



support

collaborate

# ASHM Annual Report

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

HIV

inform

HBV

HCV

Viral Hepatitis

access

STIs

2011–2012

# ASHM People

**List of employed staff (2011/2012):** Jacinta Ankus, Cherie Bennett, Vicki Bowden, Amanda Burg, Naama Carlin, Rosanna Comparetto, Levinia Crooks, Liza Doyle, Chantal Fairhurst, David Fowler, Zhenzhen Gao, Nadine Giatras, Sarah Greig, William Gunner, Birdie Gurley, Wade Hanna, Sonja Hill, Hiba Jebeile, Stephanie Joensuu, Raphaelle Kelly, Nadia Khristenko, Claire Koetsier, Ellie Lightfoot, Maya Lindsay, Petrana Lorenz, Thanos Lygdas, Niamh Lynn, Catherine Luu, Stephanie McLean, Duc Nguyen, Rachel Peel, Attabur Rahman, Edward Reis, Nicole Robertson, Karen Seager, Tim Stern, Daliah Szwarc, Steven Thorne, Vanessa Towell, Linda Trinh, Veronica Turner, Amy Watson, Emily Wheeler, Elisabeth Wilkinson, Beth Wilson, Nikki Woolley, Asma Yusra.

**Clinical Advisers:** David Baker, Robert Batey, Tracey Jones, Sue Mason, Arun Menon, Naomi Ngo, Cathy Pell, Jeff Post, Jacqui Richmond, Olga Vujavic.

**Staff on secondment:** Helen Johnson, Daniel Madeddu, Anne Malcolm, Christopher Ward.

**Students currently on a placement at ASHM:** Megan Chinzani, Fanta Conteh.

**Students who have done a placement at ASHM:** Gabriella Dryden, Jennifer Massey.

**Staff who left ASHM during the year:** Ryan Boland, Renee Bennett, Elizabeth Bennett, Rosie Campo, Natalie Candarakis, Phyllis Cheng, Camilla Gannon Webb, Tracy Goh, Katherine Koulizakis, Mrinal Mandsorwale, David McGuigan, Arnawaz Merchant, Nathalie Rasko, James Rock, Nicola Tatham, Terrence Fairclough, Mark Zoellner.

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## President's Report

This has been a great year to be the President of ASHM. A real highlight was the announcement in November that Australia – on behalf of the Asia and Pacific Region – is to host the XX International AIDS Conference in 2014. The conference will be held in Melbourne and will be the largest medical conference ever to come to our shores.

ASHM has been selected by the International AIDS Society to be the Australian Scientific Partner for this conference. Our CEO Levinia Crooks will lead ASHM in this role, in concert with other societies and groups within Australia, Asia and the Pacific Region. It's an exciting opportunity for Australia to showcase our response to HIV and the vibrancy of our sector. It will also mean that the world's eyes will be on us, particularly as we near the 2015 deadline for the UN Political Declaration on HIV, which has set very ambitious targets for HIV treatment and prevention.

In 1993 when I joined ASHM, I did not imagine that I would be President during such a pivotal time in HIV medicine when notions of an HIV cure and an AIDS-free generation are scientifically-grounded and potentially achievable, albeit requiring sustained funding. However it is sobering to be reminded of the impact HIV continues to have globally and to reflect on how we might, as a Society, make our contribution to this global pandemic. With liver cancer now the fastest growing cause of cancer death in Australians, it's a strong reminder that there is still much for us to do in the fields of hepatitis B and hepatitis C as well.

Over the last year, ASHM's International Division has developed new relationships that reach more broadly across our region. In 2012, the International Program expanded to Vietnam, where our contributions facilitated the development of the Vietnamese Clinical HIV/AIDS Society (VCHAS), now approved and endorsed by the Vietnamese Government. ASHM has continued its excellent work and maintains high-calibre collaborations with different groups involved in the care of people living with HIV, blood borne viruses and STIs in Indonesia, East Timor, Malaysia, the Pacific and Papua New Guinea.

ASHM is also pleased to have established a position on its board for members representing Aboriginal and Torres Strait Islanders. Our inaugural member for this position is Mr Mark Saunders and we look forward to his guidance.

In order to broaden our connections and work across the health sector ASHM has introduced an Organisational Sustaining Membership program which sees ASHM align itself with 19 organisations, including those representing healthcare professionals working in the areas of Indigenous health, sexual health, gastroenterology and viral hepatitis, social and clinical research and nursing. We look forward to more organisations joining ASHM through this program.

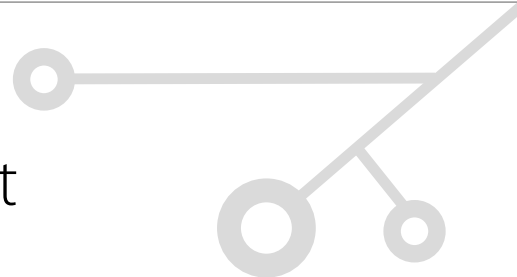
ASHM's Conference Division continues to grow and has developed relationships with a number of sister organisations in Australia. This work allows us to really put into action our commitment to supporting the HIV, viral hepatitis and sexual health sector. The Australasian Sexual Health Alliance was launched at our HIV and sexual health conferences in 2011 and ASHM has been a significant contributor to the Alliance.

Finally our Education area has undergone a restructure, separating our direct service provision in NSW from our national policy and education work. Both divisions are reorienting their approaches to align with the more localised health planning framework brought about by health reform, while at the same time trying to fulfill our role as a standard setter.

It's a privilege to be ASHM's President during these interesting times, when new treatments for hepatitis C, HIV treatment as prevention, PrEP, high-quality rapid testing and the hope of seeing an 'AIDS-free generation' arise on the near horizon.

See you out there.

# Chief Executive Officer's Report



Members may recall that last year we changed the format for the Annual Report and made it more outcomes focused. We have continued with that format this year and where possible have tried to give members an indication of trends. The Directors' Report is included in this annual report. The full, detailed financial report is available on our website. An electronic copy of the Annual Report is also on the website and includes hyperlinks within the report which link to the summary tables included in this printed version. I hope you find this useful.

It has been an exciting 12 months for the sector. We have seen growing evidence supporting the impact of HIV treatment on reducing infectivity as well as continued evidence for the benefits of starting treatment earlier. Some see this as a revolution, but at ASHM we have seen it as a continuation in the improvement of treatments, our understanding of the mechanics of treatment and the clinical process.

The area of treatment as prevention is a rapidly developing one and an area that is causing clinicians and patients to view treatment differently. But again this is not new in its continuation of our use of treatment to prevent transmission of HIV which has been routinely done during pregnancy for many years.

Similar treatment developments are being seen in the hepatitis C domain, where the drug pipeline resembles that of HIV a decade ago. There are now approximately 20 drugs in trial and many commentators are suggesting that within 10 years we will see hepatitis C treatment reduced to a few weeks or months, with vastly improved rates of efficacy.

These new treatment advances in both HIV and hepatitis C have stimulated interest in testing. The ASHM Testing Portal, which hosts the national testing policies for HIV and hepatitis C, has received over 4704 visitors over the year. We anticipate this number to grow as the Portal is linked to all government sites and with the addition of the hepatitis B policy. The new national testing policies have opened the door for the evaluation of Point of Care Tests (PoCT) in Australia and the committees are keeping a close watch on home testing.

Our work in hepatitis B continues and although there has been no great injection of funds into this area, ASHM has re-oriented its programs to make sure that it can continue its hepatitis B work. At the same time, we continue to expand our support of the broader sexual health sector. ASHM, together with partner organisations, founded the Australasian Sexual Health Alliance in 2011. The Alliance is overseeing the program for the 2013 Sexual Health Conference.

Within the ASHM Secretariat, the creation of an ASHM NSW Division is an exciting development for us, designed to better reflect our program activity. The Division works across the range of funded programs in NSW and has significant input into NSW based policy development.

Finally, in news that few would have missed, Australia has been selected to host the 2014 World AIDS Conference. ASHM is the Scientific Partner in this conference and I am representing ASHM on the Conference Coordinating Committee. Sharon Lewin, former ASHM President, is the local Co-Chair and it is a great opportunity to be working with Sharon again. We look forward to working with many of you in the lead up to Melbourne in July 2014.

## Our purpose

ASHM is a peak organisation of health professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexually transmissible infections (STIs). ASHM draws on its experience and expertise to support the health workforce and to contribute to the sector, domestically and internationally.

## Who we are

ASHM is a professional, not-for-profit, member-based organisation. It supports its members, sector partners and collaborators to generate knowledge and action in clinical management and research, education, policy and advocacy in Australasia and internationally. It is committed to quality improvement, and its products and services are sought after by governments, members, health care workers and affected people. ASHM's dedicated membership, high-calibre staff and commitment to partnership assure its effectiveness in achieving its mission.

## How we work

ASHM works collaboratively and in partnership to prevent HIV, viral hepatitis and sexually transmissible infections (STIs), and to preserve and protect the health of those living with these infections. It aims to function as a cohesive and inclusive group of professionals advancing its vision in a skilled, informed, compassionate and appropriate way.

## Our values

ASHM is committed to the principles of the *Ottawa Charter for Health Promotion* and *Jakarta Declaration on Leading Health Promotion into the 21<sup>st</sup> Century*, as well as the highest standards of ethical conduct as practised by the medical, scientific and health care professions.

ASHM is committed to continual quality improvement and working in ways that:

- support collaboration, partnership and cooperation;
- reflect best practice in management and service delivery;
- are informed by the latest scientific, clinical, health and policy research;
- maintain transparency, industrial fairness and democratic decision-making;
- strengthen ties with infected and affected populations;
- respect cultural differences and diversity;
- respect privacy and confidentiality and
- redress social inequities.

ASHM is a signatory to the Code of Conduct for Australian aid and development agencies, which is administered by the Australian Council for International Development (ACFID). A copy of the code is available at: [www.acfid.asn.au/code-of-conduct/acfid-code-of-conduct](http://www.acfid.asn.au/code-of-conduct/acfid-code-of-conduct)

# Supporting Partnerships

## ASHM Membership

Membership is the lifeblood of ASHM. We took the 2011-2012 Financial Year as an opportunity to evaluate our membership program to see how we could further benefit our members. As part of this process, we surveyed our members to find out what developments they would like to see, and what benefits of membership they most appreciate.

Subsequently, we invested considerable time in our membership strategy, looking for ways to expand our program and improve our service. Focus has been placed on the growth of our Organisational Sustaining Membership program (OSM), which allows our organisational members to pass on some of the benefits of ASHM membership to their staff, board or members by enrolling them as affiliates. 2011-2012 saw a gentle expansion of this program, as we wanted to evaluate the impact on ordinary membership figures.

We have nearly doubled our Organisational Sustaining Members - from 10 to 19 - with no impact on ordinary membership.

| Member type                      | 2010-2011   | % of total | 2011-2012   | % of Total |
|----------------------------------|-------------|------------|-------------|------------|
| Ordinary members (voting)        | 985         | 86%        | 1045        | 88%        |
| Honorary life members            | 0           | N/A        | 0           | N/A        |
| Student members                  | 46          | 4%         | 46          | 4%         |
| Retired members                  | 4           | <1%        | 4           | <1%        |
| Sustaining members (individuals) | 110         | 10%        | 86          | 7%         |
| <b>Total</b>                     | <b>1145</b> |            | <b>1181</b> |            |

Another aim of our membership growth plan has been to increase revenue so that we can reinvest back in to the program and offer our members more. As members may recall, the AGM last year voted unanimously to increase the ordinary membership fee from \$100 to \$187 (\$170 + GST). This is the first time membership fees have increased since 1999. Student and retired member fees remain the same.

Differential pricing was also introduced for our Organisational Sustaining Members.

With a detailed growth strategy in place and increased investment made possible through the new fee structure, we are now well positioned to expand our Organisational Sustaining Membership program throughout 2012. We have introduced a dedicated membership services officer and as the year was drawing to a close we were approaching a wide range of state, territory, and community based organisations, research centres, laboratories, and health professional organisations.

| Organisational Members of ASHM (OSMs)   | Affiliates 2011 | Affiliates 2012 |
|---|-----------------|-----------------|
| Australasian Sexual Health & HIV Nurses Association Inc.( ASHHNA )                                | 69              | 90              |
| Australasian Hepatology Association (AHA)   | 20              | 31              |
| Australian Indigenous Doctors Association (AIDA)  | 1               | 6               |
| Australia & New Zealand Association of Nurses in AIDS Care (ANZANAC) - Victoria Branch            | 3               | 3               |
| Australian Federation of AIDS Organisations (AFAO)  | 16              | 16              |
| Australian Practice Nurses Association (APNA)   | 30              | 33              |
| Australian Research Centre in Sex, Health and Society (ARCSHS)                                    | 10              | 24              |
| National Association of People Living with HIV/AIDS (NAPWA)                                       | 8               | 11              |
| National Centre in HIV Social Research - NCHSR  | 7               | 8               |
| The Kirby Institute (Formerly National Centre in HIV Epidemiology and Clinical Research - NCHECR) | 77              | 110             |
| Northern Territory AIDS and Hepatitis Council (NTAHC)   | N/A             | 0               |
| Australian Society of Sex Educators, Researchers & Therapists National (ASSERT)                   | N/A             | 1               |
| Family Planning New Zealand (FPNZ)  | N/A             | 0               |
| New Zealand Sexual Health Society (NZSHS)   | N/A             | 9               |
| Sexual Health and Family Planning Australia (SH&FPA)  | N/A             | 1               |
| Sexual Health Society of Queensland (SHSQ)  | N/A             | 18              |
| Sexual Health Society of Victoria (SHSV)  | N/A             | 3               |
| Victorian Hepatitis B Alliance (VHBA)   | N/A             | 7               |
| ViiV Healthcare   | N/A             | 4               |
| <b>Total</b>  | <b>241</b>      | <b>375</b>      |

## Regional Partnerships: Memorandums of Understanding

Memorandums of Understanding (MOUs) underpin the partnerships between ASHM and other professional HIV and sexual health societies in Asia and the Pacific. Our MOUs recognise the value of sustained relationships and the long-term contributions that regional collaborations can make to HIV responses throughout the region.

### Organisations with which we have a formal MOU

|  |        |
|--|--------|
| AIDS Society of Asia and the Pacific                                 | ASAP   |
| Coalition to Eradicate Viral Hepatitis in Asia and the Pacific       | CEVHAP |
| Indonesian Medical Association (Ikatan Dokter Indonesia)             | IDI    |
| Oceania Society for Sexual Health and HIV Medicine                   | OSSHMM |
| Papua New Guinea Sexual Health Society                               | PNGSHS |
| Timor Leste Medical Association (Associação Dos Médicos Timor Leste) | AMTL   |

For five years now, ASHM has been facilitating links between our regional partners through the Regional Professional HIV and Sexual Health Societies Network. Members meet each year to exchange information and identify opportunities for south-south collaborations. At the last International Congress on AIDS in Asia and the Pacific (ICAAP), the Network profiled its activities in a satellite session. In the coming twelve months, ASHM's International Division will be seeking to expand membership of the Network to include other professional HIV groups in our region.

At the time of this Annual Report, ASHM is about to sign an MOU with the Vietnamese Clinical HIV/AIDS Society (VCHAS). VCHAS and ASHM will be collaborating through an activity plan, endorsed by the Vietnamese Ministry of Health, to support capacity development amongst HIV health care providers across Vietnam over the next two years.

### About VCHAS

This year the Vietnamese Clinical HIV/AIDS Society (VCHAS) was launched. VCHAS is the first officially endorsed professional organisation for Vietnamese health care providers working in HIV and related diseases. In June 2012, the new Society convened its first meeting at which the Board and Executive members were elected and a Constitution approved. Immediately following this a Clinical Workshop - attended by almost 200 new society members and stakeholders from around the country - addressed a host of issues pertinent to HIV in Vietnam and posited these as issues which VCHAS can address. ASHM congratulates our colleagues in VCHAS and welcomes this newest society into the Regional HIV and Sexual Health Professional Societies Network.





## Sharing Information with the Sector

ASHM supports its members and the sector through its website, email alerts, targeted mail outs and an electronic newsletter, ASHMNews. Our service to the sector is also extended through participation in conferences and trade exhibitions where we distribute our resources and engage members as presenters and facilitators.

### ASHM website

Plans for the ASHM website redesign continue. In the meantime, visits to the website increased over the course of the year, with a 15 per cent growth.

| Communication with members and the sector       | 2011  | 2012  | % change |
|---|-------|-------|----------|
| Total annual visits                             | 58721 | 67582 | +15      |
| Average monthly website visits in the past year | 4893  | 5631  | +15      |
| Average number of unique visitors per month     | 2666  | 3208  | +20      |
| Average number of pages viewed per month        | 16067 | 17590 | +9       |

### E-Alerts

Targeted email alerts are one of the primary - as well as most valued - benefits of membership. The number of email alerts we send has slightly increased in an attempt to satisfy our members' appreciation of the alerts without overwhelming them. We've added additional areas of interest on the secure member portal to allow for a more refined and targeted mailout system.

| Email alerts               | Number 2011 | Number 2012 | % change |
|----------------------------|-------------|-------------|----------|
| Targeted email alerts sent | 134         | 165         | +23%     |

## Conference participation

Health-sector conferences provide ASHM with an excellent opportunity to distribute resources and promote training courses to an engaged audience of health professionals.

In 2011-2012, the National Policy and Education Division attended 19 conferences and secured three satchel inserts at events hosted in nearly all Australian states and territories. Events were selected to target a range of health professionals, including:

- Primary health care providers such as GPs, practice nurses and midwives;
- Aboriginal and Torres Strait Islander health workers and doctors;
- General practice educators;
- Health promoters;
- Drug and alcohol nurses and specialists;
- Hepatology nurses and gastroenterologists and
- Infectious diseases specialists.

## Report-Back

2011-2012 saw the introduction of the conference "report-back", first trialled during the 2012 CROI Conference in Seattle. The popularity of these report-backs, which involve ASHM members providing blog style feedback from the conferences they attend, is increasing. We shall continue to refine this information sharing tool throughout 2012.



### Electronic newsletter: ASHMNews

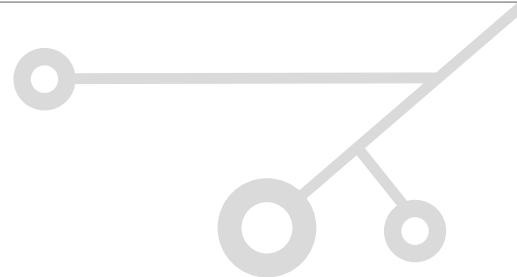
Modest refinements in layout and content for ASHMNews since early 2012 have improved the quality and accessibility of this online newsletter. Opening rates between July 2011 and June 2012 have increased by 30 per cent.

| Month 2010-11  | Number Mailed | Number Opened | Month 2011-12        | Number Mailed | Number Opened | % change in opening |
|----------------|---------------|---------------|----------------------|---------------|---------------|---------------------|
| July 2010      | 1212          | 393           | July 2011            | 1464          | 424           | +8%                 |
| August 2010    | 1339          | 383           | November 2011        | 1500          | 421           | +10%                |
| September 2010 | 1349          | 373           | January 2012         | 1486          | 465           | + 25%               |
| November 2010  | 1199          | 351           | March 2012           | 1635          | 398           | + 13%               |
| February 2011  | 1208          | 412           | March: Extra Edition | 1469          | 359           | -13%                |
| April 2011     | 655           | 198           | May 2012             | 1688          | 503           | +154%               |
| June 2011      | 1329          | 423           | June 2012            | 1740          | 511           | + 21%               |



It needs to be understood that the change in format for ASHMNews means that recipients can view all the basic content in their browser without opening the document. The “number opened” figure in the above table indicates that a reader has opened at least one of the extended articles.

# Delivering Quality Services



## Conference, Sponsorship and Event Services

The ASHM Conference, Sponsorship and Events Division provides professional conference organising services to sector partners. This contributes to the sector and provides us with opportunities to network.

Despite economic downturn and reduced sponsorship levels the Conference Division rolled out 11 events in 2011-2012, just one less than the previous year. This included two international congresses, showing the diversity of services in managing events in the international arena. Overall, delegate numbers remained stable although some conferences have seen lower numbers and reduced sponsorship thought to be due to the rising dollar, the economy and the competing number of events in the sector.

Together, our Conference Division and the ASHM Executive are working to maximise the benefit of the 2014 International AIDS Conference. One of our priorities is to increase participation in the conference and we are currently looking for opportunities, partners and funding to make this happen. This will take a significant amount of our time over the next two years.

## Indigenous participation in the Australasian HIV/AIDS Conference

Increasing the Indigenous participation in the 2011 Australasian HIV/AIDS Conference was a priority for ASHM.

An exhibition of Aboriginal and Torres Strait Islander sexual health promotion initiatives was held in the foyer of the Canberra Convention Centre for the second year running in order to allow for broader participation. The exhibition attracted considerable attention and was open to all participants and venue visitors offering much higher visibility than the previous year. We plan to hold the exhibition again in a few years.

The spotlight was also shone on Indigenous issues through the participation of Mr Randy Jackson as international guest speaker. Randy is a Scholar in Residence with the Canadian Aboriginal AIDS Network (CAAN), a recent Ontario HIV Treatment Network (OHTN) Community Scholar, and holds a community-based research Doctoral Award with the Canadian Institutes of Health Research (CIHR). His research interests include cultural competence in service provision, cultural resiliency and Aboriginal participation in HIV/AIDS clinical trials.

| Conferences organised by ASHM 2011-2012                                 | Collaborator                                   | Location  | Attendees |
|---|--|-----------|-----------|
| International Society for Cardiovascular Infectious Diseases Conference | ISCVID   | Cairns    | 108       |
| Palliative Care Conference  | Palliative Care Australia                      | Cairns    | 760       |
| Australasian HIV/AIDS Conference  | ASHM and sector collaborators                  | Canberra  | 863       |
| Australasian Sexual Health Conference                                   | Australasian Chapter of Sexual Health Medicine | Canberra  | 565       |
| Health Promotion Forum  | Workforce Development Program                  | Sydney    | 54        |
| HIV & the Body Behavioural  | Gilead   | Sydney    | 100       |
| HIV & the Body Oncology   | Gilead   | Sydney    | 126       |
| NSP Workers Forum   | Workforce Development Program                  | Sydney    | 175       |
| New Zealand HIV Update  | NZ ASHM Members                                | Auckland  | 123       |
| ASID Annual Scientific Meeting  | Australasian Society for Infectious Diseases   | Fremantle | 359       |
| International Microbicides Conference                                   | Microbicides Conference Organisers Ltd         | Sydney    | 580       |

## Professional Education

ASHM's National Policy and Education Division (NPED) and the newly created NSW Division provide professional education through training programs and publications across Australia and New Zealand. ASHM's International Division works with partners to provide training and develop resources elsewhere regionally.

### ASHM National Policy Education Division (NPED): an overview

NPED is the largest division within ASHM, reflecting the diversity of its programs and the variety of its work. NPED's programs are primarily funded by the Commonwealth Department of Health.

Much of the work of NPED is focused on the development of standards and the production of resources. Importantly, this Division works on policy development and the promulgation of information to help guide clinical practice.

It also houses ASHM's Operations Team, who organise logistics, ranging from course activities and the distribution of resources to the maintenance of the ASHM website and various other online portals.

Programs include:

- Viral Hepatitis Program
- HIV and STI Program
- Aboriginal and Torres Strait Islander Program
- Nursing Program

### ASHM NSW: an overview

The ASHM NSW Division - established in January 2012 - works collaboratively with Local Health Districts and Medicare Locals in NSW to identify and address health service workforce gaps in respect to HIV and BBVs. This is ASHM's largest area of direct service delivery.

ASHM NSW is involved in increasing the capacity of the primary care sector to manage HIV and BBVs through training and support including prescriber programs and ongoing education. Focus is placed on developing shared care models between the primary and tertiary care settings, particularly in HIV and hepatitis B where long-term medical management is required.

ASHM has a significant program of support for nurses funded by the NSW Ministry of Health. In addition we work closely with many Aboriginal Medical Services to build their capacity to respond to HIV and BBVs.

Programs include:

- S100 Prescriber Program (HCV and HIV)
- Clinical education in BBV & STI
- Nursing Program
- Workforce Development Program
- Aboriginal and Torres Strait Islander Program

The table below shows a breakdown of courses by state. For the complete list of courses please visit [www.ashm.org.au/default2.asp?active\\_page\\_id=548](http://www.ashm.org.au/default2.asp?active_page_id=548)

### ASHM summary of clinical HIV, HBV, HCV, BBV & STI courses Australasia

| State/Territory/<br>Country | 2010-2011           |                       | 2011-2012           |                       |
|-----------------------------|---------------------|-----------------------|---------------------|-----------------------|
|                             | Total no of courses | Total no of attendees | Total no of courses | Total no of attendees |
| NSW                         | 69                  | 1291                  | 48                  | 1194                  |
| NT                          | 5                   | 133                   | 4                   | 72                    |
| SA                          | 2                   | 43                    | 3                   | 44                    |
| ACT                         | 2                   | 21                    | 3                   | 31                    |
| QLD                         | 0                   | 0                     | 2                   | 45                    |
| WA                          | 2                   | 43                    | 3                   | 77                    |
| TAS                         | 4                   | 98                    | 0                   | 2                     |
| VIC                         | 5                   | 87                    | 1                   | 15                    |
| NZ                          | 0                   | 0                     | 1                   | 130                   |
| <b>TOTAL</b>                | <b>89</b>           | <b>1716</b>           | <b>65</b>           | <b>1610</b>           |

Additional WDP and Aboriginal and Torres Strait Islander courses shown separately.

### ASHM'S Prescriber Program

ASHM NSW is now managing ASHM's prescriber program Australia-wide. This has enabled ASHM to significantly increase the number of HIV and HCV prescribers in its program.

| <b>S100 Community Prescribers for HIV and Hepatitis C</b>                                       | <b>2010-11</b> | <b>2011-12</b>                   |
|---|----------------|----------------------------------|
| Number of HIV community prescribers in NSW/ACT  | 95             | 114                              |
| Number of HIV community prescribers in VIC  | 37             | 46                               |
| Number of HIV community prescribers in SA   | 5              | 18                               |
| Number of HCV community prescribers in NSW/ACT (maintenance prescribing)                        | 31             | 31<br>(+3 pending accreditation) |
| Number of accredited HCV initiation prescribers participating in the Treatment Initiation Pilot | 7              | 7<br>(+4 pending accreditation)  |
| Number of HCV community prescribers in SA (maintenance prescribing)                             | 8              | 8<br>(+4 pending accreditation)  |

| <b>NSW Workforce Development Program Courses</b>                            | <b>Days 2011</b> | <b>Days 2012</b> |
|---|------------------|------------------|
| NSW Needle Syringe Project Workers Forum                                    | 2                | 2                |
| HARP Health Promotion Forum   | 1                | 1.5              |
| Introduction to the BBV sector (2 workshops)                                | N/A              | 2                |
| How to write a good abstract workshop                                       | 1                | 1                |
| Social marketing  | N/A              | 1                |
| Fundamentals of Project Management in HIV, viral hepatitis & STI sector     | 2                | 0                |
| ABC of STIs   | ½                | 0                |
| Aboriginal Cultural Awareness workshop                                      | 2                | 3                |
| Introduction to health promotion in the HIV, STI and viral hepatitis sector | N/A              | 2                |
| C me Hear me: Hepatitis C in our own words via DVD and online               | N/A              | N/A              |
| Introduction to HIV   | N/A              | e-learning       |
| Introduction to HBV   | N/A              | e-learning       |
| The ABC of STIs   | N/A              | e-learning       |

### NSW Workforce Development Program

The Workforce Development Program has been developing progressively over the past year. It supports the annual meetings of the Needle and Syringe Program workforce and the HARP Health Promotion Forum. It has also been supporting and conducting a number of face-to-face and online training activities.



Since its launch on 13<sup>th</sup> April almost 500 DVDs of *C me Hear me* have been distributed across Australia and even overseas. One Medicare Local has ordered 70 copies to go to all their GPs Justice Health staff at the local prison, and medical staff at the navy base. The chapters were uploaded to YouTube and Vimeo, and have been viewed over 650 times since its launch.

### Aboriginal and Torres Strait Islander BBV Program

OATSIH funded the Aboriginal and Torres Strait Islander BBV and STI project for a second year from 2011–2012. The project set out to assemble a range of training and workforce development activities into a sustainable and ongoing program of professional development. ASHM works closely with the Australian Indigenous Doctors Association (AIDA) and National Aboriginal Community Controlled Health Organisation (NACCHO) and its affiliates to make training available, and increase opportunities for greater participation of Aboriginal and Torres Strait Islander health staff in ASHM activities.

At the time of going to print there has still been no call for funding for 2012-2013 for this project. The Expert Reference Committee is ready to apply for funding if and when it is made available.

2011-2012 highlights include:

- Over 460 health care workers trained in managing BBVs and STIs in their Aboriginal and Torres Strait Islander clients;
- 36 national Aboriginal and Torres Strait Islander sexual health initiatives show cased (and published) via the 2011 Ngarra Exhibition;
- 15 Aboriginal Health Workers supported to attend the 2011 Australasian Sexual Health Conference through scholarships.

An extensive network and database of organisations with an interest in Aboriginal and Torres Strait Islander Health has been established creating a powerful base for seeking involvement in educational activities, policy and discussion papers, disseminating information and ensuring a collaborative approach across all aspects of our work.

| Aboriginal and Torres Strait Islander BBV and STI Program Courses   | 2010-2011                |                    | 2011-2012                   |                    |
|---|--------------------------|--------------------|-----------------------------|--------------------|
|   | Location                 | No of participants | Location                    | No of participants |
| <b>One Day</b>  |                          |                    |                             |                    |
| BBVs and STIs: Clinical Management in General Practice – Engaging your Aboriginal Clients   | Perth<br>Melb            | 14<br>32           | Darwin<br>Sydney            | 30<br>41           |
| STIs and Hepatitis B: Clinical Management in General Practice – Engaging Your Aboriginal Clients  | Perth X2                 | 29<br>22           | Brisbane<br>Perth<br>Mt Isa | 21<br>30<br>19     |
| Introduction to HIV Care  | Darwin                   | 10                 | N/A                         | 0                  |
| <b>Three Hour/Workshops</b>   |                          |                    |                             |                    |
| Could it be PID?  | Alice Springs            | 45                 | Darwin                      | 16                 |
| STIs: Why Bother?   | N/A                      | 0                  | Perth                       | 15                 |
| Sexual Health: Testing and Management   | N/A                      | 0                  | Alice Springs               | 27                 |
| Complicated STIs: Syphilis and PID  | Alice springs            | 36                 | Alice Springs               | 20                 |
| Could it be PID?  | Alice Springs            | 45                 | Katherine                   | 26                 |
| STIs: Testing and Management  | N/A                      | 0                  | Alice Springs               | 30                 |
| BBV Antenatal Screening - Rural Health West conference  | N/A                      | 0                  | Albany                      | 33                 |
| Hepatitis B Diagnosis and Management among Aboriginal & Torres Strait Islander clients  | Coffs Harbour            | 27                 | N/A                         | 0                  |
| STI Update - Rural Health West conference   | Fremantle                | 67                 | Fremantle                   | 45                 |
| BBV and STIs - Rural Health West conference   | N/A                      | 0                  | Perth                       | 58                 |
| National Partnership Agreement – Indigenous Health/ NSW Health funded Hepatitis C and B Introductory Course for Health Professionals Working with Aboriginal Patients | NSW regional courses x 8 | 200                | NSW regional courses x 3    | 61                 |

## Support for Nurses

In 2011-2012 the Nursing Interest Group developed a nursing report. The report was endorsed by the Board at its face-to-face meeting in May 2012 and will serve as a framework for the greater coordination across ASHM's Nursing Programs.

### Individual breakdown of nursing courses (data also included in ASHM NSW Course Summary Table)

| Nursing Courses   | 2010-2011  |                    | 2011-2012                        |                    |
|---|--|--------------------|----------------------------------|--------------------|
|   | Location   | No of participants | Location                         | No of participants |
| Hepatitis C Nursing Program*                                      | Melbourne – September<br>Sydney – March<br>Melbourne – May | 77                 | Sydney – July<br>Sydney – May    | 52                 |
| Hepatitis B Nursing: Advanced Nursing Management and Care*        | N/A  | N/A                | Sydney – May                     | 28                 |
| Short Course in Sexual Health Nursing*                            | Sydney<br>Ballina<br>Wagga Wagga                           | 100                | Sydney<br>Broken Hill<br>Narooma | 82                 |
| The Evolving Role of the Practice Nurse in Hepatitis B Management | N/A  | N/A                | Melbourne                        | 22                 |
| Advanced Course in HIV Nursing                                    | Sydney   | 16                 | N/A                              | N/A                |
| <b>Total</b>  |  | <b>193</b>         |                                  | <b>184</b>         |

\*Courses that include online modules

Number of Nursing Clinical Advisors employed = 3



ASHM, in conjunction with NSW STI Programs Unit (STIPU) and General Practice Victoria's sh3ed Program, sponsored an APNA Best Practice Award for Sexual Health. The prize, worth \$5000, was awarded during the APNA Conference in May 2012, to the applicant demonstrating an innovative approach to sexual health in primary care. The prize will be used to further the recipient's career in primary care nursing and sexual health.

## ASHM Publications

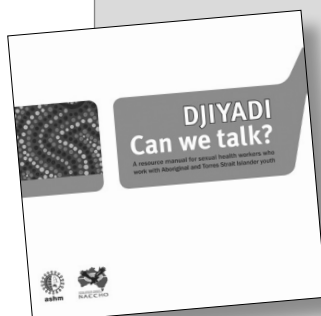
As part of its commitment to educating the health workforce, ASHM creates and distributes a wide range of resources.

In 2011-2012 approximately 70,000 ASHM resources were distributed or downloaded. The Australasian Contact Tracing Manual was the most sought after publication, with over 6,500 copies distributed and downloaded.

Highlights for this year include:

- Three new editions to the profession based booklet series
- Djiyadi - Can we talk? A resource manual for Aboriginal and Torres Strait Islander sexual health workers
- Testing Portal – an online portal with HIV, HCV, HBV testing policies and related information for health care professionals

### About: Djiyadi - Can we talk?



A new resource manual for sexual health workers who work with Aboriginal and Torres Strait Islander youth was launched at the Australasian Sexual Health Conference in Canberra. The resource was developed as a joint initiative between ASHM and the National Aboriginal Community

Controlled Health Organisation (NACCHO). Since it was first released, demand for this publication has been so high that ASHM permanently has a back log of orders.

To view the complete range of ASHM publications visit the ASHM website.

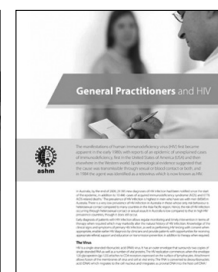
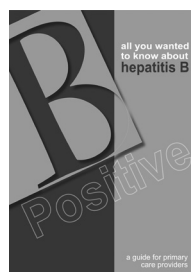
## Print publications

By the end of the financial year ASHM had a total of 55 print publications available through its website. Ten of these were developed in 2011-2012. Over the year we have invested heavily in making more of our resources available online. As a result the total number of resources distributed by ASHM has increased by 18 per cent, and the number of resources downloaded over the web has more than doubled.

|              | 2010-2011     | 2011-2012     |
|--------------|---------------|---------------|
| Print        | 48,357        | 43,978        |
| Download     | 10,794        | 26,074        |
| <b>Total</b> | <b>59,151</b> | <b>70,052</b> |

The three most popular print publications were:

- B Positive (2008) - all you wanted to know about hepatitis B
- Dentists and HIV
- GPs and HIV



## Online training and resources

Our work in this area has gone beyond simply uploading PDFs of our print publications to the website and has focused on developing user-friendly web-based products that meet the needs of a range of professionals. These are most often in the form of microsites.



## Microsites

| Title   | Published                        | Visits | Unique Visits |
|---|----------------------------------|--------|---------------|
| Testing Portal                                      | Sep 2011                         | 4,704  | 3,232         |
| Australasian Contact Tracing Manual                 | 2010                             | 6,035  | 4,559         |
| Australian commentary to US DHHS HIV ARV Guidelines | 2 revisions published in 2011-12 | 11,405 | 8,811         |
| HIV legal resource                                  | 2009                             | 11,158 | 8,192         |

## E-Learning modules

| Title                                     | Published | No. of times Accessed (2011-2012) |
|---|-----------|-----------------------------------|
| Emergency Services Providers              | 2011      | 76                                |
| Antenatal testing and blood-borne viruses | 2010      | 330                               |
| Dentists and HIV                          | 2010      | 123                               |

In addition to developing our own online training modules, ASHM is also working with partners to develop theirs.

ASHM, in collaboration with ThinkGP, has developed three online educational activities available via the ThinkGP website. The activities are targeted at primary care providers including GPs and Practice Nurses:

- Managing Aboriginal and Torres Strait Islander patients with hepatitis B and hepatitis C
- Introduction to HIV Care for General Practitioners
- Hepatitis C management - we can do more - education discussion

ASHM has also successfully developed three online infection control training modules for the Australian Commission on Safety and Quality in Health Care. These cover:

- Infection control in primary healthcare settings
- Infection prevention and control in dental practices
- The role of nurses in antimicrobial stewardship.

## Policy Development

ASHM draws on its experience and expertise and those of its members to contribute to the development of policy relating to HIV, hepatitis B, hepatitis C and STIs.

| Major Policy Activities: Facilitated meetings, reports and submissions   | What was involved  |
|--|--|
| Mid-term review of national strategies on HIV, HCV, HBV, STIs, and Aboriginal and Torres Strait Islander BBVs & STIs | ASHM Board, key advisors to ASHM and sector wide stakeholders provided recommendations for each strategy. The position paper is available online from the ASHM website.  |
| Hepatitis B Testing Policy: The Testing Portal   | ASHM hosted an Expert Reference Committee to develop the first national testing policy for hepatitis B.  |
| Stigma and Discrimination: A Report  | This important report, published by ASHM and National Centre in HIV Social Research (NCHSR) addressed the stigma and discrimination experienced by HIV and viral hepatitis positive people. The report made three key recommendations regarding policy support, communication, and further research. |
| Submission to PBAC for the removal of liver biopsy as a precursor to hepatitis B treatment                           | ASHM representatives collaborated with ALA and ASID regarding changes to listings of HBV antivirals.   |

### National testing policies online

The Testing Portal, covering HIV, hepatitis C and hepatitis B testing policies and associated information for doctors, healthcare workforce, laboratory and community workers and the Australian community was launched at the 2011 Australasian HIV Conference. ASHM is managing the Portal.

The Portal is designed to be a one-stop-shop for information relating to testing. Expert reference groups review the policies annually. The portal contains related materials and information to assist clinicians and people working in the testing domain as well as a bibliography and other useful information.

## Regional Training and Collaboration

ASHM's International Division uses collaborations and partnerships to provide training and support for professional health care workers in regional countries.

To finance this work, ASHM's International Division applies for funding from government, private sector and international NGO sources.

In 2011-2012 the main sources of funding were:

- AusAID through the HIV Consortium for Partnerships in Asia and the Pacific;
- The AusAID Australian Leadership Awards Fellowship program (ALAF);
- The Collaboration for Health in PNG and
- Caritas Australia STI Management Program (STIMP) funded by AusAID PNG Australia Sexual Health Improvement Project (PASHIP).

The Division also raises money through the ASHM International Gift Fund.

ASHM members contribute to the International Program through workforce development activities including short course presentations, membership of the Clinical Advisory Group and other working groups, and clinical mentoring in regional programs.

## Courses

Each year, ASHM conducts the International Short Course in HIV and Related Issues in conjunction with the Australasian HIV/AIDS Conference. We also work with partners to provide in-country training.

In February 2011, 13 leaders in HIV and viral hepatitis management from Cambodia, Indonesia, Laos, Sri Lanka, Thailand and Vietnam took part in the Round 8 ALAF-ASHM training program on HIV and Viral Hepatitis Co-infection Management in Asia. This program led to regional strategic partnerships being forged and a paper published by Maek-a-Nantawat et al in *AIDS Research and Treatment* earlier this year (AIDS Research and Treatment, Volume 2012, Article ID 948059). The unique program was well-received by fellows, who then requested a follow-up program to aid and sustain their long-term country work plans and regional strategy implementation efforts. The Fellows will return to Australia for the second phase of this program, featuring a greater concentration on clinical issues, a stronger regional hepatitis policy development focus, enhanced networking opportunities and greater engagement with the global viral hepatitis response through participation in the 8<sup>th</sup> Australasian Viral Hepatitis Conference in Auckland New Zealand.

| International training courses supported through ASHM International Division   | No of participants | Days |
|--|--------------------|------|
| Indonesian HCV Preceptorship Program in Primary Care Management of HCV for GPs and non-liver specialists – Jakarta, Indonesia    | 25                 | 2    |
| PNG Sexual Health Society HIV Short Course – Kimbe, West New Britain, PNG  | 23                 | 5    |
| International Short Course in HIV Medicine and Related Issues – Canberra, Australia  | 50                 | 4    |
| PNG Clinical Mentors Workshop – Sydney, Australia  | 10                 | 2    |
| OSSHMM In-Country STI and HIV Workshop – Port Vila, Vanuatu  | 20                 | 3    |
| Malaysian HCV Preceptorship Program in Primary Care Management of HCV for GPs and non-liver specialists – Kuala Lumpur, Malaysia | 13                 | 2    |
| Inaugural VCHAS Clinical Workshop – Hanoi, Vietnam   | 200                | 2    |
| Preceptorship program, Primary Care Management of HCV – Jakarta, Indonesia   | 25                 | 2    |
| Preceptorship program, Primary Care Management of HCV – Kuala Lumpur, Malaysia   | 13                 | 2    |

In April 2012, ASHM - supported by AusAID, DFAT and UNAIDS Vietnam - facilitated an Australian visit by Vietnamese Deputy Prime Minister Nguyen Xuan Phuc and senior government officials as part of an HIV/AIDS and harm reduction component of a study tour. The delegation welcomed seeing Australia's approach, which provoked much discussion on how to deliver lasting, positive policy outcomes in Vietnam.



### Clinical and Laboratory Mentoring Program

ASHM operates an international clinical and laboratory mentoring program. Drawn from ASHM's extensive membership, ASHM's mentors provide clinical and laboratory expertise to clinicians and other health workers in sites across the Asia and Pacific regions. Through regular, short term visits, mentors build professional relationships with local clinicians and health workers to provide practical support and positive outcomes for HIV care and treatment in diverse settings. In addition to its regular programs in PNG (see table), in 2011-2012 ASHM worked in partnership with the Timor Leste Medical Association HIV to support clinical mentoring and workforce training in Timor Leste.



At the 2011 Australasian HIV/AIDS Conference Q & A's Tony Jones helped raise money for ASHM's International Gift Fund by hosting our own Q&A from the conference.

### The International Gift Fund

ASHM's International Gift Fund was established to attract tax-deductible donations from our members and the wider public to enable the Society to respond to requests from our regional partners for capacity developments in areas that are often overlooked within larger scale donor projects and national HIV programs.

In 2011-2012, the International Gift Fund raised \$18,015, which enabled us to provide basic medical equipment – including surgical gloves, stethoscopes, thermometers and ophthalmoscopes – to clinics in PNG. Most of this medical equipment was delivered directly by our mentors and International Division staff.

| International      | 2010 - 2011 | 2011 - 2012 |
|--------------------|-------------|-------------|
| Donations received | \$18,945    | \$18,015    |
| Fundraising costs  | \$2,928     | \$1,488     |
| Funds disbursed    | \$6,881     | \$17,523    |

ASHM asks all of its members to consider regular donations to the International Gift Fund.

### ARV Treatment in PNG

2011 marked the 10<sup>th</sup> anniversary of ASHM's partnership with the Collaboration for Health in Papua New Guinea (CHPNG) and the PNG National Catholic AIDS Service.

Working closely with the PNG government and major stakeholders, including NAPWA and Igat Hope (national PNG PLHIV organisation) the project has grown to support HIV management and care in clinics across 10 sites and 8 provinces in PNG. As of December 2011, there were over 2000 people accessing ARV treatment as a result of this project. There is increasing demand for HIV testing and treatment services across PNG.

ASHM hopes to be able to scale up our level of support to our PNG partners in the coming year, and our members can assist in this through donations to the International Gift Fund and by donating time to mentorship programs.

### International Mentoring Visits to Papua New Guinea 2011-2012

| Month         | Province                          | Mentors   | Activity  |
|---------------|-----------------------------------|---|---|
| July 2011     | Western Highlands                 | George Kotsiou  | CHPNG ASHM CMP Mentoring  |
| July/Aug 2011 | Southern Highlands                | Catherine O'Connor  | CHPNG ASHM CMP Mentoring<br>STIMP/PASHIP Clinical Mentoring                 |
| August 2011   | Chimbu                            | Anna McNulty<br>John Millan<br>Edwina Wright<br>Jacinta Ankus | CHPNG/STIMP/PASHIP Annual Workshop on STI and HIV                           |
| October 2011  | East New Britain                  | Kimberly Oman   | CHPNG ASHM CMP Mentoring  |
| October 2011  | East Sepik and Southern Highlands | Arun Menon<br>John Millan                                     | CHPNG ASHM CMP Mentoring<br>Community Health Worker HIV Training Program    |
| October 2011  | West New Britain                  | John Millan   | CHPNG ASHM CMP Mentoring  |
| Nov/Dec 2011  | Enga                              | Michael Wehrhahn  | CHPNG ASHM CMP Mentoring  |
| Nov/Dec 2011  | Southern Highlands                | Arun Menon  | CHPNG Clinical Mentoring,<br>STIMP/PASHIP Clinical and Laboratory Mentoring |
| December 2011 | Western Highlands                 | George Kotsiou  | CHPNG Clinical Mentoring,<br>STIMP/PASHIP Clinical and Laboratory Mentoring |
| February 2012 | Southern Highlands                | Arun Menon<br>John Millan<br>Jacinta Ankus                    | ART Prescribers Training  |
| April 2012    | Western Highlands                 | George Kotsiou<br>Bruce Miles                                 | CHPNG ASHM CMP Mentoring<br>STIMP/PASHIP Clinical Mentoring                 |
| May 2012      | Southern Highlands                | Catherine O'Connor  | CHPNG ASHM CMP Mentoring<br>STIMP/PASHIP Clinical Mentoring                 |
| May 2012      | East New Britain                  | Kimberly Oman   | CHPNG ASHM CMP Mentoring  |



CHPNG/STIMP/PASHIP Annual Workshop on STI & HIV Mingendi, Chimbu Province, PNG, August 2011.

# Leadership and Performance

This Annual Report sees our second full year as a Company Limited by Guarantee, and allows us for the first time to do full year-to-year comparisons on the financials under this new legal framework. We have therefore taken this opportunity to separate our full financial report from the more descriptive Annual Report. The full report is available on request and can be viewed or downloaded from the ASHM website [www.ashm.org.au](http://www.ashm.org.au).

## Changes in the not-for-profit sector

There are currently many developments in the not-for-profit sector. This affects ASHM as we are a tax deductible gift recipient (DGR) and have approval to raise funds in support of both our domestic and international activities. Capacity to raise funds for both these purposes is being reviewed as part of the establishment of a not-for-profit regulator. This has taken a considerable amount of our time.

## Finance

This year ASHM held contracts with 34 organisations and entered into 23 contracts as a supplier of educational services and resources. The majority of ASHM's work is done domestically with 9.5 per cent of funding allocated to international activities.

47 per cent of our Australian grant income was received from NSW Health.

2011 - 2012 saw an increase in professional fees compared with the previous financial year. This was due to the ongoing implementation of a Customer Relationship Management System (CRM), a project which is entering its final stages. We also engaged a human resources consulting company to review our HR systems and processes. Please refer to the full financial report for details.

## ASHM NSW

ASHM holds its most significant contracts with NSW Health. Because of this direct service provider relationship with NSW Ministry of Health and the health service sector in NSW, in early 2011 the Board decided to establish the ASHM NSW Division. This allows the Society to group the policy, service, educational and workforce development roles that ASHM plays in NSW in one place. Although we provide some services in other states and territories, many jurisdictions fund local organisations to act as service providers and so do not have the same relationship with ASHM. In these instances ASHM provides support through curriculum development, access to training materials and resources.

To help the NSW Division transition to the health reform landscape we undertook a major mapping project looking at the planning needs of Medicare Locals and Local Health Districts in relation to HIV, hepatitis B and C and sexually transmissible infections. A comprehensive set of reports is available on the website where the reports can be read or downloaded and a series of interactive maps are available.

[www.ashm.org.au/default2.asp?active\\_page\\_id=510](http://www.ashm.org.au/default2.asp?active_page_id=510)



### Fostering new partnerships

In 2012-13 ASHM intends to introduce a partnership program that will explore opportunities for greater collaboration between the Society, private and commercial entities and non-traditional government organisations. In addition to helping the Society as it prepares for the 2014 World AIDS Conference, it offers the possibility of supporting business development and enduring relationships outside of our conference management activities.

### ACFID

ASHM is a member of ACFID – which is the peak council for Australian not-for-profit aid and development organisations – and a signatory to its Code of Conduct. As such, ASHM is committed to ensuring its staff observe the highest ethical standards. As part of this, ASHM has implemented and reviewed policies regarding advocacy, child protection, disability, gender, marketing and fundraising and photography. This is an important step, not just to ensure our eligibility for funding, but also in our continued growth as a professional and ethical organisation.

### Staff development

ASHM is committed to a program of continuous quality improvement. The Secretariat staff is supported to undergo training as necessary and ASHM provides a comprehensive induction program to all new employees. ASHM has developed a two hour 'Introduction to the Sector' workshop which it runs intermittently as a face-to-face activity, and has opened this to other NSW-based agencies through our Workforce Development Program. This will be packaged as an online module.

### Investing in the sector domestically and regionally

ASHM contributes to the not-for-profit sector in Australasia and helps our neighbours. We have also continued to provide support to the Regional HIV Consortium for Partnerships in Asia and the Pacific and will continue to work with AusAID and the sector by managing contracts under the HIV Regional Capacity Development Program, a new AusAID initiative which replaces the Consortium.

### Economic prudence

As a company we are reliant on government grants for the vast majority of our programs, and consequently on the funding cycles of these programs. In order to help us accommodate funding delays and fluctuations in cash flow we are working towards establishing and retaining an operating surplus of three months.

### The ASHM Gift Fund

ASHM's Gift Fund relies on donations from ASHM members and the community at large. Such funds go to support the sector, for example: ASHM's Gift Fund finances the Junior Researcher Support Awards, awarded annually for quality research in the fields of HIV and viral hepatitis.

|                      | 2010-2011 | 2011-2012 |
|----------------------|-----------|-----------|
| <b>Domestic</b>      |           |           |
| Donations received   | \$7,265   | \$63,599  |
| Fundraising costs    | \$1,123   | \$3,156   |
| Funds disbursed      | \$0       | \$6,769   |
| <b>International</b> |           |           |
| Donations received   | \$18,945  | \$18,015  |
| Fundraising costs    | \$2,928   | \$1,488   |
| Funds disbursed      | \$6,881   | \$17,523  |

# Directors' Report

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2012.

#### Directors

Then names of each person who has been a director during the period and to the date of this receipt are:

|   |   |
|---|---|
| Dr Edwina Wright                              | Dr William Donohue                      |
| Dr Mark Bloch                                 | Professor Greg Dore                     |
| Dr Mark Boyd                                  | Dr Jullian Elliott (appointed 28.09.11) |
| Professor Graham Cooksley (resigned 22.06.12) | Dr Michelle Giles (resigned 28.09.11)   |
| Professor David Cooper (appointed 28.09.11)   | Dr Louise Owen                          |
| Dr Benjamin Cowie                             | Professor Patricia Price                |
| Mr Philip Cunningham                          | Dr Darren Russell                       |
| Ms Lyndal Daly                                | Mr Mark Saunders (appointed 21.05.12)   |

Directors have been in office since the start of the financial period to the date of this report unless otherwise stated.

The following person who held the position of company secretary at the end of the financial period was:

Ms Levinia Crooks, AM

#### Company Secretary

The following person held the position of entity secretary at the end of the financial period:

Ms Levinia Crooks has worked for the Australasian Society for HIV Medicine Inc since 1999 as Chief Executive Officer and has worked for the Australasian Society for HIV Medicine, (ASHM) a Company Limited by Guarantee, since 4 September, 2009, performing the role of Chief Executive Officer. Ms Levinia Crooks was appointed as Company Secretary when ASHM became a Company Limited by Guarantee on 4 September 2009.

#### Operating Results

Excess of revenue over expenditure amounted to \$79,342 (2011: \$27,381)

#### Principal Activities

The principal activities of the entity during the financial period were to act as the peak representative professional body for medical practitioners and other health care professionals in Australia and New Zealand who work in HIV, viral hepatitis and related diseases.

#### Short-term and Long-term Objectives

The ASHM's short-term objectives are to:

Reduce the impact of HIV, viral hepatitis and sexually transmissible infections through:

- the facilitation of workforce development activities and supporting the health workforce
- the promotion of informed public debate
- supporting the delivery of quality health care, domestically and regionally, and
- responding to the needs of our members and the sector

The ASHM's long-term objectives are to:

Reduce the impact of HIV, viral hepatitis and sexually transmissible infections through:

- supporting research and programmatic endeavors which may lead to the eradication of these conditions
- sustaining and supporting collaborations across and between disciplines and internationally, regionally and domestically which will facilitate these long and short term objectives.

#### Strategies

To achieve its stated objectives, the company has adopted the following strategies:

- We seek funding and use funding from Government and non-government sources in support of our activities
- We work collaboratively with individuals and organisations to support and contribute to the sector through the provision of workforce development, the generation of resources and the development and maintenance of standards

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

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### DIRECTORS' REPORT (CONTINUED)

#### Key Performance Measures

The company measures its own performance through the use of both quantitative and qualitative indicators. These data are used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

|  |              |              |
|--|--------------|--------------|
| <b>Members</b>                               | <b>2012</b>  | <b>2011</b>  |
| Number of members                            | 1,181        | 1,145        |
| <b>Collaborators</b>                         |              |              |
| Number of domestic partner organisations     | 19           | 10           |
| Number of affiliates                         | 375          | 241          |
| Number of regional partner organisations     | 7            | 7            |
| <b>Staff</b>                                 |              |              |
| Number of staff employed for 5 years or more | 10           | 9            |
| <b>Training and Resources</b>                |              |              |
| Number of courses run                        | 79           | 75           |
| Number of resources distributed              | 43,978       | 53,438       |
| Number of pdf resources downloaded           | 26,074       | 16,344       |
| <b>Operational and Financial</b>             |              |              |
| Total Revenue                                | \$11,016,715 | \$10,403,583 |
| Proportion of funding provided by:           |              |              |
| government grants                            | 34%          | 37%          |
| Non-government grants                        | 6%           | 4%           |
| Donations received from public               | 0.74%        | 0.25%        |
| Proportion of funding spent on:              |              |              |
| Staff training                               | 0.26%        | 0.36%        |
| General office/administration                | 3%           | 3%           |
| fundraising                                  | 0.12%        | 0.03%        |

#### Dividends Paid or Recommended

The entity is a not for profit company limited by guarantee. In accordance with the company's Constitution no dividend is payable.

#### Events Subsequent to Balance Date

There have been no significant events after 30 June 2012 to the date of signing this report.

#### Future Developments

The entity expects to maintain the present status and level of operations.

#### Environmental Issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.



## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

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### DIRECTORS' REPORT (CONTINUED)

#### Member Numbers

The number of members registered in the Register of Members as at 30 June 2012 was 1,181 (2011: 1,145). It should be noted that ASHM has expanded its reach within the sector through its organisational program. This allows an organisation to give its staff the benefits of membership, without requiring them to take out individual membership. This has resulted in a very minor increase in individual voting membership and increased the number of people getting the benefits of membership, see collaborators above.

The entity is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of the entity. At 30 June 2012, the total amount that members of the company are liable to contribute if the company is wound up is \$1,181 (2011: 1,145).

#### Information on Directors in Office at the Date of this Report

- |                  |   |
|------------------|---|
| Dr Edwina Wright | <ul style="list-style-type: none"><li>— President</li><li>— MB BS FRACP PhD</li><li>— Dr Edwina Wright, from the Alfred Hospital in Melbourne, is an infectious diseases physician with a particular interest in neurological issues. Recently Edwina has been involved in establishing the Asia-Pacific NeuroAIDS Consortium, the Australian National NeuroAIDS Brain and Tissue Bank and in developing clinical research protocols in the area of HIV neurology.</li><li>— As President, Edwina chairs the Risk Management and Audit Sub-Committee of the ASHM Board.</li></ul>   |
| Dr Mark Bloch    | <ul style="list-style-type: none"><li>— Board Member</li><li>— MBBS M Med</li><li>— Dr Mark Bloch has been working in the field of HIV medicine since 1983; he was a doctor at Sydney Hospital and Albion St AIDS clinic prior to being a director at Holdsworth House. He has completed his Masters in Medicine, HIV and Sexual Health from University of Sydney, and he is a past President of the Sexual Health Society of NSW. Mark is the director of clinical trials at Holdsworth House and actively involved in clinical research in HIV and STIs, co-joint lecturer at University of NSW, and a member of medical advisory boards.</li></ul> |
| Dr Mark Boyd     | <ul style="list-style-type: none"><li>— Vice President</li><li>— BA BM BS MHID MD FRACP</li><li>— Dr Mark Boyd is an Infectious Diseases and HIV physician working primarily in clinical research at the Kirby Institute at UNSW. He is also a Consultant Physician at St. Vincent's Hospital, Sydney, Australia.</li><li>— As a Vice-President, Mark sits on the Risk Management and Audit Sub-Committee of the ASHM Board.</li></ul>  |

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

|                            |   |
|----------------------------|---|
| Professor Graham Cooksley— | Board Member till 22.06.12  |
| —                          | MBBS FRACP MD   |
| —                          | Prof Graham Cooksley works in the Discipline of Medicine, Univ of Qld, at Royal Brisbane Hospital, Brisbane QLD. Since writing a review on the Australia Antigen in 1972 Graham Cooksley has had an interest in Hepatitis B, and then Hepatitis C from a research, clinical, anthropological and public health view. He has been co-convenor of several international meetings on Hepatitis C and Hepatitis D. Recently he has been on Data Management Committees of clinical trials, involving Primary Health Carers in Hepatitis B, on the APASL guidelines committee for Hepatitis B.                  |
| —                          | Graham occupied an invited position as the 10 <sup>th</sup> Ordinary Director on the ASHM Board.  |
| Prof David Cooper          | — Board Member  |
| —                          | BSc(Med) MBBS (Syd), MD, DSc(UNSW), FRCPA, FRCP, FAA  |
| —                          | David Cooper AO, Scientia Professor of Medicine at the University of New South Wales and a Fellow of the Australian Academy of Science (FAA), is Director of the St Vincent's Centre for Applied Medical Research (AMR) and the Kirby Institute, which conducts research into HIV/AIDS with the ultimate aim of reducing the burden of the epidemic for the affected community. He is a Director of HIV-NAT, a clinical research and trial collaboration in Thailand and is a past President of the International AIDS Society (IAS) and Chairman of the WHO-UNAIDS HIV Vaccine Advisory Committee (VAC). |
| Dr Benjamin Cowie          | — Board Member  |
| —                          | MBBS PhD GradDipClinEpi FRACP   |
| —                          | Dr Benjamin Cowie is an infectious diseases physician with the Victorian Infectious Diseases Service at the Royal Melbourne Hospital. He has a particular clinical interest in viral hepatitis.   |
| Mr Philip Cunningham       | — Vice President  |
| —                          | BSc(Med)Hons QSA  |
| —                          | Mr Philip Cunningham is the Senior Scientist and Operations Manager of the NSW State Reference Laboratory for HIV/AIDS at St Vincent's Hospital, Sydney. Philip is a visiting research fellow at the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales and is Chief of Operations for the St Vincent's broader research campus.  |
| —                          | Philip sits on the Risk Management and Audit Sub-Committee of the ASHM Board and Co-chair of the HIV Testing Policy Expert Advisory Group.  |

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

|                        |  |
|------------------------|--|
| Ms Lyndal Daly         | — Board Member   |
|                        | — RGN BN Grad Dip Crit Care  |
|                        | — Lyndal Daly is a Clinical Practice Consultant in the Infectious Diseases Unit at the Royal Adelaide Hospital. This involves all aspects of Infectious Diseases including inpatient care and managing and coordinating the outpatient clinic. For 6 years she has also been undertaking the HIV clinical trials and research. Lyndal was an Intensive Care Nurse for 11 years prior to joining the Infectious Diseases world.   |
| Dr William Donohue     | — Board Member   |
|                        | — MBBS., B.Med.Sc  |
|                        | — Dr William Donohue is a general practitioner with an active interest in HIV and viral hepatitis. He is the primary care representative on the SA Health Steering Committee for HIV and HCV, a member of the GP Credentialing Committee and Level 2 GP educator.  |
| Professor Gregory Dore | — Immediate Past President   |
|                        | — BSc MBBS FRACP MPH PhD   |
|                        | — Prof Greg Dore is Professor and Head, Viral Hepatitis Clinical Research Program, Kirby Institute, The University of New South Wales, Sydney. Infectious Diseases Physician, St Vincent's Hospital, Sydney. Greg has been involved in the areas of HIV and viral hepatitis for 15 years, in academic research, clinical, and public health policy capacities.   |
|                        | — As Immediate Past President, Greg sits on the Risk Management and Audit Subcommittee of the ASHM Board.  |
| Dr Jullian Elliott     | — Board Member   |
|                        | — MBBS FRACP   |
|                        | — Dr Julian Elliot is Head of Clinical Research at the Alfred Hospital Infectious Diseases Unit, Senior Lecturer at Monash University and HIV Clinical Advisor at the Burnett Institute. His research interests are the use of ARV in low and middle income countries, including treatment monitoring and failure and immune restoration. He is a leader of the NHMRC funded HealthMap project looking at patient self management in HIV. He was a technical advisor to the Cambodian Ministry of Health and contributed to the rapid expansion of treatment in Cambodia. He is also a WHO, UNAIDS and World Bank reviewer of HIV programs and guidelines. |
| Dr Michelle Giles      | — Board Member till 28.09.11   |
|                        | — MBBS FRACP PhD   |
|                        | — Dr Michelle Giles is an infectious diseases physician with clinical appointments at the Alfred Hospital, the Royal Women's Hospital and Monash Medical Centre in Melbourne. Dr Giles works on the HIV discordant couple programme at the Royal Women's Hospital assisting couples with reproduction where one partner has HIV infection.   |

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

|                          |  |
|--------------------------|--|
| Dr Louise Owen           | — Board Member   |
|                          | — MBBS (Hons) FRACP FACHSHM  |
|                          | <p>Louise is a Sexual Health Physician in Hobart, Tasmania, working in youth sexual health services and Hepatitis C services at the Royal Hobart Hospital. She holds a clinical teaching appointment at the University of Tasmania Medical School and lectures in sexual health at undergraduate and postgraduate levels. Louise has been the Clinical Director of the Gay Men's Health Centre for the Victorian AIDS Council and still consults to them. She is also a member of the HCV Testing Policy Expert Reference Committee.</p>   |
| Professor Patricia Price | — Board Member   |
|                          | — MSc PhD  |
|                          | <p>Prof Patricia Price began as a laboratory-based immunologist with an interest in problems facing the majority world - malnutrition, parasite infections and finally viruses. After almost 20 years in Dept of Microbiology (U WA) working with laboratory mice, Patricia moved to Dept of Clinical Immunology &amp; Immunogenetics (RPH) in 1996. She now supervises graduate students in Western Australia, Indonesia and South Africa. Projects centre on immunological responses of HIV patients to ART, with a focus on immune restoration disease, toxic neuropathy and co-infections with HCV or CMV</p> <p>— Patricia is a member of the ASHM Conference Advisory Committee.</p> |
| Dr Darren Russell        | — Board Member   |
|                          | — MB BS FRACGP DipVen FACHSHM  |
|                          | <p>Dr Darren Russell is the Director of Sexual Health at Cairns Base Hospital and holds the positions of Clinical Associate Professor in the Department of Population Health at The University of Melbourne and Adjunct Associate Professor in the Faculty of Medicine, Health and Molecular Science at James Cook University. Darren is a Past President of the Australasian Chapter of Sexual Health Medicine, and is a past President of the Australian Federation of AIDS Organisations.</p> <p>— Darren is a member of the Expert Reference Group for the ASHM Aboriginal &amp; Torres Strait Islander Program.</p>   |
| Mr Mark Saunders         | — Board Member   |
|                          | <p>— Mark is the Sexual Health, Blood Borne Viruses, Male Health and Research Policy Officer with the National Aboriginal Community Controlled Health Organisation NACCHO. Mark has worked in the HIV sector for 20 years and held a number of education, policy and research positions.</p> <p>Mark is a member of the Expert Reference Group for the AHM Aboriginal &amp; Torres Strait Islander Program</p> <p>Mark occupies the 11th Ordinary Director position on the Board, a designated Aboriginal and Torres Strait Islander position which is appointed by the Board.</p>   |

# Summary Financial Report

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

#### ATTENDANCE AT DIRECTORS MEETINGS

| Name              | Board Meetings | Meetings of Risk Management and Audit Sub-Committee |
|-------------------|----------------|---|
| Mark Bloch        | 6 (9)          |   |
| Mark Boyd         | 6 (9)          | 3 (4)   |
| Graham Cooksley   | 5 (9)          |   |
| David Cooper      | 2(6)           |   |
| Benjamin Cowie    | 8 (9)          |   |
| Philip Cunningham | 8(9)           | 2 (4))  |
| Lyndal Daly       | 9 (9)          |   |
| William Donohue   | 8 (9)          |   |
| Gregory Dore      | 3 (9)          | 2 (4)   |
| Michelle Giles    | 1 (3)          |   |
| Jullian Elliott   | 6(6)           |   |
| Louise Owen       | 8 (9)          |   |
| Patricia Price    | 7 (9)          |   |
| Darren Russell    | 6 (9)          |   |
| Mark Saunders     | 1(1)           |   |
| Edwina Wright     | 7 (9)          | 4 (4)   |

Figures in brackets indicate the maximum number of Board Meetings directors were eligible to attend.

#### Indemnifying Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the entity.

#### Proceedings on Behalf of the Entity

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

The entity was not a party to any such proceedings during the period.

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

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### DIRECTORS' REPORT (CONTINUED)

#### Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2012 has been received and can be found on page 9 of the directors' report.

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



Prof Gregory Dore BSc MBBS FRACP MPH PhD



Dr Mark Boyd BA BM BS MHID MD FRACP

Dated this 19<sup>th</sup> day of September 2012



**Walker Wayland NSW**  
Chartered Accountants

ABN 55 931 152 366

8th Floor,  
55 Hunter Street  
SYDNEY NSW 2000

GPO Box 4836  
SYDNEY NSW 2001

Telephone: +61 2 9951 5400  
Facsimile: +61 2 9951 5454  
mail@wwnsw.com.au

Website [www.wwnsw.com.au](http://www.wwnsw.com.au)

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001  
TO THE DIRECTORS OF AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2012 there have been:

- (i) no contraventions of the auditors' independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

*Walker Wayland nsw*

*A S Roger*

**Walker Wayland NSW**  
**Chartered Accountants**

**A S Roger**  
**Partner**

Dated this 19<sup>th</sup> day of September 2012

Partners: AS Roger, HC Thomas, RS Woods, SE Arnold, PW MacLellan, GD Allsopp, MS Walker, DM Ross  
Consultants: PJJ Longhurst, TF Tyler

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## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### SUMMARY FINANCIAL REPORTS

#### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2012

|   | 2012<br>\$        | 2011<br>\$        |
|---|-------------------|-------------------|
| <b>REVENUE</b>  |                   |                   |
| Donations and gifts   |                   |                   |
| - Monetary  | 81,614            | 26,210            |
| - Non-monetary  | -                 | -                 |
| Bequests and legacies   | -                 | -                 |
| Grants  |                   |                   |
| - AusAid  | 381,836           | 669,832           |
| - Other Australian  | 3,727,824         | 3,466,521         |
| - Other overseas  | 229,577           | 53,971            |
| Investment income   | 109,739           | 111,509           |
| Other income  | 6,486,125         | 6,075,540         |
| <b>TOTAL REVENUE</b>  | <b>11,016,715</b> | <b>10,403,583</b> |
| <b>EXPENDITURE</b>  |                   |                   |
| <b>International Aid and Development Program Expenditure</b>        |                   |                   |
| International programs  |                   |                   |
| - Funds to international programs                                   | 44,354            | 79,792            |
| - Program support costs   | 694,380           | 937,896           |
| Community education   | -                 | -                 |
| Fundraising costs   |                   |                   |
| - Public  | 1,488             | 2,928             |
| - Government, multilateral and private                              | 11,886            | -                 |
| Accountability and administration                                   | 115,614           | 130,599           |
| Non-monetary expenditure  | -                 | -                 |
| <b>Total International Aid and Development Programs Expenditure</b> | <b>867,722</b>    | <b>1,151,215</b>  |
| Domestic programs expenditure                                       | 10,069,651        | 9,224,987         |
| <b>TOTAL EXPENDITURE</b>  | <b>10,937,373</b> | <b>10,376,202</b> |
| <b>EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE</b>               | <b>79,342</b>     | <b>27,381</b>     |
| <b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>                    | <b>79,342</b>     | <b>27,381</b>     |

During the financial year, ASHM had no transactions in the Political or Religious Adherence Promotion Programs category.  
Fundraising costs – government, multilateral and private relate to fundraising via grant preparation (not charitable, benevolent, philanthropic donations).  
No single appeal, grant or other form of fund raising for a designated purpose generated 10% or more of the ASHM international aid and development revenue for the financial year.

These reports are summarised versions of the reports in our full financial report.



## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### SUMMARY FINANCIAL REPORTS

#### STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

|                                      | 2012<br>\$       | 2011<br>\$       |
|--------------------------------------|------------------|------------------|
| <b>ASSETS</b>                        |                  |                  |
| <b>CURRENT ASSETS</b>                |                  |                  |
| Cash and cash equivalents            | 3,317,651        | 3,229,371        |
| Trade and other receivables          | 1,265,076        | 852,685          |
| Other financial assets               | 400,000          | 400,000          |
| Other current assets                 | 6,975            | 19,735           |
| <b>TOTAL CURRENT ASSETS</b>          | <b>4,989,702</b> | <b>4,501,791</b> |
| <b>NON-CURRENT ASSETS</b>            |                  |                  |
| Other financial asset                | 58,489           | 58,489           |
| Property, plant and equipment        | 279,242          | 331,120          |
| <b>TOTAL NON-CURRENT ASSETS</b>      | <b>337,731</b>   | <b>389,609</b>   |
| <b>TOTAL ASSETS</b>                  | <b>5,327,433</b> | <b>4,891,400</b> |
| <b>LIABILITIES</b>                   |                  |                  |
| <b>CURRENT LIABILITIES</b>           |                  |                  |
| Trade and other payables             | 2,178,530        | 1,912,050        |
| Provisions                           | 301,409          | 202,298          |
| <b>TOTAL CURRENT LIABILITIES</b>     | <b>2,479,939</b> | <b>2,114,348</b> |
| <b>NON-CURRENT LIABILITIES</b>       |                  |                  |
| Provisions                           | 104,564          | 113,464          |
| <b>TOTAL NON-CURRENT LIABILITIES</b> | <b>104,564</b>   | <b>113,464</b>   |
| <b>TOTAL LIABILITIES</b>             | <b>2,584,503</b> | <b>2,227,812</b> |
| <b>NET ASSETS</b>                    | <b>2,742,930</b> | <b>2,663,588</b> |
| <b>EQUITY</b>                        |                  |                  |
| Retained earnings                    | 2,742,930        | 2,663,588        |
| <b>TOTAL EQUITY</b>                  | <b>2,742,930</b> | <b>2,663,588</b> |

These reports are summarised versions of the reports in our full financial report.

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### SUMMARY FINANCIAL REPORTS

#### STATEMENT OF CHANGES IN EQUITY FOR THE PERIOD ENDED 30 JUNE 2012

|   | Other | Reserves | Retained Earnings | Total     |
|---|-------|----------|-------------------|-----------|
|   | \$    | \$       | \$                | \$        |
| <b>BALANCE AT 30 JUNE 2010</b>            | -     | -        | 2,636,207         | 2,636,207 |
| Excess of revenue over expenses           | -     | -        | 27,381            | 27,381    |
| Amounts transferred (to) or from reserves | -     | -        | -                 | -         |
| <b>BALANCE AT 30 JUNE 2011</b>            | -     | -        | 2,663,588         | 2,663,588 |
| Excess of revenue over expenses           | -     | -        | 79,342            | 79,342    |
| Amounts transferred (to) or from reserves | -     | -        | -                 | -         |
| <b>BALANCE AT 30 JUNE 2012</b>            | -     | -        | 2,742,930         | 2,742,930 |

The Code of Conduct Summary Financial Report information is obtained from the full financial report. The 2011-2012 audited full statutory financial report is available on request or by visiting [www.ashm.org.au/annualreport](http://www.ashm.org.au/annualreport).

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](http://www.acfid.asn.au).

These reports are summarised versions of the reports in our full financial report.

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

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### DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The Summary financial statements, as set out on pages 10 to 12 are in accordance with the requirements set out in the ACFID Code of Conduct:
  - a. comply with relevant Australian Accounting Standards as applicable;
  - b. Is an extract from the full financial report for the year ended 30 June 2012 and has been derived from and is consistent with the full financial report of the company; and
  - c. give a true and fair view of the Company's financial position as at 30 June 2012 and of the performance for the year ended on that date.
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Prof Gregory Dore BSc MBBS FRACP MPH PhD



Dr Mark Boyd BA BM BS MHID MD FRACP

Dated this 19<sup>th</sup> day of September 2012



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Telephone: +61 2 9951 5400  
Facsimile: +61 2 9951 5454  
mail@wwnsw.com.au

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**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF  
AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

**Report on the Financial Report**

The accompanying Code of Conduct Summary Financial Report (hereafter referred to as "summary financial report") of Australasian Society For HIV Medicine for the year ended 30 June 2012, comprising of the summary statement of comprehensive income, summary statement of financial position and summary statement of changes in equity is derived from the audited general purpose financial reports of Australasian Society For HIV Medicine for the year ended 30 June 2012. The summary financial report does not contain all of the disclosures required by the Australian Accounting Standards and accordingly, reading the summary financial report is not a substitute for reading the audited financial report.

**Directors' Responsibility for the Financial Report**

The Directors are responsible for the preparation and presentation of the summary financial report in accordance with the requirements of the Australian Council for International Development (ACFID) with reference to the ACFID Code of Conduct. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

The Directors advise that the summary financial report has not been prepared in accordance with Accounting Standard AASB 1039: Concise Financial Reports or the Corporations Act 2001.

**Auditor's Responsibility**

Our responsibility is to express an opinion on the summary financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of Australasian Society For HIV Medicine for the year ended 30 June 2012. Our audit report on the financial report for the year was signed on 20<sup>th</sup> September 2012 and was not subject to any modification. The Australian 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 for the year is free from material misstatement.

Our procedures in respect of the summary financial report included testing that the information in the summary financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the summary financial report complies with the requirements of the ACFID Code of Conduct.

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

Partners: AS Roger, HC Thomas, RS Woods, SE Arnold, RW MacLean, GD Allsopp, MS Walker, DM Ross  
Consultants: PJ Longhurst, TF Tyler

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55 Hunter Street  
SYDNEY NSW 2000

GPO Box 4836  
SYDNEY NSW 2001

Telephone: +61 2 9951 5400  
Facsimile: +61 2 9951 5454  
mail@wwnsw.com.au

Website [www.wwnsw.com.au](http://www.wwnsw.com.au)

#### **Independence**

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001* and the professional accounting bodies in Australia.

#### **Auditors Opinion**

In our opinion, the summary financial report of Australasian Society For HIV Medicine for the year ended 30 June 2012 complies with the requirements of the ACFID Code of Conduct.

#### **Basis of Accounting**

Without modifying our opinion, we draw attention to the basis of accounting, which is to prepare a summary financial report to comply with the requirements of the Australian Council for International Development (ACFID) with reference to the ACFID Code of Conduct. As a result, the financial report may not be suitable for another purpose.

*Walker Wayland nsw* *A S Roger*

**Walker Wayland NSW**  
**Chartered Accountants**

**A S Roger**  
**Partner**

Dated this 19<sup>th</sup> day of September 2012

Partners: AS Roger, HC Thomas, RS Woods, SE Arnold, PW MacLean, GD Allsopp, MS Walker, DM Ross  
Consultants: PJ Longhurst, TF Tyler

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## **ashm**

Australasian Society for HIV Medicine

LMB 5057 Darlinghurst NSW 1300 Australia

Level 7, 46–56 Kippax Street Surry Hills NSW 2010 Australia

**T** +61 2 8204 0700 **F** +61 2 9212 2382 **E** [ashm@ashm.org.au](mailto:ashm@ashm.org.au)

**ABN** 48 264 545 457 **ISBN** 978-1-920773-23-6

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[www.ashm.org.au](http://www.ashm.org.au)