

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS



ANNUAL REPORT 2013–2014



At the Working Together, Stronger Together – AIDS 2014 Mobilisation March, international and local activists marched to Federation Square to raise awareness about issues facing people living with HIV and at-risk communities. Photo: Stephen Watkins.

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



AFAO is a member of the Australian Council for International Development (ACFID) and is a signatory to the ACFID Code of Conduct. The code requires members to meet high standards of corporate governance, public accountability and financial management. More information about the ACFID Code of Conduct is available from AFAO and ACFID at www.acfid.asn.au or via email at code@acfid.asn.au **Telephone** 02 6285 1816 **Facsimile** 02 6285 1720

PRESIDENT'S REPORT

By Willie Rowe, AFAO President

This year we have seen some positive movement in the Australian response to the epidemic, including the release of the Seventh National HIV Strategy by the Australian Government and the 20th International AIDS Conference (AIDS 2014), which I attended in Melbourne in late July. I'd like to reflect on the year in the context of that conference.

The joy of watching a group of Ugandan women living with HIV singing and dancing, celebrating their lives; hearing former US President Bill Clinton talk about how we have made a difference in stopping the spread of HIV, but that there is still a long way to go; and meeting Michel Sidibé, Executive Director of UNAIDS, the Joint United Nations Programme on HIV/AIDS, and Under-Secretary-General of the United Nations.

Sidibé reinforced UNAIDS' commitment to the 90-90-90 targets: a world where, by 2020, 90% of people living with HIV will know their diagnosis; 90% of people living with HIV will be receiving antiretroviral treatments; and 90% of people on HIV treatment will have an undetectable viral load. This commitment is significant – both in the Australian context, and more importantly, globally. Setting stretch targets can be problematic, after over 30 years of endeavour; however, hopefully the commitment from UNAIDS can be delivered on.

With about 13,000 delegates, AIDS 2014 was a massive gathering of global leaders from communities of people living with and affected by HIV, politicians, policy makers, clinicians and researchers who came to share, to learn and to influence.

The conference was also overlaid by sadness at the loss of nearly 300 lives from Malaysia Airlines flight MH17 which was shot out of the sky over the Ukraine. Those lost included global leaders in HIV research – we honoured them and committed to continue their fight.

The Glasgow Commonwealth Games coincided with AIDS 2014. Of the 53 countries who participated, 42 have laws that criminalise homosexuality. We vowed to advocate for the repeal of these laws, as well as those in Australia and around the world that stigmatise people living with HIV and criminalise HIV transmission.

But what tangible came from the conference?

For me, as President of the AFAO, it was an opportunity to meet with community leaders from around the Asia-Pacific region, and around the world; to learn first-hand of developments in the HIV prevention and treatment; to reenergise the debate around HIV prevention and stigma in Australia; and to hopefully achieve a legacy from the conference that will see Australia and the world achieve some very ambitious goals and targets.

I met with advocates for rapid HIV self-testing, and discussed the rollout of this technology in Scotland. I learned about the impact of population mobility on HIV transmission in many and diverse countries and how specific programs to address this phenomenon were achieving results. I celebrated the launch of programs that specifically committed to scientific, clinical, community and political partnerships to ending HIV.

We acknowledged the ongoing impact of the HIV epidemic on gay men and men who have sex with men (MSM) in Australia, and on sex

workers, trans women and people who inject drugs in many parts of our region and the world.

At a political level, all Australian Governments, through their Health Ministers, committed to end new HIV infections in Australia by 2020. In the *AIDS 2014 Legacy Statement*, each State and Territory committed to rejuvenating Australia's response to HIV, including ensuring that the HIV responses in all jurisdictions reflect the optimal scientific advances, legal protections and new technologies available in the prevention and treatment of HIV.

The Legacy Statement says:

'Achieving this vision (ending HIV transmission and AIDS) will require bold leadership and a strengthened enabling environment where all people feel confident about accessing HIV testing, prevention and treatment services. It is everyone's responsibility to help advance the dignity and human rights of people affected by HIV and to counter stigma and discrimination.'

This is a powerful statement and it is now critical that we take action – not just in Australia, but across the world. We have many countries where men who have sex with men, transgender people, sex workers and people who inject drugs are imprisoned. There is widespread stigma and discrimination against all of these communities – this will not go away without concerted effort, and these laws could be the difference between the world achieving the 90-90-90 targets or failing.

In Australia, we have the opportunity to meet the goals we have set ourselves. It is an exciting time, and advances since the previous conference in Washington DC have been considerable. Hopefully by July 2016, when AIDS 2016 opens in Durban, South Africa, we will have progressed much further.

None of this would be possible without an active, effective and collective Australian community response. The leadership that AFAO shows in the coordination and support to Australia's policy, advocacy and health promotion response to HIV/AIDS is fundamental.

AFAO, led by Rob Lake, our Executive Director, continued to advocate, develop and nurture important political and strategic relationships, and develop and deliver ground-breaking programs to our members and to affected communities in Australia. Important research, advocacy and policy development continued ensuring that the community voice remains central on a range of important fronts. I would like to thank every one of the AFAO team in Sydney and in Bangkok for their dedication, professionalism and leadership – you are all remarkable.

I would also like to thank our members for their ongoing support and commitment to AFAO as a federation. It is sometimes difficult for organisations like ours to achieve consensus but I know that we do work hard to ensure that a united voice is heard loud and clear.

Finally, thank you to my fellow Board members who give their time, experience and 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 an end to the HIV epidemic. ■

EXECUTIVE DIRECTOR'S REPORT

By Rob Lake, AFAO Executive Director

Following the success and energy of the AIDS 2014 conference in Melbourne in July, this is a chance to reflect on the year's achievements. The Seventh National HIV Strategy, along with the Hepatitis C, Hepatitis B, Sexually Transmissible Infections (STI) and the Aboriginal Torres Strait Islander Blood Borne Viruses (BBV) and STIs strategies were launched by Health Minister Dutton two weeks before the conference. As always, they contained much – but not all – we had hoped for. At the local level, these plans will be used to guide our work, and at the government level, they frame the contracts and funding arrangements that see this work done.

This gives you a sense of the issues and priorities of the previous year. The *Seventh National HIV Strategy 2014–2017* and the COAG Health Council *AIDS 2014 Legacy Statement* have set high targets for 2020. The virtual elimination of new HIV infections in Australia calls for major increases in testing, treatment uptake, and effective prevention using all of the new tools at hand. Our advocacy must now focus on achieving everyday access to these technologies, outside of clinical trials and pilot programs.

Rapid and self-testing, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and the ability to start treatment as early as you want, are essential to achieving the 2020 targets and getting full care and prevention benefits. Community testing, antiretroviral dispensing from community pharmacies and a strong, peer role to support adherence, treatment uptake and dealing with a positive diagnosis have proven their value and impact.

Since the beginning of the epidemic, affected communities and organisations such as AFAO's members have taken scientific advances and made them useable in real-world settings by developing powerful, supportive and targeted health promotion and education campaigns. This is still the case.

In South East Asia and the Pacific, AFAO's International Program continues to provide powerful support to our partners in the region, such as Kapul Champions in PNG. Our program, principally funded by the Department of Foreign Affairs and Trade, enables us to work with APCOM (Asia Pacific Coalition on Male Sexual Health), APCASO (Asia Pacific Coalition of AIDS Service Organisations) and with the national organisations which make up these Asia-Pacific networks.

In Australia, the policy, communications and health promotion program work, funded by the Department of Health, has continued to be strongly delivered, in partnership with our State and Territory members, and increasingly, other partners who bring interesting, additional perspectives. Much of this work was showcased at AIDS 2014 and in pre-conferences and related events.



Rob Lake at AIDS 2014 in Melbourne, discussing Australia's response to HIV.

AFAO's hosting and collaborative role was personified by the success of our networking zone at the AIDS 2014 Global Village. The G'Day Zone was a central hub for community delegates from Australia and the region, highlighting achievements of Australia's HIV response and a selection of key regional partners.

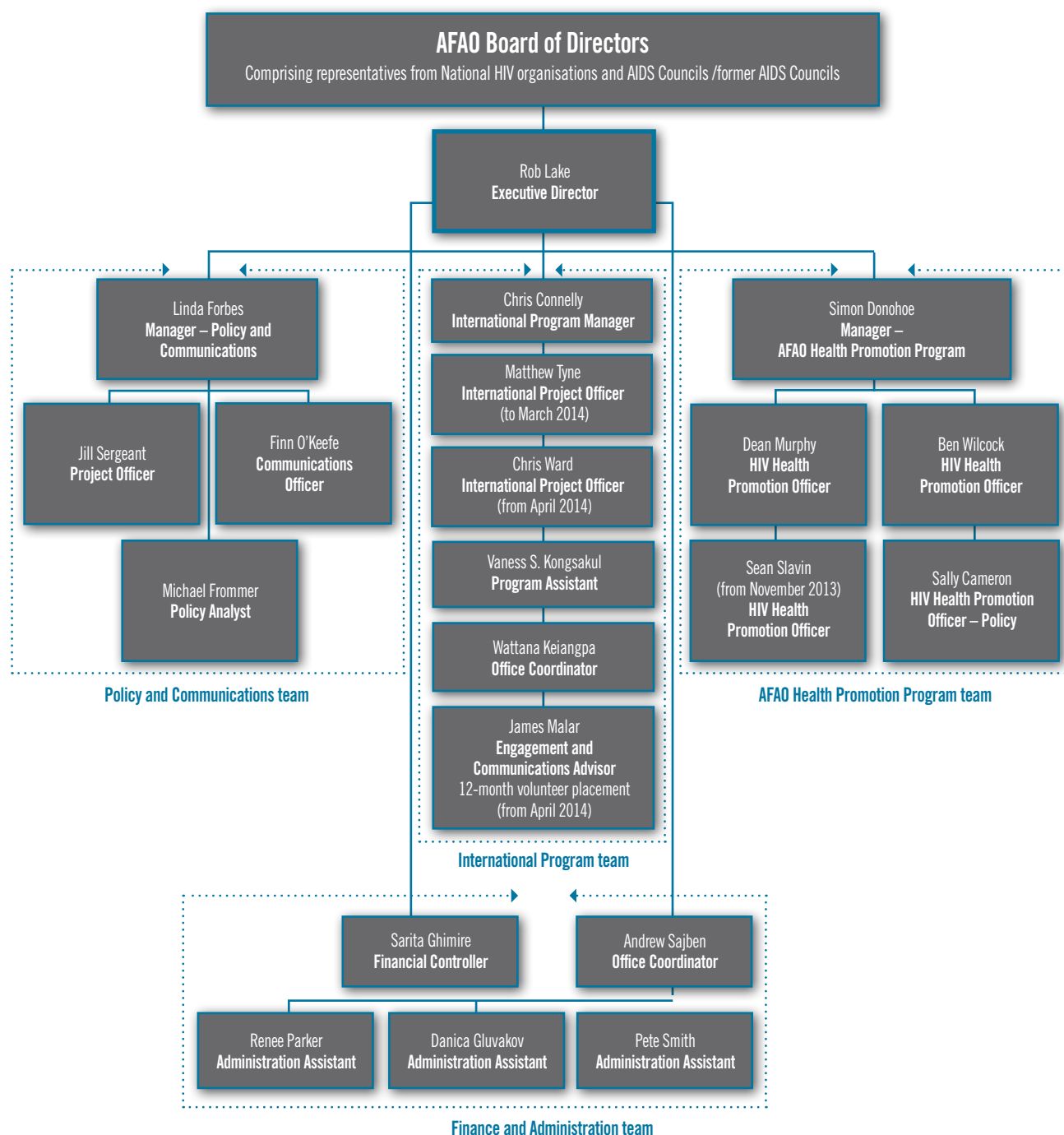
I'd like to thank the AFAO staff, both project and admin, and also AFAO's Board members. Their energy, support and direction helps to maintain focus among a broad range of often equally critical and compelling priorities. AFAO members, partners, clinicians, researchers, and the broader HIV sector in Australia contribute so much through ongoing participation, sharing in our work, and working together.

Thank you all. ■



The AFAO Annual Report 2013–2014 cover collage – Pictured clockwise from far left: Australian Awards Fellowships (AAF) delegates celebrate LGBTI visibility and activism by chalking a DIY rainbow in Melbourne, July 2014; AIDS 2014 Candlelight Vigil, Federation Square, Melbourne. Photo: Stephen Watkins; John de Wit (Centre for Social Research in Health), Nic Parkhill (ACON), Bill Whittaker (NAPWHA), Dr Bridget Haire (AFAO), Brendan Maclean, Dr Kerry Chant, Chief Medical Officer, NSW Ministry of Health, Dr Teresa Anderson, Chief Executive, Sydney Local Health District, at the launch of a[TEST], Newtown, February 2014; “When LGBT people are violated, they cannot access lawyers like everybody else.” Kene Esom from African Men for Sexual Health & Rights (AMShE) highlights the lack of legal access for LGBTI people in sub-Saharan Africa. MSMGF Pre-Conference, Melbourne Town Hall, July 2014. Photo: Paul Kidd; Michael Kirby and Finn O’Keefe (AFAO), pictured together with the AIDS 2014 special edition of *HIV Australia*; The AIDS 2014 community satellite, Through the Eye of the Needle – A Celebration of Drug User Activism, showcased 25 years of representation and advocacy of people who inject/have injected illicit drugs; Vanessa Wager and Destiny Haz Arrived at AIDS 2014; The Welcome to Australia couch, featuring fabric designed by internationally renowned artist, Arone Meeks, was the centrepiece of the AFAO G’Day Zone in the Global Village; Rob Lake at The Global Forum on MSM & HIV (MSMGF) Pre-Conference, Melbourne, July 2014; Janelle Fawkes, CEO, Scarlet Alliance, Australian Sex Workers Association, and Minghong Cai, China Sex Worker Organization Network, China, during a protest march at ICAAP11, Bangkok, November, 2013.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS (AFAO) ORGANISATIONAL CHART



AFAO's strategic plan was revised in 2013, in consultation with AFAO's membership, staff and other stakeholders. *Strategic Directions 2011–2017* provides a refreshed direction for AFAO, acknowledging the status of the epidemic, new science and Australia's current and ongoing response to HIV prevention and the care and support of people living with HIV.

AFAO reports on our work in advocacy and policy, leadership and coordination, health promotion, and strengthening the community response. AFAO's strategic plan maps out strategies across these four areas of work, reflecting a shared vision for the organisation's future. Below, we chart our progress over the past year working towards these priorities.

Strategic Direction 1: Analysis, Policy And Advocacy

Over the past 12 months, AFAO has put enormous effort into policy and advocacy to help Australia achieve a reduction in HIV infections. We have worked to engage community, government, political leaders, and the media to help achieve this goal.

In the lead up to 2013 Federal Election, we implemented a **lobbying and advocacy strategy to inform and engage the federal government and the opposition** on Australia's potential to achieve major cuts in HIV transmission, increase HIV treatment uptake and potentially achieve an end to HIV infections in Australia. Subsequently with the election of a new government we continued this work and we have continued to promote the need to maintain a bi-partisan approach to HIV.

Throughout the year, we have provided **input into and supported the development of the Seventh National HIV Strategy and the National Aboriginal and Torres Strait Islander Blood-Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs) Strategy, as well as the STIs and Hepatitis C strategies**. Getting the priorities in these strategies right will ensure that the work of our members and the broader HIV sector over the coming years is focused on achieving the ambitious HIV prevention and treatment targets that Australia has signed up to.

One of the outcomes over the past year for AFAO was our role as a partner in **advocacy for a change in prescribing guidelines that prohibit prescribing HIV medications to people with HIV** with CD4 counts above 500. This successful submission (by the Australasian Society for HIV Medicine [ASHM], National Association of People with HIV Australia [NAPWHA] and AFAO) has resulted in the Pharmaceutical Benefits Advisory Committee removing this criterion, meaning any person living with HIV can now choose to access treatments.

We have **championed reforms that enable and support the rollout of HIV rapid testing** technologies and the establishment of community-based, peer-led HIV testing clinics throughout Australia in an effort to substantially increase HIV testing rates among gay and other homosexually active men. We continue to advocate for easier assessment and approval of new testing technologies in Australia and continue to participate in the ongoing development of the National HIV Testing Policy.

In partnership with the Asia Pacific Coalition of AIDS Service Organisations (APCASO) and national organisations, China HIV/AIDS Information Network (CHAIN), Supporting Community Development Initiatives (SCDI), HIV/AIDS Coordinating Committee (HACC) and Lao Positive Health Association (LaoPHA), AFAO's International Program supported community capacity building and development of platforms for national advocacy on issues of HIV financing using the Investment Framework which promotes a central role for communities in the HIV response. Key results included civil society in China mobilising to engage government on design of planned domestic funding mechanisms for community organisations, and civil society in Vietnam input to the health insurance law, likely leading to HIV treatment coverage being included.

Within Asia and the Pacific, we continue to **advocate for action to address the rising HIV epidemic among men who have sex with men (MSM) and transgender (TG) women**, working with APCOM to translate and develop key policy and advocacy materials and support community advocates to engage with and disseminate these at national and regional level.

AFAO is also actively involved, both with Australian and regional partners, in advocacy on free trade. This advocacy focuses on the Trans-Pacific Partnership Agreement and its role in maintaining or diminishing ongoing access to generic HIV medications and diagnostics. Ongoing access is key to prevention and treatment for HIV (and potentially hepatitis C) in the region and to preserve the integrity of Australia's public health systems, in particular Medicare and the Pharmaceutical Benefits Scheme.

Our advocacy also continues to focus on ensuring that relevant HIV treatment and prevention objectives are identified for Australia's aid program.

We recognise that there is much to be done. In late 2013 we **worked in partnership to update the 2012 Melbourne Declaration – 'Action on HIV'** by reviewing progress made against the priorities required to achieve a reduction in HIV transmission. With a score of 21 out of 40, the update highlighted where further action is required.

Strategic Direction 2: Leadership And Coordination

Our focus has been on continuing to **lead and coordinate** the HIV community response. A defining characteristic of the Australian response to HIV has been the strong partnerships between government, communities, researchers and the medical profession. At AFAO we have been **working hard to maintain communication, relationships and effective partnerships**.

Partnerships with the communities most affected by HIV are vital if we are to successfully achieve our goal of defeating HIV. Over the past year, we have provided support to the Queensland AIDS Council (QuAC) following its defunding by the Queensland Government. We have also supported the community response in South Australia following the closure of the AIDS Council of South Australia (ACSA). As a result of this closure, we have provided advice and support to

Relationships Australia South Australia who has taken on running the Gay Men's Health program. We have also successfully advocated for Commonwealth funding of the Anwernekenhe National HIV Alliance (ANA), now recognised as a focal point for HIV-affected Aboriginal communities.

While we are focused on working to defeat HIV, we **recognise emerging HIV challenges within different communities**. To this end we have worked to support community groups by facilitating the building of state networks of African community members and hosting the AFAO African Reference Group. We have mapped the health promotion programs that are currently running cross Australia within these communities. We have produced a second discussion paper and a series of briefing papers on HIV and African communities to help inform this work.

Additionally, AFAO convened a symposium on the HIV risks and health promotion needs of young gay men at the 13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases, and subsequently analysed a broad range of information and research findings on this issue. This work resulted in the release of a comprehensive discussion paper, *Are young gay men really so different? Considering the HIV health promotion needs of young gay men*. AFAO will continue to work with our members and continue to monitor the behavioural and surveillance data regarding young gay men to ensure that appropriate health promotion responses for this group of men are developed and implemented.

In Asia and the Pacific, our International Program based in Bangkok has worked closely to **provide technical assistance, strategic advice, and mentorship to APCOM and APCASO, two significant regional networks, and through them, more than 14 community organisations working to increase access to HIV prevention, testing and treatments** for key affected populations, in particular MSM people with HIV, and transgender women.

We also **worked closely with Kapul Champions, the national network for men of diverse sexualities and transgender people in Papua New Guinea (PNG)**, to support strategic planning and governance, community mobilisation, and stakeholder engagement to ensure an effective national voice and role for these communities in the PNG response. A significant activity was launch of Kapul Champions' first campaign, Walk With Me – Together We Are PNG, which promoted acceptance for diverse sexual orientations and gender identities, and received support from top government, United Nations and community leaders.

Strategic Direction 3: Promotion Of Health

Ending HIV is an ambitious ACON campaign to help reduce HIV infections among gay and bisexual men in NSW. It aims to persuade gay men that it is within our community's reach to end HIV by testing more, treating early and staying safe. The AFAO Health Promotion Program team has worked on **supporting the delivery of the Ending HIV campaign nationally**.

To bring HIV infections to an end, more gay men need to test for HIV and they need to test more frequently. To further this goal we have **developed a campaign that focuses on the importance of HIV testing among gay and other MSM**. This campaign, entitled Time to Test, promotes regular HIV testing by seeking to engage those reading the posters and advertisements to identify with the individual



Pictured top: AFAO staff preparing conference satchels for the Gay Men's Health Promotion Conference, April 2014; and **above:** AFAO National Policy Officers Network (ANPON) workshop, held during the National Gay Men's Health Promotion Conference, Sydney, 18 April 2014.

messages featured in them, with a particular focus on encouraging first time testers, and those who test less frequently than recommended by the Australian testing guidelines. The campaign commenced national rollout in July 2014. Furthermore, the AFAO Health Promotion Program has supported health care providers from ACON, Royal Prince Alfred Sexual Health Clinic to establish and operate a[TEST] Newtown, a rapid HIV testing clinic based at AFAO's offices.

AFAO's Health Promotion Program has also produced **new resources addressing key health promotion issues facing gay men** – ranging from human papillomavirus (HPV) and anal cancer, to hepatitis C sexual transmission and coinfection, to gay men's relationship agreements and HIV prevention for Aboriginal and Torres Strait Islander gay men and sisters. The team also continues to review and revise existing resources to include up-to-date information on the potential impact of biomedical prevention technologies.

At this critical moment in the response to HIV, we need to ensure we have the opportunity to showcase good practice and debate relevant issues facing the community response to HIV. We have convened regular **health promotion forums, networks of AIDS Council counsellors, and other face-to-face and online meetings** that have provided opportunities for key health promotion staff to debate key national policy issues and share experiences on the design and delivery of health promotion programs. In April 2014, we held our biennial **National Gay Men's HIV Health Promotion Conference in Sydney**. Our evaluation found that participants found the conference useful, relevant and inspirational.



AFAO Executive Director, Rob Lake, launches the ICAAP11 edition of *HIV Australia* at the APCOM Pre-Conference in Bangkok, 17 November 2013. The special edition aimed to create discussion around the significant human rights, HIV and funding gap issues for MSM and transgender people across Asia and the Pacific.

Strategic Direction 4: Strength And Innovation

Following the release of AFAO's strategic plan, *Strategic Directions 2011–2015*, there have been significant scientific advances in treatment and prevention of HIV. After extensive consultation with over 60 members and stakeholders, we identified the need to immediately **revise our own strategy to better reflect changes in HIV prevention and treatment**. Our revised plan, *Strategic Directions 2011–2017*, highlights strategies to help end new HIV infections.

We recognised the need to foster continued media interest in HIV, which can complement our goals by promoting the actions required to help end HIV. **Over the past 12 months, AFAO has been involved in over 130 media stories** with significant focus on emphasising the importance of community involvement and the actions required to help end HIV in Australia. Efforts to reduce HIV stigma and discrimination can be assisted by how the media covers stories. To this end we redeveloped our HIV media guide, *Reporting HIV in Australia: Information for Journalists*, as an online resource (www.hivmediaguide.org.au), making this available in the lead-up to AIDS 2014.

In partnership with APCOM, the AFAO International Program developed a Rapid Assessment Apparatus for Community Networks (the 'Rap App') to support MSM and TG organisations' capacity development and strengthening, and a Dissemination Template (the 'D-Plate') to support community advocates to be more systematic and planned in their advocacy engagement with national and regional

government and non-government organisation stakeholders. To contribute to discussions on rapidly escalating HIV epidemics among gay, MSM and TG communities in Asia, AFAO collaborated with APCOM to produce a special edition of *HIV Australia* focusing on MSM and TG issues within South East Asia and the Pacific. The edition was distributed to all conference delegates at the 11th International Congress on AIDS in Asia Pacific in Bangkok (ICAAP11). AFAO's International Program also partnered with APCOM, APCASO and Kapul Champions for a series of satellites, skills building workshops, panel discussions and poster presentations at ICAAP11.

At AIDS 2014, AFAO brought 50 community leaders and advocates from across Asia and Pacific to Melbourne in partnership with ASHM for a tailored program of advocacy, strategic planning and leadership training. In-country training will be followed by a 12-month mentoring program to foster implementation of learning through practical activities on participant identified priority advocacy issues.

Our members continue to value opportunities to address high level policy and strategy issues. To foster this engagement, **we continue to convene regular Member Organisation Workshops**. Our workshop in Brisbane in November 2013 gave particular attention to the challenges of ensuring continued community involvement in the response to HIV and focused on how AFAO Member Organisations are working to increase HIV testing rates and frequency to help end HIV. ■

By Linda Forbes, Manager



From left: Linda Forbes, 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 and resources to AFAO Member Organisations and other stakeholders and hold workshops and forums that include discussion of emerging policy issues. We maintain AFAO's organisational website (www.afao.org.au), the new AFAO HIV Media Guide website (www.hivmediaguide.org.au), and UNPD Action (www.unpdaction.org.au), our website discussing the impact of the United Nations 2011 Political Declaration on HIV/AIDS (the UNPD) on Australia's response to HIV. We also manage AFAO's social media presence, monitor media reporting on HIV-related issues and assist in coordinating AFAO's media engagement.

In 2013/14 AFAO's work continued to be framed by the now superseded *Sixth National HIV Strategy 2010–2013*, the UNPD, and the Melbourne Declaration (www.melbournedeclaration.com).

Over the last year, the Policy and Communications team's activities have been spread between ongoing commitments, AIDS 2014 conference preparations, and providing advice and feedback on development of the new suite of National Blood Borne Virus (BBV)/Sexually Transmissible Infections (STI) strategies – particularly the National HIV Strategy.

Policy development, advice and advocacy

Policy activities over the year included providing written submissions to inquiries, participating in consultations and ongoing analysis of emerging issues identified by AFAO and its members – all this informing our input into development of the Seventh National HIV Strategy.

Submissions, briefings and representations included:

- Submission to the Australian Curriculum, Assessment and Reporting Authority on the *Revised Australian Curriculum Health and Physical Education to Year 10* (July 2013), followed by letters to the former Ministers for Health and Ageing, and Education, on review of Australian Health and Physical Education Curriculum to Year 10 (August 2013)
- Submission to the Department of Health and Ageing (DoHA) on its discussion paper, *Towards a Communicable Disease Framework for Australia* (August 2013)
- Briefing paper for members on new federal privacy laws (August 2013)
- Submission (AFAO and NAPWHA, as community partners) to the Pharmaceutical Benefits Advisory Committee for removal of the CD4+ criterion of <500 for HIV treatment initiation (October 2013)
- Submission to the Department of Foreign Affairs and Trade on its paper, *The Trans-Pacific Partnership Agreement, Intellectual Property and Medicines* (October 2013)

- Submission to the Royal Australian College of Physicians (RACP) on the RACP draft guidelines for ethical relationships between health professionals and industry (October 2013)
- Letter to the South Australian Attorney-General regarding proposed legislation to allow mandatory BBV testing of offenders whose blood or saliva comes into contact with a police officer (October 2013)
- Meeting with UNAIDS and the Department of Immigration and Border Protection regarding immigration and customs issues for AIDS 2014 attendees; and regarding UNAIDS' inclusion of Australia in list of countries with ongoing HIV-related travel restrictions (October 2013)
- Submission to the Review of the Personally Controlled Electronic Health Record (November 2013)
- Letter to Tasmanian Department of Health and Human Services endorsing TasCAHRD's submission on the proposed changes to the *Public Health Act 1997* (Tas) (February 2014)
- Letter to the Therapeutic Goods Administration providing feedback on the registration and sale of in-vitro diagnostic devices for HIV self-testing (home testing) (May 2014)
- Comments on *Draft Guidelines for Point of Care Testing* (July 2014)
- AIDS 2014 briefing papers: *HIV and Australia: a short history* (July 2014); *Substantially Increasing Access to and Uptake of Voluntary HIV Testing* (July 2014); *Making Pre-exposure Prophylaxis (PrEP) available to people at high risk of HIV infection* (July 2014); and *Application of Australian Criminal Laws in Cases of HIV Sexual Transmission and Exposure* (July 2014).

Seventh National HIV Strategy development:

AFAO participated in consultations on development of the new National HIV Strategy and provided written comments and submissions on various drafts of the strategy, as well as on the *Fourth National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmitted Infections Strategy 2014–2017* (jointly with Anwernekenhe National HIV Alliance), and the *Third National Sexually Transmissible Infections Strategy 2014–2017*. In our submissions on the HIV Strategy we particularly highlighted the need for meaningful priority actions geared toward achieving the ambitious treatment and prevention targets to which Australia has committed itself under the UNPD.

Addressing stigma and discrimination

- Migration policy:** AFAO has continued to advocate for reform of HIV-related migration policies. This work has included a position paper on HIV and migration policy, *HIV and Australia's Migration Health Requirement for permanent residence: call for policy reform* – available at: <http://bit.ly/ZnCBwo> – which has been endorsed by all AFAO Member Organisations and a range of other community peaks.

■ **Criminalisation of HIV sexual transmission and exposure:** AFAO engaged with international advocates to ensure that the AIDS 2014 program included stimulating sessions on criminalisation issues – including ongoing issues faced in Australia. In the lead-up to AIDS 2014, AFAO engaged in joint advocacy activities with the Victorian AIDS Council and Living Positive Victoria toward reforming Section 19A of Victoria's *Public Health Act*.

■ **HIV and African communities:** AFAO has continued to support the development of a community-led response to HIV prevention and care issues for people among African Australian communities. In 2013–14 this work included:

- Hosting the AFAO African Reference Group, which has facilitated the development of networks of African community leadership and HIV sector/multicultural health organisations
- Developing the resource *African Australian communities and HIV: Mapping HIV health promotion programs and resources* (available at: <http://bit.ly/afmapping>)
- Undertaking a literature review of research and projects on HIV and African diaspora communities in developed countries (available at: <http://bit.ly/afroLR>)
- Preparation of *HIV and Sub-Saharan African Communities in Australia*, AFAO's second discussion paper on HIV and African communities (June 2014). We also produced a set of complementary briefing papers on specific issues, including three in French (available at <http://bit.ly/afropapers>)
- Distributing regular updates on AIDS 2014 to AFAO's African e-list
- Producing an 'open letter' for reference group members to distribute to African community leaders and influencers, encouraging them to attend the AIDS 2014 conference
- Liaising with the African and Black Diaspora Global Network on HIV/AIDS (ABDGN) and the Multicultural Health and Support Service (MHSS) at the Centre for Culture, Ethnicity and Health (CEH) regarding the planning and coordination of an African/Black Diaspora Networking Zone (ABDNZ) at AIDS 2014
- Facilitating an ABDGN Networking Zone Working Group, composed of representatives of ABDGN, CEH, and the AFAO African Reference Group.

AFAO National Policy Officers Network (ANPON)

AFAO convened regular ANPON teleconferences, providing participants from AFAO Member Organisations with opportunities to discuss current activities, emerging issues, flag upcoming work, and identify potential areas of mutual interest for collaboration. AFAO hosted a national workshop for ANPON members in April.

Member workshops

AFAO held Member Workshops in November 2013, including sessions to discuss media strategies for the AIDS 2014 period, AIDS 2014 legacies, and issues affecting the rollout of community-based testing for HIV and STIs.

AIDS 2014 Global Village Networking Zones

AFAO was involved in the coordination of two networking zones during AIDS 2014, both of which were extremely successful in engaging conference delegates and achieving excellent visibility throughout the duration of the conference.

G'Day! Welcome to Australia

The primary objectives of the G'Day! Welcome to Australia Networking Zone were to make visitors feel welcome, comfortable and engaged, while celebrating fundamental aspects of Australia's partnership response. Programing for the zone was a diverse mix of presentations, workshops, launches and 'infotainment'. (Full program is available at: <http://bit.ly/1wyr6QA>)

As well as specific events each day, we screened a continuous loop of HIV-related films and documentaries, and displayed a digital gallery of health promotion materials, collated by Leong Chan and Raymond Donovan. At the centre of the G'Day Zone was the stunning 'Welcome to Australia' couch, developed from a concept design by David Edler (ACON) and covered with fabric featuring a design from internationally renowned Aboriginal artist, Arone Meeks.

Given our close proximity to the Global Village entrance, the majority of people who visited the Global Village passed through our zone, with hundreds of people engaging in the zone's daily activities. AFAO has collated an extensive online gallery of images from the G'Day Zone, available on AFAO's SmugMug online gallery: <http://afao.smugmug.com>

Under the Baobab Tree

AFAO hosted Under the Baobab Tree, the African Diaspora Networking Zone (ABDNZ) at AIDS 2014, in partnership with the ABDGN and CEH. AFAO's African Reference Group was represented on the working group that organised the zone. The zone, which was decorated with African fabrics and featured a potted baobab tree, hosted formal presentations and workshops, cultural performances, and a comfortable space for networking and informal discussions.

The Zone Working Group considers 'Under the Baobab Tree' an overwhelming success. The zone achieved its goals, creating increased awareness of African Diaspora populations as a key vulnerable population, encouraging knowledge and resource sharing and providing a space for network-building and mobilisation.

Overall, the zone and related AIDS 2014 activities have enhanced AFAO's reputation and strengthened our relationship with multicultural health organisations, and with the ABDGN. It has positioned us well to support and collaborate on continued health promotion and policy initiatives with African and other CALD communities.

Website and social media

Our website continues to have stable traffic, with most visitors arriving on searches for specific content. Around 56,000 visitors viewed almost 164,000 pages on the site this year. The AFAO blog (afaotalks.blogspot.com) also continues to prove popular, with 2,450 views of the 22 posts that we published over the last 12 months.

Over this period, engagement with posts on our Facebook page has steadily increased, primarily due to a decision to do paid promotions more frequently, as well as an influx of new followers garnered during the AIDS 2014 conference. Both these factors have resulted in increased exposure and an increased number of page likes.

In April 2014 AFAO joined Twitter, sending out our first tweet just before the AFAO National Gay Men's HIV Health Promotion Conference. On both Facebook and Twitter, AFAO staff share HIV and AFAO related content and news. The most popular content tends to be either directly related to AFAO's work, or significant news. We continue to work on developing our engagement with Twitter.



Pictured clockwise from top left: AFAO's Linda Forbes and Pete Smith assembling the couch, which was the centre piece of the G'Day! Welcome to Australia Networking Zone at AIDS 2014. The G'Day Zone was a central hub of community activity in the conference Global Village, attracting hundreds of visitors each day; Internationally renowned artist Arone Meeks, designer of the fabric which adorned the Welcome to Australia couch; Vanessa Wagner, much loved gender illusionist and Australian icon, welcomes AIDS 2014 delegates to Australia; Under the Baobab Tree, the African Diaspora Networking Zone at AIDS 2014 increased awareness about HIV-related issues affecting African diaspora populations by providing a space for knowledge sharing, network-building and community mobilisation – as well as celebration and fun!

Media

Throughout 2013/14 AFAO continued its proactive approach to media engagement, working with Mountain Media to release timely media alerts on key issues, and to ensure that the views of AFAO and our members are reflected in media reporting. We also continued to monitor HIV-related media, seeking to address instances of inaccurate or stigmatising reporting.

In the months prior to AIDS 2014 there were three media stories that suggested a risk of HIV transmission in scenarios where virtually no risk existed – involving a boy treading on a discarded syringe; an HIV-positive health worker; and an injured HIV-positive man on a train. In each instance, AFAO and our members worked to ensure that these reports were followed up and addressed.

Reporting AIDS 2014

AFAO's media strategy for AIDS 2014 focused primarily on engaging journalists with the release of 2014 HIV surveillance data and the 2020 targets set out in the Seventh National HIV Strategy and the *AIDS 2014 Legacy Statement*. AFAO's Media Officer, Nick Lucchinelli (Mountain Media), reported that we received the strongest media response to surveillance data in several years, suggesting that the conference increased media engagement on this issue rather than competing with it.

To ensure accurate reporting of this information, in the lead-up to AIDS 2014 we revised and updated AFAO's HIV Media Guide, and developed it as an online resource – www.hivmediaguide.org.au. In the new online format, the guide is framed to provide journalists with tools to ensure that media reporting on HIV is accurate and sensitive.

In the lead-up to the conference, AFAO worked with the AIDS 2014 communications team to promote the Media Guide and distributed an HIV language guide to journalists reporting on the conference. AFAO also ran an extremely successful media campaign with two MSM activists from sub-Saharan Africa, hosted in Australia by AFAO and the Victorian AIDS Council to speak at The Global Forum on MSM & HIV (MSMGF). Other media reports including comment from AFAO that received wide coverage prior to and during the conference related to home testing and PrEP. See AFAO's website (www.afao.org.au) for links to media coverage including comments from AFAO on HIV and related issues.

HIV Australia

2013/14 was another successful year for AFAO's flagship publication, *HIV Australia*. We published four strong editions throughout the year, three in Australia plus a one-off special edition produced for the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11) in Bangkok, focusing on MSM and transgender people in Asia and the Pacific.

Our print circulation remained steady, with around 3,200 copies of each edition posted out to our subscribers, including around 250 international subscribers. Digital distribution of the magazine through social media channels, online search engines and library and university databases continued to broaden our readership, and our continued focus on special feature articles from Asia and the Pacific helped us maintain and forge relations with organisations across the region.

This year, we timed the launch of each thematic edition to coincide with national or international HIV conferences, a strategy that proved very successful in extending the magazine's reach and adding value for conference delegates.

HIV Australia editions

- ▶ ***Respect and resilience: shaping the response to HIV and STIs among Aboriginal and Torres Strait Island communities*** (Volume 11, Number 3, October 2013).

Overseen by guest editors James Ward and Michael Costello, this edition focused on current and emerging HIV-related issues for Aboriginal and Torres Strait Island communities. Its strong research focus was complemented by visuals provided by Arone Meeks. The edition was launched at the 2013 Australasian HIV/AIDS Conference. Research presented at the conference was showcased within the edition, making it a valuable resource.

The edition was reprinted in June 2014 and distributed across Australia by the Anwernekenhe HIV Alliance (ANA) and other AFAO Member Organisations, as well as internationally by the Indigenous Working Group On HIV and AIDS (IIWGHA). In July 2014, the edition was also distributed to all delegates attending the AIDS 2014 Indigenous Pre-Conference, held in Sydney.

- ▶ ***Special ICAAP11 Edition on MSM and transgender people in Asia and the Pacific*** (Volume 11, Number 4, December 2013). Produced for ICAAP11 in collaboration with the Asia Pacific Coalition on Male Sexual Health (APCOM), this regionally-focused edition examined issues for men who have sex with men (MSM) and transgender people and profiled the work of MSM and transgender community-based organisations. The edition was distributed to all delegates attending the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11), and is available on the AFAO website.
- ▶ ***HIV and Relationships*** (Volume 12, Number 1, March 2014). This edition canvassed the views of people living with HIV, researchers and community organisations on a range of issues connected with HIV and relationships. A broad spectrum of relationships and topics were discussed, including serodiscordant couples, gay men and kinship, gay men's relationship agreements, legal issues, young people and HIV, doctor-patient relationships, and the support of friends and family. The edition was distributed to delegates at the 2014 National Gay Men's Health Promotion conference.
- ▶ ***HIV and the enabling environment: Australia and our region*** (AIDS 2014 special edition – Volume 12, Number 2, July 2014). This edition looked at past and present responses to HIV – both within Australia and across Asia and the Pacific. Articles reflected on 30 years of Australia's successful HIV partnership response, highlighting laws, policies and partnerships which have enabled success, as well as challenges which remain unaddressed. The edition was launched in the Global Village at AIDS 2014, and over 2,000 copies were distributed at the conference. ■

AFAO INTERNATIONAL PROGRAM

By Chris Connelly, International Program Manager
and Chris Ward, International Program Officer

2013/14 has been an eventful year for the AFAO International Program, with changes in office space and staffing, while continuing to build on strong partnership with Asia Pacific Council of AIDS Service Organisations (APCASO), Asia Pacific Coalition on Male Sexual Health (APCOM), and Kapul Champions, the national network for men of diverse sexualities and transgender people in Papua New Guinea (PNG). Within a challenging funding environment in Asia and the Pacific, AFAO International provided funding and technical support to a range of partner organisations and networks across the region.

Chris Connelly continues to manage the International Program and the small team based in Bangkok. In early 2014, International Program Officer Matthew Tyne resigned in order to complete his PhD. Chris Ward, a former AFAO policy analyst with experience working on HIV policy and projects in Asia, joined the program in this position, and will be with AFAO International until September 2015.

Office Coordinator, Wattana Keiangpa (Khun A), continues to provides administrative and finance support to the program, while Vanessa Silpakphon maintains a range of duties in his part-time role as Program Assistant.

This year, AFAO was fortunate to secure a 12-month placement through the Australian Government Department of Foreign Affairs and Trade (DFAT) funded Australian Volunteers in International Development (AVID) program. James Malar started work with AFAO International in April 2014, with a focus on supporting partners' engagement in the 20th International AIDS Conference (AIDS 2014), coordination of the the Australasian Society for HIV Medicine (ASHM)-AFAO Australian Awards Fellowships (AAF) programs and ongoing mentoring program, and capacity building in media and communications for AFAO International partners.

Regional HIV Capacity Building Program

AFAO International implements two projects through the DFAT funded Regional HIV Capacity Building Program, one in partnership with APCASO and one with APCOM. During the year we saw the completion of one round of grants from the regional program, with a further one-year extension to mid 2015 in advance of a program redesign.

Men who have sex with men (MSM) and Transgender (TG) Networks Capacity Strengthening Initiative

This project is implemented in partnership with APCOM, and aims to strengthen regional and sub-regional networks of men who have sex with men and transgender people, increase the availability of strategic information in local languages, and support advocacy for more evidence-based resourcing of HIV responses, particularly concerning access to HIV prevention, testing, and treatment for MSM and transgender people. The project provided two staff positions within APCOM, an Advocacy Capacity Development Officer and a Communications Officer.



Pictured clockwise (L-R):

Chris Connelly; Matthew Tyne;
Wattana Keiangpa; Vanessa S. Kongsakul;
and James Malar.



The project works with three sub-regional networks: Pacific Sexual Diversity Network (PSDN), based in Nukualofa, Tonga; Islands of South East Asia Network (ISEAN), based in Jakarta, Indonesia; and Purple Sky Network (PSN), based in Bangkok, Thailand, and covering five countries in mainland South East Asia and two provinces in southern China. With these sub-regional networks the project translated selected policy information into local languages, including Khmer, Thai, Vietnamese, Burmese, Laos, Thai, Tagalog, Tetun, Bahasa Indonesia, Tok Pisin and French. Translated briefs covered areas such as experiences of positive MSM, regional legal environments for MSM and TG, country HIV snapshots, and young MSM and TG issues. APCOM and the sub-regional networks collaborated to disseminate these briefs at country level to community, government and civil society stakeholders. PSN, ISEAN and PSDN also initiated strategic information development projects, focusing on migrant MSM and TG in South East Asia, a Sexual Orientation and Gender Identification Issues (SOGII) evaluation tool and Pacific MSM and TG migration and family experiences. These projects will be completed in the following phase of the program.

The project also engaged with Asia Pacific Transgender Network to assist with a draft advocacy plan and Youth Voices Count (a network for young MSM and TG network in Asia and the Pacific) to develop a policy paper on young MSM and TG experiences.

Specific city focused projects took place in Ho Chi Minh City with Viet Community Development Limited (VCDL), and in Yangon with Myanmar MSM Network (MMN). These projects aimed to pilot initiatives contributing to stronger city-based responses to HIV, and provided interesting lessons in engagement with local community and civil society, government and stakeholders. City consultations on hidden MSM and transgender people provided outlines of advocacy and program areas for communities to mobilise around.

In 2013–14, APCOM worked with AFAO on a range of resources for partner networks and organisations, as well as for funders and technical support agencies. A key initiative under the project was development of a Rapid Assessment tool (the 'Rap App') which assesses capacity strengths and gaps within MSM and TG networks. The Rap App was conducted on eight networks, with findings summarised for use in mobilising technical support and resources, and compiled into an overall report analysing MSM and TG organisational strengths and development needs in the region.

Additionally, the project developed a regional survey of community-based HIV testing services for MSM and TG, incorporating information from a range of initiatives in the region, including M Clinic (WA AIDS Council) and PRONTO! (Victorian AIDS

Council), and analysis of the technical and resource needs for scaling-up the availability of community-based HIV testing. A further key resource developed under the project was an analysis of resource allocation for MSM and TG HIV prevention in the region, responding to the extreme gap between HIV prevalence and incidence, and corresponding funding and resource allocation for HIV responses in these communities. All resources are available at: www.apcom.org

APCOM's engagement with the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11), held in Bangkok in 2013, included collaborating with AFAO International on a satellite session on the importance of city-based responses to HIV, and a skills building workshop on MSM and TG advocacy skills. Project lessons were presented at AIDS 2014, including sessions on capacity building for partners at the Global Forum on MSM & HIV (MSMGF) Pre-Conference, an oral session on access to translated local language advocacy materials, and a session at the AFAO G'Day Zone in the Global Village on strategic information dissemination.

The partnership between AFAO and APCOM was also extended this year through Rob Lake joining the APCOM Executive Committee.

Community Advocacy Initiative (CAI)

AFAO International and APCASO have enjoyed a long and productive partnership, and this continues through the Community Advocacy Initiative. APCASO's advocacy work in the past year has focused on promoting evidence-based HIV financing, particularly in the context of the HIV Investment Framework, first published in an article in *The Lancet* in 2011, and subsequently appearing in different forms in UNAIDS' Smart Investments HIV funding policy, and in elements of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) New Funding Model. The project focused on strengthening community understanding of HIV financing, building national platforms of civil society organisations, and developing and implementing advocacy plans to engage governments in domestic financing discussions. With great uncertainty about future funding for HIV in the region, the project was a unique initiative that galvanised communities at national level around these issues.

In China, APCASO and local partner CHAIN (China HIV/AIDS Information Network) facilitated a civil society meeting to introduce Investment Framework and strategise advocacy plans. CHAIN conducted a survey which mobilised 100 HIV civil society organisations to input on financing experiences and issues in China. This information was compiled into a national report, which was launched at a meeting with government officials in Beijing. This meeting was ground-breaking for being the first such engagement initiated by an HIV civil society organisation at which the community set the meeting agenda. As the Chinese government has taken over funding the national HIV response from international donors, it was important to present civil society views on how funding should be structured and allocated to ensure transparency and independence.

In Vietnam, the project partner SCDI facilitated community dialogues on Investment Framework at their national partners meeting. This was followed by a meeting with government officials in Hanoi discussing funding for HIV and the Investment Framework, with interest from the government in continuing dialogue in this area. SCDI also engaged in discussions around revisions to the national health insurance legislation to incorporate coverage for HIV treatment medications,

successfully advocating for amendments which enabled the law to be key population friendly (such as removal of requirements for a fixed residential address to access support under the national health insurance).

In Laos with local partner LaoPHA (Lao Positive Health Association), the project was successful in bringing emerging civil society together to convene around the issue of HIV financing, analyse the issue as it relates to Laos and articulate their key issues. This process facilitated stronger coordination and communication between the organisations, which are at an early stage of development and government engagement. In Cambodia the project worked with HACC (HIV/AIDS Coordinating Committee) to assist in developing a local understanding of the Investment Framework. Priorities and concerns identified were then drafted into a national report in collaboration with the National AIDS Authority.

APCASO played an active role at ICAAP11 in Bangkok in and at AIDS 2014 in Melbourne, convening and participating in several events on evidence-based HIV funding, domestic financing and Investment Framework.

Following more than five years of service to the organisation, APCASO Executive Director, Moi Lee Liow, resigned from the organisation. During her time, Moi Lee had been instrumental in reforming the structure of the organisation's focal points, leading on regional engagement in the 2011 High Level Meeting on HIV/AIDS and coordinating a number of initiatives to strengthen civil society advocacy in the region. Moi Lee will be replaced as Executive Director by APCASO Program Manager, Rodelyn (RD) Marte, and the APCASO Secretariat will move from Kuala Lumpur to Bangkok, to be co-hosted in the AFAO office.

Kapul Champions, Papua New Guinea (PNG)

AFAO supported the establishment of Kapul Champions to strengthen the collective voice of men of diverse sexualities and transgender people in the national HIV response in PNG. AFAO's International Program continues to be funded through DFAT's Health and HIV Program in PNG to support the growth of Kapul Champions. Kapul Champions is auspiced by Igat Hope, the national organisation for people living with HIV in PNG, which provides administration and management services to Kapul Champions staff. AFAO provides regular support to the secretariat, both remotely and in-country. This year the organisation grew with recruitment of a second staff member, an Advocacy Officer.

During the year, Kapul Champions held three community forums in Madang, Goroka and Port Moresby, which provide a forum for PNG communities to come together, learn and discuss issues for men of diverse sexualities and transgender people. The forum in Goroka was particularly successful in bringing people from remote areas together in a rare opportunity for networking and community building.

Kapul Champions also led its first advocacy campaign, titled 'Walk With Me – Together We Are PNG'. The campaign focused on a poster featuring a Kapul Champions board member walking arm in arm with other PNG citizens, and aimed to address stigma and homophobia towards lesbian, gay, bisexual and transgender (LGBT) people. Kapul Champions distributed the poster to government, police, health and community stakeholders, and encouraged them to take a photo with the poster and post it to the Kapul Champions Facebook site.



Australian Awards Fellows celebrate LGBT visibility and activism by chalking a DIY rainbow on the streets of Melbourne.

The campaign was launched to coincide with IDAHOT 2014 (the International Day Against Homophobia and Transphobia) and was the first IDAHOT activity for PNG, generating numerous online messages of support from community members and leaders.

Kapul Champions additionally participated in several national forums and meetings on HIV and key populations in partnership with the National AIDS Council, Parliamentary Committee on HIV, UNAIDS and other development and health stakeholders.

AFAO conducted an evaluation of the project, through which it was clear that Kapul Champions is nationally recognised by government, DFAT and other agencies for their articulate and effective advocacy on behalf of the communities they serve.

In early 2014, Kapul Champions was saddened by the death of Don Liriope, its Vice President and an active advocate for people living with HIV, men of diverse sexualities and transgender people. Don's loss leaves a big gap in the advocacy landscape of PNG.

Australian Awards Fellowships (AAF)

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

During their time in Australia, the Fellows undertook a range of skills and capacity building activities in the areas of leadership, advocacy, government accountability, human rights, HIV financing, social media, social research, and HIV testing technologies run by AFAO and ASHM. Fellows also participated in the AIDS 2014 conference and satellite events, and training programs. AFAO will continue to engage the AAF Fellows through a 12-month mentoring program following to further strengthen the HIV community response in Asia and the Pacific.

Advocacy

AFAO continues its advocacy work on regional HIV issues, including through the staff of the AFAO International Program, AFAO's Executive Director, Rob Lake, and Don Baxter, Advisor to the International Program. Much of AFAO's international advocacy work in the past year has focused on promoting more equitable and evidence-based resource distribution for HIV prevention, testing, and treatment, particularly in connection with the absorption of AusAID into DFAT, the GFATM New Funding Model, and the growing need for middle-income countries in the region to contribute more to national HIV responses.

Small grants

This year a small grant of \$5,000 was provided to SWING (Sex Workers in Group), a peer-based HIV prevention and sexual health promotion organisation working with sex workers (mostly male and transgender) in Bangkok and Pattaya. SWING received the funds to develop a tablet-based program to enhance their outreach work, including condom distribution, distribution of information materials, and referral to services. ■



Pictured clockwise from top left: Regional HIV Capacity Building Program workshop on Results-Based Management in Bangkok; Nick Morea-Evera from Kapul Champions visits AFAO and APCOM in Bangkok; Oanh (SCDI), Moi Lee (APCASO), Chris (AFAO) and RD (APCASO) at a joint planning meeting; Yangon city consultation on transgender issues; Staff of Pacific Sexual Diversity Network (PSDN) and the Tonga Leiti's Association; and Rob Lake and AAF Fellows participate in a panel session at AIDS 2014.

AFAO HEALTH PROMOTION PROGRAM

By Simon Donohoe, Manager



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

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

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

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

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

In August 2013, the National Association of People with HIV Australia (NAPWHA) announced that it would be withdrawing from the health promotion partnership program known as the AFAO-NAPWHA Education Team (ANET), which had been in place since the late 1990s. This resulted in several of NAPWHA's member organisations also deciding to withdraw from formal collaboration on the design and delivery of the HIV health promotion work of AFAO. Consequently, AFAO is revising its program advisory committee structures to ensure that people living with HIV (PLHIV) have ongoing involvement in setting the organisation's health promotion policy and program agenda for the coming years.

Despite NAPWHA's withdrawal from the program, AFAO's health promotion program of activities has continued without interruption in the intervening months, including the social marketing campaigns, resources, capacity building and policy development activities detailed below.

Social Marketing Campaigns

Time to Test (phase 2)

We developed new materials for the HIV testing campaign, Time to Test, which will allow this campaign to be extended into a second phase. Time to Test contains three specific messages, each represented by a different 'hero' who has overcome specific barriers to testing, including inconvenience, negative attitudes, anxiety, and lack of knowledge. These are: 1) a younger gay man who has either limited or no experience of HIV testing and is anxious about presenting for a test; 2) a gay man who has non-condom sex but does not test regularly and is not highly motivated to get tested; 3) a gay man who has an HIV test on a semi-regular basis but tends to defer testing.



AFAO's Time to Test campaign encourages gay men to get tested for HIV more frequently.

In recognition of recent research showing that a significant proportion of men in relationships of up to two years' duration have not had any HIV test in that time, the message in this phase of the campaign to gay men who defer testing focuses specifically on gay couples.

Ending HIV

Ending HIV is an interactive social marketing, community education and engagement campaign incorporating communication and community mobilisation initiatives, aimed at ending the transmission of HIV among gay men. The campaign was initially developed by AFAO's NSW member, ACON, and was adapted for national rollout by AFAO.

The national Ending HIV website went live in 2013 and the campaign has been implemented by other AFAO state and territory members since this time.

The campaign is centred on three key messages or 'calls to action' – Test More, Treat Early, and Stay Safe – which, when combined and acted upon at a community-wide level, would enable HIV infections in Australia to be virtually eliminated. These three seemingly simple messages are utilised throughout the campaign website and promotional materials and form the following equation device:

$$\left[\begin{array}{c} \text{TEST} \\ \text{MORE} \end{array} \right] + \left[\begin{array}{c} \text{TREAT} \\ \text{EARLY} \end{array} \right] + \left[\begin{array}{c} \text{STAY} \\ \text{SAFE} \end{array} \right] = \left[\begin{array}{c} \text{ENDING} \\ \text{HIV} \end{array} \right]$$

This campaign marks the first Australian exploration into the design and delivery of a truly combination HIV prevention strategy that doesn't simply promote consistent condom use, but leverages and discusses recent technological advances in HIV prevention, including the use of HIV antiretroviral treatment as a means of reducing infectiousness and reducing the rate of newly acquired HIV infections. The campaign comes quickly on the heels of the introduction of rapid HIV testing technology in Australia and the establishment of community-based HIV rapid testing services in most Australian states and territories. It is hoped that gay men in Australia will embrace these new and novel technologies in an effort to end HIV infections over the coming decade.

Your Body Blueprint (review based on evaluation feedback)

During the last 12 months, AFAO developed a second phase of Your Body Blueprint, a campaign designed to support all people living with HIV to lead healthier lives, reduce the risk of illness, and enhance their overall quality of life. This phase of the campaign concentrates on some of the key conditions or comorbidities experienced by PLHIV, and aims to encourage all HIV-positive people to make a plan to stay healthy.

Phase 2 extends the initial phase of the campaign, released in 2012–13, that aimed to raise the issue of comorbidities among PLHIV and presented a clear and simple message that it's never too early to take control of your health. The campaign website contains information to assist PLHIV in identifying simple strategies for reducing their risk of developing some of these other health conditions. The campaign website was also reviewed and updated based on evaluation feedback of the first phase of the campaign.

The messaging of phase 2 covers four key areas of health: heart health, liver health, mental health and immune system health. A video containing detailed and technical information about maintaining good health for PLHIV was developed as an additional mechanism to strengthen the campaign. This information is presented by an HIV clinician with more than 16 years' experience in treating HIV-positive people, and provides an easy and accessible way of providing the level of detail that is these days expected by PLHIV. Copies of this video in DVD format are available from the AFAO office upon request, as well as being available (in a lower resolution format) on the campaign website (www.yourbodyblueprint.org.au). The video is ideal for use at PLHIV community events and forums, as well as peer education programs and workshops.

Resources

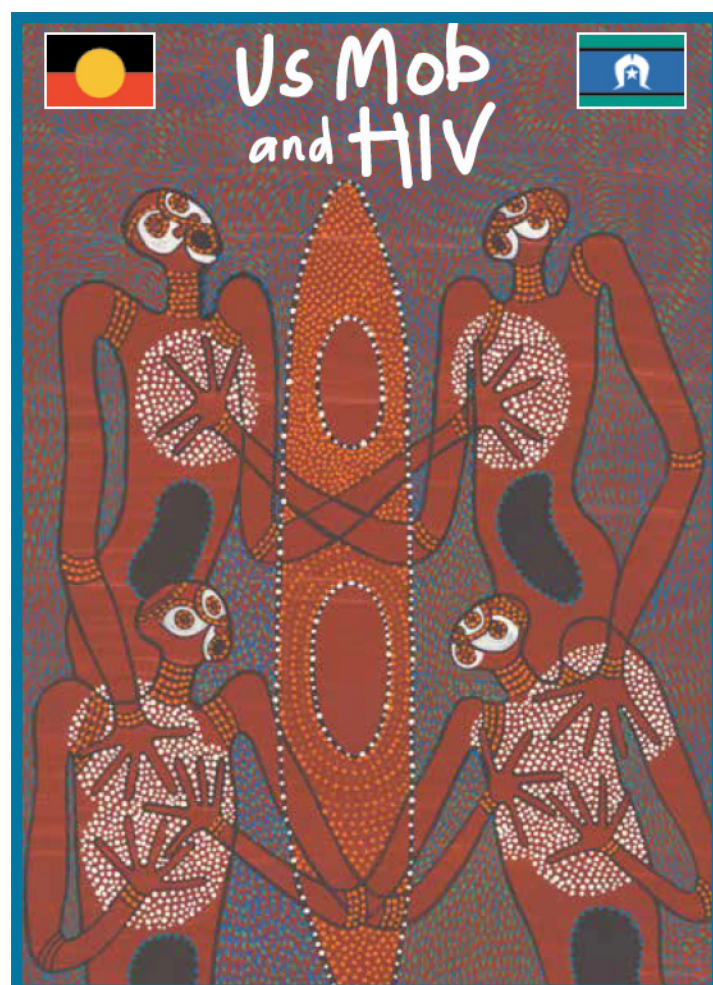
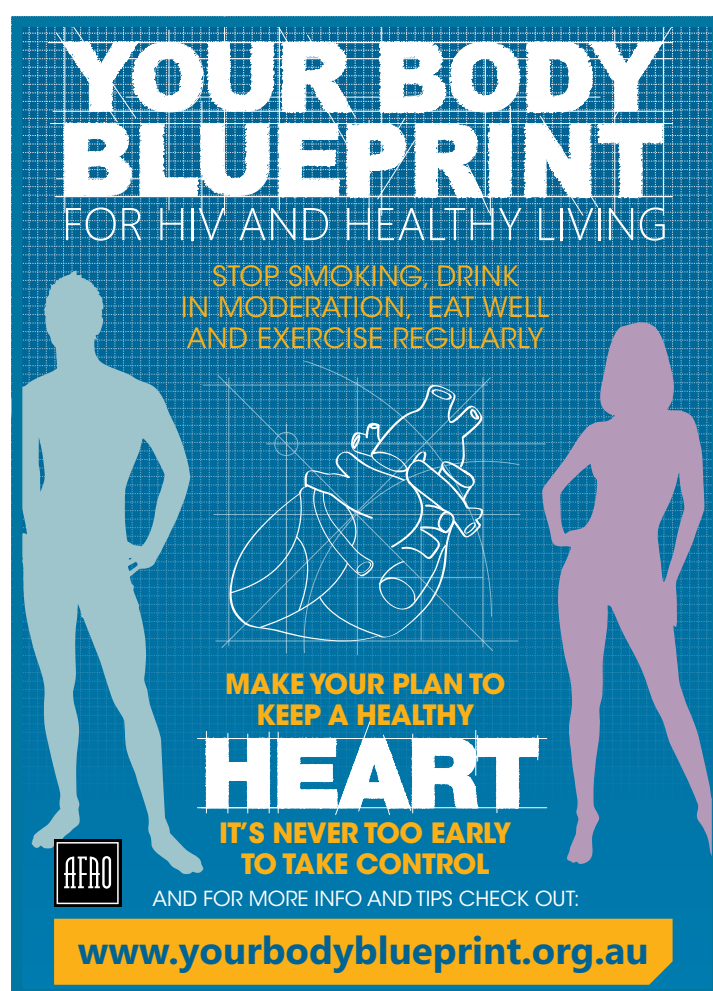
Us Mob and HIV

Us Mob and HIV is the third edition of the booklet previously titled *HIV/AIDS and Us Mob*. The booklet aims to increase Aboriginal and Torres Strait Islander people's health literacy in relation to HIV and its impacts, transmission and prevention, HIV testing, being HIV-positive and HIV treatments. The previous editions of the resource proved extremely popular, and it was seen as important to continue the availability of a core HIV resource for Aboriginal and Torres Strait Islander people, while also reviewing and updating the content where required. This third edition of the booklet includes some updated information on HIV treatments, testing and some other minor information updates.

HIV and Stigma in Australia: A Guide for Religious Leaders

AFAO has finalised distribution arrangements for *HIV and Stigma in Australia: A Guide for Religious Leaders*. The guide aims to encourage greater participation of religious leaders and members of faith-based communities in Australia's HIV response by:

- providing information about the current Australian HIV epidemic and facts about HIV transmission, prevention, testing and treatment
- suggesting tools to increase participation



- providing resources and referral to agencies able to facilitate engagement with PLHIV and HIV-based organisations
- increasing communication between HIV-based organisations and religious leaders and members of faith-based communities
- reducing stigma against people with HIV and affected communities.

At times the booklet includes a deliberate focus on people from culturally and linguistically diverse (CALD) communities, recognising that some CALD communities particularly affected by HIV have strong links to faith-based organisations and institutions such as churches. These communities may also be disproportionately affected by stigma, both from within their communities and from the broader Australian community.

Distribution includes state-specific strategies developed by AFAO Member Organisations and organisations of people living with HIV, as well as distribution at the AIDS 2014 conference through the G'Day Zone, the Faith Networking Zone, the African Diaspora Networking Zone, and Stepping Up in Faith: The Interfaith Pre-Conference.

Taking a Look

We revised the popular HIV information booklet for gay men, *Taking a look: The basics of HIV prevention for gay men*. The revised edition includes new sections on treatment as prevention, PrEP and HIV testing to reflect recent developments.

Cybersex

Working with the Centre for Social Research in Health, we developed two online interventions for men using gay chat sites and mobile phone apps. The interventions emerged out of research exploring gay men's use of these technologies, which found that men's intentions to use condoms were mediated by chatting with men online. Fantasising about non-condom sex with men online was associated with not using condoms—over and above men's stated intentions about condom use. A specific self-regulation intervention was designed for younger gay men to be more mindful of the potential for online chat to form sexual scripts, which incorporated advice about how to reinforce condom-use intentions.

Capacity Building

2014 National Gay Men's HIV Health Promotion Conference

The national conference of gay men's HIV health promoters took place in April in Manly. The conference has been occurring in one form or another since the late 1980s and is one of AFAO's key initiatives to support workforce development in the HIV community sector. It brings together colleagues working in HIV prevention, health promotion, research and policy development, with a particular emphasis on health promotion for gay men and people living with HIV.

The 2014 conference successfully brought together 120 delegates around the theme, 'Integrating Action, Promoting Partnership'. There were 55 presentations, seven pre-conference satellite meetings and two post-conference skills building workshops on issues of gay men's health promotion, all linked by the conference theme that emphasised maintaining an integrated community-based health promotion approach in the context of new biomedical approaches to HIV prevention.

Health Promotion Policy Analysis

Young Gay Men

During 2012, we saw increasing concern among researchers and our membership that surveillance and behavioural research suggested a rise in HIV infections among young gay men in Australia, that their behaviours



may differ in some ways from older gay men, and that their sex/HIV education needs may not be adequately addressed (concerns which came to be reflected in the *Seventh National HIV Strategy 2014–2017*).

To better understand the issue, the AFAO Health Promotion Program developed a discussion paper to consolidate evidence from diverse fields and gain a better understanding of HIV risk among young gay men and the effectiveness of current efforts to address their sexual health needs. The paper, *Are young gay men really so different? Considering the HIV health promotion needs of young gay men*, reviews epidemiological data, social and behavioural research, laws and policy mechanisms, and targeted programs and services.

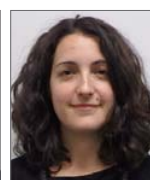
The discussion paper concluded that adolescents and young gay men with limited exposure to sexual and health education are particularly vulnerable to risk of HIV and STI infection when initiating sex: vulnerability that continues as long as they remain misinformed or lack judgement or power to negotiate safe sexual practice.

Given the developmental way in which sexuality evolves, adolescence and young adulthood can be a tumultuous time for young gay men. HIV education is important during this period because it enables safe sex practice, but also because sex-positive messaging countering homophobia can have particular impact. Moreover, behaviours learned now (i.e., while men are young and still developing their 'sexual repertoire') can have lifelong application. Effective targeting of HIV prevention messaging to address the needs of young gay men (and indeed to successive cohorts of young gay men), is vital to Australia's long-term HIV response.

To further our understanding in this area, in February AFAO hosted a symposium on the health promotion needs of young gay men at the 13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases. The symposium brought together speakers from the Kirby Institute, the Centre for Social Research in Health, the Journalism and Media Research Centre (UNSW), Australian Research Centre in Sex, Health and Society and AFAO to consider whether young gay men have different sexual practices, attitudes to sex and relationships, or views on HIV and STI testing that may require unique forms of HIV health promotion strategies. Those presentations and discussions will inform future work, including a synthesis of current evidence to be finalised in late 2014. ■

FINANCE AND ADMINISTRATION

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



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

Throughout 2013/14, the Finance and Administration team kept the cogs and wheels of AFAO turning by maintaining support and services to staff, Board and the AFAO membership. The team consists of Sarita Ghimire (Financial Controller), Andrew Sajben (Office Coordinator), and Renee Parker, Danica Gluvakov and Pete Smith (Administration Assistants).

In January 2014, Danica returned from maternity leave in a part-time capacity, resuming financial in-house training that is supporting her as she takes on a greater number of financial tasks. Danica now job shares with Pete, who is on a part-time contract. Andrew, Renee and Pete also continued to complete additional duties in addition to their day-to-day responsibilities with great efficiency.

To maximise the financial literacy of both new and existing Board members, Matrix on Board once again provided a short financial presentation along with governance training for the AFAO Board. The monthly compliance report introduced last year has been working well, and the Board sees this as an important tool to help ensure that AFAO complies with its external obligations.

In an ongoing effort to strengthen our systems and processes, we have identified a financial health check tool for use with AFAO's international project partners. This tool will help assess key areas of financial management for international non-government organisation partners and assist with the identification of any gaps. We hope that this tool will enable AFAO to better monitor and develop the financial capacity of our international partners over the coming months.

Throughout the year, AFAO remained compliant with new requirements introduced by the Australian Council for International Development (AFCID) and the Australian Charities and Not-for-Profits Commission (ACNC). In 2015, AFAO anticipates that the ACNC may require more a detailed lodgement, which should not pose any problems for us.

This year, the Finance and Administration team took on the additional responsibility of auspicing a grant funded by Dutch government through HIVOS for one of our project partners, APCOM (Asia Pacific Coalition on Male Sexual Health). This arrangement has been undertaken on a temporary basis until APCOM finds a suitable long-term solution.

The team were also heavily engaged with AFAO's preparations for the 20th International AIDS Conference (AIDS 2014). This included assisting with logistics for AFAO's G'Day Zone and staff accommodation.

AFAO also implemented two Australian Awards Fellowships (AAF) programs funded by Department of Foreign Affairs and Trade, with logistical support from ASHM (the Australasian Society for HIV Medicine). These were one-off projects, designed to bring 50 Fellows from Asia and the Pacific to Australia to access high quality expertise on issues of regional development importance. Our team, along with AFAO's International team, undertook a huge range of tasks associated with the running of the AAF programs, including arranging travel



Andrew Sajben packing resources in the G'Day Zone at AIDS 2014.

insurance, liaising with our bank to ensure a secure and efficient way for providing per diems on temporary debit cards, making sure payments were processed on time for short term contractors, and so on.

The Administration team, with assistance from Simon Donohoe, Manager of the AFAO Health Promotion Program, and Mike Hogan, our IT Consultant, also helped maintain the ongoing IT requirements for the organisation.

AFAO undertook a complete office refurbishment in late 2013.

The Finance and Administration team played an integral part in the coordination and planning of the refurbishment, maintaining minimal services while the office was closed, and then moving into the newly renovated office space and ensuring that the office was up and running in a timely and efficient manner.

We predict another busy year ahead, and despite current uncertainty with our funding, we look forward to the challenges and opportunities that will develop with the oncoming year. ■



Pictured clockwise from top left: Audience members in the G'Day! Welcome to Australia Networking Zone; Writer Kirsty Machon and composer Lyle Chan in the G'Day Zone, discussing creativity and activism, focusing on the genesis of Lyle's composition, *An AIDS Activist's Memoir*; Acacia Quartet performs excerpts from Lyle Chan's composition, *An AIDS Activist's Memoir*, during the launch of *HIV Australia* in the Global Village, 23 July; Sally Cameron outlines the impact of overly broad HIV criminalisation laws on public health priorities; Linda Forbes and Finn O'Keefe launch the AIDS 2014 special edition of *HIV Australia* in the G'Day Zone; ACON's Nic Parkhill and Karen Price pose for a photo on the G'Day Zone couch; Michael Frommer (AFAO), Yves Calmette (ACON) and Dennis Altman at the MSMGF Pre-Conference; Graham Willett from the Australian Lesbian and Gay Archives delivers a presentation on role of community activism in shaping the Australian response to HIV; Candles burning in the G'Day Zone to commemorate the lives lost on Malaysia Airlines flight MH17.

ANWERNEKENHE NATIONAL HIV ALLIANCE (ANA)

By Michael Costello-Czok, Executive Officer

Continuing to further develop the key objectives of the ANA – organisational strength and partnership building – set an ambitious and enthusiastic tone as we carried out our work during 2013/14.

With a focus on developmental work towards workplan objectives and planning for AIDS 2014, the year is best described as hectic and eventful but extremely productive, and with a sense of achievement.

Partnerships and collaboration

Partnership building and collaboration is a key objective of the ANA. Planning and development work for AIDS 2014 and associated activities provided the organisation with several opportunities. The ANA partnered with Baker IDI; the National Aboriginal Community Controlled Health Organisations (NACCHO); Aboriginal Health and Medical Research Council of NSW (AH&MRC); Victorian Aboriginal Community Controlled Health Organisation (VACCHO); the Positive Aboriginal and Torres Strait Islander Network (PATSI); and the International Indigenous Working Group on HIV & AIDS (IIWGHA). All coming together under the banner of the Australian Aboriginal and Torres Strait Islander Organising Committee (AATSIOC), the Committee was responsible for development and implementation of the 2014 International Indigenous Pre-conference on HIV & AIDS, and for coordinating Indigenous activities in the AIDS 2014 Global Village.

Partnership and collaboration with these organisations provided an important and positive platform, not only in achieving conference planning tasks, but also working towards future activities to meet 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.

Development of workplan activities

Our workplan activities for the year focused on the development of a national campaign known as Our Destiny – Protecting Our Sexual Health. Campaign objectives are to build capacity of Aboriginal and Torres Strait Islander sexual health workers, to increase understanding about Treatment as Prevention (TasP), and to increase Aboriginal and Torres Strait Islander HIV testing frequency and rates. The campaign includes a toolkit for sexual health workers and a suite of community health promotion resources. Implementation of the campaign will commence in late 2014.

The ANA has re-established the former Aboriginal and Torres Strait Islander Project Officer Network, formerly coordinated by the AFAO National Aboriginal and Torres Strait Islander Project. Renamed



Destiny Haz Arrived promoting the Our Destiny campaign at the Australasian HIV/AIDS conference in Darwin, October 2013.

Circle Network, the network provides an annual face-to-face forum plus interactive communication/information sharing opportunities to exchange knowledge, skills and support among Aboriginal and Torres Strait Islander staff of AFAO's Member Organisations.

Organisational strength

The ANA conducted its AGM in Adelaide in December 2013, welcoming to the Board two new individual members and organisational representation from the Northern Territory AIDS and Hepatitis Council (NTAHC). ANA members voted and adopted a small organisational name change, removing Aboriginal and Torres Strait Islander and AIDS from the title. ■

SCARLET ALLIANCE, AUSTRALIAN SEX WORKERS ASSOCIATION

2 013–14 brought triumphs and challenges for Scarlet Alliance, as we mobilise to fight for sex worker safety and rights within a hostile political landscape.

Over 100 sex workers from 30 countries attended the AIDS 2014 Sex Worker Pre-Conference hosted by Scarlet Alliance, contributing to a powerful international Consensus Statement (<http://www.scarletalliance.org.au/events/AIDS2014/consensus2014/>) on biomedical developments, stigma, discrimination, human rights, migration, mobility and funding. During AIDS 2014 Scarlet Alliance hosted a range of other successful events: sex worker-only governance training, peer education skill-share with SWASH (Sex Work and Sexual Health, Japan) and the Sex Worker Networking Zone in the Global Village, in partnership with NSWP (Global Network of Sex Work Projects) and APNSW (Asia Pacific Network of Sex Workers). The lack of scholarships and abstracts accepted for the official conference program did not diminish the visible cohort of sex workers leaving a lasting impact to be remembered when stepping up the pace of the HIV response.

The advent of new HIV technologies brings challenges for sex workers. Scarlet Alliance presented on the implications of rapid testing for sex workers at the 13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases at UNSW and made a submission to the Therapeutic Goods Association on HIV self-testing. We contributed to the NSWP Global Consultation on pre-exposure prophylaxis (PrEP) and Early Treatment. We also provided submissions to the Communicable Diseases Network Australia on the draft HIV SoNG (Series of National Guidelines), and the Department of Health on the National Strategies. The focus of our submissions has been to ensure the inclusion of proven, successful strategies for HIV prevention such as sex worker peer education; to highlight the importance of enabling legal environments for implementation of safer sex practices, HIV prevention and health promotion programs; and to safeguard existing prevention strategies from being undermined by an emphasis on new technologies.

Sex workers felt the impending loom of an increased push for the Swedish Model, as four Australian politicians took a tax-payer funded European tour to study models of sex work criminalisation, against the advice of Scarlet Alliance. A loud, oppressive and dangerous faction of sex work abolitionists within the Amnesty International Australia Human Rights Forum left sex workers disappointed at the unwillingness of another human rights organisation to stand up for sex worker rights and recognise sex work stigma at its most blatant.

Law reform remained a constant fixture of sex work advocacy across the country. Sex workers continue to campaign for an end to criminalisation, licensing, mandatory testing and registration.

At local, state and national levels, sex workers have lobbied politicians, lectured at law and social science faculties, published in journals, provided testimony and submissions to government inquiries and reviews and contributed to numerous media reports. Sex workers have been interviewed by authors, academics, university students and journalists, protested plays, presented and provided training to a diverse range of public, community and interagency venues and



Throughout 2013/14, law reform remained a constant fixture of sex work advocacy across the country.

audiences, contributed to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Shadow Report and continued our representation on government advisory mechanisms such as the BBVSS (Blood Borne Virus and Sexually Transmissible Infection Subcommittee) and the National Roundtable on Human Trafficking and Slavery.

Internationally, Scarlet Alliance presented on law reform, migrant sex workers and sex worker organising at the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11) in Bangkok and provided affidavits to the Canadian Government as part of an application for leave to intervene by the International Sex Worker Coalition in the lead-up to the Bedford Decision, which found that Canada's harmful sex work laws were unconstitutional.

Systemic underfunding of sex worker organisations remains an ongoing issue. As we welcome the refunding of our Migration Project for another three years, we face an uncertain financial future in which to sustain our core work. Scarlet Alliance noted these concerns in the Red Umbrella Fund survey on funding for sex worker health and rights and the UNAIDS Secretariat survey on funding for HIV and human rights. We are bracing ourselves for a future involving successes, heartaches and significant advocacy. ■



Pictured clockwise from top: Panel session on sex work laws in the Women's Networking Zone at AIDS 2014. L–R: Pye Jakobsson (Rose Alliance, Sweden/ President, NSWP), Elena Jeffreys (Vice-President, Scarlet Alliance, Australian Sex Workers Association); Pamela Nash (Chair of the All Party Parliamentary Group for HIV and AIDS, United Kingdom) and Louise Pratt (Former Labor Senator, Western Australia); Sex workers from the Asia Pacific protest calling for the decriminalisation of sex work during the ICAAP11 opening ceremony, Bangkok, November 2013 (Photo credit ICAAP, Creative Commons 4.0 license <http://creativecommons.org/licenses/by-nc/4.0/>); Sex workers at the AIDS 2014 Mobilisation March, Melbourne, July 2014; Panel session on trans sex workers in the Sex Worker Networking Zone at AIDS 2014. L–R: Mish Glitter Pony (Australia), Chantell Martin (Australia), Cyd Nova (US), Emy Fem (Germany) and Rani Ravudi (Fiji).

AIDS ACTION COUNCIL OF THE ACT

By Philippa Moss, Acting Executive Director

The AIDS Action Council has a clear mandate to deliver care and support to people living with HIV (PLHIV) as well as providing education and prevention campaigns, events and health promotion activities. It has been a particularly challenging year, and there have been many changes within the organisation; however, we have continued to showcase our response to HIV through the vibrancy and resilience of our staff.

After the departure of several team members, adjustments were required in order to focus our energy on maintaining high quality service delivery which ensures our health messages reach our target audience. In recognition of an increasing number of HIV infections, the Council has ensured that we are well placed to meet the challenge of continuing to provide a proactive community-based response.

Reflecting on our work throughout 2013/14, there have been many highlights including the organisation's first Reconciliation Action Plan, our lesbian, gay, bisexual, transgender and intersex (LGBTI) Aged Care work and a focus on strengthening partnership approaches. After taking on the Executive Director role halfway through the year, the main areas of focus have been strengthening our strategic partnerships, ensuring a high level of service delivery, addressing financial issues and working towards a holistic approach to PLHIV leadership and advocacy within the community.

SWOP continues to deliver outreach and other educational programs that promote the benefits of sexual health testing and support services to sex workers in brothels and to private sex workers across the ACT. SWOP provides outreach on a monthly basis, gaining access to all 16 studios operating in the ACT. This high level of ongoing contact with the sex industry informs our knowledge and current understanding of all issues relating to or affecting this community.

Volunteers have supported the work of the Council throughout the year and were crucial in working with and within our communities, including those affected by HIV and our key target groups. This year we have reinvigorated our volunteer program with renewed volunteer policy and procedures. The volunteer information pack has been reviewed and continues to be improved by feedback from participants, which has been positive. We have provided volunteer training for Program of Assertive Community Treatment (PACT) outreach and to recruiters for the Canberra Gay Community Periodic Survey. We look forward to more comprehensive and specialised volunteer training to be rolled out in 2014–15, including volunteer events to ensure our volunteers are engaged and remain a crucial part of the organisation.

Board members continue to find and offer valuable time and energy to contribute to decision making, reflection and review across a diverse



The Candlelight Vigil in Canberra on World AIDS Day, 2014.

area of work, and a governance role that encompasses many early morning and weekend meetings.

Our staff have delivered great care and support services, developed major programs in policy, prevention, HIV-positive health promotion, advocacy, representation and communication. Their skills and enthusiasm show in the work they deliver and its positive reception throughout the community.

We continue to be guided by AFAO and are grateful for the strong connection and ongoing support provided. Key documents that inform our work include the *AIDS 2014 Legacy Statement*, the 2012 Melbourne Declaration and the recently released *Seventh National HIV Strategy 2014–2017*. These documents provide a framework which guides us at a strategic level, working in partnership with key affected communities and sector partners. I look forward to the significant role the Council will continue to play in partnership with our stakeholder organisations and the community. ■

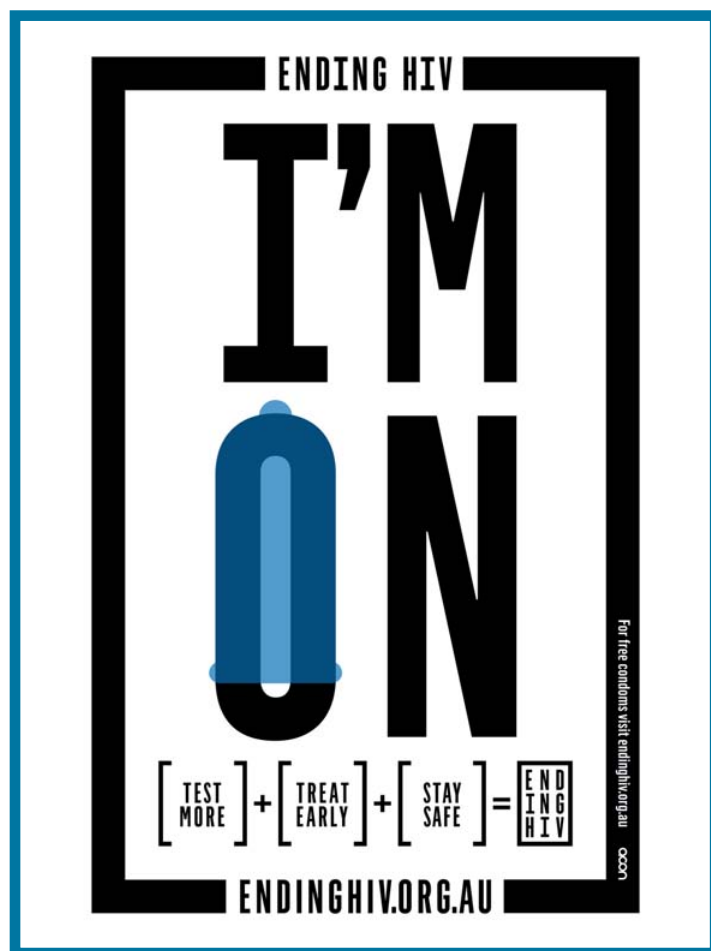
Getting gay men to 'test more' and 'stay safe' were the key messages of ACON's HIV prevention efforts during 2013/14. The I'm On campaign, the second stage of our Ending HIV initiative, which launched in September, focused on encouraging gay men to use condoms by giving them information about risk assessment, how to use condoms, the health and social benefits of safe sex, and locations to access free condoms. This was followed by our Test More campaign, launched in February during the Sydney Gay and Lesbian Mardi Gras. This campaign informed gay men about the importance of testing regularly for HIV and promoted the availability of rapid HIV testing services. With engaging print, digital, video and merchandising platforms, both campaigns were heavily promoted at key gay venues and events as well as across community, mainstream and social media.

Making HIV testing more accessible and culturally appropriate for gay men was also a key focus. Following the successful launch of our a[TEST] rapid HIV testing and STI screening service in Surry Hills in June 2013, we opened two new a[TEST] services in 2013/14 – one in Newtown and another in Kings Cross. Operated in partnership with sexual health clinicians, these peer-led services have proved extremely popular, with all sites now functioning at capacity. We also ran two very popular temporary HIV testing services – one at Taylor Square for the week coinciding with World AIDS Day 2013, and another on Oxford St for six weeks during the 2014 Mardi Gras festival.

Throughout 2013/14, we also advocated with a range of partner organisations for new access models for HIV testing to be introduced in NSW, and this resulted in the Federal Government finally amending regulation to allow HIV self-testing devices to be sold in Australia. We're currently working with our partners to help fast track the approval of a self-testing device. Understanding that some people are importing unregistered HIV self-testing devices from overseas, we made representations to the Therapeutic Goods Administration – with the assistance of our pro bono legal advisors Herbert Smith Freehills – to allow public discussion about HIV self-testing devices.

On the back of this work, data from the NSW Ministry of Health showed that HIV testing increased in NSW in 2013, both generally and among high risk populations such as homosexually active men. Just over 447,000 HIV tests were performed in NSW in 2013 compared to about 420,000 in the same period in 2012 – that's 27,000 more tests, or an increase of 6.5%. Much of this increase occurred in Sydney's inner city areas and in Western Sydney. The data also showed a reduction in HIV notifications in NSW during 2013, with 357 new cases diagnosed in 2013 compared with 409 in 2012, a decrease of 13%. Sex between men accounted for 278 of these cases compared with 330 in 2012, a decrease of 16%. Significant decreases were recorded among people aged 30–39 years (31%) and 20–29 years (16%).

Providing care and support for people with HIV was another key part of ACON's work. 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. We continued to help reduce the impact that other health issues have on people affected by or at risk of

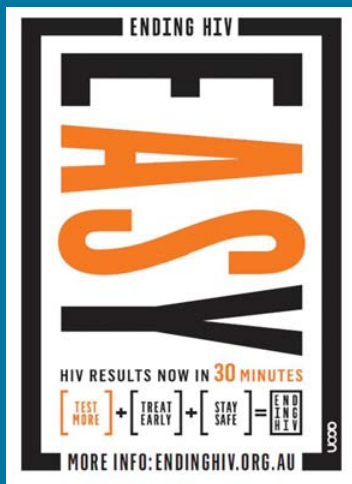


The I'm On campaign reinforces condom use as a key factor for ending the HIV epidemic.

HIV by providing a range of programs and services related to alcohol and other drugs, mental health, homophobic violence, family and domestic violence, ageing and homelessness.

We also assisted the NSW Sex Workers Outreach Project (SWOP) to transition from a project of ACON to an independent non-government organisation. After 23 years of being auspiced by ACON, independence is a celebrated milestone for both SWOP and ACON. We wish SWOP all the best for its mission to promote the health of sex workers and we look forward to working closely with the organisation in the future.

Finally, we were a very active participant at the 20th International AIDS Conference (AIDS 2014), held in Melbourne in July 2014. ACON was a proud sponsor of many conference activities, including the Global Forum on MSM & HIV (MSMGF) Pre-Conference, the official AIDS 2014 Candlelight Vigil, and the screening of *TRANSMISSION: The journey from AIDS to HIV* by celebrated documentary filmmaker Staffan Hildebrand. We showcased our award-winning Ending HIV initiative, promoted NSW's strategy for eliminating HIV transmission in NSW by 2020, released a range of position statements on HIV-related policies that affect our community, and our staff participated in a variety of presentations, symposiums, and panel discussions. ■



Pictured clockwise from top left: Promoting rapid testing at Mardi Gras Fair Day, Sydney, February 2014; The Easy As campaign promotes rapid HIV testing services to gay and bi men; I'm On campaign outdoor advertising, William Street, Sydney; The Hon Jillian Skinner MP, and Mr Bruce Nottley-Smith MP, the NSW Coalition's spokesperson for LGBTI issues and Member for Coogee, help launch NSW's first pop-up HIV testing site at Taylor Square in Sydney for World AIDS Day 2014; I'm On outdoor advertising, Oxford St, Sydney; and ACON volunteers promote rapid testing at Mardi Gras Fair Day, Sydney, February 2014.

AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL)

By Annie Madden, Executive Officer

For AIVL, 2014 has been a year best described as a 'mixed bag' of amazing achievements, significant challenges and ongoing survival as the national peak drug users' organisation in Australia. In a general sense, the organisation has continued its commitment to effectively represent the voice of people who inject and use illicit drugs, particularly in relation to blood borne viruses (BBVs). We have also continued 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 our state/territory peer-based member organisations, we have continued to 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).

Along with AFAO and just about every other national and local organisation with an interest in HIV, AIVL spent a large amount of time and energy during this period in the development and planning for AIDS 2014 (the 20th International AIDS Conference) held in Melbourne in July. AIVL and INPUD represented PWID on the Community Program Committee (CPC) for the conference and had significant involvement in planning speakers and sessions, and in the discussions within Australia on capturing the 'legacy' of such a major event and how it might be used to re-energise and focus the domestic Australia HIV response beyond 2014. Given previous problems with both drug user and sex worker participation in International AIDS Society (IAS) Conferences, AIVL worked hard with our partners, the IAS and the government through the Department of Foreign Affairs and Trade and the Department of Health to ensure the voice and perspectives of PWID were more effectively represented and 'present' at AIDS 2014.

An 'International Drug Users Working Group' was formed (with international, Asian and Australasian regional, national and local representation) to support the work of the CPC representative, provide ideas for plenaries, symposia and workshops and to organise the first 'International Drug Users Networking Zone' in the conference's Global Village space. This zone was buzzing throughout the conference and was definitely one of the 'places to be'. A full program of presentations, workshops, demonstrations and group discussions were held in the Drug Users Zone each day of the conference, with a bespoke photo booth acting as a major attraction for those wishing to make their voices heard on stigma and discrimination against PWID.

Without a shadow of doubt however, the highlight of the conference week for the international drug using community was our highly successful PWID community satellite event: 'Through the Eye of the Needle – A Celebration of Drug User Activism'. This was a 'first' for the international drug users' movement and an important way for



Annie Madden delivering a speech in the International Drug Users Networking Zone at AIDS 2014, reflecting on the history and the future of the drug users' movement.

us to showcase the depth, strength and power of our international movement across 25 years of representation and advocacy. Although the satellite event itself was generously sponsored by a number of key donors, with virtually no funding we developed and launched a new film at the event, *We Are Drug Users* (now available on the AIVL website and YouTube channel). The film speaks to the value of drug user organisations, the importance of their work and the urgent need to put an end to the 'War on Drugs' (which is actually a war on drug users – on people – and needs to be exposed for this 'truth'). The event (and the need to urgently end the 'war on drugs') was also supported by a pre-recorded video message from Sir Richard Branson on the night (also available on the AIVL website).

In 2014, 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 national and regional HIV responses in Asia. As a longstanding national member of AFAO, AIVL has also continued to participate in the AFAO Board, Annual and General Meetings and other AFAO activities including the AFAO National Policy Officers Network (ANPON). Along with other national partners, we have actively participated in the development and drafting of the new National HIV Strategy and the other four new national BBV/STI strategies.

Maintaining our successes in relation to PWID and HIV and meeting PWID-focused goals and targets within the new Strategy will require a continued clear commitment to evidence-based harm reduction and peer education approaches. This is a given. But perhaps most importantly of all, implementation of the new National HIV Strategy will also require **action** not just words on eliminating stigma and discrimination and to stopping the criminalisation of PWID so we can be active participants in our own health and wellbeing! ■

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)

By Robert Mitchell, President

This year was marked by a number of significant achievements for the organisation: input into the development of the next set of National Strategies, including the Seventh National HIV Strategy; preparations for the 20th International AIDS Conference (AIDS 2014), held in July 2014; and finalisation of current Commonwealth contracts for NAPWHA's program of activities.

Throughout the year, NAPWHA worked with the Commonwealth and other HIV sector partners to progress the development of the next set of National Strategies for Blood Borne Viruses. The National Strategies were launched on 4 July with the endorsement of all Australian Health Ministers. At the launch, the Commonwealth Health Minister announced that community dispensing of HIV medications would occur within two years, and that barriers to licensing of HIV home tests would be removed.

As part of preparations for AIDS 2014, policy work was undertaken to address the immigration barriers that Australia has for people living with HIV (PLHIV) and together with Australasian Society for HIV Medicine (ASHM), HIV/AIDS Legal Centre (HALC) and AFAO, we developed a joint Position Statement on Australian Immigration and HIV. NAPWHA also contributed to the *AIDS 2014 Legacy Statement* discussions, which led to the statement being agreed to by all Australian Health Ministers. This document is intended to provide an ongoing legacy once the conference finished and builds on the commitments set out in the Seventh National HIV Strategy.

In the lead-up to AIDS 2014, NAPWHA allocated additional resources to maximise the organisation's participation in the conference. We undertook a diverse range of activities including co-sponsoring a pre-conference satellite on HIV criminalisation, publication of a monthly AIDS 2014 newsletter, preparation for NAPWHA's exhibition 'Central and Vital', and development of a book, *Through our eyes: thirty years of people living with HIV responding to the HIV and AIDS epidemics in Australia*, which will form NAPWHA's conference legacy.

Throughout the year NAPWHA continued to operate existing programs and new initiatives. This included the Collaboration for Health in PNG (CHPNG) program, which provided support to PLHIV in Papua New Guinea, and in Australia, the Treataware program. Treataware, which includes HIV short courses, Chin Wag community forums and the provision of treatment information online, by telephone and through the Treatment Officers Network, remains an integral part of the organisation's work.

NAPWHA's publication *Positive Living* continues its exemplary coverage of treatment information, with a new editor joining the staff this year. NAPWHA also redeveloped its website to better support the organisation and provide a more accessible information portal. Together with our media digests and quarterly report, we continued to develop and increase our online presence.

In April this year the dispensing guidelines for HIV medications removed the restrictions on CD4 cell levels, meaning that treatment is



The AIDS 2014 Mobilisation March comprised of international activists and conference delegates joined by local activists and community groups to raise awareness of issues faced by people living with HIV (PLHIV) and at-risk communities. Photo: Stephen Watkins.

available at any stage of infection. This announcement was a result of a submission by NAPWHA, ASHM and AFAO to the Pharmaceutical Benefits Advisory Committee. Subsequent to this outcome, NAPWHA undertook a public awareness campaign, *The Wait Is Over*, with the support of corporate sponsorship.

In June this year we were pleased to host, with corporate support, a Parliamentary function to mark 30 years of HIV. There were speeches by several parliamentarians including the Health Minister and a preview of NAPWHA's 'Central and Vital' exhibition for AIDS 2014 was displayed.

It was with great sadness that the NAPWHA Board accepted the resignation of Jo Watson this year, after 16 years of extraordinary dedication to the organisation and to the whole of the HIV sector. Jo has been staunch champion of HIV positive people, their issues and their role in the HIV response in Australia during her time as the Executive Director of NAPWHA. Aaron Cogle will be acting in the Executive Director role until at least the end of 2014.

Although this year has been one of significant challenges, it is pleasing that the organisation has risen to meet those challenges, and has positioned itself strategically to respond to future opportunities. ■

NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL (NTAHC)

By Kim Gates, Executive Director

The 2013/14 year saw some major changes at NTAHC, with the departure of Craig Cooper and the commencement of Kim Gates in the Executive Director's role. A number of other positions became vacant throughout the year, and these were also successfully filled. Throughout this period, the staff remained focused and the agency had a successful year of peer-based community events and health promotion activities.

We successfully increased community engagement through the growing popularity of our message-based community events, and through the commitment of our education team we gained an increased community audience, with education sessions being delivered in more community-based settings than ever before. We have also been working with the NT Department of Corrections to develop a peer-based training in the new correctional facility.

NTAHC events continue to feature prominently in our health promotion strategy. World AIDS Day on 1 December saw a gathering of over 80 people for a Red Breakfast at the Darwin Waterfront. A delicious breakfast was served while guests were entertained by our MC, Kyle Walmsley and drag artist, Vogue Magazine. Most people dressed in red, with some of the more adventurous guests dressing in drag. A static display was set up in the Smith Street Mall on World AIDS Day to sell red ribbons and raise awareness among the general community.

An AIDS Candlelight Memorial was held in both Darwin and Alice Springs in May 2014, with both events attracting record-breaking numbers. The Candlelight Vigil featured a screening of William Yang's documentary, *Friends of Dorothy*. The Darwin event was held adjacent to the closing ceremony of the 3rd Asia Pacific Outgames, which enabled NTAHC to attract a broader lesbian, gay, bisexual and transgender and intersex (LGBTI) audience.

The online group for HIV-positive Territorians, 'BODYPOZNT', implemented last year, continues to grow. This year NTAHC have also implemented face-to-face positive support groups in both Darwin and Alice Springs. These groups meet on a monthly basis, with several new people attending each group throughout the year. The dietician clinics in Darwin and Alice Springs and the quarterly Eat-Indulge-Connect dinners in Darwin have provided people living with HIV and their friends and family with nutritious, educational and entertaining evenings. A dietician is always on hand (thanks to NAPWHA) to encourage healthy eating attitudes and behaviours.

NTAHC continues to utilise social media to reach potential new audiences using Facebook, e-newsletters, and more recently, Twitter. The increase in the audiences using these mediums demonstrates that this is a highly successful way of disseminating health promotion messaging. Our eNews features included the World AIDS Day Breakfast and the Candlelight Vigil screenings of William Yang's *Friends of Dorothy*.



Pictured top: Vogue Magazine, Alex Galeazzi and the World AIDS Day Red Breakfast MC Kyle Walmsley; and **above:** guests at NTAHC's World AIDS Day Red Breakfast, held in Darwin, 1 December 2013.

This year has seen a growth in the staff within our Aboriginal Sexual Health program and, as a result, the program has been able to expand its capacity to deliver sexual health and blood borne virus education to the community through school visits and outreach to remote communities. ■

By Michael Scott, Executive Director

Thirty years ago, during a period of critical political and social challenge marked by extensive stigma and discrimination towards people living with HIV and lesbian, gay, bisexual, transgender and intersex (LGBTI) people, the Queensland AIDS Council (QuAC) was born. Volunteers worked tirelessly towards building an organisation to support the health needs of the community. In 2014, as QuAC enters our fourth decade, we look back on our history and reflect on why the organisation and the way we do our work remains essential to our community.

The past year has seen change and consolidation. At the 2013 AGM, the membership voted to rename the organisation as the Queensland AIDS Council to acknowledge that HIV remains an ongoing issue. Importantly, we have retained the branding of 'Healthy Communities' and continue to address the broader spectrum of health-related concerns for LGBTI people via our Ageing in Diversity and MindOUT! programs, the Seniors' Community Visiting Service and our capacity building training and development work.

Testing Point, our free HIV/STI clinic at 30 Helen Street continues to build. Conducted by volunteer doctors, nursing staff and peer workers, the service is now at capacity. By February 2014, our two-hour-a-week clinic was providing more than 20% of the entire state's HIV rapid testing. Recognising the need for innovation, we embarked on a strategy to expand to provide a broad range of services beyond sexual health testing full time – hence Clinic 30 was born.

Staffed by doctors and psychologists, Clinic 30 provides a comprehensive and confidential sexual and mental health service for the entire LGBTI population of greater Brisbane. Expansion funding was received from Medicare Local Metro North Brisbane, and access to the Medicare Benefits Scheme assured sustainability.

The 2 Spirits Indigenous Program, 18 years in operation, continues to engage with our Aboriginal and Torres Strait Islander brothers and sisters in ways that are culturally focused, innovative, and spiritually connected. 2 Spirits continues its work with remote and regional Queensland through a whole of community approach, and works closely with the urban Indigenous community. In 2013, the program proudly partnered with Brisbane Indigenous Media Association to develop a series of Condoman and Lubelicious radio skits, bringing sexual health messages directly into people's homes.

QuAC addresses the concerns of our ageing population via our Ageing in Diversity (AiD) program, and the Seniors' Community Visiting Service (SCVS) (both funded via Department of Social Services).

AiD assists aged care services to become compliant with the National LGBTI Ageing and Aged Care Strategy in the lead up to accreditation in 2017, and is comprised of action groups based around the state in Brisbane, Cairns, Townsville and the Gold and Sunshine Coasts. These groups provide an interface between community



Queensland AIDS Council staff in the G'Day Zone at AIDS 2014. L-R: Robert Muscolino, John Mikelsons, Jonathan Waters, Michael Scott and Phillip Sario.

members and aged care sector agencies. A series of 'Over 50s Expos' are also slated for the next calendar year.

The Seniors Community Visiting Service (SCVS) has supported visits to LGBTI seniors in Brisbane and surrounds for the past two years. Volunteer, client and visitor numbers continue to increase, with the number of visits and hours invested more than doubling between the pilot year and 2013/14.

QuAC's Training and Development program has expanded significantly, offering a range of free and fee-for-service capacity building training programs across the state. We're seeing a growing trend of Ally Networks at several key universities providing support and referral for staff and students who identify as LGBTI, as well as increased interest from the domestic violence, youth and seniors' sectors.

Similarly, our MindOUT! Qld service increased the accessibility and inclusiveness of mental health and suicide prevention organisations, as well as supporting LGBTI community members to better identify and respond to their mental health needs. The program's success can be attributed to some key achievements:

- increasing access to professional development training and resources
- facilitating mental health and suicide prevention training for the mental health sector and LGBTI community across rural and regional Queensland
- piloting 'LGBTI Champions' within mental health organisations.

Despite political and financial challenges, QuAC continues its relevance and centrality to LGBTI people in Queensland. Our financial prudence, along with our strong connection to community will ensure that we are around for another 30 years, or for as long as we need to be. ■

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

Jade Barker, Acting Chief Executive Officer

In addition to fulfilling our mission to reduce the risk, fear, and incidence of HIV infection, this year TasCAHRD expanded its services to reach key affected populations through a number of new and enhanced programs. TasCAHRD have jointly secured funds to implement National lesbian, gay, bisexual, transgender and intersex (LGBTI) Aged Care Training in Tasmania. We are coordinating the Gay Community Periodic Survey and have developed a peer-based support program for volunteers as a part of the Care and Support Program.

Throughout 2013/14, TasCAHRD marked its 29th year of service to the community with a series of fundraising and awareness campaigns. These events aim to build community recognition of our history in the lead-up to our thirtieth year. Throughout the year, Ending HIV, Drama Down Under phase 4 and Your Body Blueprint phase 2 have all been successful Tasmanian campaigns, further increasing community engagement.

As always, World AIDS Day saw town centres in Hobart, Launceston and Burnie awash with red ribbons. Of particular note was the number of high school age children participating as volunteers and getting the message out to their peers. The community responded generously to the TasCAHRD's calls to action during the year, and the funds raised through World AIDS Day are more important than ever as we anticipate significant challenges ahead in accessing state and federal funding.

As the funds are finite and uptake has increased, the ability for TasCAHRD to provide support and care through the Nigel Mallet Housing Project and Andrew Shaw Foundation has been stretched. Fortunately we have not had to decline any requests as yet; however, a key focus for the coming year will be revenue raising to secure direct support for Tasmanians affected by HIV. We remain proud of what we have accomplished during our 2013/14 fiscal year and we could not have done it without much support; now more than ever we need people standing beside us and believing in the work we do.

Partnerships developed over the past few years with community sector organisations have recently strengthened. The National LGBTI Aged Care Training Project is the result of a partnership between TasCAHRD and Working It Out; and Be Proud Tasmania is a partnership between TasCAHRD, Working It Out and Tasmanian Gay and Lesbian Rights Group. Our ability to work in partnership is vital in our small communities.

Students on work placements have contributed greatly to TasCAHRD this year, working on projects such as the extension of the 2013 Strategic Review evaluation results, and the Man2Man stakeholder consultation in early 2014. The data collected will be invaluable in designing consumer focused work plans into the future.

As always, TasCAHRD staff have worked above and beyond during this financial year. We have been fortunate to welcome the dynamic Christian Vega to the team, who brings with him experience and



Pictured top: David Foster, World Axe Champion, supporting TasCAHRD's MAN2MAN program. Foster has received several awards for his cultural, charitable and community activities, including being awarded an Order of Australia Medal; and **above:** Be Proud Tasmania is a partnership between TasCAHRD, Working It Out and Tasmanian Gay and Lesbian Rights Group which aims to address discrimination, prejudice and hate crime against LGBTI Tasmanians.

passion that will reinvigorate the Man2Man Program. It was with sadness that we said goodbye to Shaun Staunton, TasCAHRD's CEO. Shaun brought so much to our organisation in particularly difficult times. He commenced in the role of CEO at a time when funding was massively reduced and staffing levels almost halved. He was a champion for our organisation and his departure is a great loss to both TasCAHRD and the blood borne virus sector here in Tasmania. We wish Shaun every success in his new role in Victoria.

TasCAHRD looks forward to recognising our thirtieth year by raising the profile of our organisation and galvanising community support for ending stigma and discrimination faced by those affected by HIV. We are ever grateful for the support of our national counterparts and colleagues. ■

2013/14 flew by at the Victorian AIDS Council. The year started with a new structure that saw a number of new faces enter the agency and in October, Matt Dixon, our CEO, decided it was time for a change. This was coupled with the establishment of our rapid testing service and our first organisational rebrand in twenty years –all occurring as the eyes of the world were focusing on Melbourne in the lead-up to the AIDS 2014 conference.

Organisational Rebrand

In May 2013, an assessment of the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) organisational brand began. During this evaluation, it became apparent that the organisation needed to revisit its brand communication while taking into account the evolving community landscape. This was done through a series of online and face-to-face community consultations. In June 2014, the new branding was launched including: a red ribbon-inspired asterisk logo, the 'Working Together' tagline and the modified organisational name to 'Victorian AIDS Council' (or 'VAC'). The new brand was reinforced with the You&Me promotional campaign in the lead-up to and during AIDS 2014.

PRONTO!

In August 2013, VAC worked with the Burnet Institute and the Victoria Department of Health to open PRONTO!, a peer-led rapid HIV testing site at 175 Rose Street in Fitzroy, Victoria. Since then, PRONTO! has administered over 1000 rapid HIV tests, introduced outreach 'pop-up' testing sites and started offering syphilis testing. PRONTO! was also visited by several international delegates during AIDS 2014 as a working model for rapid HIV and STI testing.

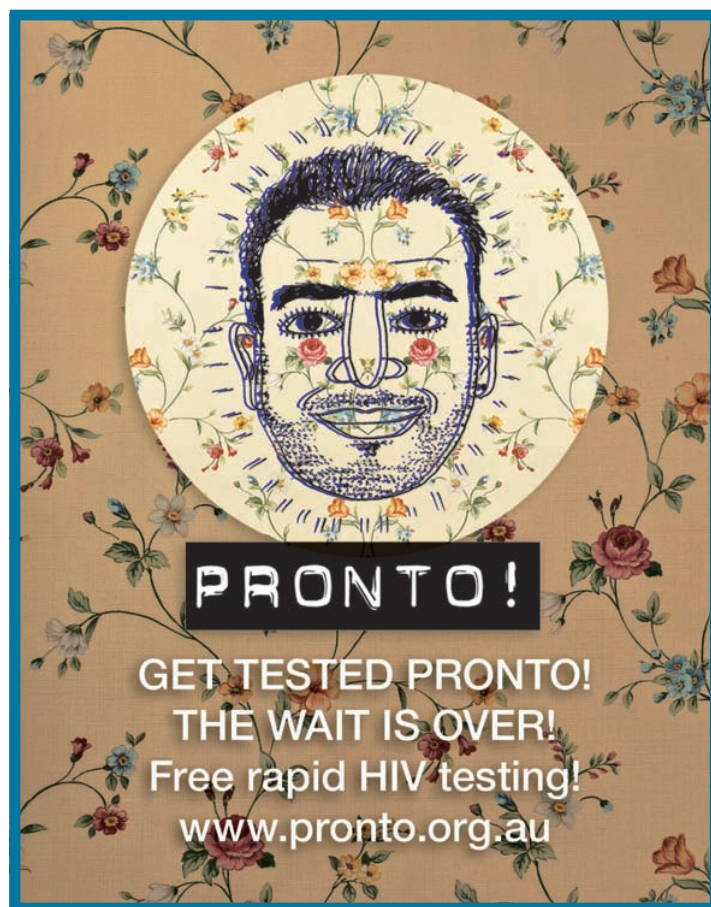
AIDS 2014

With Melbourne set to host the 20th International AIDS Conference (AIDS 2014), VAC was afforded the unique opportunity to work with an array of local and global partners. Supporting nearly three dozen events, VAC worked with various international partners as well as local venues, artists, organisations and community groups.

VAC worked with the Global Forum on MSM & HIV (MSMGF) to host a two-day pre-conference event at Melbourne Town Hall looking at sexual health issues for men who have sex with men and transgender people in the context of the global HIV/AIDS response. This was immediately followed by co-hosting the MSM Networking Zone in the AIDS 2014 Global Village.

Partnering with the San Francisco AIDS Foundation, VAC hosted a panel discussion on PrEP that included speakers from Fenway Institute (Boston, USA), Center for AIDS Prevention Studies (San Francisco, USA), Centre for Social Research in Health (Sydney, Australia) and Investigaciones Medicas en Salud (INMENZA) (Lima, Peru).

Working with the Victorian Trades Hall Council, VAC facilitated the Working Together, Stronger Together Mobilisation March. Taking the global issues surrounding HIV/AIDS through the streets



PRONTO!, Victoria's first community-based testing site, offers free, confidential rapid HIV and syphilis testing for gay men and other men who have sex with men.

of Melbourne, the march started at the Melbourne Convention and Exhibition Centre and ended in Federation Square where it was followed by the AIDS 2014 Candlelight Vigil.

Community Forums

VAC has begun hosting Community Forums looking at various issues affecting its key populations. The first in this series focused on PrEP in the lead up to the VIC PrEP Study with a follow-up forum during AIDS 2014. Going forward, VAC is hoping to continue to offer these events on a monthly basis covering a range of topics.

VAC's Annual Report is made available online at: www.vac.org.au/VAC-annual-report ■



Pictured top: The Working Together, Stronger Together – AIDS 2014 Mobilisation March, organised by the Victorian AIDS Council and the Victorian Trades Hall Council, highlighted a diverse range of issues impacting the fight against HIV, and **above:** Protesters assemble at the Melbourne Convention and Exhibition Centre (MCEC) for the AIDS 2014 Mobilisation March, displaying the new Victorian AIDS Council logo.

During the year we provided more than 10,000 individual face-to-face client interactions, with just over 50% of these occurring through M Clinic. M Clinic now has more than 3,000 regular clients and continues to operate five days a week, with a further fortnightly outreach-testing site at the local sauna.

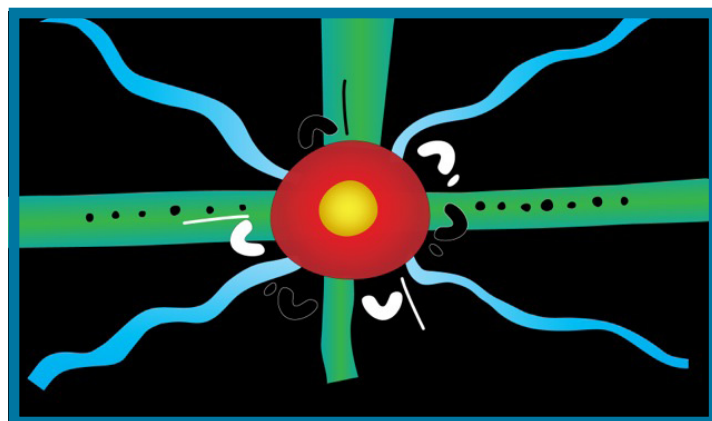
HIV notifications have remained relatively stable over the last two years, at around 120 per calendar year. Within this number, however, we have seen a continuing rise in notifications amongst gay and other homosexually active men. Government testing data shows that the rate of testing amongst males in WA has increased 25% since 2010, from 40 to just over 50 per 1,000 population. The rate of male notifications in the same period has remained flat at 1.5 per 1,000 tests. It is therefore possible that the increase in homosexual notifications is related to the increase in the testing rate, although no definitive conclusions can yet be made.

Of course, AIDS 2014 represented a significant amount of work during the year. Through additional grants, we were able to directly fund the attendance of 20 people to the Melbourne conference, including staff and HIV positive scholarships. Together with the WA Department of Health, we coordinated and hosted the WA presence in the Global Village: 'Size Doesn't Matter in Western Australia'.

Community sector reform also represented a significant body of work. Central to this is the ongoing procurement reforms, which includes a move to competitive tendering for outcomes-based contracts. Working with the Western Australian Council of Social Service (WACOSS), we have taken some leadership in developing guidelines that form the foundation agreement between government and community sector organisations on how the procurement process will work and how contracts will be managed throughout their life. In the short term, the system is generally favourable, but it seems likely that ultimately the process will lead to rationalisation and consolidation into fewer but larger contracts that will favour larger non-government organisations at the expense of 'niche' operators. It is in anticipation of this that we are more explicitly broadening our activity base into the wider areas of sexual health and blood borne viruses, with a particular focus on youth.

On a broader scale we have been as active as our resources allowed in advocating for Western Australia in the development of national strategies and in other policy areas including pre-exposure prophylaxis (PrEP), HIV self-testing and better access to treatments for HIV positive community members. Generally, our efforts have been partially successful at best, and the Seventh National HIV Strategy hasn't ended up as a document we would have preferred in tone or content. Although we are committed to the targets, it is likely that the WA implementation plan will be different to those implemented elsewhere in Australia. During the year we launched 'An End to HIV in WA'. This incorporates the rollout of the national iteration of Ending HIV but also includes specific responses to travellers and younger African men.

A highlight of our year was the development and launch of our Reconciliation Action Plan. This represented a whole-of-organisation process of collaboration and cultural awareness training. The level of engagement across the entire staff and Board was exciting. Moving



Pictured top: Digital artwork produced by Ingrid Cumming from Kart Koort Wiern, which appears on the front cover of the WA AIDS Council's Reconciliation Action Plan; **centre:** In May 2014, M Clinic began offering rapid HIV testing as part of an evaluative study, which is taking place across Australia; and **above:** 'Size Doesn't Matter in Western Australia' at the AIDS 2014 Global Village. The booth highlighted WA's partnership approach to HIV prevention and management and its relevance to other remote areas within the Asia Pacific region.

towards reconciliation involves looking at all our services and programs and assessing the level and ease of access for Aboriginal and Torres Strait Islander people. It is very apparent that we have significant gaps and the Substantive Equality Policy that was also launched during the year supports our Reconciliation Action Plan. ■

AFFILIATE MEMBER REPORTS

POSITIVE LIFE NSW

By Craig Cooper, Chief Executive Officer

It was a busy year for HIV policy. Positive Life provided policy responses on: the NSW Hepatitis B and C Strategies; analysis of the NSW HIV surveillance data; the Seventh National HIV Strategy; housing support needs of people living with HIV (PLHIV); and a major submission on the need for high resolution anoscopy services for people with HIV and men who are at increased risk of anal cancer. Positive Life NSW continued to have a high level of representation in consultative and advocacy initiatives, often working in partnership with other key agencies.

The 'Choose Treatment' campaign

Over 100 people attended the World AIDS Day ceremony at Customs House on 1 December 2013, where the Choose Treatments campaign was launched by the NSW Health Minister. Positive speakers at the launch talked about the importance of early treatment. Since the campaign launch, there have been approximately 45,120 hits on the campaign web page. The campaign has appeared in both electronic and print media, with campaign resource distribution including t-shirts, fans, fridge magnets, posters, chalk boards and easels, and placards for 2014 Mardi Gras parade entry. Campaign resources were distributed at Fair Day, Coast Out and during the 2014 Mardi Gras parade by volunteers holding banners and wearing campaign t-shirts.

Service delivery advocacy

We continued to advocate for the service needs of PLHIV who are negatively impacted by poverty, comorbidities, mental health and drug and alcohol issues, and have been working with ACON and Bobby Goldsmith Foundation (BGF) to prevent marginalised PLHIV from being left behind and further isolated. A new consultation and engagement framework has been developed and provides a mechanism to further inform program development and emerging policy priorities for Positive Life.

Emerging issues

Providing PLHIV and sector partners with information on emerging issues is a priority for Positive Life. Articles were published on evidence about the benefits of treatment, about the lack of knowledge among gay men about post-exposure prophylaxis (PEP), about concerning trends in late diagnosis of gay men in their 40s and 50s with HIV, and about the need for PLHIV to take a stand and play an active role in fighting HIV-related stigma and discrimination. We also discussed the futility of criminalising HIV transmission and exposure and why the criminalisation of HIV does not work as a public health strategy.

Peer support

Two new peer support programs have been implemented. The first is a social event inclusive of all PLHIV regardless of sexual orientation called the Quarterly and the other is a new PLHIV discussion program call Peer2Peer.

Positive Speakers Bureau

Stigma and discrimination continues to impact on the lives of PLHIV in NSW and the Positive Speakers Bureau plays an important role in educating the general community about the lived experience of PLHIV



and about the impact of HIV related stigma and discrimination. The Bureau provided 170 speaking engagements to schools, universities, HIV sector partners and the corporate sector.

Positive Life launched the Positive Speakers Bureau DVD featuring excerpts from ten passionate and experienced speakers at the G'Day Networking Zone during the 20th International AIDS Conference (AIDS 2014) in Melbourne. It is through hearing people's lived experience and stories that we educate audiences, correct HIV myths and reduce stigma. It is through their own stories that speakers deliver valuable HIV education and health promotion messages. ■

NEW ZEALAND AIDS FOUNDATION (NZAF)

By Shaun Robinson, Executive Director

The New Zealand AIDS Foundation (NZAF) is continuing to adapt and respond to changes in the epidemic and the environment for combating HIV.

A social marketing approach to promoting a condom culture remains the cornerstone of our prevention efforts. The Love Your Condom brand has continued to increase its reach to hundreds of thousands of gay men and other men who have sex with men (MSM) – especially online, where our messages are viewed millions of times on mobile apps and social media websites.

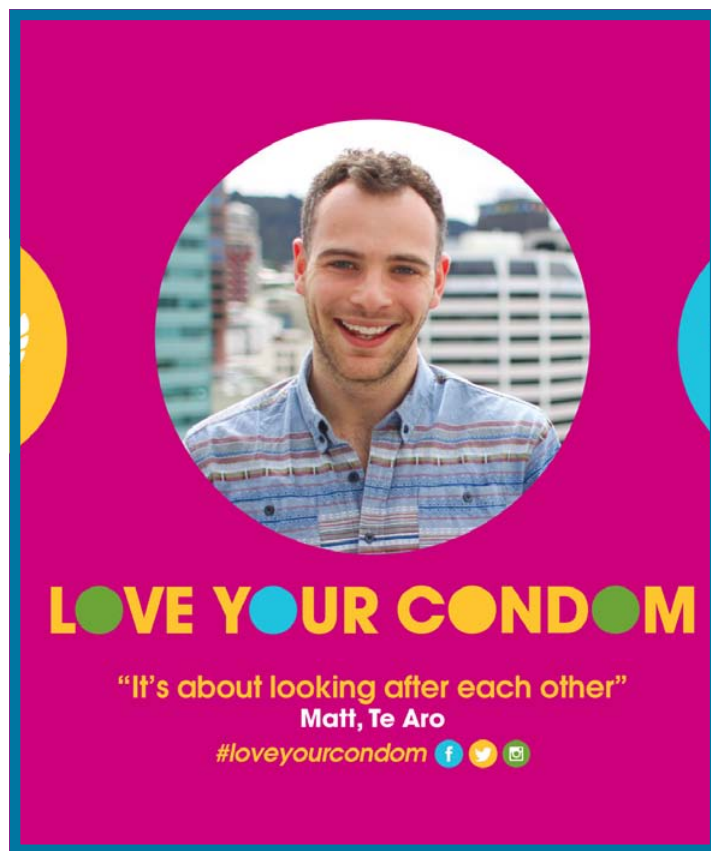
As the demographics of New Zealand change, this is reflected in changes to our epidemic. NZAF is adapting community engagement and the delivery of its programs to better reach the wide range of cultures in our community.

Condom promotion has been supported by our HIV testing program. NZAF HIV testing numbers have risen from approximately 800 p.a. in 2006 to 2,500 p.a. in 2013/14. The introduction of the P24 antigen test in community settings has given us a 35% increase in testing in two years. We have also introduced self-swab testing for gonorrhoea, and we provide a rapid test for hepatitis C and testing for syphilis and chlamydia. Correspondingly, our counselling and support service has also grown substantially and is operating at full capacity. The enthusiasm of people living with HIV for innovative group support has meant that we have expanded this work further, as well as working in partnership with other organisations on a second retreat for people living with HIV in the South Island.

Primary prevention through condoms remains pivotal and we have maintained high condom use, with condom use among casual partners at over 80% for MSM. After some encouraging signs in the last few years, new HIV diagnoses for MSM have stabilised and prevalence remains one of the lowest in the world.

However, this is not good enough; we want to eliminate new HIV transmissions. One in five MSM with HIV is currently undiagnosed and 50% of all diagnoses in New Zealand are late; the country needs to increase access to testing and treatment so as to capture as much of the benefit of reduced infectivity as possible. NZAF will be working with the wider health sector to promote these goals.

One policy win so far is the introduction of legislation to make HIV, gonorrhoea and syphilis notifiable diseases and give wider powers to medical officers of health.



Love Your Condom campaign collateral. The online component of the campaign has received millions of views on mobile apps and social media websites.

Our work with African New Zealanders was reviewed this year and we are implementing some changes to increase momentum around a safe sex social movement among African communities.

A highlight of the year was our presence at the International AIDS Conference in Melbourne where we were able to share the theory and practice behind our programs, as well as learn from our many colleagues around the world.

It's been a busy year and one in which we reflect on an epidemic that is arguably under control but not in decline – that is our challenge for the year ahead. ■



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 20 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.



Andrew Burry, Treasurer

Andrew is the Chief Executive Officer of the WA AIDS Council. Between 2007 and 2012 he was General Manager of the AIDS Action Council of the ACT. Prior to that, he spent two years as a fundraiser with the Victorian AIDS Council/Gay Men's Health

Centre. Andrew's prior professional background in commerce includes the biotechnology, finance and advertising sectors. He has tertiary qualifications in marketing and finance. Andrew lectured marketing students for two years at Monash University, whilst also working as a volunteer announcer and current affairs presenter with JOY FM 94.9. Andrew has been involved with the ALSO Foundation and the Melbourne Queer Film Festival, and was a foundation member of the Board of the National LGBTI Health Alliance.



Joanne Leamy, Secretary

Joanne has served on the Board of Queensland AIDS Council (formerly Healthy Communities) since 2008 and became President in late 2012. Joanne is a Registered Nurse with over 20 years nursing and research experience in the fields of sexual

health, HIV and hepatitis C. She holds an MA (Nursing) and has held sessional teaching positions at James Cook University, Griffith University and taught at University of Queensland HIV Courses. She is also a Graduate of the Australian Institute of Company Directors. Joanne has undertaken various volunteering activities in her LGBT community, and she and her partner have a teenage son.



Kim Gates, Ordinary Member

Kim has been employed with NTAHC since November 2012. Kim was initially employed as the Deputy Director and was promoted to Executive Director in March 2014. She holds a Degree of Master of Indigenous Health and has over 15 years' experience

working in the areas of blood borne viruses, justice, Indigenous health and drug and alcohol in the non-government sector and the Commonwealth and Territory governments. Kim is passionate about improving health outcomes for Territorians, particularly Aboriginal people. Kim has extensive governance experience and currently holds the position of Secretary of the Association of Alcohol and Other Drug Agencies NT (AADANT) and is President of the NT Writers Centre.



Damon Brogan, The Australian Injecting and Illicit Drug Users League (AIVL)

Damon has worked in a number of roles in drug user peer-based organisations since 1992. From 1994 to 2003, he was manager of SAVIVE, the drug user program of the AIDS Council of South Australia. More recently

Damon was the Executive Officer of Harm Reduction Victoria (2004–2011) and currently manages the Harm Minimisation Program at the NT AIDS and Hepatitis Council. Damon has enjoyed a strong association with AIVL over many years. This is Damon's second stint as AIVL's delegate to AFAO.



Michelle Tobin, Anwernekenhe National HIV Alliance (ANA)

Michelle Tobin is an Aboriginal woman of the Yorta Yorta Nation; she is also a descendant of the Stolen Generation. Michelle has lived with HIV for over 24 years, lost her husband to HIV and

experienced many levels of stigma and discrimination. None of this has stopped her; instead it has driven Michelle to become very passionate and a vocal advocate for HIV issues. Since her diagnosis in 1990, Michelle has spent many years working with the HIV Speakers Bureau nationally. She has served on several HIV board and committees, at a state and national level. Michelle is the current Chair of the Anwernekenhe National HIV Alliance and also a community member with the PATSIN and Femme Fatales networks of the National Association of People Living With HIV Australia (NAPWHA).



Mish Pony, Scarlet Alliance, Australian Sex Worker Association

Mish Pony has been involved in the sex worker rights movement and LGBTIQ health for a number of years, starting as a queer officer at the University of Sydney and a facilitator of ACON's Fun & Esteem

project. Mish was the Trans Sex Worker Representative for Scarlet Alliance, Australian Sex Workers Association 2009–2010, and 2011–2013, and International Spokesperson in 2010–2011.

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



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 and court diversion programs, and been employed as an HIV program manager in the NSW hospital

system. He is currently the Chief Executive Officer for Positive Life NSW and is the NAPWHA Secretary/Treasurer. Craig holds a postgraduate diploma in Clinical Drug Dependence Studies from Macquarie University and a Masters of Public Administration from the University of Sydney. Craig was diagnosed with HIV in 2004.



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).

Co-opted members

Co-opted members are people who have special interest or knowledge relevant to AFAO, who are appointed to the Board for a term expiring at the subsequent Annual General Meeting.



David Mejia-Canales, Co-opted Member

David is currently the Vice President of the Victorian AIDS Council and this is his first appointment to the AFAO Board. David is a trained lawyer working at an organisation supporting families with loved ones in jail overseas. He has experience in HIV

prevention in rural Aboriginal and LGBT communities, and is currently completing a Masters of Laws at the ANU. Previously David completed a Juris Doctor at RMIT University, Melbourne, and Bachelor of Arts majoring in Anthropology.



Alison Coelho, Co-opted Member

Alison Coelho is the Stream Leader Multicultural Health Improvement and Manager of the Multicultural Health and Support Services (MHSS) and Multicultural Oral Health at the Centre for Culture Ethnicity and Health (CEH). MHSS

is a state-wide program that aims to prevent HIV, sexually transmissible infections, and viral hepatitis amongst high prevalence refugee and migrant communities across Victoria. She has a background in Sociology and Community Development.

Alison spent over a decade in the community sector in refugee policy development, advocacy, regional coordination and direct service in metropolitan Melbourne. She also worked in Nairobi on an HIV prevention project with young people. She is committed to addressing the social determinants of health and their impact on the health and wellbeing of refugee and migrant communities.

TREASURER'S REPORT

By Andrew Burry, AFAO Treasurer

The financial year ended with some uncertainty around future funding in terms of both quantum and timing. Nonetheless, AFAO is proudly a going concern and the accounts reflect this. 'Uncertainty' is why particular care needs to be given to ensuring that the organisation maintains sufficient reserves to carry it through periods of delayed or reduced funding. The decisions taken three years ago and excellent financial and administrative control resulted in three consecutive financial surpluses, offering the organisation considerable flexibility in dealing with recent challenges.

The year just ended produced a surplus of a little over \$25,000. Whilst this is reduced from that of the prior year, it is an excellent result given additional activities experienced in 2013/14. Almost all of the expenses associated with AFAO

participation in AIDS 2014 occurred in the past year, which had a net unfunded cost of \$58,000. Additionally, a major refurbishment of the AFAO Newtown offices was undertaken and all expenses associated with that have been similarly accounted.

Looking ahead, the organisation remains in a strong financial position, with good net assets substantially represented by cash.

As always, appreciation is due to management and staff and particularly to the finance and administration team led by Financial Controller, Sarita Ghimire and Office Coordinator, Andrew Sajben. ■

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED

THE BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2014

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	Joanne Leamy – Secretary
Andrew Burry – Treasurer	Kim Gates – Ordinary Member	Craig Cooper
Damon Brogan	Mish Pony	Michelle Tobin
Alison Coelho (Co-opted member)	David Mejia (Co-opted member)	Finn O'Keefe – Staff Rep
Rob Lake – Ex Officio		

DIRECTORS' REGISTER OF ATTENDANCE 2014

	Board Meetings	
	Number Eligible To Attend	Number Attended
Brown, G	4	3
Burry, A	8	7
Brogan, D	5	5
Coelho, A	3	3
Cooper, C	8	6
Costello, M	5	2
Gates, K	4	4
Goodbun, R	4	3
Haire, B	8	7
Kelsall, J	3	2
Lake, R (Ex Officio)	8	8
Leamy, J	4	4
Autonomy, A	2	—
Mejia, D	3	1
O'Keefe, F	8	5
Pony, M	6	6
Tobin, M	3	3
Rowe, P	8	8

Principal Activities

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

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

Significant Changes

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

Operating Result

The surplus of the Federation for the year ended 30 June, 2014 amounted to \$25,355 (2013 surplus of \$105,114).

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

Rob Lake – Executive Director



Andrew Burry – Treasurer



Dated this 12th day of September 2014

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	Notes	2014 \$	2013 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	1,509,373	1,481,411
Trade and other receivables	6	179,620	123,017
Inventories		—	—
Assets held for sale		—	—
Security deposits and prepayment		14,241	25,931
TOTAL CURRENT ASSETS		1,703,234	1,630,359
NON-CURRENT ASSETS			
Property, plant and equipment	7	105,083	10,305
Investment property		—	—
Intangibles		—	—
TOTAL NON-CURRENT ASSETS		105,083	10,305
TOTAL ASSETS		1,808,317	1,640,664
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	459,923	465,911
Grants in advance	9	202,082	91,932
Provisions	10	280,995	255,110
Borrowings		—	—
TOTAL CURRENT LIABILITIES		943,000	812,953
NON-CURRENT LIABILITIES			
Provisions	10	56,532	44,281
Borrowings		—	—
TOTAL NON-CURRENT LIABILITIES		56,532	44,281
TOTAL LIABILITIES		999,532	857,234
NET ASSETS		808,785	783,430
EQUITY			
Reserves	12	86,878	86,678
Retained earnings	11	722,107	696,752
TOTAL EQUITY		808,785	783,430

The accompanying notes form part of these financial statements

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 \$	2013 \$
REVENUE			
Donations and gifts – Monetary		1,500	29,347
Donations and gifts – Non-monetary		—	—
Bequests and Legacies		—	—
Grants			
DFAT (AusAID) PNG MSM Program		222,075	212,604
DFAT (AusAID) Regional HIV Capacity Building Program		588,502	472,016
DFAT (AusAID) Australian Awards Fellowship Program		450,245	121,171
Other Australian – Commonwealth Funds (DoHA)		2,212,804	2,242,733
Other Overseas		—	—
Investment income		48,723	41,221
Other income			
Overseas		9,386	—
Domestic		54,775	8,285
Revenue for International Political or Religious Adherence Promotion Program		—	—
TOTAL REVENUE	2	3,588,010	3,127,377
EXPENDITURE			
International Aid and Development Projects			
Funds to international programs	3	1,036,109	680,209
Program support costs		57,387	54,784
Community education		—	—
Fundraising costs – Public		—	—
Fundraising costs – Government, multilateral and private		32,718	18,455
Accountability and administration	3	48,865	8,930
Expenditure for International Political or Religious Adherence Promotion Program		—	—
Domestic Programs			
Domestic programs expenditure		707,051	719,293
Staffing		1,059,437	1,016,115
Administration		621,088	524,477
TOTAL EXPENDITURE		3,562,655	3,022,263
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE		25,355	105,114

The accompanying notes form part of these financial statements

	Retained Earnings	General Reserves	Total
	\$	\$	\$
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
Surplus/(Deficit) attributable to members	25,355	—	25,355
Balance at 30 June 2014	722,107	86,678	808,785

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 2014

	Notes	Inflows (Outflows) 2014 \$	Inflows (Outflows) 2013 \$
Cash flows from operating activities			
Australian Government Grants received		2,204,251	2,595,229
Interest Received		48,723	41,221
Other Grants/Income		1,388,583	594,772
Project Grant Costs		(1,689,407)	(1,202,443)
Payments to Employees and Suppliers		(1,805,978)	(1,591,708)
Net cash provided by (used in) operating activities		146,172	437,071
Cash flow from investing activities			
Payments for property, plant and equipment		(118,210)	—
Net cash provided by (used in) investing activities		(118,210)	—
Net increase/(decrease) in cash held	15	27,962	437,071
Cash at beginning of year		1,481,411	1,044,340
Cash at end of year	5	1,509,373	1,481,411

The accompanying notes form part of these financial statements

	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	1,489,001	2,352,269	(2,449,816)	1,391,454
DFAT Regional HIV Capacity Building Program	41,779	576,400	(554,881)	63,298
DFAT PNG MSM Program	(59,084)	152,247	(171,578)	(78,415)
Donations – Intl Program	9,715	—	—	9,715
DFAT Australian Awards Fellowship Program	—	560,641	(437,320)	123,321
TOTAL	1,481,411	3,641,557	(3,613,595)	1,509,373

DFAT PNG – All expenses were made in accordance with their designated purpose. However the Federation have experienced a timing delay with this funding. Majority of this Funding was received early in the new financial year. However, \$27,230 from 2012-13 has now been written off as a bad debt as AFAO has been advised that this sum will not be reimbursed. 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.

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 2014

Note 2: Revenue

Operating Activities

	2014	2013
	\$	\$
Donations and Gifts – Monetary	1,500	29,347
Operating grants:		
DFAT (AusAID) PNG MSM	222,075	212,604
DFAT (AusAID) Regional HIV Capacity Building Program	588,502	472,016
DFAT (AusAID) Australian Awards Fellowships (AAF)	450,245	121,171
Other Australian: Government Grants	2,212,804	2,171,543
Other Australian Grants	13,385	71,190
Investment Income	48,723	41,221
Other income:		
Australian	41,390	8,285
Overseas	9,386	—
	3,588,010	3,127,377

Note 3: International Program Expenditure

International Aid and Development Projects:

Funds to international program (regular programs – DFAT PNG MSM & Regional HIV)	626,464	571,451
Funds to international program (Australian Awards Fellowship programs)	409,645	108,758
	1,036,109	680,209
Accountability & Admin (regular programs – DFAT PNG MSM & Regional HIV)	8,265	8,930
Accountability & Admin (Australian Awards Fellowship programs)	40,600	—
	48,865	8,930

Note 4: Auditors' Remuneration

Remuneration of the auditor of the Federation for:

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

Note 5: Cash and Cash Equivalents

Cash at bank	93,920	271,747
Short-term bank deposits	1,414,753	1,208,964
Cash on hand	700	700
	1,509,373	1,481,411

The effective interest rate on short-term bank deposits was between 2.90 – 3.80% (2012: 4.25%). Two of the deposits (\$35,000 & \$45,000) has a maturity of twelve months and other 4 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	1,509,373	1,481,411
	1,509,373	1,481,411

	2014	2013
	\$	\$
Note 6: Trade and Other Receivables		
Member Organisations	6,254	2,542
Government Grants	—	(8,553)
International Program – Abt JTA International & Project Partners	92,072	82,365
Health Sector Organisations	10,911	(120)
GST Receivable	70,383	46,783
	<hr/> 179,620	<hr/> 123,017

Note 7: Property, Plant and Equipment

Office equipment at cost	47,299	42,802
Accumulated depreciation	(38,873)	(36,346)
Total office equipment	<hr/> 8,426	<hr/> 6,456
Leasehold improvements		
At cost	113,714	40,578
Accumulated depreciation	(17,057)	(36,729)
Total Leasehold Improvements	<hr/> 96,657	<hr/> 3,849
Total Property, Plant and Equipment	<hr/> 105,083	<hr/> 10,305

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	3,849	6,456	10,305
Additions	113,714	4,496	118,210
Disposals	(3,849)	—	(3,849)
Depreciation expense	(17,057)	(2,526)	(19,583)
Carrying amount at the end of year	<hr/> 96,657	<hr/> 8,426	<hr/> 105,083

Note 8: Trade and Other Payables

	2014	2013
	\$	\$
CURRENT		
Trade payables	408,108	416,384
GST Payable	37,241	36,189
Clearing Accounts – PAYG Tax	14,574	13,338
	<hr/> 459,923	<hr/> 465,911

Note 9: Grants in Advance

Refer note 1 i)

Health Department Grants – Commonwealth and State	—	—
International Program Grants	176,317	65,432
Other Grants	25,765	26,500
	<hr/> 202,082	<hr/> 91,932

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
Note 10: Provisions		
Employee Benefits (Refer to Note 1 (f))		
Current	280,995	255,110
Non-Current	56,532	44,281

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

Number of full time equivalent employees at year end	15.4	15.7
--	------	------

Note 11: Retained Earnings

Retained earnings at beginning of year	696,752	591,638
Operating surplus/(deficit) for the year	25,355	105,114
Retained earnings at the end of the year	722,107	696,752

Note 12: Equipment Replacement & 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.

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

Note 13: Operating Lease Commitments

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

Payable – minimum lease payments		
– not later than 12 months	111,384	109,853
– between 12 months and 5 years	272,668	398,360
– greater than 5 years	—	—
	384,052	508,213

Note 14: Events after the Statement of Financial Position Date

- No material events that affect the Federation or these financial statements have occurred since balance date requiring disclosure.
- The financial report was authorised for issue on the 12th September, 2014.

	2014 \$	2013 \$
Note 15: Cash Flow Information		
Reconciliation of Net Cash Flow from Operations with Surplus/(Deficit) from Operations		
Operating surplus/(deficit)	25,355	105,114
Depreciation	19,583	5,036
(Profit)/loss on disposal of assets	3,849	1,692
Changes in net assets and liabilities		
(Increase)/decrease in prepayments & deposits	11,690	(20,871)
(Increase)/decrease in trade debtors	(56,603)	362,404
Increase/(decrease) in sundry creditors	(5,988)	156,317
Increase/(decrease) in grants in advance	110,150	(269,476)
Increase/(decrease) in employee benefits payable	38,136	66,855
Increase/(decrease) in reserves	—	30,000
Acquisition of fixed assets	(118,210)	—
	27,962	437,071

Note 16: Financial Risk Management

General objectives, policies and processes

In common with all businesses, the Federation is exposed to risks that arise from its use of financial instruments. This note describes the Federation's objectives, policies and processes for managing those risks and the methods used to measure them. 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: Peter W Rowe (Willie), Bridget Haire, Graham Brown, Joanne Leamy, Andrew Burry, Rodney Goodbun, Kim Gates, Audry Autonomy, Mish Pony, Jenny Kelsall, Damon Brogan, Craig Cooper, Michael Costello, Michelle Tobin, Alison Coelho, David Mejia, Finn O'Keefe and Rob Lake.
- b. Key management personnel comprise of Rob Lake (Executive Director), Simon Donohoe (Education Programs Manager), Chris Connelly (International Programs Manager), and Linda Forbes (Policy & Communications Manager) and 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 \$551,179 (2013: \$458,109). This included short-term benefits of \$505,017 (2013: \$420,930) and superannuation of \$46,162 (2013: \$37,179).

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 2014

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 2014 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 12th day of September 2014

Established 1973

**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 2014, consisting of the Statement of Profit or Loss and Other 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

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.

Principal

Garry Stewart Grahame

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 Auditing 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.

Consultant

Maria Masselos

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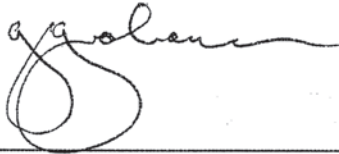
reliance on this report or on the Financial Report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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 2014, 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

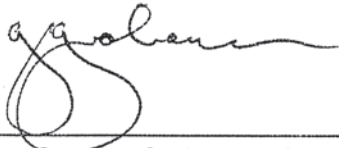
Dated this 12th day of September 2014

Established 1973

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 Incorporated 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

Dated this 12th day of September 2014

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS INCORPORATED
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
	\$	\$
Revenue		
Donations and Gifts	1,500	29,347
Grants		
DFAT (AusAID) PNG MSM Program	222,075	212,604
DFAT (AusAID) Regional HIV Capacity Building Program	588,502	472,016
DFAT (AusAID) Australian Awards Fellowship Program	450,245	121,171
Commonwealth Finds – Department of Health & Ageing	2,212,804	2,242,733
Other Australian Grants	—	—
Investment Income – Interest	48,723	41,221
Other Income		
Overseas	9,386	—
Domestic	54,775	8,285
	3,588,010	3,127,377
Expenditure		
Overseas Projects		
Funds to overseas projects	905,238	561,611
Other project costs	106,252	63,714
Domestic Projects Costs	712,647	726,674
Administration		
Audit	22,000	22,000
Bank Charges	1,942	1,467
Bad Debts Written Off	27,230	—
Contractors Fees	48,283	40,052
Depreciation Expense	19,583	5,036
Employee Assistance Program	—	1,088
Insurance	26,691	28,071
Meeting Expenses	18,878	26,506
Office Equipment Expense	34,550	20,261
Postage & Freight	871	1,852
Professional Fees	10,587	26,545
Loss on Disposal of Assets	3,849	1,692
Rent and Electricity	92,886	80,832
Relocation/Refurbishment Costs	19,362	—
Repairs and Maintenance	44,256	33,187
Resources and Subscriptions	21,923	18,415
Salaries and Wages	1,210,387	1,144,006
Staffing On-costs (includes professional development costs)	16,029	14,052
Stationery and Office Supplies	9,035	10,292
Superannuation	106,073	92,788
Telephone, Facsimile & Internet	12,903	13,927
Travel	74,189	66,269
Website	17,011	21,926
	3,562,655	3,022,263
OPERATING SURPLUS/(DEFICIT)	25,355	105,114



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