

AUSTRALIAN FEDERATION
OF AIDS ORGANISATIONS
ANNUAL REPORT 2010–2011





AFAO's president Graham Brown at a protest rally staged during the 2010 International AIDS Society conference in Vienna

“LIVING IN A WORLD WITH HIV/AIDS, WORKING FOR A WORLD WITHOUT HIV/AIDS.”

The AFAO Secretariat Vision Statement

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



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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Cover illustration by Jim Tsinganos for AFAO's Fear Less Live More campaign working to overcome HIV-related stigma and discrimination among gay men. For more information visit www.fearlesslivemore.org.au or join up on Facebook.

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PRESIDENT'S REPORT

DR GRAHAM BROWN

2010–11 BROUGHT US TOWARDS THE MIDDLE OF THE TERM FOR OUR CURRENT NATIONAL HIV STRATEGY. THIS YEAR SAW SUBSTANTIAL STEPS FORWARD IN OUR NATIONAL HIV ENVIRONMENT, BUT ALSO SAW SIGNIFICANT STEPS BACKWARDS.

SIGNIFICANT DEVELOPMENTS AND ONGOING CHALLENGES

During the year AFAO was involved in intense preparatory work for the recent signing of the 2011 UN *Political Declaration on HIV/AIDS*, which for the first time explicitly acknowledged affected communities – sex workers, men who have sex with men and people who inject drugs. We have been keen to ensure that Declaration targets guide the mid-term review of the *Sixth National HIV Strategy*, particularly in relation to investment in prevention, universal access to treatments for all people living with HIV in Australia, and reducing the transmission of HIV across our communities. Minister Roxon's office and her advisers have remained active and responsive throughout the strategy review process.

Other significant developments over the year included:

- ◆ good progress on the approval process (not yet completed), for the introduction of rapid HIV testing technology in Australia
- ◆ major developments in the AFAO International Program, culminating in the opening of the AFAO International office in Bangkok in July 2011
- ◆ AFAO's HIV and African Communities Forum
- ◆ the revitalisation of the AIDS Trust of Australia
- ◆ ongoing AIDS Trust support for the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA), with sponsorship of Anwernekenhe 5 – the ANA's fifth National HIV/AIDS and Sexual Health Conference – held in August
- ◆ mobilised responses to the implications of HIV and ageing.

However, we have also seen:

- ◆ continuing challenges concerning criminal prosecutions involving HIV transmission or exposure, and the consequent stigmatisation of people living with HIV
- ◆ backwards and harmful steps in proposed sex work laws in a number of states, running completely contrary to evidence-based policy
- ◆ a continued environment of plateaued funding, with grants for health promotion, policy reform and research being spread thinly across a range of communicable diseases and demands.

We have begun to see the impact of past reinvestment in HIV prevention and support in Victoria and elsewhere. However,

in most areas HIV rates have remained stubbornly stable – reflecting failure to increase government investment – and we have not begun to drive the rate of new HIV infections down. Potential gains will be more than lost if the Government is not able to allocate some additional new funds in the implementation of our suite of five National Strategies to address sexually transmitted infections (STIs) and blood borne viruses (BBVs). These inadequate funding levels are having an impact across the community, research and policy response at all levels; a number of priority actions in the Sixth National Strategy are yet to be progressed, including the enhanced HIV prevention responses.

While it was heartening to see the formation of two important working groups within the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) structure – the Legal Working Group and the Research Priorities and Evaluation Group – these two groups have had to rely heavily on the goodwill and volunteerism of the community and research sector to support the relevant strategy and policy advice agendas.

A NEW ERA

As we move towards a three-year funding framework and the midterm review of the National Strategies, it is critical that all sectors of the partnership are properly resourced to play their role if we are to achieve the reduction in transmission and impact of HIV.

This year saw the changing of the guard and a new era begin as Don Baxter stood down as Executive Director, and we warmly welcomed Rob Lake into the role. I encourage you to read the piece that accompanies my report (opposite), which outlines Don's enormous contribution to the successes of AFAO and the community HIV response in Australia.

This will be my final *Annual Report* as President. I have been extremely proud of the work of AFAO – the membership and the secretariat – throughout my time as President. I warmly thank my fellow Board Members, Member Organisations and Affiliate Members and the AFAO staff, for their outstanding work and support. My time as President has been a highlight of my work in HIV, and I look forward to a change in role and new ways I can continue to support the work of AFAO into the future. I believe that after four years the time has come for a new President to continue and expand the success and momentum that, together, we have achieved in our community response to HIV.



EXECUTIVE DIRECTOR'S REPORT

ROB LAKE, EXECUTIVE DIRECTOR

THIS HAS BEEN A YEAR OF CHANGE FOR THE HIV SECTOR IN AUSTRALIA AND A YEAR IN WHICH WE HAVE SEEN SOME HIGHLIGHTS AND SOME CHALLENGES. ACROSS AFAO AND ITS MEMBERSHIP, WE HAVE SEEN NEW PROGRAMS, MAJOR POLICY AND EDUCATION INITIATIVES AND CONTINUING SUCCESS IN RESPONDING TO THE CHALLENGES THAT HIV CONTINUES TO BRING US.

Challenges that persist include prevention, clinical and other treatment issues, and care and support needs of people living with HIV. These challenges are keenly felt in Australia, but due to a lack of targeted action to address issues for affected communities across South-East Asia and the Pacific – including sex workers, gay and other men who have sex with men (MSM) and people who inject drugs – a regional focus remains equally important.

The work of our Secretariat continues to be guided by a skilled and committed Board, passionate staff with broad expertise and experience, and a network of people who assist AFAO and our Member Organisations to provide the representative voices and astute analysis in a range of clinical, policy, government and research advisory bodies that inform the response to HIV in Australia.

One of the key changes at AFAO has been the decision by Don Baxter to step down as Executive Director in June this year. Don's leadership has played an immense role in AFAO's ongoing success and that of the Australian and global HIV response. For me, as new Executive director, this success provides a powerful strategic and political framework to build on and develop in ensuring the ongoing leadership of AFAO in the Australian HIV response. A more detailed tribute to Don's work appears on page 5 of this report. One of Don's last actions in the role was to contribute significantly to the text and ratification of the UN 2011 *Political Declaration on HIV/AIDS* in June. This global policy framework has opened up major new advocacy opportunities to re-shape the global HIV response, particularly through an approach to HIV prevention and treatments that works with the communities and populations that are truly at risk.

During the year we also farewelled Jill Mogridge, who for 15 years was AFAO's Financial Controller. Jill has been pivotal to the financial stability of AFAO over what have been, at times, challenging financial circumstances.

AFAO has been providing national policy leadership in the area of rapid HIV testing, the Australian Red Cross Blood Service's review of blood donations, implementation of the Government's health reform agenda, and the rollout of the e-health system. AFAO is mindful of the need to provide national leadership in ensuring a continued community-based response to HIV, and following nation-wide community consultations, we held a national forum on HIV and African communities.

HIV Australia, our flagship publication, has continued to provide thoughtful, insightful perspective and background on significant and emergent issues such as these. Linda Forbes became Policy and Communications Manager at AFAO in July 2010. Her report provides more detail of the work her team has completed including major issues papers on migration policy and HIV criminalisation, and providing Anwernekenhe 5 Conference support. Our thanks to AFAO members for their support and input into all this work.

Despite ongoing advocacy, AFAO was unable to secure funds from the Department of Health and Ageing (DoHA) for the work of the AFAO Aboriginal and Torres Strait Islander project. The Anwernekenhe 5 Conference, held in Cairns, was generously funded by the AIDS Trust of Australia, without whom the event wouldn't have proceeded. Michael Costello and the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) Board have worked tirelessly to continue to build on the work of the ANA and to ensure the success of the Conference.

The AFAO-NAPWA Education Team (ANET) has continued to provide a valuable leadership and collaborative role in HIV education in Australia. Ongoing delays in approvals have affected the development and implementation of campaigns and the release of resources. Despite this, the ANET team has continued its innovative work in the area of HIV stigma; resources for people with HIV; the ongoing development of the Drama Downunder website; and collaborative research into HIV testing, and into attitudes to PrEP (pre-exposure prophylaxis).

The release of international research acknowledging the potential value of PrEP as a prevention tool has been the subject of considerable discussion. Coupled with other research that identifies the impact of effective treatments in reducing HIV transmission, we are beginning to see growing evidence for new approaches to prevention. This is significant for affected communities in countries with good antiretroviral (ARV) access.

For affected communities in developing countries, the lack of consistent access to affordable treatment is still the dominant issue, and the effectiveness of properly targeted prevention information, education and resources is still not sufficiently understood or supported by governments and funders. AFAO's International Program plays a major role in supporting our partners in South-East Asia and the Pacific to better advocate locally and nationally on these issues. The program has also

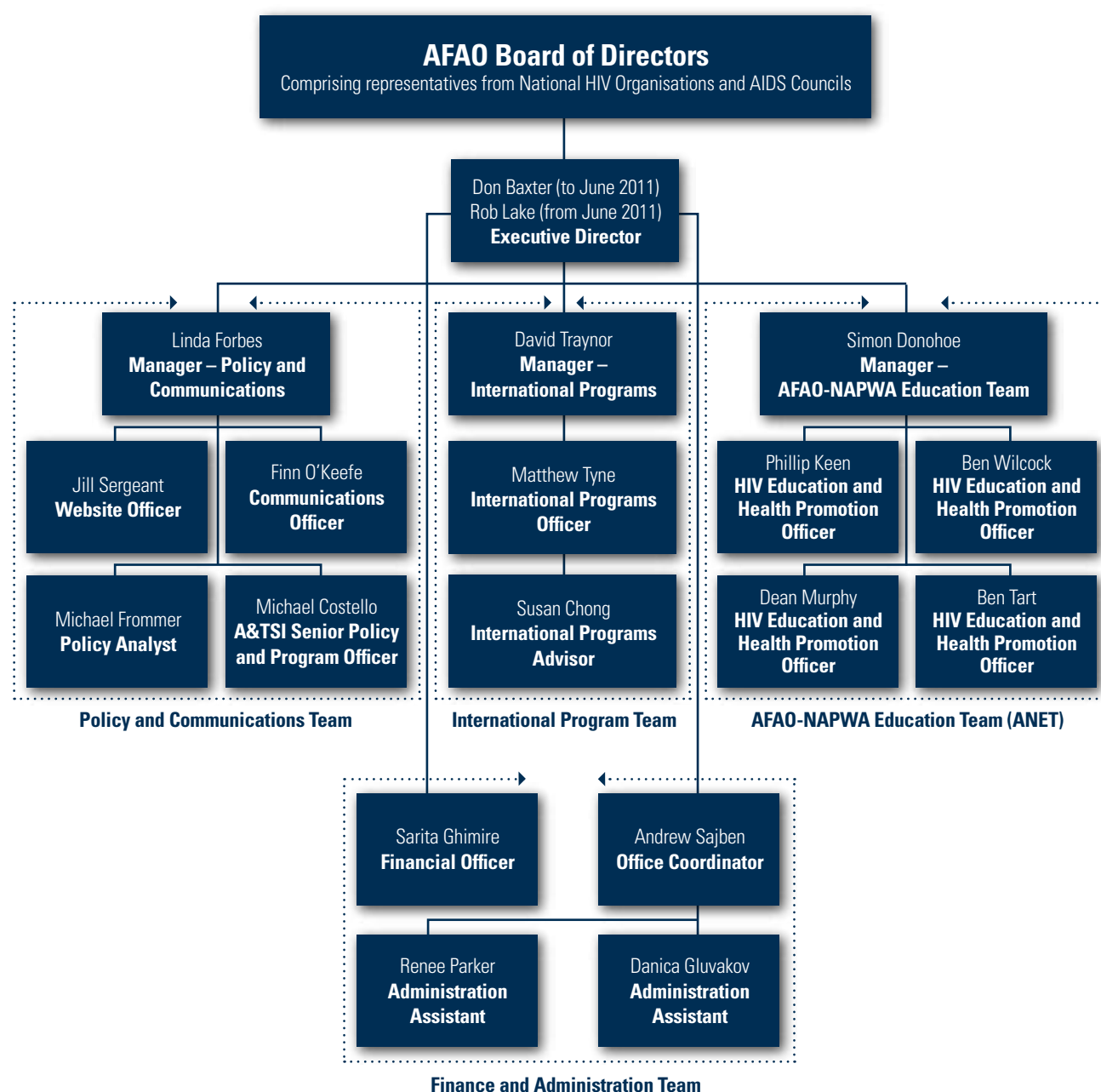
worked with our Regional Partners – in particular APCASO, APN+ and APCOM – to better understand and advocate on these issues to national governments, and to development agencies/funders and the Global Fund. The decision to base the AFAO International Program in Bangkok was driven by a desire to ensure that the support and collaboration between AFAO and these partners delivers the best possible outcomes for affected communities in our region. AFAO staff David Traynor, Matthew Tyne and Susan Chong have been ably supported by skilled consultants including John Rock, Tim Leach, Susan Paxton, Wilo Mulowena and Robert Baldwin.

From 2011, AFAO will move into a new era as our funders introduce new funding mechanisms that bring with them the benefit of secured three-year funding agreements but also bring

the uncertainty of competitive tendering for DoHA funds. The challenge is to mount powerful and informed arguments for the ongoing perspectives, education and advocacy provided by AFAO and our national Member Organisations. These perspectives have helped Australia to maintain its reputation and success in HIV prevention and care. As we enter a time of changes in the profile of HIV in Australia – with uncertain implications – this experience and approach will again be needed for Australia to maintain its success.

To prepare for these changes, and to respond to the ongoing challenges of HIV in Australia and our region, AFAO has developed *Strategic Directions 2011–2015*, our strategic plan for the next four years. It will be launched at the 2011 AGM.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS (AFAO) ORGANISATIONAL CHART



ACKNOWLEDGING DON BAXTER



Don Baxter (pictured fifth from the left) in 1983 at the first meeting of interstate AIDS activists, held in the *Outrage* magazine office in King William Street, Fitzroy, Melbourne. Inset: Don today.

Don Baxter has been integral to Australia's strategic response to HIV since the very beginning in 1983.

In the early years he was part of the grass-roots response, working with Sydney's gay community and the AIDS Action Committee (which subsequently became one of the founding member organisations of the AIDS Council of NSW – ACON). He worked as a volunteer and Board member of ACON until he took on a paid position in 1988, initially as the Education Programs Manager and Deputy Director and later as the Executive Director (1990–96).

After this, Don had a four-year hiatus from paid HIV work, although during this time he was still involved with HIV on a voluntary basis as a member of the South Eastern Sydney Area Health Service Board.

In 2001, his passion and commitment to HIV eventually got the better of him. He returned to the HIV sector full-time as Executive Director of AFAO in December of that year and proceeded to provide national leadership and stewardship of the Australian HIV response for nine-and-a-half years.

During the last decade, Don has also been a member of key advisory and decision-making bodies in Australia's national HIV response – in both elected positions and Ministerially-appointed roles. Don has also been instrumental in building and strengthening the HIV response in Asia and the Pacific, particularly in work to foster the formation and development of emerging organisations of gay men and men who have sex with men (MSM) in South-East Asia, Papua New Guinea and the Pacific. He has served on the boards of the Asia Pacific Coalition of AIDS Service Organisations, the International Coalition of AIDS Service Organisations, and instigated the development of a broader international movement to gain acknowledgment of and funding for gay men and MSM to build a global response to HIV – culminating in the formation of the MSM Global Forum, of which Don is one of the founding Co-Chairs.

On 5 May 2011, Don and his many achievements were honoured at a glittering farewell event held at Slide Bar in Sydney. Despite Don's modesty, we thought it best to give him the last word on his achievements from the last decade. The following excerpt is taken from Don's farewell speech.

THE LAST WORD: AN EXCERPT FROM DON'S FAREWELL SPEECH

My view of this job is that fundamentally it is a privilege that few have. I acknowledge I have worked hard through the decade – but for the most part this work has been easy and a pleasure ... These nine-and-a-half years have been worth it and a time I do feel proud of.

We are now at a time where the nation has:

- a strategic and policy framework which is the strongest we have had in the decade
- improved National Strategies – with a Surveillance and Monitoring Plan in place to assess progress on them
- an active, energetic and expert advisory structure
- a Federal Minister who is onside, who listens when things are serious – and has competent staff.

I guess I have a sense of completion on those issues. But it's not all wine and roses – there are major challenges in train. Funding is too tight at the national level to support really effective and timely responses to emerging issues. For example – to name a few:

- increased injecting in Aboriginal and Torres Strait Islander communities – driven by inexcusable incarceration rates of young Aboriginal men in particular
- African Australians and HIV – including the underlying, complex migration issues and resource boom impacts
- The impacts of long-term infection and long-term treatments on people living with HIV
- And we need to maintain continuing vigilance on the wider structural changes to the health system from the Government's Health Reform Agenda to ensure the HIV response is not inadvertently compromised.

Back in 2001, in his typically understated style, Don remarked that "moving to AFAO is the best career move I could have made". It was much more than a career move Don. It was an injection of passion, commitment, tough love and leadership from which the Federation, the whole HIV response, and gay, HIV-positive, injecting, sex worker, and Aboriginal and Torres Strait Islander communities have gained enormously – in Australia and internationally.

From all of the staff and Board at AFAO: congratulations on the last ten years of achievements, Don. Although you will be missed, we look forward to continued collaborations into the future.

POLICY AND COMMUNICATIONS REPORT

LINDA FORBES, MANAGER



Pictured from far left: Linda Forbes, Jill Sergeant, Finn O'Keefe and Michael Frommer

AFAO'S POLICY AND COMMUNICATIONS TEAM PROVIDES POLICY ADVICE ON HIV-RELATED ISSUES AND UNDERTAKES POLICY ANALYSIS AND LAW REFORM ADVOCACY REGARDING AUSTRALIA'S RESPONSE TO HIV.

We provide information, resources and other materials to AFAO stakeholders and the broader community, and support AFAO's engagement with the media, to maximise the effectiveness of Australia's community-based response to HIV. We produce briefings and publications for AFAO Member Organisations and other stakeholders, and hold workshops and policy forums on key issues.

Our ongoing work program involves:

- ◆ identifying human rights issues affecting people living with HIV and affected communities
- ◆ contributing to government legislative and policy development
- ◆ participating in relevant policy and research forums
- ◆ initiating policy development and law reform advocacy regarding emerging HIV-related prevention issues and care and support issues faced by people living with HIV
- ◆ producing and disseminating information and publications
- ◆ holding workshops and forums to enhance understanding of emerging HIV-related issues and stimulate informed debate among AFAO members and other stakeholders
- ◆ working with AFAO members and other stakeholders to build capacity and enhance understanding of emerging HIV-related policy issues
- ◆ developing and advocating strategic policy responses and interventions in the international HIV pandemic with a particular focus on the South-East Asia and the Pacific
- ◆ managing, developing and maintaining the AFAO website
- ◆ producing *HIV Australia*, AFAO's quarterly magazine
- ◆ providing regular updates to members and other stakeholders regarding HIV-related and sectoral issues
- ◆ coordinating and supporting AFAO's media strategy
- ◆ coordinating of development of AFAO's strategic plan.

THE TEAM

Michael Frommer was appointed as AFAO's Policy Analyst in September 2010, and has well and truly settled in.

We continue to benefit from the experience and expertise of Website Officer, Jill Sergeant and that of Finn O'Keefe, our Communications Officer. Consultants Sally Cameron and John Godwin provided invaluable assistance on key policy projects during the year. AFAO's contracted media advisor Phil Davey expertly facilitated AFAO's media work and managed AFAO's engagement with the media.

POLICY ADVOCACY AND ADVICE

AFAO's ongoing policy activities continue to be a mix of responsive work driven by the Federal Government's policy agenda, and proactive policy work driven by emerging issues identified by AFAO and our Member Organisations – all in the context of the *Sixth National HIV Strategy* and relevant aspects of the other four national BBV and STI Strategies.

Key areas of focus for AFAO'S policy and advocacy work over the year were:

Health reform

Changes to health funding and planning arrangements were steadily rolled out over the year. We have monitored these changes, identifying the potential impacts of the restructuring for AFAO Member Organisations in the delivery of primary health care services for people living with HIV, and for the provision of prevention and health promotion programs for affected communities. AFAO has been actively engaged in providing feedback on key aspects across the health reform agenda, including critical analysis of proposed e-health initiatives.

Ageing

The cohort of people living with HIV in Australia is ageing and we have continued to focus on issues faced by people living long-term with HIV. The complexities of scientific and clinical developments regarding ageing and HIV are challenging, and AFAO membership consultations have continued to inform AFAO's policy advocacy on how to better meet the needs of people living with HIV in health care, community care and residential care services.

Migration policy

We have been analysing the policy implications flowing from the mandatory testing of prospective migrants to Australia and of off-shore refugee applicants for humanitarian visas. In May, we produced a discussion paper covering these issues which argues for reform of Australia's migration policies that discriminate

against people with disability. We also produced a position statement calling for reform of Australian migration policies affecting refugees living with HIV.

Criminalisation of HIV transmission

AFAO has continued to monitor Australian and international cases where HIV-positive people have been charged with offences relating to sexual transmission of HIV, or exposing another person to HIV. We produced a discussion paper exploring the intersection between the criminal law, public health law and civil cases regarding HIV transmission/exposure. The paper argues that the application of state/territory criminal laws can undermine HIV prevention, and care and support efforts. During the year we consulted with AIDS Councils regarding recent criminal cases and potential opportunities for jurisdictional policy reforms.

Review of blood donation deferral policies

The Australian Red Cross Blood Service deferral policies affecting men who have sex with men are currently under review. AFAO made detailed submissions to the review.

HIV among migrant communities

AFAO hosted a national forum on HIV and African Communities in May. The principal aims of the forum were to discuss how to further the HIV response among African communities; and to provide an opportunity for participants to share information and form networks of interest. The forum followed an 18-month period of community consultations around Australia. The forum and consultations will inform our policy advocacy and advice to government over the coming year on emerging issues for people from, or people who travel to African high-prevalence countries – particularly regarding how best to counter HIV-related stigma faced by people in these communities.

SUBMISSIONS

Policy submissions produced over the year included:

- ◆ Feedback on the review of the *National HIV Testing Policy 2006* and on drafts of the *2011 National HIV Testing Policy* and the *Support Document*
- ◆ Submission regarding the *Review of Australian Blood Donor Deferrals Related to Sexual Activity*
- ◆ Submission to the National E-Health Transition Authority on the *Exposure Draft of the Healthcare Identifiers Bill 2009*
- ◆ Submission to the Senate Standing Committee on Environment, Communications and the Arts regarding the adequacy of protections of the privacy of Australians online
- ◆ Comments regarding the proposed Security and Access Framework for e-health
- ◆ Submission regarding the *Draft Concept of Operations: Relating to the Introduction of Personally Controlled Electronic Health Records*
- ◆ Submissions to the Productivity Commission regarding its Inquiry into Caring for Older Australians (jointly with NAPWA)
- ◆ Submission regarding the Productivity Commission's *Disability Care and Support Draft Report* (jointly with NAPWA)

- ◆ Submission regarding the *Medicare Locals Discussion Paper on Governance and Functions*
- ◆ Submission to *Global Commission on HIV and the Law*
- ◆ Comments provided to Commonwealth Eminent Persons Group on its recommendations regarding democracy and the Rule of Law
- ◆ Submission regarding the *National Drug Strategy 2010–2015, Consultation Draft*
- ◆ Comments on the *Review of the Tables for the Assessment of Work-related Impairment for Disability Support Pension* (jointly with NAPWA).

BRIEFINGS

Briefings for members and other stakeholders on current HIV-related issues over 2010/2011 covered:

- ◆ aspects of the health reform agenda
- ◆ HIV, privacy and e-health initiatives
- ◆ HIV rapid testing
- ◆ the Productivity Commission's draft *Disability Care and Support Report*
- ◆ the proposed National Disability Insurance Scheme
- ◆ the Attorney General's Department's NGO Human Rights Forum.

DISCUSSION PAPERS

In February we released *HIV, Crime and the Law in Australia: Options for Policy Reform – a Law Reform Advocacy Kit*. This combination discussion paper/advocacy kit examines HIV-related state/territory public health legislation, criminal laws across Australian jurisdictions – and associated policies, procedures and guidelines. The paper is designed to facilitate discussion of potential policy reform options within jurisdictions.

The discussion paper *Migration Law and HIV: the case for reform of Australian migration law and policy to ensure that the human rights of people living with HIV are respected and protected* was released in June, together with the AFAO position statement *Call for reform of Australian migration policies affecting refugees living with HIV*.

MEMBER WORKSHOPS

AFAO held Member Workshops in November 2010 and May 2011 on:

- ◆ Key national issues and developments
- ◆ Injecting drug use and Aboriginal and Torres Strait Islander communities
- ◆ Health promotion and social media
- ◆ HIV rapid testing
- ◆ HIV and criminal law
- ◆ Health reform
- ◆ HIV surveillance issues
- ◆ Medicare ineligibility
- ◆ Research centres and priority setting
- ◆ HIV and 457 visa holders
- ◆ The review of the *National HIV Testing Policy 2006*
- ◆ Community sector research



HIV Australia covers from June 2010–June 2011

HIV AUSTRALIA

Over the year we further developed the framing of *HIV Australia* editions around key and emerging areas of interest. Editions produced in 2010/2011 covered a range of topical emerging issues:

- ◆ *Strengthening capacity: facing up to HIV in Papua New Guinea*
- ◆ *HIV and Ageing: a changing epidemic*
- ◆ *The Criminalisation of HIV: Criminal law v public health*
- ◆ *Virus in the system: keeping watch on the health of Australia's prisons*

HIV Australia covers from the past year feature above.

The magazine has an extensive print distribution and is also published on the AFAO website with additional content. We recently conducted a reader survey and received excellent reader feedback. The survey revealed a diverse readership for which the focused themes have been highly relevant, with the magazine being used for education and advocacy by some organisations.

Here are some other survey findings:

- ◆ just over 50% of the readership cited relevance to their work as the primary reason for subscribing
- ◆ themes of interest/relevance were evenly split – articles dealing stigma and discrimination, mental health, criminal law and ageing were equally popular
- ◆ international readership remains strong – with over 250 overseas subscribers, including a number of new subscriptions received from South-East Asia.

MEDIA

Over the year, mainstream media interest relating to HIV in Australia has once again tended to focus on prosecutions of individuals for transmission of HIV or exposing others to HIV.

The quality of reporting has been variable: in some instances media reports have been sensitive and accurate, but in others inaccurate and sensationalist – potentially damaging for the people involved and generally stigmatising for people living with HIV. We also keep a watchful eye on reporting of migration policy and coverage of HIV-related issues in the context of migration or refugee policies.

The issue of accurate reporting has gained increased currency as media outlets have centralised their news sources and the internet has enabled mass reproduction of sometimes incorrect and damaging information in very short time-frames. We had some success during the year in obtaining withdrawal of inaccurate news headlines disseminated online, and we also revised our media guide, *Reporting HIV in Australia – Information for Journalists*.

WEBSITE

Website traffic remained strong throughout 2010/2011. In the period 1 July 2010 – 30 June 2011, a total of 164,532 visitors to the AFAO website viewed 702,903 pages. This averages out to about 58,500 page views, 13,711 visitors and 18,134 site visits per month. An average of 3.2 pages were looked at per visit. There was no particular trend upwards or downwards in page views over the period. The busiest months were October 2010 and May 2011. Most visitors came via search engines, with a smaller number arriving via links from other websites. More than 50% of site traffic was from Australia.

Finalising content migration and development of content for the new AFAO website has been a major focus over the year. The new website has a new look and expanded functionality, providing multiple navigation options and the facility for users to provide feedback and updates to some content, as well as a completely redesigned library section allowing easier access to documents, resources and publications.



The home page of AFAO's newly redeveloped website

INTERNATIONAL PROGRAM REPORT

DAVID TRAYNOR, MANAGER

THIS YEAR HAS BEEN BOTH CHALLENGING AND PRODUCTIVE FOR THE AFAO INTERNATIONAL PROGRAM. OUR FOUR HIV CONSORTIUM PROGRAMS CONTINUED IN IMPLEMENTATION, AS DID THE PAPUA NEW GUINEA (PNG) MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER (TG) LEADERSHIP DEVELOPMENT PROJECT.

Throughout the year, the program's advocacy efforts continued to focus on two key areas – scaling-up MSM and HIV-related responses across South-East Asia and the Pacific, and strengthening the role of community organisations in HIV responses more generally. The following provides only a 'taste' of the International Program's work over the past year. For more information we encourage you to visit the International pages on AFAO's new look website www.afa.org.au

RELOCATION TO BANGKOK

Following AFAO Board approval in May 2011, the International Program relocated to Bangkok on a two-year trial basis in mid-July. Premises have been found, which AFAO shares with the Asia Pacific Coalition on Male Sexual Health (APCOM). Registration in Thailand as a representative office will be pursued over the 2011/12 period. We envisage that a Bangkok location will contribute to the program's sustainability – seeing it operate more efficiently and effectively and with increased opportunity to pursue collaborative work with existing and new partners.

PROGRAMS AND PROJECTS

The Papua New Guinea MSM and TG Leadership Development Program

Implemented in partnership with the Poro Sapot Project (Save the Children PNG), the PNG MSM and TG Leadership program aims to strengthen and increase the participation of MSM and TG communities in responses to HIV. Despite ongoing implementation challenges, a number of significant milestones and outcomes were achieved during 2010/11. These include the first MSM and TG community forums to be held in PNG, events which brought together community representatives from various parts of PNG to discuss and articulate their needs with respect to HIV responses. A community working group to progress a National MSM and TG Organisation was also established. The AFAO International Program will continue to support this process into 2012.

The AFAO/APCASO Community Advocacy Initiative (CAI)

A joint program between the Asia Pacific Council of AIDS Service Organisations (APCASO) and AFAO, CAI works to strengthen community advocacy in Laos, Vietnam and Indonesia. Over the past year CAI has continued to support program participants in the development and implementation of local and national advocacy strategies.



Pictured left to right: David Traynor and Matthew Tyne

AFAO also worked over 2010/11 to strengthen capacity of the APCASO Secretariat to engage with regional and international policy and contexts, as well as providing ongoing support and advice on a range of strategic development issues.

The APN+ Positive Capacity Development Initiative

This program is managed and implemented by APN+, with AFAO acting as fiscal agent and in a program support function. The Positive Capacity Development Initiative aims to assist the development of sustainable, effective, country and regional level PLHIV organisations and networks. Over 2010/11, the initiative remained 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. A vast range of activities have been implemented this year including organisational development activities with Estrela Plus – the nascent National Network for PLHIV in Timor-Leste; support for the Cambodian PLHIV Network's Positive MSM program; and a Pacific Positive peoples gathering.

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

AFAO has continued to work closely with the GWL-INA throughout 2010/11. The program has supported the recruitment of a Database Officer to coordinate and manage the network's membership information, as well as data on MSM-related HIV responses in Indonesia. Advocacy strategy training – designed, led and facilitated by community representatives – was held with network members, and advanced organisational management training has been conducted with key secretariat staff.

The GWL-INA was also appointed as the Indonesian sub-recipient for funding from the Global Fund's Insular South East Asia Network MSM Program – a major achievement which demonstrates the growing strength and capacity of the organisation.

The Pacific Sexual Diversity Network (PSDN) Community Leadership Project

Our direct programming with the PSDN finished at the end of 2010/11. A number of activities were implemented over the year including finalisation of a Governance System Guide for the Network and the development of a regional newsletter to be produced and disseminated by the PSDN Secretariat.



Pictured clockwise from top left: Participants at the first CAI workshop held in Vietnam, August 2010. The CAI program works to strengthen community advocacy in Laos, Vietnam and Indonesia; Strategic planning workshop, Laos; Discussions held at Gessang, a community organisation in Solo, Central Java; Participants at the CAI workshop in Laos; The CAI workshop, Vietnam; Part of the AFAO International Program's new offices in Bangkok; The Help – an initiative of men who have sex with men in Mandalay, North Myanmar and an AFAO small grants recipient in June 2010–May 2011.

While our joint program has come to an end, we look forward to maintaining and strengthening the relationship that has developed between AFAO and the PSDN over the past three years.

The AFAO International Grants Scheme

Having provided critical support to dozens of community organisations across the Asia and Pacific regions over the past ten years, the global economic environment has seen the resources available to the scheme decimated. As a result, a full round of the scheme could not be launched over 2010/11. A number of smaller directed grants are, however, under consideration, with funding to flow to a limited number of community organisations in 2011/12. Work to identify and secure alternative funding for the Grants Scheme has begun.

Advocacy and policy

AFAO's advocacy at a national, regional and international level continues to grow in scope and volume. We have continued our

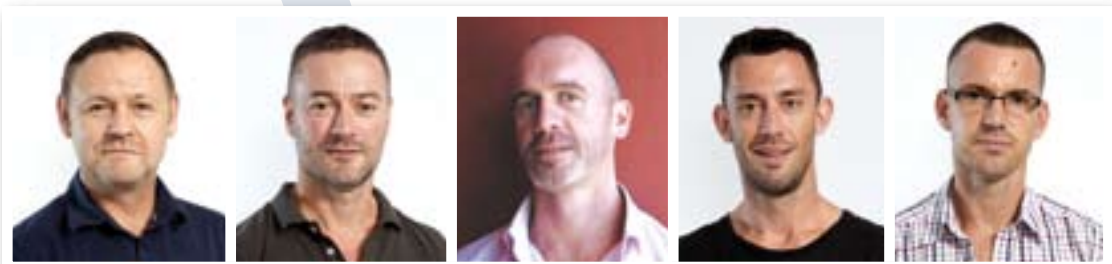
lobbying of AusAID and other regional stakeholders for scale-up of responses to HIV epidemics amongst MSM communities in the Asia and Pacific regions. Leading this charge has been AFAO's outgoing Executive Director Don Baxter, who remains Co-Chair of the Global Forum on MSM and HIV.

David Traynor played an increasingly active role in the Communities Delegation to the Board of the Global Fund for AIDS Tuberculosis and Malaria, working with the delegation to advocate for greater emphasis on human rights in Global Fund-related programming, as well as increased focus and investment in strengthening community systems.

Throughout the year, AFAO representatives participated in a range of critical international and regional policy and agenda-setting forums, including the regional consultation on Universal Access, the UN High Level Meeting on HIV and AIDS, and Global Fund Board and Committee meetings.

AFAO-NAPWA EDUCATION TEAM (ANET) REPORT

SIMON DONOHOE, MANAGER



Pictured from far left:
Simon Donohoe,
Phillip Keen, Dean Murphy,
Ben Wilcock and Ben Tart

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, and our respective 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
- ◆ creating and coordinating workforce development opportunities that build on and enhance the capacity of the staff of AFAO, NAPWA and our Member Organisations.

ANET principally works within the disciplines of health promotion, community development and adult learning. ANET staff work in collaboration with the National Association of People Living With HIV (NAPWA), and the 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 have continued to provide valuable leadership and input to national policy development in several key areas including:

- ◆ advocacy for the inclusion of rapid HIV testing as part of the review of the Australian *National HIV Testing Policy*
- ◆ an examination of sexual risk reduction strategies utilised by gay and other homosexually active men, resulting in a discussion paper and literature review to inform the future work of AFAO and its members on this issue
- ◆ maintaining a watching brief and providing strategic advice to the AFAO Board and the broader HIV partnership on the outcomes of a variety of international studies investigating biomedical HIV prevention strategies, pre-exposure prophylaxis (PrEP) (e.g. iPrEX and FEM- PrEP trials) and the issue of 'treatment as prevention' (e.g. HTPN 052 trial).

ANET staff have also been involved in the scientific committee and conference planning committee for the upcoming International Microbicides Conference (M2012), to be held in Sydney in April 2012.

Additionally, after completing a comprehensive series of consultation meetings with the AFAO and NAPWA membership

and other key stakeholders, we are pleased to announce the finalisation of a new five-year strategic plan that will guide the ANET health promotion, capacity building, and policy development work.

SOCIAL MARKETING AND SOCIAL MEDIA CAMPAIGNS

The Drama Downunder – Gay men's STIs campaign

Target group: Gay men and other men who have sex with men (MSM)

The Drama Downunder is a highly successful social marketing and online campaign to inform gay men and other men who have sex with men about STIs and to promote regular STI testing. Building on the feedback gathered through an evaluation of the two previous phases of this campaign, the third phase included a redevelopment of the campaign website, seeing it move from an Adobe Flash®-based platform to HTML. This will increase site accessibility, and in particular, enable users to access the site through mobile devices.

Several new health promotion messages were developed in this phase of the campaign, including a message promoting appropriate vaccinations (e.g. for hepatitis A and B, and the human papillomavirus [HPV]), and there were further iterations of the campaign imagery that aimed to refresh the existing strong campaign brand, and thereby maintaining and enhancing the target audience's engagement with the campaign.

Several new content areas were also developed for the Drama Downunder website (thedramadownunder.info), including information on sexual transmission of hepatitis C, and updated guidelines and information on sexual health testing for clinicians.

Fear Less Live More – HIV Stigma and Discrimination Campaign

Target Group 1: HIV-negative gay men/MSM, especially those (younger men) who have had limited personal experience or exposure to people living with HIV (PLHIV)

Target Group 2: HIV-positive gay men/MSM

Renowned illustrator, Jim Tsinganos, has created a striking set of images for the Fear Less Live More campaign, which uses both print and social media to address HIV-related stigma and discrimination. The suite of five campaign images works to discourage HIV-negative gay men from excluding HIV-positive gay men in sexual and romantic settings (i.e. casual sex and



Poster from the Drama Downunder, an STI awareness campaign for gay men

relationships) by promoting inclusiveness and openness, and by challenging some of the stereotypical responses to behaviours in such settings and situations. Additionally, the campaign supports HIV-positive gay men to develop resilient behaviours around disclosure and rejection while providing information, social and support avenues.

Posters, press advertisements and postcards of the campaign's images and messages will be supported by a dedicated interactive website (FearLessLiveMore.org.au) and accompanying Facebook pages. Audiences are encouraged to engage with the campaign by joining, liking, providing comments and sharing stories in an effort to harness and help shape a community standard of non-discriminatory behaviour.

A peer education and community development component of the campaign, to be implemented through AFAO's Member Organisations, is also scheduled for development.

PRINT AND WEB RESOURCES

Top Tips for Living Well with HIV – translated versions

Target group: PLHIV from culturally and linguistically diverse backgrounds

Top Tips for Living Well with HIV 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 readers' personal knowledge and to provide stimulus for individuals to find out more information or take action where necessary.

The content of the resource was revised and updated in 2009 and, on the recommendation of an evaluation report on the original 2007 booklet, the resource was redeveloped as a website (www.hivtoptips.org.au) and detailed information was added to accompany each 'tip'.

In 2010, a second booklet was also produced in plain English for people with low English literacy levels, including people from culturally and linguistically diverse backgrounds. This version of the Top Tips resource was particularly popular, with stock of the booklet being exhausted within a matter of several months. In response to this success, and based on demonstrated epidemiological need, translations of the plain English version of this booklet have been reviewed and re-developed in four community languages – Thai, Vietnamese, Arabic and Amharic – taking into account the cultural suitability of the messages and language for people in these language groups.

HIV Living Fact Sheets

- ◆ When to start treatment
- ◆ Working with your doctor

This year's ANET program continued to build on the series of *HIV Living Fact Sheets*, resources that aim to address issues of ongoing or emerging interest for PLHIV in a topic-specific and accessible format.

This year, two new fact sheets were produced by ANET staff and NAPWA's network members: the first one examining when to start treatment, and the second on working with your doctor.

These materials are currently awaiting approval from the Department of Health and Ageing before they can be printed and distributed.

CAPACITY BUILDING ACTIVITIES

National Forum on HIV and Ageing: Implications for Health Promotion Workers

In June 2011, ANET conducted a one-day national forum for HIV educators and health promotion workers to examine the education and health promotion implications of HIV and premature or accelerated ageing.

Even though HIV is now referred to as a chronic manageable condition, the likelihood of increased co-morbidities and early death due to chronic inflammation caused by an overstressed immune response and/or the side effects of certain HIV treatments, raises challenges for those involved in the HIV health promotion sector regarding the portrayal and response to HIV infection and HIV disease in the 21st century, and how best to ramp up preventative health messages that will reduce the disease burden on PLHIV and the associated social consequences.

The National Forum on HIV and Ageing: Implications for Health Promotion Workers aimed to increase understanding of the impact of premature or accelerated ageing on PLHIV among the health promotion staff of AFAO's and NAPWA's membership. Additionally, the forum worked to increase the HIV community-sector's capacity to appropriately respond to the issue in a way that was not alarmist.

ANET Evaluation Training Workshop and Evaluation Mentoring Project

ANET has been engaged in a multi-year initiative to build capacity among AFAO and NAPWA Member Organisations in relation to health promotion practice, including evaluation of health promotion activities.

ANET had previously conducted an audit of health promotion evaluation practice among AFAO and NAPWA membership. The audit report made a number of recommendations regarding training to build capacity among AFAO and NAPWA Member Organisations in this area. Based on these recommendations, ANET developed an Evaluation Training Workshop and the Evaluation Mentoring Project.

Evaluation Training Workshop – February 2011

ANET worked with Jonathan Hallett of Curtin University's WA Centre for Health Promotion Research (WACHPR) to develop a two-day short-course to provide an introduction to the theory and practice of evaluation in health promotion. The course was run in February 2011, with 25 staff from AFAO and NAPWA Member Organisations participating. Course content included:

1. The purpose and value of evaluation activities and processes in relation to health promotion initiatives
2. Developing a working knowledge of common terminology in relation to the evaluation of health promotion initiatives
3. Developing a working understanding of process, impact and

outcome evaluation approaches, and an ability to articulate how each of these areas may relate to common health promotion initiatives in HIV, and the particular area of work of course participants

4. Developing skills in designing appropriate evaluation methodologies and processes in relation to common HIV health promotion initiatives (e.g. social marketing, peer education, outreach), and the particular area of work of course participants.

Evaluation Mentoring Program

To build upon the Evaluation Training Workshop, ANET developed a mentoring program to provide an opportunity for a small group of staff from AFAO and NAPWA Member Organisations to gain practical experience and applied skills in relation to health promotion evaluation. Eight people were enrolled in this program, and have been working with Aldo Spina – a consultant with considerable experience and a good reputation in evaluation work within the HIV and broader health sector – to plan and complete an evaluation of a health promotion project currently taking place in their workplace.

The mentoring program has involved the participants in:

1. Developing an evaluation plan for particular health promotion initiatives or programs
2. Undertaking evaluation work in relation to a specific project or set of projects, learning and applying methodologies appropriate to the evaluation task (e.g. designing and running a focus group, and producing a report on its outcomes etc.)
3. Producing a report on the evaluation of a specific project or set of projects.

HIV Health Promotion Training Workshop

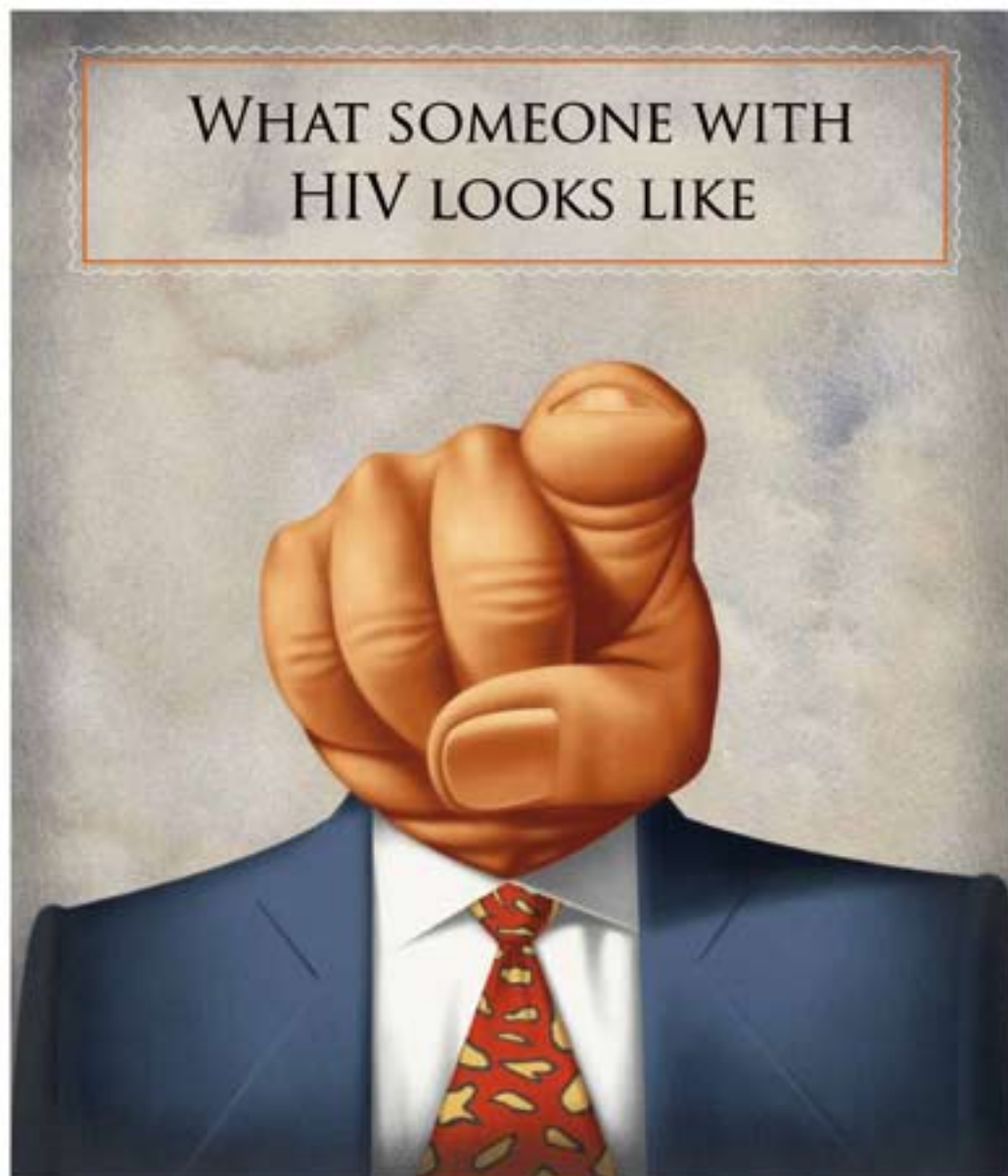
Many people who come to work in community-based HIV organisations are employed on the basis of their peer experience in relation to the communities with which they work. In many cases, new workers do not have formal qualifications or training in health promotion theory and practice.

In addition to the Evaluation Training Workshop (see above), ANET worked with Jonathan Hallett from WACHPR to develop a three-day short-course to provide an introduction to the theory and practice of HIV health promotion, with an emphasis on the planning skills required to deliver a successful health promotion intervention.

The course was run in February 2011 and was attended by 25 staff from AFAO and NAPWA Member Organisations who had less than two years' experience as HIV health promotion workers. The course consisted of a structured program using discussion, lectures and group work.

The course content included:

- ◆ the social determinants of health and the evolution of health promotion
- ◆ models of health promotion
- ◆ a structured approach to planning or developing an intervention, including identifying community needs



You can't tell by looking - men of all types get HIV and most remain very healthy.
Don't worry, lots of positive and negative men have great sex together without
passing on any viruses - they simply use condoms or act safely.

www.FEARLESSLIVEMORE.com.au

Produced by the Australian Federation of AIDS Organisations and the National Association of People Living with HIV/AIDS



Poster from Fear Less Live More, a campaign that addresses HIV-related stigma among gay men. Illustration by Jim Tsinganos.

- and participation, setting measurable and useful objectives, and developing integrated interventions
 - ◆ examples of behaviour change and maintenance models at the individual, group and community level to support strategy development and evaluation
 - ◆ integrating individual, group and community level interventions
 - ◆ identifying, building and maintaining partnerships
 - ◆ measuring the success of a program, including examples of quantitative and qualitative evaluation tools.
- Feedback from course evaluations was overwhelmingly positive, with participants indicating that the course content was relevant and useful to their work.

FINANCE AND ADMINISTRATION REPORT

ANDREW SAJBEN, OFFICE COORDINATOR AND SARITA GHIMIRE, FINANCIAL CONTROLLER



Pictured left to right, from far left:

The "Fab team" Sarita Ghimire, Andrew Sajben, Danica Gluvakov and Renee Parker

THE LAST TWELVE MONTHS HAVE BEEN AN INTERESTING AND CHALLENGING YEAR FOR THE NEWLY FORMED ADMINISTRATION AND FINANCE TEAM, WHO HAVE OVERSEEN FURTHER IMPLEMENTATION OF THE AFAO ORGANISATIONAL REVIEW.

The team has maintained a range of support and services to staff, the AFAO Board and our Member Organisations.

FINANCE

During this financial year, the AFAO finance department has once again experienced some changes in staffing. In September 2010, Jill Mogridge retired as AFAO's Financial Controller after fourteen-and-a-half years of service. Although we miss having her expertise and friendly nature around the office we know that she is enjoying her long-awaited retirement. Sarita Ghimire, who joined AFAO in March 2010, is now appointed as the Financial Controller, a full-time position. Sarita has already overseen a range of reforms to financial processes within the organisation, including the move of electronic funds transfer (EFT) payment processing, which is both expedient and a cost-saving measure.

Sarita is receiving ongoing support from the Administration team, who are carrying out a range of day-to-day financial duties. This arrangement has proven to be both efficient and cost-effective, as well as being a great staff-development opportunity for the Administration team. Thus, we are hoping to continue this arrangement into the future.

The AFAO financial management system is continuously reviewed and updated for smooth operation and meaningful reporting to AFAO Management and the Board. With the AFAO International team relocated to Bangkok from July, the day-to-day financial operation of the AFAO International Program has changed. We are working on appropriate financial, administrative and communication systems to ensure efficient operations of the AFAO International Program in this transition period. The AFAO Board is currently looking at revising the finance policy to incorporate changes arising from the Organisational Review and International program relocation. We anticipate this will be completed in the next couple of months.

ADMINISTRATION

The Administration team consists of Office Coordinator, Andrew Sajben and Administration Assistants, Renee Parker and Danica

Gluvakov. The team is affectionately known around the office as the "Fab team", due to their efficiency and enthusiasm as they support all staff across the organisation. Mentored by Andrew, both Renee and Danica have now been with AFAO for over two years and during this time they have built up a wealth of knowledge and experience, which enables them to make invaluable contributions to the organisation.

Throughout the year, the team has been integral to the smooth running of a huge range of events for AFAO and its Member Organisations. These include regular meetings such as Board Meetings, General and Annual General Meetings, as well as other national events including the Education Managers' Forum, the African Forum, the HIV and Ageing Forum and the Anwernekenhe 5 Conference. The team also provide ongoing administrative support to the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA).

This year, the Administration team have continued to support the AFAO International team on a range of projects, as well as providing logistical support in setting up the new Bangkok office that the International team now call home. The team also continued to assist with the distribution of AFAO publications, including *HIV Australia*, and the management of the AFAO publications database. The team also assisted with data entry for the *HIV Australia Readers' Survey 2011* and various other event surveys throughout the year.

The Fab team also coordinated some outstanding and memorable social events during the year, including two farewell extravaganzas that saw Don Baxter and Jill Mogridge depart AFAO in fine style.

All three members of the Administration team maintain additional responsibilities in addition to their day-to-day roles within the organisation. Danica has just completed a 12-month term as Staff Representative on the AFAO Board; the organisation has benefited from her keen eye and direct approach in providing necessary feedback. Renee has taken on a range of the new financial duties and has excelled at coming to grips with the financial software package used to report on the organisation's finances. Renee has also been instrumental in assisting with migrating content to the new AFAO website, which is now fully operational. Andrew Sajben continues in his capacity on the ANA Board.

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

MICHAEL COSTELLO, CHAIR



THE PAST YEAR HAS SEEN A NUMBER OF IMPORTANT ACHIEVEMENTS FOR THE ANA, AS WE WORK TOWARDS ESTABLISHING OUR INDEPENDENCE AS A NATIONAL BODY REPRESENTING THE

INTERESTS OF ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES IN RELATION TO HIV.

2010/11 saw the development and implementation of the following key documents:

- ◆ Memorandum of Understanding (MOU) between the ANA and AFAO
- ◆ *Anwernekenhe 5 Conference Implementation Plan*
- ◆ ANA Strategic Plan (development phase).

Initial development of these documents occurred between July and December 2010, with the ANA Board endorsing them at the ANA AGM, held in Brisbane in December 2010. The AGM also saw changes to the ANA Board, with Michael Costello resigning as the AFAO representative to the ANA, voted in as the independent representative and then into the position of Chair.

Other new members to the ANA Board included: Joanne Stott (Sistergirl position); Mario Soki (Founding Member, representing Meriba Dhoeynidhay Yabu District Health Community Council, Torres Strait Islands); Brett Mooney (Founding Member, representing AFAO); Meggan Grose (Organisational Member, representing ACON) and Janelle Turner (Female position).

For the first time since ANA's incorporation in 2008, elections to the ANA Board positions concluded with a full ANA Board in operation. The ANA would like to extend its gratitude and support to Colin Ross for chairing and leading the organisation throughout the two-year period from the 2009 AGM until the 2011 AGM. Colin remains a valued member of the ANA Board, and is now elected as Gay Male Representative.

MEMORANDUM OF UNDERSTANDING BETWEEN THE ANA AND AFAO

As the ANA moves towards establishing its independence as a national peak organisation for Aboriginal and Torres Strait Islander communities and HIV, the ANA and AFAO agreed that a MOU was the best strategy to progress the plan of independence. The MOU was endorsed by both organisations in March 2011.

The MOU sets out the basis for a cooperative relationship between the ANA and AFAO. The document supports core ANA activities for the period December 2010 – December 2012:

- ◆ development of the *Anwernekenhe 5 Conference Implementation Plan*, staging and evaluation of the Anwernekenhe 5 conference;

- ◆ support and funding of the Aboriginal and Torres Strait Islander Senior Policy and Program Officers position in the AFAO policy team and ANA Executive Officer/Chairs position
- ◆ planning and development of the ANA Strategic Plan 2011–2015.

ANWERNEKENHE 5 CONFERENCE IMPLEMENTATION PLAN

The ANA developed an extensive implementation plan to assist with planning for the Anwernekenhe 5 conference, which was held in Cairns August 2011. The majority of this work included location and venue selection, conference partnership building, a scholarship process and program planning.

During the past year, much of the ANA's work has focused on conference planning for Anwernekenhe 5. While previous conferences focused on gay and sistergirl populations, following a move towards a 'whole of community' approach, significant work was needed to ensure Anwernekenhe 5 remained relevant to our core constituents while also being accessible to the broader community.

ANA STRATEGIC PLAN (DEVELOPMENT PHASE)

The ANA has commenced the development phase of our Strategic Plan. The ANA Strategic Plan will set out a process to guide the ANA as it moves towards autonomy, focusing on priority areas that include securing on-going funding, establishing a secretariat, engaging with members and implementation of Anwernekenhe 5 outcomes.

Analysis of a major consultation process conducted through the Anwernekenhe 5 conference – and the Strategic Plan itself – is expected to be ratified in late 2011.

SUPPORT AND FUNDING FOR WHAT WE DO

Support provided to the ANA over the last year has ensured that it continues to grow into a viable organisation. Funding provided by AFAO has meant that the ANA Board has been able to meet in a timely and functional manner. Support from the AFAO Board, management and staff and funding support has also assured that the ANA has been able to operate with a paid staff member, allowing progression of the ANA workplan.

With securing ongoing funding as one of the key priorities of the ANA, the organisation was extremely pleased to receive a funding grant from the AIDS Trust of Australia (ATA) in late June 2011. This funding was allocated entirely for the Anwernekenhe 5 conference.

This relationship between the ANA, the ATA and AFAO will continue as we work towards strengthening our role as a community-based organisation representing the interests of Aboriginal and Torres Strait Islander people in relation to HIV.

SCARLET ALLIANCE, AUSTRALIAN SEX WORKERS ASSOCIATION

AUDRY AUTONOMY, VICE PRESIDENT
ON BEHALF OF THE SCARLET ALLIANCE EXECUTIVE COMMITTEE

SEX WORKERS IN AUSTRALIA HAVE A RICH HISTORY OF WORKPLACE ORGANISING, PEER EDUCATION AND ACTIVISM. SUBJECT TO ONGOING DISCRIMINATION IN OUR RELATIONSHIPS WITH GOVERNMENTS, AND PUBLIC AND PRIVATE SECTORS, WE CONTINUE TO SUPPORT ONE ANOTHER; BUILD OUR OWN ORGANISATIONS; DEVELOP INVALUABLE STRATEGIC PARTNERSHIPS WITH COMMUNITY GROUPS; AND PLAY AN INTEGRAL LEADERSHIP ROLE IN THE RESPONSE TO HIV AND SEXUALLY TRANSMITTED INFECTIONS (STIS).

Over the last year, Scarlet Alliance has continued to serve a growing demand for consultation and partnership from within government and the public sector by providing informed, representative and reliable policy analysis, expert advice and public advocacy. In the absence of core funding, representing a marginalised community within a shifting political and legislative landscape is increasingly challenging. Scarlet Alliance and its member organisations continue to draw heavily upon from the enormous contributions and hard work of volunteers from within the sex worker community.

SHINY NEW PREMISES

Twenty-two years of loud and proud sex worker activism has seen Scarlet Alliance grow into a strong, capable national peak body. We are thrilled to announce that April 2011 saw the organisation move out of the Albion Centre in Surry Hills and into downtown Redfern. Securing our own premises has allowed us to better meet the needs of our members, support our growing staff and contribute more resources and energy to the sex worker rights movement. The new office is a safe, fully accessible space, outfitted with staff workstations, private meeting rooms and tons of resources. A sex worker positive space – where whorephobia is left at the door – our new home is a calm, focused and solid base from which we are able to promote, educate, advocate, train, entertain and network with sex workers and supporters from Australia and beyond.

SYDNEY FORUM AND SYMPOSIUM 2010

In November 2010, Scarlet Alliance held its AGM, National Forum, and National Public Symposium in Sydney. Over three days, sex worker organisation peer educators and sex worker delegates from around Australia came together to work on key policy, education and legal issues for sex workers and sex worker organisations. 2010 also marked Scarlet Alliance's 21st birthday, and the Symposium – a public event held at NSW Parliament – featured presentations and performances by sex workers highlighting achievements, failures and general fabulousness from five decades of sex workers in Australia fighting for rights

and recognition. Presentations from the Symposium can be viewed on the Scarlet Alliance YouTube channel at <http://www.youtube.com/user/scarletalliancevideo>

LAW REFORM

In the past year, changes to legislation governing the sex industry have been under consideration in most states and territories; often driven by political and moral agendas rather than evidence based research concerning models of regulation that best support public health. We met with state and federal politicians, and contributed a number of submissions to governments, including to the WA Attorney General regarding the proposed *Prostitution Bill 2011* and the Standing Committee on Justice and Community Safety's inquiry into the *ACT Prostitution Act 1992*.

As well as delivering representation, Scarlet Alliance seeks to empower local sex workers to conduct advocacy and lobbying on their own behalf. Decriminalisation, currently in operation in NSW, is recommended by the National HIV/BBV Strategies as the best practice model in regards to health outcomes for sex workers and the general public. In the current political climate in NSW, decriminalisation is under threat and Scarlet Alliance has been providing resources, training and support to local sex workers mobilising against changes that would negatively impact our health, workplaces and access to justice. Sex workers are the experts regarding sex work and Scarlet Alliance maintains that sex workers remain the key stakeholders in any reform of laws concerning their work.

CELEBRATING DIVERSITY. EMPOWERING COMMUNITY.

Scarlet Alliance acknowledges and celebrates the diversity within the sex worker community. To ensure relevance to all sex workers in Australia, we utilise broad and targeted community consultation, targeted research and resources, and build on existing networks in our community.

Scarlet Alliance is committed to providing informed, relevant and culturally appropriate advocacy for sex workers of all backgrounds and groups. This year the Scarlet Alliance Aboriginal and Torres Strait Islander Inclusion Working Party formed as a result of our membership recognising a lack of capacity to adequately, and legitimately, represent the interests of Aboriginal and Torres Strait Islander sex workers. The working party is aimed at developing ways to increase participation and improve representation, through active and meaningful inclusion of Indigenous sex workers in Scarlet Alliance and in the Australian sex worker rights movement.

This year has also seen our Migrant Research Project reach its final stages. A partnership with the Australian Institute of Criminology, this project has sought to develop a clearer picture



Pictured clockwise from top left: (Against laws) Scarlet Alliance protesters demand anti-discrimination laws to protect sex workers, 2011; Ally Daniel (now deceased) Executive committee member and Jules Kim, Migration Program Manager, 'Our bodies say something' float, Mardi Gras 2011; Scarlet Alliance, Vice President Audry Autonomy and Heather Walker, Aboriginal & Torres Strait Islander sex worker working group convenor after their presentation at the Anwernekenhe 5 Conference, Cairns, 2011; Audry and Heather at the Scarlet Alliance information booth at the Anwernekenhe 5 Conference, Cairns, 2011; Cutting the red-umbrella cake during celebrations to mark the opening of the new Scarlet Alliance offices in Redfern, Sydney, April 2011.

of the motivations, migration experiences and workplace conditions of migrant sex workers in Australia. A peer-led multilingual steering committee enabled the project to identify and address cross-cultural issues. The project utilises networks that already exist between sex workers in the four main language groups working in Australia: English, Chinese, Thai and Korean. Scarlet Alliance is guided by the principles of health promotion, community development and peer-led advocacy; to this end, all peer collectors employed in different states also received paid training in sex worker peer education.

NETWORKING AND PUBLIC EVENTS

Scarlet Alliance continues to promote sex worker voices in public and academic discourse around migration, workplace safety, ethical research, public health and human rights. In 2011, we presented at Shining a RhED Light: a symposium on sex worker health and research, as well as the national Feminist Futures conference. We also provided panellists and workshops during Camp Betty, a grass-roots festival focusing on the intersections of politics, racism, sex, sexuality and gender held in Sydney, June 2011. At the widely publicised SlutWalks held across Australia in 2011, Scarlet Alliance called for an end to the criminal justice system's institutionalised victim-blaming of sex workers who are survivors of sexual assault.

Scarlet Alliance was a conference partner at Anwernekenhe 5, the National Aboriginal and Torres Strait Islander HIV/AIDS Alliance 5th National HIV/AIDS and Sexual Health Conference, held in Cairns in August this year. Representatives from the Scarlet Alliance Executive and the Scarlet ATSI Inclusion Working Party presented on intersections of racism and whorephobia and resulting compounded stigma and discrimination experienced by Indigenous sex workers. They also called for greater representation of Indigenous sex workers in the national sex worker rights movement, highlighting the importance of peer-led advocacy and culturally-appropriate services for all sex workers.

Executive Committee members from Friends Frangipani, the National sex worker organisation from Papua New Guinea, visited Sydney as a part of the Scarlet Alliance strategic partnership building project. The following week representatives from both organisations participated in the International Congress on AIDS in Asia and the Pacific (ICAAP) in South Korea.

At a variety of other conferences, consultations, committees, forums and events over the past 12 months, Scarlet Alliance has contributed papers and speakers on topics including stereotypes and social research, sex and gender diverse civil rights, sex work and the disability sector, peer education and health promotion, the criminalisation of HIV, gentrification and the regulation of sex work in public space, and the negative impacts of anti-trafficking policies.

AIDS ACTION COUNCIL OF THE ACT (AACACT)

ANDREW BURRY, GENERAL MANAGER

AFTER 26 YEARS OF A SUCCESSFUL PARTNERSHIP RESPONSE TO HIV IN THE ACT, IT IS APPROPRIATE TO QUESTION WHETHER WE AS AN ORGANISATION HAVE BEEN EVOLVING AT THE SAME RATE AS THE EPIDEMIC.

Indeed, this is a question for the entire sector. To a large extent, this question was addressed in our Strategic Plan, which has now been operating for a full year. This plan requires an annual external and transparent appraisal, which we have completed. Generally the feedback was good; although it is clear that we have to work harder to help external stakeholders understand our role and purpose, as well as our limitations.

We have launched a new model of service delivery that emphasises client control and incorporates enhanced assessment and quality measures of outcomes. The number of clients accessing our services has significantly increased since its implementation and we see a correlation. As the proportion of people living with HIV in the ACT diagnosed post-HAART increases, the type and extent of support needs change. Peer support continues to be important for many, but it is becoming essential for us to find new ways of making it available.

A review of the *ACT Prostitution Act* is underway, with the outcome due for release early in 2012. We consider this to be a major opportunity to further enhance what is already reasonable legislation. In particular, we are working to remove HIV as a barrier to accessing commercial sexual services, whether as a client or as a worker. The current act mandates prophylactics for clients and workers, and yet in operation it is the workers that bear the burden of this requirement. This needs to be addressed. We are also seeking legislative change to allow two workers to operate in a single premise without it being deemed to be a brothel and to remove the registration requirement for private workers.

Testing has been an important issue throughout the year. Having operated a community-based testing service for more than eight years, we are impatient for real innovations to be available. We actively participated in the review of the *2006 Testing Policy*, with little effect. Our Board is frustrated that for gay men, clinicians continue to dominate policy discussions and that the HIV partnership will not acknowledge that it is men who have sex with men (MSM) who are best placed and have the right to make decisions on their own health – provided they are empowered and provided information to do so. We welcome the eventual introduction of rapid testing technology and the possibility of community-based testing, but we have serious questions about whether these are really innovations in 2011, and doubt they will make a significant difference in jurisdictions such as the ACT. We see a strong case for at least giving serious consideration to home-based testing and have conducted focus groups to better understand the relationship between MSM and sexual health.



Part of a Gonorrhoea campaign produced by AACACT

We seek to identify circumstances under which home-based testing would be appropriate, and could be at least partially supervised.

A significant achievement this year has been in working with both the Health and Education directorates to bring real change to the extent and quality of sexual health education in the Territory's schools. The result of this is that from the beginning of 2012, there will be a new curriculum and resources in all government and most private schools. This reflects a growing focus on youth and our increasing engagement with this population. We note that more than a third of our staff and volunteers are less than 30 years of age, and also that there are larger numbers of young persons at events including World AIDS Day and Candlelight Memorial.

The rate of HIV diagnoses has remained stable over the year, and syphilis has declined. There has been a spike in gonorrhoea, particularly of the throat, and amongst a young demographic. The spike has occurred following a decade long rise overall. A new campaign is specifically targeting this infection, but a more sustained approach is also required.

We have continued to manage our resources effectively and have again worked with a small surplus, increased our self-generated funds and invested in new technology and professional development.

FOLLOWING ON FROM ACON'S 25TH ANNIVERSARY IN 2010, THIS YEAR HAS PROVEN TO BE ANOTHER LANDMARK YEAR FOR ACON.

The consolidation of our Sydney-based operations at 414 Elizabeth St in Surry Hills has brought together staff and services previously split across several sites in Sydney's inner east. For the first time in over a quarter of a century, all ACON's Sydney-based programs and services are now being delivered from a single, central and accessible location.

The new centre is also home to the NSW HIV/AIDS Legal Centre and the AIDS Trust of Australia, and features community meeting spaces, counseling facilities, therapy rooms and provides a great environment for staff and clients. NSW Health Minister, The Hon Jillian Skinner MP, officially opened the premises in July 2011, noting that the new centre will significantly increase the capacity of ACON and other resident organisations to continue their vital mission of improving the health and wellbeing of the communities they serve.

Chief among these activities is reducing HIV and sexually transmitted infection (STI) transmission among gay men. In terms of HIV prevention, the rate of new HIV diagnoses in NSW remained stable in 2010. NSW Health surveillance data recorded 305 new HIV notifications in 2010 compared with 327 in 2009. As in previous years, most cases in 2010 (230) were attributed to sex between men, however, when compared with previous years (235 cases in 2009 and 246 in 2008) this was the lowest number of annual cases recorded among gay men in NSW since HIV testing began. NSW is one of very few places in the world that has not seen a resurgence in HIV notifications among gay men over the last decade and it is a tribute to gay men in NSW that this continues to be the case. However, while self-reported testing rates among gay men in the *Sydney Gay Community Periodic Survey* continue to be high by international standards, the rate of annual testing among gay men actually diagnosed in NSW in 2010 was much lower. This trend supports the need for action to increase the rate of HIV and STI testing among gay men in NSW.

To this end, in partnership with STIGMA – the NSW Gay Men and STIs prevention interagency – we launched the Drama Downunder (DDU) campaign in May. Designed to align with a successful national campaign concept originally implemented by the AFAO membership, the campaign was promoted in community media and at pubs, clubs, sex-on-premises venues and community events throughout NSW. The campaign includes a comprehensive website (www.thedramadownunder.info) with information about HIV and STI testing, clinic details, and an interactive SMS or email reminder function to encourage regular sexual health checks. The DDU website replaced the old Whytest.org website which previously provided these services to gay men in NSW.

ACON also commissioned a literature review of community-based models of testing from the Burnet Institute, funded by

the South Eastern Sydney Illawarra and Sydney South West Area Health Service HIV and Related Programs Units. The report provided valuable insight into the efficacy of community-based testing models and was especially useful in informing the redraft of the National HIV Testing Policy undertaken by the Australasian Society for HIV Medicine (ASHM) on behalf of the Australian Government's Department of Health and Ageing. The new policy makes provision for the introduction of rapid point-of-care HIV testing in Australia, an initiative which has been the focus of considerable advocacy effort by ACON and the broader AFAO membership.

Wherever Sex Happens ... Slip It On, was created for the summer party season and February's Mardi Gras Festival. The campaign, based on a previous campaign developed by the Victorian AIDS Council/Gay Men's Health Centre, incorporated elements of our popular Slip It On campaign to support key condom reinforcement messages. In addition to more traditional communication channels, the campaign made strong use of social media to help gay men minimise HIV risk with information about sex-on-premises venues, online cruising and hook ups, risk reduction strategies and a reminder to test regularly for STIs such as syphilis. Addressing the transmission of syphilis among gay men was the focus of our Syphilis is Spreading – Get Tested Now campaign originally developed in 2009, and re-launched in April 2011.

Another of ACON's primary focus areas is the provision of care and support for people living with HIV. Throughout the year we provided a comprehensive range of services for men and women, including counseling, home-based care, housing assistance, support groups, treatments information, workshops, meals and complementary therapies. With funding from NSW Health, we also developed and implemented a new program to give clients in the Hunter, Illawarra and Northern Rivers regions access to counseling services outside of regular working hours.

In relation to our broader work in GLBT health and wellbeing, we continued to provide a range of programs and services in key areas such as sexual health, mental health, alcohol and other drugs, street safety, domestic violence and housing. While much of this work remains significantly underfunded relative to the needs of our community, we have been pleased to see the broader health issues experienced by community increasingly recognised in policies and funding streams. In October, we released our *Mental Health and Wellbeing Strategy 2010–13*, a three year plan which identifies the range of issues affecting the mental health of ACON's clients and communities and how ACON will work to address the issues. In March, we secured funding of \$450,000 from NSW Health to develop and implement Peace of Mind, a mental health first-aid program for the GLBT community.

With funding from the Australian Government, and in partnership with the Aged and Community Services Association of NSW and ACT Inc., we developed and launched a pilot training program to increase GLBT cultural sensitivity in the residential aged care



Pictured clockwise from top left: Community Heroes Lex Watson and Sue Wills at the 2011 Honour Awards. Photo by Ann-Marie Callahan; Wherever Sex Happens campaign poster; *Mental Health and Wellbeing Strategy 2010–13*; Pride In Diversity patron The Hon Michael Kirby with Pride In Diversity (PiD) Director Dawn Hough and Telstra Ambassador Matthew Mitcham at the PiD Business Luncheon and Awards; NSW Health Minister Jillian Skinner (centre) at the opening of ACON's new premises with ACON CEO Nicolas Parkhill and ACON President Mark Orr. Photo by Ann-Marie Callahan.

sector. In association with the Same-Sex Domestic Violence Interagency and with funding from the NSW Office for Women's Policy, we researched and produced *One Size Does Not Fit All*, an analysis of gaps in service provision for GLBT people experiencing domestic violence.

Throughout the year, ACON continued to advocate on a range of issues affecting the GLBT community and people with HIV. In the lead up to the NSW election in March, we collaborated with Positive Life NSW and the NSW Gay and Lesbian Rights Lobby to survey all major political parties and independent

candidates on a range of questions relating to the GLBT community and people affected by HIV. We were pleased to see strong cross-party support for many of the fundamentals of our work, including commitments to non-discrimination, an ongoing HIV response, and the need for specific programs addressing the needs of sex workers. We look forward to working with the Premier, The Hon Barry O'Farrell MP, and his new cabinet over the next four years to promote the health and wellbeing of the communities that ACON serves.

THE AIDS COUNCIL OF SOUTH AUSTRALIA (ACSA)

SHANE DINNISON, CHIEF EXECUTIVE OFFICER

AS ACSA MOVED INTO ITS NEXT 25 YEARS OF SERVICE AND AFTER 20 YEARS AT THE HISTORIC DARLING HOUSE AT NORWOOD, WE MOVED PREMISES IN JANUARY, WITH OUR GAY MEN'S HEALTH PROGRAM, LIBRARY, INFORMATION, CLEAN NEEDLE PROGRAM AND ADMINISTRATION RE-LOCATING TO KESWICK ON THE CBD FRINGE.

Our new location provides a much better standard of accommodation for our staff and clients. SIN (South Australian Sex Industry Network) – our peer education program for the sex industry – also moved to new premises not far away, providing a safe and private space for the program and its clients.

ACSA's program areas have continued to enhance existing services while also developing new services to meet the changing needs of our communities.

SAVIVE (SA Voice for IV Education) – our injecting drug user program – continued partnership projects with the Hepatitis C Council of SA Peer Education Program. SAVIVE continued to provide a voice for people who inject drugs, representing issues faced by injecting drug users in state-wide and national community consultations and reference groups. As the numbers of clients accessing the clean needle program dropped off considerably after ACSA re-located, we need to consider refocusing the peer elements of the program, and this work is continuing.

Our sex worker program continued its highly successful mix of outreach, advocacy and support services and recorded more than 2000 contacts with workers during the year. Sex work remains illegal in SA, although we expect to see the repeal of SA's archaic legislation later this year.

ACSA's ability to provide credible HIV information to communities continues to be enhanced by our Community Library and information lines. Our campaign work in the areas of HIV prevention and advocacy continued throughout the year, with:

- ◆ emphasis on the de-criminalisation of sex work in South Australia
- ◆ a project, in partnership with Safework SA, addressing occupational health, safety and wellbeing in the sex industry
- ◆ the development of two HIV prevention campaigns. The first of these, aimed at sex-on-premises venue users, is a 'how to' resource with an emphasis on harm minimisation (modelled on the *When You're Hot You're Hot* booklet, produced by ACON). The other campaign is called 'Generations', which looks at health promotion and harm minimisation amongst gen Y, gen X and baby boomer men who have sex with men (MSM). Both campaigns are expected to be rolled out soon
- ◆ the continued promotion of the IDAHO campaign (pictured above). This year we developed a website that included



ACSA's popular IDAHO campaign incorporated links to the influential social networking portal Facebook

video messages from supporters such as prominent South Australian politicians and the musician and performer Sia. This website and associated campaign were highly successful and garnered much interest

- ◆ the development and implementation of an online homophobic violence register, in collaboration with the Gay and Lesbian Liaison Officers (GLLOs) in the South Australian Police Service (SAPOL). This website and associated survey (which is gradually attracting more attention) is fully supported by SAPOL and we hope it will lead to greater reporting of homophobic violence and threats against people among the GLBTI population
- ◆ a strong ACSA presence at the 2010 Feast Festival, 2010 Pride March and the 2010 Picnic in the Park.

At the governance level, the ACSA Board entered into a three-year agreement with Quality Management Services for the provision of a continuous quality improvement program. This will ensure that ACSA is able to provide better quality services to our target populations in the shorter and longer terms.

ACSA has also embarked on a range of strength-based workshops facilitated by SET International. The whole organisation is involved – with staff, senior management, the executive management and the Board participating in the workshops.

And finally, a changing epidemic in South Australia has seen heterosexual notifications sitting at 50% of new HIV notifications for two years running. Such new trends in this epidemic signal the need for new strategies in prevention work to create awareness of HIV, and the need to bring harm reduction messages to a wider population. ACSA intends to fully explore and address this growing trend within the context (and our brief) of continuing harm reduction work for the MSM population.

AUSTRALIAN INJECTING & ILLICIT DRUG USERS LEAGUE (AIVL)

ANNIE MADDEN, EXECUTIVE OFFICER

DURING THE LAST YEAR, AIVL HAS CONTINUED TO FOCUS ON PROMOTING AND PROTECTING THE HEALTH AND HUMAN RIGHTS OF PEOPLE WHO USE/HAVE USED ILLICIT DRUGS.

AIVL is the national peak organisation for the state and territory peer-based drug user organisations and represents issues of national importance for drug users. As well as being part of an active national network, AIVL is member of the International Network of People Who Use Drugs (INPUD), a growing peer-based organisation providing a voice for drug users at the global level.

After over 20 years of drug user activism within and outside Australia, AIVL continues to be a strong, peer-based national organisation. 2010/11 has been an extremely busy year for AIVL and its member organisations with major projects and activities in the blood borne virus/sexually transmitted infection (BBV/STI) area.

NATIONAL ANTI-DISCRIMINATION PROJECT

Across 2010/11 we continued to develop the AIVL National Anti-Discrimination Project. In its third year, the project aims to reduce stigma and discrimination against people who inject drugs (PWIDs), as a means to improve their health and wellbeing and reduce barriers to services and information. Key stages of the project include: market research report; literature review and research discussion paper; national anti-discrimination public education campaign; workforce training manual; and a new online resource for drug users wishing to report discriminatory behaviour.

Following the publication of the market research report in 2009/10, we developed the *Literature Review & Research Discussion Paper*. This paper is a comprehensive review and analysis of stigma and discrimination among PWIDs including historical determinants, theoretical underpinnings, the latest research on stigma and discrimination, the impact of laws and policies, changing community attitudes, etc. This report will combine this analysis with key findings and recommendations from the *AIVL Anti-Discrimination Market Research Report* to provide an evidence base for the development of the national public education campaign and other advocacy activities. The report from market research phase is available on AIVL's website; the discussion paper will be available online by October 2011. The 2011/12 project components are all under development or soon to be available – check out the AIVL website at www.aivl.org.au

AIVL WEBSITE

As a national organisation, AIVL recognises that our online presence is a major means of engaging both people who use drugs and the wider community to discuss issues of importance. During 2010/11 we re-designed the main AIVL website.

Launched in 2011, our new site offers greater opportunity for interaction, including access to reports and publications, online petitions, polls, YouTube content, self-advocacy guides, social networking, live news feeds, 24-hour needle and syringe program (NSP) listings, legal rights information, emerging issues and *Junkmail* – AIVL's magazine.

POLICY AND ADVOCACY

As a representative-based organisation, AIVL's work has continued to focus on policy development and advocacy. We continue to participate on the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and the BBV and STI Sub-Committee (BBVSS). Participation in the national BBV/STI partnership has also included involvement in national research initiatives regarding BBVs, illicit drugs and drug treatment, including participation in the Annual Australian NSP Survey Steering Committee, National BBV and STI Surveillance Committee, Illicit Drug Reporting System (IDRS) Steering Committee, the NCHSR Scientific Advisory Committee, ETHOS Hepatitis C Treatment in AOD Treatment Settings Steering Committee and many other one-off and ongoing committees.

Across 2010/11, AIVL also presented at key conferences and forums, including the Australasian Society for HIV Medicine (ASHM) Conference, the Australasian Viral Hepatitis Conference, the International Conference on the Reduction of Drug Related Harm, the Australasian Professional Society on Alcohol and Other Drugs (APSAD), the 10th International Congress on AIDS in Asia and the Pacific (ICAAP) and numerous smaller events. While it is vital that the experience of PWIDs inform the policy response, engaging in these activities is extremely challenging given AIVL remains inadequately resourced, particularly for our work in the illicit drugs and drug treatments areas. In 2010/11 AIVL remains unfunded for all of our policy and programmatic activities in these critical areas.

A selection of the key policy discussion papers and advocacy submissions developed by AIVL during 2010/11 included:

- ◆ *Hepatitis C Models of Access & Service Delivery for People with a History of Injecting Drug Use* Discussion Paper
- ◆ *"Double Jeopardy": Older Injecting Opioid Users in Australia* Discussion Paper
- ◆ submissions to the development of the *National Drug Strategy 2010–2015*
- ◆ *Young People: Sex, Drugs & BBVs Scoping and Consultation Report*
- ◆ six issues of AIVL's *Research & Policy Update*
- ◆ discussion papers for the MACBBVS Legal Working Party on *Legislative and Policy Barriers to NSP for People Who Inject Drugs and Criminalisation & Injecting Drug Use*
- ◆ *Cost of Opioid Pharmacotherapies in Australia* Discussion Paper

- ◆ *Hepatitis B Testing and Vaccination Among PWIDs in Australia* Discussion Paper, and
- ◆ submission on the *Review of Disability Support Pension Impairment Tables*.

See www.aivl.org.au for copies of AIVL policy papers and submissions.

NATIONAL BBV AND STI PREVENTION AND EDUCATION PROJECT

The aim of this project is to reduce the incidence of hepatitis C and other BBVs through well-targeted and relevant information on access to injecting equipment, peer education about safer injecting practices and access to hepatitis B testing and vaccination. Key activities for this project during 2010/11 were:

- ◆ **National Hepatitis C Injecting Drug User (IDU) Peer Educator Training:** AIVL delivered training in partnership with our state/territory member organisations to IDU peers to support effective peer education within local networks – in New South Wales, Victoria, South Australia and Queensland;
- ◆ **National Youth BBV and STI Prevention Campaign:** this project involved development of a national consultation report on effective strategies for engaging young people in awareness-raising on issues including: BBV and STI, transmission routes and access to harm reduction services. Report recommendations for the current phase of the project involve piloting models for peer education including collaborations with existing peer-based outreach projects such as 'Dancewise' (through Harm Reduction Vic), other youth agencies and online engagement. The report will be used to promote good practice models of BBV and STI peer education among young people in relation to injecting drug use;
- ◆ **IDU Hepatitis B Prevention Campaign:** this first stage of this project included the development of a national discussion paper on improving access to hepatitis B testing and vaccination for PWIDs. The paper has been presented to the BBVSS Sub-Committee.
- ◆ **National Aboriginal and Torres Strait Islander IDU and BBV Prevention Project:** this project is a continuation of AIVL's ongoing national Indigenous IDU and BBV work, which in 2010/11 included:
 - Establishment of two state-based Aboriginal and Torres Strait Islander IDU Expert Advisory Committees in partnership with our local member organisations in NSW and the ACT;
 - The negotiation and drafting of a new Memorandum of Understanding (MOU) with the National Aboriginal Community Controlled Health Organisation (NACCHO) – aimed at providing training for the BBV Workforce of the NACCHO affiliates in partnership with NACCHO; and
 - Continued rollout of the AIVL Indigenous Hep C Peer Education Workshop Kit and the AIVL National Training Module for Services Working with Indigenous IDU.

- ◆ **National IDU HIV Prevention Campaign:** this campaign involved the development and national distribution of a new HIV prevention education resource for IDU. The resource was distributed on World AIDS Day and Awareness Week in December 2010. IDU service providers evaluated the resource positively and called for an increased focus on HIV prevention and awareness among IDU. The resource aimed to put the issue of HIV back on the agenda for IDU and relevant service providers with more intensive follow-up campaigns to come.

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, and improve hepatitis C treatment models. In 2010/11, we continued to promote and develop 'Our C-Ciety' online social networking site regarding hep C treatment. The site aims to reduce social isolation by offering a safe, confidential networking space for sharing information about hep C treatment. AIVL's ongoing role moderating the site will ensure accuracy, consistency, and appropriate boundaries are upheld. This project also included AIVL's annual activities for World Hepatitis Day and National Awareness Week. For 2010 World Hepatitis Day (WHD) we launched a discussion paper on removing legislative barriers to NSP access; and on WHD 2011 we held a national forum 'Hepatitis C & Ageing' – launching AIVL's latest discussion paper, *"Double Jeopardy": Older Injecting Opioid Users in Australia*.

INTERNATIONAL PROGRAM

AIVL has continued to work through the HIV Consortium for Partnerships in the Asia and Pacific Region, to support the ongoing development of drug user organisations in Asia and build meaningful partnerships with peer counterparts in the region. AIVL's primary focus has been on supporting and strengthening the Asian Network of People Who Use Drugs (ANPUD). Established in 2009, ANPUD provides networking for member groups and a regional platform for injecting drug users to raise human rights concerns – crucial given that many IDUs cannot be visible at country level due to the criminalised context in which they live and work. AIVL has also continued partnership work with PKNI – the national drug users' organisation in Indonesia – and other local/provincial Indonesian peer-based drug user organisations such as Performa, STIGMA and IKON. We also worked in partnership with the HIV/AIDS Asia Regional Program (HAARP) to conduct training and capacity development with the Myanmar Drug Users Network.

In 2010/11, AIVL supported a number of study tours funded through the AusAID Australian Leadership Awards (ALA). This included delivery of a three-day training workshop for a study tour with organisations from Sub-Saharan Africa. AIVL also presented at a workshop for a tour group from Indonesia involving a broad range of officials and other key stakeholders, focusing on the role of drug diversion initiatives in reducing the impact of HIV and other BBVs on PWIDs.

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV (NAPWA)

ROBERT MITCHELL, PRESIDENT

NAPWA HAS AGAIN PROVIDED HIGH-LEVEL HIV HEALTH AND POLICY ADVOCACY ON BEHALF OF THE PEOPLE LIVING WITH HIV (PLHIV) POPULATIONS ACROSS THE COUNTRY. THE ORGANISATION'S ADVOCACY WORK RESPONDS TO EMERGING ISSUES RAISED BY OUR MEMBER ORGANISATIONS AND THEIR CONSTITUENTS ACROSS AUSTRALIA WHO COMPRISE THE DIVERSITY OF THE POSITIVE POPULATION.

This year, NAPWA has hosted sector forums and a variety of outreach activities to address and prioritise a wide range of issues, providing support and advice to member organisations and sector participants alike. The Treataware program continues to develop and deliver quality, authentic outreach forums across the country, and the organisation's masthead *Positive Living* continues to publish responsive, well-received editions on a quarterly basis. These projects also act as an invaluable communication arm that supports the organisation's advocacy work. This work is strongly supported by our website, which gains increasing relevance as evidenced by the growth in visitors to the site. The organisation remains committed to supporting the National Network of Women Living with HIV and the Positive Aboriginal and Torres Strait Islander Network, acting as liaison and conduit for the activity and communication of these participants.

NAPWA has committed considerable organisational energy into promoting effective collaborations with sector partners this year, including our ongoing, fruitful working relationships with the Consumers Health Forum (CHF), and our continuing support of the advocacy work of the Australian Council of Social Services (ACOSS), and the Australian Federation of Disability Organisations (AFDO).

We have worked closely with the Australian Federation of AIDS Organisations (AFAO) on a number of important government submissions over the past year, and remain engaged with the ANET resource development and planning processes through the AFAO-NAPWA Education Team (ANET), the Strategic Advisory Group on Education (SAGE) and the Education Managers Forum (EMF).

NAPWA has again participated as a key partner and national peak body to the national advisory and governance processes, including the Ministerial Advisory Committee on Blood Borne Viruses (MACBBVs) and the Blood Borne Virus and Sexually Transmissible Infections Sub-Committee (BBVSS). Our

comprehensive input to these committees included a focus on the development of implementation plans extending from the *Sixth National Strategy on HIV/AIDS*, and the framing of the indicators for measuring progress in the Australian HIV response across the National Monitoring and Surveillance Plan of the Communicable Diseases Network Australia (CDNA).

The NAPWA research program has grown and developed over the past year, which has seen the strengthening of our collaborations with the National HIV Research Centres, other external research partners across public health and clinical sites, and with the HIV pharmaceutical industry. This year NAPWA also formally signed a Memorandum of Understanding with the Australasian Society of HIV Medicine (ASHM), and is an active partner to many of the ASHM committees and projects related to HIV clinical education and HIV management and guideline areas.

NAPWA, in partnership with the Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research – NCHECR), produced a study monograph entitled *Mapping HIV Outcomes: Geographical and Clinical Forecasts of Numbers of People Living with HIV in Australia*. The monograph, launched at the ASHM conference in September 2010, was the culmination of over a year's worth of collaborative work between NAPWA and James Jansson and David Wilson of the NCHECR, who were the primary investigators for the study.

Over the past year, the NAPWA research project investigating HIV stigma among people living with HIV across Australia has progressed and nears completion; preliminary data from the research will be officially presented in the latter half of 2011. The Commonwealth Department of Health and Ageing provided initial funding for this research, with Levis Strauss and Co. providing further funding to see the project through to completion.

NAPWA is involved in a broad range of activities with researchers working in the area of HIV. This work has included providing representatives to participate as investigators in HIV clinical trials, and representatives across the basic science networks and behavioural and social research. The work of the research program ensures high quality community research engagement and participation, and contributes substantially to the national HIV research agenda.

After nearly 18 months of work with our collaborating partners at the Kirby Institute, an extension study linked to the Australian HIV Observational Database has been approved and will be recruiting by the end of 2011. Seven Australian pharmaceutical companies responsible for the HIV antiretroviral drugs listed on the PBS have agreed to assist with the supply of drugs for this



Positive Living cover, shortlisted for The Maggies: Magazine Cover Awards, 2011

strong foothold in PNG and establish itself as an independent and valuable organisation in the PNG HIV response.

The next year will see significant changes across funding mechanisms within the Commonwealth Department of Health and Ageing. As NAPWA and other national community-based organisations look towards these changes, we are also grappling with shifts in the way the HIV response in Australia is prioritised within a BBVSS framework under national public health systems. As all national BBVSS community-based organisations are still dealing with limited and problematic annual contract delivery, NAPWA has been proactive in seeking improvements in approval processes. This year we welcomed Craig Cooper to a new position at NAPWA as Business Manager. This position is to support the Executive Director and the Board as we focus on future funding needs of the organisation and develop strategies to help us deliver future funding stability to the Association.

NAPWA and its membership base are looking to more opportunities to add value to the Australian HIV response over many years to come, and intend to show innovation and resilience as part of the leadership of that national response. Ongoing issues and new challenges across public health, legal and policy arenas mean we always have more work to keep doing. The midterm review of the NAPWA Strategic Plan, due in November 2011, will allow the membership to endorse the priorities and directions for the next several years, on the back of some significant achievements already. We look forward to more successes ahead for the National Association, on behalf of the population of people living with HIV today, and into the future.

project. While NAPWA's advocacy and policy work will need to continue to address the issues of access for people living with HIV in Australia who have no Medicare approval, in the longer term, this study will be able to support 180 patients over several years and will deliver valuable data to inform our policy efforts. NAPWA is proud of this work, and the direct relief to the patients and their health care workers that it will provide, as they try to manage optimal health outcomes. We look forward to progressing a more permanent resolution in the future across this complex area of patient management.

NAPWA continues to support our partners in Papua New Guinea (PNG) through two distinct programs – the Collaboration for Health in PNG (CHPNG), and the AusAID PNG program. These two programs provide direct treatments advocacy support, and also support the mentoring of workers attached to clinical sites for PLHIV and communities across PNG in peer-based treatments and care and support. NAPWA has also continued to provide mentor support to Igat Hope (the peak PLHIV organisation for PNG). Over the years, this support has seen Igat Hope gain a

NORTHERN TERRITORY AIDS AND HEPATITIS C COUNCIL (NTAHC)

ALISON EDWARDS, EXECUTIVE DIRECTOR

THIS YEAR HAS FLOWN BY AS THE STAFF TEAM WORKED HARD TO CONSOLIDATE PROGRAMMATIC AND STRUCTURAL CHANGE WITHIN THE ORGANISATION. RECRUITMENT OF QUALITY STAFF IS ALWAYS A CHALLENGE IN THE NORTHERN TERRITORY, HOWEVER NTAHC HAS SUCCEEDED IN RECRUITING A PROFESSIONAL AND RESPONSIVE TEAM WHO WORK COLLABORATIVELY TOWARDS THE INDIVIDUAL PROJECT GOALS AND THE BROADER ORGANISATIONAL GOALS. WHILST WE HAVE FAREWELLED AND WELCOMED A SIGNIFICANT NUMBER OF STAFF MEMBERS, THE TEAM IS SOLID AND GROWING IN STRENGTH.

The Executive Director role has been very challenging this year with a relatively new staff team, our ongoing commitment to national peak bodies and serious issues with governance of the organisation.

Although being an organisation with multiple target groups can be exciting and interesting, juggling all of the competing demands can be difficult. As much as possible, we have worked as a team to meet these demands. A clear example of this is our involvement with national peaks. Although the fledgling LGBTI Health Alliance delivers important policy work across the country, it is not our core business. It was therefore agreed that the Coordinator of Alice Springs services take on the role of liaison and potential Board member of the organisation. This arrangement has worked well, and the information has been disseminated clearly throughout the organisation. Our work with Hepatitis Australia, while clearly our core business, is much more operational and program oriented. Our Program Manager has been very engaged with this national Board and ensures that all information is disseminated across the organisation.

NTAHC is the Northern Territory member of AFAO. The NTAHC Board and Executive Director agree that it is strategic for our organisation to commit a significant amount of the Executive Director's time to this national federation. This has enabled significant engagement in national work regarding Indigenous people and HIV prevention and support, culminating with the NTAHC Executive Director accepting a nomination as Vice President of the AFAO Board.

Relationships with organisations across the Territory have significantly improved this year, resulting in collaborative projects and partnerships. The change of structure to the organisation has enabled growth of cross-sector collaboration and more targeted responses to support needs, in particular for heterosexual men living with HIV and women living with HIV.



NTAHC's Daniel Burton at NAIDOC 2010, held at Jingili Watergardens

Changes to our organisational profile have also been built on this year, seeing more local development of health promotion materials and recognition of the state-wide scope of the organisation. Development of a case work system has enabled supportive services for clients within a framework of accountability and peer support for the staff.

NTAHC has addressed some key issues and risks during this financial year and operations have improved significantly. Whilst there is always more work to be done and more development of services, I applaud the staff team for their commitment, dedication and creativity. Without them, the organisation does not exist!

HEALTHY COMMUNITIES

MARK MOREIN, PRESIDENT

2011 WAS A CHALLENGING YEAR FOR ALL QUEENSLANDERS; THIS WAS EQUALLY TRUE FOR US HERE AT HEALTHY COMMUNITIES.

From natural disasters to our ongoing search for sufficient funds to run all the programs we know are necessary and appropriate, to the “controversy” surrounding our Rip & Roll campaign (pictured), we were challenged. Our response at Healthy Communities has, as always, been to meet those challenges head on.

Along with the challenges, the year has also seen some exciting changes for the organisation. One change you will have already noticed is our new logo and brand, “Healthy Communities”. This better reflects the work we do promoting the health of all LGBT Queenslanders, while remaining true to our traditional work of supporting gay men and men who have sex with men to slow the spread of HIV in our community.

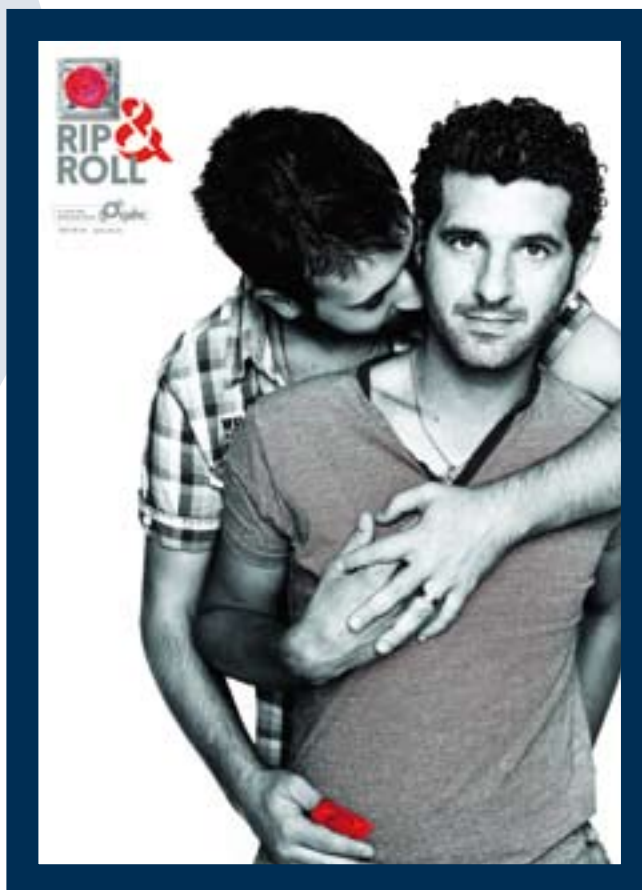
There have been several other changes at Healthy Communities. The job title of our General Manager has been changed to Executive Director to better reflect the scope of his responsibilities and the growth of the Association. Another exciting change has been the opening of our new Sunshine Coast Resource Centre in Maroochydore.

We have also created several new projects/positions which will help us better understand the landscape in which LGBT Queenslanders work, live and play and enable us to reach people in the most effective way. The Online and Social Media position enables us to stay abreast of online communities and constantly changing technologies, which allows us to engage with a greater number of people. The Community Mapping Project, undertaken on behalf the Department of Communities and the LGBT Roundtable, will help to find LGBT groups and identify their needs. The Sexually Adventurous Men position helps us provide better support to gay men who have a wider range of sexual experiences and attitudes towards sex.

The Two Spirits Program had its first evaluation this year, and the results will be used to help us better focus our work in LGBT Indigenous Health and re-enforce our commitment to the whole of community approach that has underpinned the success of the program.

This calendar year also sees the completion of our current Strategic Plan. While I am pleased to be able to report real success there are some areas where we still have a lot of work to do. Engaging with the increasing diversity of the LGBT Communities is a core commitment and an ongoing challenge. These communities include: culturally and linguistically diverse, trans, lesbian, people with disabilities and Aboriginal and Torres Strait Islander people, just to name a few.

While our capacity to provide individual advocacy is limited, we are taking a more active role in lobbying for change. We have always been involved in lobbying to secure better funding and services for the HIV sector. We have expanded this to include more work in the areas of LGBT equality. Obviously this includes same-sex marriage equality, but also other issues such as age of consent Reform and sex and gender diverse identity documentation reform.



Rip & Roll campaign poster which attracted much controversy and support in 2011 following an orchestrated campaign of public complaints

Our Resource Centres in Cairns, Maroochydore and Brisbane host a wide range of LGBT groups and activities, from movie nights, and an LGBT chorus to youth and trans support groups, and the Gay and Lesbian Welfare Association. We are more than happy to provide a secure place for these and other groups within our communities to meet and to carry out their work. The only limit is that we are beginning to run out of space to host all these activities, and so we have begun the search for new premises to supplement our Resource Centre in Brisbane. As always, finding the funds for this as well as the expansion needed in our Cairns Resource Centre remains difficult.

Many of you will have followed the debate surrounding the temporary removal of our Rip & Roll health promotion adverts, promoting condom use. While it is wonderful that we received such consistent community support and that politicians took a strong stand to support our placing these ads at bus shelters, it was disappointing that the backlash against the campaign happened at all. It shows both how far we have come, but also how much remains for us to do.

As always, our volunteers remain the heart of Healthy Communities. Without their ongoing commitment and support we simply could not continue. The Action Groups (for Lesbian Health and History) are entirely volunteer run, and provide services that would otherwise be impossible for us.

Finally, a big thank you to all our members. We are, and always will be committed to our communities and to providing services that make our Vision and Mission a reality. It is the support of our members that makes this possible.

TASMANIAN COUNCIL ON AIDS HEPATITIS AND RELATED DISEASES (TASCAHRD)

KEVIN MARRIOT, CHIEF EXECUTIVE OFFICER

2010–2011 PROVED TO BE A YEAR OF CHANGE AND SIGNIFICANT PLANNING FOR TASCAHRD. TASMANIA CONTINUED TO EXPERIENCE INCREASES IN HIV NOTIFICATIONS, INCLUDING NEWLY ACQUIRED INFECTIONS. THE MAJORITY OF CASES CONTINUED TO BE AMONG GAY MEN, HOWEVER THERE WAS ALSO AN INCREASE IN THE NUMBER OF WOMEN DIAGNOSED. THE PRIMARY RISK FACTOR AMONG WOMEN WAS A CONNECTION WITH HIGH PREVALENCE COUNTRIES. THE RATE OF HEPATITIS C NOTIFICATIONS IN THE STATE REMAIN AMONG THE HIGHEST IN AUSTRALIA, REFLECTING THE LOW LEVELS OF INVESTMENT BY THE TASMANIAN GOVERNMENT.

Towards the end of the report year, TasCAHRD worked closely with the Public Health Unit and other relevant organisations to advance the development of the *Hepatitis and HIV – Agenda for Action*, still in draft form at the end of June 2011. This document responds to priority areas identified in the National Strategies for hepatitis B, hepatitis C and HIV. A separate strategy is in development relating to sexual and reproductive health. At the time of writing this report, TasCAHRD had conducted state-wide consultation forums to provide comment on the draft *Hepatitis and HIV – Agenda for Action*.

TasCAHRD's Man2Man program continued to increase its reach; we saw both a significant increase in website traffic and the expansion of the *Man2Man* magazine print run to meet demand. The magazine continues to be Tasmania's only locally produced, publicly available and free publication targeting gay men and other men who have sex with men (MSM). The Man2Man Program has been the first TasCAHRD program to branch into social media and has maintained its online presence on internet dating sites accessed by gay men and other MSM.

TasCAHRD's HIV support services had a change of worker resulting in some minor shifts in service patterns. This resulted in an increase in the use of case management and chronic disease models as well as the introduction of the Positive Gardening Group and other strategies to encourage peer interaction.

During the second and third quarters of the report period, TasCAHRD embarked on the 'Future Direction' path. This involved conducting client and external stakeholder satisfaction surveys and community consultation on the *Future Directions – Discussion Paper*. These processes along with TasCAHRD's second successful external quality review, have informed the development of our Strategic Plan for 2011–2014.

During the consultations it was proposed that TasCAHRD consider discontinuing its direct service delivery of two primary needle and syringe program (NSP) outlets. TasCAHRD ceased operating the Hobart and Glenorchy outlets at the end of June 2011; the running of the two outlets was put out for tender by government which resulted in no interruption to service. TasCAHRD acknowledged the importance of other issues being experienced by NSP consumers and felt that the NSP outlets would be better placed within organisations that offered additional, relevant services and support. TasCAHRD will continue to inform the knowledge of the NSP staff and we have been contracted to establish and conduct a forum for the NSP workforce which will establish future skills development opportunities into the future. This work will be conducted via TasCAHRD's Hep in Tas Program with the support of the HIV-related programs.

In Tasmania it has become clear that health funding is tightening and increased investment in HIV and hepatitis is unlikely in the short-term. As part of the discussion relating to TasCAHRD's future it was agreed that TasCAHRD needs to consider other options to complement its existing services and reinforce its role in the community. This has already led to initial investigations into the introduction of clinical services, with the key aim being to increase accessibility to appropriate services for the LGBTI community, as well as for people living with HIV and/or viral hepatitis. For the first time, TasCAHRD's Strategic Plan now includes the LGBTI community as a specific target community, allowing the organisation to take a broader view of potential service areas.

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

MATT DIXON, EXECUTIVE DIRECTOR

AS I WRITE THIS, I HAVE BEEN WITH VAC/GMHC FOR JUST OVER ONE MONTH. I HAVE FELT VERY WARMLY WELCOMED BY EVERYBODY, FROM STAFF, MANAGERS, THE BOARD AND OUR WONDERFUL VOLUNTEERS. WHILE I AM YET TO FULLY ENGAGE WITH COLLEAGUES AROUND THE COUNTRY, THIS IS A PART OF MY ROLE THAT I'M VERY MUCH LOOKING FORWARD TO.

WHO AM I?

I began my work with HIV when I completed my graduate nursing year at Fairfield Hospital. After it closed, I moved with the Victorian HIV Service to the Alfred Hospital. I then worked at Melbourne Sexual Health Centre as a nurse for a few years, followed by a period at the Centre for Adolescent Health, working with young homeless people. After this, I moved to London for three years where I had responsibilities for funding of HIV services for South-West London. I then returned to Australia and worked as a policy officer with the Victorian Department of Health until joining VAC/GMHC in July 2011.

STAFF SURVEY

One of my first activities on joining VAC/GMHC was to conduct a staff survey to gather feedback and ideas about strengths, weaknesses, opportunities and threats to the organisation. I included a few brief staff satisfaction questions.

A few key points from the survey (completed by two thirds of staff) are:

- ◆ 30% of respondents are very satisfied in their current role
- ◆ 50% of respondents are fairly satisfied
- ◆ 15% are neither satisfied or unsatisfied
- ◆ 5% are fairly unsatisfied, and
- ◆ nobody reported being very unsatisfied.

87.5% of staff feel that they are reasonably able to make a contribution to the success of VAC/GMHC (57.5% 'very much' able to make a contribution, 30% 'fairly able' to make a contribution).

THANKS TO MIKE KENNEDY

As the above survey results suggest, my predecessor Mike Kennedy has left me with a healthy, functional organisation full of passionate people. The team is engaged in current work and enthusiastic about our future. Thank you Mike.

HIGHLIGHTS OF 2011

The Drama Downunder

In 2011, the Drama Downunder sexual health awareness and testing campaign went national with New South Wales



Image from the Drama Downunder campaign

implementing the initiative in April. This is the first time that a major sexually transmitted infection (STI) awareness campaign targeting gay men has been implemented nationally using mainstream media. VAC/GMHC designed the campaign in response to a request by AFAO, and its development was informed by input from health promotion managers from AIDS Councils across the country.

Evaluations measuring the effectiveness of the campaign have been completed in Tasmania and Victoria (with other states to follow). These evaluations have consistently demonstrated that the campaign achieves high levels of recall and recognition, with over 80 percent of those surveyed being able to recall both the campaign and specific campaign messages. Creative development for phase four of this campaign has just been completed.

Queer as F**k

VAC/GMHC, together with project partners the Burnet Institute and Melbourne University, continue to produce the online gay soap opera *Queer as F**k* using social media platforms such as Facebook and YouTube as tools for health promotion. The series has demonstrated that a blend of humour, drama and health promotion can trigger active online discussions and debate. The series has examined issues including serodiscordant relationships, drug and alcohol use, coming out, unprotected sex, open relationships, seroconversion and homophobia. Our Facebook page has over 3,600 fans and 2,500 regular monthly users, providing us with instant feedback about the episodes and the issues they explore as they are posted online. In addition, we have attracted a broad range of talent to be part of the drama including Judith Lucy and Geoffrey Rush. We are currently in pre-production for series five, with series six and seven planned for 2012.



Website

VAC/GMHC launched a greatly improved website this year, which has assisted our communication with our clients, our partners and the wider community.

EPIDEMIOLOGY

Good news for Victoria was a slight reduction in new HIV notifications when comparing the 2010 total figure of 234 with the 2009 total of 262. While investigations into contributing factors for this reduction continue, it does seem that increased resources over the past few years, combined with greater partnership work between VAC/GMHC, the Department of Health Victoria and our other collaborating organisations has contributed. Of course, a significant contribution to this reduction in notifications comes from gay men engaging with prevention messages in their communities and reducing risk of HIV transmission in a variety of ways.

ADVOCACY ON CRIMINALISATION RELATING TO THE TRANSMISSION OF, OR EXPOSURE TO, HIV (AND RELATED OFFENCES)

As research commissioned by AFAO has demonstrated, Victoria has the highest number of prosecutions relating to HIV transmission or exposure of any jurisdiction. There is also uncertainty about when the Department of Health may handle a case under its *Guidelines for the Management of People Living with HIV Who Put Others at Risk*, or alternatively, when a case may become the subject of a police investigation and face

potential charges relating to transmission or exposure. Given this lack of clarity, VAC/GMHC is advocating for the adoption in Victoria of prosecution guidelines similar to those that exist in the United Kingdom, which would spell out when the Office of Public Prosecution will decide to prosecute. Ideally, these guidelines will limit the circumstances in which prosecutions are initiated and influence the police investigation of cases, focusing their attention on only cases where there is clear evidence of intent to harm.

STRATEGIC PLANNING

At VAC/GMHC we are gearing up for a strategic planning process. This will result in a strategic plan to replace the *Strategic Directions 2008–2011*. We will work hard throughout this process to ensure we set the right course for the organisation, particularly in relation to the communities we serve. As the epidemiology of HIV continues to change and the needs of people living with HIV also change, we must make sure that we adjust to these shifts to remain useful, relevant and a good investment of public funding and resources from fundraising. We will be seeking views from colleagues around the country as we proceed with strategic planning.

I am really pleased to be a part of the VAC/GMHC community and I am very excited to be leading this special community based organisation into the next chapter of its rich history.

THE WESTERN AUSTRALIAN AIDS COUNCIL (WAAC)

TRISH LANGDON, EXECUTIVE DIRECTOR

THE WA AIDS COUNCIL CELEBRATED ITS 25TH BIRTHDAY ON 11 OCTOBER 2010, AND WE CONTINUE TO RESPOND TO THE CHALLENGING AND UNCERTAIN ENVIRONMENT WHICH HAS CONTRIBUTED WA'S UNIQUE HIV EPIDEMIOLOGY.

Western Australia recorded 113 new HIV diagnoses in the 2010 calendar year. Although this is the highest number of new HIV diagnoses recorded in WA since the beginning of the epidemic, analysis shows that over 50% of these new diagnoses were actually acquired outside of Australia; over 83% were heterosexual men and women, 13% were gay men and over 3% were children. Overall, 55% of those diagnosed in WA were heterosexual men and women and 34.5% were gay men and men who have sex with men, with just over 10% of these people having acquired HIV either through vertical transmission, sharing injecting equipment or unknown. This obviously has implications for service delivery including responding to culturally and linguistically diverse (CALD) groups, some of whom are not eligible for Medicare and have a range of other complex needs.

The Positive Services department completed its service review at the beginning of the financial year and is in a better position to implement changes such as strengthening its model of service delivery. Lisa Tomney returned to the department in the position of Manager, after working in a Division of General Practice. As the health reform agenda is rolled out in Australia, this experience will be invaluable for the organisation as we endeavor to make links with Medicare Locals. The Community Development Officer has made promising links with CALD communities, providing HIV training to a number of key stakeholders in these communities and participating in the AFAO African Community consultation.

Despite gay men and men who have sex with men diminishing in proportion to other groups being diagnosed with HIV in WA, there is a growing need for accessible sexual health services for this group. The M Clinic was launched in July 2010, following the successful introduction of peer-led community-based HIV and STI testing, conducted on-premises at the WA AIDS Council in West Perth in partnership with Clinipath, a private pathology provider. The Department of Health provided additional funding for this service as well as the stand alone clinic situated in West Leederville. In the first year of operation, over 750 men attended the M Clinic, which diagnosed seven new cases of HIV along with a high number of infectious syphilis, gonorrhoea and chlamydia cases. This model of service delivery provides

a useful template for future community-based rapid testing programs involving peer educators undertaking pre- and post-test discussion and delivering HIV and STI results.

The epidemiology also indicates the need to target people who are travelling overseas for work and recreation. The WAAC has had positive interaction with the Minerals Council of Australia and various resource companies regarding the links between the resource industry, sexually transmissible infection and migration, taking into account WA's projected labour requirements within the next five years. The Council has developed an innovative online training package in conjunction with Barrick Gold for employees to undertake prior to travelling overseas for work. It has scope for further development and application for other companies and companies where fly-in, fly-out workers are a feature, particularly those who fly in from overseas locations. In addition, the Council continues to advertise and provide editorial to inflight magazines and mainstream publications for people working in the resource sector.

During the year, the WA Government released draft legislation pertaining to sex industry. The WAAC along with a number of other agencies, clinicians, health promotion and public health advocates have grave concerns about the direction of government policy which foreshadows the registration of individual workers as well as brothels, and draconian measures such as individual finger and palm printing - giving the police greater power. The draft legislation also aims to limit brothels to designated non-residential areas thereby increasing the vulnerability of individual workers. The WAAC has met with the Attorney General's Department and made a formal submission during the consultation period. It will continue to advocate for a legislative response which does not have the deleterious outcomes of the proposed legislation.

In terms of staffing, infrastructure and administration, community organisations were recognised in the WA State Government budget, which provided a \$600 million boost to the sector in WA over the next four years. The purpose of the funding boost was for agencies to have greater capacity to recruit and retain staff through pay increases and professional development in light of projected labour demands in the resource sector. This boost has equated to more than 15% in additional core funding. The WAAC also received funding from Lotterywest to renovate the kitchens and bathrooms in the main office, and the Department of Health provided funding to upgrade the phone system, and part-funding for an upgraded vehicle.

In summary, the WAAC had a busy and productive year and is currently planning its next five-year strategic planning process.

AFAO AFFILIATE MEMBER REPORTS

POSITIVE LIFE NSW

Sonny Williams, CEO

Positive Life is the New South Wales peak community-based organisation that has represented the interests of people living with HIV in NSW since 1988. Positive Life provides advocacy and representation to government and non-government agencies on HIV-related issues. It also provides HIV prevention, health promotion, education and support programs that focus on improving the health and wellbeing of people living with HIV in NSW.

Over the past year, Positive Life participated in 31 government and non-government committees, advocating for effective policies, programs and services for people with HIV in NSW. Tools were developed to measure and evaluate the effectiveness of our representation and advocacy/policy work. In December 2010 we piloted and evaluated a successful workshop program, Making it Work – You, HIV and the Health System, designed to assist people with HIV to make better use of the health system.

Our publication, *Talkabout*, has been completely redesigned, with the introduction of a new logo and greater use of colour and photographs throughout. The magazine is now also available as a PDF download from our website. The agency continues to explore social media spaces, examining ways we can best make use of online communities.

This year the Positive Speakers Bureau (PSB) gained 11 new speakers, including three women. In October 2010, with the support of Work Development Program, the Australasian Society for HIV Medicine (ASHM) and the Hepatitis C Council of Australia, we engaged trainer Annie Bleeker to conduct the Basic Public Speaking workshop for new speakers. We also finalised the trial of an online evaluation tool for the PSB. Since September 2010, both speakers and clients have been using the new online system to provide feedback about PSB presentations. This new tool has proved to be an excellent way to monitor the success of the Bureau.

The agency conducted a community consultation to explore the mental health needs of people with HIV, including the barriers to achieving good mental health and resilience, and the part these play in meeting those challenges. Taking a preventative approach, this consultation focused on depression and anxiety rather than more severe mental health conditions. We also investigated gaps in services. Recommendations from the consultation will inform our ongoing advocacy and health promotion work and offer strategies to meet the support and service needs of HIV-positive people. 2011–2012 offers Positive Life opportunities for change and growth in peer support, health promotion programs, social marketing, communications and new direction for the agency.

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 (PLHIV) to appropriate services – advocacy services, allied health services, community and social support services, and health promotion programs.

Positive Directions is currently undergoing a service review. Some of the big picture items for PLHIV in Queensland include: ageing and its associated issues; migration to Queensland by PLHIV from interstate – and the pressure this places on services; increasing mental health issues; increasing numbers of culturally diverse and heterosexual PLHIV clients; social isolation for PLHIV; the ageing of practitioners working in the PLHIV sector; and challenges associated with Queensland's wide demographic and large geographical area. Positive Directions is also in the process of ensuring we are actively engaged in the Chronic Conditions Self-Management strategy (CCSM). CCSM is an increasingly integral component of our model – another way to enhance lifestyle and outcomes for PLHIV.

NEW ZEALAND AIDS FOUNDATION (NZAF)

Shaun Robinson, Executive Director

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

In 2010–11, the NZ AIDS Foundation's support for the pro-condom social marketing brand "Get it On" gained significant momentum. The "love your condom" message extended through a wider range of online, cell phone, venue, event, gay and mainstream media channels to reach a greater number of gay men than ever before. FASTest, our rapid HIV testing service, continued its growth (over 600% in six years). New Zealand has the best record in the world for HIV control, but with 2010 the worst year ever for diagnoses amongst the gay community there is no room for complacency.

THE AFAO BOARD



Pictured left to right: Danica Gluvakov; Nicolas Parkhill; Colin Ross; Andrew Burry; Graham Brown; Robert Mitchell; Jenny Kelsall; Kane Matthews; Chris Lemoh; Rob Lake

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 Senior Research Fellow at the Australian Research Centre in Sex, Health and Society at La Trobe University and a Co-Director of the WA Centre for Health Promotion Research 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 also a member of the Commonwealth Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS). 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.

Alison Edwards (Vice President)

Alison has a background in community sector management, including in the women's refuge sector and in Indigenous health. Alison has been a member of a variety of national peak bodies, has extensive experience working with those most disadvantaged in our community and human rights advocacy.

Andrew Burry (Treasurer)

Educational Qualifications: Bachelor of Business Studies (Marketing, Finance)

Experience: Andrew has been Treasurer for AFAO since 2010 and General Manager of the AIDS Action Council of the ACT since 2007, following two years with the Victorian AIDS Council/Gay Men's Health Centre. Andrew has worked previously in the private sector in executive positions for public and private organisations. He has also served on Boards for a number of organisations in the community sector.

Colin Ross (Secretary/Gay Male Representative): 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 Secretary/Gay Male Representative of the ANA.

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 NAPWA since 2000, and for the past four 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.

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: Australian Injecting & Illicit Drug Users League (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 and 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.

Nicolas Parkhill: Ordinary Member

Experience: Nic 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, Nic worked in a variety of senior management and policy development roles for NSW Health and the NSW Cabinet Office, many with a specific focus on alcohol and other drugs. He also has a background in campaign management and public relations.

Chris Lemoh: Ordinary Member

Experience: Chris Lemoh grew up in Australia, the United Kingdom and Sierra Leone. He graduated from the University of Tasmania in 1994 with a Bachelor of Medicine and Bachelor of Surgery. He later moved to Victoria, where he completed his training as an infectious diseases physician in 2003. He has an interest in refugee health and has contributed to the development of guidelines for the systematic assessment of the health of newly arrived refugees. He works as a physician at the Royal Melbourne Hospital and Dandenong Hospital and is currently undertaking research on HIV in Victoria's African communities. Chris joined the AFAO Board in 2011.

Danica Gluvakov: Staff Representative

Educational Qualifications: Bachelor of Arts (University of Belgrade), Certificate IV in Project Management

Experience: Danica is employed by AFAO as Administrative Assistant. Born in Serbia, Danica migrated to Australia in 2008 and commenced work with AFAO soon afterwards. She has experience in project support roles in post-war Bosnia and Herzegovina, where she worked on long-term capacity building and international development projects funded by agencies such as London School of Economics and Political Science, the Department for International Development (UK) and the European Union. She also worked as freelancer in a number of short term media-related roles, including journalist, assistant to producer and a researcher for a documentary on human rights, filmed in Bosnia.

TREASURER'S REPORT

ONCE AGAIN, THE AUDIT FOR THE FINANCIAL YEAR 2010–2011 WAS COMPLETED WITHOUT QUALIFICATION, AND INTERNAL CONTROLS AND OVERSIGHT ARE WELL-SUITED TO ENSURING THAT THE FINANCIAL POSITION OF THE ORGANISATION REMAINS ROBUST AND SOUND.

The Poro Sapot program funded by AusAID required a separate audit, and this too was satisfactorily completed and all audits complied with the Australian Council for International Development (ACFID) Code of Conduct for financial reporting.

Recurring revenue declined by 7% (\$243,000) and for the second consecutive year, we anticipated and recorded a small loss – \$50,586, compared to \$48,090 last year. Our retained earnings remain solid at \$474,314, and we do not anticipate a budgeted deficit in the current year. Despite this reduced revenue, costs were well managed and lowered in line with project income. Nonetheless, the Board and management will focus on achieving further cost reductions in the current year, and these will be largely through operational and administrative efficiencies.

We again experienced delays in receiving funds from the Department of Health and Ageing (DoHA). For example, funds for ANET and Policy and Communications for 2010–2011 were not received until March 2011. Because of a substantial cash balance we were able to accommodate this delay; however, it is an ongoing issue that we do not expect to be resolved in the short term. The outstanding loan of \$30,000 to the AIDS Trust of Australia was repaid in full.

The Finance and Administration team deserve special thanks for their excellent work throughout the year. Financial Controller Jill Mogridge retired at the end of September 2010 after exceptional service to the organisation of almost 15 years. Sarita Ghimire was appointed to the role of Finance Officer prior to Jill's departure, and then to the role of Financial Controller – allowing for a smooth transition. The Finance team have had some additional challenges and these have been well handled. Internet and online banking has been progressively introduced; already generating efficiencies. In addition, the establishment of a Bangkok office for the International team has required some additional financial management and the development of policies and procedures.

AFAO remains in excellent financial health with solid cash and equity balances. The organisation continues to be well served by excellent management and governance, and is supported by sound policies and procedures.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

THE BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2011

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)	Alison Edwards (Vice-President)	Nicolas Parkhill (Secretary)
Andrew Burry (Treasurer)	Chris Lemoh (Ordinary Member)	Robert Mitchell
Jenny Kelsall	Kane Matthews	Colin Ross
Danica Gluvakov (Staff Rep)	Rob Lake (Ex Officio)	

DIRECTORS' REGISTER OF ATTENDANCE 2011		
	Board Meetings	
	Number Eligible To Attend	Number Attended
Baxter, D (Ex Officio)	5	5
Brown, G	6	5
Burry, A	4	4
Donohoe, S	6	5
Edwards, A	4	3
Forbes, L	6	4
Gluvakov, D	5	5
Keen, P	1	1
Kelsall, J	6	5
Lake, R (Ex Officio)	1	1
Langdon, T	2	2
Lemoh, C	4	4
Matthews, K	6	6
Mitchell, R	6	5
Parkhill, N	6	6
Ross, C	6	5
Selvey, L	2	1
Wilson, J	2	2

Principal Activities

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

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

Significant Changes


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

Operating Result

The deficit of the Federation for the year ended 30 June, 2011 amounted to \$50,586 (2010: deficit of \$48,090).

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


Rob Lake – Executive Director


Andrew Burry – Treasurer

Dated this 16th day of September 2011

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2011

	Notes	2011 \$	2010 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,254,188	794,979
Trade and other receivables	5	225,682	639,765
Inventories		—	—
Assets held for sale		—	—
Security Deposits and Prepayments		51,357	53,164
TOTAL CURRENT ASSETS		1,531,227	1,487,908
NON-CURRENT ASSETS			
Property, plant and equipment	6	24,347	31,370
Investment property		—	—
Intangibles		—	—
TOTAL NON-CURRENT ASSETS		24,347	31,370
TOTAL ASSETS		1,555,574	1,519,278
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	413,639	392,405
Grants in Advance	7, 8	333,043	252,045
Provisions	7, 9	241,570	232,729
Borrowings		—	—
TOTAL CURRENT LIABILITIES		988,252	877,179
NON-CURRENT LIABILITIES			
Provisions	9	36,330	19,599
Borrowings		—	—
TOTAL NON-CURRENT LIABILITIES		36,330	19,599
TOTAL LIABILITIES		1,024,582	896,778
NET ASSETS		530,992	622,500
EQUITY			
Reserves	11	56,678	97,600
Retained earnings	10	474,314	524,900
TOTAL EQUITY		530,992	622,500

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 2011

	Notes	2011 \$	2010 \$
REVENUE			
Donations and gifts – monetary		104,450	141,299
Donations and gifts – non-monetary		—	—
Bequests and Legacies		—	—
Grants			
AusAID PNG		186,424	155,116
AusAID HIV Consortium		662,810	789,587
Other Australian		2,095,350	2,191,295
Other Overseas		—	—
Investment income		28,779	43,852
Other income			
Overseas		—	—
Domestic		9,102	72,194
Revenue for International Political or Religious Adherence Promotion Program		—	—
TOTAL REVENUE	2	3,086,915	3,393,343
EXPENDITURE			
International Aid and Development Projects			
Funds to international programs		577,263	660,650
Program support costs		89,599	169,233
Community education		—	—
Fundraising costs – Public		—	—
Fundraising costs – Government, multilateral and private		17,311	21,816
Accountability and administration		11,574	5,672
Expenditure for International Political or Religious Adherence Promotion Program		—	—
Domestic Programs			
Domestic programs expenditure		598,321	790,472
Staffing		1,260,772	1,151,261
Administration		582,661	642,329
TOTAL EXPENDITURE		3,137,501	3,441,433
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE		(50,586)	(48,090)

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 2011

	Retained Earnings	General Reserves	Total
	\$	\$	\$
Balance at 30 June 2009	572,990	97,600	670,590
Surplus/(Deficit) attributable to members	(48,090)	—	(48,090)
Balance at 30 June 2010	524,900	97,600	622,500
Surplus/(Deficit) attributable to members	(50,586)	—	(50,586)
Amount transferred from reserves	—	(40,922)	(40,922)
Balance at 30 June 2011	474,314	56,678	530,992

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 2011

	Notes	Inflows (Outflows) 2011 \$	Inflows (Outflows) 2010 \$
Cash flows from operating activities			
Government Grants Received		2,450,976	2,275,325
Interest Received		28,779	43,852
Other Income		1,102,241	986,787
Project Grant Costs		(1,260,504)	(1,829,453)
Payments to Suppliers and Employees		(1,858,783)	(1,774,834)
Net cash provided by/(used in) operating activities	14	462,709	(298,323)
Cash flow from investing activities			
Payments for property, plant and equipment		(3,500)	—
Net cash (used in)/provided by investing activities		(3,500)	—
Net increase/(decrease) in cash held		459,209	(298,323)
Cash at beginning of year		794,979	1,093,302
Cash at end of year	4	1,254,188	794,979

The accompanying notes form part of these financial statements

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
TABLE OF CASH MOVEMENTS FOR DESIGNATED PURPOSE
FOR THE YEAR ENDED 30 JUNE 2011

	Cash available at beginning of year	Cash raised during the year	Cash disbursed during the year	Cash available at end of the year
	\$	\$	\$	\$
Domestic Programs	542,935	2,656,417	(2,170,586)	1,028,766
AusAID Consortium	3,475	660,543	(661,327)	2,691
AusAID PNG	51,216	265,036	(186,424)	129,828
Donations – Intl Program	197,353	—	(104,450)	92,903
TOTAL	794,979	3,581,996	(3,122,787)	1,254,188

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 2011

Note 1: Statement of Significant Accounting Policies

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

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

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

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

Basis of Preparation

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

Accounting Policies

a) Income Tax

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

b) Property, Plant and Equipment

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

Plant and equipment

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

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

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

Depreciation

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

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

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

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

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

c) Leases

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

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

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

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

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

d) Financial Instruments

Recognition

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

Financial assets at fair value through profit and loss

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

Available-for-sale financial assets

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

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

e) Impairment of assets

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

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

f) Employee Benefits

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

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

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

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

g) Cash and Cash Equivalents

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

h) Foreign Currency Transactions and Balances

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

i) Revenue

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

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

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

k) Comparative Figures

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

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 2011

Note 2: Revenue

Operating Activities

	2011 \$	2010 \$
Donations and Gifts – Monetary	104,450	141,299
Legacies and bequests	—	—
Operating grants:		
AusAID PNG	186,424	155,116
AusAID HIV Consortium	662,810	789,587
Other Overseas	—	—
Other Australian	2,095,350	2,191,295
Investment Income	28,779	43,852
Other income:		
Overseas	—	—
Australian	9,102	72,194
	<u>3,086,915</u>	<u>3,393,343</u>

Note 3: Auditors' Remuneration

Remuneration of the auditor of the Federation for:

Auditing or reviewing the financial report	22,000	22,000
Less: Reimbursement from AusAID Consortium	(1,000)	—
	<u>21,000</u>	<u>22,000</u>

Note 4: Cash and Cash Equivalents

Cash at bank	893,888	759,679
Short-term bank deposits	360,000	35,000
Cash on hand	300	300
	<u>1,254,188</u>	<u>794,979</u>

The effective interest rate on short-term bank deposits was 4.98% (2010: 3.60%). The two deposits \$25,000 and \$35,000 have an average maturity of twelve months and other two deposits \$150,000 each has three months maturity.

Reconciliation of cash

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

Cash and cash equivalents	1,254,188	794,979
	<u>1,254,188</u>	<u>794,979</u>

Note 5: Trade and Other Receivables

Member Organisations	12,361	15,309
Government Grants	180,217	535,843
Loan – National AIDS Fundraising Ltd	—	30,000
International: Project Partners	1,299	1,892
Health Sector Organisations	4,408	14,917
GST Receivable	27,397	41,804
Income Receivable	—	—
Less: Provision for Doubtful Debts	—	—
	<u>225,682</u>	<u>639,765</u>

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

Note 6: Property, Plant and Equipment

	2011 \$	2010 \$
Office equipment at cost	93,575	90,075
Accumulated depreciation	(75,242)	(66,222)
Total office equipment	18,333	23,853
Leasehold improvements		
At cost	40,578	40,578
Accumulated depreciation	(34,564)	(33,061)
Total Leasehold Improvements	6,014	7,517
Total Property, Plant and Equipment	24,347	31,370

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	7,517	23,853	31,370
Additions	—	3,500	3,500
Disposals	—	—	—
Depreciation expense	(1,503)	(9,020)	(10,523)
Carrying amount at the end of year	6,014	18,333	24,347

Note 7: Trade and Other Payables

	2011 \$	2010 \$
CURRENT		
Trade payables	413,639	392,405
Grants received in advance	333,043	252,045
Short-term employee benefits	241,570	232,729
	988,252	877,179

Note 8: Grants in Advance

Health Department Grants – Commonwealth and State	—	—
International Program Grants	223,346	252,045
Other Grants	109,697	—
	333,043	252,045

Grants in Advance represent work that had commenced in the 2010/2011 financial year but where final costs will not be paid until the 2011/2012 financial year.

Note 9: Provisions

Employee Benefits (Refer to Note 1 (f))		
Current	241,570	232,729
Non-Current	36,330	19,599

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

Number of full time equivalent employees at year end	16.4	15.2
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AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

Note 10: Retained Earnings

	2011 \$	2010 \$
Retained earnings at beginning of year	524,900	572,990
Operating surplus/(deficit) for the year	(50,586)	(48,090)
Transfer to Reserves	—	—
Retained earnings at the end of the year	474,314	524,900

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
Less: Employee entitlements paid	(40,922)	—
Balance at end of the year	56,678	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	105,485	94,758
– between 12 months and 5 years	35,162	130,081
– greater than 5 years	—	—
	140,647	224,839

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 16th September, 2011.

Note 14: Cash Flow Information

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

Operating surplus/(deficit)	(50,586)	(48,090)
Depreciation	10,523	13,805
(Profit)/Loss on disposal of assets	—	—
Changes in net assets and liabilities		
(Increase)/decrease in prepayments & deposits	1,807	11,641
(Increase)/decrease in trade debtors	414,083	72,582
Increase/(decrease) in sundry creditors	21,234	(180,779)
Increase/(decrease) in grants in advance	80,998	(152,123)
Increase/(decrease) in employee benefits payable	25,572	(15,359)
Increase/(decrease) in reserves	(40,922)	—
	462,709	(298,323)

Note 15: Financial Risk Management

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.

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.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

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, Dr Linda Selvey, Mr Andrew Burry, Ms Alison Edwards, Mr James Wilson, Ms Trish Langdon, Mr Nicolas Parkhill, Mr Chris Lemoh, Mr Robert Mitchell, Ms Jenny Kelsall, Mr Kane Matthews, Mr Colin Ross, Mr Phillip Keen, Ms Danica Gluvakov, Ms Linda Forbes, Mr Simon Donohoe, Mr Rob Lake and Mr Don Baxter.
- b. Key management personnel comprise of Mr Don Baxter (Executive Director to May 2011), Mr Rob Lake (Executive Director from May 2011), Mr Simon Donohoe (Education Programs Manager), Ms Jill Mogridge (Financial Controller to September 2010), Ms Sarita Ghimire (Financial Controller from March 2011), Mr David Traynor (International Programs Manager) and Ms Linda Forbes (Policy & Communications Program Manager).
- 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 \$595,264 (2010: \$536,076). This included short-term benefits of \$548,404 (2010: \$496,356) and superannuation of \$46,860 (2010: \$39,720).

Note 19: Compliance with ACFID Code of Conduct

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

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30 JUNE 2011

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

1. the financial statements and notes are in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board and:
 - comply with relevant Australian Accounting Standards as applicable; and
 - give a true and fair view of the financial position as at 30 June 2011 and of the performance for the year ended on that day of the association.
2. in the Board of Directors opinion, there are reasonable grounds to believe that the Australian Federation of AIDS Organisations Incorporated will be able to pay its debts as and when they fall due.

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



Rob Lake – Executive Director



Andrew Burry – Treasurer

Dated this 16th day of September 2011

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 2011, consisting of the Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows, Statement of Changes in Accumulated Funds & Reserves, Table of Cash Movements for Designated Purpose, accompanying Notes, and the 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 2011, 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, 16 September 2011

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

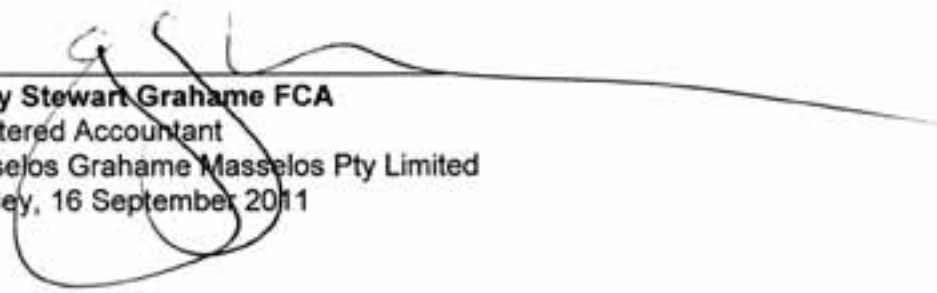
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Disclaimer

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 2011. 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, 16 September 2011

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 2011

	2011	2010
	\$	\$
Revenue		
Donations and Gifts	104,450	141,299
Grants		
AusAID PNG	186,424	155,116
AusAID HIV Consortium	662,810	789,587
Health Department Grants	2,095,350	2,191,295
Doubtful Debts Recovered	—	35,019
Investment Income – Interest	28,779	43,852
Other Income		
Overseas	—	—
Domestic	9,102	37,175
	3,086,915	3,393,343
Expenditure		
Overseas Projects		
Funds to overseas projects	577,263	660,650
Other project costs	118,484	196,721
Domestic Projects		
Community education	—	—
Other project costs	605,856	797,565
Administration		
Audit	21,000	22,000
Bad Debts Written Off	490	543
Bank Charges	2,019	466
Contractors Fees	31,813	56,973
Depreciation Expense	10,523	13,805
Donations/Gifts	10,185	22,405
Employee Assistance Program	360	—
Insurance	24,892	28,705
Meeting Expenses	38,142	37,456
Office Equipment Expense	1,739	8,092
Postage and Freight	2,256	2,116
Professional Fees	5,000	27,411
Loss on Disposal of Assets	—	—
Rent and Electricity	117,630	106,761
Repairs and Maintenance	32,957	34,345
Resources and Subscriptions	14,673	16,078
Salaries and Wages	1,260,772	1,151,261
Staffing On-costs	11,674	39,601
Stationery and Office Supplies	13,754	11,772
Superannuation	104,453	101,775
Telephone, Facsimile and Internet	22,337	19,604
Travel	66,768	59,845
Website	42,441	23,829
WorkCover Compliance	20	1,654
	3,137,501	3,441,433
OPERATING SURPLUS/(DEFICIT)	(50,586)	(48,090)

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS ANNUAL REPORT 2010–2011



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