for nascent organisations – more than 80 percent of which have survived and thrived – it has been a major contributor to building effective community responses in many locations in the region. We are currently documenting the work of this program with a view to soliciting continuing contributions from a range of other private and foundational donors, emphasising the programmatic skills AFAO has built up over the years in developing and managing such an innovative program as this one is.

I have continued in my global roles as Vice-Chair of the board of the International Council of AIDS Service Organisations and one of the Co-Chairs of the Global Forum on MSM and HIV. I am pleased to report the MSM Global Forum has now gained substantial funding from the UK's Department for International Development (DFID) and from the Gates Foundation. This is very pleasing and a credit to the investment in 'start-up' funds and staff time that AFAO has made over the last five years in facilitating its establishment.

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AFAO MEMBER ORGANISATIONS

AUSTRALIAN CAPITAL TERRITORY

AACACT 16 Gordon St Acton ACT 2604
Ph: 02 6257 2855 Fax: 02 6257 4838
Email: aidsaction@aidsaction.org.au

NEW SOUTH WALES

ACON 9 Commonwealth St Surry Hills NSW 2010
Ph: 02 9206 2000 Fax: 02 9206 2002
Email: acon@acon.org.au

SOUTH AUSTRALIA

ACSA 64 Fullarton Rd Norwood SA 5067
Ph: 08 8334 1611 Fax: 08 8363 1046
Email: information@acsa.org.au

NORTHERN TERRITORY

NTAHC 46 Woods St Darwin NT 0800
Ph: 08 8941 1711 Fax: 08 8941 2590
Email: info@ntahc.org.au

QUEENSLAND

QAHC 187 Melbourne St South Brisbane 4101 QLD
Ph: 07 3017 1777 Fax: 07 3852 5200
Email: info@qahc.org.au

TASMANIA

TasCAHRD 319 Liverpool St Hobart TAS 7000
Ph: 03 6234 1242 Fax: 03 6234 1630
Email: mail@tascahrd.org.au

VICTORIA

VAC/GMHC 6 Claremont St South Yarra VIC 3141
Ph: 03 9865 6700 Fax: 03 9826 2700
Email: enquiries@vic aids.asn.au

WESTERN AUSTRALIA

WAAC 664 Murray St West Perth WA 6872
Ph: 08 9482 0000 Fax: 08 9482 0001
Email: waac@wa aids.com

NATIONAL ORGANISATIONS

AIVL GPO Box 1552 Canberra ACT 2601
Ph: 02 6279 1600 Fax: 02 6279 1610
Email: aivl@aivl.org.au

NAPWA Suite G5, 1 Erskineville Rd,
Newtown, NSW 2042
Ph: 02 8568 0300 Fax: 02 9565 4860
Email: admin@napwa.org.au

SCARLET ALLIANCE PO BOX 261 Darlinghurst NSW 1300
Ph: 02 9326 9455 Fax: 02 9326 9870
Email: info@scarlet.org.au

**ANWERNEKENHE NATIONAL ABORIGINAL AND
TORRES STRAIT ISLANDER HIV ALLIANCE (ANA)**
C/— PO Box 51 Newtown NSW 2042

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AFAO's Internal Operations

Relations among AFAO's member organisations have been collaborative and productive through the year – and the range of national forums we and other agencies have conducted has facilitated increased direct contact.

The AFAO Rules were amended at the April 2009 General meeting to clarify and facilitate applications from organisations wishing to become Affiliate members of AFAO. Three applications will be considered by the Members at the 2009 AGM.

As the current AFAO Strategic Plan will expire in 2010 – and the new National Strategies are nearing completion – the Board has put in place a process for the development of AFAO's next Strategic Plan. Initial consultations will be held in early 2010.

The audit and financial outcomes for the 2008–09 year have again been very satisfactory. The relatively large surplus arises chiefly from salary savings from unfilled positions while the internal Organisational Review was undertaken and implemented. We do not expect a surplus of this scale to be achieved in the current financial year. We have now restored staffing levels to full capacity as this surplus for 2008–09 has allowed AFAO to reach the retained earnings target set by the Board three years ago.

I instituted an internal Organisational Review in 2008 and the recommendations from that report are being implemented through 2009. Unfortunately the very late signing of our funding agreements with the Department of Health and Ageing – not until late March 2009 – combined with the government's policy of 'no rollovers' – led to an absurdly intense last three months of the 2008–09 financial year, which significantly delayed implementation of many of Review's recommendations (as well as a range of other activities). We look forward to a much more timely signing of funding agreements with the Department in the current financial year.

Notwithstanding all of the external challenges and changes the AFAO Secretariat staff continued to produce high quality work consistently through the year and I would like to thank them and the Management Team for doing so with me often pre-occupied with external issues.

Finally, from my perspective the AFAO Board has continued to provide the leadership, strategic direction, political advice and personal support which has ensured we have been 'early' on all significant issues and, with our member organisations, continue to drive the national HIV agenda in many ways.

POLICY AND COMMUNICATIONS

■ ABIGAIL GROVES, POLICY MANAGER

The Policy Team conducts research and analysis of national developments in policy and legislation related to HIV, and produces briefings and discussion papers on current issues for AFAO members and other stakeholders. The team prepares submissions to state and federal governments regarding the impact of public policy on people living with HIV and communities affected by HIV. We also respond to issues from a broad range of domestic and international stakeholders.

This was a year of change for the Policy Team, with the departure of Manager Mark Bebbington and Policy Analysts Bridget Haire and Jason Appleby. However, new addition Finn O'Keefe has brought a variety of skills (and much enthusiasm) to his Project Officer role. Consultant Sally Cameron continues to work on a number of key policy issues, and AFAO's contracted media advisor Phil Davey is also a regular presence, providing a strategic perspective on media issues.

National HIV Strategy

The National Strategies relating to HIV, Hepatitis C, Sexually Transmitted Infections, and the Aboriginal and Torres Strait Islander Blood Borne Viruses and STIs all expired during 2008, and a review was conducted. AFAO and the Policy Team participated in the Review, producing a briefing paper on the epidemiology of the Australian epidemic for this purpose. The subsequent appointment of a new Ministerial Advisory Committee on Bloodborne Viruses and STIs and development of a new Strategy provides a significant opportunity for input from AFAO to influence the national policy agenda around HIV. This work is continuing, with the new National Strategies being drafted at time of writing.

Criminal Prosecutions

Criminal prosecutions involving HIV continue to be a key concern for people living with HIV and a major area of work for the Policy Team. In 2009, the Policy Team organised a panel discussion on criminal prosecutions at the April AGM and a breakfast session at the Positive Services Forum. The Team also produced a major discussion paper entitled *Criminal Prosecutions involving HIV transmission: what is the policy agenda?* This discussion paper is the most substantial document produced on criminal prosecutions in Australia to date.



Pictured clockwise from left: Abigail Groves; Jill Sergeant and Finn O'Keefe



HIV and sub-Saharan African Communities

People from sub-Saharan African countries living in Australia have a significantly higher per capita rate of HIV than other groups in the community, and this is a source of increasing concern for those working in HIV. This is a new area of work for AFAO and is being led by Website Officer Jill Sergeant, who has strong links to African communities in Australia. This work will continue into 2009–2010 and beyond.

Positive Services Forum

Following the successful Care and Support Forum in 2007, the Policy Team organised a follow-up Positive Services Forum in June 2009. The aim of the Positive Service Forum was to provide opportunities to explore health service practices which are successful in the contemporary environment, while maintaining quality service provision for people with HIV. The Forum also provided a rare opportunity for people working in service provision from around Australia to get together and share information – an opportunity which was highly valued by those who attended. This year's Forum also featured strong representation from related fields, with the participation of a number of speakers from aged care and mental health services.

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Pictured clockwise from above:
The cover of the special 'Reflections' issue of *HIV Australia*; the cover of *HIV Australia* Volume 7, Number 2; AFAO's *Discussion Paper* on the criminal prosecution of HIV transmission; *Reporting HIV in Australia*; and the postcard (back and front) designed to promote awareness of the resource



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Briefing papers

The Policy Team produces regular briefing papers on policy issues relevant to HIV and communities affected by HIV. Briefing papers produced during 2008–09 included:

- COAG and the future of HIV funding;
- Review of HIV Epidemiology in Australia (the *McNeil Report*);
- Submission to the Inquiry into the *Same-Sex Relationship (Equal Treatment in Commonwealth Laws-Superannuation) Bill 2008*;
- Changes to EPC dental arrangements;
- Proposed National Compact with NGOs;
- AFAO Budget briefing 2009–10;
- Quick Guide to HIV epidemiology in Australia (2003–07);
- Report of the National Health and Hospitals Reform Commission;
- Pro 2000 Microbicide: a hint of success?;
- Male circumcision and HIV; and
- UN Convention on the Rights of People with a Disability.

Other submissions and representations

Submissions and representations were made in response to the following policy initiatives during 2008–09:

- Senate Select Committee Inquiry into Men's Health;
- National Disability Strategy;
- National Preventative Health Taskforce;
- National Primary Healthcare Strategy;
- Productivity Commission Review of the contribution of the Not for Profit Sector;
- Interim Report of the National Health and Hospitals Reform Commission;
- Joint Standing Committee on Migration Inquiry into Immigration Detention; and
- Senate Standing Committee on Legal and Constitutional Affairs inquiry into the *Same-Sex Relationship (Equal Treatment in Commonwealth Laws-Superannuation) Bill*.

HIV Australia

This has been an exciting year for *HIV Australia*, with some important changes to the look and content of the magazine.

The re-formed Editorial Advisory Committee instigated a number of important changes, such as introducing several new regular sections, including book and website reviews, and a 'snapshot' of a country in the region. With a growing international readership, we have made an active attempt to include more news and articles from around the Asia-Pacific region.

The Communications Team also conducted a reader survey to seek feedback about the publication from our readership. The reader survey was launched with the magazine's 'Reflections' edition, which was *HIV Australia's* first in full colour and featured an interview with Ita Buttrose, who also appeared on the cover. With the incentive of an ipod raffled off as a prize, the reader survey elicited a strong response. Some of the results are represented in the graphs to the right.

As anticipated, most readers who returned the survey work in jobs related to HIV, though a quarter said they subscribe because they have HIV. Readers liked different sections of the magazine in almost equal proportions; an encouraging finding for staff. One strong theme to emerge from the survey was a desire for more personal stories and accounts from people living with HIV; this is something we will seek to include in future editions.

AFAO Media Guide

The Policy and Communications Team updated the Media Guide, which had been out of print since 2004. Re-titled *Reporting HIV in Australia*, the guide provides an excellent background of basic facts about HIV and the epidemic in Australia, as well as tips for preferred language when writing about HIV issues. A postcard promoting the resource and AFAO was also distributed through free postcard provider Avant-Card.

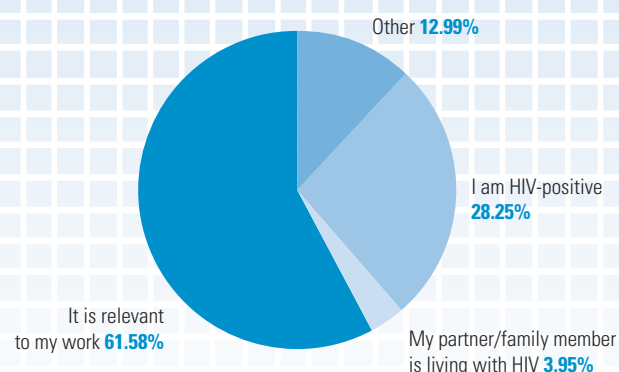
Reporting HIV in Australia was launched at Parliament House in Canberra on 18 June 2009 by Senator Louise Pratt, with a breakfast briefing about HIV for journalists. A pleasing number of MPs and Senators came along, though attendance by journalists was impacted by the annual Press Gallery winter ball, held the previous evening. Demand for the resource proved surprisingly strong, requiring a reprint almost immediately. It is hoped that the briefing for journalists will now become an annual event.

www.afao.org.au

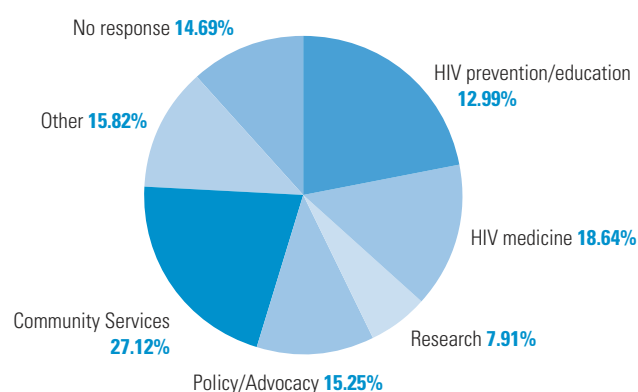
During the latter part of 2008 and early 2009, the Website Officer researched potential content management systems for the redevelopment of the website. This follows on from the 2007 review of the website and is a major project for the Policy and Communications Team. In May, the website redevelopment project was put out to tender and in June a new contractor, Squiz, was appointed. Redevelopment will start later this year.

Traffic to the AFAO website has increased in the past twelve months, in line with the general increase in the size of the internet. The most popular pages on the site continue to be those about safe sex and living with HIV, though other pages also continue to attract significant interest, including the employment section, *HIV Australia* articles and briefing papers.

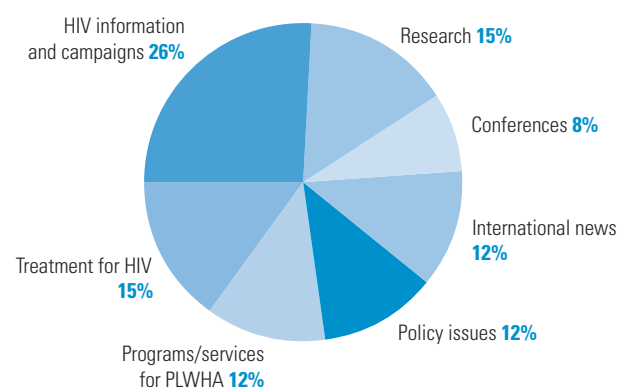
Reason for subscribing to *HIV Australia*



HIV-related area of employment



Favourite section



AFAO once again played a key role in organising the Making Links 2008 conference on IT and web development for the community sector, which was held in Melbourne for the first time. This highly successful conference attracted around 150 delegates with more than 30 staff and volunteers from twelve AFAO member organisations attending. AFAO will continue supporting this successful initiative in November 2009, when Making Links will again be held Melbourne.

INTERNATIONAL PROGRAM

■ DAVID TRAYNOR AND ALEX TURNER



Pictured clockwise from above:
David Traynor and Susan Chong



The past year has been an extremely busy one, with AFAO's international program undergoing significant change and growth. There have been major changes in staffing, programming has expanded rapidly, and our advocacy for increased responses to HIV amongst MSM across the region has escalated.

There were major staffing changes throughout 2008. Mark Bebbington, Manager of Policy and International, left after six years, taking up the post of Program Director of the HIV Consortium for Partnerships in Asia and the Pacific. Andy Quan moved on after nine years with the program to pursue work as an independent consultant. Both Mark and Andy are sorely missed.

Alex Turner was welcomed back to her position as International Program Officer after a period of long service leave and Susan Chong, previously Executive Director of Asia Pacific Council of AIDS Service Organisations (APCASO), joined the International Team as part time program advisor in March 2009. To keep pace with the rapid expansion of the program, recruitment of an additional Program and Policy Officer began in June 2009. David Traynor has been acting as International Programs Manager since Mark's departure.

Program development

A number of program development activities began over the year. A consolidated program logic has been developed, laying the necessary foundations for an overall evaluation framework. This work will continue over the coming months and a comprehensive evaluation of the program is due for completion early in 2010.

Assisted by a strategic planning and development consultant (generously providing pro bono support), the International Team has begun preparations for a review of the AFAO International Strategy. The process will begin with an assessment of the program's approach to capacity development, and its relationships with organisations across the Asia and Pacific regions, globally and in the domestic context. The revised strategic plan will be launched in the first quarter of 2010.

Communication has been a significant challenge for the International Program. With project coordination occupying the (small!) team's day to day work, consistently disseminating information about the program has proven difficult. Over the next twelve months we will implement strategies to address this, including regular updates on the International section of the AFAO website, development of a periodic international program newsletter, and introduction of a regular international section in *HIV Australia*.

PROJECTS AND PROGRAMS

The HIV Consortium for Partnerships in Asia and the Pacific

The HIV Consortium for Partnerships in Asia and the Pacific (aka 'the Consortium') is an AusAID-funded mechanism which supports Australian HIV agencies to share their expertise with counterpart organisations across the Asia and Pacific regions. The nine member agencies include AFAO, Scarlet Alliance, AIVL, ARCSHS, ASHM, the NRL, NCHECR, IHRG UNSW, and the Albion Street Centre.

AFAO's four Consortium projects are:

■ The APCASO/AFAO Regional Advocacy Strengthening Program

The Community Advocacy Initiative – commonly known as CAI – aims to strengthen country-level community sector advocacy capacity amongst key populations in Indonesia, Laos and Vietnam. CAI is implemented in partnership with APCASO, and also aims to strengthen APCASO's advocacy capacity at the regional level, in part through the development of an APCASO regional advocacy strategy on HIV and AIDS, and the implementation of its work plan.

Throughout 2008, AFAO worked with APCASO to strengthen advocacy capacity amongst the membership of the Indonesian Community Advocacy Network (CAN); a network which itself is an outcome of an earlier phase of the advocacy program. The APCASO/AFAO-produced advocacy resource *HIV Advocacy from the Ground Up: A Toolkit for Strengthening Local Responses* has been translated into Indonesian for use in this context.

Implementation of the CAI program in Laos has commenced. The Laos Youth AIDS Project (LYAP) has been engaged as the local program partner. Work has begun on translating the advocacy toolkit into Laotian; identifying program participants, and design and planning for the first Laos advocacy workshop.

Pre-planning for the CAI Vietnam program has also commenced. A Vietnamese language version of the advocacy toolkit has been finalised; translated with support from UNAIDS. It is anticipated that program activities will roll out in Vietnam from early 2010.

■ **The AFAO/ACON/Pacific Sexual Diversity Network Community Leadership Collaboration**

The AFAO/ACON/PSDN Community Leadership Collaboration aims to strengthen the capacity of the Pacific Sexual Diversity Network's (PSDN) membership in the areas of organisational management and community leadership.

The collaboration, implemented in partnership with ACON, aims to develop training curricula, workshop facilitation and related activities. Two workshops involving PSDN members from PNG, Fiji, Samoa, Tonga and the Cook Islands were conducted over the year. As part of the collaboration, AFAO and ACON have been assisting the PSDN in the development of a strategic plan.

■ **The AFAO/Asia Pacific Network of People Living with HIV/AIDS (APN+) Positive Capacity Development Initiative**

The APN+ Positive Capacity Development Initiative began in March 2009. APN+ acts as lead implementer of this initiative, with AFAO providing assistance and support in project development and coordination, contract and finance management, and evaluation.

Substantial progress has been made over the three short months since the initiative began. Curriculum preparation and planning for an UNGASS training for positive people and organisations has commenced and a workshop is scheduled for the latter half of 2009. A situational analysis of the capacity development priorities of the Laos Network of People Living with HIV and AIDS has been conducted and future activities planned. These activities will include skills and knowledge exchange between LNP+ and the Thai Network of People Living with HIV and AIDS (TNP+).



Pictured above: Participants at the AFAO/APCASO CAI Advocacy Workshop in Solo, Indonesia, February 2009

Work with the Vietnam Network of People living with HIV/AIDS (VNP) has commenced and activities aimed at strengthening VNP's women's working group are now under-way. Linkages between representatives of the nascent Timor-Leste PLHIV Network (Esperanca) and Bali Plus have been established and exchanges planned for throughout 2009–10.

■ **Support for the Indonesian Gay, Waria and other Men who have Sex with Men National Network (GWL-INA)**

AFAO's commitment to the GWL-INA continued throughout 2008–09. AFAO supported the national network coordinator to undertake a study tour of Australian Gay/MSM HIV and sexual health services. This has strengthened relationships between the Australian HIV and sexual health sectors and Indonesia, with a number of collaborative opportunities identified. AFAO also assisted the GWL-INA to review its advocacy strategy and workplan.

These activities complemented the work and support provided to the GWL-INA in 2008–09 via AFAO's International Grants Program and Regional MSM Initiative.

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Pictured above: Participants at the AFAO/APCASO CAI Advocacy Workshop in Solo, Indonesia, February 2009

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AFAO Regional MSM Initiative

In June 2008, AFAO was provided with funding to implement a number of MSM and HIV related projects across the Asia and Pacific regions. Four projects were selected for support, with final decisions based on comparative need, geographic scope, activity feasibility and sustainability of outcomes. The five projects were:

- **Mekong Regional MSM Consultation: ACON and Rainbow Sky Association Thailand**

This project facilitated consultation amongst key MSM and HIV community-based organisations (CBOs), relevant domestic government agencies and international NGOs in Cambodia, Vietnam and Laos. A detailed report of the consultation and its outcomes has been produced by ACON and can be found at: <http://www.acon.org.au/sites/default/files/Mekong-Report.pdf>

- **Strengthening governance, strategic management and advocacy capacity of Asia Pacific Coalition on Male Sexual Health (APCOM)**

APCOM (Asia Pacific Coalition on Male Sexual Health) was formed in September 2006 to advocate for increased responses to HIV amongst MSM across the Asia and Pacific regions. This project provided for the engagement of a HIV community development advisor to support APCOM to strengthen its organisational systems, management and advocacy capacity.

- **Strengthening Asia Pacific participation at the Mexico City International AIDS Conference and its associated MSM pre-Conference Satellite on MSM**

AFAO supported seven representatives from MSM communities across Asia and the Pacific to participate at the International AIDS Conference and pre-conference MSM and HIV Satellite, held in Mexico in August 2008. The delegates came from Indonesia, Laos, India, Thailand, Papua New Guinea and Samoa.

- **Asian Lessons Learnt Consultation and Analysis Report**

AFAO supported APCOM in conducting a consultation to discuss and analyse the development of HIV responses for MSM in Asia. Held in Bangkok in mid 2008, the consultation aimed to collate and analyse information relating to MSM programming challenges, successes and gaps across Asia. Twelve representatives from a range of sub-regions, countries and organisations attended.

A report of the consultation is available and is intended to assist community activists and workers to advocate for adequate HIV responses amongst MSM. A copy of the report can be found at: http://www.msmasia.org/tl_files/resources/Scaling%20Up%20Asia%20Pacific%20report%20FINAL.pdf

Support for the Indonesian Gay, Waria and other Men who have Sex with Men National Network (GWL-INA)

AFAO, working in partnership with Burnet Indonesia, supported the GWL-INA to implement a number of activities over 2008 and 2009. These included three regional consultation meetings. The regional consultations were followed by the inaugural national meeting of the network membership in February 2009, where a governance structure for the network was agreed upon and a Board elected.

AFAO/Poro Sapot Project Papua New Guinea MSM Leadership Project

Following a complicated twelve month development process, AFAO received the go-ahead from the AusAID Papua New Guinea HIV Program, Sanap Wantaim, for an MSM Community Leadership Pilot Project in PNG. The project will be implemented in partnership with the Poro Sapot Project, Save the Children PNG; the country's primary MSM related HIV prevention and education program, and the Queensland Association for Healthy Communities Two Spirits program. Final approval was gained in April 2009, with implementation to begin in July 2009.

Australian Red Cross and AFAO Positive Leadership Program

Funded by AusAID through the Australian Leadership Award Fellowship scheme, AFAO partnered with the Australian Red Cross in the development and conduct of a Positive Leadership Program (PLP). The PLP brought together nine representatives from PLHIV organisations across eight countries: Cambodia; Fiji; India; Indonesia; Laos; PNG; the Philippines and Vietnam. The aim of the PLP was to strengthen capacity of participants in two technical areas, organisational leadership and research; and facilitate sharing of knowledge between the organisation's representative and the Australian sector.

Advocacy and policy

MSM and HIV: Increasing and strengthening responses across Asia and the Pacific

AFAO continues its advocacy to the Australian Government and globally, for strengthened and expanded responses to HIV amongst gay and MSM communities in the Asia and Pacific Regions.

AFAO developed and submitted a 'Regional Action Plan on MSM and HIV' to AusAID in September 2008. This document set out a number of critical actions that AusAID should take to assist in an effective and timely response to the escalating HIV epidemics amongst MSM communities across the region. A key recommendation was the conduct of a scoping study aimed at better understanding and mapping of existing programming, gaps

and challenges. This study was commissioned and finalised in early 2009 and AFAO waits with eager anticipation for AusAID to respond with increased investment.

AFAO provided financial and human resource support for the MSM and HIV pre-conference satellite held at the International AIDS Conference in Mexico City in August 2008. This satellite was particularly successful, putting HIV and MSM at the forefront of the IAC agenda and stimulating widespread and increased recognition that responses to these emerging epidemics required significantly increased investment.

Reform of Papua New Guinean Laws on Male to Male Sex

At the request of the PNG Minister for Community Development, AFAO provided support for a legal expert to travel to Papua New Guinea to assist in a legislative reform process aimed at de-criminalising male to male sexual behaviour. The initial and immediate objectives of this work were to identify ways to progress the legislative reform agenda, analyse current statutes criminalising male to male sexual behaviour, and plan for future advocacy. This work continues, with the legal consultant subsequently contracted by a development agency to move forward with the process. AFAO remains actively involved in an advisory capacity.

AusAID Regional HIV Strategy

AusAID revised its International Development Strategy for HIV during 2008–09. AFAO contributed to the development of the new strategy through its participation at consultations, written submissions, and various meetings with key AusAID representatives. Our recommendations aimed to draw attention to the urgent need to expand responses to HIV amongst MSM communities; the imperative to practically apply GIPA principles across the Aid program; and the necessity for ongoing and increased investment in the role of key communities in responses to HIV and AIDS. The new strategy – Intensifying the Response; Halting the Spread of HIV – was launched in April 2009.

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THE AFAO INTERNATIONAL GRANTS PROGRAM

The AFAO international grant scheme continues to fund a range of diverse projects, funded by a generous sole benefactor since 2000. As at June 2009, the grant scheme has supported 38 discrete projects and activities. In this reporting period the grant scheme has funded Round 7 projects in Thailand, Indonesia and Nepal. These projects were:

- In Thailand, **Mplus+** has designed and produced multimedia animations and podcasts for use with Mplus+'s MSM outreach programs. The animations have been dubbed in Thai, Shan, Karen and Kachin, and aim to increase understanding of safe sex practices and address poor awareness of personal risk amongst targeted MSM populations.
- **We Understand Group** works with children with HIV throughout Thailand, using art therapy, painting, photography, music and drama, as well as residential camps, as a means of therapy for the children. An art exhibition called 'Life's Journey', which included a collection of children's paintings and a musical performance, toured Bangkok, and also provided a forum for discussion on 'art creating happiness'.
- **The Thai Treatment Action Group (TTAG)** undertakes a broad program of activities aimed at strengthening the capacity of regional PLHIV groups in Thailand to access and advocate for HIV treatment and services. AFAO has supported TTAG to expand its programmatic reach to other populations including drug users, prisoners, migrants and ethnic minorities living on the Thai/Burma border.
- **The Thai Harm Reduction Network (THRN)** was provided a small grant to develop and implement an organisational website. The website provides a forum for THRN to distribute information about harm reduction approaches, HIV prevention and education, epidemiology, public policy and treatment and care for drug user communities.
- AFAO supported **Violet Home** to develop resources on safe sex and STIs for HIV-positive MSM and transgender communities in Northern Thailand. The resources and pamphlets were then used as the basis for training workshops for Violet Home staff and volunteers. The resources have been distributed to other organisations and HIV health service providers in the region.
- In Nepal, AFAO supports **Punarbal Plus** to provide school-based educational opportunities, as well as offering a supportive environment for HIV positive and affected children, including orphans, who are unable to access mainstream



Pictured above: AFAO/APCASO CAI planning meeting with Laos Youth AIDS Program in Vientianne

schooling due to stigma and discrimination. Punarbal Plus delivers a standard educational curriculum as well as non-curricular services and activities such as art and craft classes, dance, and nutritional and transport services for the children.

- In Indonesia, **Yakeba** is working with drug user and PLHIV communities in Bali to develop capacity to understand provincial legislation relating to HIV. A PLHIV-lead taskforce has been established to work with the community to promote equitable access to health care services.
- AFAO continues to support the development of the **Indonesian Network of Gay, Transgender and Other Men who have Sex with Men (GWL-INA)**. The GWL-INA has made significant progress over the past year. A fulltime national secretariat coordinator has been engaged and an office established within the Indonesian National AIDS Commission. The Network has been moving towards legal registration as a non-government organisation in Indonesia, with this process to be finalised in the near future.

AFAO/NAPWA EDUCATION TEAM (ANET)

■ SIMON DONOHOE, MANAGER

The AFAO/NAPWA Education Team (ANET) is responsible for the development and implementation of national initiatives that support the education and health promotion work of both AFAO and NAPWA member organisations.

There are four principal areas of work that the ANET team focuses on:

- campaign and resource development;
- policy analysis and development (particularly in relation to education and health promotion policy);
- input into, and support for, the HIV/AIDS research agenda; and
- sectoral and community capacity development, including a role in training and workforce development.

Over the last year ANET staff have provided valuable leadership and input to national policy in four key areas:

1. HIV-related stigma and discrimination (particularly as it operates within Australian gay communities);
2. rapid HIV testing and its utility and desirability for use in Australia;
3. input to the development of a national action plan to reduce the incidence of syphilis among gay men; and
4. research and analysis on the issue of HIV and ageing.

ANET staff will continue to monitor and report on these and other emerging issues over the coming year.

The impending release of new national HIV and STI strategies signals the need for some critical reflection on the aims and priorities for the ANET program of activities. To this end, AFAO will be undertaking a national consultation among its members and other key stakeholders to inform the development of a five-year ANET Strategic Plan, which will aim to align the activities of the AFAO/NAPWA Education Team with the changing priorities and needs of the AFAO and NAPWA membership.

POLICY ANALYSIS

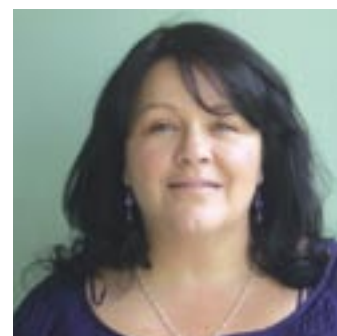
Rapid HIV testing

A policy reference group on Rapid HIV Testing was formed in October 2008 to advise the AFAO Board and also to provide leadership on policy issues related to the introduction of this technology in Australia. Initial work included the commissioning of a literature review and a survey of services in the UK, United States, Hong Kong, New Zealand and the Netherlands who had been providing rapid testing.



Pictured clockwise from top left:

Simon Donohoe, Dean Murphy,
Ben Wilcock, Jenny Duggan and
Phillip Keen



Consultations were commenced with the National Reference Laboratory, ASHM and sexual health services in NSW. These consultations will continue in 2009–10, focusing on issues relevant to Aboriginal and Torres Strait Islander people, general practitioners and people from culturally and linguistically diverse backgrounds. This policy development will culminate in a briefing paper to the AFAO Board with recommendations on whether rapid testing is supported, and under what circumstances, in the Australian context.

In addition, presentations on rapid testing were made to various NSW bodies including the NSW Directors of Sexual Health Services, the ACON Board, and the NSW CAS Health Promotion Sub-Committee.

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Syphilis

In 2008–09 AFAO took a leadership role in development of policy in response to the increase in syphilis notifications among MSM. AFAO hosted a national forum of 65 stakeholders in May 2009, to complement and support the Blood Borne Viruses and Sexually Transmissible Infections Sub-Committee (BBVSS) National Gay Men's Syphilis Action Plan (NGMSAP) and provide a mechanism for AFAO members to contribute to its development. In preparation for the forum, AFAO commissioned a literature review of syphilis interventions in the UK and United States. Outcomes of the forum were an acknowledgement of the need to develop new and multi-faceted approaches to syphilis, with action in social marketing and partner notification, increasing the reach of testing (with new technologies, new settings, increased frequency, a focus on untested men and incorporation into HIV-positive men's health monitoring), support for a chemoprophylaxis trial, enhanced surveillance in all jurisdictions, and a community development approach for highly sexually active men.

The next step in NGMSAP development is to utilise the findings and recommendations from Phase A to construct the draft programmatic response (Phase B). The draft NGMSAP will then be presented to the BBVSS. AFAO will host a second National Syphilis Forum in October 2009, which will provide a forum for HIV sector consideration and endorsement of the draft NGMSAP.

Literature Reviews and Discussion Papers

In addition to the reviews on rapid HIV testing and syphilis mentioned above, AFAO also commissioned two other literature reviews to assist in the development of policy and education:

Smoking interventions – Existing interventions to assist people to stop smoking (including those newer technologies such as the internet and mobile phones) were reviewed to determine which were the most effective and could be used among people with HIV. In general, interventions that targeted specific cultures or contexts were found to be more effective than generic programs. Ongoing brief interventions by clinicians were the most effective in terms of success and cost.

Stigma and discrimination – This review examined two aspects of stigma: 1) conceptualisation, including stigma's various components of stereotyping, separation, status loss and discrimination, and social power; and 2) how stigma manifests on an individual, cultural and governmental level. The review

also made recommendations for work on reducing HIV stigma, including processes to overcome fear, strategies to overcome negative stereotypes, and challenging the supposedly value-neutral language of individual choice.

Relationship Agreements – AFAO also produced two detailed discussion papers on gay men's relationship agreements based on an online survey that we conducted in 2007–08.

A total of 1,521 participants completed the survey. Approximately half of these men were currently in a relationship. Young men were more likely to be in short-term regular relationships and be in relationships with much older partners, which may pose an increased likelihood of coming into contact with HIV. Older men in regular relationships may be at higher risk of HIV infection due to the increasing proportions having sex outside the relationship and the breaking of agreements. Poor communication between partners, particularly about sex outside relationships, may reduce the preventive effect of risk reduction strategies.

The second discussion paper, which was based on the open-ended responses to the survey, outlined the broad range of agreements that men have with their partners – ranging from finances, domestic matters, holiday planning, social activities and work/life balance, to communication and sex inside and outside of the relationship. Given the relatively common practice of 'open' or sexually non-exclusive relationships among gay men it was not surprising that agreements about sex were the most prominent. Respondents used a range of rules and strategies to manage HIV, STIs and sex inside and outside of a primary relationship. These included: whether sex with casual partners was acceptable; if so where, when and with whom it could occur; and what practices and levels of emotional engagement were sanctioned.

These findings have been used in the development of a web-based campaign on gay men's relationship agreements called *Let's Talk About It*, to be released in 2009–10.

Best Practice Models for Health Promotion Evaluation (Phase One)

Evaluation practice across the community-based HIV health promotion sector in Australia varies considerably in terms of the types of evaluation methods used, consistency of application, and how outcomes are incorporated into ongoing practice. In partnership with the Victorian AIDS Council/Gay Men's Health Centre, AFAO commissioned an audit of evaluation methodologies employed in relation to the health promotion programs run by member organisations of AFAO and NAPWA. This was the first phase of a two phase project that aims to

provide training and capacity development initiatives for AFAO/ NAPWA member organisations. The aim of the audit was to document current practice in evaluation, and identify strengths, weaknesses and areas for improvement.

The audit and analysis recommended that more attention should be given to *outcome* evaluation (alongside the current emphasis on process and impact), evaluation reports should explicitly state an overarching framework, interventions should be planned with greater emphasis on program logic, a greater use of a variety of data collection methods, and key evaluation terminology should be used more consistently.

Phase II will include the development of a standard tool for evaluation, the identification of capacity-building initiatives, and building systems to support ongoing skills-building and maintenance of consistent evaluation practices.

CAMPAIGN DEVELOPMENT

Stigma and discrimination

Target group: Gay men and people living with HIV

In the last year AFAO started formative research for a national HIV stigma and discrimination campaign. This work included a literature review and the commissioning of a series of focus groups and interviews around Australia by a market research company.

The market research illustrated several differences between men based on age, HIV status and time since diagnosis. There were notable differences in their levels of awareness and knowledge of HIV. HIV-related stigma and discrimination was not raised spontaneously as a concern by HIV-negative men, and in fact HIV was not raised as a concern by the younger HIV-negative men at all. In stark contrast, for HIV-positive men stigma and discrimination in the areas of sexual encounters, prevention and disclosure were the single biggest concern. Fears of secondary disclosure were an important factor in not revealing HIV-positive status to others. Generational differences between older and younger gay men were evident, with young HIV-positive men in particular determined to live a 'normal' life not defined by HIV.

Many HIV-negative men said that HIV would be the only factor which would definitely exclude a potential sexual partner from consideration. The research suggests that HIV stigma and discrimination may be increasing for a number of reasons: social and legal acceptance of homosexuality; changes in physical spaces (and online social and sexual networking) and increases in criminal prosecutions for HIV transmission (and the impact of these on disclosure).

Proud to be Black, Proud to be Gay

Target group: Aboriginal and Torres Strait Islander gay men

In light of the recommendations from the Anwernekenhe 4 Conference, and the lack of Commonwealth funded resources that specifically target Aboriginal and Torres Strait Islander gay men, AFAO developed a series of three posters with the message 'Proud to be Black, Proud to be Gay'. The campaign encourages Aboriginal and Torres Strait Islander men to protect themselves and others against HIV and STIs, to use condoms and to talk with and educate each other and their communities about issues of sexuality. The men are portrayed in a fun, strong and confident light, which presents positive role models for Aboriginal and Torres Strait Islander people living in both urban and traditional communities.

Yarns

Target group: Aboriginal and Torres Strait Islander gay men and sisters

The website for this campaign providing affirming role models and targeted information on STIs and HIV is now complete. It contains three inspiring stories from Aboriginal and Torres Strait Islander gay men and sisters, and will be promoted through a narrated radio documentary. The campaign will be launched on World AIDS Day in 2009.

The site www.yarns.org.au has referral and contact information on STIs and HIV/AIDS.

The Drama Downunder

Target group: Gay men

In 2006–07, AFAO launched the *Drama Downunder* campaign to promote regular and comprehensive STI testing among gay men. An external evaluation recommended that a second phase should be developed. This second phase was developed in 2008–09 with new imagery and collateral, including an STI booklet and materials for doctors to promote STI testing among gay men. It also highlights several new content areas and further promotes the interactive reminder and notification services offered on the website. The new materials will be released by late 2009 and will again utilise prominent media placement such as public transport shelters and billboards.

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Pictured above: Examples of the display advertising material from Phase II of the popular and successful *Drama Downunder* campaign

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CAMPAIGN IMPLEMENTATION

Serosorting

Target group: Gay men

The materials for the serosorting campaign were approved and implementation started around the country. The campaign's three posters, which target men who know or assume they are HIV-negative, include information about the impact of serosorting on the epidemic in Australia: that some men who think they are HIV negative are in fact positive, and these men are contributing a disproportionate number of onward infections. In fact it is estimated that one-third of all new HIV transmissions are acquired from men who don't know they are HIV positive. The posters ask readers to reflect on recent and potential future sexual encounters in which they might be considering unprotected sex based on assumed seroconcordance.

The *Real Time* booklet, which is for both HIV-negative and positive men, draws upon motivational interviewing techniques, and is designed to assist gay men to resolve conflicts between the perceived benefits and costs of unprotected sex.

RESOURCE DEVELOPMENT

Ahead of Time: A practical guide for growing older with HIV

Target group: Men and women living with HIV over 45 years of age

An increase in the uptake and efficacy of highly active antiretroviral treatment (HAART) has resulted in dramatically increased life expectancy among people with HIV infection, who are now ageing while receiving treatment and are at risk of developing chronic diseases associated with advanced age. In addition, long-term ARV therapy is associated with particular effects, such as increased susceptibility to cardio-vascular disease (CVD), hypertension, osteopenia, diabetes, arthritis, metabolic disorders, and some mental illnesses.

The education team has written a new information booklet designed to increase awareness and understanding of the ageing process among people with HIV and accompanying co-morbidities, as well as the possible health consequences of long-term ARV therapy.

The booklet also includes information about how to remain healthy and age well, whilst living long-term with HIV. The booklet is currently with the Department of Health and Ageing for approval.

Top Tips for Living Well with HIV

Target group: People Living with HIV

Top Tips was originally produced in 2007 as a booklet with 25 different facts that people living with HIV should know. They were designed to be a quick checklist of the reader's personal knowledge and a stimulus to finding out more information. This resource has now been revised and updated, and has been redeveloped into a website with more detailed information to accompany each tip. A second booklet has also been written in Plain English for people from culturally and linguistically diverse (CALD) backgrounds. Both resources will be released in late 2009.

RESOURCE PRODUCTION AND DISTRIBUTION

HIV Tests and Treatments

Target group: All people with HIV, regardless of time since diagnosis.

An updated third edition of this popular resource was produced by the Education Team. *HIV Tests and Treatments* describes the drugs currently available for the treatment and management of HIV infection. It also contains information about tests commonly used to monitor the health of people with HIV and how these tests can be used to help make decisions about starting, stopping or changing antiviral treatments. This booklet is available from local AIDS Councils and PLHIV organisations.

Next Steps

Target group: People newly diagnosed with HIV

The first edition of this booklet was published in 2003 under the title of *A Positive Diagnosis*, after AFAO identified the need for a resource with current, relevant information for people who had recently been diagnosed with HIV. It has been written and designed to be accessible across gender, sexuality and cultural backgrounds. This booklet has also proven effective for use by HIV clinicians, sexual health workers and nurses. It was revised during 2007–08 and released in November 2008.

HIV Treatment and HIV Living Fact Sheets

The Education Team also continued its production of fact sheets on issues of ongoing or emerging interest:

Target group: HIV-positive people

- *Common blood tests for managing HIV* – Information about tests for managing HIV infection and making treatment decisions.
- *The importance of giving up smoking for people with HIV* – Facts about the impact of smoking on health, and tips for giving up.



Pictured clockwise from top: Drama Downunder campaign material; the cover of *HIV Tests & Treatments*; and the cover of *Next Steps*

Target group: people in serodiscordant relationships

- *Undetectable viral load and risk of HIV transmission: the Swiss Statement* – The relationship between HIV treatments, viral load levels, and sexual transmission of HIV.

Target group: heterosexual men and women

- *Heterosexuals and HIV* – Information for people living heterosexually with HIV.

ORGANISATIONAL AND MEMBER SERVICES (OMS)

■ JILL MOGRIDGE, FINANCIAL CONTROLLER AND ACTING MANAGER

Once again it has been a busy and challenging year for the OMS Team. Despite operating at a reduced capacity, the team has been able to maintain its support to the AFAO Board, members and staff by providing a range of key services.

The current OMS Team includes Andrew Sajben (Administration Officer), Terry Hines (Finance Assistant) and Jill Mogridge (Financial Controller), who continues in the role of Acting Manager. Mark Street also continues to provide IT consulting Services to the organisation. Craig Tracey (Executive Assistant) left AFAO in July; Jenny Baynham (casual Administrative Assistant) performed a range of duties, including the development of a much needed central library and archiving system, while Ingrid Mills filled in as casual Administration Assistant for several months.

An audit tender process was held prior to the 2008 AFAO Annual General Meeting (AGM) in November, to facilitate the appointment of a new auditor for a three year period, commencing in 2009. The successful tender was from Garry Grahame of Masselos Grahame Masselos who was recommended by the Board to the Members and appointed at the 2008 AGM, held in November.



Pictured clockwise from above left: Jill Mogridge; Andrew Sajben; Terry Hines and Cassy Sutherland

We have continued our work through the 2008–09 financial year with a review of our financial reporting in consultation with our auditor. This has resulted in adjustments which provide improved reporting procedures, both to the AFAO Board and to the Management Team.

Organisational review

We have all been involved with the AFAO internal organisational review, which has proved to be an interesting journey through various workshops in communication, style and systems, exploring how we work together and conduct business. Implementation of recommendations from the review has begun, and the ongoing process will change the structure of the team moving forward during the 2009–10 year. Cassy Sutherland has been working to implement the review recommendations.

One of the recommendations to come from this process is an external review of AFAO's financial management systems and structure, which is scheduled to take place early in the new financial year. The recommendations from this review will then lead into the review of AFAO's Finance Policy by the Board and management.

IT and other technology

The upgrade of the office's IT system was completed by Mark Street early in the financial year, with assistance from Simon Donohoe and Andrew Sajben. AFAO was also able to upgrade a number of hard drives as well as the organisation's telephone system, enabling us all to communicate more efficiently and effectively.

Meetings

The OMS Team efficiently managed the two six monthly Members' meetings and the AGM, along with the Positive Services Forum, the ANET Syphilis Forum and the arrangements for various other regular forums, meetings and panels, which occur as part of AFAO's ongoing work. The Team was also able to assist Anwernekenhe National Aboriginal and Torres Strait Islander HIV Alliance (ANA) with meeting preparation, travel and other administration support for its first AGM, held in Alice Springs in November 2008, as well as for a subsequent ANA Board meeting in May of 2009.

It has been a challenging but rewarding year, with minimal staff on the OMS Team. However, with the implementation of the Organisational Review recommendations, we all look forward to new faces coming on board and a revitalised organisation moving forward, working together more cohesively over the coming year.

ANWERNEKENHE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HIV/AIDS ALLIANCE (ANA)

■ **DION TATOW, CHAIR**

After a comprehensive consultation process extending over two years, the ANA was incorporated in 2008 and held its inaugural Annual General Meeting (AGM) on 4 November 2008 in Alice Springs. The AGM heralded an historic moment: 14 years to the day (4 November 1994) after the Anwernekenhe 1 conference concluded at Hamilton Downs, just outside of Alice Springs.

This significant achievement would not have been possible without the dedication and hard work of all of those people who have been involved in the ANA and its predecessors since the first Anwernekenhe conference. Special mention must be made of the ANA Transitional Committee, who worked hard for twelve months on developing the ANA Constitution – developing the organisation's aims and objectives, establishing the new ANA committee structure, and organising the AGM.

The inaugural committee consists of:

Dion Tatow	Chair, representing gar'ban'djee'lum
Gail Jones	Secretary
Michelle Tobin	Treasurer, representing HIV-positive people
Colin Ross	representing gay men
Robert Smith	representing sistergirls
Coralee Wilcocks	
Simon O'Connor	representing the organisation
Mario Soki	founding member, representing Meriba Dhoeynidhay Yabu District Health Community Council – Torres Strait Islands
Wilo Muwadda	founding member, representing the Positive Aboriginal and Torres Strait Islander Network (PAT SIN)
Michael Costello	founding member, representing AFAO

Since the AGM, the ANA has focused on promoting the committee with a view to increasing membership, developing partnerships with other stakeholders working in HIV/AIDS, and



Pictured top: The Anwernekenhe logo and above the team celebrate the ANA's achievements

generally working toward consolidating our position as the leading organisation representing Aboriginal and Torres Strait Islander individuals and organisations on HIV/AIDS issues.

To this end, we have been:

- providing input regarding issues for ATSI people in the development of HIV treatment and prevention policies;
- working on the development of a declaration for Aboriginal and Torres Strait Islander people on HIV/AIDS; and
- establishing the roles and responsibilities of the inaugural ANA committee.

The support the ANA has received from AFAO has been remarkable. This relationship will continue as we work towards strengthening our role as the only democratically elected community-based organisation representing the interests of Aboriginal and Torres Strait Islander people in relation to HIV/AIDS.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HIV PROJECT (NATSI)

■ SIMON DONOHOE, MANAGER

The 2008–09 year has seen the completion of a raft of policy, strategy, health promotion and workforce development activities undertaken by the AFAO National Aboriginal and Torres Strait Islander (NATSI) Project, and stemming from the 2006 Anwernekenhe 4 conference recommendations.

The quadrennial Anwernekenhe conferences have been the key mechanism for Aboriginal and Torres Strait Islander gay men and sisters to come together to debate and prioritise current and emerging issues in relation to HIV and Indigenous Australians. Anwernekenhe is a unique model of grass-roots community engagement and community action within the Australian HIV sector. Recommendations from these conferences have informed the development of the work plans for the AFAO NATSI Project over the last fourteen years, as well as informing the policies and strategic direction of the newly formed Anwernekenhe National Aboriginal and Torres Strait Islander HIV Alliance (ANA).

Plans for Anwernekenhe 5 are well underway, with the conference likely to be held in Melbourne in the second half of 2010. Based on the recommendations of Anwernekenhe 4, next year's conference program will, for the first time, be staged as a 'whole-of-community' event, but will include satellite events specifically for Aboriginal and Torres Strait Islander women, young people, gay men and sisters. We look forward with keen anticipation to this conference and its recommendations, which will once again help to set the strategic direction and activities of the AFAO NATSI Project over the coming years.

Advisory committee

This year saw the establishment of a new committee to provide advice to the AFAO Board and Executive Director on issues of significant impact to Aboriginal and Torres Strait Islander people, and provide input into the review of the National Strategies.

In addition the advisory committee will provide advice to the national project with the development, implementation and evaluation of all project activities. An initial meeting of the ANA, the Aboriginal and Torres Strait Islander Project Officer Network (ATSIPON) and the AFAO National Project was held in February 2009, to discuss representation on the new advisory committee. It was decided that the committee would consist of the following membership: National Aboriginal Controlled Community Health Organisation, the National Centre for Epidemiology and Clinical Research, ATSIPO, and the ANA. Approval to establish the advisory committee was given by the AFAO Board, and the group

met by teleconference in June 2009 to discuss the priority areas for the work of the AFAO National Project for the upcoming contract period.

Eh Youpla Torres Strait Islander Radio Snippets

The AFAO NATSI collaborated with the Queensland Association for Healthy Communities (QAHC) to develop a Torres Strait Islander-specific HIV education and information resource. In August 2008 a series of Torres Strait Islander HIV/AIDS radio 'snippets' spoken in Torres Creole were developed and recorded. These snippets were adapted by AFAO from the printed material produced by QAHC in 2007. The snippets use both male and female Torres Strait Islander voices.

Radio is the chief means of communication across the Torres Strait's scattered islands. This initiative is the first systematic use of radio for HIV prevention messages in this region.

AFAO sought and received approval from the Meriba Dhoeyniday Yaba District Health Council (Torres Strait Islands) for the project. Funding for the development and recording of the 'snippets' was provided by AFAO's private donor.

Parliamentary Secretary for Health and Ageing, Senator Jan McLucas, launched the six radio snippets on 12 September 2008, on Thursday Island. The launch was covered extensively by Torres Strait media – radio and print – and also received national radio coverage through ABC Radio National and World Today programs and the Macquarie National News Network. The 'snippets' ran intensively on Torres radio for three months.

A Queensland Health evaluation of HIV/AIDS awareness in the Torres Strait in early 2009 found that there was a 52 percent recall of the "Get tested" message from the *Eh Youpla* campaign.

Implementation of Anwernekenhe 4 recommendations

The implementation group overseeing the Anwernekenhe 4 conference recommendations met throughout 2008–09. The group's task was to continue progress on the priority recommendations remaining for this period.

Four of the recommendations directly related to the Aboriginal and Torres Strait Islander workers within the AFAO membership. As a result, these recommendations were referred to ATSIPO to conduct a workshop to develop a draft best practice guide for Aboriginal and Torres Strait Islander sexual health workers; these were not completed during the funding contract period and have been postponed until 2009–10.

Another meeting of the Anwernekenhe 4 Implementation Group was conducted in June 2009 to complete the Anwernekenhe 4

priority recommendations process. This final meeting saw the completion of the three-year implementation plan that was established directly after Anwernekenhe 4.

The ANA in collaboration with AFAO will consider developing the Anwernekenhe 5 National Aboriginal and Torres Strait Islander HIV/AIDS and Sexual Health Conference in 2010. Pre-conference satellites for young people, women, gay men and sistergirls will be drawn into the conference plans and framework.

Connecting Our Community

This year saw the completion of the *Connecting Our Community Strategic Plan*, which had been operating for three years. In late 2008, an implementation group was established to consider and review all remaining recommendations from this plan. The Connecting Our Community Implementation Group met again in May 2009 to finalise all recommendations and update the *Connecting Our Community Strategic Plan* document.

The AFAO NATSI HIV Project has been working closely with AFAO members to continue implementation where possible. AFAO members – mostly AIDS Councils with Indigenous projects – have incorporated the Strategy principles and recommendations into subsequent workplans.

One of the main recommendations from the strategy was to review the format of the ATSIPON meetings and structure. This occurred in 2007–08, and 2008–09 saw the implementation of the second newly structured ATSIPON annual forum.

The Eh Youpla HIV education and awareness campaign (referred to above) was developed as a result of the recommendation from the strategic plan to consult with QAHC and provide advice to the Department regarding the development of sexual health campaigns and resources specifically targeting the Torres Strait region.

The AFAO National Aboriginal and Torres Strait Islander Project and the implementation group are also monitoring progress on the recommendation that AIDS Councils, in collaboration with Aboriginal Community Controlled Health Services, continue with the implementation of the AFAO ATSI Sexual Abuse Strategy and its demonstration projects.

Aboriginal and Torres Strait Islander Project Officers Network (ATSIPON)

AFAO coordinated and implemented the ATSIPON in Darwin in June 2009. This forum was evaluated and a report was produced.

The ATSIPON Annual Forum for 2009 was held over three days from 10–12 June, 2009. The 2009 Forum was the second annual forum under the restructured format of ATSIPON. The new format



Pictured top: Senator Jan McLucas launching the six radio snippets on 12 September 2008, on Thursday Island **and above** an example of the *Proud to be Black, Proud to be Gay* campaign produced by ANET

meant that the forum is held over three or four days that include accredited training, general business, project presentations and a cultural visit.

The AFAO National Aboriginal and Torres Strait Islander HIV Project also developed a collaborative position paper with ATSIPON, which was completed at the June 2009 ATSIPON meeting. The position paper focused on working with Aboriginal and Torres Strait Islander communities in 'a whole of community approach'. The paper was developed to document the past work conducted by the AIDS Council and the AFAO projects, and to show how many of these projects had changed their briefs from working with gay and sistergirl communities to working with the 'whole of community'.

SCARLET ALLIANCE, AUSTRALIAN SEX WORKERS ASSOCIATION

■ ELENA JEFFREYS, ON BEHALF OF THE SCARLET ALLIANCE EXECUTIVE

Sex worker rights in Australia have been actively sought by sex workers by initiating our own workplace organising; in brothels, street work areas, private work spaces from residential areas, escort work, the strong and emerging sector of internet based sex work, and opportunistic sex work.

We have achieved this by sharing tips, supporting one another, creating our own organisations and our own resources and delivering them back to our workplaces. This is sex workers' peer education in action – and is what we bring to government in order to develop partnerships for HIV and sexually transmitted infection (STI) prevention and the human rights of sex workers. This year celebrates more than twenty years of the Australian 'partnership model', where communities work together to address community issues and government provides policy leadership and funding to support such work.

In 2009, sex workers demand a reinvigoration of this partnership. This can be achieved by addressing the inequality sex workers face in health funding and representation within health policy. On the national level there is a lack of sex worker representation at the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS), and Scarlet Alliance still lacks core funding. We hope to reinvigorate these aspects of the partnership approach in 2010.

This year has seen amazing steps forward for sex worker organisations in partnership with state and territory Health Departments across Australia. In Tasmania, Queensland and South Australia, Health Departments have provided ongoing support for sex worker projects and/or organisations. In some states this has been a small step, but has still resulted in notable changes.

For instance the procurement of \$30,000 to fund a sex worker project in Tasmania is a huge achievement, because the project has never been funded previously. Similarly, in Queensland a capacity development project has seen Crimson Coalition and United Sex Workers North Queensland form a new organisation and receive funding for the first time. In South Australia, the Sex Industry Network won a competitive tender to maintain a sex worker-run health and human rights program. Scarlet Alliance was funded directly to do an update of the very popular *STI Handbook for Sex Workers*. As required by the funding contract, this project was successfully executed in a remarkably short timeframe. Scarlet Alliance was also able to announce being awarded our first ever project funding for migrant sex workers.

Willingness by Health Departments has not, however, been matched by the approaches of state and territory Justice Departments, or by law reform (or lack of) superseding and negating social inclusion efforts throughout most of Australia.

Nationally, Scarlet Alliance has gained a seat on the Commonwealth Trafficking Roundtable, bringing the partnership model into new sectors. Our message about the failures of criminal justice approaches in relation to sex worker human rights is rapidly gaining an audience within the Commonwealth Attorney General's Department, and is in keeping with international moves against the criminalisation of sex workers generally.

This year UN Secretary General Ban Ki Moon urged: 'We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.'

State and Territory Governments must also move to remove criminalisation of sex work, for all sex workers, including sex workers living with HIV. Scarlet Alliance will continue to campaign on these issues in 2010, working with AFAO, NAPWA, AIVL and others to achieve universal results for people affected by HIV and AIDS. In conclusion, this year Scarlet Alliance welcomes Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) as a new member of AFAO and we look forward to forging new links with the ANA in coming years.



Pictured above
International Whores Day,
June 2009 and left
Scarlet state their case
for law reform

AIDS ACTION COUNCIL OF THE ACT (AAC)

■ ANDREW BURRY, GENERAL MANAGER

The AIDS Action Council of the ACT (AAC) is a very different organisation than it was a year ago. With renewed self-confidence, we have been able to more effectively influence the local agenda on matters that affect the communities we serve.

Community health

While AAC has never been directly funded for work around GLBT health and wellbeing, there has long been a general assumption that this is core work for the organisation. This past year has seen AAC develop, in consultation with its funder and other stakeholders, a much more holistic approach to all of its activities – with a consistent community development focus. A forum in association with the Ministerial Advisory Committee on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases (SHAHRD), attracted 45 GPs wanting to learn how to provide sensitive and appropriate primary care to people of diverse sexuality and gender identity. This forum revealed an escalating problem in the ACT of a concentration of GPs practising within large commercially operated medical ‘mega-centres’, where a consumer may never see the same doctor twice. A more positive outcome was the commencement of a process to establish a formal advisory body representing GLBT issues to the Territory Government. Supporting this is a research project to inform the practice and work of AAC in improving health for lesbian and bisexual women. This report will be published towards the end of 2009.

AAC has continued to invest in Westlund House, both as a brand and as a community asset that supports a wide variety of social, political and other GLBT organisations. AAC has expanded its range of services to include free legal clinics, more on-site sexual health testing, workshops and peer-based activity groups. The Council participated directly in helping to build new organisations by assisting them to address specific issues, including gender diversity and civil unions.

AAC has also continued to increase its level of activity around sex workers. In addition to outreach, the Sex Workers Outreach Project (SWOP) has become more active in addressing stigma and discrimination issues. SWOP’s work has included initiatives designed to sensitise health care providers and police to the health and well-being issues faced by sex industry workers.

In recent years, AAC has maintained a high technology investment, taking advantage of new technologies to extend the range and reach of health-oriented activities.

HIV

The local epidemic has remained at a level considered to be stable; however, each of the last two years has seen diagnoses above the long-term trend. There are indications that diagnoses in people under 30 are increasing in the ACT and that, for this group, the current range of services offered by AAC is neither appropriate nor in demand.

During the last year, AAC developed a new model of case management based on self-determination and dignity, and providing improved access to mainstream services. Despite the fact that only a small proportion of local people with HIV are accessing our services, those who do so often have complex and/or multiple needs, so AAC’s resources are stretched at times. AAC recognises that our case management model has not changed over recent years at a rate that recognises the changing nature of living with HIV. Remaining relevant is a continuing challenge.

Organisation health

For the first time in many years, AAC has been fully staffed and ended the year with the same personnel it had at the beginning. This has greatly enhanced our capacity and allowed AAC to be more proactive and innovative. At the beginning of the year the Board developed a new three-year strategic framework, focusing on further development of the organisation as a sustainable, independent and grassroots community organisation. Priorities established include expanding membership (so as to be more representative), investing more in human resources – including volunteers – to provide greater capacity, diversifying funding streams, and establishing mandatory and measurable quality standards across every activity.

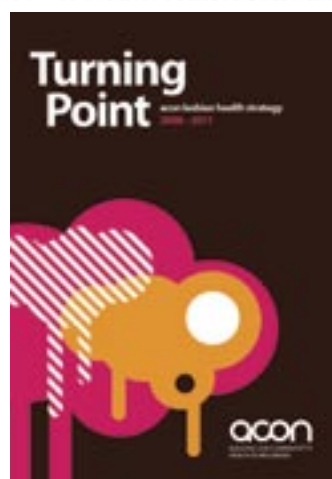
2008–09 saw a significant rise in both member and volunteer numbers. Despite increased demand that resulted in some resource constraints, the budgetary position remained solid. AAC was able to spend around \$100,000 in capital investment. While there is some uncertainty about the impact of the new Healthcare Agreement and future pressure on the Territory’s budget, AAC is well positioned to respond more fully to community needs.

During the 2008–09 financial year, ACON's work produced many new and significant outcomes for our community. In terms of HIV prevention, the rate of new HIV diagnoses in NSW continued to remain stable. NSW Health surveillance data recorded 324 new HIV notifications in 2008, compared with 390 in 2007, including a drop of over 11.8 percent amongst gay men. The decrease recorded in the total number of infections is partly due to enhanced analysis of the surveillance data that reduced duplicate counting, and so cannot be regarded as a real decrease of the magnitude that it appears.

There was also a real decrease in the rate of transmission amongst gay men, from 271 in 2007, to 239 in 2008. However, this is within the range of annual fluctuations that have been experienced during the last eleven years, and so overall constitutes a stable rate. The data from last year (and, indeed over the last ten years) is an endorsement of the education campaigns and prevention strategies developed and promoted by ACON and the range of stakeholders that make up the HIV partnership in NSW, such as NSW Health, Positive Life NSW, area health services, GPs and research bodies. However, ACON recognises more can always be done and continues to develop new and improved methods of reducing the transmission of HIV and other sexually transmissible infections (STIs).

Launched in June, *Don't Share A Bloody Thing* was one of several HIV prevention and education campaigns created by ACON and promoted in community media and at pubs, clubs, sex on premises venues (SOPVs) and community events throughout NSW. The campaign was designed to help prevent the transmission of HIV and hepatitis C among gay men who inject drugs by educating them about the risks of sharing injecting equipment. Another major campaign, *Adventures In Pleasure*, was created for February's Mardi Gras season. The campaign playfully interpreted classic action-adventure movie posters and featured messages about preventing HIV and other STIs, ways to keep healthy if you're HIV-positive, taking precautions against homophobic violence and reducing the harms associated with alcohol and drug use.

In terms of supporting people with HIV, our Positive Living Centre – a health promotion facility for people with HIV – was restructured to provide a more contemporary and comprehensive



Pictured: Examples of ACON's HIV prevention and education campaign material and below the new ACON website was launched in February



service to our clients. Our Women and Families Project expanded significantly and now caters to a broad range of women, including many HIV positive migrants. In partnership with the Bobby Goldsmith Foundation, we also took over management of HIV/AIDS charity the Luncheon Club, which has been transformed from a drop-in centre serving free meals into a wide-ranging health promotion service for disadvantaged people with HIV.

In relation to our broader work in GLBT health and wellbeing, ACON implemented new strategies to guide our activities in two

key areas. Launched in October, *Turning Point* is Australia's first ever strategy for addressing the health of lesbians and same-sex attracted women. This three-year plan aims to inform, integrate, fund and raise awareness of lesbian health work in NSW. Launched in April, *Pills and Powders, Parties and Pubs* is a three-year strategy designed to address the use of alcohol and other drugs in the GLBT community. The creation of our Substance Support Service, a range of in-house support services for people with problematic drug use, was one of the first projects to be delivered under the new strategy. In addition, a State government grant facilitated the expansion of ACON's same-sex domestic violence program to develop a range of resources to assist police, legal and healthcare workers become better equipped at dealing with same sex domestic violence.

Throughout the year, ACON continued to advocate on a range of issues affecting the GLBT community and people living with HIV/AIDS. An ACON-led coalition of community health and welfare agencies convinced the Federal Government to support a range of measures to ease the impact of new legislation affecting Centrelink payments to same-sex couples. ACON helped organise GLBT NSW 2020, a wide-ranging community consultation aimed at creating a plan to coordinate the activities of NSW's GLBT community organisations and to assist with strengthening the GLBT community between now and 2020. In addition, our *This Is Oz* campaign – an online project aimed at reducing discrimination against the GLBT community – gained considerable exposure thanks to the support of celebrities such as Olympic champion Matthew Mitcham, Senator Bob Brown, VJ Ruby Rose, Footy Show host Paul Vautin and Wallabies captain Stirling Mortlock.

The launch of a new ACON website in February significantly increased our organisation's capacity to deliver information and services online. The functionality of the site is also allowing ACON to diversify its communication channels through increased use of social media.

At the end of June, ACON's organisational status changed from an incorporated association to a company limited by guarantee. Government guidelines suggested that our legal structure needed to change due to the size of the organisation and the scope of our activities. While the new legal entity is called ACON Health Ltd – and incorporates our previous legal entity ACON Inc. – we continue to trade as ACON.

Finally, ACON's strategic plan for 2009–12 was also launched at the end of June. This comprehensive strategy, which will guide ACON's work for the next three years, shows how ACON will connect with and support more people through greater community involvement, more online services, better HIV prevention programs, an expansion of women's health services and an increased focus on the Asia-Pacific region.

The last year has seen an unprecedented period of change at ACSA, resulting in the emergence of a stronger and more resilient community-owned and based organisation, serving the diverse needs of our communities. Sustained political attacks by conservative arms of the South Australian parliament in relation to our sex worker and injecting drug user programs, reform of the funding and planning processes, and development of a new state HIV Action Plan all contributed to a period of instability within the sector. These challenges have been overcome and ACSA is now on a firm footing as we develop a new strategic plan for the coming years.

In the first half of 2009, a substantial amount of ACSA's time and resources was taken up in responding to the State Government's Request for Tender for the provision of HIV/STI prevention services. After more than twenty years of submission-based processes for the funding of HIV services, SA Health moved to competitive tendering. Competitive tendering as a government procurement tool has both strengths and weaknesses. Firstly, its strengths are: creating greater transparency; stimulating innovation; creating greater efficiencies and setting clear standards and expectations. Its weaknesses include its potential to undermine collaboration between the non-government agencies; creating uncertainties for services and service users and its tendency to devalue those features of community services that are not easily quantifiable, such as participation of affected communities and volunteerism.

Clearly, a bureaucratic rather than a political agenda has driven this reform process: an agenda that reduces administrative costs for SA Health, drives mainstreaming of HIV and STI services and outsources some elements of contract management to the non-government sector. In isolation, some of these elements are indeed desirable: no-one would argue that scarce resources should be wasted, or that mainstream health services should not be responsive to the needs of at-risk communities. But as an overall package, the competitive tendering process has diverted energies from the vital areas of policy development, service planning, monitoring and evaluation for a protracted period.

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Pictured above ACSA's *Testing Testing 1–2–3* campaign promoted HIV testing, sexual health and STI prevention messages

Following the announcement that ACSA was successful in its bid to deliver HIV/STI prevention services, the *South Australian HIV Action Plan 2009–2012* – which is the basis for much of our work over the coming three years – was launched by Health Minister, the Hon John Hill MP in June. The plan describes emerging challenges for the response to HIV response in South Australia, in light of rising overall rates of HIV infections since 2003. ACSA welcomes the increased focus on local research to inform program planning and to evaluate the success of initiatives.

Our program areas have continued to develop services which meet the changing needs of our communities. An increased focus on linking organisations, community groups and community members has proved successful in increasing the reach of health promotion messages and Gay Men's Health implemented a local campaign in late 2008: *Testing Testing 1–2–3*. This campaign was conducted during Feast, the annual gay and lesbian festival and it promoted HIV testing, sexual health and STI prevention messages. Campaign materials included posters, press advertising, inclusion in the FEAST guide, t-shirts, condom packs, email banners and a TT123 website.

SAVIVE, our injecting drug user program, engaged in successful partnership projects with the Vietnamese Community Association SA, Outreach Clean Needle Program and Hepatitis C Council of SA Peer Education Program. SAVIVE continued to provide a voice for users, representing the needs and issues of people who inject drugs in state-wide and national community consultations and reference groups. SIN, our sex worker program continued with its highly successful mix of outreach, advocacy and support services and recorded more than 2,000 contacts with workers during the year.

A number of changes have also occurred at the staffing and board level during the year: Keith Bevan retired as President, after guiding ACSA through a substantial transitional period and Gary Spence, who had led the organisation for much of 2008, left to pursue new challenges in June. Since coming to office, our current Board has focused on policy development and has worked diligently in driving the strategic planning process which will set the foundations for ACSA for the future.

AUSTRALIAN INJECTING & ILLICIT DRUG USERS LEAGUE (AIVL)

■ ANNIE MADDEN, EXECUTIVE OFFICER

The last year has been one of consolidation and hard work for AIVL. AIVL is the national peak organisation representing the state/territory peer-based drug user organisations and issues of national significance for people who use or have used illicit drugs.

Over the past year AIVL has continued to focus on our main priority of promoting and protecting the health and human rights of people who inject and people on drug treatment programs, through a diverse range of projects, activities, consultations.

International Program

After some initial teething problems, AIVL is now fully engaged in the implementation of our three year Regional Partnerships Program, as part of our participation in the recently formed HIV Consortium for Partnerships in the Asia and Pacific Region. The Consortium is comprised of eight Australian HIV organisations from the research, clinical and community sectors. The main aim of AIVL's Regional Partnership Program is to support the ongoing development of drug user organisations in Asia and to build meaningful partnerships with our peer counterparts in the region. AIVL is currently implementing a two year workplan, a major outcome of which is to support the newly formed Asian Network of People Who Use Drugs (ANPUD). Over the next two years other projects may include potential partnerships with national and local drug user networks in a number of Asian countries and working with existing AusAID and other donor initiatives on harm reduction, HIV and injecting drug use within Asia. Other international program work has included participation on the ANCD Asia Pacific Drug Issues Committee, the International Network of People Who Use Drugs (INPUD) and working with the Nossal Institute for Global Health and the Australian Research Centre in Sex, Health and Society on possible mentorship and training program.

Trackmarks Drug Policy Project

Trackmarks is a ground-breaking, consumer-led drug policy research project focused on documenting the history of drug user organising in Australia and the contribution that drug users have made to Australian drug policy. The project will feature an online archive and timeline documenting key drug policy issues that drug user organisations have responded to over the past twenty years. We have been busy pulling together resources for the project, including policy summaries, web-interviews with key activists and policy people, submissions and letters to government and parliamentary processes and a timeline of Australian user groups. A national consultation process is also underway. Funded by the Drug Policy Modelling Program (DPMP) from UNSW, Trackmarks will be launched in early 2010.

National Hepatitis C Program

AIVL's core hepatitis C related funding continued through 2008–09, with AIVL completing the second year of a two year National Hepatitis C Program funded by the BBVS Section of DoHA. Some of the key projects and activities of the 2007–09 program included:

- National Aboriginal Hepatitis C and Injecting Drug User Peer Education Kit;
- *Getting Back to Basics* and *How the Liver Works* DVD set;
- *Inside Out* Hep C Resource for Correctional Settings;
- National Peer Educators Training Workshop; and
- National Drug User Activist and Legal Issues Training Workshop.

For information on all AIVL projects from 2008–09, including requests for copies of resources, discussion papers or workshop kits, please contact the National Hepatitis C Program staff at AIVL.

National Treatment Service Users (TSU) Project

Stage 2 of the TSU Project continued in 2008–09. The TSU Project is focused on increasing consumer participation in drug treatment services. As a result of the successful completion of TSU Stage 1, AIVL secured funding, in partnership with the National Centre in HIV Social Research, from the Drug Strategy Branch of the Department of Health and Ageing to undertake a two year Phase 2 Project. The project is currently wrapping up the formal evaluation of five consumer participation demonstration projects in different drug treatment services across NSW, VIC and WA. A report of the demonstration projects will be available in early 2010. The final report from TSU Project: Stage 1 can be found on the AIVL website.

Junkmail National Magazine

In 2008–09, AIVL managed to secure a private and independent funding source for AIVL's national magazine *Junkmail*. *Junkmail* was previously funded by the Department of Health and Ageing as part of AIVL's Hepatitis C Program. The desire to cover a broader range of issues of interest to people who inject drugs and the need for greater editorial control over the publication drove the search for a new, non-government funding source. The first issue of the 'new' *Junkmail* was published in early 2009, and the next issue will be available soon. It is anticipated (funding permitting) that AIVL will continue publishing *Junkmail* twice each year. All twelve back issues are now available online for the first time, through the AIVL website.

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HIV and Injecting Drug Use

As in previous years, AIVL continues to represent the needs and issues of people who inject illicit drugs in relation to HIV prevention, treatment, care and support. Unfortunately, this aspect of AIVL's role remains unfunded, which significantly reduces our capacity (but not our commitment) to respond to these issues. In 2008–09, AIVL has continued to work at the national policy level and within AFAO, particularly on the emerging implications of the mainstreaming of public health funding, the newly formed Ministerial Advisory Committee on Bloodborne Viruses and STIs, the intergovernmental BBVSS Committee and the review of the national BBV and STI strategies. AIVL's Executive Officer and Senior Education Officer are also participating in the HIV Strategy Expert Writing Reference Group. As in previous reports, ongoing concerns about much higher rates of HIV among Aboriginal & Torres Strait Islander people who inject drugs and new prison entrants continue to be issues for which AIVL needs more resources to address effectively.

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and The Connection

AIVL has continued to provide auspicing support for the ACT peer-based drug users' organisation – CAHMA – during 2008–09, with an ongoing commitment to assisting the organisation to work towards independence. In addition to CAHMA's peer education, bloodborne viruses, harm reduction and IDU advocacy work, The Connection – Peer-Based Indigenous Youth Program has continued as a key program within CAHMA over the past twelve months.

Along with all the above project work AIVL has also regularly contributed submissions to government and parliamentary processes and has been strategically engaging with Parliamentarians on key issues. Throughout the year, AIVL has also continued to respond to media issues affecting people who use or inject illicit drugs as appropriate.

On a governance level the AIVL Executive Committee had another strong year, with a talented and committed Executive Committee team. Finally, AIVL has had another year of strong and positive working relationships with the AFAO staff team and Board. AIVL is looking forward to continuing our involvement with AFAO over the next twelve months. More information on any of the AIVL programs or projects outlined above can be found at www.aivl.org.au

This year has seen NAPWA commemorate twenty years of advocacy and representation, *with positive people – for positive people*. Over this time the organisation has responded and adapted to an ever-changing HIV landscape and remains committed to advocating for HIV-positive people. This commitment to advocacy has earned the organisation a strong reputation among peer, community, research and government partners, which sees NAPWA represented across all levels of the national HIV response.

This level of engagement has made for a particularly busy year for NAPWA. The year has included a comprehensive community and member consultation process that has seen the review and development of the organisation's new Strategic Directions document. Launched at the April Special Members' Meeting, NAPWA Strategic Directions will take the organisation into 2012 with a set of carefully considered objectives that address a broad range of issues of importance to a diverse HIV population. A comprehensive Implementation Plan has also been developed that includes an integrated evaluation process designed to trigger the timely investigation of strategic and practical progress and outcomes, and ensure that the organisation's key objectives are met.

NAPWA is mindful that best practice advocacy is dependent upon effective communication and the Board and members have been integral to the trial and development of a number of communications strategies. For instance, NAPWA recently launched an updated website. The 'new-look' website www.napwa.org.au is designed with greater interactive functionality and will become an increasingly important conduit for communications with the organisation's partners, networks and members, as well as providing an important link and information source to the broader community. NAPWA continues to update and maintain the Clinical Trials Database. Regarded as 'user-friendly', the database details all HIV trials being run in Australia, and is accessible to clinicians, health workers and positive people. The database has been incorporated into the new NAPWA website, which now provides an ever-increasing range of information and relevant links.

The Treataware pilot project was evaluated this year, resulting in the integration of the AIDS Treatment Project of Australia with

several other elements of the organisation's treatment work, now to be branded under the Treataware name. This year has seen the CHIN WAG and Roadshow projects travel to Canberra, Maroochydore and Newcastle, showcasing the organisation's commitment to HIV prevention, community capacity-building, education and health promotion across the nation. The Treataware short courses, held in Sydney, in collaboration with the Australasian Society of HIV Medicine (ASHM), attracted participants from the HIV sector, community volunteers, virological teams from pharmaceutical companies and positive peers from Papua New Guinea.

NAPWA continues a commitment to work in Papua New Guinea. Late in 2008, NAPWA supported a PNG National Conference in Port Moresby, continuing an ongoing relationship with IGAT HOPE, the PNG positive organisation. NAPWA has since secured further external funding, allowing the organisation to continue with capacity building initiatives in close collaboration with our PNG partners. NAPWA is also a member of the Asian Pacific Network of Positive People.

Positive Living (NAPWA's very own publication) has this year been produced in colour and has published three excellent editions. The publication has strengthened its reach and readership and has seen an increase in personal subscriptions as a result of the publications' sustained relevance and commitment to quality journalism.

To mark the organisation's twentieth anniversary, NAPWA hosted a modest celebration at the Special General Meeting to honour the dedication and contributions of all people, past and present, who both comprise and work alongside the organisation.

Advocacy

Most people working in the HIV sector would be aware of an increase in media attention paid to criminal cases involving HIV. NAPWA has been monitoring and responding to this phenomenon for some time, and in 2008, the organisation began formally to consult extensively with legal practitioners, research fellows and prominent HIV sector professionals on the issue. The culmination of these consultations will see the development of a strong and robust policy stance on this issue and the production of a monograph to be launched in late 2009.

As a key stakeholder in the development of National Guidelines for managing people who place others at risk of HIV infection, NAPWA now turns its focus to working with community and member organisations to bring into effect the successful implementation of the National Guidelines. A range of strategic meetings and workshops with state and territory organisations



Pictured clockwise from top at NAPWA's 20 year anniversary celebrations: Sonny Williams, Katherine Leanne, Paul Kidd, Robert Mitchell, Jan Savage, Robert Langdon, Peter Canavan, Sally Cameron and Kay Hull; Michael Kirby, Amelia McLoughlin and Katherine Leanne; NAPWA CEO Jo Watson (left) with Senator Louise Pratt; and Senator Louise Pratt addresses the guests.

has seen an increase in awareness of the parameters of the Guidelines and their subsequent consideration and adoption into policy and advocacy responses across a number of these states and territories.

NAPWA has long advocated on behalf of those in the community who are not eligible for Medicare. Progress on this issue has proved slow and often frustrating, but it remains vitally important, with health and treatments access central to fundamental human rights. NAPWA continues to advocate tirelessly on this issue and has made further representations to the Bloodborne Viruses and STIs (BBVSS) and inter-governmental committees in an attempt to improve access to treatments for those who find, for whatever reason, that they are deemed ineligible for Medicare.

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Research

Earlier this year, NAPWA lodged a submission with the National Health and Medical Research Council (NHMRC) Review of Public Health Research, highlighting the integral value of community involvement and the focus on improving health outcomes through research. The centrality of HIV-positive people is a key plank in advocacy work, human rights and any number of Rights-based agendas and NAPWA remains committed to this pivotal principle.

NAPWA has engaged with the International Network for Strategic Initiatives in Global HIV Trials Executive (INSIGHT) and in the National Centre in HIV Epidemiology and Clinical Research Centre (NCHECR) clinical trials research processes. The organisation's research work also includes participation in the NCHECR and National Centre in HIV Social Research (NCHSR) Scientific Advisory Committees, supporting NAPWA representatives to combined Working Groups of the NCHECR and providing community expertise in the development of new proposals, protocols and the monitoring and analysis of current strategies and clinical trials.

NAPWA works strategically with the National Research Centres as a means of delivering health outcomes and understandings relevant to the lives of all people with HIV. This partnership approach is a deliberate strategic focus of the organisation with further work being undertaken in two key projects through the NCHSR: the Primary Health Care project on HIV and Depression and the HIV General Practice Workforce project. NAPWA is also represented on the Australasian HIV Observational Database (AHOD) Steering committee, contributing to the writing groups for two recent AHOD publications.

In conjunction with ASHM, NAPWA has also completed the Models of Access and Clinical Service Delivery Project, with the outcomes from this project forming the basis for further work in this area in coming years.

Partnerships and collaborations

Early this year NAPWA also endorsed a coalition of community health and welfare agencies advocacy efforts to Centrelink, aimed at easing the impact of same sex legislation being introduced by the Commonwealth government.

NAPWA is currently partnering with AFAO to develop a national Stigma and Discrimination campaign. NAPWA will provide research documentation into the understandings of stigma and discrimination of positive heterosexuals, women and Aboriginal and Torres Strait Islander populations.



Pictured top: The cover of the 20th Anniversary edition of *Positive Living*
and above: and the NAPWA team at the Leadership Weekend, July 2008

At the time of writing, NAPWA is also actively engaged with the consultation and drafting processes of the sixth National HIV Strategy. The sixth National Strategy has been a long time in the making and NAPWA has lobbied heavily for the government to commit to the Strategy following protracted frustration and Review of the fifth National Strategy. As such, the organisation now takes very seriously the opportunity to contribute to the Strategy and has committed considerable resources and time to this effort. We look forward to the outcomes and the delivery of an effective, robust and comprehensive sixth National Strategy.

NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL (NTAHC)

■ ALISON EDWARDS, EXECUTIVE DIRECTOR

2008–09 has been a time of consolidation of finance and administration systems within NTAHC. Towards the end of the financial year an assessment of program and staffing needs was undertaken, leading to planning for enhanced staff support systems, project management systems including evaluation, and an update of policies and procedures. The Board of NTAHC has undertaken intensive governance training in order to ensure the best possible governance practice and support for our operational staff.

Budget surplus due to underspending on programs during 2007–08 has enabled the Board to plan for the development of NT-specific health promotion resources and to ensure the organisation is financially viable for the future. NTAHC's health promotion activities have been reviewed and a new project coordinator employed to coordinate and support all health promotion activities across the organisation.

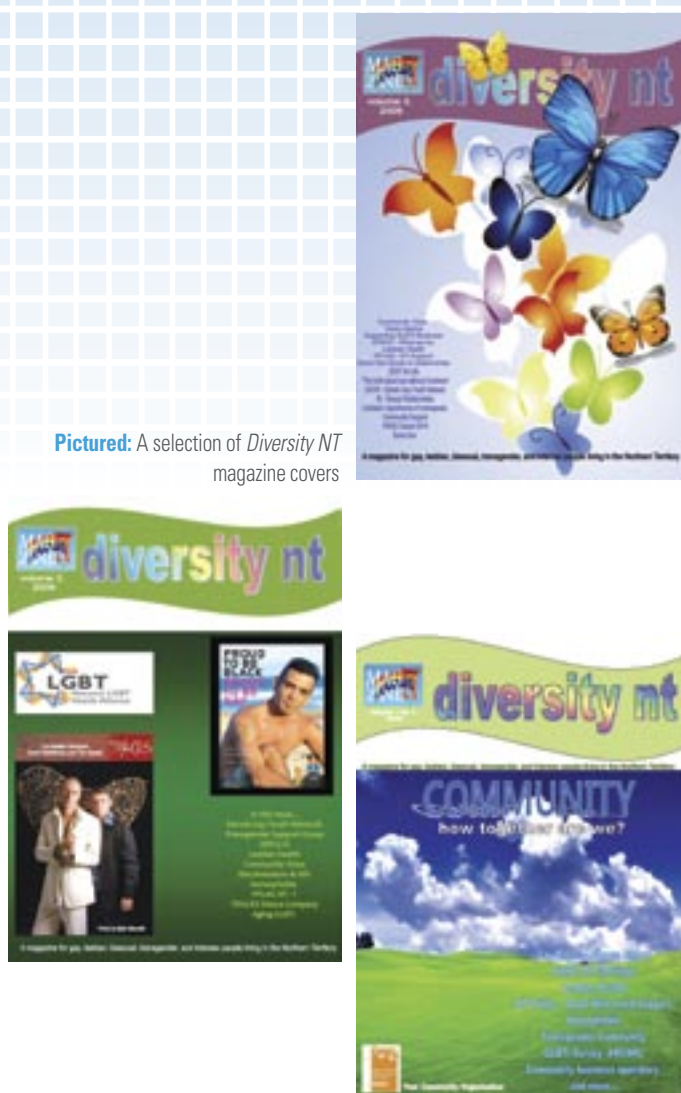
The staff team have identified a range of required program development initiatives and the current financial year will see implementation of these, including relief staff for HIV and hepatitis C care and support staff to enable these staff to attend meetings and take leave without being faced with a client backlog upon their return. While our sessional counsellor saw thirty clients over the year, NTAHC has identified the need for a full time counsellor on staff to ensure the correct skill set to provide our clients with the best possible counselling care.

NTAHC ends this financial year at the end of the first year of a three-year strategic plan and is demonstrating significant progress against goals, with some work required over the next two years to ensure that programs and other initiatives are on track.

Review of NTAHC's relationship with the unincorporated PLWHA NT has identified the need for development of policies and procedures to ensure a clearly defined relationship between the two organisations, thus providing the best possible support for HIV-positive people in the NT.

NTAHC has noted the slight increase of positive HIV diagnoses in the NT and is working with the Northern Territory Government to target services based on demographics collected at diagnosis, to ensure that all positive people in the NT have access to responsive services and support.

Pictured: A selection of *Diversity NT* magazine covers



NTAHC is proud of our relationships with our key stakeholder groups and at the end of the financial year identified the need to formalise some of these relationships, and build new relationships with stakeholders yet to be engaged. NTAHC is in the process of developing advisory groups for key areas of our work including (but not limited to) gay men, bisexual people, lesbians, trans people, people with HIV, sex workers, people with hepatitis C, injecting drug users, Aboriginal and Torres Strait Islander peoples and others as relationships emerge. We envisage that these groups will provide advice regarding key issues, be a mechanism for consumer representation on NTAHC Board and, importantly, enable inclusion of consumers and stakeholders in our future planning – both locally and nationally.

QUEENSLAND ASSOCIATION FOR HEALTHY COMMUNITIES (QAHC)

■ MARK MOREIN, PRESIDENT

2008–09 has been another exciting and challenging year for us at the Queensland Association for Healthy Communities.

The upcoming 25th Anniversary of the foundation of the Queensland AIDS Council (QuAC) has been a time for us to look back with pride at the work we have done and continue to do, and also to look ahead at the new and exciting challenges that await us!

Our projects directed at gay and other men who have sex with men (MSM) continue to be successful and popular, allowing us to work directly with our target populations. This is particularly true in regional Queensland, where there are fewer opportunities for gay and other MSM to meet in a safe environment.

In addition to our long standing funding arrangements with OATSIH (for the 2 Spirits program) and Queensland Health (Sexual Health Program and Training and Development project), we have seen some new projects funded by other sources: Brisbane City Council funded our LGBT History Project, Disability Services Queensland (now the Department of Communities) funded our Mental Health Project and we received new funding from Queensland Health for our ATODS project. We will continue to seek out new sources of funding.

We also continue our work with other LGBT community organisations. The nature of that support varies, depending on the circumstances. For instance, we can offer space in which an organisation can work (as we provide for the Gay and Lesbian Welfare Association); at other times we work directly with our partners (such as the Brisbane Leather Pride Festival); sometimes we take on the responsibility of organising a particular project, such as the Tropical Alternatives Film Festival, which runs in various centres throughout regional Queensland and offers all members of our communities a chance to meet and connect with each other.

Our resource centres in Cairns (Base Camp), Sunshine Coast (Pikki Street) and Brisbane (the state-wide resource Centre at Helen Street) offer a number of different kinds of activities – anything from youth groups to mature age men's luncheons, movie nights and political meetings. The key to their success is that these are initiated by community members; QAHC's role is to facilitate and support them, which is what we are best placed to do.

We continue to support the HOPE Fund (which supports people living with HIV) and the Healthy Communities Fund. The large number of applicants that apply for funding from the Healthy Communities Fund reinforces the fact that, while there are many creative and hardworking people in LGBT communities, there remains limited funding for them to be able to realise their ideas.



Pictured Examples of QAHC's
One community celebrating diversity
campaign material



There are real challenges for QAHC in the short and long term. Most of our work is funded through grants and donations. As described above, we have been successful in finding new sources of funding but these remain one-off small amounts for short term projects. Other projects, such as the Lesbian Health Action Group are entirely dependent on donations. Nonetheless, we are able to continue expanding the kind of work we are doing within our diverse communities.

The global financial crisis continues to impact on our work. In addition to placing constraints on the amount of money available from government departments, there is less money available in donations, both large and small. The crisis has also caused many people to use services that they might not have needed to access in the past.

HIV continues to spread through gay and MSM communities and we are always looking at new ways to get the safe sex message out to men who might be at risk. But this is an ongoing problem, and is not limited to QAHC – every organisation working in this sector anywhere in the world faces the same challenge.

Our work would not be possible without the outstanding efforts of all our staff, both paid and volunteers. I say this all the time, but it can never be said too often: we could not function without our volunteers and the work, time and commitment they continue to give is much appreciated. Finally I would like to thank all the Members of QAHC, whose ongoing support remains invaluable.

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

■ KEVIN MARRIOTT, CHIEF EXECUTIVE OFFICER

In August 2008, Quality Management Services (QMS) advised TasCAHRD that it had achieved official accreditation as a health and community service provider. This major achievement was the result of two years of reviewing and revising all aspects of our management and service delivery systems, culminating in an external review and evaluation. TasCAHRD met the requirements of all 19 Quality Improvement Council (QIC) standards on management, service provision and external relationships to achieve accreditation.

The purpose for seeking accreditation is to ensure that TasCAHRD provides transparent, responsive and accountable service to all of our clients, now and into the future. To this end, TasCAHRD has committed to not only maintain, but to continually improve our service standards.

A focus on quality improvement involved the establishment of advisory groups for each program area. Relevant consumers and major stakeholders were invited to participate in regular meetings with program staff to inform, discuss and advise on the work of each program. These groups are proving to be highly successful in providing new directions for innovative and responsive program development and in forging closer working relationships with allied service providers, demonstrating TasCAHRD's ongoing commitment to work collaboratively at a program level.

TasCAHRD continued to expand its partnerships with other agencies during the year. Adding to an expanding list of formal relationships at a national level, TasCAHRD has entered into agreements with the new management body for the AIDS Trust of Australia and with the National LGBT (Lesbian, Gay, Bisexual, Transgender) Health Alliance. These partnerships ensure Tasmanian representation at a national level, and in the case of the latter, adds impetus to forge closer relationships with local LGBT organisations.

The benefits of existing partnership arrangements included closer ties with Tasmanian sex workers through TasCAHRD's continued support of the local Scarlet Alliance project, and through the Memorandum of Understanding with People Living With HIV/AIDS (PLWHA) Victoria that enabled the delivery of public speaker training for TasCAHRD staff and consumers. TasCAHRD extends its thanks to the Coordinator of (PLWHA) Victoria's Public Speaker Bureau, Max Niggli, who conducted the training in Hobart.



Pictured above *MAN2MAN* magazine cover, April 2009 and left a TasCAHRD T-shirt promoting safe sex

As highlighted in the TasCAHRD *Business Plan 2008–09*, the Gay Men's Health Program was re-badged as the *MAN2MAN* Program. This change enables the program to acknowledge the diverse identities of men who engage in sex with other men. This shift also showed positive results, with very positive feedback about the *MAN2MAN* publication. In fact, the second issue required an additional print run, effectively doubling the initial number circulated. *MAN2MAN* has also seen an increase in the number of men engaging through online chat rooms. Engagement with other organisations and groups has also improved alongside the introduction of *MAN2MAN*.

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In addition to the launch of *MAN2MAN*, the Program demonstrated the impact of using public media to deliver health promotion messages. The roll out of the Drama Down Under campaign across Tasmania resulted in a significant increase in the number of men presenting at sexual health clinics in all regions (see graphs, right).

Campaign materials were placed on public billboards, in major newspapers and on Metro buses, as well as through regular gay community networks. The success of this campaign led to the establishment of a working group in the north-west of the state involving Sexual Health Services, Working it Out and local government representatives. The primary focus was beat culture and health promotion in regional areas.

TasCAHRD's HIV/AIDS Care and Support Program has seen the number of active clients remain static but experienced numerous people moving through the Program, due to interstate movement in both directions. Local notifications of HIV infection also increased, with a number of people who had newly been diagnosed accessing the service. Improved relationships with the Sexual Health Service and other clinicians has also led to better care coordination for TasCAHRD clients.

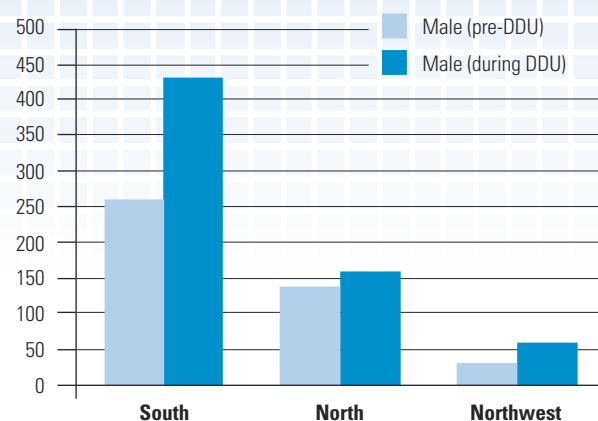
A focus on self-management led to the Care and Support Coordinator successfully completing the Chronic Conditions Self Management course at Flinders University. Initial feedback from clients is supportive of the approach.

Engaging people living with HIV in other activities included the art workshops that contributed works for the AIDS Awareness Exhibition, and a Client Retreat that was attended by twelve people.

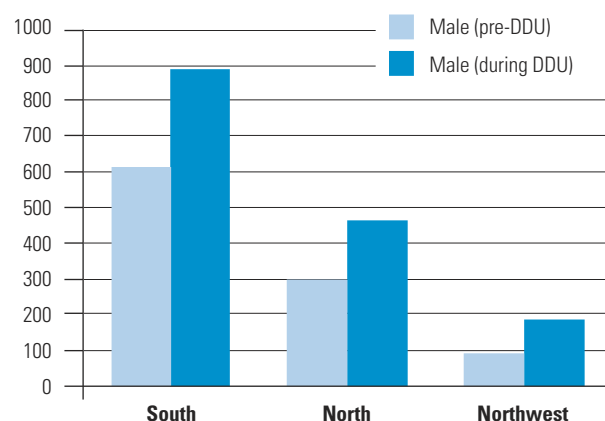
The HIV/AIDS Care and Support Program continues to coordinate the Nigel Mallet Housing Program and the administration of the Andrew Shaw Foundation. Both services continue to be well utilised.

In addition to HIV/AIDS, TasCAHRD continues to work in the area of hepatitis C. This is primarily through a dedicated statewide Hepatitis C Project Officer and two primary needle and syringe program outlets in the south of the State.

Number of individual clients accessing the Tasmanian Sexual Health Service after 2008 Drama Down Under Campaign



Number of visits to the Tasmanian Sexual Health Service after 2008 Drama Down Under Campaign



VICTORIAN AIDS COUNCIL/GAY MEN'S HEALTH CENTRE (VAC/GMHC)

■ MIKE KENNEDY, EXECUTIVE DIRECTOR

Governance

As in previous years, VAC and GMHC had contested elections for Board positions.

The 2008–09 Board was Kevin Guiney (President), Grant Davies (Vice-President/Secretary), Mark McColl (Treasurer), Sonny Williams/David Wain/Paul Kidd (PLWHA Victoria nominees), Jason Asselin/Don Hay (staff representatives), Laura Redgrave, Val Sands, Michael Williams, Bill Calder, Guy Hussey and Mike Kennedy.

Financial reports

This year, for the first time, VAC/GMHC passed the \$5 million milestone in operating revenue. It was a tight year for us financially although we posted a respectable surplus of just over \$100,000. We were able to make an additional contribution to bring our maintenance fund for the Claremont Street building up to \$150,000. This is a prudent allocation to cover foreseeable future expenses.

In anticipation of the Victorian Government's introduction of a portable long service leave scheme for the community sector, we are now making full provision for long service leave for all VAC staff.

Epidemiology

New HIV diagnoses declined slightly again in Victoria in 2008, with 263 cases in 2007 and 256 cases in 2008. There was a proportionately larger decline in new diagnoses in gay men with an 8.6 percent drop (from 198 to 181 cases).

There are some indications that we may be seeing a change in the age profile of new HIV diagnoses, with an increase in diagnoses in gay men between 20 and 25, and a decrease in diagnoses in men over 40. These figures need to be treated with caution as they represent a trend over only one year and the numbers involved are small. We shall be monitoring the monthly data for 2009 and 2010 and incorporating health messages for younger gay men into our health promotion campaigns.

Legislative and policy frameworks

The Victorian Government is currently drafting the *Regulations* to accompany the *Public Health and Wellbeing Act 2008*, which will come into effect on 1 January 2010. The VAC/GMHC Board strongly believes that the legislative framework must strike an appropriate balance between protecting public health and respecting individual rights. We are concerned that the process of drafting and releasing the *Regulations* has been slow (the Act received Assent on 2 September 2008). The delay has left limited time for meaningful consultation. However, the Board will use every opportunity to argue for an appropriate legislative and public policy framework.



Pictured left: World AIDS Day volunteers **and right** cutting VAC/GMHC's 25th Anniversary cake earlier this year

The Board has spent a good deal of time this year discussing the new National HIV Strategy which is scheduled to be finalised by November 2009; and the new State Strategies – due to be completed early in 2010. The Board's view is that the new State Strategies need to set firm targets and outcomes within the framework of the National Strategy, and that funding contracts should be framed in the context of these targets and outcomes. The groundwork done by the Board this year means that VAC/GMHC will continue to be a strong advocate on behalf of the community in the development of the new National and State Strategies.

Infrastructure planning

Additional recurrent funding in the 2008 State budget has now flowed through to our Health Promotion Program, putting us in a much stronger position to plan for a sustained and integrated HIV and STI prevention program. We obtained funding for a two-year project on HIV and STI prevention for sexually adventurous men, which has just commenced.

The recommendations of the review of the Positive Living Centre are now being implemented, with a much stronger focus on care coordination, and on programmed activities. Discussions are continuing with the Department of Health regarding the proposed amalgamation of the HIV and BBV Counselling Services into a single structure. The services are likely to amalgamate in early in 2010.

25th Anniversary

VAC has been celebrating 25 years of working in partnership with our community and other partners to reduce HIV infections and limit the impact of HIV on the lives of people living with HIV/AIDS. I would like to end by paying tribute to the thousands of volunteers who have worked with us, at all levels of the organisation, over the past quarter century; they have kept us true to our ideals as a community-based organisation.

As the WA AIDS Council enters its 25th year, the Council is focused on contributing to state and national policy forums, providing services and advocating for the needs and rights of the people we serve.

External environment

Like the rest of the HIV/AIDS sector, the WA AIDS Council is getting used to the unrelenting pace of the Commonwealth health reform agenda, and the need to respond to last minute requests for input into policy reform debates and resource allocation matters. The sector is also dealing with formulating the sixth National HIV/AIDS Strategy, in short time frames.

In addition to the demands of the Commonwealth, the WA AIDS Council is also working with a new State Government. In September 2008, the Liberal party, led by Colin Barnett, formed government in coalition with the Nationals.

The Liberal Party's election promises had included a commitment to keep the Royal Perth Hospital open, and to change laws relating to sex work. The legislation amending the law relating to sex work was passed before the change of government, but not proclaimed. Both issues will impact on the work of the HIV and STI sector, so the Council is planning appropriate responses, including lobbying activities.

As a result of the global financial crisis, the WA Government's revenue is lower than anticipated. In response it has curtailed spending, with government departments being required to cut expenditure by 3 percent. To date this has not impacted on funded HIV/AIDS agencies, though further cuts have been foreshadowed for 2009–2010.

Epidemiology in WA

For the past three years, there have been around 74 people diagnosed with HIV in WA each year. In these years, WA had a lower proportion of men who have sex with men diagnosed with HIV (approximately 42 percent), compared with the rest of Australia (over 70 percent). In the same period, WA had a significantly higher proportion of diagnoses among men and women who identified as heterosexual (over 50 percent), compared with the rest of Australia (approximately 25 percent).

As has been the pattern for a number of years, a significant proportion of new diagnoses were among people who had acquired HIV overseas, particularly via heterosexual sex. The proportion of men who have sex with men acquiring HIV in WA

has remained extremely steady for a number of years. This is despite a syphilis and lymphogranuloma venereum outbreak among highly sexually active gay men.

Service Delivery

Positive Services, which provides support services, complementary therapies, life coaching and counselling, continues to be well accessed by people living with HIV/AIDS. In the past couple of years, people living with HIV have accessed the WAAC Bequest funds to assist in paying for dental work (under the Federal Government's dental assistance package).

Gay men's health promotion has focused on sexual health testing. To this end, the Council is offering an STI screening clinic for asymptomatic men (which operates nine-to-five on weekdays, and Saturday mornings). The number of men accessing this service has increased dramatically in the past year, with positive yields for all STIs. This highlights the need for accessible service delivery for men.

The sixth Gay Men's Periodic Survey was carried out during the Pride Festival and at selected gay venues. There were no real surprises in the survey results, and the behavioural trends follow similar trends in other states.

The Needle and Syringe Exchange Service has seen a 10.6 percent increase in the amount of equipment distributed in the past year, with over a million pieces of equipment distributed.

One of our community education programs has focused on young people, and on heterosexual people putting themselves at risk whilst travelling

The Freedom Centre, a drop-in service for young people of diverse sexuality and gender has seen a big increase in the number of people accessing the Centre. It has introduced a very popular online forum, with a number of young people accessing the forum prior to visiting the Centre.

Infrastructure

During 2008–09, the WA AIDS Council was structured into three departments led by the Executive Director, Trish Langdon. Positive Services was managed by Sally Rowell, and Community Education and Prevention Services was managed by Dr Simon Yam. Peter Kift managed Organisational Services (comprising finances, fundraising and assets, information technology and human resources).

In 2009–10, the Council will be re-structured into four departments, following the resignation of Dr Simon Yam in May 2009. Trish Langdon and Peter Kift will remain in their

current positions. Sally Rowell will move to Community Health Promotion Services, Mark Reid will manage Diverse Sexuality Health Promotion Services, and Kim Brooklyn will manage Positive Services.

Overall, the organisation is in good shape. Reserves should provide a buffer in these challenging economic times. There has been further vital upgrading of the Council's accommodation.

We continue to recruit dedicated staff from within our volunteer pool. Our fundraising program has really consolidated, and the Council has a loyal and generous group of sponsors and donors – despite the hard economic times.

In June 2009, the WA AIDS Council was co-winner (with Edmund Rice Camps from South Australia), of the 'Community Idol' award in Melbourne. With over 400 entries from community organisations around Australia, we were thrilled to win. To be judged as worthy of such an award, by peers working in community-based organisations throughout Australia, was a great honour and capped off an interesting year.



Got a Super Hero in your pants?

All Super Heroes need a side-kick. Make yours the new FLASH Clinic at WAAC.

www.projectx.net.au

FLASH CLINIC

The FLASH Clinic is a free, Medicare based clinic open on Saturday mornings from 9.00 to 12.30pm at WAAC 664 Murray Street West Perth. Call for an appointment on 9482 0000 or just drop in.

FLASH Clinic tests include HIV, Syphilis, Hepatitis, Gonorrhoea and Chlamydia.

If you have symptoms, please call for treatment options.

FREE **WAAC**

Screwvenir - [screw-veneer]

mean - anything that you keep (whether stolen or given to you) from someone's house after you've slept with them.

Make sure your next screwvenir isn't HIV...

More and more Australians are bringing sexually transmissible infections (STIs) and HIV home. Take condoms. Use condoms.

Many STIs don't have symptoms. Get tested now.

SEX IN OTHER CITIES

www.sexinothercities.com.au

WAAC

Pictured above: WAAC's health promotion campaigns, including the successful 'Flash Clinic' display advertising material

THE AFAO BOARD



Standing, from left: Nassim Arrage, Don Baxter, Robert Mitchell, Mike Kennedy and Trish Langdon
Sitting, from left: Cassy Sutherland, Dion Tatow, Graham Brown and Rodney Goodbun



AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

THE BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2009

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

Board of Directors

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

Graham Brown (President)	Rodney Goodbun (Vice-President)	Mike Kennedy (Secretary)
Trish Langdon (Treasurer)	Jeffrey Grierson	Robert Mitchell
Louise Temple	Nassim Arrage	Dion Tatow
Cassy Sutherland	Don Baxter (Ex Officio)	

DIRECTORS REGISTER OF ATTENDANCE 2009

	Board Meetings	
	Number Eligible To Attend	Number Attended
Arrage, N	6	6
Baxter, D (Ex Officio)	6	6
Brown, G	6	6
Duggan, J	1	1
Goodbun, R	6	5
Grierson, J	6	5
Keen, P	4	2
Kennedy, M	6	6
Langdon, P	6	6
Lodge, M	1	1
Mitchell, R	6	5
Ross, C	2	0
Sutherland, C	1	1
Tatow, D	4	3
Temple, L	5	2

Principal Activities

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

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

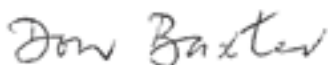
Significant Changes

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, 2009 amounted to \$125,036; (2008 \$139,973)

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



Don Baxter – Executive Director



Trish Langdon – Treasurer

Dated this twenty-sixth day of September 2009

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
BALANCE SHEET AS AT 30 JUNE 2009

	Notes	2009 \$	2008 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	1,093,302	318,628
Trade and other receivables	6	712,347	1,500,638
Security Deposits and Prepayments		64,805	27,861
TOTAL CURRENT ASSETS		1,870,454	1,847,127
NON-CURRENT ASSETS			
Property, plant and equipment	7	45,175	44,911
TOTAL NON-CURRENT ASSETS		45,175	44,911
TOTAL ASSETS		1,915,629	1,892,038
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	573,184	733,434
Grants in Advance	8, 9	404,168	323,456
Provisions	8, 10	208,743	228,994
TOTAL CURRENT LIABILITIES		1,186,095	1,285,884
NON-CURRENT LIABILITIES			
Provisions	10	58,944	60,600
TOTAL NON-CURRENT LIABILITIES		58,944	60,600
TOTAL LIABILITIES		1,245,039	1,346,484
NET ASSETS		670,590	545,554
EQUITY			
Reserves	12	97,600	97,600
Retained earnings	11	572,990	447,954
TOTAL EQUITY		670,590	545,554

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2009

	Notes	2009 \$	2008 \$
REVENUE			
Donations and gifts		119,972	156,708
Legacies and bequests		—	—
Grants			
AusAID		240,528	199,040
AusAID HIV Consortium		429,794	70,244
Other Australian		2,341,713	2,589,632
Other Overseas		—	—
Investment income		35,623	41,690
Other income			
Overseas		57,129	3,192
Domestic		142,573	75,078
		<hr/> 3,367,332	<hr/> 3,135,584
EXPENDITURE			
International Aid and Development Projects			
Funds to overseas projects		377,684	199,100
Other project costs		158,474	74,215
Community education		10,300	—
Fundraising costs – Government, multilateral and private		9,418	664
Domestic projects		871,396	1,102,235
Staffing		1,153,027	1,118,598
Administration		661,997	500,799
		<hr/> 3,242,296	<hr/> 2,995,611
SURPLUS FROM OPERATIONS		<hr/> 125,036	<hr/> 139,973

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2009

	Retained Earnings	General Reserves	Total
	\$	\$	\$
Balance at 30 June 2007	307,981	97,600	405,581
Surplus attributable to members	139,973	—	139,973
Balance at 30 June 2008	447,954	97,600	545,554
Surplus attributable to members	125,036	—	125,036
Revaluation increment	—	—	—
Balance at 30 June 2009	572,990	97,600	670,590

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2009

	Notes	Inflows (Outflows) 2009 \$	Inflows (Outflows) 2008 \$
Cash flows from operating activities			
Government Grants Received		2,990,351	1,603,402
Interest Received		35,623	41,690
Other Income		1,218,380	356,798
Project Grant Costs		(1,524,186)	(877,807)
Payments to Suppliers and Employees		(1,929,063)	(1,534,890)
Net cash provided by operating activities		791,105	(410,807)
Cash flow from investing activities			
Payments for property, plant and equipment		(16,431)	(18,660)
Net cash provide by (used in) investing activities		(16,431)	(18,660)
Net increase in cash held		774,674	(429,467)
Cash at beginning of year		318,628	748,095
Cash at end of year	5	1,093,302	318,628

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

Note 1: Statement of Significant Accounting Policies

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

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

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

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

Basis of Preparation

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

Accounting Policies

a) Income Tax

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

b) Property, Plant and Equipment

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

Plant and equipment

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

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

Subsequent costs are included in the asset's carrying amount or 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 income statement during the financial period in which they are incurred.

Depreciation

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

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

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

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

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

c) Leases

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

Finance leases are capitalized 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.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

d) Financial Instruments

Recognition

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

Financial assets at fair value through profit and loss

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

Available-for-sale financial assets

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

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

e) Impairment of assets

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

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

f) Employee Benefits

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

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

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

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

g) Cash and Cash Equivalents

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

h) Foreign Currency Transactions and Balances

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

i) Revenue

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

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

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

j) Goods and Services Tax (GST)

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

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

k) Comparative Figures

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

Critical Accounting Estimates and Judgments

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

Key Estimates – Impairment

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

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

Note 2: Revenue

Operating Activities

	2009 \$	2008 \$
Operating grants	2,243,984	2,526,977
Other grants and income	967,992	410,237
Donations	119,733	156,680
Interest received	35,623	41,690
	<u>3,367,332</u>	<u>3,135,584</u>

Note 3: International Aid and Development Projects

Revenue

Donated Funds	119,733	156,680
Grants: AusAID	150,273	97,539
AusAID HIV Consortium for Partnerships in Asia & the Pacific	271,976	—
Other Income	13,894	19,760
	<u>555,876</u>	<u>273,979</u>

Expenditure

Overseas Projects	377,684	199,100
Community Education	10,300	—
Fundraising Costs – Government, multilateral and private	9,418	664
Administration	158,474	74,215
	<u>555,876</u>	<u>273,979</u>

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

Table of Cash Movements for Designated Purposes

The Table of Cash Movements for Designated Purposes is only required to be reported if cash raised for a designated purpose in any one financial reporting period exceeds 10% of total revenue. No single appeal or other form of fund raising for a designated purpose generated 10% or more of the Federation's total income for the financial year ended 30 June 2009.

Note 4: Auditors' Remuneration

Remuneration of the auditor of the Federation for:

Auditing or reviewing the financial report	22,000	10,000
	<u>22,000</u>	<u>10,000</u>

Note 5: Cash and Cash Equivalents

Cash at bank	184,255	177,942
Short-term bank deposits	908,547	140,186
Cash on hand	500	500
	<u>1,093,302</u>	<u>318,628</u>

The effective interest rate on short-term bank deposits was 1.55% (2008: 4.42%); these deposits have an average maturity of twelve months.

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	1,093,302	318,628
	<u>1,093,302</u>	<u>318,628</u>

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

Note 6: Trade and Other Receivables

	2009 \$	2008 \$
Member Organisations	407	23,391
Government Grants	627,647	1,400,455
Loan – National AIDS Fundraising Ltd	30,000	20,000
International: Project Partners	3,597	—
Health Sector Organisations	2,750	16,865
GST Receivable	47,946	39,927
Income Receivable	35,019	35,019
Less: Provision for Doubtful Debts	(35,019)	(35,019)
	<u>712,347</u>	<u>1,500,638</u>

Note 7: Property, Plant and Equipment

Office equipment at cost	90,075	105,313
Accumulated depreciation	(54,296)	(72,147)
Total office equipment at cost	<u>35,779</u>	<u>33,166</u>
Leasehold improvements		
At cost	40,578	40,578
Accumulated depreciation	(31,182)	(28,833)
Total Leasehold Improvements	<u>9,396</u>	<u>11,745</u>
Total Property, Plant and Equipment	<u>45,175</u>	<u>44,911</u>

Movements in carrying amounts

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

	Leasehold Improvements \$	Office Equipment \$	Total \$
Balance at the beginning of the year	11,745	33,166	44,911
Additions	—	16,431	16,431
Disposals	—	(1,941)	(1,941)
Depreciation expense	(2,349)	(11,877)	(14,226)
Carrying amount at the end of year	<u>9,396</u>	<u>35,779</u>	<u>45,175</u>

Note 8: Trade and Other Payables

	2009 \$	2008 \$
CURRENT		
Trade payables	573,184	733,434
Grants received in advance	404,168	323,456
Short-term employee benefits	208,743	228,994
	<u>1,186,095</u>	<u>1,285,884</u>

Note 9: Grants in Advance

Health Department Grants – Commonwealth and State	7,774	—
International Program Grants	396,394	222,999
Other Grants	—	100,457
	<u>404,168</u>	<u>323,456</u>

Grants in Advance represent work that had commenced in the 2008/2009 financial year but where final costs will not be paid until the 2009/2010 financial year.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

Note 10: Provisions

	2009 \$	2008 \$
Employee Benefits (Refer to Note 1(f))		
Current	208,743	228,994
Non-Current	58,944	60,600

The provision relating to employees with 5 years service is recorded as a current liability and the provision relating to employees with 0 to 5 years service (i.e. not statutorily liable), is treated as a non-current liability pursuant to negotiated employment contracts of AFAO staff. A redundancy provision of \$40,000 is incorporated as a non-current liability.

Number of full time equivalent employees at year end	15.6	18.5
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Note 11: Retained Earnings

Retained surplus at beginning of year	447,954	307,981
Operating surplus for the year	125,036	139,973
Transfer to Reserves	—	—
Retained Surplus at the end of the year	572,990	447,954

Note 12: Equipment Replacement and Employee Entitlement Reserve

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

Opening balance	97,600	97,600
Transfer from retained earnings	—	—
Balance at end of the year	97,600	97,600

Note 13: Operating Lease Commitments

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

Payable – minimum lease payments

– not later than 12 months	—	—
– between 12 months and 5 years	—	—
– greater than 5 years	—	—

Although the Federation is on a month-by-month tenancy at their Sydney premises, they have advised the Lessor in terms of the lease that they wish to exercise the option for a 5 year renewal. No agreement on the lease has been reached, however annual rentals of between \$94,500 and \$110,000 have been referred to. A total future commitment, as at 30 June 2009, of between \$409,500 and \$476,667 would be payable upon agreement of the rental for the option period expiring in October 2012.

Note 14: Events after the Balance Sheet Date

- No material events that affect the Federation or these financial statements have occurred since balance date requiring disclosure.
- The financial report was authorised for issue on the 26th September, 2009.

Note 15: Cash Flow Information

Reconciliation of Net Cash Flow from Operations with Surplus from Operations

Operating surplus (deficit)	125,036	139,973
Depreciation	14,226	12,308
Provision for Doubtful Debt	—	35,019
Loss on disposal of assets	1,941	—
Changes in net assets and liabilities		
(Increase) decrease in prepayments & deposits	(44,963)	4,555
(Increase) decrease in debtors	796,310	(647,290)
Increase (decrease) in sundry creditors	(160,250)	562,232
Increase (decrease) in grants in advance	80,712	(548,545)
Increase (decrease) in employee benefits	(21,907)	30,941
	791,105	(410,807)

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

Note 16: Financial Risk Management

a) General objectives, policies and processes

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

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

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

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

b) Credit risk

Credit risk is the risk that the other party to a financial instrument will fail to discharge their obligation resulting in the Federation incurring a financial loss. This usually occurs when debtors or counterparties to derivative contracts fail to settle their obligations owing to the Federation. There is minimal concentration of credit risk with respect to receivables as the Federation has a long history of good collection of debtors. As a result, the credit quality of financial assets that are neither past due nor impaired is good.

The maximum exposure to credit risk is as follows:

	2009	2008
	\$	\$
Receivables	634,401	1,440,720

c) Liquidity risk

Liquidity risk is the risk that the Federation may encounter difficulties raising funds to meet commitments associated with financial instruments that is creditors. It is the policy of the Board of Directors that the Federation maintains adequate funds.

Maturity Analysis

	Carrying Amount	Contractual Cash Flows	< 6 months
2009	\$	\$	\$
Financial Liabilities			
Non-derivatives			
Current payables	573,184	573,184	573,184
	Carrying Amount	Contractual Cash Flows	< 6 months
2008	\$	\$	\$
Financial Liabilities			
Non-derivatives			
Current payables	733,434	733,434	733,434

d) Market risk

Market risk arises from the use of interest bearing financial instruments. It is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of the changes in interest rates (interest rate risk).

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

Note 16: Financial Risk Management (continued)

e) Interest rate risk

The Federation is constantly monitoring its exposure to trends and fluctuations in interest rates in order to manage interest rate risk.

Sensitivity Analysis

The following tables demonstrate the sensitivity to a reasonably possible change in interest rates, with all other variables held constant, of the Federation's surplus (through the impact on adjusted interest rate).

	Carrying Amount	+ 1% Interest Rate	-1% Interest Rate
2009	\$	\$	\$
Cash & cash equivalents	1,093,302	10,933	(10,933)
Increase/(decrease)	1,093,302	10,933	(10,933)

The above assumes all other variables remain constant.

The same analysis was performed for the period ended 30 June 2008.

	Carrying Amount	+ 1% Interest Rate	-1% Interest Rate
2008	\$	\$	\$
Cash & cash equivalents	318,628	3,186	(3,186)
Increase/(decrease)	318,628	3,186	(3,186)

The above assumes all other variables remain constant.

Note 17: Federation Details

The registered office of the Federation is:

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

Note 18: Segment Reporting

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

Note 19: Economic Dependency

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

Note 20: Related Party Disclosures

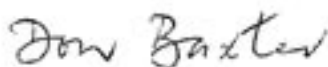
- The names of each person holding the position of director of the Organisation during the financial year are: Dr Graham Brown, Mr Rodney Goodbun, Mr Mike Kennedy, Ms Trish Langdon, Dr Jeffrey Grierson, Mr Robert Mitchell, Ms Louise Temple, Mr Nassim Arrage, Mr Dion Tatow, Mr Phillip Keen, Ms Cassy Sutherland and Mr Don Baxter.
- Key management personnel comprise of Mr Don Baxter (Executive Director), Mr Simon Donohoe (Education Program Manager), Ms Jill Mogridge (Financial Controller and Organisational & Member Services Manager), Mr David Traynor (International Program Manager) and Ms Abigail Groves (Policy & Communications Program Manager).
- Transactions between related parties are on normal commercial terms and conditions no more favourable than those to other parties unless otherwise stated.
- Income paid, payable or otherwise provided to key management personnel during the year was \$502,238 (2008: \$483,464). This included short-term benefits of \$461,946 (2008: \$451,664) and superannuation of \$40,292 (2008: \$31,800).

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30 JUNE 2009

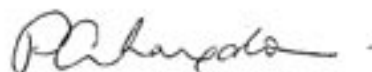
In the opinion of the Board, the financial report:

1. Presents a true and fair view of the financial position of the Australian Federation of AIDS Organisations Incorporated as at 30 June 2009 and its performance for the year ended on that date, in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that the Australian Federation of AIDS Organisations Incorporated will be able to pay its debts as and when they fall due.

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



Don Baxter – Executive Director



Trish Langdon – Treasurer

Dated this twenty-sixth day of September 2009

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

Scope

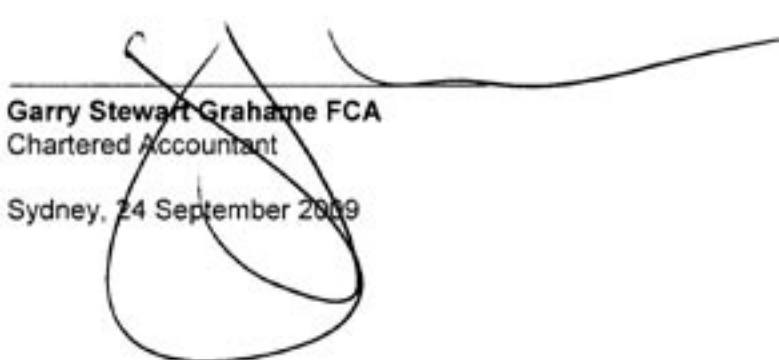
I have audited the Financial Report of Australian Federation of AIDS Organisations Incorporated for the financial year ended 30 June 2009, consisting of the Income Statement, Balance Sheet, Cash Flow Statement, accompanying Notes, and the Directors' Declaration. The directors are responsible for the financial report. I have conducted an independent audit of this Financial Report in order to express an opinion on it to the members of the Federation.

My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the Financial Report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the Financial Report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the Financial Report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and statutory requirements so as to present a view which is consistent with my understanding of the Federation's financial position, and performance as represented by the results of its operations and its cash flows.

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

Audit opinion

In our opinion the Financial Report of the Australian Federation of AIDS Organisations Incorporated presents fairly in all material respects, the financial position of the Australian Federation of AIDS Organisations Incorporated as of 30 June 2009, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).



Garry Stewart Grahame FCA
Chartered Accountant

Sydney, 24 September 2009

Masselos Grahame Masselos Pty Ltd ACN 001 933 268 Level 17, 44 Market Street, Sydney NSW 2000

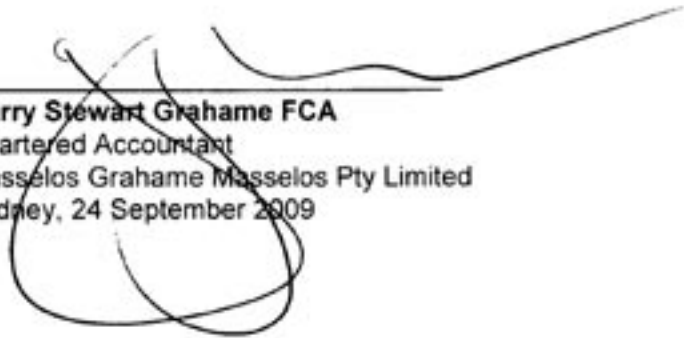
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Disclaimer

The additional financial information for the Income and Expenditure Statement is in accordance with the books and records of Australian Federation of AIDS Organisations which have been subjected to the auditing procedures applied in the statutory audit of the Federation for the year ended 30 June 2009. It will be appreciated that the statutory audit did not cover all details of the additional financial information. Accordingly we do not express an opinion on such financial information and no warranty of accuracy or reliability is given.

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



Garry Stewart Grahame FCA
Chartered Accountant
Masselos Grahame Masselos Pty Limited
Sydney, 24 September 2009

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2009

	2009 \$	2008 \$
Revenue		
Donations and Gifts	119,972	156,708
Grants		
AusAID	240,528	199,040
AusAID HIV Consortium	429,794	70,244
Health Department Grants	2,341,713	2,589,632
Investment Income – Interest	35,623	41,690
Other Income		
Overseas	57,129	3,192
Domestic	142,573	75,078
	3,367,332	3,135,584
Expenditure		
Overseas Projects		
Funds to overseas projects	377,684	199,100
Other project costs	167,892	74,879
Domestic Projects		
Community education	10,300	—
Other project costs	871,396	1,102,235
Administration		
Audit	22,000	10,000
Bank Charges	396	222
Contractors Fees	22,985	—
Depreciation Expense	14,226	12,308
Donations/Gifts	10,836	—
Doubtful Debts	—	35,019
Employee Assistance Program	2,197	3,005
Insurance	27,015	23,113
Leasing Expenses	—	2,158
Meeting Expenses	29,322	26,241
Office Equipment Expense	10,286	11,691
Postage and Freight	1,777	1,723
Professional Fees	68,247	14,827
(Profit) / Loss on Disposal of Assets	1,821	—
Rent and Electricity	97,959	81,055
Repairs and Maintenance	48,317	32,498
Resources and Subscriptions	41,194	8,755
Salaries and Wages	1,153,027	1,118,598
Staffing On-costs	16,992	4,007
Stationery and Office Supplies	17,837	11,798
Superannuation	98,162	95,519
Telephone, Facsimile and Internet	29,298	26,510
Travel	48,357	59,761
Website	52,773	37,503
Workplace Compliance	—	3,086
	3,242,296	2,995,611
OPERATING SURPLUS	125,036	139,973

THE AFAO BOARD

Graham Brown (President)

Educational qualifications: Bachelor of Business (Marketing) (Hon.), Postgraduate Diploma (Health Promotion), PhD.

Experience: Graham's personal and professional passion for the community response to HIV has spanned more than 15 years in the community, social research and public health policy sectors. Previously Education Manager at the WA AIDS Council, Graham joined the WA Centre for Health Promotion Research at Curtin University in 2003, where he is now a co-director and senior lecturer. Graham is involved in a number of HIV-related policy and research committees at state and national levels, and undertakes health promotion training, research and evaluation in collaboration with a range of community-based and government organisations. Graham has been living with HIV since 1996 and is an active advocate for the key role people with HIV and affected communities play within the partnership response to HIV.

Rodney Goodbun (Vice-President)

Experience: Rod has been involved with community-based HIV/AIDS work since 1989 including peer education, social research and training. He served on the Board of the Queensland AIDS Council for five years and as a President of the Queensland Association for Healthy Communities. Rod is active in a Brisbane-based community coalition advocating for GLBT rights and services. In recent times, Rod has worked in policy areas for the Queensland Government relating to drug and alcohol issues, housing, Aboriginal and Torres Strait Islander affairs, and climate change.

Trish Langdon (Treasurer): Western Australian AIDS Council

Educational Qualifications: Bachelor of Commerce (UWA), Bachelor of Social Work (UWA), Grad Dip Pub Health (UWA)

Experience: Trish is the current Executive Director of the WA AIDS Council and has previously served as the Chairperson of the Council. She worked in the AIDS sector in NSW in the early nineties and has worked in disability services and the public hospital system in WA in direct service delivery and managerial positions.

Mike Kennedy (Secretary): Victorian AIDS Council/Gay Men's Health Centre

Educational Qualifications: Bachelor of Arts (UQ)

Experience: Mike has been the Executive Director at the Victorian AIDS Council/Gay Men's Health Centre since 1999. Prior to this, he was General Manager at the AIDS Action Council of the ACT, and worked in the Commonwealth and Queensland public sectors in a range of finance and human resource management positions. Mike has held numerous voluntary positions in the HIV/AIDS sector since 1987.

Louise Temple (AIVL Representative) is a Community Development Worker at the New South Wales Users and AIDS Association (NUAA).

Nassim Arrage: Scarlet Alliance

Educational Qualifications: Bachelor of Science, Bachelor of Laws

Experience: Nassim is a community lawyer with a keen interest in community-based responses to social justice issues. He has been involved with community based HIV work from time to time as a volunteer since 1993.

Robert Mitchell: National Association of People living with HIV/AIDS (NAPWA)

Experience: Robert hails from Hobart and has a long association with the Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD,) having held various positions including that of Treasurer. Robert's long-standing commitment to his work with people living with HIV/AIDS in Tasmania led him to NAPWA as a voting representative for the State, until he eventually joined the NAPWA Board in November 2006. In the past year he has guided NAPWA using a combination of diplomatic leadership with a collaborative approach, harnessing the unmatched depth of knowledge of those around him and maintaining a commitment to inclusiveness for all people living with HIV/AIDS.

Jeffrey Grierson: Ordinary Member

Educational qualifications: BPsych (Hons) (JCU), PhD (LaTrobe)

Experience: Jeffrey is a Senior Research Fellow at the Australian Research Centre in Sex, Health and Society. He is the principal investigator on the HIV Futures studies in Australia and New Zealand. His research work covers the areas of HIV positivity, sexual and social networks, constructs and meanings of gay community, HIV health promotion, STI testing motivations and barriers, and male to male sexual practice in the Asia-Pacific region. In addition to twenty peer-reviewed publications, his body of work has been published in 43 monograph reports and he has presented more than 150 papers at national and international conferences. Jeffrey has worked in HIV/AIDS for over twenty years in the community sector, government and academia. He is chair of the Victorian AIDS Council Research Promotion and Ethics Committee.

Cassy Sutherland: Staff Representative

Educational Qualifications: Bachelor of Fine Arts (UNSW), Master of Arts Administration (UNSW), Master of Commerce (The University of Sydney – due to complete 2012)

Experience: Cassy is currently employed to implement the recommendations of AFAO's Organisation Review. Cassy is also the Public Officer of the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA). Prior to joining AFAO Cassy's background was in Arts funding and policy in both Federal and Local government. Cassy is studying Organisation Analysis and Strategy, intending to apply her studies to improve non-profit organisations.

AUSTRALIAN
FEDERATION
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Level 1, 222 King St, (PO Box 51)

Newtown NSW 2042

Telephone: 02 9557 9399

Facsimile: 02 9557 9867

www.afao.org.au