

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS



ANNUAL REPORT 2012–2013



AFAO would like to express its appreciation for the continued support of the Australian Government Department of Health and Ageing under the Communicable Disease Prevention and Service Improvement Grants Flexible Fund, and the Health Capacity Development Fund; and AusAID.



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For over 30 years the success of Australia's response to HIV has been largely a result of a constructive and collaborative partnership between our community, successive governments, researchers and health professionals. Over the last couple of years we have seen an erosion of that partnership model. This cannot be sustained.

If Australia is to ensure that its global leadership is reinstated we need to take back control. The challenges the community response has faced, in Queensland and now South Australia with funding withdrawal, as well as budget pressures in other states and territories leading to funding cuts, mean that our ability to provide an effective response to the epidemic is increasingly difficult.

Across Australia there is frustration at rising rates of new HIV infections. Yet exciting testing technologies and treatments are becoming available, which – with commitment at all levels – can deliver significant reductions in rates of HIV transmission. We have and will continue to advocate for the uptake of these technologies, and their submission by manufacturers for Therapeutic Goods Administration (TGA) approval.

AFAO's role as a Federation is to ensure that the collective voice of the sector is heard, and that we can advocate for and deliver change. But we cannot do this with fragmentation. It is incumbent upon the organisation to work in concert to achieve these outcomes.

The Melbourne Declaration in November 2012 was a critical milestone in our recent journey; it was a turning point in identifying what we need to do and how we need to go about it. And our collective response to the 2011 United Nations Political Declaration on HIV/AIDS, which saw the publication and Australia-wide release of the report, *Implementing the United Nations Political Declaration on HIV/AIDS in Australia's Domestic HIV Response: Turning Political Will into Action*, set the agenda for the reinvigoration of the response.

As a Federation we need to continue to capitalise on this reinvigoration, both in word and action. We need to continue to actively engage with governments at both the state and federal level to ensure they appreciate the fundamental role that the community sector has played and will continue to play; both in Australia's success in the prevention of HIV in Australia, and in the care and support of people with HIV.

A case in point is the development of Australia's next National HIV Strategy – the seventh. This comes at a critical time for our response. AFAO and other peak bodies are working closely with the Department of Health and Ageing, the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBVSS) and the Blood Borne Virus and Sexually Transmissible Infection Sub-committee (BBVSS), on the development of the HIV and other BBV/STI strategies, which are expected to be presented for adoption by Health Ministers in early 2014.

Melbourne's hosting of the 20th International AIDS Conference, AIDS 2014, in July next year is of crucial significance.

Importantly, AIDS 2014 will draw attention to the Australian response and to the issues we face. This global conference will be a forum for open and frank discussions on effective prevention and treatment strategies, as well as addressing significant human rights issues that continue to plague people living with HIV and at-risk communities.

The leadership that AFAO displays in the coordination and support to Australia's policy, advocacy and health promotion response to HIV/AIDS does not happen by accident. I continue to be amazed at the quality and depth of work of the AFAO Secretariat – led by Rob Lake, our Executive Director – in developing and implementing ground-breaking programs both locally and internationally, undertaking a wide ranging research and policy development portfolio and supporting the broader community response. We are also fortunate and thankful for the commitment that our members make in giving freely their time to support this work. Without you all we would not achieve all that we do as a Federation.

I acknowledge and thank Ian Rankin for his second stint as AFAO President. In 2012, Ian once again stepped into the breach and we were ably led by him. I thank my fellow Board members who give their time and professional expertise freely, and most importantly, with good humour. The diverse nature of the Board's membership ensures that we continue to work collaboratively with our common goal of moving towards a world without HIV/AIDS.

The year ahead will present us with many challenges: some of them day-to-day, some of them fundamental. We can – and will – meet these challenges head-on. If we don't, we will be failing in our responsibilities to reduce the transmission of HIV, and to improve the lives of people living with and affected by HIV. ■

EXECUTIVE DIRECTOR'S REPORT

By Rob Lake, AFAO Executive Director

This year we have seen the results of the time we have spent with members and colleagues, planning and negotiating so that we can present our views to decision makers clearly, sharply and collectively. We have done this through our analysis and the development of *Turning Political Will into Action*, a discussion paper and interactive website which sets out what we believe the 2011 United Nations Political Declaration on HIV means for Australia. We have used this tool at the International AIDS Conference in Washington, DC in July 2012, and as the focus for our government lobbying in early 2013. It was also a useful catalyst for the development and launch of the Melbourne Declaration at the 2012 Australasian HIV/AIDS Conference in Melbourne. The four key areas of action that the Declaration outlines – testing, treatment, prevention and strong legal and policy protections – are strong and easy-to-understand priorities.

This gives you a sense of the issues and priorities of the previous year. My key task in this report is to highlight how our work gets done, and to recognise the people that, without whom, it would not happen. The reports from the International Program, the AFAO National Education Team (ANET), and the Policy and Communications team provide a good sense of the work that these teams carry out. The Administration and Finance team provide governance and financial support that is critical in ensuring that events, resources, meetings, and reports to funders all happen effectively. So thanks, then, to Sarita, Andrew, Renee, Pete and Danica.

None of this happens without leadership. Willie Rowe has succeeded Ian Rankin as AFAO President, and his support, direction and energy for the role have helped me, the Board, and Staff keep a clear focus on key issues to address and events to monitor. This is greatly appreciated by all of us.

Board members continue to find and offer valuable time and energy to contribute to decision making, reflection and review across a diverse area of work, and a governance role that must encompass a remote office in Bangkok, a range of funders, and often globally significant issues for consideration.

AFAO staff have developed major programs in policy, prevention, HIV-positive health promotion, advocacy, representation and communication. Their skills and enthusiasm shows in the work and its reception, and in AFAO's reputation and significance in the Australian HIV response and beyond. As we head towards AIDS 2014, we look forward to the significant role that AFAO will play, together with our State, Territory and National Members Organisations in preparing and delivering a successful conference and satellite events. Thanks to all our partners in this work. Thanks particularly to Chris Connelly, Linda Forbes, Simon Donohoe, Sarita Ghimire and Andrew Sajben who have led much of this work.

This year, we have seen the continuing lack of Queensland Health funding to Healthy Communities and, with many others, were saddened at the closure of the AIDS Council of South Australia (ACSA) in Adelaide, despite strong efforts to negotiate a solution to their financial crisis. AFAO continues to work to seek a resolution so that the voices and needs of gay men and other men who have sex with men are at the table in South Australia and Queensland, and that they are resourced to be there.

We also welcome the decision of the federal government to provide a three-year funding contract to Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance, in recognition of the powerful role they have played in keeping focus on the sexual health, HIV prevention and care needs for Aboriginal and Torres Strait Islander people.

The 2013 Federal Election has brought a new Health Minister, as we develop the Seventh National HIV Strategy, an important opportunity to more strongly engage the Government in the leadership of the Strategy and its delivery and results. We welcome Peter Dutton to the role and look forward to working with him.

I commend this report to you. As we head into major new challenges, a revitalised Strategic Plan and Seventh National Strategy are key markers to guide us. ■

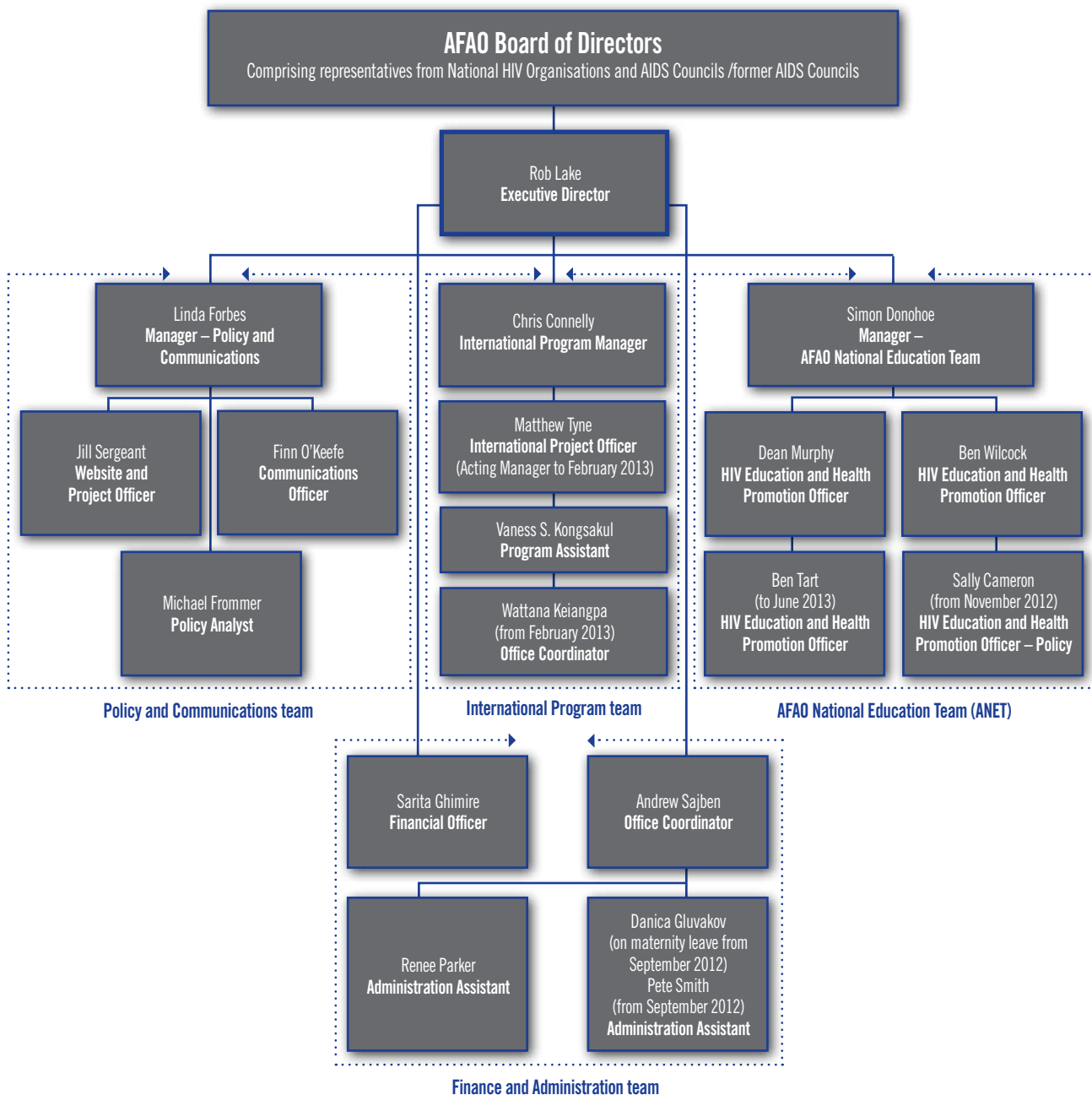




The AFAO Annual Report 2012–2013 cover collage – Pictured clockwise from far left:

The 2 Spirits Condoman and Lubelicious Launch in Cairns; Scarlet Alliance Vice President Elena Jeffreys, Commonwealth Health Minister Tanya Plibersek and Scarlet Alliance's Male Spokesperson Cameron Cox; Community members help promote 'Ending HIV' at Mardi Gras Fair Day in February, 2013; Turning Political Will into Action – Willie Rowe, AFAO President, Linda Forbes, Manager – Policy and Communications, and Rob Lake, AFAO Executive Director, met with Government officials at Parliament House, Canberra, to advocate for strategies to reduce the impact of HIV in Australia; the AFAO 'Time to Test' campaign differs from other recent testing campaigns by using a deliberately individualised focus; AFAO Short Course participants; International Candlelight Memorial held on 18 May 2013 at the National Gallery of Australia, Canberra; Moi Lee, Executive Director of the Asia Pacific Coalition of AIDS Service Organisations (APCASO) with AFAO International Program Manager Chris Connelly, the Executive Director of APCOM (Asia Pacific Coalition on Male Sexual Health) Midnight Poonkasetwattana, Rob Lake, Linda Forbes, AFAO Policy Analyst Michael Frommer and AFAO International Programs Advisor Don Baxter; AFAO National Education Team (ANET) Manager Simon Donohoe and Shaun Robinson, Executive Director of the New Zealand AIDS Foundation (NZAF); and Nick, who leads on coordination and implementation of Kapul Champions activities in his role as Senior Program Officer of the Kapul Champions secretariat.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS (AFAO) ORGANISATIONAL CHART





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

AFAO's Policy and Communications team provides advice to government and undertakes policy analysis and law reform advocacy on issues affecting Australia's response to HIV. We provide information, resources and other materials to AFAO members and other stakeholders and hold workshops and forums on key issues. We also maintain AFAO's website, manage the organisation's social media presence and contribute to AFAO's engagement with the media.

AFAO's work continues to be framed by the *Sixth National HIV Strategy 2010–2013* and the 2011 United Nations Political Declaration on HIV (the UNPD), as articulated in the Melbourne Declaration and the comprehensive discussion paper, *Implementing the UNPD in Australia's Domestic HIV Response: Turning Political Will into Action*, and our development of the associated website – unpdaction.org.au. Our policy work seeks to bring the health and prevention benefits of recent treatment and prevention research to the Australian response, while advocating for reforms that maintain and strengthen Australia's legal and policy framework.

Policy advocacy and advice

Policy activities over the year continued to be a mix of providing policy advice to the Commonwealth Government on emerging issues identified by AFAO and its members, providing input to federal and state/territory inquiries and participating in consultations on key issues.

Health reform

The Personally Controlled Electronic Health Record (PCEHR) went live on 1 July 2012, and AFAO produced briefing papers explaining key aspects of the eHealth system. Our presentation at the 2012 National LGBTI Health Alliance Conference, *Health In Difference*, focused on practical aspects of the electronic health record, and outlined potential privacy issues for people with HIV and people from affected communities.

We highlighted HIV-related issues relating to the Government's health reform agenda in various submissions, including to the Senate Inquiry into Australia's Domestic Response to the World Health Organization's Commission on Social Determinants of Health report, *Closing the gap in a generation: health equity through action on the social determinants of health*.

HIV and Aboriginal and Torres Strait Islander communities

We continued to monitor emerging HIV and STI-related issues among Aboriginal and Torres Strait Islander communities; this analysis is informing our input into a range of inquiries and consultations.

In a joint submission developed with the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA), we commented on the draft National Aboriginal and Torres

Strait Islander Health Plan (the Plan), and attended consultations on the development of the Plan. AFAO and several other peak community organisations called for explicit reference to blood borne viruses (BBVs) and sexually transmissible infections (STIs) in the Plan and we were pleased that the final Plan included such reference.

HIV and ageing

AFAO has been very supportive of the development of the new *National Lesbian, Gay, Bisexual and Intersex (LGBTI) Ageing and Aged Care Strategy*. Our comments on the draft Strategy highlighted the need for a person-centred approach which takes into account intersecting aspects of LGBTI identity, such as HIV status. We were pleased to see that the final Strategy, launched in December 2012, notes the need to address the particular needs of LGBTI people who have HIV, including by developing an Aged Care sector workforce that is person-centred.

Disability

AFAO has been engaged on an ongoing basis with consultations regarding development of the National Disability Insurance Scheme (NDIS) through submissions and community-led and government consultations. While AFAO has some concerns regarding equity and implementation of the NDIS, we strongly support the scheme. Advances in treatment mean that people with HIV can expect to live longer. It is important that NDIS assessment processes take into account the needs of people with HIV and related chronic health conditions – particularly psychosocial issues, and that the challenges of managing comorbidities are recognised.

HIV among migrant and mobile communities

AFAO hosted its second national forum on HIV and African communities in September 2012. The forum was organised in consultation with the AFAO African Reference Group, which was formed to support AFAO's work with African communities. Almost 80 people attended the forum from around the country, including religious leaders and community leaders representing broad-based African and specific community organisations, women's group, young adults, elders, and African-born people living with HIV. Staff from multicultural HIV, STI and BBV services attended together with representatives from the memberships of AFAO and National Association of People With HIV Australia (NAPWHA). A report was produced out of the forum that outlined strategies and key actions to the support the development of a national response to HIV among African Australian communities.

AFAO also commenced a project to map Australian HIV health promotion programs in Australia that target African communities, and a literature review of research and projects on HIV and African diaspora communities in developed countries.

Human rights and discrimination

AFAO made submissions on the *Exposure Draft of the Human Rights and Anti-Discrimination Bill 2012*. We welcomed the introduction of a sexual orientation and gender identity as protected attributes but argued for reform of migration laws that serve to discriminate against people with HIV, and of laws that allow religious organisations to discriminate on the grounds of sexual orientation and gender identity in relation to employment and the provision of services. We were pleased to see that laws protecting individuals from discrimination on the basis of sexual orientation, gender identity and intersex status were finally adopted, and that in the provision of aged-care services, religious organisations are no longer allowed to discriminate.

Immigration

AFAO has continued to advocate for reform of Australia's migration policies as they affect people with HIV, and has developed a new position paper on HIV and migration policy.

AFAO provided evidence to the House Standing Committee on Health and Ageing Committee's Inquiry into Health Issues Across International Borders. We argued that issues relevant to infectious diseases such as tuberculosis and dengue should not be conflated with issues affecting the prevention of HIV among migrant populations; and that migration policies should not be regarded as a means toward 'border infection control' in respect of HIV. AFAO also provided feedback on and endorsement of the *Public Health Association of Australia's Refugee Health Policy* – which aims to achieve equitable access to health care for all refugees.

Criminalisation

AFAO has continued to monitor and highlight the impact of 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 are engaging with international advocates to ensure that advocacy opportunities afforded by 2014 International AIDS Conference (AIDS 2014) are made the most of, and that the conference program includes stimulating sessions on criminalisation issues – including ongoing issues faced in Australia.

International advocacy

Following a call from the Commonwealth Eminent Persons Group (EPG) for the repeal of discriminatory laws that impede the effective response by Commonwealth countries to HIV, AFAO advocated to Government that Australia should urge Commonwealth countries to commit to such reform. We were pleased to see the Commonwealth Foreign Ministers meeting in New York accept the EPG report, and most significantly, Recommendation 8, 'that Heads of Government should take steps to encourage the repeal of discriminatory laws that impede the effective response of Commonwealth countries to the HIV/AIDS epidemic, and commit to programmes of education that would help a process of repeal of such laws.'

Member workshops

AFAO held Member Workshops in November 2012 and May 2013. The November workshops included a session to inform Members of how best to engage with the AIDS 2014 consultative

processes, with presentations by the Local Community Partner representative and the Local Community Program Committee Co-Chair of the Conference Coordinating Committee.

November workshop policy discussions focused on HIV testing among gay men and other men who have sex with men (MSM), and among sex workers – with panel discussion, Q&A, as well as facilitated table discussions.

The May 2013 workshops program was framed around examining advocacy implications of the 2011 UNPD, focusing on strategic advocacy regarding the UNPD and the Melbourne Declaration, which was launched at the 2012 Australasian HIV/AIDS Conference. The program included a separate session on HIV and African communities, with a panel discussion on the development of state-based African community HIV networks.

HIV Australia

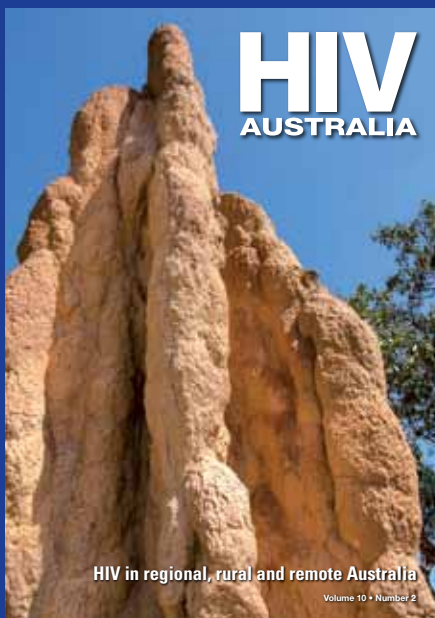
HIV Australia, AFAO's flagship publication, is produced in print and online, and is also available via online databases and at libraries and universities around Australia.

In 2012–13, the magazine's print circulation remained steady at around 3,000 copies per edition. In 2013 we reduced the frequency of the publication from four to three editions per year, a decision which enables us to continue to produce a full-colour publication that is distributed free-of-charge.

In consultation with our Editorial Advisory Committee, and drawing on reader feedback and the ongoing work of AFAO and our membership, we continue to develop thematic editions that are relevant and engaging. We continue to engage contributors from outside of our immediate networks, giving the publication added currency as an educational and advocacy tool.

In 2012–13, *HIV Australia* published editions on the following topics:

- ▶ **'HIV in regional, rural and remote Australia'** (Volume 10.2, pictured opposite page, left) discussed a set of issues that are both broadly relevant to all people with HIV and which take on specific significance for HIV-positive people living in small and isolated communities. Articles explored issues such as stigma and isolation; fear of disclosure in small communities; a shortage of local health services (including s100 providers and HIV-experienced GPs) and the need for people in remote communities to travel long distances to receive confidential clinical care and access medication.
- ▶ **'HIV and young people'** (Volume 11.1, pictured opposite, centre) looked at trends in HIV and STIs among people under 30 years old in Australia. Articles highlighted the importance of peer-led health promotion in developing authentic and effective campaigns that engage young people and create behaviour change. Contributors also highlighted key policy issues such as the need for and improved sexuality and health curriculum in schools. The edition was extremely well received.
- ▶ **'Living well with HIV: managing co-existing health conditions'** (Volume 11.2, pictured opposite, right) outlined various comorbidities that can accompany HIV and discussed how people with HIV may proactively manage and prevent these conditions. Expert contributors profiled clinical and



social research on conditions ranging from bone health to cardiovascular disease and highlighted emerging issues of relevance for people with HIV, such as the sexual transmission of hepatitis C and increasing rates of anal cancer.

In addition to this thematic content, the magazine continued to look at regional issues, focusing on the work of AFAO's international partners. Regional features from the past year profiled three nascent MSM and transgender networks: Youth Voices Count (Asia and Pacific); Kapul Champions (Papua New Guinea); and GWL-INA (Indonesia).

We have some exciting editions of *HIV Australia* in the pipeline for 2013–14.

Website and social media

AFAO's website traffic has continued to grow. Almost 25% of traffic to the website is from visitors returning to the site. Around 70% of visitors are from Australia.

From 1 July 2012 until 30 June 2013 there were 111,364 visits to the site by 84,751 unique visitors, viewing 222,329 pages. After the home page, the most popular pages on the site were pages related to HIV testing, FAQs, living with HIV, safe sex, the jobs page, HIV statistics, and treatments. More than 30,000 people viewed HIV Australia articles and over 6,000 viewed news items.

Most visitors arrived via Google, however a significant number were from Facebook (1,348 visits) and Healthinsite (770).

Twenty-eight percent of site visits over the year were via mobile devices, a noticeable increase in traffic from the previous year. The trend toward accessing the website from mobile devices is consistent with general web trends. AFAO will be implementing responsive design into the site in the next financial year to make the site more user-friendly on mobile phones and tablets.

Although development of AFAO's Facebook presence has been hampered by Facebook's continued adjustment of the algorithms which affect our Facebook page's visibility, our number of fans

has been slowly increasing, and engagement with many posts has been pleasing. We have been experimenting with Facebook advertising in order to increase exposure to selected posts and grow the number of Likes. Facebook continues to drive traffic to our website and the 'AFAO talks' blog.

AFAO talks has had 3,100 page views by 902 unique visitors over this period. Over 37% of visitors are return visitors, indicating a growing loyalty among the blog's readership. The blog has been a useful platform to share information that is not appropriate for the AFAO website, such as report-backs from conferences and other events and advocacy initiatives in Australia and the region.

In October we established a new social media presence with an online photo gallery: <http://afao.smugmug.com>. Initially set up in order to privately share photos from the African forum, the site now includes albums for the Indonesian study tour, the 2012 Australasian HIV/AIDS Conference, the International AIDS Conference in Washington, and our international programs. There were 7,594 photo views in 2012/13. The site enables AFAO to share photos more widely than Facebook.

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

Media

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

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



Pictured clockwise from top left: Nick, the Senior Program Officer from Kapul Champions in the AusAID Papua New Guinea (PNG) offices to discuss 2014 planning and proposal development; Representatives from the Provincial AIDS Committee (PAC) joined the Community Forum in Madang to discuss health and human rights issues for men who have sex with men (MSM) and transgender people (TG) and to build better linkages between the community and government; During a break, Madang community members hang out in the gardens of the Forum venue, including Noel (right) and Willie (centre) the founders of the Waterlily community-based organisation; PNG stakeholders at the June Donors and Partners Meeting which was hosted by Kapul Champions in collaboration with UNAIDS. Willie Koi (standing), Program Manager, AusAID HIV and Health Program PNG, writes up a point from Annie McPherson (far right) Executive Director of Igat Hope; and Poz Home works to provide care and support, links with health services, community mobilisation and adherence support for positive MSM and TG in Bangkok. They have a drop-in centre as well as a team of outreach workers to link with the positive MSM and TG community.

By Chris Connelly, Manager



Pictured above (L–R): Matthew Tyne; Wattana Keiangpa; and Vaness S. Kongsakul.

As the AFAO International Program celebrates its second anniversary in Bangkok, the HIV landscape in Asia and the Pacific is changing. There are many opportunities presented by recent advances such as treatment as prevention and rapid testing, and policy commitments such as the 2011 United Nations Political Declaration on HIV/AIDS. But there is also much uncertainty, with the expiration of the Millennium Development Goals in 2015; shifts in patterns of funding for HIV; concerns about domestic governments' commitments to fund work with men who have sex with men (MSM), transgender people (TG), sex workers and people who use drugs; and ongoing evidence of concentrated epidemics being driven by stigma and discrimination, criminalisation and other barriers to prevention, testing, treatment and care. The work of the AFAO International Program continues to make an important contribution to strengthening community responses to HIV, and involvement in advocacy and policy.

During the year, the International Program office continued its operations from Bangkok, in a premises co-located with APCOM (Asia Pacific Coalition on Male Sexual Health), Purple Sky Network (PSN), Youth Voices Count (YVC) and International Drug Policy Consortium (IDPC), and just downstairs from APN+ (Asia Pacific Network of People Living with HIV/AIDS). This space sharing arrangement facilitates easier communication and enables us to identify opportunities for collaboration.

This year we welcomed two new staff to the International Program. Chris Connelly took up the position of Program Manager following two years in Cambodia working with KHANA, the largest national Cambodian NGO supporting community-based programming on HIV, tuberculosis, livelihoods and sexual and reproductive health. Mr Wattana Keiangpa joined in the role of Office Coordinator, coming from previous work as the HIV Testing and Counselling Coordinator for the Poz Home Center Foundation, a Bangkok-based care and support agency for HIV-positive MSM and TG.

Regional HIV Capacity Building Program

The key funding for the International Program continues to come from AusAID, with two projects supported through the Regional HIV Capacity Building Program and one through the support of the Health and HIV Program in Papua New Guinea.

MSM and TG Networks Capacity Strengthening Initiative

This new project is implemented in close partnership with APCOM, an agency advocating for increased investment, research, policy reform and advocacy for MSM and TG communities around HIV and human rights issues.

The project will contribute to more effective HIV responses for MSM, TG and HIV-positive MSM and TG communities by strengthening regional and sub-regional MSM and TG networks;

increasing availability of strategic information in local languages, generating strategic information at the regional and sub-regional levels, and supporting advocacy and collaboration among these networks.

The project works with three sub-regional networks: Pacific Sexual Diversity Network (PSDN), based in Nukualofa, Tonga; Islands of South East Asian Network (ISEAN), based in Jakarta; and Purple Sky Network (PSN), which is based in Bangkok and covers five countries in the Mekong sub region and two provinces in southern China. The project is also working directly with MSM and TG groups in Ho Chi Minh City and Yangon to strengthen their capacity to represent MSM and TG communities and engage with government and other players for stronger HIV responses.

Community Advocacy Initiative (CAI)

The Community Advocacy Initiative is implemented in partnership with lead agency Asia Pacific Council of AIDS Service Organisations (APCASO). The long-term partnership between the AFAO International Program and APCASO has contributed to increased advocacy capacity among partner organisations in supported countries in South East Asia.

From late 2012, CAI began a new phase, in which APCASO and AFAO support regional and national analysis and adaption of the Investment Framework for HIV and AIDS. The Investment Framework advocates for funding for HIV to be seen as an investment which, if properly resourced in the present, will lead to reduced funding requirements in the future due to reduced HIV transmission and more efficient HIV responses. The Investment Framework suggests an increased role for community-based organisations representing communities most affected by HIV is needed, in both service delivery and advocacy activities.

A key aspect of this phase of CAI is to assist partners to understand the model and to use it as an advocacy tool with their respective governments and donors to improve funding levels, allocate resources to those most affected and to ensure the most affected communities and their organisations are involved in decisions on funding and programming. AFAO and APCASO are working with community partners in Cambodia (HIV/AIDS Coordinating Committee [HACC]), China (China HIV/AIDS Information Network [CHAIN]), Laos (Lao Positive health Association [LaoPHA]) and Vietnam (Supporting Community Development Initiatives [SCDI]).

Papua New Guinea – Kapul Champions

On 30 November 2012, Papua New Guinea's first national organisation for MSM and TG was launched by the country's minister for health and HIV. Kapul Champions, the name of the new organisation, will assist in strengthening the collective voices of MSM and TG in the national HIV response, while promoting law reform and human rights. During the past year AFAO has

been working closely with Kapul Champions to support the establishment of a Secretariat based in Port Moresby and auspiced at the offices of Igat Hope (the national PLHIV network), and also to strengthen the Kapul Champions Board. The formation of Kapul Champions in PNG is a great result for the men who have sex with men and transgender people, who some years ago dreamt of having their own organisation. In many ways, Kapul Champion's journey has just begun, but already they are making a contribution to the MSM and TG community through development of information, education and communication materials, hosting community forums and meetings, and engagement with national agencies and other stakeholders in PNG.

Advocacy

Beyond our project work, AFAO staff in Sydney and Bangkok are engaged in advocacy activities around communities affected by HIV in Asia and the Pacific. During the year, AFAO contributed to advocacy on HIV and the law through the Commonwealth Heads of Government Meeting (CHOGM); engaged with AusAID on its ongoing investment in HIV in Asia and Pacific; and joined partners in the Pacific to advocate for ongoing engagement of international stakeholders in this region.

Small grants

This year grants through the AFAO International Small Grants Program have been limited following the end of ten years of

remarkable support for the program from a private donor. With remaining funds the program was able to support MENFiji, a community-based organisation leading on MSM and TG rights in Fiji, to initiate the complex process of formal registration. Youth Voices Count, an Asia-Pacific network advocating around HIV, health and human rights issues of young MSM and TG people was also able to undertake community research on self-stigma among young MSM and young TG in Mongolia, the Philippines, Indonesia, Sri Lanka and Laos.

An additional small grant through the program under the generous support of the Brennan Family Foundation has enabled the African Men for Sexual Health and Rights (AMSHER) to begin developing at toolkit for advocates to use to enable policymakers to better understand sexuality, HIV and human rights in the African context.

Acknowledgements

The International Program would like to acknowledge the great work done by our partners, often in very difficult circumstances. This year has enabled us to build on our existing partnerships with Kapul Champions, Igat Hope, and APCASO and its partners, as well as to create new partnerships with APCOM and its members across the region. The program would also like to thank the various consultants and stakeholders who have supported our work during the year. ■



Pictured clockwise from above: Meeting with Myanmar MSM Network (MMN), to do a rapid assessment and progress report against workplan for the AusAID's MSM and TG Regional HIV Capacity Building Programme – a joint collaboration between APCOM and AFAO. Thida (Coordinator, sitting right) and Diana (Administrative Assistant, sitting left) are pictured with Midnight Poonkasetwattana (standing left), the Executive Director of APCOM (Asia Pacific Coalition on Male Sexual Health) and AFAO's International Program Manager Chris Connelly (standing right); Myanmar MSM Network (MMN) secretariat staff mapping their partners. This is in their brand new office supported by Alliance Myanmar; and Nick, who leads on coordination and implementation of Kapul Champions activities in his role as Senior Program Officer of the Kapul Champions secretariat.



From left: Dean Murphy, Ben Wilcock, Ben Tart and Sally Cameron.

Emerging social and biomedical research is changing the way we and affected communities understand HIV infection risk and optimal treatment effectiveness; ANET continues to engage closely with these fields of inquiry. We are committed to an evidence-based HIV response – including evidence informed development and delivery of HIV education – which is why we analyse epidemiological, scientific and behavioural research, consult with our expert and diverse membership, and undertake focus testing. These efforts are vital to ensuring the effective repackaging of health promotion messaging required during these interesting times.

Our strategies are multipronged. It is not possible to provide a comprehensive report on all of our program areas in a single summary, so this report will focus on one of the key issues on which we have worked over the past year – increasing HIV testing.

ANET's focus on HIV Testing

2012/13 saw increased interest in the promotion of HIV testing across the HIV partnership – including government, non-government, clinical and research partners. Licensing of the first rapid (point-of-care) HIV test by the Therapeutic Goods Administration (TGA) in December triggered a call to action in NSW, Queensland and Victoria, with gay men the beneficiaries of healthy state competition to see who would be first to deliver community-based rapid testing sites. ANET initiatives focusing on HIV testing included:

- ▶ **Consolidating current issues and identifying knowledge gaps: HIV testing among gay men and other men who have sex with men (MSM).** ANET and the AFAO policy team produced a comprehensive discussion paper on HIV testing among gay men. The paper, *HIV testing among gay men and other MSM*, sets out the broad range of structural and health promotion issues that need to be addressed if HIV testing frequency and routine is to be increased. The development of this paper proved a good exercise in engagement with the AFAO membership, with meaningful input from our Member Organisations and the identification of policies that were applicable across jurisdictions.
- ▶ **Developing and conducting research: Exploring HIV prevention and testing.** We decided we needed to know more about HIV testing from the perspective of those who use (or don't use) HIV testing services. This shift in focus, from the experiences of service providers to the knowledge of '(non) clients', triggered development of the ambitious Exploring HIV Prevention and Testing project, involving research consultants Redrollers and undertaken in partnership with the Sydney and Sydney West Local Health District. The project explored gay men's beliefs and behaviours in order to better understand drivers and barriers to participation in HIV prevention and testing activities. It used a number of innovative,

market-research techniques to get participants talking and thinking through what an ideal HIV testing experience might look like. The findings will be applied to the development of more effective communications and services to increase frequency of HIV testing across all states and territories.

- ▶ **Developing a social marketing campaign: Time to Test.** One of the key recommendations of the Exploring HIV Prevention and Testing project was the development of interventions to target discrete groups, particularly those who are:
 - > younger, first time testers
 - > infrequent/non-testers with high risk behaviours
 - > older, out of routine non-testers.

This recommendation informed development of the Time to Test campaign, which differs from other recent testing campaigns that have typically taken a whole of (gay) community approach aiming to reach all gay men. It uses a deliberately individualised focus (through use of images and text) to encourage individuals to identify with a 'type' and, by following their example ... go and get tested! The individualised approach complements other current broader approaches as our sector employs multiple tactics to engage gay men.

- ▶ **Entrenching inclusion of HIV testing in a national, integrated campaign: Ending HIV.** ANET is committed to the development of an Australian combination prevention approach that combines biomedical, behavioural and other structural interventions. Clearly, increased HIV testing is only one strategy to decrease HIV transmission risk, so prevention efforts must recognise the importance of safe sex, risk reduction practices, HIV treatments, and the way all these strategies intersect. The Ending HIV campaign integrates HIV testing in this broader prevention framework.

Ending HIV is an interactive social marketing and community education campaign incorporating communication and community mobilisation initiatives. The campaign was initially developed by AFAO's NSW member, ACON, which was first off the mark to produce a programmatic response grappling with the complexities of communicating these new HIV prevention possibilities. Two AFAO member meetings in early 2013 expressed strong support for a national adaptation of the Ending HIV campaign: a strategy that fitted well with ANET's commitment to support expansion and adaptation of successful state-based campaigns to avoid duplication of work and provide national consistency of HIV health promotion messaging. By 'nationalising' Ending HIV, we were able to draw on both ACON's strategic thinking and the creative excellence of Frost Design.

The process of working towards national buy-in for the campaign resulted in the identification of a number of divergent policy issues amongst our membership, with ANET facilitating discussion, compromise and agreement – all

expected challenges when working as a Federation of members aiming to deliver nationally applicable campaigns in diverse jurisdictions. The National Ending HIV website went live in September 2013.

- ▮ **Providing a service: Planning a rapid testing site.** Part of our thinking this year around testing accessibility has included recognition of the importance of HIV testing availability in non-threatening, community-based environments. ANET has led work with health care providers and interior designers on plans for a rapid HIV testing site based in AFAO's premises. The rapid testing clinic will be operated in collaboration with Royal Prince Alfred Hospital and the South Western Sydney and Sydney Local Health Districts. Design has been informed by our Exploring HIV Prevention and Testing research, with construction slated for September 2013.

Campaigns and Resources

ANET has continued to develop resources on priority and emerging issues. In 2012/13, these included:

- ▮ **Negotiated safety** – 'Negotiated safety' describes a relationship agreement where HIV-negative partners in a regular relationship disclose their HIV status to each other, discuss risks and agree to repeat HIV testing before having unprotected sex. Data from the Gay Community Periodic Survey suggests a sustained decrease in the use of negotiated safety among HIV-negative men in seroconcordant relationships over the last decade.

During 2012/13, ANET developed a print resource and accompanying website to assist men, especially those who have recently started relationships, to develop negotiated safety agreements. The booklet, *Our Team*, has been developed with the use of sport metaphors to emphasise the concepts of play, team work and youth, and is packaged inside a fold-out sleeve that serves as a relationship agreement worksheet. It identifies key themes including relationship dynamics, aspirations and communication. It is due for release in late 2013.

- ▮ **HIV treatments** – ANET sought to continue our intellectual leadership role as we worked to better understand the 'HIV prevention evolution' by analysing the flood of research and analysis that crossed our desks and by engaging with service providers and those from affected communities to get a better sense of their interpretation of HIV risk and current prevention messages. The HIV treatments discussion paper aims to untangle rhetoric, supposition and evidence, and to identify gaps in our current treatments knowledge as we address much of the contention that abounded during 2012/13. The paper is due for release in late 2013.
- ▮ **HIV in Aboriginal and Torres Strait Islander Communities** – AFAO has an ongoing commitment to the development of health promotion resources for Aboriginal and Torres Strait Islander communities. This year, ANET partnered with Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) to develop a campaign targeting Aboriginal and Torres Strait Islander gay men and sisters/girls – a great partnership given ANA's reach into community.

ANA conducted several community consultations to discuss priority HIV prevention, testing and treatment issues. Following discussion about messaging, pitch and possible

talent, ANA identified Indigenous community drag celebrity, Destiny Haz Arrived, who has appeared at a range of community sporting and social events in Queensland and Northern NSW over a number of years. Destiny Haz Arrived is a uniquely 'home-grown' Aboriginal superhero-type character: superheroes being an archetype that has proven very successful engaging Australian Indigenous communities in relation to sexual health information and behaviour change. Destiny Haz Arrived will work with and complement the long-term, iconic campaign figurehead Condoman, expanding messaging beyond simple condom promotion to include safe sex, HIV and sexually transmissible infection (STI) testing and use of clean syringes.

- ▮ **HIV and health promotion** – ANET rolled out the next stage of our web-based Your Body Blueprint campaign which aims to raise awareness of common comorbidities that complicate management of HIV and challenge the maintenance of good health. This campaign represents a rethink of earlier work on 'ageing', with a focus on encouraging all people with HIV to lead healthier lives and to proactively engage with healthcare providers in regular health monitoring and screening for comorbidities.
- ▮ **Young gay men** – Unlike many countries, young people are not overrepresented among people living with HIV in Australia; however, questions of knowledge, risk and access to information among young gay men keep coming up at AFAO convened events. Although there has been no obvious evidence of increasing infection rates or rejection of safe sex messaging, the nature of delay between infection and diagnosis suggests generations of young gay men are not as effectively messaged as they once were. Social media, reduced homophobia and weaker sense of 'community' are affecting health promotion strategies. AFAO has developed a discussion paper that considers the experiences and needs of young gay men as a tool to assist the development of sound HIV policy and appropriate educational interventions. The paper is due for release in late 2013.
- ▮ **STIs** – The Drama Downunder is now the key STI information and testing portal for Australian gay men in all states and territories. Traffic remains high, with strong uptake of partner notification and reminder services. During 2012/13, ANET has adapted materials developed by our member Victorian AIDS Council/Gay Men's Health Centre, and coordinated national rollout of The Drama Downunder messaging. The Drama Downunder is regularly upheld as strong model of an interactive website.
- ▮ **Hepatitis C** – ANET has continued to provide input and resources into interagency networks in both NSW and Victoria regarding sexual transmission of hepatitis C. The gay men-targeted The New Deal website, developed during last year's ANET program, clearly explains that although sex was previously thought to be low risk for hepatitis C, the number of gay men and other MSM getting hepatitis C is on the rise, particularly among men living with HIV. Most of that hepatitis C has been acquired through sex. The New Deal website remains the only national resource addressing this issue. The site has also been promoted by both Living Positive Victoria and ACON.

IT'S TIME TO LOOK AFTER YOURSELF



IT'S TIME TO MAKE TIME



Pictured above: The Time to Test campaign differs from other recent testing campaigns by using a deliberately individualised focus.

Capacity building

ANET's work includes a brief to conduct capacity building initiatives among our members and the broader HIV sector. Initiatives include training, seminars, workshops, networking opportunities and the production of written resources. In 2012, capacity building efforts varied from the hosting of the Education Managers Forums to the preparation of a briefing on the New York Meningococcal scare. Highlights included:

- **Leveraging the United Nations 2011 Political Declaration on HIV/AIDS (UNPD).** ANET had considerable input into both the content and the AFAO member consultation processes informing the comprehensive discussion paper, *Implementing the UNPD in Australia's Domestic HIV Response: Turning Political Will into Action*, and development of the associated interactive website – unpdaction.org.au. The paper considers our international commitments in the context of Australia's *National HIV Strategy 2010–2013* and has proven a useful tool for considering 'what next?' as work on Australia's Seventh National HIV Strategy begins. Although developed for domestic application, the model of member consultation, capacity development and report design has generated considerable international interest. Analysis of the UNPD and National HIV Strategy priorities provided the impetus for an AFAO advocacy strategy developed with the assistance of Hawker Britton. The strategy included

meetings with numerous politicians from all major parties, and the production of a series of brief, accessible factsheets developed specifically for that purpose.

- **National Interdisciplinary Roundtable.** In May 2013, ANET hosted a National Interdisciplinary Roundtable on Improving Integration of Priority Health Promotion Messages into Broader Organisational Programs. The innovative event recognised that the development of complex and nuanced messages to maximise HIV prevention efforts requires the harnessing of experience from all sections of an organisation's programs. In particular, AIDS Council and PLHIV organisation counsellors were recognised as an under-utilised resource. Although small in number, counsellors' in-depth understanding of clients' experience of health promotion messages can provide valuable assistance in refining health promotion efforts. The National Interdisciplinary Roundtable identified some of the inherent barriers to collaboration during the development of programs/campaigns, recent examples of effective collaboration, and particular issues on which collaboration was most likely to be effective. The event resulted in the identification of strategies to facilitate stronger collaboration, and received very positive feedback.



Pictured above: The Drama Downunder campaign is now the key STI information and testing portal for Australian gay men in all states and territories.

▶ **HIV Health Promotion Short Course.** In April 2013, ANET hosted the three-day HIV Health Promotion Short Course for AFAO Member Organisation staff. Developed by Curtin University, the course is designed to equip participants with the skills to plan, implement and evaluate a health promotion program. It is the only comprehensive training on HIV health promotion in Australia.

This highly interactive course involved small groups working together to apply their knowledge via the development of a health promotion intervention plan. As well as individual activities, group discussions and brainstorming, a range of evaluation techniques were also demonstrated.

Despite being the fourth time it has been run, the course was once again fully booked, with 27 participants attending. Evaluation was strong, with participants rating the course content and process highly and also commenting on the valuable opportunity to network with peers in a national setting.

▶ **APCOM Abstract Writing Mentoring Program.** In June 2013, ANET worked with AFAO's International Program staff to assist in the development of a number of abstracts for the 2013 International Congress on AIDS in Asia and the Pacific (ICAAP). The process was undertaken as part of APCOM's Abstract Writing Mentoring Program for MSM

and transgender individuals and organisations. The program aims to ensure that quality MSM and transgender content from community organisations is included in the ICAAP program, while also developing the capacity of a new generation of HIV advocates in Asia and the Pacific region.

ANET's efforts focused on providing support to MSM-based programs based in Papua New Guinea, particularly the work of Kapul Champions, in identifying advocacy priorities for MSM and TG in PNG. We were very pleased to learn that our efforts assisted in the acceptance of two abstracts by our mentored authors. ■



Pictured: the 'Ending HIV' campaign identity.

FINANCE AND ADMINISTRATION

By Sarita Ghimire, Financial Controller and Andrew Sajben, Office Coordinator



Pictured above: Renee Parker, Danica Gluvakov and Pete Smith

The Finance and Administration team consists of Sarita Ghimire, Financial Controller, Andrew Sajben, Office Coordinator and Renee Parker, Danica Gluvakov and Pete Smith, Administration Assistants.

It has been an interesting and challenging year for the Administration and Finance team, with structural changes in our team as we take on new functions and responsibilities while maintaining a range of support and services to staff, the AFAO Board and AFAO Member Organisations.

Finance

Similar to the past year, this year saw admin and finance working more closely together as we continued in-house training in financial processes for the Administration team. Andrew and Renee both have confidently taken over the additional responsibilities assigned to them, resulting into smoother work processes. This has fostered good cross-team spirits and a more friendly work environment as we increasingly work collaboratively.

The internal financial and administrative systems are continually reviewed and upgraded to make day-to-day operations easier and more effective. The Finance and Administration team is proud of what we have already achieved, and values each step forward as we strive to improve our workflow. This year AFAO's Finance Policy has been reviewed and amended by the AFAO management team and the Board, reflecting changes in procedures and processes over the last couple of years.

Financial reporting to the AFAO Board and management has once again gone through some worthwhile changes as part of our ongoing effort to streamline financial reporting. An external consultant from Matrix on Board presented a valuable orientation on good financial governance, as a part of on-going training to members of the Finance team and the Board. This briefing and the resulting improvements in reporting have made it easier for Board members to engage efficiently and enthusiastically with AFAO's financial matters.

The salary packaging card system, introduced last year, is working well. Policies and procedures for this system are being drafted. AFAO management and Board will be continuing the review and updating of other finance policies in the coming months.

The AFAO Bangkok office and the Sydney Finance and Administration team are in regular contact regarding workflow and project management. The appointment of International Program Manager, Chris Connelly, in February has relieved pressure on the Bangkok office and has made managing the day-to-day operational processes much simpler and easier.

AFAO has been registered with the newly formed independent Commonwealth regulator for Australian charities, Australian

Charities and Not-For-Profits Commission (ACNC). The next year is expected to be challenging as there will be new reporting requirements for ACNC in addition to those of the Australian Council For International Development (ACFID).

Administration

Apart from organising and supporting our ongoing regular meetings – such as AFAO Board meetings, Education Managers Forums, and AFAO Annual and General Meetings – the Administration team was integral to the smooth running of the Gay Men's Health Promotion Short Course (April), Relationships Workshop (April), and the Interdisciplinary Roundtable (May).

We continue to support the AFAO International team located in Bangkok. Distance hasn't proven problematic, with day-to-day operations running smoothly.

In September AFAO also hosted an Indonesian delegation as part of the Australian Leadership Awards Fellowships (ALAF), a program that aimed to develop leadership and strengthen partnerships and linkages with Indonesia. Our team carried out a range of duties that included organising flights, accommodation, per diems and sourcing Halal food and eateries for the ALAF delegates. Delegates visited AFAO and conducted site visits to various AFAO Member Organisations and research centres in Sydney and Melbourne. The delegates concluded their visit by attending the Australasian Society for HIV Medicine (ASHM) HIV/AIDS Conference in Melbourne, in October 2012. It was an interesting experience and a pleasure to working closely with the ALAF delegates – and was lots of fun and laughs too!

Pete Smith joined our team in September, filling in for Danica who has been on maternity leave (Danica's son, Valter, was born in October). Pete has been very quick to pick up AFAO processes and procedures.

We anticipate a busy year ahead, including: AFAO office refurbishment, the AFAO Board Meeting and ASHM's HIV/AIDS conference in Darwin in October, and the AFAO Annual General Meeting in Brisbane in November. We look forward to the challenges and new opportunities that these bring. ■



By Michael Costello, Executive Officer

The past year has proved to be a challenging and exciting period for the ANA. We commenced the year prioritising funding, understanding that the generous AIDS Trust of Australia grant was very likely to cease in June 2013.

Having developed the ANA Strategic Plan in the previous year, in July 2012 the Plan was divided into four strategic areas:

- HIV partnership building, collaboration and community development
- HIV education, prevention, treatment care and support
- HIV policy, advocacy and representation
- Organisational governance, strength and communication.

These four strategic areas have guided the ANA with our overall organisational aims and objectives, while also assisting us achieve implementation of the Strategic Plan goals over the year. These achievements include:

Partnership building

Working with limited resources, partnership building and collaboration is an essential objective for the ANA – not only to strengthen our own operations, but also to assist other resource-poor agencies to effectively build a stronger health sector which is capable of meeting the needs of Aboriginal and Torres Strait Islander people affected by HIV. Many productive partnerships have been fostered and strengthened, both within the Aboriginal and Torres Strait Islander community and the broader HIV sector.

The ANA is undertaking a coordinating role, assisting with the development of the Australian Aboriginal Organising Committee (AAOC), the committee that will oversee development and implementation of Aboriginal and Torres Strait Islander participation during the 2014 International AIDS Conference in Melbourne. The AAOC was established after the 2012 International AIDS Conference in Washington, DC, and has brought together organisations such as the ANA, Positive Aboriginal and Torres Strait Islander Network (PATISIN); National Aboriginal Community Controlled Health Organisation (NACCHO); Victorian Aboriginal Community Controlled Health Organisation (VACCHO); Aboriginal Health and Medical Research Council of NSW (AH&MRC); and the International Indigenous Working Group on HIV and AIDS (IIWGHA).

Education and prevention

In early 2013, the ANA and AFAO agreed to collaborate and develop a health promotion resource to address some of the education and prevention goals of the ANA Strategic Plan. The

ANA and AFAO decided that a ‘campaign approach’ would be a better vehicle than a stand-alone resource to incorporate all of the HIV prevention, testing and treatments information required by Aboriginal and Torres Strait Islander communities affected by HIV.

The process commenced with the ANA developing and conducting several Aboriginal and Torres Strait Islander community consultation meetings to discuss current priorities relating to HIV prevention, testing and treatment. These consultations resulted in a recommendation that a series of linked resources and activities be developed and distributed over time, and that they be supported by on-the-ground outreach to Aboriginal and Torres Strait Islander gay men/men who have sex with men, sisters/girls, as well as the broader community.

As a result in the first step of this campaign, ‘Our Destiny Has Arrived’, an HIV prevention and testing poster has been developed and is expected to be launched in late 2013. An Aboriginal community drag celebrity known as Destiny Has Arrived, will take on the role of both featuring in the health promotion resources and also attending community events to raise awareness of HIV and sexual health issues.

Organisational strength

With one year of independent funding now under our belt, organisational strength and governance was at the forefront of ANA operations over the past year. Organisational and Board policies have continued to be developed and implemented in order to build and sustain our operations into the future.

In April 2013, the ANA received the very exciting news that we would receive a three-year contract through the Commonwealth Department of Health and Ageing. With the contract commencing from the 2012/13 financial year and continuing until June 2015, this funding allows the ANA to consolidate implementation of our Strategic Plan, fully aware that there is still much more work to be done to grow into a viable organisation to meet the needs of Aboriginal and Torres Strait Islander people affected by HIV. ■

SCARLET ALLIANCE, AUSTRALIAN SEX WORKERS ASSOCIATION

In 2012/13, technological advances have brought new implications and considerations for sex workers and our organisations. 'Treatment as prevention' and the way it is discussed within our sector raises concerns that it may be seen as a more appropriate prevention approach for all affected communities and that proven, effective, approaches may be overlooked or undervalued in the future. There is also a concern over whether treatment as prevention will result in the re-orientation or re-focusing of both funding and policy considerations. The continued funding and value placed on successful prevention strategies for sex worker organisations – particularly peer education and outreach – must continue, as must the work to remove legal barriers to effective health promotion implementation and sex workers human rights. Sex worker involvement in funding directions and policy is critical.

Scarlet Alliance's continuing work in law reform is cutting edge. In NSW we are fighting to maintain decriminalisation (also the theme of our 2012 Mardi Gras float). This is the model of sex industry regulation that evidence shows can provide improved occupational health and safety for sex workers and supports the continued successful implementation of safe sex – resulting in low rates of HIV and STIs amongst sex workers in Australia. This is the model recognised by the UN Secretary General, UNAIDS, UNFPA (the United Nations Population Fund) and UNDP (United Nations Development Program) and the Kirby Institute. We have provided submissions to the NSW Government on Brothel Regulation, Licensing Reform, Local Government Compliance, Planning and Trafficking. Proposals to license sex work in NSW threaten to undo 17 years of successful best practice.

Ironically, while defending decriminalisation in NSW, sex worker communities are the closest ever to achieving decriminalisation in South Australia. With sex work laws dating back to the 1930s,

sex workers have engaged in a long-term campaign, resisting harmful bills to introduce licensing and registration. In July the *Statutes Amendment (Decriminalisation of Sex Work) Bill 2013* was introduced into Parliament for vote.

In Queensland, sex workers have faced unprecedented government-sanctioned attacks on anti-discrimination protections. The *GK v Dovedeen Pty Ltd* case, seeking redress for eviction from a Moranbah motel, has proved a long and expensive legal battle, supported by community, only to see the Attorney General amend the Queensland (Qld) *Anti-Discrimination Act 1991* to specifically permit discrimination against sex workers. These amendments have precluded the viability of a further High Court appeal; however this has been a landmark case (including two appeals). Scarlet Alliance advocated for federal anti-discrimination in the *Human Rights and Anti-Discrimination Bill 2012* but this has not been taken up.

In Western Australia, dangerous licensing and registration laws proposed by the Liberal government in the still unresolved Western Australian *Prostitution Bill 2011* saw sex workers pushing back against this potential. This lengthy process has included a successful counter campaign against homophobic and discriminatory media.

Following the ACT *Inquiry into the Prostitution Act 1992*, a long process of submissions and hearings has resulted in the Standing Committee on Justice and Community Safety recommending the removal of individual sex worker registration, removal of sections 24–25 (criminalising sex workers with HIV or a sexually transmissible infection [STI]), funding of peer education for culturally and linguistically diverse sex workers and permitting two sex workers to work together. Scarlet Alliance and SWOP (Sex Worker Outreach Project) ACT are represented on the Implementation Committee, advocating for the introduction of each of these recommendations.

Mandatory testing in Victoria continues despite epidemiology, limiting sex worker access to genuine healthcare and impeding

77. Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV.

Excerpt from *United Nations Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*. Australia is a signatory to this important international agreement that calls on governments to commit to an effective HIV response, including creating enabling environments by removing legal and policy barriers.



Pictured top: Vice President Elena Jeffreys, Commonwealth Health Minister Tanya Plibersek and Scarlet Alliance's Male Spokesperson Cameron Cox; **centre:** some of the members of our Migration Project Steering Committee; and **above:** Ryan speaking at QC protest outside Greek Consulate against forced testing and detention of sex workers, drug users, trans* people and migrants in Greece.

upon privacy, confidentiality and human rights. Scarlet Alliance produced a peer-reviewed article: 'Mandatory Testing for HIV and Sexually Transmissible Infections among Sex Workers in Australia: A Barrier to HIV and STI Prevention' in the *World Journal of AIDS*. Despite recent changes to the frequency of mandatory testing, Victorian sex workers continue to operate under one of the most oppressive sex work models in the country, leaving a large number of sex workers criminalised.

Scarlet Alliance drew national focus to Hobart in November 2012, holding our annual National Forum Symposium at Tasmanian Parliament House, with the Tasmanian Health Minister in attendance. Presentations showcased the best practice model of sex work legislation and dangers of criminalisation, registration, and the Swedish model.

Sex worker organisations around the country are making historic achievements in autonomous organising. SWOP NSW announced its devolution process and Scarlet Alliance is contributing to its Transition Committee. Respect Inc (Qld) maintained their funding in a dire situation with massive funding cuts to health organisations. Magenta (Western Australia) repealed a policy of not employing current sex worker peers. Vixen held its Melbourne Festival of Sex Work for the second year running. Sex worker peer educators can access online training or have their skills recognised through the Scarlet Alliance National Training and Assessment Program (SANTAP). Scarlet Alliance has continued to broaden its networking and increase its profile through media, conference presentations and involvement in local community events, including 'High Tea and Strumpets' for World AIDS Day.

Scarlet Alliance Migration Project continues to advocate for migrant sex worker rights amidst a tide of anti-trafficking inquiries. We have provided submissions to federal inquiries into Slavery, 457 Visas, Employer Sanctions, and Crimes Legislation Amendment, and conducted a national survey, funded by the Australian Institute of Criminology, administered by multilingual sex worker peer researchers in Chinese, English, Korean and Thai. Anti-trafficking approaches continue to further stigmatise and criminalise migrant sex workers and ignore evidence.

Internationally, Scarlet Alliance continues its sex worker organisation capacity building work in Papua New Guinea with Friends Frangipani, and in Timor Leste with Scarlet Timor and has contributed to the NSWP (the Global Network of Sex Work Projects) Consensus Statement on Sex Work, Human Rights and the Law. Our representatives have self-funded to present at the Glasgow Sex Worker Open University, and hosted delegates from a dozen countries for a Decriminalisation Convening, held in Sydney.

However, sex worker organisations continue this work in the face of significant under-resourcing noted by the *Sixth National HIV Strategy*, in an increasingly problematic policy environment. Our membership at the annual National Forum agreed that under-resourcing has reached an unsustainable point. This under-resourcing undermines the partnership approach and fundamentally reduces the capacity of sex worker organisations to maintain successful, proven HIV and STI prevention strategies, including outreach, peer education and community development. ■

By Jan Weir, Executive Director

This year the AAC developed and released our *Strategic Plan 2013–2016*. This plan is consistent with the ten key elements of Australia's response to the 2011 *United Nations Political Declaration on HIV/AIDS*. Our focus is on transmission, reduction, education, partnering, relationship building, evidence-based decision making, minimisation of stigma and the removal of discrimination.

Underpinning this strategy is our commitment to being a successful and sustainable organisation capable of providing leadership and support to the sector. The Strategic Plan was developed using a consultative process involving our members, staff, community and stakeholders. We have been successful in achieving improved funding for the next three years from the ACT Government and we acknowledge their support and the goodwill and dedication of the community in helping us achieve our vision of 'getting to zero'.

We restructured our organisation into program areas that reflect the four core business areas in the Strategic Plan: Prevention, Support, Partnering and Succeeding. This has led to an increase in staff with skills in community development, education and program delivery, governance, policy, research, event management and sales and marketing. This enables us to focus our efforts on how best to achieve the vision of 'getting to zero' in our community.

We have reviewed our counselling services and broadened the scope of our programs to include a focus on those impacted by and at risk of HIV. A qualified psychologist has been contracted since early 2013 to provide counselling services aimed at meeting the growth in demand. This service complements our well-established existing peer counselling services.

We have supported our community through the Sex Worker Outreach Project (SWOP); AAC provides sexual health information and support services across the ACT to sex workers in brothels and to private and home-based sex workers. SWOP ACT provides outreach on a monthly basis to the ten culturally and linguistically diverse (CALD) sex workers, five non-CALD workers and one massage studio in the ACT. SWOP also works with private workers using a variety of social media mechanisms to inform and educate. Stakeholders have received assistance from the SWOP program, which has been involved in the Standing Committee on Justice and Community Safety report on the Inquiry into the Prostitution ACT 1992. SWOP is anticipating changes through the Inquiry and looks forward to the next 12 months working with the changes.

The AIDS Council has again offered a suite of very successful peer education programs throughout 2012/3. There has been a strong demand for our 'Stepping Out' workshop for same-sex attracted women, with three programs delivered in the past year, each with high levels of attendance and low participant



International Candlelight Memorial held on 18 May 2013 at the National Gallery of Australia, Canberra.

attrition. The AAC is fortunate to have a large pool of skilled and enthusiastic volunteer facilitators who are trained to facilitate activities and discussions around a range of topics, all with the intention of providing skills, resources and education that will reduce the risk of exposure to HIV and sexually transmissible infections (STIs) among the target communities we work with.

'Out There!', 'Looking Out' and 'Stepping Out' are the three core workshops offered by the AAC, with others including 'Together' (a men's relationship workshop); 'Man2Man' (men's sexual health seminars); and 'Logged On' (an online seminar). These additional workshops run less frequently, often on an as-needed basis.

A highlight of the past year was the 30th International Candlelight Memorial at the National Gallery of Australia. This event was designed to honour the friends, partners and family members who have passed away from HIV/AIDS, as well as being an opportunity for people living with HIV and others affected by the virus to stand together in solidarity. The AAC's Genevieve Jacobs hosted the ceremony. Her Excellency Ms Koleka Mqukwana, High Commissioner of the Republic of South Africa, addressed over 200 guests and shared an international perspective on the ongoing response to fight HIV/AIDS. In addition, Dr Elizabeth Read, as a long-time supporter of the AIDS Action Council, shared her personal story of how HIV has touched her family.

The AAC is now preparing for a new approach in 2013/14 to educate the ACT's regional community about the changing face of HIV and the ever-present risks associated with complacency around unsafe sex and injecting drug use. ■

2012/2013 was a landmark year for ACON and NSW's response to HIV. On World AIDS Day, 1 December 2012, NSW Health Minister, the Hon Jillian Skinner MP, released the *NSW HIV Strategy 2012–2015: A New Era*. This detailed plan aims to virtually eliminate HIV transmission in NSW by 2020 by implementing a range of new approaches to HIV prevention as well as maintaining effective existing strategies aimed at supporting safe sex and safe injecting. This is first strategy produced by any government in Australia that aligns both with advances in HIV prevention and treatment that have emerged over the past two years and the goals set by the 2011 United Nations Political Declaration on HIV/AIDS.

Having participated in the development of the plan in the 12 months leading up to its launch, ACON was well-placed to understand how our programs and services needed to change to align with the new strategy. The reorientation of our HIV-related work, undertaken in the 2011/12 financial year, positioned us well to deliver a strategically aligned HIV prevention program based on the promotion of safe sex, testing and treatment messages, and the delivery of peer-based community education and care and support initiatives.

In NSW, gay men are the population most at risk from HIV, so the new NSW strategy is fundamentally about getting gay men to test more, treat early and stay safe, and this was also the message from our major campaign for the year, Ending HIV. Launched by Minister Skinner during the Mardi Gras festival in February 2013, this community education and mobilisation initiative promotes a clear and simple message about how gay men can help end the HIV epidemic. With engaging print, digital, video and merchandising platforms, the campaign has been heavily promoted at key gay venues and events, as well as across community, mainstream and social media; it will continue to be promoted throughout 2013/14.

HIV transmission rates continued to increase in 2012 on the back of a smaller increase in 2011. This brings NSW's remarkable 15-year long era of stability in HIV diagnoses to a conclusion. 409 new cases of HIV were diagnosed in NSW in 2012, compared with 330 in 2011. Sex between men accounted for 331 of these cases, compared with 279 in 2011. Increases were recorded across all age groups, except those aged under 20.

Information from the NSW Ministry of Health indicates that the 2012 increase in HIV diagnoses was due, in part, to the impact of increased testing. This is encouraging, as getting more people tested, diagnosed and on treatment is the basis of ACON's new HIV strategy. In fact, we anticipate further increases in new diagnoses over the next few years because increased testing rates will help identify the large number of undiagnosed HIV cases in NSW, estimated at between 2,300 and 4,800 people.

Improving access to testing is also vital to increasing testing rates. To help facilitate this we launched a[TEST], NSW's first peer-run rapid HIV and sexually transmissible infection (STI) screening service for gay men, which we operate from our Surry Hills premises in Sydney.

The service, which opened in June, currently operates two evenings a week and provides clients with a free and confidential rapid HIV test as well as a full STI screening. Appointments take no more than 30 minutes, including the time it takes to get the HIV test result. a[TEST] joins several other locations throughout NSW which are providing rapid HIV tests as part of a trial project.

Throughout 2012/13, we advocated for new access models for HIV testing to be introduced in NSW and we will continue to do so in the year ahead, including continued advocacy for home-based testing and the expansion of community-based rapid HIV testing sites.

While we recognise that a combination prevention approach is needed if we are to significantly reduce transmission rates, condom reinforcement remained the cornerstone of our HIV prevention program. However, we also know that some gay men use safe sex strategies other than condoms and we need to provide them with information so they can make informed decisions about their sexual practice. 'Know The Risk' was a campaign we launched in October, designed to increase gay men's knowledge about the degrees of risk involved in not using condoms when they're having sex. The campaign website included a risk calculator which can determine the degree of HIV transmission risk in over 70 different scenarios from user-supplied information about the context of their encounter.

Providing care and support for people with HIV was another key part of ACON's work and throughout the year we provided a comprehensive range of services including counselling, home-based care, housing assistance, support groups, treatments information, workshops, meals and complementary therapies.

In terms of promoting the health of sex workers, we continued to auspice the work of the Sex Workers Outreach Project (SWOP) and we continued a process which we began last year which will hopefully lead to SWOP becoming an independent NGO in the future.

It is widely accepted among HIV and health advocates that a range of social and environmental factors can increase a person's risk of acquiring HIV as well as reduce the capacity of some people with HIV to maintain their health and wellbeing. These factors can include issues related to alcohol and other drugs, mental health, homophobic violence, same-sex domestic violence, ageing and homelessness. To help reduce the impact of these influences on lesbian, gay, bisexual and transgender (LGBT) people, ACON continued to provide a range of relevant health programs and services throughout the year.

Finally, ACON's renewed focus on HIV prevention was formally outlined in two new five-year strategic plans which were developed throughout the year and which were launched in July 2013. The *ACON Strategic Plan 2013–2018* proposes how ACON plans to carry out its core mission in relation to HIV prevention and supporting people with HIV, as well as how it plans to respond to issues affecting the health and wellbeing of LGBT people and, for the first time, intersex people, the latter in partnership with



KNOW THE RISK

There's a number of ways to reduce HIV risk. Condoms are the safest.

Some practices are riskier than others - **none is zero risk**. You need to **know the risk** involved and the **conditions** that apply.

Be informed. **KNOW THE RISK** before you take it.

Pos, neg, top, bottom... calculate your risk at:

knowtherisk.org.au

acon
Australia's Centre for Excellence in HIV Research



Pictured clockwise from top left: a[TEST] staff; 'Know The Risk' campaign poster; Community members help promote Ending HIV at Mardi Gras Fair Day in February, 2013; ACON's Ending HIV Mardi Gras float; and ACON President Mark Orr, Bill Whittaker AO, NSW Health Minister Jillian Skinner, Professor Chris Puplick and ACON CEO Nicolas Parkhill at the launch of the Ending HIV campaign at ACON's Sydney office in February.

organisations such as OII (Organisation Intersex International) Australia. The *ACON HIV Action Plan 2013–2018* provides a detailed summary of the work ACON will undertake over the next five years to help meet the medium and long-term targets of the *NSW HIV Strategy 2012–2015*.

The two plans – which were developed following extensive consultation with ACON's clients, communities and stakeholders – will guide ACON's work over the next five years to ensure our

HIV programs and services maximise the potential for people in our community to test more, treat early and stay safe. This includes specific populations at risk from HIV including young gay men, older gay men, Aboriginal men, gay Asian men, sexually adventurous men and homosexually active men who are not connected to gay culture. ■

AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL)

By Annie Madden, Executive Officer

The big news for AIVL as the national peak drug users' organisation in Australia that has been in existence for almost 25 years is that we SURVIVED in 2013! You might think that sounds like a pretty 'low bar', and for many other community-based non-government organisations that might be the case. But for an organisation such as AIVL, surviving is never a 'given' – even after almost a quarter of century of internationally recognised innovative and ground-breaking work.

So why is AIVL in this situation you may well ask? Well, we can say with complete confidence that it is not because we have failed in our commitment to represent the voice of people who inject and use illicit drugs and people in drug treatment - particularly in relation to blood borne viruses (BBVs). And it's not because we have failed to pursue our core aim of promoting and protecting the health and human rights of people who inject/have injected illicit drugs (PWID). In partnership with the state/territory peer-based drug user organisations, we have maintained a clear focus on representing issues of national importance for PWID. As well as being part of an active national network, AIVL has also continued to play a strong role in the International Network of People Who Use Drugs (INPUD) – an organisation which has continued to strengthen across 2013 in relation to capacity, profile and activity.

The reason why 'mere survival' is a significant achievement for AIVL in 2013, and for every year since we began in the late 1980s, is the enormous levels of stigma and discrimination routinely experienced by people who inject or have injected illicit drugs and therefore, by the organisations that represent them. It is this reality that has driven AIVL over the past 12 months to further expand our focus and work in addressing the prevailing negative attitudes towards people who inject drugs, and the impact that these attitudes have: in creating barriers to service access and forcing people away from friends, family, support and potentially life-saving harm reduction information and BBV diagnosis and treatments.

Over the past 12 months, AIVL has developed a number of new 'support videos' to accompany our already popular short film about stigma and discrimination in the media, *Afternoons with Max Marshall*, packaging these into a new DVD boxed set with a teaching guide and lesson plans to support the use of the film and videos in the post-secondary and tertiary education environments.

In addition to the above work in the public education space, AIVL has also commenced the roll out of 'Putting Together the Puzzle', a training module on stigma and discrimination for health care workers and students in medicine, pharmacy, nursing, dentistry and allied health areas. The training is being run with organisations, services and universities at the national level by AIVL, and the state and territory level through our member organisations. This work is complemented by 'Discrimination – Know Your Rights', an online information resource and survey for people who inject drugs, those in drug treatment and people

with HIV and/or hepatitis C. So far, almost 300 drug users have completed the online survey about their experiences of stigma and discrimination in health care and other settings.

In 2013, AIVL also negotiated with the National Drug and Alcohol Research Centre (NDARC) to include four identical questions from the AIVL online survey in the Illicit Drug Reporting System (IDRS) Survey. Together, with the almost 1000 injecting drug user respondents to the IDRS, AIVL now has access to important qualitative data from a large and growing sample of PWID on stigma and discrimination and how these affect people's lives and prevent access to essential BBV and harm reduction services. To our knowledge, this is the only peer-driven data source of its kind on these issues available internationally. Over the coming 12 months, AIVL will be publishing reports and articles based on the findings and using this information to inform our input into the revision of the five national BBV/STI strategies.

Like just about everyone at the moment, AIVL is also fully involved in the development and planning for the AIDS 2014 conference being held in Melbourne next year. Following strategic advocacy by both AIVL and our international peak body, INPUD, we now have a PWID representative on the Community Program Committee (CPC) for the conference. Given the now well-known lack of involvement and problems with entry to the US that prevented both drug user and sex worker participation in the AIDS 2012 conference in Washington, DC, AIVL is working hard to ensure the voice and perspectives of PWID are well represented at AIDS 2014. To support this work, AIVL has formed an International Drug Users Working Group to support the work of the CPC representative, provide ideas for plenaries, symposia and workshops and to organise a massive PWID community event alongside the conference – make sure you get your golden ticket!

In 2013 AIVL has also continued our involvement in the region with the Supporting Asian Networks of Drug User Projects (StANDUP) Program aimed at supporting our peer-based counterpart organisations and networks in the Asia in national and regional HIV responses. The StANDUP Program is funded through AusAID as a regional partnerships program, and over the past 12 months AIVL has worked with drug user networks in Indonesia, Vietnam and regionally through the Asian Network of People Who Use Drugs (ANPUD).

Of course, as an AFAO member, AIVL has continued to participate in the AFAO Board and Annual and General Meetings and more recently has been involved in the process to update the Melbourne Declaration to Take Action on HIV. This important updated statement and a 'report card' was launched at media conference at the ASHM HIV Conference held in Darwin in October 2013. This gave AIVL the opportunity to highlight a range of specific issues for PWID in relation to HIV including the continued lack of movement on human rights issues and drug law reform, needle and syringe programs in prisons, and importantly, to draw media attention to the continuing and disproportionate effect of HIV on Aboriginal people who inject drugs in Australia. In the lead-up to AIDS 2014, AIVL will continue to advocate for change in all of the above areas to ensure that we do not wait to see further increases in new HIV infections and/or increased risk of HIV infection among highly marginalised groups of PWID before Australia decides to take action on HIV. ■

Putting Together the Puzzle

Stigma, Discrimination and Injecting Drug Use

AML Training Module for Health Care Professionals and Students



'Junkie' Untreated for Swine Flu

Rock musician with a mohican was left to die from swine flu after medics assumed he was a junkie



Daily Mail
(UK Media Clipping)
16 March 2011

A musician with a punk haircut died from swine flu after medics assumed he was a drug addict and ignored his pleas for help, his distraught mother claims.

Peter Williamson, who sported a mohican and facial piercings, was turned away from a hospital and health centre, as well as by an ambulance crew.

One nurse sent him home saying: 'Do you realise we do have sick people in this hospital?'

An ambulance man called to his home asked his mother if Peter had taken drugs—then said he didn't need to go to hospital. Peter's condition deteriorated and he was left so weak that he had to use a mobility scooter to go food shopping with his mother.

He was found dead by his mother at his flat in Walsden, Greater Manchester—only a week after his request plea for help. Tests confirmed he had bronchopneumonia and the swine flu influenza A virus H1N1.

An inquest coroner recorded a verdict of death by natural causes although a pathologist said the death could have been avoided if Peter had early treatment.

Today as lawyers for the family prepared to sue health bosses for negligence, Peter's mother Susan, 51, said: 'We did everything possible to get Peter help, but we think because of the way he looked they just wouldn't listen to us. Presumably because he had a punk hairstyle and facial piercings they dismissed him as a junkie. But nothing could be further from the truth. My Peter never touched drugs and lived a healthy lifestyle.'

'He loved punk music, it was his life but having a spiky haircut doesn't make you a drug abuser, I will always hold the doctors and nurses responsible for Peter's death.'

'It's just the disgusting way they treated my son. I think the attitude of the hospital staff is appalling, they just looked at Peter and just judged him for the way he looked.'

The tragedy occurred in November 2009 when Peter who promoted bands in Manchester came down with a high temperature, loss of appetite and feeling weak.

Mrs Williamson said: 'We immediately thought it was swine flu, so we called the NHS Direct help line but they refused to give him Tamiflu, even though he should have had it anyway. They just said he needed further assessment by a doctor.'

The next day when Peter's condition worsened they decided to go to Hope Hospital A&E department in Salford. They were kept waiting for 90 minutes before Peter was found a room.

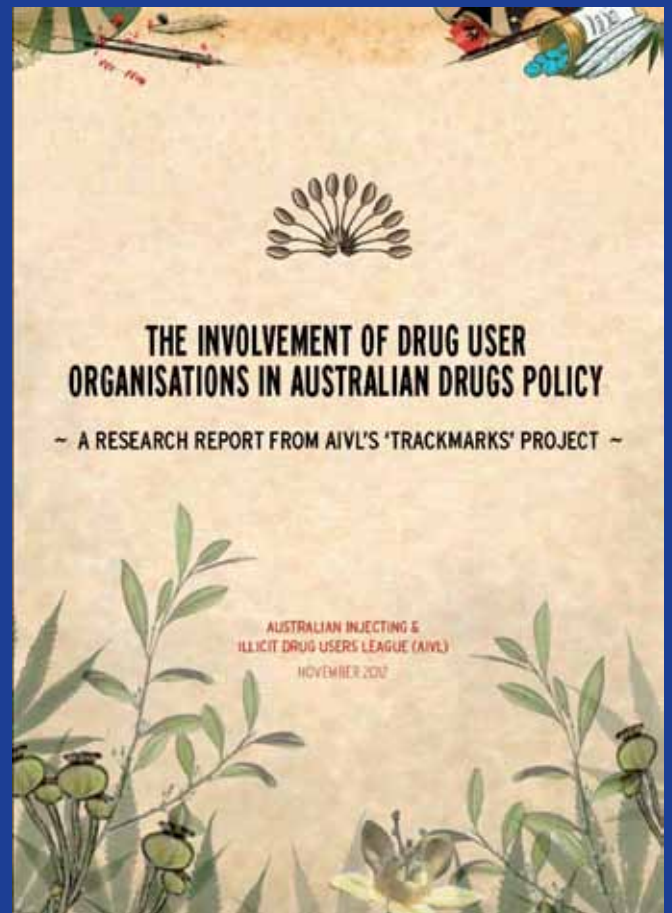
'Peter was so weak he struggled to get out of the car,' added Susan.

'Other patients were being given rooms for treatment but not my son.'

'In the end I went and got a nurse because he was finding it hard to breathe but when she saw he could talk she just said he obviously can breathe. I was so shocked.'



Image courtesy of the author. Photo by Simon Jones and published in the Daily Mail, according to the author.



Pictured clockwise from top: The Peer Education team developed a training module for healthcare professionals and students; The TrackMarks Research Report is part of a larger online project that will be uploaded to the AIVL website. We are keen to tell the history of drug user organisations and their contribution to drug policy and harm reduction. Several policy areas have been documented and will be uploaded along with an historical timeline. We hope this will be an evolving project that will prompt many people to get involved and help us to continue to build our archive; and a handout from the Training Module for Healthcare Professionals and Students.

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)

By Robert Mitchell, President

Alongside the wide-ranging work we do to enhance the health and wellbeing of HIV-positive Australians, a significant focus of NAPWHA's work this year has been on removing barriers to HIV treatment uptake and maintenance.

In mid-2012, our nationwide 'Start the conversation today' HIV treatment campaign spoke to our community via print, billboard and bus sides and the campaign evaluated well amongst our constituents. The take home message for people with HIV was to have a treatment conversation with their doctor, to more generally educate themselves about the latest treatment developments, and to commence early treatment of HIV. People with HIV responded positively to the message that treatments can 'protect your partners' and people also liked that the advertisements placed HIV into an everyday context.

Later in the year, NAPWHA and our other sector partners signed onto the Melbourne Declaration (2012) and made a further commitment to enhance access to antiretroviral treatment. The other pledges we all made were to increase uptake of better HIV testing, to make pre-exposure prophylaxis (PrEP) available, to strengthen the partnership response to HIV and to create an enabling environment, including support for HIV research and dissemination of information.

Research about those currently not on antiretroviral therapy (ART) has been undertaken by colleagues from the Centre for Social Research in Health at UNSW. In partnership with NAPWHA and other groups, this ongoing study is helping us to gain considerable insight into the various sub-populations within our community who choose not to treat, and the barriers they identify.

Linked to this, we carried out research into the impact that co-payment costs have on treatment uptake and maintenance, and our findings confirm that it is indeed significant. We are committed to having the fee waived, or at least simplified, so that only a single co-payment cost is charged regardless how many antiretrovirals are prescribed.

Together with the Australasian Society for HIV Medicine (ASHM) and AFAO, we completed a submission to the Pharmaceutical Benefits Advisory Committee (PBAC) to remove the existing 500 CD4 criteria required for ART initiation. This will be considered at PBAC's November 2013 meeting and we are hopeful for updated criteria by mid-2014.

Since the closing of enrolment at 180 participants in June 2012, the Australian HIV Observational Database (AHOD) Temporary Residents Access Study (ATRAS) has been providing free ART to Australian residents in clinical need of ART but who are ineligible for Medicare. Kathy Petoumenos and her AHOD team at The Kirby Institute have been gathering important data on this group

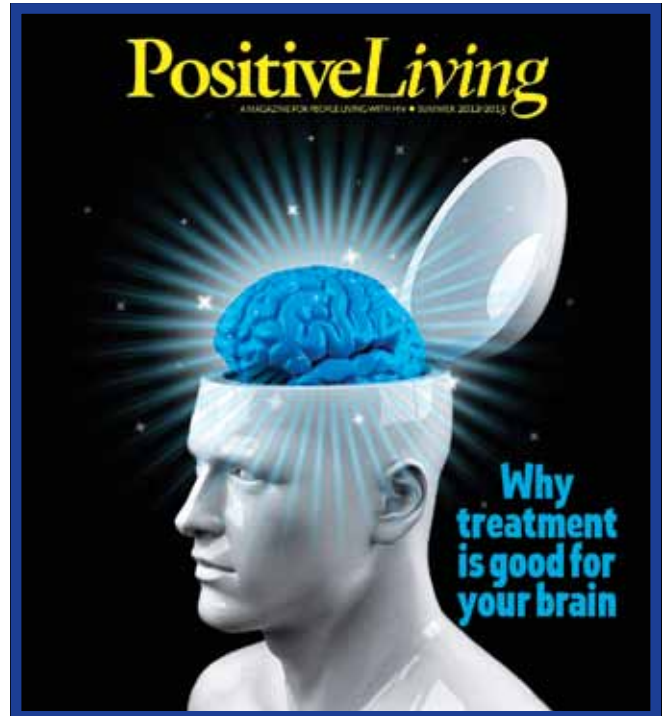
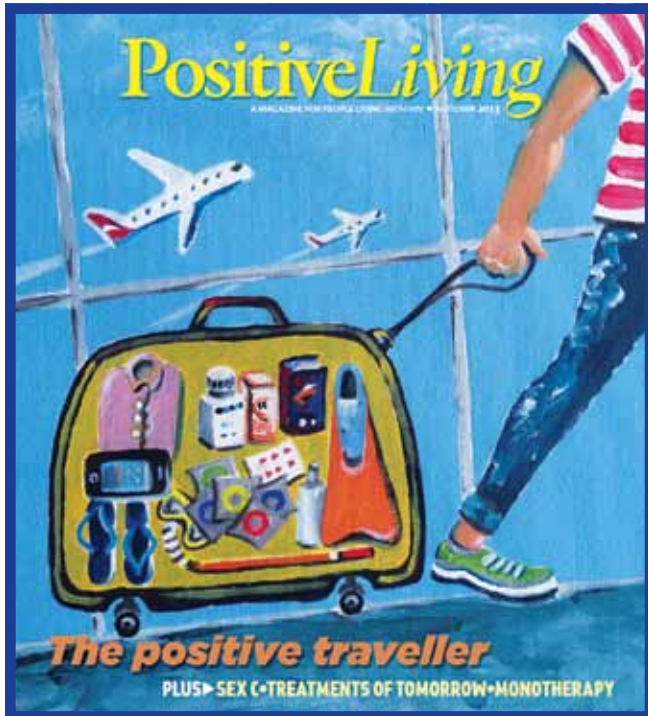


Bill Whittaker AO at the 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur, June 30 2013.

of people living with HIV (PLHIV). We have also been collecting information on the pool of Medicare ineligible PLHIV that has been forming since the trial closed – including information about the various ways they and their Australian clinicians continue to access ART in Australia, outside of the Medicare process.

Helping enable our sister organisation, Igat Hope, to improve the lives of PLHIV in Papua New Guinea continues through the work of our colleagues, Tim Leach and John Rule. The death of Helen Samilo, a long-time HIV advocate in PNG, ended this period on a particularly sad note and her passing emphasises the fragility of the HIV response and positive leadership in our region.

On a more positive note, NAPWHA's networks have strengthened in number and scope this year, with both the Positive Aboriginal and Torres Islander Network (PATISIN) and Femfatales National Network of Women Living With HIV enjoying a full membership and schedule of meetings. Their functioning has been enhanced by new secretariat additions: Deputy Director, Aaron Cogle, and Communications and Membership Services Officer, Alex Mindel. They, along with new Treataware Project Officer, Jae Condon, have boosted the organisation's output as well as brightening the Sydney office environment considerably.



Pictured above left: the cover of *Positive Living* magazine Autumn 2013; and right: the cover of the Summer 2013 edition. *Positive Living* magazine provides health, treatment and research news through print and social media.

The Treataware Outreach Network (TON) maintains its links between HIV treatment-savvy workers in AIDS councils and PLHIV organisations in Australasia; and the network met twice this year for two days of comprehensive training. A Short Course in HIV Medicine for Community Workers was also run this year, as were several community forums, including one specifically for HIV-positive heterosexuals.

Positive Living magazine continues to provide health, treatment and research news through print and social media, and a readership survey conducted earlier in the year again confirmed its place as a significant source of advice for positive Australians. NAPWHA's Media Digest, which disseminates and emails HIV news items, also broadened its reach into Twitter and Facebook. The NAPWHA website, a long-time source of knowledge for many, is groaning under the pressure of its current limitations, so plans for a new website are well underway with a launch due in late 2013.

We have also been pleased with the diversity of representative opportunities taken up by the organisation this year through collaborations with professionals, sector partners and community networks including ASHM, Consumers Health Forum (CHF),

Australian Federation of Disability Organisations (AFDO), Australian Council of Social Service (ACOSS) and the HIV National Research Centres.

NAPWHA representation continues on commonwealth bodies: the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and Blood Borne Virus and Sexually Transmissible Infections Sub-Committee (BBVSS), as well as a number of other significant processes contributing to the review of the *Sixth National HIV Strategy*, and the development of the next. This work has included advocacy at the policy level for approaches to revitalise the Australian response and see adoption of national HIV targets. NAPWHA welcomed this being achieved by August 2013. NAPWHA's purpose over the next twelve months is to realise these targets being met. ■

NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL (NTAHC)

By Craig Cooper, Executive Director

NTAHC has had another successful year for peer-based community events and health promotion activities. NTAHC developed the 'Live Deadly, Stronger and Longer' Indigenous 'Ask for a Test' campaign. The campaign, which aimed to increase testing for blood borne viruses (BBVs) and sexually transmissible infections (STIs), was rolled out throughout the Northern Territory (NT). The campaign was focus-tested with urban and remote Indigenous people in both Darwin and Alice Springs and has been widely disseminated in other jurisdictions. The roll-out was supported by radio messaging in four Indigenous languages through CAAMA Radio, Radio Larrakia and Darwin FM Stream Radio.

A post-exposure prophylaxis (PEP) campaign was developed and implemented in Darwin and Alice Springs. There were two versions of the posters, the first targeting gay men and men who have sex with men (MSM) and the other targeting the heterosexual community. The campaign rolled out through a community engagement strategy, with staff visiting bars and clubs in the Darwin's central business district. Staff educated bar managers about PEP and advised them on the increase in heterosexual transmission of HIV in the community. Posters and resources were placed in pub and club bathrooms. There was also a workforce development strategy, where NTAHC and NT Health staff received coaching and training on PEP guidelines.

NTAHC has developed an online group for HIV-positive Territorians called 'BODYPOZNT', which has been promoted on Facebook, eNews and in print. Local health staff in both the public and private sector has received BODYPOZNT promotional resources.

NTAHC continues to utilise social media to reach potential audiences through Facebook, eNewsletters and, more recently, through banner advertising on Grindr. Some of the eNews features included promotion of Candlelight Vigil screenings of the film *Rampant: How a City Stopped a Plague*, World AIDS Day concert and film, Overdose Awareness Day, Condom Day, LGBTI Ageing community consultations, NAIDOC (National Aborigines and Islanders Day Observance Committee) Week and Closing the Gap activities.

Over 100 guests gathered in acknowledgement of World AIDS Day under a giant frangipani tree where inspirational speeches, musical performances and the lighting of candles occurred. This event was followed by a film screening of *Leave It On The Floor*, a colourful celebration of the gay community and a dance party at Throb nightclub. The Dirty Queer Collective in Alice Springs held a fabulous pool party to commemorate the day.

AIDS Candlelight Vigils were held in both Darwin and Alice Springs, with both events attracting a record breaking audience. The Administrator of the NT and her Deputy in Alice Springs hosted each event respectively. The documentary, *Rampant*, was screened in both locations and was followed by light refreshments. The *NTAHC Strategic Plan 2013–2016* was launched at these events.

Advocacy

This year NTAHC met with the NT Minister for Health regarding the NT legislation for sex workers. In particular, we are concerned about the requirement for sex workers to register with NT Police. NTAHC is currently drafting a cabinet submission, with the aim of repealing NT legislation and decriminalising sex work.

Care and support

The Care and Support team have delivered support and education to a diverse group of Territorians. A central component of the Care and Support team work has been the delivery of education: to health professionals, with an emphasis on shared care for people living with a BBV; and to high school students, through group training and health expos. The community education sessions typically concentrate on BBVs, STIs, sexuality and gender diversity. The quarterly Eat-Indulge-Connect dinners have provided people living with HIV and other people with nutritious, educational and entertaining evenings. A dietician is always on hand (thanks to NAPWHA) to encourage healthy eating attitudes and behaviours. The NAPWHA Treatment Road Show proved to be a huge success with over 50 people, mostly HIV-positive, attending and participating in an informative and entertaining evening. The Care and Support program has been restructured and all staff are clinically trained health professionals.

Aboriginal Sexual Health Program

The program has continued to deliver sexual health and BBV education to the community through school visits and outreach to remote communities. The Aboriginal Health Retreat was held again this year with LGBTI participants from across the NT enjoying a supportive and educational weekend on the banks of the Mary River.

Preparing for 2013/14

NTAHC has secured a combination of one, two and three year funding contracts to continue service delivery in 2013/14 and beyond. ■



Pictured clockwise from top left: World AIDS Day, 2012 attracted a crowd; NTAHC's Executive Director Craig Cooper; Craig Cooper, Jan Holt and Suzanne Connor; and Saskia Strange and Jeremy Greaves light memorial candles.

QUEENSLAND ASSOCIATION FOR HEALTHY COMMUNITIES (HEALTHY COMMUNITIES)

By Joanne Leamy, President

Change has been the theme for the past 12 months and, of course, with change comes new challenges and opportunities for individuals, organisations and partnerships. The Board remains committed to a vision of Queensland where all lesbian, gay, bisexual and transgender and intersex (LGBTI) people can achieve the best possible health and wellbeing outcomes and can participate fully in the life of communities, free from stigma and discrimination. This is particularly important in 2013, as Queensland is now the only Australian state or territory not to have a government funded peer organisation specifically working to prevent the transmission of HIV among gay men.

On behalf of the Board, I would like to acknowledge and thank all those staff who were made redundant in August 2012 due to the Queensland Health funding cuts to our organisation. Consequently, we have gone from a staff of 35 down to 13 (full- and part-time).

We also acknowledge and thank the staff who remained (at either reduced hours or changed roles) and who have remained dedicated and professional in their work to support the vision of the organisation. In addition, all staff have donated a huge amount of their own unpaid time to support our community.

The Board has also undergone some changes with the retirement of two long-standing Board members in December 2012. Mark Morein (President) and Ross Wilson (Treasurer) served for 12 years each, steering the organisation through some rough territory, and leaving us with a strong financial record and a Board of committed professionals. The new Board Members bring much needed skills to meet the obstacles faced by our organisation, and we are energised by the challenges and opportunities.

Continuing the work of the past 28 years, and in partnership with the Australian Federation of AIDS Organisations (AFAO), we are delivering HIV prevention activities to gay men through the Men4Men program and within our diminished capacity. Testing Point at Helen St is an innovative weekly partnership between staff and volunteers, offering gay men sexually transmissible infection (STI) screening and HIV testing (including HIV rapid tests) since November 2012. Working in partnership with Shelley Argent, a gender clinic at our Brisbane centre is in the final stages of planning.

In partnership with Cairns Sexual Health, 2 Spirits, the Many Genders, One Voice action group, and the University of Queensland HIV & HCV Education Projects, we organised the successful Queensland Transgender, Sistergirl and Gender Diverse Conference. Two conference highlights were the opportunity for sistergirls from across Australia to meet, and the launch of the



The 2 Spirits Condoman and Lubelicious Launch in Cairns.

2 Spirits sistergirl awareness raising resource. At this conference the Federal Minister for Health and Ageing, The Hon Mark Butler, stated that he would continue to support Trans* health through the National LGBTI Health Alliance.

With the restructure of the Executive Director (ED) position we will be farewelling Paul Martin. Paul has been ED for nine years and has led the organisation through some enormous changes. We value his commitment and dedication to the LGBTI community, HIV prevention work, and, in particular, his support of the staff. We wish him well for the future. We also welcome our newly recruited ED John Mikelsons.

An area of development is the aged care sector and we received a grant from the Department of Health and Ageing for work with the aged care sector in Queensland to support the sector to be more LGBTI inclusive. Health Promotion officers have been appointed in Brisbane and Cairns to continue the facilitation of the LGBTI Ageing Action Groups in various locations, provide training and consultancy advice to organisations and organise LGBTI seniors' expos.

28 years ago, this organisation was formed by a small group of tenacious volunteers who were supported by donations. Over the last 12 months we have had to rely much more on volunteers to help us continue our work in LGBTI health and HIV prevention in gay men. Volunteers have provided huge support in areas such as administration, action groups, forums, conferences, outreach, activism, gardening, lobbying and Board activities. To all our volunteers, thank you very much for all your work. To the people who have generously supported the work of our organisation with donations, we thank you very much. ■

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

By Shaun Staunton, Chief Executive Officer

The past year has seen TasCAHRD continue to adapt to a changing environment in Tasmania while meeting the needs of our clients, consumers and members.

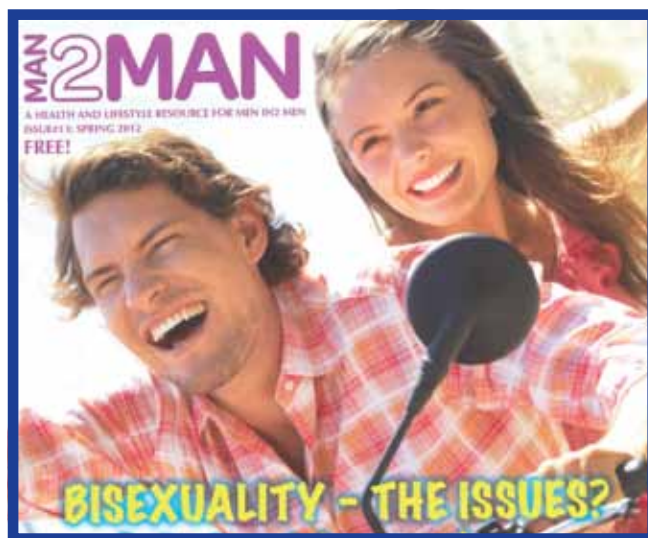
During 2012/13, TasCAHRD reorientated the way we approach our work in the area of hepatitis, after losing the funding to deliver hepatitis prevention in a competitive tender process. While no longer delivering the same level of direct support and education services to consumers in this area, TasCAHRD remains a state member of the peak national body, Hepatitis Australia. This means the organisation can continue acting as a conduit in Tasmania for the many benefits of membership to the peak body. Most recently, this has meant Tasmania has been able to benefit from the World Hepatitis Day Community Grants Program, implemented by TasCAHRD and funded by Hepatitis Australia. We will also continue to advocate at a state and national level around hepatitis issues, and will continue to make Hepatitis Australia resources available in Tasmania.

During this period of time, TasCAHRD has also continued to adapt to reductions in HIV program funding, most particularly adjusting to the loss of funding for a half-time HIV prevention worker and our Quality and Compliance Manager.

With such significant changes occurring, the organisation recognised the need to revisit our strategic planning before the end of the current Strategic Plan (due to finish in 2014); in early 2013 the Board, staff and key partners convened for a strategic planning day. This planning day was productive, allowing the organisation to re-examine our priorities. To inform the strategic planning day, an evaluation of TasCAHRD's service delivery and engagement with clients, consumers and stakeholders was also implemented. The results of this evaluation paint an encouraging picture of an organisation that is seen as supportive, engaged with its target communities, and still delivering quality services despite a period of disruption and readjustment. The results of this evaluation, along with the new Strategic Plan, will be made available in the near future.

During the past year, TasCAHRD was also involved in the launch of the final research report of the Be Proud Tasmania project, a partnership between TasCAHRD, Working It Out, and the Tasmanian Gay and Lesbian Rights Group. Examining the experiences and perceptions of discrimination, vilification and harassment towards lesbian, gay, bisexual, transgender and intersex (LGBTI) people in the state, the report documented concerning levels of negative experiences; sixty percent of respondents indicated that they had experienced more than three incidents of prejudice and discrimination in the previous 12 months.

The Man2Man HIV Prevention program has continued delivering prevention and education services throughout the state, including



The cover of the *Man2Man* magazine that focused on bisexuality and social connection in our communities.

distributing issues of the *Man2Man* magazine issue focusing on bisexuality, and on social connection in our communities. Man2Man implemented activities during the state's Pride Festival, including a movie night, information stalls, had a presence at the rally and march, provided support to various official Pride Events, and attended activities run by other groups and organisations.

TasCAHRD also ran the state's World AIDS Day campaign and activities. We got the red ribbon message out with street banners, collection days, a fundraising auction night, and some very positive media coverage.

Throughout the year, TasCAHRD's HIV Care and Support Program has continued to deliver a range of important peer support activities like coffee afternoons, community garden groups, peer support activities in regional areas, community BBQs, a Christmas event, and 'Buddy' network events to support individuals, as well as delivering training for a range of organisations; and as always, the Care and Support Officer has delivered extensive one-on-one support and counselling sessions to a range of TasCAHRD clients.

We have continued to support the Tasmanian Scarlet Alliance Sex Worker Project, providing subsidised accommodation and infrastructure support to the project and its staff. There is no doubt that this partnership benefits both organisations greatly.

The TasCAHRD activities listed here will continue into the future in the three main areas of HIV prevention, HIV care and support, and (to a lesser extent) hepatitis prevention. Alongside this, the organisation will continue to diversify and expand the ways it delivers services and meets the needs of its Tasmanian consumers. ■

By Matt Dixon, Executive Director

2013 marks the 30th anniversary of the 1983 formation of the Victorian AIDS Action Committee, which was to become the Victorian AIDS Council/Gay Men's Health Centre. Three decades is a long time in any epidemic, but it would be fair to say that in 1983 no one was prepared for the ways in which HIV and AIDS was to change the ways we mobilised, lobbied, worked, grieved and celebrated in response to the greatest health emergency in the history of the gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) community.

VAC/GMHC has been at the forefront of the response to HIV in Victoria. The organisation's major strength has been its volunteer base. Committed, creative and tireless, our volunteers power VAC/GMHC, from administration support, care and support services to Outreach and Peer Education. As we celebrate the achievements of the last thirty years, we look toward the future in the hope that the need for our work in HIV and AIDS might diminish but our community engagement and commitment will continue from strength to strength.

HIV Services

Over the last year, HIV Services have continued to develop Outreach services, both our own and in collaboration with other agencies. We have had weekly Living Positive Victoria Outreach services, weekly Straight Arrows Outreach (for heterosexuals) and bi-weekly Positive Women's outreach. Our annual women's pampering day in partnership with MAC Cosmetics has proven to again be successful. Our close contact with Royal District Nursing Service means we can continue to provide regular opportunities to meet individuals in the community with health issues. We have forged new alliances with two employment agencies Wise Employment and Senswide, offering weekly and fortnightly services respectively, focusing on people who have HIV and others in the GLBTIQ community. We also now have a weekly Outreach service with Housing Plus, a housing agency that assists people to navigate through the maze of housing issues. This complements our own In Home Support Service that provides case management to people living with HIV (PLHIV) with complex needs.

Health Promotion, Policy and Communications

2013 marked the conclusion of our popular, award winning online health promotion soap opera, *Being Brendo* (AKA *Queer as Fxxxk*). After 94 episodes covering issues as wide ranging as sero-discordant relationships, post-exposure prophylaxis (PEP), regular sexual health checks, drug and alcohol use, depression and seroconversion, we concluded the online series (with over seven-and-a-half thousand Facebook likes), to concentrate on a pitch to a national broadcast television station for the show. The initiative

has proven to be the most successful use of an online web series for health promotion globally, as determined by the Burnet Institute, and has broken significant ground in the use of this media.

This reporting period also saw the integration of Health Promotion, Policy and Communications through an organisation-wide restructure. The new structure will allow for a high degree of consistency and clarity with regard to our policy and communications work together with the integration of Health Promotion across the organisation as a whole.

Counselling

This year we have continued our therapeutic counselling work with both individual and couples counselling for those living with or affected by HIV and hepatitis C and GLBTIQ community members. In addition, we have implemented a new practice model and provided services across three sites to support greater accessibility to the service. Therapeutic Groups have included anxiety, pre-HAART experience of living with HIV, homophobia, body image, relationship violence, insomnia and a new group to address queerphobia. We have also been working with key stakeholders to support the transgender community to access the counselling services.

The Centre Clinic

The Centre Clinic has primarily spent the last year implementing its renewal process and significant inroads have been achieved in order to reach financial sustainability – the operating deficit has now been halved. Four new part-time HIV prescribing GPs have been recruited, taking our complement of GPs to 8 (this equates to 3.0 EFT). We have also recruited a Practice Nurse who is providing chronic disease care for clients of the service who are living with a range of conditions, including HIV. Our books are open for the first time in many years – we are able to accept new patients from the whole GLBTIQ community, not just those living with HIV. ■

By Andrew Burry, Chief Executive Officer

After twelve years as Executive Director, Trish Langdon left WAAC in September 2012 and Andrew Burry assumed the role of Chief Executive Officer. Trish left a significant legacy and oversaw the development of the highly successful and award-winning Freedom Centre and, of course, an expanded M Clinic.

The restructure of WAAC was completed and implemented. Work teams are now organised around work type, processes, accountability requirements and staff supervision needs, rather than around targeted priority populations. This reflects the broad intent of the newly adopted Strategic Plan. Programs and activities are now predominantly developed and delivered from within two broad program areas – Clinical Services and Community Engagement and Advocacy.

We have also successfully completed the negotiation of a five year funding agreement with the Western Australian (WA) Department of Health, and the new Service Agreement took effect from 1 January 2013. In line with the WA Government's desire to generate greater efficiency through a reduction in 'red tape', the new agreement is outcomes focused for six specified target groups. These are gay men and other men who have sex with men (MSM), people living with HIV, heterosexual people at risk of HIV exposure in countries of high prevalence, at risk young people, people who inject drugs and Aboriginal and Torres Strait Islander people. Rather than having to meet defined key performance targets, the new agreement places a responsibility on us to demonstrate the outcomes we have achieved across six service areas in response to the needs of the target groups. The implication of this is a greater emphasis on project planning and evaluation and a continuing robust maintenance of data collection and analysis.

For the calendar year of 2012, WA recorded a total of 125 HIV diagnoses; this was an increase of 19% from 2011. Female diagnoses accounted for 22% of the total, and heterosexual men for 29%. 41% of diagnoses were a result of homosexual contact. As we have pointed out over recent years, there remain unique features in our epidemiology, although we note that other jurisdictions are beginning to face some similar challenges. 36 diagnoses (30%) were among people born overseas who acquired HIV overseas. Nonetheless, the most significant trends in 2012 were a 28% increase in HIV diagnosed in MSM and a 46% increase amongst heterosexual men. Amongst the latter group, there was a continuing increase in those who were Australian born, who acquired HIV overseas.

M Clinic continues to be a central plank in responding to the sexual health needs of MSM. The move into new and expanded premises was completed smoothly by June 2012, and client numbers have continued to increase. There are now more than 2,100 individual clients and 60% of new clients are referred by friends or word of mouth. The average client age continues to drop, and by the end of 2012, 46% were aged less than 30, and almost 70% were under 40 years of age.

We commissioned an external independent review of the service, and this was completed in June. Our purpose was to assess its operating standards, the acceptability of the service to its client base and to explore how growing community ownership of M Clinic brand equity might be leveraged to further inform the conversations within gay men's social and sexual networks. It is very clear that the quality of service delivery is very high, as are clinical governance and standards. The very high return rate (greater than 80%) indicates that client needs are being met. Opportunities identified include system enhancements that will generate greater client capacity, as well as the development of more sophisticated data management and analyses to provide more empirical evidence of sexual practices, risk assessment and decision making.

The success of M Clinic has meant that it costs us more than anticipated, but we are committed to ensuring that it continues to address the gap in sexual health screening services available for gay men and MSM. This has meant drawing resources from elsewhere in our organisation, which in turn means that we have to identify ways in which M Clinic can deliver more than the services for which it was originally developed.

The needle and syringe exchange program continues to grow and the addition of the Fremantle fixed site has contributed to exchange numbers continuing to increase.

The Freedom Centre is the recipient of new funding and at a higher level requiring less cross-subsidisation from other WAAC resources. Although it has always been operated as a semi-autonomous service, it is our intention ultimately to develop the Centre into a fully independent organisation. To this end, we have embarked on establishing a plan and timeline for this to be achieved. The Freedom Centre benefits from its close involvement with the National LGBTI Health Alliance, and Coordinator Dani Wright has continued as a Board member of the Alliance.

With the state election in March providing no significant change to the political environment and with the new service funding agreement in place, the view ahead is relatively stable. There are some challenges, however. The need to develop new and effective strategies to reflect the growing diversity within the population of people currently living with HIV and among those vulnerable to its acquisition (particularly in an international context) becomes ever more pressing. We note that whilst we have been substantially alone so far in addressing what has been almost unique to WA, changing epidemiology in other jurisdictions suggests an opportunity for a more national approach and hopefully we shall see some leadership from the Federal Government reflected in the development of the Seventh National HIV Strategy. ■

POSITIVE LIFE NSW

By Sonny Williams, Chief Executive Officer

Positive Life NSW continued to provide a high level of representation in consultative and advocacy initiatives throughout 2012/13.

We played a central role in influencing issues, often working in partnership with other key agencies, and achieved some significant wins for people with and affected by HIV in NSW.

Treatments access

Removing structural barriers that impact negatively on treatment uptake and adherence are important factors in achieving improved health outcomes and reducing transmission rates in NSW. We advocated for the NSW Government to consider waiving – or easing – the cost burden of co-payments for antiretroviral treatment (ART) in NSW. We also continued to play an active role in promoting and improving the Enhanced Medication Access Scheme (EMA) scheme. To date, 235 people have enrolled in EMA and 57 community pharmacies have signed up to the service.

Positive Life considers that a more sustainable solution is required to address the ART access needs of people with HIV who are Medicare ineligible in NSW. We surveyed HIV and sexual health clinics in NSW to better understand and estimate the number of patients who are Medicare ineligible, the percentages of patients who are in clinical need of ART, and where they are sourcing their medication. The data will inform more equitable and sustainable policy.

HIV and ageing

We were successful in getting HIV included in the Commonwealth Government LGBTI Ageing and Aged Care Strategy. Our submission on the draft Strategy noted minimal inclusion of



HIV and its impacts on gay and bisexual men. We also provided a literature review of the research on HIV and ageing to the South Eastern Sydney HIV Complex Care and Ageing Working Group.

Other policy issues

We consulted with HIV service providers from around NSW and provided two written submissions to Housing NSW in relation to housing issues for people with HIV in metropolitan and regional areas of NSW. We contributed to changing the policy of non-reconstruction of HIV-infected bodies post-autopsy in NSW. Policy has been implemented and reconstruction of HIV/hepatitis C infected bodies has been implemented.

We provided input to the Ministry regarding revisions to policy on contact tracing for blood borne viruses and sexually transmitted infections. We also provided a joint submission with ACON on the *Rights of the Terminally Ill Bill 2013* and a joint submission with ACON, NAPWHA and AFAO into the NSW Legislative Council's Inquiry into the use of cannabis for medical purposes. Further details of these activities are available at positivelife.org.au ■

POSITIVE DIRECTIONS

By Vince O'Donnell, Practice Lead PLHIV

Over the past 12 months, Positive Directions has continued to position itself to be responsive to the needs of people living with HIV (PLHIV) in Queensland.

Following regional restructure of the organisation (Anglicare Southern Queensland), Positive Directions now has two key managers in place both for North Queensland and the Southern Region. This strategic approach fits well with structural reforms undertaken within the context of Federal and State health reforms, particularly the Hospital and Health Networks and the establishment of Medicare Locals.

Positive Directions has been actively engaged with consultation processes associated with evaluations of Queensland HIV services, one being undertaken by Deloitte (Brisbane North region) and another by KPMG (state-wide). The reviews are designed to '... provide the Ministerial Advisory Committee (MAC) with a thorough understanding of the strategies, systems and activities



employed by current HIV services and their effectiveness in achieving outcomes'.

We have ensured Positive Directions staff have remained well-trained and contemporary in their approach in supporting PLHIV. All staff have undertaken training in the Health Change Approach (HCA) model, which is essentially a practice framework for individual self-management. Additionally, a significant number of staff have been skilled-up to facilitate the Better Health with Self Management courses via Stanford University (known as Chronic Conditions Self Management). These two skill sets have been applied to the work with PLHIV and the outcomes for PLHIV have been most rewarding. ■

NEW ZEALAND AIDS FOUNDATION (NZAF)

By Shaun Robinson, Executive Director

The New Zealand AIDS Foundation (NZAF) has undergone a lot of change in the last few years as we responded to the changing HIV epidemic. We have rethought our work, and restructured so as to be more effective and efficient.

Faced with the rising numbers of HIV diagnoses over the 2000–2010 period, we reframed our condom promotion efforts, focusing on how we deliver the message through social marketing under the Get it On! Love Your Condom brand. We also increased our testing efforts by taking our rapid HIV testing into community venues, events and other outreach locations and adopting the P24 antigen/antibody test. Results in the last year have been very encouraging. Over three years, HIV diagnoses are down 2% overall, and down 12% among men who have sex with men (MSM).

We are reaching hundreds of thousands of MSM each month through our range of marketing channels – particularly through internet and smart phone platforms – and the independent evaluation of our social marketing has shown remarkable results with MSM condom use for casual sex now exceeding 95%. NZAF HIV testing numbers have risen from approximately 800 per annum in 2006 to 2,500 per annum in 2012/13. The introduction of the P24 antigen test in community settings has given us a 22% increase in 2012/13 alone. We have also introduced self-swab testing for gonorrhoea and provide rapid testing for hepatitis C and

testing for syphilis and chlamydia. Correspondingly, our counselling and support for people has also grown substantially. In response to requests we have introduced group support for people living with HIV and facilitated a major retreat for people living with HIV in the South Island.

A significant policy win was the reduction of the treatments threshold to 500 CD4 cell count in July 2013. We have also laid the ground work for work on HIV stigma with Body Positive, Positive Women and INA (Maori, Indigenous & Pacific Island HIV/AIDS Foundation) which will roll out in the next year. ■



Pictured top: Condom promotion efforts focused on delivering messages through social marketing under the Get it On! Love Your Condom brand; and **above:** testing efforts increased by taking the rapid HIV finger prick testing into community venues, events and other outreach locations.



Pictured (L–R): Craig Cooper; Michael Costello; Jenny Kelsall; Rob Lake; Finn O’Keefe; Willie Rowe; Mish Pony; Graham Brown; Bridget Haire; Andrew Burry; and Rod Goodbun.

Willie (Peter) Rowe, President

Willie served as a member of the WA AIDS Council (WAAC) Board of Management from 1998 to 2011. This included three years as Treasurer and three years as Chairperson. In addition to maintaining a range of ongoing programs crossing the spectrum of responses to the HIV/AIDS epidemic in Western Australia, during his time at WAAC the organisation engaged with and developed programs for a range of emerging HIV issues including culturally and linguistically diverse (CALD) and mobility challenges. Willie has an extensive background in government, both at political and bureaucratic levels. In January 2013, he was appointed Chairman on the Board of ScreenWest. Willie also has a significant personal interest in the ongoing HIV/AIDS response.

Bridget Haire, Vice-President

Bridget Haire has 19 years’ experience in the HIV and sexual and reproductive health sectors as a journalist, editor, policy analyst and advocate. Currently, she sits on the Data Safety and Monitoring Board of CAPRISA 008, the steering committee of the International Rectal Microbicides Advocates (IRMA), and the ACON Ethics Committee. Bridget was the Community Chair of the Microbicides 2012 conference in Sydney 2012, and is a past editor of *Positive Living*, the *National AIDS Bulletin*

and *HIV Australia*. Her research interests are HIV prevention, sexual health and sexuality, research ethics and public health. She has a Masters (Hons) in Bioethics, and a PhD in Bioethics on the ethics of HIV prevention trials. Bridget lectures in medical humanities at the University of Sydney.

Graham Brown, Secretary

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. 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. Graham has a Bachelor of Business (Marketing) (Hons), Postgraduate Diploma (Health Promotion), PhD.

Andrew Burry, Treasurer

Andrew is the Chief Executive Officer of the WA AIDS Council. Between 2007 and 2012 he was General Manager of the AIDS Action Council of the ACT. Prior to that, he spent two years as a fundraiser with the Victorian AIDS Council/Gay Men's Health Centre. Andrew's prior professional background in commerce includes the bio-technology, finance and advertising sectors. He has tertiary qualifications in marketing and finance. Andrew lectured marketing students for two years at Monash University, whilst also working as a volunteer announcer and current affairs presenter with JOY FM 94.9. Andrew has been involved with the ALSO Foundation and the Melbourne Queer Film Festival, and was a foundation member of the Board of the National LGBTI Health Alliance.

Rod Goodbun, Ordinary Member

Rod has worked in education, research, training and governance roles in Queensland's community response to HIV since 1990. In recent years, his work for the Queensland public service has spanned alcohol and other drug policy, housing, urban development and climate change strategy. Rod has held positions of Board member and President of the Queensland AIDS Council/Queensland Association for Healthy Communities, was a founding member of the Brisbane Lesbian and Gay Pride Festival and convened the human rights group Action Reform Change Queensland. Rod has qualifications in social work and public policy. He currently works in environmental programs for the Queensland Government.

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

I am Central Arrernte of the Arrernte Nation, I also acknowledge my Irish, English and Finnish heritages. I was raised in Alice Springs by my grandparents and now live in Melbourne with my partner Corey of 17 years and our precious dogs. For the past 18 years I have worked in the community response to HIV, both nationally and internationally. I first became involved with the Anwernekenhe movement in 1998 at Anwernekenhe 2 at which time I was elected to the Anwernekenhe Steering Committee. Soon after, I accepted a position with the Australian Federation of AIDS Organisations (AFAO), in the role of Senior Policy and Programs Officer with the National Aboriginal and Torres Strait Islander HIV/AIDS Project, a position I held until December 2011. After 13 years with AFAO, I resigned to accept the position of Executive Officer of the ANA. I uphold a strong commitment to self-determination for Aboriginal and Torres Strait Islander people, ensuring that we continue to build an effective community response to HIV and a strong future.

Craig Cooper, National Association of People With HIV Australia (NAPWHA)

Craig has worked for non-government and public health services since 1990. He has managed HIV prevention programs, court diversion programs, and been employed as an HIV program manager in the NSW hospital system. He is currently the Executive Director for the Northern Territory AIDS and Hepatitis Council (NTAHC) and is the NAPWHA Secretary/

Treasurer. Craig holds a postgraduate diploma in Clinical Drug Dependence Studies from Macquarie University and a master's of Public Administration from the University of Sydney. Craig was diagnosed with HIV in 2004.

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

Jenny worked at the Burnet Institute in Melbourne for many years in the Epidemiology and Social Research Unit and the Centre for Harm Reduction with a focus on injecting drug use and blood borne viruses. Jenny was part of the multi-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. She is currently the Executive Officer at Harm Reduction Victoria (formerly VIVAIDS), the Drug User Organisation for Victoria and a member of the AIVL national network of drug user organisations.

Audry Autonomy, Scarlet Alliance, Australian Sex Worker Association

Audry Autonomy was elected to the Scarlet Alliance leadership in the Vice President double position at the 2012 AGM building on previous contribution through other governance positions. Audry is a member of the Scarlet Alliance Aboriginal and Torres Strait Islander Inclusion Working Group and has been involved in advocacy on the Bill to decriminalise sex work in South Australia.

Finn O'Keefe, Staff Representative

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

TREASURER'S REPORT

By Andrew Burry, AFAO Treasurer

Following another successful audit, a surplus of \$105,114 for the year just ended is a satisfactory result, and a little better than budgeted for. The Board continues to believe that members' funds should be modestly increased when appropriate to provide greater security for periods where funding may be less certain. Provisions were also increased in line with the auditor agreement.

AFAO has benefitted from excellent administrative and financial procedures, and tight control of expenses was a reflection of this. Congratulations to Financial Controller Sarita Ghimire and her team for their outstanding work during the year. The timely receipt of funds from the Department of Health and Ageing was appreciated and allowed for better cash management and cash flow

forecasting. This has resulted in a greater proportion of cash assets being allocated to higher interest fixed-term investment accounts.

The Finance and Audit Committee convened for all its scheduled meetings. The Finance Policy was reviewed and subsequently revised and adopted by the full Board during the year. The Board recognised that the compliance reporting requirements associated with the variety of grants and other funded programs add significantly to the already substantial list of compliance matters which need to be addressed each year. To assist management and the Board, Matrix on Board were contracted to develop a compliance management system. This was implemented by year's end and is making a useful contribution as a valuable monitoring tool for the Board and Secretariat. ■



Pictured: Our Destiny Haz Arrived, a national HIV prevention and testing campaign for Aboriginal and Torres Strait Islander gay men and sistergirls was launched this year by the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA). See the ANA report on page 18.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
THE BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2013

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:

- | | | |
|-----------------------------------|----------------------------------|--------------------------|
| Peter W Rowe (Willie) – President | Bridget Haire – Vice President | Graham Brown – Secretary |
| Andrew Burry – Treasurer | Rodney Goodbun – Ordinary Member | Craig Cooper |
| Jenny Kelsall | ██████████ (Audry Autonomy) | Michael Costello |
| Finn O’Keefe – Staff Rep | Rob Lake – Ex Officio | |

DIRECTORS’ REGISTER OF ATTENDANCE 2013		
	Board Meetings	
	Number Eligible To Attend	Number Attended
Brown, G	5	3
Burry, A	7	6
Cooper, C	6	3
Costello, M	7	6
Goodbun, R	5	5
Haire, B	5	5
Jeffreys, E	2	1
Kelsall, J	7	3
Lake, R (Ex Officio)	7	7
Lemoh, C	2	1
██████████	4	2
Matthews, K	2	—
Mitchell, R	2	1
O’Keefe, F	7	6
Parkhill, N	2	2
Rankin, I	2	2
Reid, A	1	1
Rowe, P	7	7
Williams, S	1	1

Principal Activities

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

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

Significant Changes

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

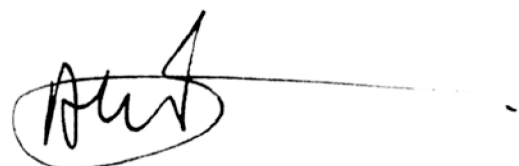
Operating Result

The surplus of the Federation for the year ended 30 June, 2013 amounted to \$105,114 (2012 surplus of \$117,324).

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



Rob Lake – Executive Director



Andrew Burry – Treasurer

Dated this 13th day of September 2013

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2013

	Notes	2013 \$	2012 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,481,411	1,044,340
Trade and other receivables	5	123,017	485,421
Inventories		—	—
Assets held for sale		—	—
Security deposits and prepayment		25,931	5,060
TOTAL CURRENT ASSETS		1,630,359	1,534,821
NON-CURRENT ASSETS			
Property, plant and equipment	6	10,305	17,033
Investment property		—	—
Intangibles		—	—
TOTAL NON-CURRENT ASSETS		10,305	17,033
TOTAL ASSETS		1,640,664	1,551,854
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	465,911	309,594
Grants in advance	8	91,932	361,408
Provisions	9	255,110	187,661
Borrowings		—	—
TOTAL CURRENT LIABILITIES		812,953	858,663
NON-CURRENT LIABILITIES			
Provisions	9	44,281	44,875
Borrowings		—	—
TOTAL NON-CURRENT LIABILITIES		44,281	44,875
TOTAL LIABILITIES		857,234	903,538
NET ASSETS		783,430	648,316
EQUITY			
Reserves	11	86,678	56,678
Retained earnings	10	696,752	591,638
TOTAL EQUITY		783,430	648,316

The accompanying notes form part of these financial statements

	Notes	2013 \$	2012 \$
REVENUE			
Donations and gifts – Monetary		29,347	64,041
Donations and gifts – Non-monetary		—	—
Bequests and Legacies		—	—
Grants			
AusAID PNG		212,604	193,875
AusAID Regional HIV Capacity Building Program		472,016	498,397
AusAID ALAF		121,171	—
Other Australian		2,242,733	2,265,417
Other Overseas		—	—
Investment income		41,221	42,132
Other income			
Overseas		—	—
Domestic		8,285	73,254
Revenue for International Political or Religious Adherence Promotion Program		—	—
TOTAL REVENUE	2	3,127,377	3,137,116
EXPENDITURE			
International Aid and Development Projects			
Funds to international programs		680,209	542,991
Program support costs		54,784	76,013
Community education		—	—
Fundraising costs – Public		—	—
Fundraising costs – Government, multilateral and private		18,455	24,294
Accountability and administration		8,930	19,285
Expenditure for International Political or Religious Adherence Promotion Program		—	—
Domestic Programs			
Domestic programs expenditure		719,293	756,823
Staffing		1,016,115	1,085,727
Administration		524,477	514,659
TOTAL EXPENDITURE		3,022,263	3,019,792
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE		105,114	117,324

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN ACCUMULATED FUNDS & RESERVES FOR THE YEAR ENDED 30 JUNE 2013

	Retained Earnings	General Reserves	Total
	\$	\$	\$
Balance at 30 June 2011	474,314	56,678	530,992
Surplus/(Deficit) attributable to members	117,324	—	117,324
Balance at 30 June 2012	591,638	56,678	648,316
Surplus/(Deficit) attributable to members	105,114	30,000	135,114
Balance at 30 June 2013	696,752	86,678	783,430

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 2013

	Notes	Inflows (Outflows) 2013 \$	Inflows (Outflows) 2012 \$
Cash flows from operating activities			
Australian Government Grants Received		2,595,229	2,030,501
Interest Received		41,221	42,132
Other Grants/Income		594,772	833,109
Project Grant Costs		(1,202,443)	(1,290,754)
Payments to Employees and Suppliers		(1,591,708)	(1,824,836)
Net cash provided by (used in) operating activities	15	437,071	(209,848)
Cash flow from investing activities			
Payments for property, plant and equipment		—	—
Net cash provided by (used in) investing activities		—	—
Net increase/(decrease) in cash held		437,071	(209,848)
Cash at beginning of year		1,044,340	1,254,188
Cash at end of year	4	1,481,411	1,044,340

The accompanying notes form part of these financial statements

TABLE OF CASH MOVEMENTS FOR DESIGNATED PURPOSE FOR THE YEAR ENDED 30 JUNE 2013

	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	773,905	2,676,012	(1,960,916)	1,489,001
AusAID Regional HIV Capacity Building Program	2,870	509,022	(470,113)	41,779
AusAID PNG Program	81,551	71,969	(212,604)	(59,084)
Donations – Intl Program	28,862	10,200	(29,347)	9,715
AusAID ALAF Program	157,152	(35,981)	(121,171)	—
TOTAL	1,044,340	3,231,222	(2,794,151)	1,481,411

AusAID PNG – All expenses were made in accordance with their designated purpose. However the Federation have experienced a timing delay with this funding. The majority of this funding was received early in the new financial year. The shortfall was covered by the Federation's unrestricted reserves.

The accompanying notes form part of these financial statements

Note 1: Statement of Significant Accounting Policies

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

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

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

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

Basis of Preparation

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

Accounting Policies

a) Income Tax

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

b) Property, Plant and Equipment

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

Plant and Equipment

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

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

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

Depreciation

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

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

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

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

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

c) Leases

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

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

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

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

d) Financial Instruments

Recognition

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

Financial assets at fair value through profit and loss

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

Available-for-sale financial assets

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

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

e) Impairment of assets

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

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

f) Employee Benefits

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.

A sum of \$30,000 was set aside this year to the Equipment Replacement and Employee Entitlement Reserve (Note 11), and charged to the Income and Expenditure Statement, to provide for any potential redundancies which may arise due to the introduction of competitive tendering for grants or other operational reasons, increasing this Reserve to \$86,678.

g) Cash and Cash Equivalents

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

h) Foreign Currency Transactions and Balances

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

i) Revenue

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

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

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

j) Goods and Services Tax (GST)

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

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

k) Comparative Figures

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

Critical Accounting Estimates and Judgments

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

Key Estimates – Impairment

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

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

Note 2: Revenue

Operating Activities	2013	2012
	\$	\$
Donations and Gifts – Monetary	29,347	64,041
Operating grants:		
AusAID PNG	212,604	193,875
AusAID Regional HIV Capacity Building Program	472,016	498,397
AusAID ALAF	121,171	–
Other Australian: Government Grants	2,171,543	2,131,054
Other Australian Grants	71,190	134,363
Investment Income	41,221	42,132
Other income:		
Australian	8,285	73,254
	3,127,377	3,137,116

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)
	22,000	21,000
Board Training and Corporate Services	–	8,680
	–	8,680

Note 4: Cash and Cash Equivalents

Cash at bank	271,747	666,339
Short-term bank deposits	1,208,964	377,301
Cash on hand	700	700
	1,481,411	1,044,340

The effective interest rate on short-term bank deposits was between 3.25 – 4.25% (2012: 4.80%). One of the deposits (\$35,000) has a maturity of twelve months and other 6 deposits have various maturity periods, ranging from 3 to 6 months.

Reconciliation of cash

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

Cash and cash equivalents	1,481,411	1,044,340
	1,481,411	1,044,340

Note 5: Trade and Other Receivables

Member Organisations	2,542	17,857
Government Grants	(8,553)	375,133
International Program – JTA International and Project Partners	82,365	–
Health Sector Organisations	(120)	18,450
GST Receivable	46,783	33,981
Income Receivable – AIDS Trust Of Australia	–	40,000
	123,017	485,421

Note 6: Property, Plant and Equipment

	2013	2012
	\$	\$
Office equipment at cost	42,802	93,575
Accumulated depreciation	(36,346)	(81,353)
Total office equipment	<u>6,456</u>	<u>12,222</u>
Leasehold improvements		
At cost	40,578	40,578
Accumulated depreciation	(36,729)	(35,767)
Total Leasehold Improvements	<u>3,849</u>	<u>4,811</u>
Total Property, Plant and Equipment	<u>10,305</u>	<u>17,033</u>

Movements in carrying amounts

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

	Leasehold Improvements	Office Equipment	Total
	\$	\$	\$
Balance at the beginning of the year	4,811	12,222	17,033
Additions	—	—	—
Disposals	—	(1,692)	(1,692)
Depreciation expense	(962)	(4,074)	(5,036)
Carrying amount at the end of year	<u>3,849</u>	<u>6,456</u>	<u>10,305</u>

Note 7: Trade and Other Payables

	2013	2012
	\$	\$
CURRENT		
Trade payables	416,384	249,755
GST Payable	36,189	45,875
Clearing Accounts – PAYG Tax	13,338	13,964
	<u>465,911</u>	<u>309,594</u>

Note 8: Grants in Advance

Health Department Grants – Commonwealth and State	—	—
International Program Grants	65,432	110,413
Other Grants	26,500	250,995
	<u>91,932</u>	<u>361,408</u>

Grants in Advance represent work that had commenced in the 2012 / 2013 financial year but where final costs will not be paid until the 2013 / 2014 financial year.

Note 9: Provisions

Employee Benefits (Refer to Note 1 (f))		
Current	255,110	187,661
Non-Current	44,281	44,875
	<u>299,391</u>	<u>232,536</u>

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

Number of full time equivalent employees at year end	<u>15.7</u>	<u>14.2</u>
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Note 10: Retained Earnings

	2013	2012
	\$	\$
Retained earnings at beginning of year	591,638	474,314
Operating surplus/(deficit) for the year	105,114	117,324
Retained earnings at the end of the year	696,752	591,638

Note 11: Equipment Replacement and Employee Entitlement Reserve

The Equipment Replacement & Employee Entitlement Reserve was established to provide funding for equipment replacement and employee entitlements and expenditure otherwise deemed necessary from time to time and which are anticipated in forthcoming years. A further \$30,000 was set aside to this Reserve, and charged to the Income and Expenditure Statement, during the year to provide for any potential redundancies which may arise pursuant to the introduction of competitive tendering for grants or other operational reasons.

Opening balance	56,678	56,678
Transfer from retained earnings	30,000	—
Balance at end of the year	86,678	56,678

Note 12: Operating Lease Commitments

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

Payable – minimum lease payments		
– not later than 12 months	109,853	36,446
– between 12 months and 5 years	398,360	—
– greater than 5 years	—	—
	508,213	36,446

Note 13: Future Commitments

Australian Federation of AIDS Organisations is planning for its Newtown office renovations/refurbishment during first quarter of financial year 2013–14, budgeted costs \$125,000.

Note 14: Events after the Statement of Financial Position Date

- a) No material events that affect the Federation or these financial statements have occurred since balance date requiring disclosure.
- b) The financial report was authorised for issue on the 13th September, 2013.

Note 15: Cash Flow Information

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

Operating surplus/(deficit)	105,114	117,324
Depreciation	5,036	7,314
(Profit)/Loss on disposal of assets	1,692	—
Changes in net assets and liabilities		
(Increase)/decrease in prepayments & deposits	(20,871)	46,297
(Increase)/decrease in trade debtors	362,404	(259,739)
Increase/(decrease) in sundry creditors	156,317	(63,516)
Increase/(decrease) in grants in advance	(269,476)	28,365
Increase/(decrease) in employee benefits payable	66,855	(85,893)
Increase/(decrease) in reserves	30,000	—
	437,071	(209,848)

Note 16: Financial Risk Management

a. General objectives, policies and processes

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

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

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

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

Note 17: 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 18: Economic Dependency

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

Note 19: Related Party Disclosures

- a. The names of each person holding the position of director of the Organisation during the financial year are: Mr Ian Rankin, Mr Peter W Rowe (Willie), Ms Bridget Haire, Mr Nicolas Parkhill, Dr Graham Brown, Mr Andrew Burry, Dr Chris Lemoh, Mr Rodney Goodbun, [REDACTED] (Audry), Ms Jenny Kelsall, Mr Kane Matthews, Mr Robert Mitchell, Mr Craig Cooper, Mr Michael Costello, Mr Finn O'Keefe and Mr Rob Lake.
- b. Key management personnel comprise of Mr Rob Lake (Executive Director), Mr Simon Donohoe (Education Programs Manager), Mr Chris Connelly (International Programs Manager from Feb 2013), Ms Linda Forbes (Policy & Communications Manager) and Ms Sarita Ghimire (Financial Controller).
- c. Transactions between related parties are on normal commercial terms and conditions no more favourable than those to other parties unless otherwise stated.
- d. Income paid, payable or otherwise provided to key management personnel during the year was \$458,109 (2012: \$495,654). This included short-term benefits of \$420,930 (2012: \$456,740) and superannuation of \$37,179 (2012: \$38,914).

Note 20: 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 2013

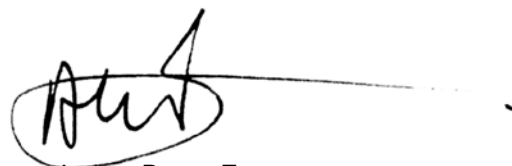
The Board of Directors of Australian Federation of AIDS Organisations Incorporated declare that:

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 2013 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 *13th* day of *September* 2013

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

Report on the Financial Report

I have audited the Financial Report of Australian Federation of AIDS Organisations Incorporated for the financial year ended 30 June 2013, consisting of the Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows, Statement of Changes in Accumulated Funds & Reserves, Table of Cash Movements for Designated Purpose, accompanying Notes, and the Statement by the Board of Directors.



Directors

John James Masselos

James J Masselos

Damien Barker

Elenie Ferrier

Principal

Garry Stewart Grahame

Consultant

Maria Masselos

Directors and Management Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

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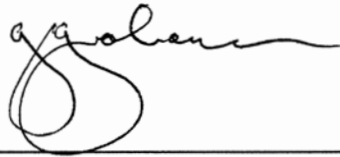
reliance on this report or on the Financial Report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

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

Opinion

In my opinion the Financial Report of the Australian Federation of AIDS Organisations Incorporated presents fairly in all material respects, the financial position of the Australian Federation of AIDS Organisations Incorporated as at 30 June 2013, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and the ACFID Code of Conduct.



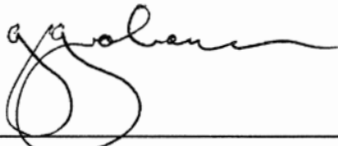
Garry Stewart Grahame FCA
Chartered Accountant

Sydney, 13th September 2013

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 2013. 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, 13th September 2013

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2013

	2013	2012
	\$	\$
Revenue		
Donations and Gifts	29,347	64,041
Grants		
AusAID PNG	212,604	193,875
AusAID Regional HIV Capacity Building Program	472,016	498,397
AusAID ALAF	121,171	—
Health Department Grants	2,171,543	2,131,054
AIDS Trust of Australia	—	134,363
Other Australian Grants	71,190	—
Investment Income – Interest	41,221	42,132
Other Income		
Overseas	—	—
Domestic	8,285	73,254
	3,127,377	3,137,116
Expenditure		
Overseas Projects		
Funds to overseas projects	561,611	419,434
Other project costs	63,714	104,592
Domestic Projects		
Community Education	—	—
Other project costs	726,674	764,259
Administration		
Audit	22,000	21,000
Bad Debts Written Off	—	—
Bank Charges	1,467	1,943
Contractors Fees	40,052	47,019
Depreciation Expense	5,036	7,314
Employee Assistance Program	1,088	—
Insurance	28,071	29,260
Meeting Expenses	26,506	22,519
Office Equipment Expense	20,261	11,310
Postage and Freight	1,852	2,359
Professional Fees	26,545	10,595
Loss on Disposal of Assets	1,692	—
Rent and Electricity	80,832	99,330
Repairs and Maintenance	33,187	28,143
Resources and Subscriptions	18,415	16,706
Salaries and Wages	1,144,006	1,212,374
Staffing On-costs	12,484	10,034
Stationery and Office Supplies	10,292	11,900
Superannuation	92,788	105,377
Telephone, Facsimile and Internet	13,927	15,490
Travel	66,269	61,764
Website	21,926	15,882
WorkCover Compliance	1,568	1,188
	3,022,263	3,019,792
OPERATING SURPLUS/(DEFICIT)	105,114	117,324



AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS

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