



AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS
ANNUAL REPORT 2009–10



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

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2009/10 was a ‘landmark year’ for ACON, and the organisation was presented with the 2009 Human Rights Award.

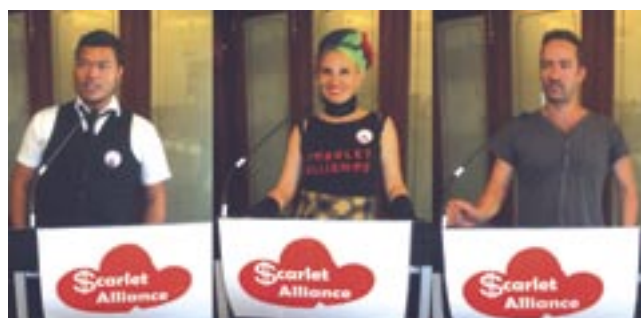
See the full ACON report on page 20.



In 2009/10, the Pacific Sexual Diversity Network Community Leadership Project (PSDN) continued to define best practice in the face of the global HIV pandemic. Pictured below are the PSDN membership at a Leadership Workshop in Vanuatu, February 2010. **See the full International Program report on page 9.**



Catherine Freeman attended the launch of Anwernekenhe — a cornerstone of the work of AFAO's Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA). **See the full ANA report on page 16.**



In 2009/10, Scarlet Alliance held their National Symposium, at Old Parliament House, Canberra, November 2009. **See the full Scarlet Alliance report on page 19.**

CONTENTS

PRESIDENT'S REPORT	2
EXECUTIVE DIRECTOR'S REPORT	4
POLICY AND COMMUNICATIONS	6
INTERNATIONAL PROGRAM	9
AFAO/NAPWA EDUCATION TEAM (ANET)	11
ORGANISATIONAL AND MEMBER SERVICES	15
ANWERNEKENHE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HIV/AIDS ALLIANCE (ANA)	16
NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HIV/AIDS SEXUAL HEALTH PROJECT (NATSI)	17
MEMBERS ORGANISATIONS' REPORTS	
■ SCARLET ALLIANCE, AUSTRALIAN SEX WORKERS ASSOCIATION	18
■ AIDS ACTION COUNCIL OF THE ACT (AACACT)	19
■ ACON	20
■ AIDS COUNCIL OF SOUTH AUSTRALIA (ACSA)	22
■ AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL)	23
■ NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS (NAPWA)	25
■ NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL (NTAHC)	27
■ QUEENSLAND ASSOCIATION FOR HEALTHY COMMUNITIES (QAHC)	28
■ TASMANIAN COUNCIL ON AIDS, HEPATITIS AND RELATED DISEASES (TasCAHRD)	29
■ VICTORIAN AIDS COUNCIL/GAY MEN'S HEALTH CENTRE (VAC/GMHC)	31
■ WESTERN AUSTRALIAN AIDS COUNCIL (WAAC)	32
AFAO MEMBER ORGANISATIONS	33
AFAO BOARD	34
AFAO AFFILIATE MEMBERS	35
FINANCIAL REPORT	36

2009–10 saw the culmination of the revitalisation of Australia's HIV response under the Rudd Government – with national leadership vigorously restored. Pivotal to this revitalisation was the establishment of the Ministerial Advisory Committee on BBVs and STIs (MACBBVS) in early 2009 which facilitated the completion of the five new National BBV and STI Strategies, all of which are significantly superior to those they succeeded.



Hopefully this welcome and productive environment of partnership and collaboration with the HIV and broader BBVS sector will continue to flourish in our new political environment, and enable the development of effective

implementation plans for the new National Strategies.

The year was also characterised by:

- a number of criminal prosecutions involving HIV transmission or exposure, and the consequent stigmatisation of people with HIV;
- growing understanding of the implications of HIV and ageing; and
- emerging evidence of the increasing vulnerability of our Indigenous communities to an HIV epidemic and of the complexities of HIV and international mobility.

The AFAO membership and Secretariat were able to maintain a strong engagement throughout the development of the new National Strategies, with major investments of 'goodwill' during a very rapid and intense consultation and drafting process. We achieved many improvements, including common principles underpinning all five BBV and STI strategies, and for the first time, measurable objectives and indicators relating to both transmission and impact of HIV within our communities.

The new strategies provide a strong basis for moving Australia's HIV and other STI and BBV responses forward, and for improving the health of communities most affected by HIV. I would like to express gratitude to my National HIV Strategy Writing Team Co-Chair, Andrew Grulich and to Michael Kidd, Levinia Crooks and everyone involved in the consultations and the writing team for maintaining the momentum and commitment.

During this past year Minister Roxon's office and her advisers remained active and responsive throughout the strategy development process. Parliamentary Secretary, the Hon Mark Butler, also continued his engagement with HIV issues, speaking at the AFAO Members Meeting in November 2009 and at the launch of the National HIV and National STI Strategies on 27 May, 2010, prior to the AFAO National Symposium on Prevention.

The Federal Government's promise of renewed national leadership, supported by the MACBBVS advisory structure, is becoming action. The committee is now focusing on the development of effective implementation plans and the detail of the monitoring and evaluation framework. I look forward to their finalisation in the very near future.

The MACBBVS work plan is very full, with multiple policy and strategy issues across the five strategies. It was heartening to see the formation of two important working groups – the Legal Working Group and the Research and Evaluation Working Group. These two groups will draw on the skills and experience of MACBBVS and other community members and experts to support the relevant strategy and policy advice agendas.

As detailed in the Executive Director's report, AFAO has also been active in monitoring the Government's wide-ranging Health Reform Agenda, as well as other key emerging and urgent issues in our response to HIV.

An area I am most alarmed about is the effective dismantling of the community-led HIV response in Aboriginal and Torres Strait Islander communities, and this must remain one of AFAO's highest priorities.

We have clear evidence of increased injecting behaviour in many of our Aboriginal communities, compounded by indefensible

incarceration rates of young Indigenous men. This is creating the very real potential for Australia to develop an injecting-initiated generalised epidemic in our Indigenous communities – which Australia has so far avoided. At the same time, Indigenous gay men and sisters continue to constitute more than 50% of HIV infections among Indigenous Australians.

At this critical time the Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health (OATSIH), has effectively dismantled the only national community of Indigenous HIV activists able to challenge entrenched beliefs at their communities' leadership level. This will have devastating consequences unless the Indigenous community response is restored and strengthened. Australia must learn from the disastrous results among Indigenous Canadian communities after decisions similar to OATSIH's were made in Canada in the 1990s.

It is necessary to again reiterate and reflect on some of the guiding principles contained in each of the five new strategies, namely:

‘...the recognition that those living with, and at risk of, infection are experts in their own experience and are therefore best placed to inform efforts that address their own education and support needs’¹; and that

‘Communities most affected by HIV are often best placed to respond to its impacts. The importance of continued co-operation and participation of those who are living with and affected by HIV in shared efforts to prevent the further transmission of HIV and to provide quality treatment, care and support to those living with HIV is acknowledged’.²

Within these contexts and developments it is imperative that we support a strong, sustained and Indigenous community-led response to HIV as part of the Australian response to HIV.

More generally, while Australia's HIV response to date has been largely effective in stabilising the rate of new HIV infections, we have not yet begun to drive the rate of new HIV infections down.

To achieve this we will need a modest increase in funding across the HIV program – which will be recouped in future savings in treatment and care costs. But these potential gains will be more than lost if the Government is not able to allocate some additional new funds given the adoption of the *First National Hepatitis B Strategy*.

I was fortunate enough to attend the 9th ICAAP Conference, held in Bali in August 2009. I also had the opportunity to attend the International AIDS Conference in Vienna in July 2010, and with the support of Curtin University, visited key HIV organisations working in similar contexts across Europe and USA. I look forward to building our relationships with fellow community organisations and drawing on broader experiences to take on the challenges ahead.

I am proud of the work of the AFAO Secretariat and membership through this year and I want to thank again my fellow Board members, the Member Organisations – including the new Affiliate Members, and the AFAO staff for their outstanding contributions throughout the year.

1 *National HIV Strategy 2010–2013 Guiding Principle Four*

2 *National HIV Strategy 2010–2013 Guiding Principle Five*

EXECUTIVE DIRECTOR'S REPORT

DON BAXTER

The past year has seen consolidation of the revitalisation of national leadership in Australia's HIV response – including finalisation of the five new National Strategies.



This productive environment has allowed AFAO to focus across the wide range of challenges arising from the Government's Health Reform Agenda and other priority policy issues, while also continuing to deliver a range of programs in HIV

prevention and health promotion nationally – and increasingly in the Asia Pacific region.

This improved environment has been marred only by the inexplicable decision by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to effectively terminate funding for the Indigenous community's proven and long-standing community response to HIV.

Strategy and Policy leadership and homework

National Strategies

AFAO President Graham Brown's role as Chair of the Expert Writing Reference group for the National HIV Strategy (along with AFAO's Michael Costello, as the Indigenous participant), produced a much improved HIV Strategy. Our interventions in the *Second STIs Strategy* (with AFAO's Simon Donohoe on the Reference Group) and the *Third Aboriginal and Torres Strait Islander BBVs and STIs Strategy* (with Anwernekenhe's Dion Tatow on the Reference Group), also strengthened those strategies considerably.

While there is still room for improvement, the overall result is a set of strategies that are far superior to those they replaced.

AFAO was also very pleased that Minister Roxon agreed to facilitate the formal launch of the *Sixth National HIV Strategy* and the *Second National STIs Strategy*, which we held on 27 May in Sydney in conjunction with our National Symposium on Prevention. We ensured that the launch – by Parliamentary Secretary for Health and Ageing, the Hon Mark Butler, assisted by MACBBVS Chair Professor Michael Kidd – achieved wide national publicity. This served as an ample demonstration that the Government's election commitment to revitalise Australia's HIV and BBVs response had been achieved.

Government's Health Reform Agenda

Concurrent with the strategies drafting and approval processes, AFAO maintained very active engagement with the Government's wide-ranging Health Reform Agenda. AFAO provided member organisations with analyses of the series of major reports produced through the year, including:

- the National Hospital and Health Reform Commission's report;
- the National Preventative Health Taskforce report;
- the *National Primary Health Care Strategy*;

- the *National Mental Health and Disability Employment Strategy*; and
- the COAG National Health Care Agreements.

These briefings were greatly appreciated by our members – particularly as the signing of the COAG Healthcare Agreements in April 2010 ushered in a rapid 'Transitions' phase affecting all states and territories. We assisted our Member Organisations to remain 'ahead-of-the-game' through a series of teleconferences, briefings and meetings with key Commonwealth, state and territory officials involved in planning the transition. We expect the intensity of this work to continue through the coming years.

Other priority policy issues

AFAO also initiated and/or engaged in discussion across the HIV partnership on a range of priority issues. Of particular note were:

- taking up NAPWA's invitation to work jointly on the range of complex issues arising from ageing with HIV – AFAO maintaining its focus on service provision at state/territory level, and mobilising the health and aged care sectors to the likely impacts over the next decade. This complemented NAPWA's analysis of clinical, research and personal health ramifications of ageing issues relevant to PLHIV;
- Progressing analysis and recommendations aimed at enabling Australia to 'catch-up' to best practice on availability of rapid HIV testing, toward enhancing our capacity to increase overall HIV testing rates;
- Re-emphasising the challenges faced by the increasing rates of injecting drug use in many Aboriginal communities – an issue first identified and prioritised at the 2002 Anwernekenhe National HIV Alliance Conference, but which governments and most communities have not engaged effectively with;
- Mobilising a cross-sectoral coalition of organisations to ensure comprehensive response to the Parliamentary Inquiry into Migration Treatment of Disability – our national forum on October 2009 informing our own submission to the Inquiry and facilitating the provision of comprehensive submissions from other community organisations;
- Conducting a National Symposium on Prevention in May 2010 with keynote speaker Professor Rob Moodie leading a day-long discussion of possible directions forward and challenges to be addressed;
- Continuing our 'below-the-radar' systematic initiative aimed at assisting people of Sub-Saharan African origin living in Australia to initiate a dialogue on HIV within their communities, a process which we will continue to foster through the coming year; and

- Underpinning the finalisation of the National Syphilis Action Plan for Gay Men, by holding a second National AFAO Syphilis Forum in November 2009.

In addition, we have prepared submissions to a range of other Government and Parliamentary Select Committee enquiries – as outlined in the *Policy and Communications* section of this annual report.

AFAO continued national media interventions and responses on HIV issues as appropriate and where opportunities arose. Media reports on criminal charges against ‘the Zimbabwean acrobat’ and a Sydney taxi-driver highlighted the need to reform the criminal law regarding HIV transmission and exposure. We made the most of the rare opportunity to reiterate the need for safe sex in the general community and articulate again the rationales for government policies on a wide range of HIV issues.

Our media interventions at the ICAAP Conference in Bali, in August 2009, contributed to a welcome announcement on World AIDS Day of \$3M for men who have sex with men (MSM) and HIV programs in the Asia Pacific region by Parliamentary Secretary the Hon Bob McMullan.

Aboriginal and Torres Strait Islanders – HIV response in severe jeopardy

The sound policy directions across most of Australia’s HIV response has been marred by a series of bizarre decisions by the Department of Health and Ageing’s Office of Aboriginal and Torres Strait Islander Health which have dangerously jeopardised an effective response in the Indigenous community at a critical time.

In the face of incontrovertible evidence of increased injecting behaviour in many Aboriginal communities – and resistance to harm reduction approaches from the leaderships within of most of those communities – the OATSIH has effectively dismantled the only national organisation of community HIV activists who are likely to be able to challenge those entrenched beliefs at the community leadership level.

Restoration of the capacity of the Anwernekenhe National Alliance to continue operating effectively to mobilise an effective grass-roots Indigenous response – as it has in effect done for the last 15 years, thereby preventing a sex-driven epidemic – is essential if an injecting-driven epidemic is to be avoided in Aboriginal communities.

Prevention and Health Promotion

Simon Donohoe’s report on the ANET Program outlines the wide range of campaigns, resources, issues papers and prevention and health promotion strategic leadership this flagship program provides.

Of particular note throughout this year has been ANET’s leadership on addressing the issue of increased rates of syphilis diagnoses

among gay men, facilitating the move from strategy development to implementation, and the policy analysis undertaken to shift Australia to improved HIV testing rates through appropriate availability of rapid HIV testing.

AFAO and the Regional and Global HIV epidemics

The 2009/10 year has been one of consolidation and evaluation of AFAO’s International Program, notwithstanding the severe pressures on the staff involved.

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 recommend your reading of it to gain an insight to the variety and extent of our work.

This year we commissioned a comprehensive, independent evaluation of our International and Regional Program. The consultant’s report sets out the many strengths and achievements of the program – but also major challenges in its staffing and resourcing – underlining the need to diversify our funding sources through some bold and concerted steps.

The evaluation is feeding directly into our development of a new Strategic Plan for the program, which is essential in light of the evaluation report and the uncertainty of the continued funding by AusAID of the HIV Consortium program after June 2011.

Our programs funded through the HIV Consortium, paralleled by funds direct from Sanap Wantaim in PNG and by our private donor’s funds, have matured and we can point to some major achievements, including:

- establishment of a national gay/MSM network in Indonesia with direct influence on their government’s policies, strategies and resource allocation;
- improved community advocacy skills and influence on governments in Indonesia and Laos arising from our Community Advocacy Initiative, undertaken jointly with APCASO;
- an emerging MSM and transgender leadership network in PNG – no small achievement given the difficult environment of PNG’s socio-political culture and its intense homophobia;
- strengthened PLHIV community organisations in all AusAID priority countries in the region through our energetic partnership with APN+; and
- establishment of an MSM regional network in the Pacific, now sufficiently robust to attract on-going funding from major Dutch aid agency, Hivos.

continues

AFAO's influence on global HIV policy has continued through my global roles as Vice-Chair of the board of the International Council of AIDS Service Organisations and as one of the Co-Chairs of the Global Forum on MSM and HIV, and also through David Traynor's appointment to the Communities Delegation to the Board of the Global Fund for AIDS, TB and Malaria.

On a less satisfactory note I have to report that while last year we were successful in getting the Government to give appropriately high priority to MSM in the new AusAID HIV Strategy, the Government has not matched this priority with anything like commensurate funding. Our advocacy and media work on the issue, particularly around the ICAAP 9 Conference in Bali in August 2009, did contribute to \$3M being allocated on World AIDS Day – but this figure is nothing like what Australia should be contributing if the out-of-control MSM HIV epidemics in all major Asian cities are to be effectively curtailed.

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. Our three new Affiliate Members, admitted at the November 2009 AGM, have attended many of our events and are very appreciative of their affiliate membership.

Our new Strategic Plan for 2010–2014 is in the final stages of development, following interviews with over 50 key stakeholders and very active input from our membership at the innovative two-day workshop on it, held in May 2010.

Our 2009/10 audit was again unqualified and while the overall financial outcome, a deficit of \$48,090, was disappointing this was not unexpected given the OATSIH's effective de-funding of our National ATSI HIV Project. Our Retained Earnings remain in excess of \$620,000.

Notable changes to our staffing have been the departure of Abigail Groves as Manager of Policy and Communications and the appointment of Linda Forbes to the position; and the departure of Financial Controller Jill Mogridge – after 15 years of sterling service to AFAO.

The AFAO Secretariat staff continued to produce high quality work consistently through the year and I would like to thank them and the Leadership Team for doing so, in a period when I was at times preoccupied with external issues.

Finally, my personal thanks to the AFAO Board, which has continued to provide much-valued leadership, strategic direction, political advice and personal support. This has ensured we have been 'early' on all significant issues and that AFAO and its Member Organisations continue to drive the national HIV agenda.

POLICY AND COMMUNICATIONS

LINDA FORBES, MANAGER POLICY AND COMMUNICATIONS

The Policy and Communications Team monitors issues relevant to the prevention of HIV among priority communities and the treatment, care and support of people living with HIV. The team consults and collaborates with AFAO Member Organisations to identify law reform and policy issues affecting the HIV response, providing leadership and support to members where appropriate. The team aims to provide HIV sector leadership through its advocacy for policy reform to inform, shape and sustain Australia's formal HIV response. The team maintains and develops AFAO's website and produces a range of publications including AFAO's magazine, *HIV Australia*.

2009/10 was a year of change, with the departure of Abigail Groves (we miss her laugh as well as her fabulous writing skills) and appointment of Linda Forbes as the new Policy and Communications Manager. Finn O'Keefe, previously Project Officer, was appointed to the newly created Communications Officer position in March 2010. AFAO and its members continued to benefit from the expertise of Website Officer, Jill Sergeant, and consultant Sally Cameron, who worked on a number of key policy issues. AFAO's contracted media advisor Phil Davey facilitated AFAO's media work.

National HIV Strategy

The development of the *Sixth National HIV Strategy*, the *Second Sexually Transmissible Infections Strategy* and the *Third Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy* was a major focus throughout the year, culminating in AFAO hosting the launch of the HIV and STI Strategies on 27 May, 2010. AFAO worked to ensure the strategies complement each other and combine to facilitate a reinvigorated partnership response to HIV and other BBVs. AFAO now seeks to ensure that Commonwealth implementation programs for the strategies provide integrated initiatives targeting affected and at-risk communities.

Health Reform Agenda

AFAO analysed the potential impact of the Commonwealth's expansive and complex health reform agenda as it was rolled out over the year, including its likely effect on the delivery of HIV care and prevention programs. We also critically examined and made submissions regarding the proposed e-Health initiatives, and analysed the government's preventative and primary health care proposals – presenting a briefing on these at AFAO's Educators Conference in May.

Ageing

Ageing has emerged as an issue of central significance for our members, given the ageing of the cohort of people in Australia

living with HIV, and the premature ageing of people living with HIV due to the effects of the virus itself and associated co-morbidities. Several Commonwealth inquiries around ageing are underway: most significantly the Productivity Inquiry into the Care and Support of Older Australians. The complexities of scientific and clinical developments regarding ageing and HIV are challenging and AFAO membership consultations have informed AFAO's policy advocacy on how to better meet the needs of people with HIV in health care, community care and residential care services.

Criminal cases

In 2009/10, policy staff continued to monitor the growing swathe of Australian and international cases of HIV-positive people charged with offences related to HIV exposure or transmission during sex. The circumstances surrounding such cases are increasingly varied, yet those convicted generally face harsh custodial sentences. The Policy Team consulted with AIDS Councils regarding emerging service issues where clients may be involved in an HIV-related criminal matter as accused, victim or witness, with staff potentially being called to provide evidence. Those consultations will inform AFAO's law reform and resource development work in the coming year.

Public Health laws

AFAO continued to monitor state/territory public health legislative amendments, leading a coalition of organisations in preparing a joint submission on the exposure draft of the *NSW Public Health Amendment Bill 2010*. The initiative represented a cross-sector strategy: a coming together of experts including HIV service providers, peak representative organisations, behavioural and epidemiological academics and clinical service providers. The submission highlighted the implications of the draft legislation for HIV prevention, care and support programs, focussing on disclosure and privacy issues. AFAO also made submissions regarding the South Australia Code for the Case Management of Behaviours that Present a Risk for HIV Transmission, and assisted the Western Australian AIDS Council in its submissions on proposed legislation for the regulation of the sex industry.

Our scrutiny of Australian public health laws and proposed amendments over 2009/10 highlighted the fact that the continued existence of problematic state/territory public health provisions can be counter-productive to prevention, care and support efforts, and points to the need for national harmonisation of state public health laws. This work reinforced our belief that the intersection of criminal and public health policies creates confusion in the justice and health sectors regarding the management of people believed to have placed or who may place others at risk of HIV infection.

Media

In November 2009, AFAO and Positive Life NSW held a media briefing for journalists, providing an opportunity to canvass the reasons for erroneous reporting of issues associated with HIV. The



Pictured clockwise from top left: Abigail Groves; Linda Forbes; Finn O'Keefe; Jill Sergeant; Don Baxter (in the hard hat) draws the winning *HIV Australia Reader Survey* entry, Andrew Sajbin (centre), Finn O'Keefe; and Abigail Groves and Finn O'Keefe with the winning entry and the winner's iPod.

briefing also provided a forum to outline the ways in which recent media reporting of criminal cases has worked to entrench stigma, in part because reporting of prosecutions constitutes the lion's share of mainstream media interest in HIV during the last few years. AFAO has endeavoured to leverage that media interest to provide a forum to speak nationally and directly to the Australian population about HIV risk arising from unprotected sex.

AFAO's May hosting of the launch of the *Sixth National HIV Strategy* and the *Second National STIs Strategy* received wide media coverage, and provided an opportunity for AFAO to proactively engage the media regarding HIV.

HIV and migration policy

AFAO made submissions to the Joint Standing Committee on Migration Inquiry into the Migration Treatment of Disability. To inform our submission and generate discussion among stakeholders, we hosted a half-day forum on HIV and Australian migration policy, attended by key migration lawyers, academics and policy advocates.

The Committee was receptive to community organisations' submissions and its recommendations address some of the inequities faced by people living with HIV under current policies. However, the Committee did not accept arguments that disability should not in itself preclude a refugee from being accepted by Australia. AFAO will continue to advocate for reform of this policy.

HIV among migrant communities

AFAO conducted several community consultations during the year to identify policy issues affecting the development and efficacy of prevention, care and support programs among Sub-Saharan African communities in Australia. These consultations will inform our work over the coming year in relation to policy advocacy and the development of media resources designed to counter negative stereotyping of migrants living with HIV, and the stigmatisation of people living with HIV generally.

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Briefings

The team provided briefings to members and other stakeholders on current issues relating to HIV over 2009/10, including briefings on:

- the *Report of the National Health and Hospitals Reform Commission*;
- the *Preventative Health Strategy*;
- the 2010 Federal Health Budget;
- the Proposed Health and Hospitals Network;
- the *National Primary Health Care Strategy*;
- the *National Preventative Health Strategy*;
- the *National Mental Health and Disability Employment Strategy*;
- the UN Convention on the Rights of Persons with Disabilities and Australian Migration law; and
- the National Compact.

Other submissions and representations

We responded to a number of calls for submissions over the year, including submissions on:

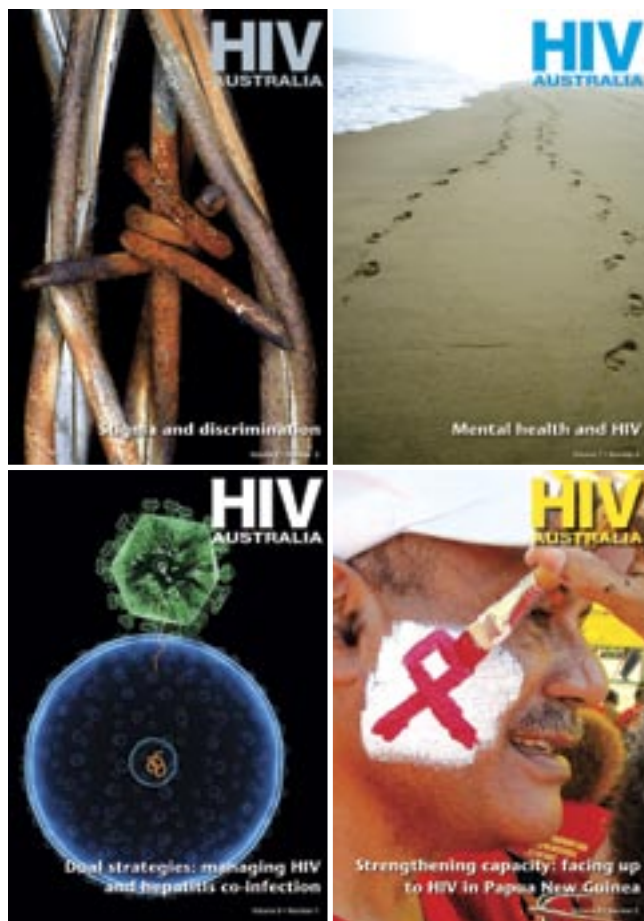
- the Exposure Draft of the *Healthcare Identifiers Bill*;
- the *National Drug Strategy Consultation Paper*;
- the 2010 Report against the *Core Indicators for the Joint UN Program on HIV*;
- the Consultation Paper on ISP Filtering;
- the Exposure Draft of the *NSW Public Health Bill* (AFAO submission and submission on behalf of the coalition of expert HIV organisations);
- the Australian Association of Social Workers Draft *Code of Ethics*;
- the Senate Community Affairs Reference Committee Inquiry into Planning Options for People Ageing with Disability;
- the draft SA Nursing and South Australia Nursing and Midwifery Board *Standards for the Prevention of Blood-Borne Virus Transmission to Patients and Others*;
- the *Healthcare Identifiers Bill*;
- the Inquiry into the Impact of Violence on Young Australians;
- the Review of Existing Supply and Remuneration for Drugs Listed under s100 of the *National Health Act*; and
- the Review of the South Australian *Code for the Case Management of People who Place Others at Risk*.

HIV Australia

This was another exciting year for *HIV Australia*, AFAO's flagship publication. With the assistance of our Editorial Advisory Committee, we continued to frame editions around key and emerging areas of interest. This focusing of content elicited great feedback from readers, nationally and internationally. Covers from *HIV Australia* published during 2009/10 are featured opposite.

The *HIV Australia* print run remains at approximately 3,400.

HIV Australia is also published online, with additional content included.



HIV Australia covers from 2009/10 editions.

www.afao.org.au

Website traffic continued to increase over 2009/10, with an average of 15,000 unique visitors and 70,000 page views per month at the close of the year.

We are in the final stages of developing a new website. The process to date has involved extensive consultations with AFAO membership, staff and other stakeholders. A web development sub-committee was established to consider options and oversee content migration to the new website.

AFAO again played a major role in organising the annual Making Links Conference on IT and web development for the community sector. AFAO's Website Officer chaired the Steering Committee for the sixth annual Making Links Conference, held in Melbourne in November 2009. Evaluation reports on the conference showed it to be a great success. The next conference will be held in Perth in November 2010.

INTERNATIONAL PROGRAM

DAVID TRAYNOR, MANAGER

2009/10 was a busy year for the AFAO International Program. On the project front, our four HIV Consortium programs continued their second year of implementation, roll out of the Papua New Guinea men who have sex with men (MSM) and transgender (TG) Leadership Development Project commenced, and the 9th round of the International Grants Scheme was launched and finalised.

At the programmatic level, the International Program's advocacy efforts continued to focus on the urgent need to increase investment in the rapidly escalating MSM and TG HIV epidemics across the region, as well as in community responses more generally. A comprehensive evaluation of the International Program was also completed.

It is not possible here to adequately describe the progress, failures and successes that occurred throughout 2009/10. As such, this report represents only the briefest overview of key International Program activities and outcomes. It does not do justice to the work and dedication of the AFAO International Program staff and Executive Director, our Regional and Australian partners, and the communities with whom we work.

Program development, staffing and management

After ten years with AFAO, Alex Turner moved on to greener pastures. Alex remains dearly missed by both staff and partners alike. We welcomed Matthew Tyne as International Programs Officer in September 2009. Matthew has extensive experience in HIV and sexually transmitted infection (STI) related programming in Australia and internationally, and has taken to the work of the program like a proverbial 'duck to water'. David Traynor was formally appointed as International Programs Manager, and Susan Chong remains with the program one day a week providing strategic advice on regional issues. Renee Parker and Danica Gluvakov, from AFAO's Administration Team, have taken responsibility for coordination of the International Grants Program, as well as administration duties related to the APN+/AFAO Positive Capacity Development Initiative.

Staffing levels continue to be a significant issue for the International Program with 2.2 full-time equivalent core staff coordinating an expanded and complex range of projects and activities. The funding context also remains challenging, as funding to cover program management and development costs remains elusive. Addressing these issues will be a priority throughout 2010/11.

A comprehensive 'whole of program' evaluation was conducted in early 2010. Undertaken by an independent consultant with extensive experience in the international HIV sector, the evaluation assessed the quality and effectiveness of four key program areas: partnerships; capacity development; advocacy; and internal systems and management. Overall, the evaluation found the

International Program was regarded by many as 'unique' and 'extraordinary', particularly noting the strength of our working relationships with our many regional program partners, and the programs' capacity and success in developing and implementing locally relevant and 'owned' programming. AFAO's international advocacy activities also rated highly with demonstrable outcomes evident at regional and global levels. The evaluation identified a number of challenges facing the program, the most critical of which are inadequate staffing levels and the necessity to diversify our funding base. Also highlighted was the need to further develop internal policies and systems, and to strengthen communication and engagement with AFAO's domestic constituency. The final evaluation report will be ready for broad dissemination in September 2010, and its recommendations implemented over the coming 18 months.

AFAO's advocacy on lack of investment in responding to HIV amongst MSM and TG communities in Asia and the Pacific regions paid some dividend in late 2009, with AusAID allocating three million dollars (over three years) to support MSM and TG programming in Indonesia, Papua New Guinea and Myanmar. AFAO's Executive Director continues as Co-Chair of the Global Forum for MSM, acting as a vocal advocate for strengthened community responses to the escalating MSM and TG epidemics at the regional and global level.

David Traynor has joined the Communities Delegation to the Board for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), working with the delegation to advocate for increased prioritisation of community system investment and for most affected communities.

The International Program has participated in countless national and international policy development processes over the year, including input into the new *Papua New Guinean National HIV Strategy*, The GFATM Community Systems Strengthening Framework, and the GFATM Sexual Orientation and Gender Identity Strategy.

Projects and programs

The scope and complexity of the International Program's regional activities continues to grow, with six sub-programs now under management. The geographic footprint of activities has expanded throughout 2009/10, with the Program directly implementing or supporting projects in Indonesia, Lao PDR, Vietnam, Papua New Guinea, Myanmar, Nepal, Thailand, and at the Asia, Pacific and African regional levels.

The AFAO/APCASO Community Advocacy Initiative

Implemented in partnership with the Asia Pacific Council of AIDS Service Organisations (APCASO), the Community Advocacy Initiative (CAI) works at both country and regional levels in Asia. The CAI Program aims to strengthen advocacy capacity of HIV related CBOs in Indonesia, Lao PDR and Vietnam, as well as to support the further development of the APCASO Secretariat. Key achievements and activities include:

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- roll out of the CAI advocacy skills development program, including ongoing support and mentoring to 20 community representatives in Lao PDR;
- development and implementation of four advocacy action plans produced by Lao program participants;
- support for, and mentoring of, the Indonesian Community Advocacy Network (CAN) and assistance with the development of organisational/governance structures and a strategic plan;
- development of Vietnamese program activities and tools, identification of a local implementing partner (Vietnam Civil Society Platform for AIDS), and the first meeting of program participants; and
- assistance to the APCASO Secretariat in the development of the *APCASO 2011–2015 Strategic Plan* and draft regional advocacy strategy.

Strengthening the Indonesian Network of Gay Men, Waria and MSM

AFAO has continued its support to the Indonesian Network of Gay Men, *Waria* (transgender) and MSM (GWL-INA) throughout 2009/10. The program aims to assist the Network to strength organisational and governance systems of the GWL-INA National Secretariat. Key achievements and activities include:

- assistance in the further development of governance structures, and organisational membership data and communication systems;
- advocacy in conjunction the GWL-INA to secure ongoing sustainable funding for the Secretariat;
- implementation of a Social Research Workshop (in partnership with the Australian Research Centre for Sex Health and Society) for GWL-INA members; and
- support for the 2nd National Meeting of the GWL-INA membership.

The AFAO/ACON/Pacific Sexual Diversity Network Community Leadership Project

Implemented in partnership with ACON, the Pacific Sexual Diversity Network Community Leadership Project (PSDN) aims to strengthen leadership and governance amongst PSDN membership, and the PSDN Secretariat itself. Key achievements and activities include:

- support to the PSDN to develop, finalise and launch its *Strategic Plan 2010–2013*;
- development and production of information resources on organisational and governance development;
- a train the trainers workshop held for PSDN members; and
- the third Leadership Development Workshop held with PSDN members.

The APN+ Positive Capacity Development Initiative

Implemented by the Asia Pacific Network of People Living with HIV (APN+), the Positive Capacity Development Initiative aims to assist the development of sustainable, effective, country and regional level PLHIV organisations and networks. The Initiative has focused on strengthening organisational and individuals' capacity

to represent their communities, advocate for their rights, and to contribute to effective responses to HIV and AIDS. AFAO provides to APN+ assistance and support in project development and coordination, contract and finance management, and evaluation. Key achievements and activities include:

- ongoing support for the Timor-Leste PLHIV community to develop and establish a national network;
- mentoring and support exchanges between the Thai Network of People Living with HIV and the Laos Network of People Living with HIV;
- appointment of a Treatments Advocacy Officer at the APN+ Secretariat;
- support, mentoring and locally tailored programming with PLHIV networks in Vietnam, Indonesia, China and Fiji;
- a UNGASS training workshop for PLHIV Networks from the region; and
- public speaking skills development with members of the Myanmar Positive Group.

The AFAO/PSP/QAHC PNG MSM and TG Community Leadership Project

Implemented in partnership with the Poro Sapot Project (Save the Children PNG) and the Queensland Association of Healthy Communities, the overall aim of this project is to strengthen the capacity of the MSM and TG communities in PNG to engage in the development of programmatic and policy responses to HIV. Key achievements and activities include:

- facilitating and organising the participation of eight PNG MSM and TG representatives at the International Conference on HIV/AIDS in the Asia Pacific, and the MSM Pre-Conference Satellite in Bali;
- skills development activities in community leadership, communication and public speaking and project planning;
- assisting the MSM and TG community to participate in the development of the PNG National HIV Strategy; and
- delivery of the first ever PNG community consultation on MSM and TG issues held in Lae.

The AFAO International Grants Scheme

The ninth round of the AFAO International Grant Scheme was launched and finalised in early 2010, with a diverse range of community-based organisations and projects receiving much needed funding. Organisations funded include:

- Punarbal Plus, Nepal;
- The Myanmar Positive Group, Myanmar;
- The HELP, Myanmar;
- The Gessang Foundation, Indonesia;
- The GWL-INA Indonesian National Network, Indonesia;
- Positive Voices, Asia Regional;
- The Vietnamese Network of People Living with HIV, Vietnam;
- The Laos Network of People Living with HIV, Lao PDR; and
- The African Men for Sexual Health and Rights, Africa Regional.

AFAO/NAPWA EDUCATION TEAM (ANET)

SIMON DONOHUE, MANAGER



Pictured anticlockwise from above: World AIDS Day 2009, PNG.; Our friends and partners at The Poro Sapot Project, PNG; International Program Team staff – David Traynor; Susan Chong; Matthew Tyne; APCASO AFAO Planning Meeting in October 2009; the PSDN membership at a Leadership Workshop in Vanuatu, February 2010; and our friends and partners at ICAAP in Bali.

The AFAO/NAPWA Education Team (ANET) provides national leadership to the Australian community-based education and health promotion response to HIV by:

- developing and disseminating policy briefing papers and discussion papers on pertinent HIV prevention and health promotion issues;
- coordinating and undertaking information and policy analysis, and providing advice to the staff of AFAO and NAPWA member organisations on best practice in health education and health promotion;
- developing HIV and STI social marketing and health promotion campaigns and initiatives, as well as web and print-based information resources for communities affected by HIV; and
- creating and coordinating workforce development opportunities that build on and enhance the capacity of AFAO and NAPWA staff, and staff of their member organisations.

ANET principally works within the disciplines of health promotion, community development and adult learning. ANET staff work in collaboration with AFAO and NAPWA member organisations' staff and volunteers on initiatives that are developed at a national level and implemented locally.

Over the last year, ANET staff provided valuable leadership and input to national policy development in several key areas including HIV-related stigma and discrimination, rapid HIV testing, sexual risk reduction, and decreasing the incidence of syphilis among gay men and other men who have sex with men. Additionally, ANET has provided significant input into the development of the *Sixth National HIV Strategy* and the *Second National Sexually Transmissible Infections Strategy*, both of which were launched by the Parliamentary Secretary for Health, The Hon Mark Butler MP, at ANET's National Symposium on Prevention in May 2010.

These new National Strategies provide a clear indication of the federal government's priorities regarding HIV and STIs education, policy, treatment, care and support over the next three years. Consequently, AFAO has contracted Ms Rigmor Berg and Mr Ross Duffin to undertake a series of consultations with AFAO and NAPWA members and other key stakeholders to inform the development of a new ANET strategic plan. That plan will guide the work of ANET over the coming years. It aims to align ANET's activities with both the priorities of the relevant national strategies and needs of AFAO and NAPWA membership. The ANET Strategic Plan is due to be completed in September 2010.

Policy analysis

Rapid HIV testing

In October 2008, a policy reference group on Rapid HIV Testing (RHT), led by ANET staff, was formed to advise the AFAO

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Board and 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 RHT services operating overseas. Subsequently, consultations were held with the National Reference Laboratory (NRL), the Therapeutic Goods Administration (TGA), manufacturers of rapid HIV test kits, ASHM, and sexual health services in NSW, Victoria and Queensland. Specific consideration was given to issues relevant to Aboriginal and Torres Strait Islander people, General Practitioners, sex workers and people from culturally and linguistically diverse backgrounds.

The outcomes of these consultations were presented to the AFAO Board, which endorsed a revision of AFAO's HIV Testing Policy to support the licensing of rapid HIV tests for use as screening tests at point of care in Australia, particularly for use with populations with relatively high HIV prevalence, such as gay men and other men who have sex with men (MSM). The review also resulted in the development of a raft of recommendations to further progress the introduction of RHT technologies in Australia.

Risk Reduction

On the recommendation of the AFAO Education Manager Forum (EMF), the AFAO Board approved the establishment of a Policy Reference Group to investigate and propose an AFAO position and policy on the use of risk reduction strategies for sex between men. This Risk Reduction Policy Reference Group met several times during the last quarter of 2009/10 and has determined the aims and scope of the group, which include:

- developing a policy paper on risk reduction for consideration by the AFAO Board;
- providing some evidence to support campaigns and other resources that don't have condom use as the main HIV and STIs prevention message;
- overseeing a review of current literature on the effectiveness of different risk reduction strategies; and
- considering other factors in relation to risk reduction strategies, apart from reducing HIV transmission. For example: what other policies need to be in place (testing; STIs)?; what other practices need to shift?; and, which strategies potentially undermine our commitment to reducing stigma and discrimination towards HIV-positive gay men?

A literature review on risk reduction has been completed and is under consideration by members of the Risk Reduction Policy Reference Group. Additionally, the findings of the literature review were presented to the health promotion staff of AFAO and NAPWA membership at the HIV Educators' Conference on 25 May, 2010.

Gay men and syphilis

Rates of infectious syphilis have significantly increased among gay men and other MSM in a number of Australian jurisdictions since the late 1990s. In late 2008, the Blood Borne Viruses and Sexually Transmissible Infections Sub-Committee (BBVSS) of the Australian Population Health Development Principal Committee (APHDPC) committed to the development of a national action plan to respond to the rise in syphilis notifications among gay men. This

initiative was led by NSW Health and supported by the National Centre in HIV Epidemiology and Clinical Research (NCHECR) and AFAO as key partners.

The first phase in the development of the National Gay Men's Syphilis Action Plan (NGMSAP) involved the identification of variables affecting syphilis incidence, setting targets for changes in key areas such as testing and partner notification, and social research with gay men on the acceptability of related interventions and behaviour change. This resulted in the development of a technical report that included mathematical modelling evidence and research results on the acceptability of various interventions for controlling syphilis among gay men.

The second phase of the initiative involved the development of a draft programmatic response to identify and plan the activities necessary to achieve the targets identified in the Phase A Technical Report. Consequently, ANET ran a national forum to consider and seek endorsement for the draft implementation plan from the AFAO and NAPWA membership, clinicians, health officials, and social researchers. The forum provided an opportunity for participants to collectively discuss the implications of the NGMSAP for health promotion activities within their organisations and to endorse the Action Plan's priority actions.

Discussion Papers and Monographs

During 2009/10, ANET has also drafted and/or coordinated the development of two other important discussion papers to inform sound policy and appropriate educational interventions:

■ **Pre-Exposure Prophylaxis (PrEP): Preparing for trial results**

This discussion paper provides a briefing on the imminent release of interim data of a PrEP trial among injecting drug users in Thailand, as well as trials being conducted among MSM in Brazil, Ecuador, Peru, and South Africa. The paper discusses the potential impact of PrEP on behavioural risk for HIV, who would benefit most if PrEP proved to be efficacious, and the potential effect PrEP may have on HIV incidence.

■ **Trick or Treat? Antiretroviral therapy as HIV prevention**

There has been widespread debate about the role of ARV therapy in preventing HIV transmission since the publication of the *Swiss Statement* in January 2008. This discussion has intensified in the last two years with the publication of various epidemiological models that examine the potential impact of early and extensive ARV therapy on HIV transmission at a population level.

Although the debate is far from over, ANET invited a group of authors from the Australian HIV sector to consider the issue of ARV therapy as prevention, with a particular focus on recent debates and their application to the Australian context. The resulting Monograph, *Trick or Treat? Antiretroviral therapy as HIV prevention*, is the first in AFAO's *HIV Biomedical Prevention Series*, and it makes an important contribution to the therapy as prevention debate.

Campaign development

HIV stigma and discrimination campaign: FearLessLiveMore

Target group: Gay men and people living with HIV

Building on the formative research on HIV-related stigma and discrimination undertaken in 2009, AFAO and the National Centre in HIV Social Research conducted an online survey to explore the issue of HIV-related stigma in a more focused and systematic way, and to directly compare experiences of people living with HIV and attitudes of people not living with HIV. In particular, this the Barometer Survey focused on stigma related attributions, feelings and exclusion. The survey went live on World AIDS Day 2009 and was run for eight weeks. More than 1,850 surveys were completed, with the vast majority of responses (1,260) being from gay or other men who have sex with men. Analysis of responses from gay/MSM respondents showed that experiences of stigma and discrimination were highest in the relationship and sex domains, and that this serostatus-based sexual divide in the gay community seems related to a motivation of men not living with HIV to protect themselves from infection.

Armed with the information gleaned from this survey and the formative market research undertaken in 2008/09, AFAO has developed the FearLessLiveMore campaign, comprising a set of five posters/postcards covering the issues of: HIV transmission; dispelling stereotypes of PLHIV; the use of non-stigmatising and non-discriminatory language; exposition of successful serodiscordant relationships; and resilience for PLHIV facing rejection and discrimination. The campaign is supported by an accompanying website, www.fearlesslivemore.org.au, which will expand over the course of the campaign.

National syphilis campaign: Syphilis Is Spreading – Get Tested Now

Target group: Gay men and people living with HIV

ANET has nationalised a social marketing campaign developed by AFAO member organisation ACON, as a means to implement the National Gay Men's Syphilis Action Plan (NGMSAP) mandate to increase testing and partner notification rates for infectious syphilis. The campaign aims to increase gay men's awareness of syphilis, and encourages sexually adventurous and highly sexually active gay men to be tested for syphilis at least twice a year. It also carries specific messages for HIV-positive men about increased transmissibility of HIV during concurrent syphilis infections, and encouraged them to ask for a syphilis test with every HIV check-up. The ANET campaign also carries a message not included in the original ACON campaign, regarding the importance of notifying sexual partners of a positive syphilis test result, which was a priority strategy identified in the NGMSAP.

Campaign implementation

The Drama Downunder

Target group: Gay men

Materials for the second phase of *The Drama Downunder* campaign were approved in November 2009, with implementation beginning soon after. The campaign includes new imagery, an STI booklet and materials for doctors to promote STI testing among

gay men. It highlights several new content areas and further promotes the interactive reminder and notification services offered on the website.

Resource development

HIV-Positive Gay Sex (3rd Edition)

Target group: HIV-positive gay men

Originally produced in 1997 and reprinted in 2002, the *HIV-Positive Gay Sex* booklet is one of a very small number of sex-positive resources that addresses issues related to HIV and STIs from the perspective of HIV-positive gay men. It has been praised both domestically and internationally as best practice in this regard. This 2010 (3rd) edition of the booklet has been completely redesigned and updated to include sections on: the *Swiss Statement*; reinfection, superinfection and the transmission of drug-resistant strains of HIV; sexual transmission of hepatitis C; and the resurgent epidemic of syphilis among Australian gay men.

HIV Living Fact Sheets Series

The Education Team also continued its production of the *HIV Living Fact Sheets* series on issues of ongoing or emerging interest.

These include:

Target group: HIV-positive people

- 'Reproductive Options for HIV-Positive Men': for those positive men who are considering or are interested in having children using their own sperm.
- 'Living with HIV and Hepatitis C': a co-morbidity that is estimated to affect around 13% of people living with HIV in Australia.

Target group: Gay Men

- 'Gay Men & Syphilis': detailed information on the resurgent epidemic of syphilis among gay men in Australia.

Both 'Living with HIV and Hepatitis C' and 'Gay Men & Syphilis' were adapted, with kind permission, from resources produced by Positive Life NSW.

Resource production and distribution

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

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

This booklet is designed to increase awareness and understanding of the ageing process among people with HIV and accompanying co-morbidities, and the possible health consequences of long-term ARV therapy. It includes information about how to remain healthy and age well while living long-term with HIV. This booklet is available from local AIDS Councils and PLHIV organisations.

Top Tips for Living Well with HIV

Target group: People Living with HIV

Top Tips was originally produced in 2007 as a booklet outlining 25 different facts that people living with HIV should know. It was designed as a quick checklist of the reader's personal knowledge and a stimulus to finding out more information. The resource was

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revised and updated in 2009, and redeveloped into a website (www.hivtoptips.org.au) with more detailed information to accompany each tip.

A second booklet was produced in plain English for people from culturally and linguistically diverse backgrounds. It is available through local AIDS Councils and PLHIV organisations.

Training and Capacity Building

2010 HIV Educators' Conference

The biennial HIV Educators' Conference is the key forum specifically addressing the training and information needs of HIV educators throughout Australia. It is designed for people who work in HIV health promotion, research and policy, with a particular emphasis on gay men and people living with HIV. The Educators' Conference is one of AFAO's key initiatives to support workforce development in the HIV community sector.

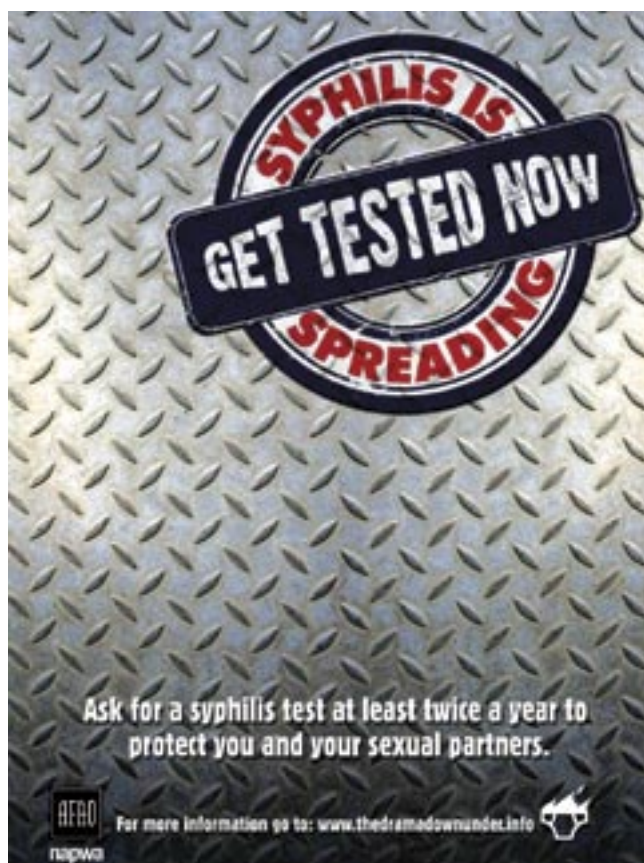
This year's conference was held from 24–26 May in Sydney. It attracted more than 160 participants from Australia and New Zealand, making it the largest Educators' Conference to date. The conference theme was 'Tackling Stigma: Pride, Prejudice & Prevention', featuring Dr Ford Hickson from Stigma Research, UK, as the keynote presenter. There were more than 80 oral presentations, including skills building workshops, and project and research reports. Plenary presentations covered HIV stigma and discrimination (the conference theme), HIV and (premature) ageing, and the future direction of health promotion.

National Symposium on Prevention

The establishment of the National Preventative Health Taskforce in April 2008 was an important component of the Rudd Government's health reform agenda. The Taskforce was charged with the development of the National Preventative Health Strategy, resulting in the release of *Australia: the healthiest country by 2020: National Preventative Health Strategy*.

AFAO's National Symposium on Prevention was devised to provide an opportunity for the leadership of the community-based HIV sector and others engaged in public health policy and health promotion, to learn about the work of the Taskforce to date and consider how the National Preventative Health Strategy and the proposed National Prevention Agency will impact on the future of health promotion work in the areas of HIV and STIs, and in building responses to the health needs of LGBT communities.

This symposium was held the day after the HIV Educators' Conference (27 May), and was attended by over 80 participants. Speakers included: the Parliamentary Secretary for Health, The Hon Mark Butler MP (who also took this opportunity to launch the *Sixth National HIV Strategy* and the *Second National Sexually Transmissible Infections Strategy*); Prof Rob Moodie, Chair of the National Preventative Health Taskforce; Dr Graham Brown, AFAO President and Director of the Western Australian Centre for Health Promotion Research; as well as a range of presenters from the HIV community and LGBT health and research sectors.



Pictured top ANET's syphilis campaign; **centre** the *HIV Positive Gay Sex* campaign; **above L–R** ANET'S Simon Donohoe; Phillip Keen; Ben Wilcock; and Dean Murphy

ORGANISATIONAL AND MEMBERS SERVICES (OMS)

JILL MOGRIDGE

Once again it has been a busy and challenging year with many changes within AFAO, largely triggered by our 2008/09 Organisational Review. Whilst undergoing considerable restructuring, we have maintained support and services to staff, the AFAO Board and Members.

OMS Team and Organisational Review

The final implementation stage of the Organisational Review was instigated in the first six months of the financial year. One of the Review's recommendations was the restructuring of the Organisational and Member Services (OMS) Team to operate more effectively to meet AFAO's changing needs. Consequently, the OMS Team no longer exists, being replaced by two separate teams: the Finance Team and the Administration Team. With her work completed, Cassy Sutherland, who so ably steered us through implementation of the Review's recommendations, left AFAO in January to take up further studies.

Financial Systems Review and Finance Team

Another of the Organisational Review's recommendations was that there should be an external review of AFAO's financial management, systems and structure. This review occurred during the first few months of the year. As a consequence, Finance Section staffing roles have been restructured. A new, full-time Finance Officer position was created. Terry Hines left the team after three and a half years with AFAO, and Sarita Ghimire joined AFAO as Finance Officer at the end of March. The Financial Controller position is currently transitioning to a part time supervisory role (yet to be appointed), as Jill Mogridge will be retiring early in the new financial year. AFAO's Finance Policy will be reviewed by Board and management during the next financial year. In the meantime, we have continued to review and update our systems to enable more efficient day-to-day operation and reporting.

Administration of AFAO

Implementation of a new way of 'administering' AFAO began early in the new financial year. Andrew Sajben (previously a member of the OMS Team) was appointed as Office Coordinator, and two Administration Assistants were recruited in September: Danica Gluvakov and Renee Parker. Together, the team manages the day-to-day running of the organisation. Whilst taking on and/or assisting with administration duties across several AFAO teams (including the International Program), they have instigated a complete restructure of AFAO's resource storage facilities and central library. The team has also organised various meetings,

seminars, forums and symposia, the bi-annual ANET Educators Conference and, of course, the AFAO six monthly Members General and Annual General meetings. The team has also been able to assist the Anwernekenhe National Alliance (the ANA) with their Board meetings and Annual General Meeting.

IT and Other Technology

The Administration Team, with assistance from Simon Donohoe (Manager of ANET), coordinates the maintenance and ongoing requirements of our IT system and other technical devices. Mark Street and Michael Hogan, our IT external contractors, continue to provide up-to-date systems advice and maintenance.

Whilst now working differently, we are operating more effectively and in a revitalised way. We move forward to the coming year with enthusiasm.



Pictured clockwise from bottom left: Danica Gluvakov; Renee Parker; Jill Mogridge; Andrew Sajben; and Sarita Ghimire.

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

COLIN ROSS, CHAIR

The ANA held its second Annual General Meeting in Melbourne in November 2009. Since that meeting, the ANA has continued to focus on promoting the ANA Committee with a view to increasing membership, developing partnerships with other stakeholders working in HIV, and generally working toward consolidating our position as the leading organisation representing Aboriginal and Torres Strait Islander (ATSI) individuals, communities and organisations on HIV issues.

To this end, the ANA continues to:

- provide input regarding issues for ATSI people in the development of HIV treatment and prevention policies, including Dion Tatow's input as a member of the Expert Reference Group for the Third National ATSI BBV and STI Strategy;
- work on the development of a declaration for Aboriginal and Torres Strait Islander people on HIV;
- establish the roles and responsibilities of the ANA committee; and
- advocate on behalf of the ANA, its membership and constituency.

The ANA Committee consists of: **Colin Ross** Chairperson, representing Gay Men; **Gail Jones** Secretary, representing Women; **Michelle Tobin** Treasurer, representing HIV-Positive People; **Neville Fazulla** Ordinary Member; **Mario Soki** Founding Member, representing Meriba Dhoenyidhay Yabu District Health Community Council, Torres Strait Islands; **Wilo Muwadda** Founding Member, representing the Positive Aboriginal and Torres Strait Islander Network (PATSI); **Michael Costello** Founding Member, representing AFAO; **Siri May** Organisational Member 1: ACON; **Simon O'Connor** Organisational Member 2: QPP; while the Sistergirls and Organisational Member 3 positions are currently vacant.

Remarkable support for what we do

The support the ANA has received from AFAO and its membership has been remarkable. Although the ANA has not met for many months, it is important to note that much work is happening between AFAO and the ANA to secure our role in the HIV response over many years to come. This relationship will continue as we work towards strengthening our role as the only democratically elected, community-based organisation representing the interests of the ANA and Aboriginal and Torres Strait Islander people in relation to HIV.

Funding Issues

During the last year, the ANA has had some difficulties securing ongoing funding. As was stated in the last ANA Report, the main



Pictured above, L-R: Dion Tatow, Colin Ross, Simon O'Connor, Gail Jones, Michelle Tobin, Michael Costello, Wilo Muwadda.

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. The ANA and AFAO believe such action is entirely inappropriate and we have been in negotiations with OATSIH and the Minister's office about this proposed shift.

The ANA having the political will to advocate

Colin Ross (ANA) and Don Baxter (AFAO) secured a meeting with the then Minister for Aboriginal Health, the Hon Warren Snowdon. We received assurances that if re-elected, the Minister would review OATSIH's decision-making processes and also establish a Prevention Roundtable, involving the ANA and other key stakeholders.

Both ANA and AFAO remain very concerned that conditions among Indigenous Australians reflect those in Canada in the 1990s, which preceded a rapid increase in HIV reporting among Aboriginal Canadians attributed to injecting drug use. ANA and AFAO will continue to pursue better understanding and, hopefully, OATSIH funding, so as to ensure the Canadian Aboriginal HIV experience is not repeated here in ATSI Communities

ANA membership is growing

It is a pleasure to report that ANA individual membership has increased tenfold since the Inaugural Annual General Meeting in 2008. It shows our community has a strong interest in what we do as an Alliance, although clearly we have some work to do to increase organisational engagement with core issues.

ANA Administrative Support

The AFAO NATSI Project has continued to provide administrative support to the work of the ANA. The NATSI project worked closely with the ANA as it prepared for its second Annual General Meeting in 2009. That meeting also included an opportunity to review and consider strategies for commencement planning for Anwernekenhe 5: our fifth national conference. The AGM represented the commencement of a consultation and planning process with key HIV and Aboriginal and Torres Strait Islander stakeholders aiming to deliver a targeted, informative and highly constructive fifth national conference.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER (NATSI) HIV/AIDS PROJECT

SIMON DONOHOE, MANAGER

The past year has seen a range of positive project developments despite clear funding constraints. The National Aboriginal and Torres Strait Islander HIV/AIDS Project (the NATSI Project) received no funding from the Office of Aboriginal and Torres Strait Islander Health (OATSIH) for the first six months of program activities (July to December, 2009), but was funded for the period January to July, 2010.

Policy Advocacy and Coordination

Staff of the NATSI Project provided input into the development of the *Sixth National HIV Strategy* through participation on the HIV Expert Writing Reference Group. The NATSI Project also undertook national coordination of the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) and the Aboriginal and Torres Strait Islander Project Officers Network (ATSIPON) contributions to the *Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy*.

Following completion of *Straight Talking: A best practice guide in HIV and sexual health promotion for workers in Aboriginal and Torres Strait Islander sexual health*, OATSIH asked that AFAO develop a policy briefing paper relating to recruitment and retention. The NATSI Project accommodated this request, developing a paper that will not only assist OATSIH but also the AFAO membership to address the long-standing workforce issues relating to effective recruitment and retention of Aboriginal and Torres Strait Islander workers in the HIV and sexual health sector.

Education and Prevention

ATSIPON is a national forum, convened by AFAO on behalf of its member organisations. ATSIPOON's objectives are to support and promote the work of Aboriginal and Torres Strait Islander workers, their projects and the community in relation to HIV and sexual health education and health promotion.

The ATSIPOON Annual Forum for 2010 was held over three days from 15 to 17 June, 2010. The theme of the 2010 annual forum was 'Enhancing our Workforce'. The program of activities included:

- finalisation of the AFAO policy briefing paper on effective recruitment, retention and training strategies for ATSI Sexual Health Workers;
- a visit to the Gurriny Yealamucka Aboriginal Medical Service in Yarrabah, which included a meeting with sexual health workers and management;
- accredited training for all attending members who completed a one day course on project management; and
- project presentations.



The 'Yarns' website.

A comprehensive report was produced on the forum, detailing all of the above and key outcomes, including an evaluation of the meeting.

The NATSI Project has also completed the development component of an STI partner notification website targeting Aboriginal and Torres Strait Islander peoples, entitled 'Better to Know'. The website aims to address the continuing high rates of STIs in Aboriginal and Torres Strait Islander communities. It will carry targeted information in accessible language on a range of STIs, to facilitate accessibility for Aboriginal and Torres Strait Islander men and women from a range of age groups and locations across Australia. The website will include:

- information on a range of STIs, including symptoms, testing and treatment (as well as information on asymptomatic STI infections);
- information on STIs and HIV transmission;
- contact details of Aboriginal Medical Services, clinics and other medical organisations for STI testing;
- contact details of other relevant organisations;
- an electronic media partner notification service; and
- a reminder service, for people to register for reminders to book their next (regular) sexual health check.

The partner notification service offered through the website will be available via SMS and email, and can be sent anonymously if the user prefers. This web-based resource is expected to be launched later in 2010.

ANA Administrative Support

The NATSI Project has continued to provide administrative support to the work of ANA, including working closely to prepare for the ANA's second AGM and associated National Conference planning meeting in Melbourne in November 2009.

SCARLET ALLIANCE AUSTRALIAN SEX WORKERS ASSOCIATION

ELENA JEFFREYS ON BEHALF OF THE SCARLET ALLIANCE EXECUTIVE

2010 marks Scarlet Alliance's coming of age! We are very proud to be celebrating 21 years of national advocacy and leadership in the area of sex workers' rights.

Almost completely driven by volunteers' passion, commitment, blood, sweat and tears, we have grown immensely and have stayed true to our vision of achieving equality: social, legal, political, cultural and economic justice for past and present workers in the sex industry. In recent years, Scarlet has grown to include paid staff, an office, a number of ongoing and short-term domestic health promotion projects, an international capacity building and strategic partnership program, a CALD and migrant sex worker pilot project and a research partnership!

While we celebrate our achievements, our birthday is also a time to consider the impact of the absence of core funding and the lack of domestic support for strengthening Scarlet Alliance's capacity as a national peak HIV/AIDS organisation, which impacts heavily on Scarlet Alliance's ability to represent its communities. As our organisation grows, so does the expectation that Scarlet Alliance will provide well-informed expert advice, with a quick turnaround, to the Australian Government and other organisations on a diverse range of policy, education, research and legal issues impacting on sex workers and sex worker organisations. Throughout the year, Scarlet Alliance has provided such advice and while resourcing has increased slightly, it is out of step with the scale of the return.

National Advocacy and New National Strategies

This year's development of new National Strategies has involved Scarlet Alliance representation through an initial submission; delegates selected onto the expert writing groups; feedback on drafts; representation on the BBVSS committee; and contribution toward the implementation of the strategies. As a result of this advocacy, the HIV strategy includes a vital commitment to maintain effective HIV and sexually transmitted infection (STI) prevention responses (targeting sex workers and drug users) through the implementation of peer education and community led health promotion, whilst reversing resurgent epidemics. Scarlet Alliance also successfully advocated that a human rights approach to HIV must include working toward legal environments where rights are respected.

National Resource

In July 2009, Scarlet Alliance distributed *The STI Handbook: A reference guide for sex workers to sexually transmissible infections*

to all sex worker organisations in Australia. The resource was first published in 1998 (then titled the *STD Handbook*). The resource was reprinted in 2003, with only the Hepatitis C section updated. In 2009, Scarlet Alliance received funding to further update the resource including reviewing all text, replacing images, adding the latest chlamydia information and translating it into Thai, Chinese and Korean. The resource includes information on negotiation, safer sex tools, condom breakage, general sexual health information and safer sex practices, STIs, testing information and frequency, how to check a client for visual signs of STIs, an STI quick reference guide, safer services, contact details for sex worker organisations, industry jargon and basic legal information.

Annual National Forum

In November 2009, Scarlet Alliance held its National Forum, AGM and National Symposium in Canberra. The event brought together sex worker organisation peer educators and sex worker delegates from throughout Australia working on key policy, education and legal issues for sex workers and sex worker organisations. The Symposium – a public event held at Parliament House – focused on failed and best practice models of sex industry regulation and the role of advocacy by sex worker health promotion organisations. Presentations are available on the Scarlet Alliance YouTube channel at <http://www.youtube.com/user/scarletalliancevideo>. The 2010 National Forum is to be held in Sydney from November 23 to 25.

Human Rights and Legal Environments

Whilst Scarlet Alliance focuses on national issues, the main laws regulating sex work are not federal but state and territory laws, requiring advocacy at state/territory level in consultation with our membership. As this year has included proposed sex industry legislative changes in four of six states, this area of work has been extensive. Legal frameworks directly impact on the ability of sex workers to implement safer sex practices, and sex worker organisations' ability to provide effective peer education and outreach. Increasingly, the models of regulation that support best practice public health approaches are not recognised and, instead, changes are driven by other agendas.

Northern Territory and South Australia provide examples of sex industry regulation that creates barriers to effective health promotion delivery. The Northern Territory police registration of sex workers is out of step with a human rights approach to sex industry regulation and creates serious impediments, as registration requires an individual to risk their sex work experience, impacting on employment and family court decisions if they comply with current laws – creating a strong incentive for non compliance. Sex work remains criminalised in South Australia under laws that date back more than 55 years, which have resulted in sex workers receiving criminal records. The police in South Australia, along with their counterparts in Western Australia, have also used condoms as evidence. Evidentiary use of condoms is in clear opposition to



Scarlet Alliance National Symposium, Old Parliament House, Canberra, November 2009.

the public health messages of sex worker organisations and the HIV and STI sector. This past year has seen the South Australian law-reform debate renewed, largely due to the hard work and lobbying of our member organisation SA Sex Industry Network (SIN) and the dedication of local sex workers. The South Australian sex worker community mobilised with letters to the editor in late 2009, illustrating their determination to be heard and treated equally. In June 2010, SIN held an event on the steps of Parliament House calling for the decriminalisation of sex work in South Australia. Significant media attention ensued and as a result, a bill is anticipated to be before Parliament in September/October.

Other important features of the year include the large delegation of sex workers at the 9th International Congress on AIDS in Asia and The Pacific (the ICAAP conference) in Bali, made possible through the Scarlet Alliance strategic partnership building project, and the series of workshops provided by our staff and executive surrounding this event. This capacity building support is an extension of the role the organisation plays domestically with its membership where necessary. This includes supporting the work of sex workers in Queensland who now have their own reason to celebrate 2009/10: establishment of the first funded and autonomous sex worker peer education HIV and STI prevention service since Self-Health for Queensland Workers in the Sex Industry (SQWISI) voluntarily closed its doors in late 2007. Scarlet Alliance provided training, mentoring and one-on-one support to the organisation throughout the short but comprehensive development phase. Scarlet Alliance also endorsed *Touching Base Policy and Procedural Guidelines for Assisting Access to the Sex Industry*, a resource that provides guidance on better practice when services for people with disability are assisting their clients to access services sex workers' services.

Maximising the involvement of affected individuals and communities in the development of programs and services that respond to their needs.

2009/10 saw the conclusion of negotiations for a new three-year service funding agreement and the new contract put in place. The opportunity to propose new wording provided the opportunity to better reflect the changing nature of the Council's work, redefine priority groups and develop greater transparency and accountability. It was also an opportunity to enshrine some key foundation principles of the partnership between AAC and ACT Health as a primary stakeholder. Those principles include maximising involvement of affected individuals and communities in the design and development of programs and services. Additional to a continuing focus on prevention based on condom use and testing, the contract recognises the need to respond to broader risk reduction strategies adopted by some homosexually active men. AAC is now contractually obliged to pay more attention to generating local evidence and providing evaluations for all campaign work.

This contract, compared to its predecessors, removes much of the reliance on key performance indicators measuring simple numeric outputs, such as counselling hours delivered or resources distributed. The focus is now on reducing social, environmental and behavioural risk factors, and improving the quality of life for those affected by HIV. AAC now has greater freedom to determine effective approaches to current needs, with less reliance on old models.

Working with key stakeholders, AAC participated in the development of Australia's new National Strategies; particularly those responding to HIV and STIs. The final documents are a welcome move forward, although the council remains disappointed that younger homosexually active men and women are not specifically recognised as priority groups. Fortunately, in addition to the new funding agreement, AAC has seen priority given to these groups included in the review of the ACT's HIV, Hepatitis C and STIs strategic framework, as well as in AAC's own Strategic Plan. The development of all these documents occurred simultaneously, allowing the ACT to be guided by national, local and community strategies that are more congruent than they have been previously.

AAC's work throughout the year has included a response to a changing landscape. Significant developments were achieved in the Sex Worker Outreach Project (SWOP), which supplemented direct outreach with new programs to address environmental factors, such as continued lobbying for changes to the Prostitution Act and educating other service providers. A number of sex worker sensitivity training courses have been provided, including those targeting health care workers and the Australian Federal Police. All courses were very well attended and demand for further sessions remains high.

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The intersection of HIV and ageing is providing a complicated, and in some ways unpredictable, future for the work of the Council. New initiatives are necessary. The Council has formed a view that over coming years an outreach and volunteer based care and support capacity must be redeveloped. AAC has invested resources in re-energising its volunteer program and redesigning training programs. It is perhaps ironic that the future look of the organisation involves reinventing its strengths of the late 1980s and early 90s.

Peer support for GLBT individuals and groups is another area where the quantity and diversity of programs has received attention, particularly in the area of workshops which have included new work on relationships and addressing the needs of those coming out later in life.

Developing the new three year Strategic Plan was embraced as an opportunity to have some serious conversations with all stakeholders about what AAC will become over the next three to five years, and to identify resources to assist this evolution. It is clear that technology plays an increasing role, and the Council has made significant financial investments in this area. A new database was purchased and implemented which, for the first time, brings all datasets within a single domain. New computers were purchased for all staff, and migration organised to the latest operating systems and software.

AAC made its fifth consecutive annual surplus, resulting from a combination of good governance, a modest increase in grants and the benefit of investment returns. Staff turnover was again almost nil, providing demonstrable productivity improvements and increased service delivery capacity.

In its twenty-sixth year, the AIDS Action Council enters a new phase of the HIV epidemic with sound finances, a strong and resilient workforce, strengthened partnerships and a clear and focused strategic plan.



ABOVE The Canberra Qwire performing at the 27th International AIDS Candlelight Memorial, National Museum Canberra; and **RIGHT** HALC's Brady, Guest Speaker at the event, floats a memorial candle.



ACON

NICOLAS PARKHILL, CEO

In 2010, ACON celebrates 25 years of community service. Back in 1985, ACON (then the 'AIDS Council of NSW') was established to help fight the spread of HIV and to provide care and support to people affected by HIV/AIDS. Since that time, ACON has evolved to become Australia's largest community-based GLBT (gay, lesbian, bisexual and transgender) health and HIV/AIDS organisation. Throughout our history, ACON has made a significant contribution to the health and wellbeing of our community. This year, we pay tribute to the courage, compassion, grief, laughter and love of the thousands of people who have played a part in caring for our community over the past quarter of a century.

ACON's contribution has not gone unrecognised and this year the Australian Human Rights Commission awarded ACON its 2009 Community Organisation Award. According to Commission President Catherine Branson, 'the work undertaken by ... ACON is truly inspiring, and we hope this recognition will assist ACON to continue its good work in the community'.

During this landmark year, ACON continued to produce new and significant outcomes for our community. In terms of HIV prevention, the rate of new HIV diagnoses in NSW continued to remain stable. Surveillance data compiled by NSW Health recorded 327 new HIV notifications in 2009 compared to 323 notifications in 2008, including a decrease among men who have sex with men from 75% to 72% of notifications. NSW is one of just a few places in the world where HIV transmission rates have remained stable over such a long period of time. This reflects well on the education and prevention strategies developed and used by ACON and the range of organisations that make up the HIV partnership in NSW, including NSW Health, Positive Life NSW, Area Health Services, GPs and the HIV research bodies.

The stabilisation of HIV transmission also reflects well on the safe sex practices of gay men in NSW, most of whom continue to use condoms most of the time when having sex. Still, every case of HIV transmission is one too many and ACON is focused on moving beyond stability to significantly reducing HIV transmission rates in NSW. This will involve increasing the use of condoms as well as the rate of HIV and STI testing among gay men.

To this end, *Slip It On* was one of several ACON-created HIV prevention and education campaigns promoted in community media and at pubs, clubs, sex on premises venues (SOPVs) and community events throughout NSW. Launched in September and featuring pop art-inspired bananas, the campaign aims to make using condoms more appealing to gay men by working in partnership with fashionable brands to promote safe sex.

Another major campaign, *BEFOREPLAY*, was created for February's Mardi Gras season. Using striking black and white images of

real community members, the campaign was aimed at helping gay men and lesbians reduce their chances of acquiring and passing on HIV and other sexually transmissible infections. The campaign encouraged people to think ahead and be prepared before sex, set boundaries around drug use, and engage in effective communication with sexual partners.

The *Syphilis is spreading – get tested now* campaign addressed increasing rates of syphilis among gay men, particularly in inner-city Sydney. Launched in February, the campaign was adopted nationally after being endorsed by AFAO and other state-based agencies specialising in HIV and gay men's health.

Another of ACON's primary areas of focus is the provision of care and support to people living with HIV. Throughout the year, ACON provided a comprehensive range of services for both men and women, including home-based care, housing assistance, support groups, treatments information, workshops, meals and complementary therapies. In partnership with the Bobby Goldsmith Foundation, ACON continues to manage The Luncheon Club: a health promotion service for disadvantaged people with HIV. The outstanding work of Luncheon Club staff, volunteers and clients was recognised when the Governor-General, Quentin Bryce, visited the service on World AIDS Day (1 December 2009).

In relation to our broader work in GLBT health and wellbeing, ACON continued to provide a comprehensive range of programs and services in key areas such as sexual health, mental health, alcohol and other drug use, street safety, domestic violence and housing.

ACON also implemented a range of new initiatives. Supported by NSW Police and the City of Sydney, the *Speak Up* campaign encouraged victims and witnesses of homophobic violence to report such incidents, to demonstrate the need for authorities to better protect our community. In partnership with Feb Fast, we launched *Party Safely With The Big Heads*: an online health promotion campaign to address binge drinking among same-sex attracted young people. In association with the Same-Sex Domestic Violence Interagency, ACON presented a conference in Sydney to help workers in the health, social services, legal and law enforcement sectors to better understand and respond to people experiencing 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. On behalf of the national LGBT Health Alliance, we produced *Wear It With Pride*, a Cannes Lion nominated national education campaign to help GLBT community members better understand the same-sex law reforms introduced by the federal government in 2008.

In February, ACON launched *Pride In Diversity*—Australia's first employer support program for the inclusion of LGBT people in the workplace. Developed in partnership with Diversity Council Australia and Stonewall UK, the program has attracted members such IBM,



Pictured anticlockwise from top: Pride in Diversity; Wear It With Pride; Governor-General, Quentin Bryce, visits the Luncheon Club on World AIDS Day, 1 December, 2009; and Prince Manvendra in Sydney.

KPMG, ING Australia, Goldman Sachs, JBWere, Lend Lease, the Department of Defence, the Australian Federal Police and Telstra.

October saw ACON coordinating a visit to Sydney by the world's only openly gay royal, Prince Manvendra Singh Gohil, who visited Australia to generate awareness about improving HIV prevention in India and the Asia Pacific region through the decriminalisation of homosexuality.

This year also marked the departure of long-serving ACON CEO, Stevie Clayton. During her nine years as CEO, Stevie Clayton made a significant contribution to the health and wellbeing of our community and we thank her for her hard work, dedication and commitment to ACON.

AIDS COUNCIL OF SOUTH AUSTRALIA (ACSA)

SHANE DINNISON, CEO

In 2010, the AIDS Council of South Australia (ACSA) commenced its 25th year of service to the community, marking that milestone with the launch of a new Strategic Plan. ACSA underwent the strategic planning process working from the basis that such a process is only helpful if it enables an honest testing of old assumptions in the light of new and emerging information about the present, so that we might better anticipate the environment in which we will be working in the future.

The new Strategic Plan reframes ACSA's work within the context of equity, health and human rights. It prioritises connection with and support for more people through greater community engagement, more support for people living with HIV, enhanced online services, improved HIV prevention programs, a more explicit commitment to GLBT health and wellbeing, and an increased focus on local advocacy and research.

ACSA's new Strategic Plan sets out five broad key result areas, outlined in terms of the health and wellbeing outcomes we aim to achieve for our clients, our communities and for ACSA. It then provides more specific and measurable objectives under each key result area, and goes on to describe the activities ACSA will undertake to achieve those objectives, and the key performance indicators to rate how well we achieve them.

ACSA's program areas have continued to enhance existing services, and to develop new services to meet the changing needs of our communities. The Gay Men's Health program underwent a substantial restructure in 2009 to meet the changes in the wider social and health contexts of gay men's lives over the last decade. The program strives to provide a genuine alternative to an individualised, medicalised, disease-driven approach to community sexual health and health promotion, recognising the importance of social engagement and community integration to the health of community members. SAVIVE (SA Voice for IV Education), our injecting drug user program, engaged in successful partnership projects with the Vietnamese Community Association SA Outreach Clean Needle Program and the Hepatitis C Council of SA Peer Education Program. SAVIVE continues to provide a voice for people who inject drugs, representing their needs and issues in state-wide and national community consultations and reference groups. SIN (SA Sex Industry Network), our sex worker program, continued its highly

successful mix of outreach, advocacy and support services. SIN recorded more than 2000 contacts with sex workers during the year. A highly successful new initiative was the development of a sex work related Trans Advocacy Project. Sex work remains illegal in SA and 2010 will hopefully see the repeal of out-dated legislation. ACSA's capacity to provide credible HIV information to communities continues to be enhanced by our Community Library and Information lines.

ACSA's systemic advocacy work has been substantially improved with greater engagement in the public policy environment, backed up by sound evidence based positions. ACSA held consultations and made a number of submissions including those relating to: the *National HIV Strategy*; the *SA Public Health Bill*; the SA Lower House Inquiry into Same Sex Parenting; Drug and Alcohol Services South Australia's proposal to expand Suboxone prescribing; and The Nursing and Midwifery Board Standards for the prevention of blood-borne virus transmission. ACSA also produced a number of position and information papers on the medical use of marijuana, the invisibility of GLBT people in SA human services policies, and we commenced our own analysis of blood borne virus surveillance reporting.

At governance level, the ACSA Board has commenced a Board development program and continues to focus on policy development. John Yates stepped down as President in early 2010 and Erik Michielsen has stepped into the role. The Board worked diligently for many long hours to develop the Strategic Plan which will guide ACSA's work for the next five years.



ACSA's 25th Anniversary logo

AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL)

ANNIE MADDEN, EXECUTIVE OFFICER

During the last year, AIVL has worked hard to promote and protect the health and human rights of people who inject drugs and people on drug treatment programs.

As the national peak organisation representing state and territory peer-based drug user organisations, AIVL has worked to ensure local issues inform issues of national significance. All project activities have included a comprehensive consultation phase so that the experiences of key stakeholders and those most affected inform all stages of project development and implementation. Significant work on our new website is nearing completion and early in the coming year, our new AIVL site will allow users greater opportunity for engagement and interaction, including access to petitions, polls, action lists, and self-advocacy guides.

Our ongoing policy and advocacy work included advice to the Blood Borne Viruses (BBV) Section of the Health Department's Population Health Branch, and the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections. It also included participation in the Blood Borne Viruses and Sexually Transmissible Infections Sub Committee, ongoing participation in the Annual Needle and Syringe Program Survey Steering Committee, National BBV & STI Surveillance Committee, National Hepatitis B Alliance, the National Centre in HIV Social Research Scientific Advisory Committee, and other one-off and ongoing committees and reference groups. In short, this ongoing policy advice and advocacy is demanding and time consuming. It is vital that the experience of injecting drug users informs the policy response, but providing effective and timely advice/action is extremely challenging given AIVL remains inadequately resourced.

Review of Law Affecting Needle & Syringe Programs

It is well accepted that Needle and Syringe Programs (NSPs) are the frontline of blood borne virus prevention among people who inject drugs. Despite the clear evidence base to support the role of NSPs in preventing transmission, numerous barriers to the effectiveness of NSPs remain. During 2009/10, AIVL developed the *Legislative and Policy Barriers to Needle & Syringe Programs and Injecting Equipment Access for People Who Inject Drugs* discussion paper.

While further work needs to be done to better understand the reasons why people reuse injecting equipment, AIVL believes some of the key drivers of equipment reuse are:

- the placement of arbitrary limits on the amount and type of equipment people can obtain;
- lack of after hours and 24 hour access to NSPs;
- the increasing cost of injecting equipment through 'user-pays' systems;
- lack of access to new injecting equipment in prisons; and

- little or no information on how to adequately clean used equipment should drug users find themselves with no other option.

The NSP discussion paper makes recommendations with a view to reducing BBV transmission rates in the future. AIVL will use the paper to prompt further discussion, development of ideas and policy changes in key areas.

National Anti-Discrimination Project

2009/10 saw great progress on the National Anti-Discrimination Project which aims to reduce stigma and discrimination against people who inject drugs and those on pharmacotherapy programs, as a means to improve their health and wellbeing and reduce barriers to services and information. During 2009/10, AIVL undertook a national consultation to inform the development of a public awareness campaign to raise awareness, reduce fears, and address myths and misinformation about people who inject drugs. Consultation and market research identified key issues and target groups to be addressed by the campaign and made recommendations to inform campaign development. The *Summary Report, Findings & Future Actions* from AIVL's Anti-Discrimination Market Research is available on AIVL's website. Campaign content will be developed during the coming year.

This year, AIVL also undertook Leadership Training for IDU Peer Representatives to provide hands-on leadership training for people working in peer-based drug user organisations at national and state/territory levels. Training was focused on peer advocate training designed to support peer representatives to effectively represent and advocate on behalf of those most affected by hepatitis C, and to educate the media and general public about illicit drug use, drug treatment, harm reduction, and hepatitis C and other blood borne viruses. Advocates who completed the training are now well equipped to act as a resource for national advisory committees and for our public awareness campaign. Enhanced leadership skills will also contribute to the ongoing sustainability of peer-based drug user organisations.

National Safer Injecting Project

AIVL has also undertaken significant work on the National Safer Injecting Project which aims to increase access to injecting equipment, improve safer injecting practices and prevent the further transmission of HIV, and hepatitis B and C among injecting drug users. In 2009/10, the project developed a National Online Needle and Syringe Program (NSP) Listing: an interactive map on the AIVL website through which visitors can gain easy access to a listing of all NSP outlets across Australia. The listing includes information on the location, hours of operation, contact details and range of services provided at each outlet.

The project also produced a national online legal guide in the form of a revised *Handy Hints* booklet. Now in its fourth edition, this expanded version of *Handy Hints* continues its initial purpose providing information on using and related subjects, but has been expanded to provide a summary of a wide range of relevant legislation, including that on injecting equipment, NSPs, safe

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disposal, illicit drugs, sex work, discrimination, privacy, and roadside drug testing.

This year, the intersection of vein care and hepatitis risk has been specifically addressed through our Hep C and Vein Care Research and Education Project. An online targeted resource has been developed to increase awareness of the role poor vein health plays in the uptake of unsafe injecting practices.

National Peer Education Training Project

Peer education remains core to AIVL's operation, and this year significant effort has gone into building the skills, knowledge and capacity of IDU peer educators to improve the quality and consistency of hepatitis C peer education among people who inject drugs and those on pharmacotherapy programs. The Peer Educator's Training Project covered the full range of information, skills and knowledge necessary to support effective hepatitis C peer IDU education within the context of service delivery and within individuals' peer networks.

This year saw the launch of the Indigenous Hep C peer education workshop kit, *Dulangirr Gubbynidgel*, which means 'New Beginnings'. The resource, developed by and for young Indigenous injecting drug users over the past two years, includes games, interactive education activities, facilitator notes, handouts, etc. Direct training of Indigenous and non-Indigenous peers and other appropriate educators on use of the kit has been managed by AIVL's Aboriginal Peer Education Officer.

AIVL's targeting of Indigenous drug users also included development and roll out of a training model for mainstream services working with Indigenous injecting drug users. This module is designed to support non-Indigenous services to provide accessible and non-judgmental services and programs for their Indigenous clients.

National Hepatitis C Treatments Project

The National Hepatitis C Treatments Project aims to increase access to peer-based information and support on hepatitis C treatment issues, and to improve hepatitis C treatment models. This year saw the development and launch of our exciting Our C-Ciety online social networking site for people contemplating, on, or immediately post hep C treatment. The site aims to reduce social isolation by providing a space where people can be honest about their particular circumstances and drug use patterns and practices, thereby offering a safe, confidential networking space for people to discuss and share information about hep C treatment, with links to AIVL's fact sheets on treatment issues. AIVL's ongoing role moderating the site will ensure accuracy, consistency, and that appropriate boundaries are upheld.

AIVL has also been working hard on our collaborative *Models of Hepatitis C Treatment and Care Policy* Discussion Paper, developed through a collaborative process including ASHM, Hepatitis Australia, and Commonwealth Health Department, Blood Borne Viruses and Sexually Transmissible Infections Committee members and other relevant experts. The draft paper outlines specific treatment, care and support needs related to hep C infection. It considers the capacity of current services given the



Pictured left: the cover of *Inside Out*; and right: *C Through*.

complexity and diversity of needs and the social and legal context in which these needs arise. The paper then recommends possible models of treatment, care and support. The draft paper will be finalised through the relevant advisory committee structures and launched during the coming year.

International Program

AIVL has continued to work through the HIV Consortium for Partnerships in Asia and the Pacific regions, to support the ongoing development of drug user organisations in the Asia Pacific region to build meaningful partnerships with peer counterparts in the region. AIVL's primary focus has been on supporting the institutional strengthening of the Asian Network of People who Use Drugs (ANPUD), so that it may meet its objectives. ANPUD, established in 2009, provides networking for country member groups and a regional platform for injecting drug users to raise human rights concerns, which is important given that many IDUs cannot be visible at country level due to the criminalised context in which they live and work. ANPUD continues to face considerable administrative challenges, including members' significant lack of resources, many advocates lacking formal education, and a requirement to work across ANPUD in English (which is not most members' first language). Despite those challenges, this year saw the formulation of ANPUD's official management structure, development of a three year Strategic Plan and appointment of a Regional Coordinator, and launch of ANPUD's website.

AIVL also supported a short project funded through AusAID Australian Leadership Awards. The project brought eight people from Asian drug user organisations on a study tour to Australia, providing access to leadership training, networking, advocacy and a range of technical skills. Participants were chosen based on their leadership potential within their networks, particularly focusing on those well respected by their networks who have not received extensive training opportunities. AIVL and Research Triangle Institute (RTI) International provided additional funding so that a ninth participant from Burma could be included, and the participants could also spend a week with orientation and appointments with Bangkok-based UN agencies.

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV (NAPWA)

ROBERT MITCHELL, PRESIDENT

Throughout the year, NAPWA continued to provide high-level advocacy for and on behalf of HIV-positive people across a range of areas. This advocacy work responds to issues raised by our member organisations and individuals across Australia who represent the diversity of the HIV-positive population.

NAPWA has initiated important forums to identify priority issues and offer support and advice to member organisations, including the regular meetings hosted by the NAPWA secretariat: two members' meetings and two meetings for member organisations' Executive Officers. NAPWA also maintains effective collaborations with sector partners, including the Australasian Society of HIV Medicine (ASHM), the Australian Federation of AIDS Organisations (AFAO), the Australian Council of Social Services (ACOSS) and the National HIV Research Centres. NAPWA has been an active contributor to national advisory and governance processes including the Ministerial Advisory Committee on Blood Born Viruses (MACBBVs) and the Blood Borne Virus and Sexually Transmissible Infections Sub-Committee. These committees were central to the development of the *6th National Strategy on HIV/AIDS*, launched in May 2010.

September 2009 saw the launch of the NAPWA monograph *The Criminalisation of HIV Transmission in Australia*. This monograph represented the culmination of over a year's work on the vexing issue of the criminal law and prosecution of cases of HIV exposure and transmission. John Rule and Sally Cameron were joint editors of this comprehensive publication, and it has been widely cited here and internationally since its release. The monograph has been sent to the Commonwealth Attorney General by the Parliamentary Secretary for Health, the Hon Mark Butler. NAPWA will continue to advocate on this issue and looks forward to the establishment of a legal working group of the MACBBVs whose brief will include a reassessment of this issue.

In late 2009, Dr Sean Slavin joined the NAPWA Secretariat with a brief to foster existing research partnerships and develop a program of community-based research. NAPWA is involved in a broad set of relationships with researchers who work in biomedical research including clinical trials, basic science such as virology, epidemiology, and behavioural and social research. NAPWA's research focus aims to influence and support a coordinated research agenda that reflects the diversity of the HIV-positive population and responds to needs identified through its community based membership. This includes supporting research participation and helping to shape research aims.

A major new initiative in the past year has been the development of a NAPWA research project to investigate HIV-related stigma experienced by people living with HIV. Funded by the Commonwealth Department of Health and Ageing, it will comprise three elements:

in-depth one to one interviews; an online survey; and research into practice that will develop resources and run workshops with the aim of supporting people with HIV to better address and cope with stigma.

NAPWA's research profile may expand further in late 2010, as we have worked to develop a number of collaborative partnerships that have led to various grant submissions with academic research institutions. If these grant applications come to fruition, 2011 could be a busy year for research activities.

Another initiative begun in 2010 is the series of NAPWA think-tanks. These have been envisaged as highly content driven, focusing on particular issues. The first think-tank was held in June with over 50 delegates attending. It considered HIV and ageing. Speakers from the community, clinical practice, research and service provider agencies gave a thorough account of the complexities that can arise for PLHIV as they age.

The collaboration between NAPWA and AFAO, focusing on education delivered through the AFAO/NAPWA Education Team (ANET), continued through the Strategic Advisory Group on Education (SAGE) and the Education Managers Forum (EMF). This year the biennial AFAO Educators' Conference was linked with a special day devoted to the national preventative health agenda. NAPWA gave several presentations over three days looking at HIV health promotion from various perspectives.

Treataware is a dedicated treatment information and education project promoting health maintenance and treatments knowledge for people living with HIV. It is coordinated by Brent Beadle and relies on the collaborative input of a range of inspiring people from around the country who contribute their time, services, resources, skill and talent. Project activities include: 'Chin Wag' chat shows and other community forums; short courses in HIV medicine for community workers, volunteers and for industry representatives; the Treataware Outreach Network (TON); and information fact sheets.

This year *Positive Living* magazine, the leading national treatment and PLHIV health publication, undertook a reader's survey that received a range of affirming and constructive responses. Consequently, the editor, Adrian Ogier, has made a range of changes to the content and format of the magazine: fine tuning the publication that sits proudly as NAPWA's masthead for our advocacy and health education work. *Positive Living* also provides considerable content to the NAPWA website, with feature articles and regular columns readily available to a broad public, and back issues available for reference and downloading. This year *Positive Living* has contributed and coordinated publications in line with much of the activity and advocacy taking place in the organisation. The website is an important information portal for NAPWA members, the broader PLHIV community and many other interested groups.

NAPWA continues to provide secretariat and peer support to the Positive Aboriginal and Torres Strait Islander Network (PATISIN). In turn, PATISIN operates as an invaluable resource to the organisation,

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providing insights and a link to the Aboriginal and Torres Strait Islander communities. This mutual relationship has seen NAPWA and PATSIN work closely and effectively over this year to bring an informed voice to a range of debates and forums. Most notably, NAPWA worked closely with PATSIN members and representatives to bring informed debate to the development processes of the National Strategies.

Throughout this year, the NAPWA Positive Women's Network continued to grow its membership numbers and consolidate its reputation for work on policy, advocacy, education and peer support. The network members remain dedicated to highlighting the issues for positive and affected women and their families.

NAPWA remains committed to supporting our partners in Papua New Guinea through the continuation of two key programs. First, our work with the Collaboration for Health in PNG (CHPNG) continues to provide direct treatments advocacy assistance to affected individuals and communities from Port Moresby to the remotest regions. Second, NAPWA continues to assist Igat Hope (the peak PLHIV organisation for PNG). This work is primarily concerned with capacity building. Our Deputy Director, Dr John Rule, led management of this work up to his departure in early 2010. Along with his other areas of responsibility, his work has made a valuable contribution to NAPWA and its program. We wish him well into the future.

At the time of writing, the sector awaits finalisation of an implementation plan for the National Strategy on HIV. The development of the strategy was a protracted process and its implementation is proving likewise. We look forward to the resolution of this issue as it will enable the commencement of many important activities over the coming year, through the Australian HIV response.



Pictured from top: Professor Michael Kidd and NAPWA CEO Robert Mitchell at the launch of the *Sixth National HIV Strategy* and the *Second STI National Strategy*, Sydney, May 2010; NAPWA Women's Network; and Kay Hull MP (left), NAPWA President Robert Mitchell and Senator Louise Pratt after the launch of the *NAPWA HIV criminalisation monograph*.

NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL (NTAHC)

ALISON EDWARDS, EXECUTIVE DIRECTOR

NTAHC has undergone significant positive change this year following reviews of all operations and programs that resulted in a restructuring of our Darwin and Alice Springs service delivery and staff teams.

While a budget cut from the Northern Territory Government formed part of the rationale for organisational change, the release of the National Strategies and review of NT specific data also informed the restructure of services. The Council has been advised that budget cuts were due to 'the global economic crisis' and that the Council will be back on full funding from next financial year.

A key area of change is the new Positive Services area, which includes a Women's Health section and a Men's Health section to ensure we are better meet the needs of all our clients. A Gay Men/MSM Health Promotion program has also featured in the new structure, along with cross program fertilisation enabled by ensuring our ATSI team and SWOP worker spend time in our Needle Exchanges to ensure smooth internal program referrals.

The greatest loss from our diverse range of programs has been our LGBT community development work. NTAHC has never been directly funded for this work so has been paying for it from our BBV funds. The budget cuts have made this work impossible to maintain. We are already working to develop funding proposals and have the interest of the current NT Government in this area, so all is not lost – just delayed until we are funded appropriately.

During the year, the NTAHC team have been working closely with key target groups and sectors to identify gaps in services. Our ATSI team has delivered a significant project: 'A Service Mapping – Sexual Health, Blood Borne Viruses, Injecting Drug Use and LGBT services for members of the NT Indigenous community'. This mapping project has enabled the team to clearly identify which communities should be targeted for service development, community engagement and health promotion over the vast distances of the NT. The Service Mapping project in turn led the team to successfully apply for a grant to work with Indigenous communities in Central Australia to map injecting drug use by Indigenous people in the region, including mapping barriers to service. The results will be delivered by the end of the year.

Program areas have consolidated production of a range of publications for NTAHC clients including: *Blood Bites* – a blood borne virus update magazine; *Bang* – a magazine for NSP service users; *Diversity* – a magazine for the LGBT community; and *Red Light Rites* – regular update for sex workers only.

A new counselling program initiated during the year has been highly successful, with close working relationships developed with key clinical providers to ensure post test counselling referral is simple and smooth. The links established with services around the country are proving invaluable to our lone counsellor.



Pictured from top: Staff from NTAHC at Parliament House where the ribbon was hung on the front of the building for World AIDS Day, 2009. The ribbon made by NTAHC's youth group.

NTAHC is now in the planning phase for our 25th anniversary celebrations in 2011, including gathering large amounts of information to highlight the special contributions of many to the development of the NTAHC we know today.

QUEENSLAND ASSOCIATION FOR HEALTHY COMMUNITIES (QAHC)

MARK MOREIN, PRESIDENT

In 2009/2010, the Queensland Association for Healthy Communities (QAHC) continued our work with gay men and men who have sex with men (MSM) to stop the spread of HIV in the community.

While Sexual Health is the largest and most visible of our programs, we also deliver the Two Spirits Program to stop the spread of HIV and other blood borne viruses in Aboriginal & Torres Strait Islander communities and to support those living with HIV. Our LGBT Health Program includes projects covering alcohol, tobacco and other drugs use (ATODS), mental health (this project has been finalised due to lack of ongoing funding), the Legal Information Project, and training and development for mainstream health service providers to better work with LGBT people. We have expanded our volunteer based work with other population groups, in particular with: senior LGBT people through our Ageing Action Group; Culturally and Linguistically Diverse LGBT people through our Multicultural Action Group; and with lesbians through our Lesbian Health Action Group (LHAG, pronounced 'Le hag').

It is precisely this expansion that leads to one of the greatest challenges we now face: how to manage that growth. When we moved into our State Resource Centre in Helen Street in June 2006, people asked us what we would do with all the room in our new headquarters. 'We'll see what needs to be done' was my consistent response, along with, 'I'm sure we'll grow into it'. At the time, I thought it would take us five to 10 years to do so, but we are already bursting at the seams. There is little room for new staff and the facilities we offer to groups working in the LGBT communities are booked out months in advance.

In part, this expansion is a result of the consolidation and rationalisation of our services. While we continue to offer services throughout Queensland, we do so through our three offices: Base Camp in Cairns offers outreach services throughout North and far North Queensland (including Townsville and Mackay); our Central Region Office in Maroochydore offers services as far north as Rockhampton, including Bundaberg and Hervey Bay as well as the Sunshine Coast; and the statewide Resource Centre in Brisbane is the base for our Sexual Health Program and its services in Brisbane, the Gold Coast and outer Metropolitan areas such as Ipswich and Toowoomba. Our Brisbane Office also houses our administration and support staff, as well as the smaller programs. Cairns and Brisbane offices house the Two Spirits Program.

We are becoming a popular venue for university and TAFE students from across Queensland to do placement work. More and more local groups who need a place to meet are seeking to use the space. While there may be more pressing problems relating to our key

target areas, the issue of suitable accommodation is going to be one of the main challenges facing us over the next few years.

Our Central Region Office, based in Maroochydore should relocate in the near future. As I write this report, we are waiting for the Council to approve our application for a Material Change of Use for our new premises. When that process is completed, we can begin work to bring the premises up to our needs, and hope to be in our new, permanent home by the end of 2010. This move will effectively see the full expenditure of the Sunshine Coast Bequest Funds. In keeping with the intentions of the bequests, these funds have been used to house our staff and so provide services to the LGBT communities on the Sunshine Coast. A substantial portion was also set aside to allow Queensland Positive People (QPP) to continue to provide a range of proactive and complementary services (massage, subsidised vitamins and antiviral medications) to people living with HIV on the Coast. Special thanks to all the donors and the members of the Advisory Committee over the years who made this possible.

An important development is our ongoing environmental assessment to make our offices and work more sustainable. We have undertaken an assessment of our Brisbane office and have been successful in obtaining a grant from the Brisbane City Council for minor environmental upgrades. We are developing a 'Green Policy' for the organisation and will be assessing our other offices in the coming year.

In addition to traditional forms of health promotion (distributing condoms at clubs and pubs, beat and venue outreach), we also offer a range of workshops designed to empower gay men and MSM to make decisions regarding safer sex. We run (with auspicing support from the Melbourne Queer Film Festival) the Tropical Alternative Film Festivals (TAFF) at locations throughout the state: Cairns, Townsville, MacKay, Rockhampton, Hervey Bay, Sunshine Coast, Toowoomba and the Gold Coast. We continue to support Gay Pride events throughout the state, including the Cairns, Sunshine Coast and Gold Coast Fair Days. For many, the QAHC Big Top was a highlight of this year's Brisbane Gay Pride Fair, with its mix of information about all of our programs and entertainment.

The global financial crisis continues to affect fundraising. While our main funding remains constant and secure, for other projects (Mental Health, CALD, Ageing, LHAG) there is little or no funding to be had from any source. Increased funds have been raised in the past year, but funding remains at a relatively low level. This places serious constraints on our ability to grow these programs and to meet the ever increasing need for such services.

As always, we could not do our work without the amazing work done by our volunteers and supporters, who number over 100 across the state. They all provide valuable support; not only to QAHC as an organisation, but also to LGBT communities. Their work is broad ranging: venue outreach, office support, workshop facilitation, to name just a few. And, as always, my deep thanks and appreciation to all our members, without whom we simply could not exist.

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

KEVIN MARRIOTT, CEO

The past year has seen the Tasmanian Council on AIDS, Hepatitis and Related Diseases continue to build on its successes.

Following the introduction of the MAN2MAN Program and its associated *MAN2MAN* publication in 2008/09, MAN2MAN was expanded through the introduction of a dedicated website known as MAN2MAN Online (m2mtas.com). This website has created a central point for gay men and other men who have sex with men in Tasmania to access a reliable source of information about health and lifestyle. The publication saw a doubling of the print run, and the number of unique visitors to the website has consistently increased. The success of the program has also resulted in increased engagement in the north and northwest of the state. In 2009/10, the MAN2MAN Program included implementation of the second phase of the *Drama Downunder* campaign. We remain hopeful that phase two will echo the successful response to phase one.

Following on from the success of the MAN2MAN Program, TasCAHRD implemented a similar structure for its hepatitis C program. 'Hep in Tas' was launched in January 2010, including television advertising and a dedicated website. The new site is intended to become the central point in the state for both the community and service providers to access up-to-date and locally relevant information about hepatitis C and, potentially, hepatitis B. Access to the website is slowly increasing, with some additional work on the site and increased promotion planned to see access further improved. Funding for hepatitis C has remained static, and will remain so for 2010/11.

Support for people living with HIV continued at similar levels to previous years but shifted increasingly to a case management approach and an emphasis on chronic disease self-management. Both the Care and Support Coordinator and the Hep in Tas Coordinator successfully completed training in the Flinders University Model of Chronic Disease Self-Management. TasCAHRD drew on the memorandum of understanding with PLWHA Victoria to have Vic Perry deliver sessions on smoking cessation and goal setting at the Tasmanian HIV Positive Retreat.

Funding for the Tasmanian community-based response to HIV and hepatitis is being rolled over for 2010/11, with the Tasmanian Government intending to move to competitive tendering for future years. This has potential to threaten funding levels for the local HIV response given the ongoing lack of government commitment to increase funds for hepatitis C and for the operation of Needle and Syringe Program (NSP) outlets.

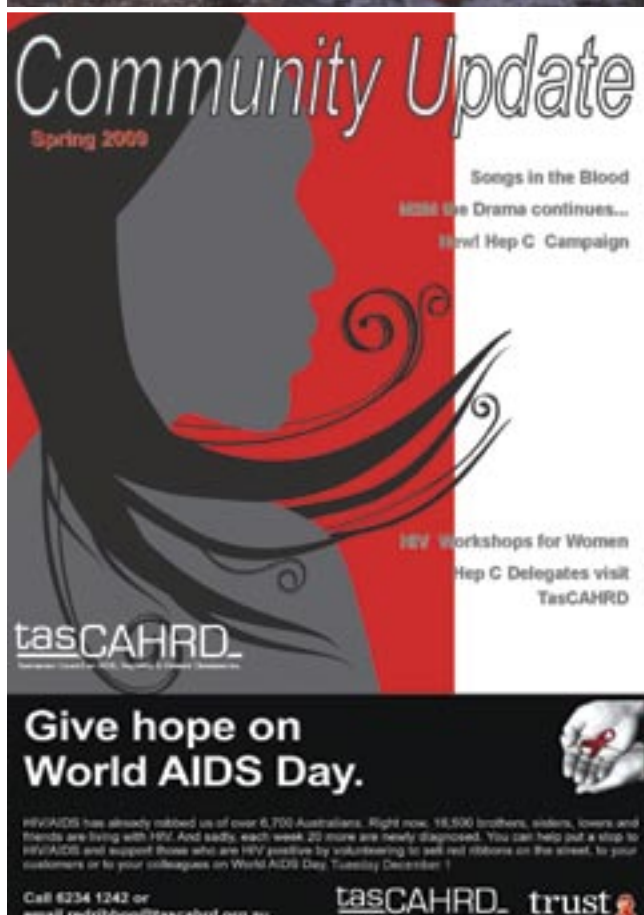
Along with planned changes there were significant unplanned changes, particularly in regard to staffing structures. Two long

continues



Pictured from TOP: QAHC Tent at Brisbane Pride Festival; Lesbian Health Action Group (LHAG) Stall in QAHC Tent; and Brett Stevens restocking the FreeDOM/DAM dispenser.

serving staff members (the Office Manager and Harm Reduction Coordinator) moved on to follow their personal goals. The part-time Care and Support Officer also resigned. The timing of these departures presented an ideal opportunity to re-evaluate existing staffing structure. Consequently, the Board decided that rather than reinstate existing positions, TasCAHRD should strengthen its capacity for continuous quality improvement and shift management of the NSP outlets to the Hep in Tas Program. Rather than recruit another staff member to a part-time position for care and support services, it was decided to shift much of the administrative burden from the HIV Care and Support Program across to Management Services. These changes enabled the employment of a Quality and Compliance Manager and a much needed increase to staffing in the MAN2MAN Program. It is believed these changes will better position TasCAHRD to maintain accreditation, deliver quality services, and increase capacity to participate in more policy and strategic issues relevant to the sector.



Pictured top: A performance of 'Songs in the Blood', during AIDS Awareness week; **and above:** Hep in Tas campaign material.

Pictured left (top): Man2Man magazine issue 4; **and bottom:** TasCAHRD Community Update, Spring 2009.

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

MIKE KENNEDY, EXECUTIVE DIRECTOR

Governance

For the first time in many years, VAC and GMHC elections for Board positions were uncontested. The 2009/10 Board was Kevin Guiney (President), Michael Williams (Vice-President/Secretary), Mark McColl (Treasurer), Paul Kidd (PLWHA Victoria nominee), Don Hay (staff representative), Val Sands, Chrissie Feagins, David Menadue, Darryl Kosch and Mike Kennedy.

Financial reports

This year was a tighter year for us financially and a final outcome for the year was not available at time of writing. After discussions with the auditor about the appropriate way to treat costs of repairing the air-conditioning system at Claremont Street, we will post either a small surplus or a small deficit. The Victorian Government's introduction of a portable long service leave scheme for the community sector has still not been finalised but we are now making full provision for long service for all employees from date of employment in anticipation of portability within the community sector. We are also awaiting the full hearing of the ASU claim for pay parity for community sector workers. VAC/GMHC has supported the claim for meaningful increases to bring our pay rates into line with similar positions in the public and private sectors and has welcomed the commitment from both the government and the opposition (in advance of November's state election) to fund any increases awarded by Fair Work Australia.

Epidemiology

New HIV diagnoses remained stable in Victoria in 2009, with 261 cases in 2008 and 262 cases in 2009. However, there was an increase in new diagnoses in gay men with an increase from 188 to 199 cases.

Counselling amalgamation

Plans are now well advanced for the amalgamation of Positive Counselling and the VAC/GMHC Counselling Program to provide a new counselling service for people living with or affected by HIV. We have agreement with the Department of Health that the new service will be able to continue its existing LGBT work with individuals, couples and groups as well as the Hepatitis counselling work undertaken by Positive Counselling. It is likely that formal amalgamation will occur late in 2010 and discussions will commence immediately with the Department about enhancements to the counselling program for the 2011/12 financial year. Mental health services is shaping up as a major health issue in this year's state election and the HIV sector has fared as poorly as other sectors in Victoria in this area. We are very grateful to the MAC AIDS Fund for a project grant that has enabled us to employ a mental health worker to work with shared clients in our HIV Services Program and the Royal District Nursing Service.



Pictured clockwise from top: *Drama Downunder* stall at ASHM 2009; Midsumma Carnival 2010; and launch of VAC's 'Protection' safe sex calendar with (L-R) Steve Cruz, VAC/GMHC's Tex McKenzie and Bruno Bond.

HIV and ageing

This issue is emerging as a major challenge for HIV sector community organisations and it was very useful to meet with our North American and European colleagues at the recent Vienna International AIDS Conference satellite sessions to discuss how they are responding to these challenges. The increasing numbers of ageing people living with HIV and the increase in HIV/age-related co-morbidities will have implications across all VAC/GMHC services.

In our clinics, we will see a need for new standards of care, for example, around polypharmacy, standard monitoring for bone mineral density and cognitive functioning. ASHM is likely to take the lead in developing new standards in this area. In our counselling area, we are likely to see an increased demand for psychosocial support. In our care and support area, we are also likely to see a demand for new skills for volunteers and different types of support to enable people to live independently for as long as possible. For example, one speaker at the SFAF/GMHC satellite in Vienna indicated that falls prevention is now a standard part of GMHC's care for many of their homecare clients over 50. And early intervention and prevention/deferral is a new challenge for our health promotion work. At the policy level, there will be a need to engage with the aged care sector to ensure that current age-related barriers to services do not prevent younger clients being able to access appropriate assessments and services.

In addition to the challenges in each program area, there will be an additional challenge of coordinating these efforts across the program areas so that we are able to take an integrated approach to dealing with this client group. We will need to develop relationships with the aged care sector and with new medical specialists, in particular medical oncologists and gerontologists. Our existing partnerships with AFAO and with NAPWA will be critical as we gear up to meet these new challenges over the next few years.

THE WESTERN AUSTRALIAN AIDS COUNCIL (WAAC)

TRISH LANGDON, EXECUTIVE DIRECTOR

Now in its 25th year, the WA AIDS Council continues to expand its services in response to the Western Australian HIV epidemic which has evidenced a significant rise in the number of new HIV diagnoses, continuing the well established pattern of overseas acquisition, particularly among the heterosexual population. We are also observing an increase in HIV diagnoses and STIs among gay men and men who have sex with men, which requires some further analysis and development of a considered response.

The economic conditions in Western Australian have bounced back from the global financial crisis with a vengeance. The impact of North-west gas projects and a variety of mineral developments throughout the state cannot be underestimated, with \$90 billion of advanced projects coming online in the next few years. The WA AIDS Council is starting to re-experience the consequences of boom conditions, including housing shortages, higher rentals, labour shortages and wide wage disparities between the government, private and community sectors. This not only has an impact on the Council as an organisation, its staff and budget, but also our clientele who are experiencing increased living costs with resultant stress. The Board of Management is cognisant of the need for careful planning as we respond to a number of existing and emerging challenges to meet the needs of our constituents.

In the past year we have welcomed two new managers to the management team following a restructure of the previous education and prevention services team. Mark Reid now manages the Diverse Sexuality and Health Promotion Services Team which includes the Freedom Centre, and Kim Brooklyn manages the Positive Services Team. Sally Rowell manages the Community Health Promotion Services Team and Peter Kift remains as Business Manager.

WAAC has re-located the Freedom Centre (a drop-in centre for young people of diverse sexuality and gender) to a much bigger and more suitable space in the inner city, providing great scope for more people to attend and participate in activities. WAAC has also established a new peer-based sexual health clinic for men, the 'M Clinic', in West Leederville, which continues the successful partnership with Clinipath and has significantly increased accessibility to HIV and STI testing services for gay men in Perth. Planning for a fixed needle and syringe exchange and related services site to be established in partnership with Hepatitis WA and the WA Substance Users' Association in the Fremantle area is well advanced, and should see a new fixed site opening in 2010/11.

The Board of Management commissioned an independent review of Positive Services, examining the effectiveness of our current services and to plan service delivery requirements into the future. Consultations involved people living with HIV, staff, volunteers and other service providers. The review paid particular attention

to the increasing complexity of client needs, including ageing, mental health issues and other co-morbidities as well as working effectively with the culturally and linguistically diverse (CALD) populations the Council is currently serving. There is an emphasis on building partnerships with other service organisations so that effective and seamless services can be planned and implemented. An initial response includes the appointment of a Community Development Officer who is establishing relationships within CALD groups. It is likely that an increase in resources will be required with the aim of diversifying the funding base.

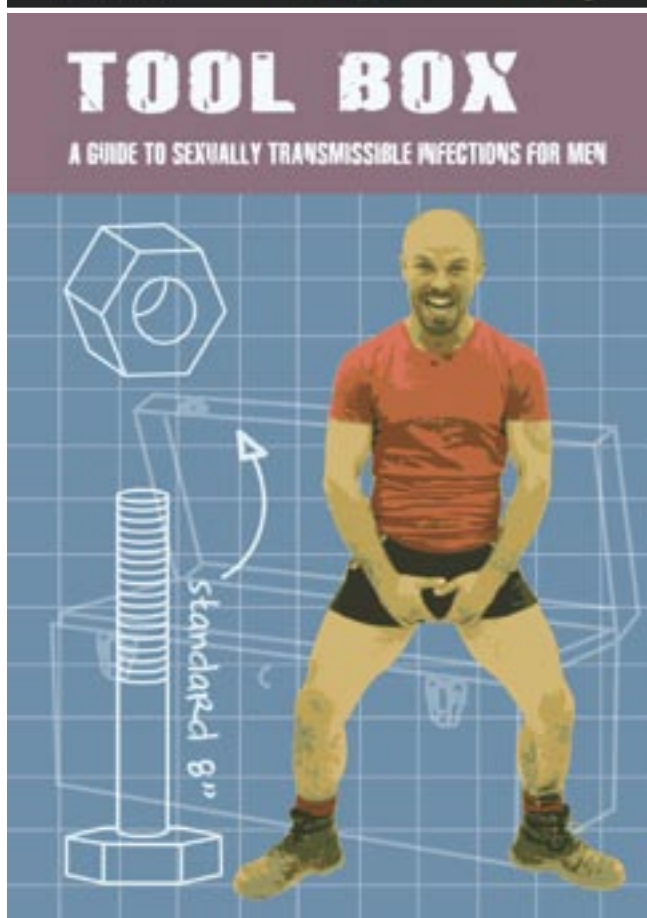
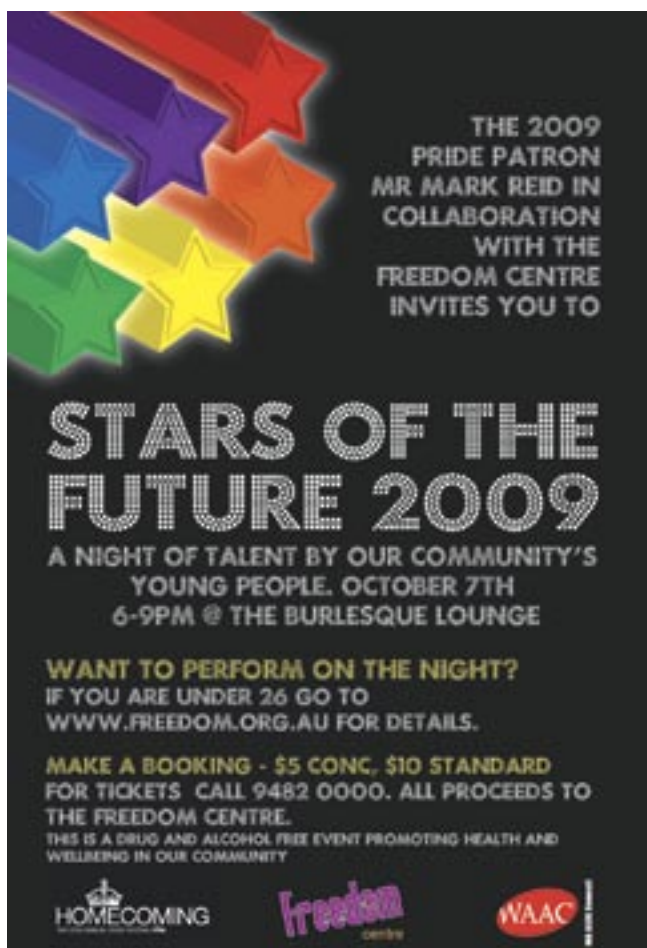
The Freedom Centre continues to go from strength to strength. In conjunction with Curtin University, it has developed a very useful evaluation framework which assists with the ongoing management of the service as well as long term outcomes of the attendees. The online forum continues to attract participants from all over the world and provides an entry point for young people to the Freedom Centre prior to face to face contact. The Freedom Centre is seeing an increasing number of people seeking assistance with regard to gender diversity issues.

The Council is currently co-developing an orientation and training package with mining corporation Barrick Gold, for use by employees who are engaged in the resource sector in WA and off-shore locations. In addition to this specific partnership, WAAC has provided strategic input with regard to sexual health and related issues for a number of different companies with existing projects, as well as with projects due to commence in the next few years. WA has foreshadowed very high labour needs in the near future, with requirements likely to be met by overseas skilled workers on temporary visas.

In summary, the WA AIDS Council is in the midst of great uncertainty and change, mostly being shaped by the external environment in which we are situated. We are seeing an increasingly diverse clientele ranging from our more traditional constituents from the LGBT community to people from CALD backgrounds, and need to plan and respond accordingly.



WAAC's 'free, non-judgmental and convenient' HIV/STI testing campaign



Pictured top: Promotional material for 'Stars of the Future'; **and above:** WAAC's STI campaign – *Tool Box – A Guide to Sexually Transmissible Infections For Men*.

AFAO MEMBER ORGANISATIONS

AUSTRALIAN CAPITAL TERRITORY

AACACT Westlund House, 16 Gordon St,
Acton ACT 2601
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 8944 7777 Fax: 08 8944 7770
Email: info@ntahc.org.au

QUEENSLAND

QAHC Head Office, 30 Helen St, Newstead,
QLD 4006
Ph: 07 3017 1777 Fax: 07 3852 5200
Email: info@qhac.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@waacids.com

NATIONAL ORGANISATIONS

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

NAPWA PO Box 917,
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@scarletalliance.org.au

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



Pictured from left to right: Phillip Keen, Trish Langdon, James Wilson, Don Baxter, Nic Parkhill, Linda Selvey, Robert Mitchell, Colin Ross, Jenny Kelsall, Kane Matthews



The AFAO Secretariat Vision Statement is: **“Living in a world with AIDS, working for a world without AIDS.”**

AFAO AFFILIATE MEMBERS

Positive Life NSW

Rob Lake, Executive Officer

Positive Life NSW is a non-profit community organisation that represents the interests of people living with and affected by HIV in NSW. Positive Life works to eliminate HIV-related prejudice, isolation, stigma and discrimination. We provide information and referrals, health education resources and campaigns, peer support and advocacy to change systems and practices that discriminate against people with and affected by HIV. 2009/10 marked our first year as an Affiliate Member of AFAO: a useful linkage as we share a strong interest in the policy, resource and campaign development work undertaken through both ANET and the policy team.

For Positive Life, the impact of relationship recognition on household income and health care concessions for disability support and aged pensioners with HIV was a major policy issue in 2009/10. We developed a policy framework to guide HIV prevention and education work relating to the use of sexual risk reduction strategies. The joint framework with ACON will inform future HIV prevention campaigns, be they social marketing, community development or health education.

Our systemic advocacy project continues to advocate strongly within NSW on issues of access to services and emerging issues. Oral health, the funding of Sculptura and improved dispensing of HIV meds are key issues. We will soon pilot a health orientation workshop to assist people with HIV and their partners navigating unfamiliar parts of the health system following a new diagnosis. The review of peer support conducted for Positive Life and ACON by Graham Brown has been of great assistance in helping us consider what we offer, and why and how we offer it, so that groups and other peer support opportunities are as useful and effective as possible.

Like everyone else, we are balancing our traditional methods of communication, such as *Talkabout*, with demands for relevant information in new or different media. As the Board develops our 2011–2016 Strategic Plan, communication, relevance and a perceived disconnection between HIV organisations and people with HIV are critical issues we will consider.

PositiveLifeNSW
the voice of people with HIV since 1988

Spiritus Positive Directions

Vince O'Donnell, Manager

Spiritus Positive Directions is a statewide care coordination, information and referral service for people living with HIV in Queensland, with offices in Brisbane, Cairns, Townsville, Sunshine Coast and the Gold Coast. We link people living with HIV to appropriate services – including advocacy services, allied health

services, community and social support services, and health promotion programs.

This year, Positive Directions has become an Affiliate Member of AFAO. We are indeed excited but at the same time a little tentative in our hopes to genuinely provide effective input into the diverse work tackled by AFAO. On the local scene, we can celebrate the ongoing funding commitment from Qld Health, which will enhance our ability to provide quality services into the future. Our two research projects undertaken in association with the University of Queensland are both nearing completion: Service Review and Evaluation of Positive Directions; and Social Isolation for People Living with HIV/AIDS in South East Queensland. We look forward to formally reporting on those projects in the next financial year.



New Zealand AIDS Foundation (NZAF)

Rachael Le Mesurier, Executive Director

The New Zealand AIDS Foundation (NZAF) is New Zealand's leading response to HIV and a proud Affiliate Member of AFAO. Within New Zealand, the NZAF provides sexual health services, counselling for anyone affected by HIV, targeted HIV prevention interventions to communities most at risk, as well as behavioural surveillance for MSM, and advocacy on HIV and human rights issues. The NZAF has close connections to AFAO on many levels, particularly in relation to collaborative efforts in the Pacific, which include working with Pacific communities. AFAO and the NZAF have a close, enduring relationship that enables networking at an executive level and a pragmatic approach to sharing information and ideas operationally.

In 2009, the NZAF launched a three-year program of capacity building work focused on improving the sexual health, wellbeing and human rights of Pacific men who have sex with men (MSM), and reducing stigma and discrimination against MSM in the Pacific. Political advocacy, support and funding from AFAO has been instrumental in bringing a human rights framework and community-based approach to meet the challenges of HIV in the South Pacific. The NZAF looks forward to further collaboration with AFAO in the coming year.



AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

THE BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2010

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)	Linda Selvey (Vice-President)	James Wilson (Secretary)
Trish Langdon (Treasurer)	Nicholas Parkhill	Robert Mitchell
Jenny Kelsell	Kane Matthews	Colin Ross
Philip Keen	Don Baxter (Ex Officio)	

DIRECTORS REGISTER OF ATTENDANCE 2010

	Board Meetings	
	Number Eligible To Attend	Number Attended
Arrage, N	2	2
Baxter, D (Ex Officio)	6	6
Brown, G	6	6
Forbes, L	1	1
Goodbun, R	2	2
Grierson, J	2	1
Keen, P	2	2
Kelsall, J	4	3
Kennedy, M	2	2
Langdon, P	6	6
Matthews, K	4	4
Mitchell, R	6	6
Parkhill, N	4	4
Ross, C	4	3
Selvey, L	4	3
Sutherland, C	3	3
Tatow, D	2	2
Temple, L	2	0
Tobin, M	1	1
Wilson, J	4	4

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.

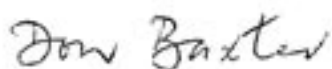
Significant Changes

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

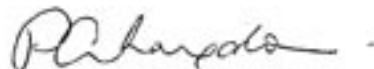
Operating Result

The deficit of the Federation for the year ended 30 June, 2010 amounted to \$48,090 (2009 surplus of \$125,036).

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



Don Baxter – Executive Director



Trish Langdon – Treasurer

Dated this fourteenth day of September 2010

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2010

	Notes	2010 \$	2009 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	794,979	1,093,302
Trade and other receivables	5	639,765	712,347
Security Deposits and Prepayments		53,164	64,805
TOTAL CURRENT ASSETS		1,487,908	1,870,454
NON-CURRENT ASSETS			
Property, plant and equipment	6	31,370	45,175
TOTAL NON-CURRENT ASSETS		31,370	45,175
TOTAL ASSETS		1,519,278	1,915,629
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	392,405	573,184
Grants in Advance	7, 8	252,045	404,168
Provisions	7, 9	232,729	208,743
TOTAL CURRENT LIABILITIES		877,179	1,186,095
NON-CURRENT LIABILITIES			
Provisions	9	19,599	58,944
TOTAL NON-CURRENT LIABILITIES		19,599	58,944
TOTAL LIABILITIES		896,778	1,245,039
NET ASSETS		622,500	670,590
EQUITY			
Reserves	11	97,600	97,600
Retained earnings	10	524,900	572,990
TOTAL EQUITY		622,500	670,590

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2010

	Notes	2010 \$	2009 \$
REVENUE			
Donations and gifts		141,299	119,972
Legacies and bequests		—	—
Grants			
AusAID		155,116	240,528
AusAID HIV Consortium		789,587	429,794
Other Australian		2,191,295	2,341,713
Other Overseas		—	—
Investment income		43,852	35,623
Other income			
Overseas		—	57,129
Domestic		72,194	142,573
		<u>3,393,343</u>	<u>3,367,332</u>
EXPENDITURE			
International Aid and Development Projects			
Funds to international programs		660,650	377,684
Program support costs		169,233	144,898
Community education		—	10,300
Fundraising costs – Government, multilateral and private		21,816	9,418
Accountability and administration		5,672	13,576
Domestic Programs			
Domestic programs expenditure		790,472	871,396
Staffing		1,151,261	1,153,027
Administration		642,329	661,997
		<u>3,441,433</u>	<u>3,242,296</u>
SURPLUS/(DEFICIT) FROM OPERATIONS		<u>(48,090)</u>	<u>125,036</u>

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF CHANGES IN ACCUMULATED FUNDS & RESERVES FOR THE YEAR ENDED 30 JUNE 2010

	Retained Earnings	General Reserves	Total
	\$	\$	\$
Balance at 30 June 2008	447,954	97,600	545,554
Surplus/(Deficit) attributable to members	125,036	—	125,036
Balance at 30 June 2009	572,990	97,600	670,590
Surplus attributable to members	(48,090)	—	(48,090)
Balance at 30 June 2010	524,900	97,600	622,500

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2010

	Notes	Inflows (Outflows) 2010 \$	Inflows (Outflows) 2009 \$
Cash flows from operating activities			
Government Grants Received		2,275,325	2,990,351
Interest Received		43,852	35,623
Other Income		986,787	1,218,380
Project Grant Costs		(1,829,453)	(1,524,186)
Payments to Suppliers and Employees		(1,774,834)	(1,929,063)
Net cash provided by operating activities	14	(298,323)	791,105
Cash flow from investing activities			
Payments for property, plant and equipment		—	(16,431)
Net cash provide by (used in) investing activities		—	(16,431)
Net increase/(decrease) in cash held		(298,323)	774,674
Cash at beginning of year		1,093,302	318,628
Cash at end of year	4	794,979	1,093,302

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 2010

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 is

Territory under the *Associations Incorporation Act 1991*.

The financial report is of the

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 statement of comprehensive income during the financial period in which they are incurred.

Depreciation

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

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

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

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

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

c) Leases

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

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

Leased assets 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 2010

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 statement of comprehensive income.

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

f) Employee Benefits

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

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

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

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

g) Cash and Cash Equivalents

Cash and cash

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 statement of financial position are shown inclusive of GST.

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

k) Comparative Figures

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

Critical Accounting Estimates and Judgments

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

Key Estimates – Impairment

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

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

Note 2: Revenue

Operating Activities

	2010	2009
	\$	\$
Donations and Gifts	141,299	119,972
Legacies and bequests	—	—
Operating grants:		
AusAID	155,116	240,528
AusAID Consortium	789,587	429,794
Other Overseas	—	—
Other Australian	2,191,295	2,341,713
Investment Income	43,852	35,623
Other income:		
Overseas	—	57,129
Australian	72,194	142,573
	3,393,343	3,367,332

Note 3: Auditors' Remuneration

Remuneration of the auditor of the Federation for:

Auditing or reviewing the financial report	22,000	22,000
	22,000	22,000

Note 4: Cash and Cash Equivalents

Cash at bank	759,679	184,255
Short-term bank deposits	35,000	908,547
Cash on hand	300	500
	794,979	1,093,302

The effective interest rate on short-term bank deposits was 3.60% (2009: 1.55%); 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	794,979	1,093,302
	794,979	1,093,302

Note 5: Trade and Other Receivables

Member Organisations	15,309	407
Government Grants	535,843	627,647
Loan – National AIDS Fundraising Ltd	30,000	30,000
International: Project Partners	1,892	3,597
Health Sector Organisations	14,917	2,750
GST Receivable	41,804	47,946
Income Receivable	—	35,019
Less: Provision for Doubtful Debts	—	(35,019)
	639,765	712,347

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

Note 6: Property, Plant and Equipment

	2010	2009
	\$	\$
Office equipment at cost	90,075	90,075
Accumulated depreciation	(66,222)	(54,296)
Total office equipment	23,853	35,779
Leasehold improvements		
At cost	40,578	40,578
Accumulated depreciation	(33,061)	(31,182)
Total Leasehold Improvements	7,517	9,396
Total Property, Plant and Equipment	31,370	45,175

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	9,396	35,779	45,175
Additions	—	—	—
Disposals	—	—	—
Depreciation expense	(1,879)	(11,926)	(13,805)
Carrying amount at the end of year	7,517	23,853	31,370

Note 7: Trade and Other Payables

	2010	2009
	\$	\$
CURRENT		
Trade payables	392,405	573,184
Grants received in advance	252,045	404,168
Short-term employee benefits	232,729	208,743
	877,179	1,186,095

Note 8: Grants in Advance

Health Department Grants – Commonwealth and State	—	7,774
International Program Grants	252,045	396,394
Other Grants	—	—
	252,045	404,168

Grants in Advance represent work that had commenced in the 2009/2010 financial year but where final costs will not be paid until the 2010/2011 financial year.

Note 9: Provisions

Employee Benefits (Refer to Note 1 (f))		
Current	232,729	208,743
Non-Current	19,599	58,944

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 \$28,100 (2009: \$40,000) is incorporated as a current liability.

Number of full time equivalent employees at year end	15.2	15.6
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AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

Note 10: Retained Earnings

	2010 \$	2009 \$
Retained earnings at beginning of year	572,990	447,954
Operating surplus/(deficit) for the year	(48,090)	125,036
Transfer to Reserves	—	—
Retained earnings at the end of the year	524,900	572,990

Note 11: 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 12: Operating Lease Commitments

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

Payable – minimum lease payments

– not later than 12 months	94,758	84,090
– between 12 months and 5 years	130,081	222,581
– greater than 5 years	—	—
	224,839	306,671

Note 13: Events after the Statement of Financial Position 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 12th September, 2010.

Note 14: Cash Flow Information

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

Operating surplus/(deficit)	(48,090)	125,036
Depreciation	13,805	14,226
(Profit)/Loss on disposal of assets	—	1,941
Changes in net assets and liabilities		
(Increase)/decrease in prepayments & deposits	11,641	(44,963)
(Increase)/decrease in trade debtors	72,582	796,310
Increase/(decrease) in sundry creditors	(180,779)	(160,250)
Increase/(decrease) in grants in advance	(152,123)	80,712
Increase/(decrease) in employee benefits payable	(15,359)	(21,907)
	(298,323)	791,105

Note 15: Financial Risk Management

a) General objectives, policies and processes

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

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

The Board has overall responsibility for the determination of the Federation's risk management objectives and policies. The Federation's risk management policies and objectives are therefore designed to 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.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

Note 15: Financial Risk Management (continued)

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

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:

	2010	2009
	\$	\$
Receivables	567,961	634,401

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
	\$	\$	\$
2010			
Financial Liabilities			
Non-derivatives			
Current payables	392,405	392,405	392,405
2009			
Financial Liabilities			
Non-derivatives			
Current payables	573,184	573,184	573,184

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).

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
	\$	\$	\$
2010			
Cash & cash equivalents	794,979	7,949	(7,949)
Increase/(decrease)	794,979	7,949	(7,949)

The above assumes all other variables remain constant.

The same analysis was performed for the period ended 30 June 2009.

	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.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

Note 16: Federation Details

The registered office of the Federation is:

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

Note 17: Economic Dependency

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

Note 18: Related Party Disclosures

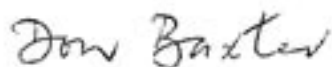
- a. The names of each person holding the position of director of the Organisation during the financial year are: Dr Graham Brown, Mr Rodney Goodbun, Dr Linda Selvey, Mr Mike Kennedy, Mr James Wilson, Ms Trish Langdon, Dr Jeffrey Grierson, Mr Nicholas Parkhill, Mr Robert Mitchell, Ms Louise Temple, Ms Jenny Kelsall, Mr Nassim Arrage, Mr Kane Matthews, Mr Dion Tatow, Mr Colin Ross, Mr Phillip Keen, Ms Cassy Sutherland, Ms Linda Forbes, Ms Michelle Tobin and Mr Don Baxter.
- b. Key management personnel comprise of Mr Don Baxter (Executive Director), Mr Simon Donohoe (Education Programs Manager), Ms Jill Mogridge (Financial Controller), Mr David Traynor (International Programs Manager) and Ms Abigail Groves (Policy & Communications Program Manager to April, 2010) and Ms Linda Forbes (Policy & Communications Program Manager from April, 2010).
- c. Transactions between related parties are on normal commercial terms and conditions no more favourable than those to other parties unless otherwise stated.
- d. Income paid, payable or otherwise provided to key management personnel during the year was \$536,076 (2009: \$502,238). This included short-term benefits of \$496,356 (2009: \$461,946) and superannuation of \$39,720 (2009: \$40,292).

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30 JUNE 2010

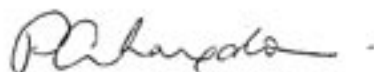
In the opinion of the Board, the financial report:

1. Presents a true and fair view of the financial position of the Australian Federation of AIDS Organisations Incorporated as at 30 June 2010 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 fourteenth day of September 2010

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 2010, consisting of the Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows, Statement of Changes in Accumulated Funds & Reserves, 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 2010, 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, 12 September 2010

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

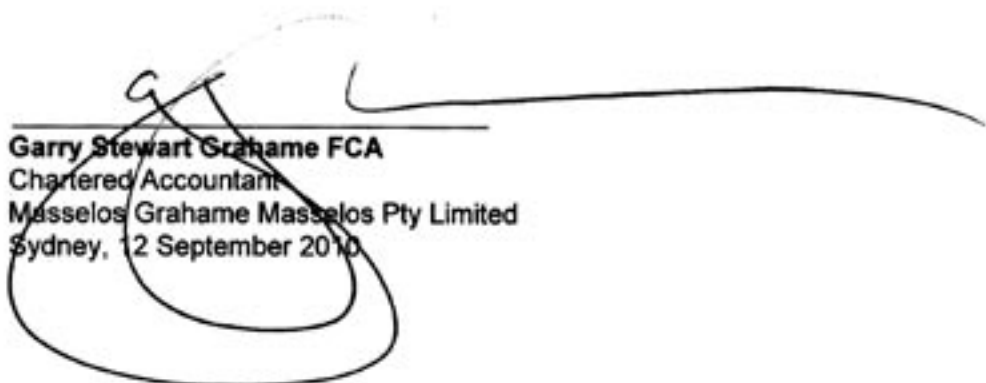
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Disclaimer

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 2010. 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, 12 September 2010

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

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AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2010

	2010 \$	2009 \$
Revenue		
Donations and Gifts	141,299	119,972
Grants		
AusAID	155,116	240,528
AusAID HIV Consortium	789,587	429,794
Health Department Grants	2,191,295	2,341,713
Doubtful Debts Recovered	35,019	—
Investment Income – Interest	43,852	35,623
Other Income		
Overseas	—	57,129
Domestic	37,175	142,573
	3,393,343	3,367,332
Expenditure		
Overseas Projects		
Funds to overseas projects	660,650	377,684
Other project costs	196,721	167,892
Domestic Projects		
Community education	—	10,300
Other project costs	797,565	871,396
Administration		
Audit	22,000	22,000
Bad Debts Written Off	543	—
Bank Charges	466	396
Contractors Fees	56,973	22,985
Depreciation Expense	13,805	14,226
Donations/Gifts	22,405	10,836
Employee Assistance Program	—	2,197
Insurance	28,705	27,015
Meeting Expenses	37,456	29,322
Office Equipment Expense	8,092	10,286
Postage and Freight	2,116	1,777
Professional Fees	27,411	68,247
Loss on Disposal of Assets	—	1,821
Rent and Electricity	106,761	97,959
Repairs and Maintenance	34,345	48,317
Resources and Subscriptions	16,078	41,194
Salaries and Wages	1,151,261	1,153,027
Staffing On-costs	39,601	16,992
Stationery and Office Supplies	11,772	17,837
Superannuation	101,775	98,162
Telephone, Facsimile and Internet	19,604	29,298
Travel	59,845	48,357
Website	23,829	52,773
WorkCover Compliance	1,654	—
	3,441,433	3,242,296
OPERATING SURPLUS/(DEFICIT)	(48,090)	125,036

THE AFAO BOARD MEMBERS

Graham Brown (President)

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

Experience: Graham's personal and professional passion for the community response to HIV has spanned more than 17 years in the community, social research and public health policy sectors. Graham is a Director of the WA Centre for Health Promotion Research, and Senior Lecturer in the School of Public Health at Curtin University. Graham is involved in a number of HIV-related policy and research programs 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 is a member of the Commonwealth Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and was Co-Chair of the Expert Writing Group that developed the Sixth National HIV Strategy. Graham has been living with HIV since 1996 and is an active advocate for the key role affected communities and people with HIV play within the HIV partnership response.

Linda Selvey (Vice President)

Educational qualifications: MBBS (Hons), MAppEpi, PhD

Experience: For many years Linda was Director of Queensland Health's Communicable Diseases Unit and subsequently worked as Executive Director, Population Health Queensland for almost four years. Twice during that period she was Chair of the Blood Borne Virus and Sexually Transmissible Infections Sub-Committee (BBVSS) of the Australian Population Health Development Principal Committee (or its predecessor). She is passionate about reducing the incidence and impact of HIV and other blood borne viruses, recognising the importance of the community response. She was one of the founders of the Hepatitis C Council of Queensland. Linda now works as CEO of Greenpeace Australia Pacific.

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 has been the Treasurer of AFAO since 2001 and Executive Director of the WA AIDS Council (WAAC) since 2000, after serving as the Chairperson of WAAC for four years. Trish 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.

James Wilson (Secretary)

Experience: James Wilson joined the AFAO Board in November 2009. He also currently serves on the board of Positive Life NSW and is an active speaker with the NSW Positive Speakers' Bureau.

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

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

Colin Ross: Chairperson Anwerneknhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA)

Experience: Colin has worked on issues relating to Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Viruses in the government and community sectors for 18 years. He has worked and volunteered in policy and planning, and program development and coordination in Aboriginal Medical and Sexual Health Services, advocacy for Indigenous People living with HIV/AIDS, health promotion and service delivery. Colin has had a close association with many Aboriginal and Torres Strait Islander LGBT groups across Australia over many years. Colin is the current Chairperson of the ANA.

Kane Matthews: The Australian Sex Workers Association, Scarlet Alliance

Experience: Kane joined Scarlet Alliance in 2007 and was employed in 2007 and 2008 to conduct and author *The National Needs Assessment of sex workers who live with HIV*. He has also volunteered over many years for a number of community organisations including the NSW Gay and Lesbian Rights Lobby and Positive Life NSW. Kane's involvement with Scarlet Alliance has included a range of activities promoting the rights of sex workers living with HIV as well as industrial relations for the sex industry. In his professional life, Kane has worked for over seven years in industrial relations and continues to work casually in the sex industry, having started working when he was 16. Kane has been living with HIV since 2003.

Jenny Kelsall: AIVL

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

Nicholas Parkhill: Ordinary Member

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

Phillip Keen: Staff Representative

Educational Qualifications: Bachelor of Arts (University of Sydney); Diploma in Community Services (Community Work)

Experience: Phillip is employed by AFAO. He works in the AFAO/NAPWA Education Team, where he contributes to the development of health promotion resources for gay men and people living with HIV. He has worked in the HIV sector for 18 years through his work at AFAO and ACON. His current interests include preventative health initiatives and health system reform, the development of health promotion methods to better utilise information and communication technologies, and the future place of rapid HIV testing technologies in Australia.



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