POLICY DEVELOPMENT

CLINICAL GUIDELINES

ashm

ANNUAL REPORT 2017-18

DEVELOPING A SUSTAINABLE HIV, VIRAL HEPATITIS, AND SEXUAL HEALTH WORKFORCE

SCIENTIFIC CONFERENCES

RESOURCES TO ENHANCE CLINICAL CARE

CONTINUING MEDICAL EDUCATION

CLINICAL MENTORING

S100 PRESCRIBER ACCREDITATION

ADVOCACY

EVENT MANAGEMENT

ASHM AT A GLANCE 2017-18

ASHM'S WORK IN 2017-2018 IN NORTH AMERICA AND EUROPE (ASHM-INHSU PROGRAM)

Total number of people trained

395

SEE MAP ON PAGE 29

3,181

ASHM MEMBERS REPRESENT OUR MULTIDISCIPLINARY HEALTH WORKFORCE IN AUSTRALASIA

INCLUDES OUR ORGANISATIONAL SUSTAINING MEMBERSHIPS BOTH DOMESTICALLY & REGIONALLY

1,902

NURSE PARTICIPANTS

2,080

GP PARTICIPANTS

PARTICIPATED IN ASHM TRAINING PROGRAMS

PACIFIC + ASIA REGION

PARTNERSHIPS FOR CLINICAL TRAINING

INCLUDES EXPANDING CLINICAL MENTORING IN HIV, SEXUAL HEALTH, VIRAL HEPATITIS, TB COINFECTION AND KEY POPULATION HEALTH IN THE PACIFIC

AUSTRALIA

REMOVING BARRIERS

ASHM'S PROJECT TO ADDRESS SYSTEMIC BARRIERS AND STIGMA AND DISCRIMINATION TO INCREASE ACCESS TO THE HEALTH SYSTEM BY PEOPLE AT RISK OF OR WITH HEPATITIS B, HEPATITIS C OR HIV

removingbarriers.ashm.org.au

all good

LAUNCH OF ALL GOOD WEBSITE

OUR MULTI-LANGUAGE WEBSITE PROVIDING HEALTH INFORMATION TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

WWW.ALLGOOD.ORG.AU

251

ASHM COURSES DELIVERED IN HIV, HEPATITIS B, HEPATITIS C, BBV & SEXUAL HEALTH

M INTERNATIONAL'S
ORK IN 2017-2018 IN
E ASIA AND PACIFIC
REGIONS

Total number
of people trained

719

SEE MAP ON PAGE 28

Papua New Guinea

TRAININGS

2017 HIV
TREATMENT GUIDELINES

STI UPDATE TRAINING

2ND LINE
HIV TREATMENT TRAINING

9 DAY
HIV PRESCRIBER TRAINING
INCLUDING THEORETICAL AND
CLINICAL ATTACHMENT

ALL COMPONENTS ALIGN WITH
ADULT LEARNING PRINCIPLES

40 HEALTH WORKERS
RECEIVED HIV & STI CLINICAL
UPDATE TRAINING

83 HEALTH WORKERS
RECEIVED MENTORING IN
HIV & STI MANAGEMENT

10 *NEWLY ACCREDITED*
HIV PRESCRIBERS FROM
PAPUA NEW GUINEA

6 *NEWLY ACCREDITED*
HIV PRESCRIBERS FROM
PACIFIC COUNTRIES

76%
PLHIV REGISTERED
AT CCHS CLINICS
ACROSS THE 7 PROVINCES ON ART

BY END
of
2017

98%
PLHIV REGISTERED
AT CCHS CLINICS
IN SOUTHERN HIGHLANDS ON ART

CHPNG *HAS ENABLED LEVERAGE AND LINKAGES TO ENHANCE OUTCOMES AND IMPACT ACROSS THE FOLLOWING PROJECTS:*

DFAT
Sexual & Reproductive
Health Integration Project

OIL SEARCH FOUNDATION
Papua New Guinea
Mentoring Project

NDOH HIV
Training Materials &
Mentor Project

GILEAD
Pacific Health Worker
Capacity Building Project

SEE PAGE 24

Asia and Pacific Regions

INTERNATIONAL
TECHNICAL ADVISERS

CLINICAL TRAINING
& MENTORING

MONITORING, EVALUATION,
RESEARCH & LEARNING

POLICY & RESOURCE
DEVELOPMENT

REGIONAL
NETWORK

SEE PAGE 24 - 29

Queensland

ABORIGINAL & TORRES STRAIT ISLANDER HEALTH WORKERS

DEADLY SEX CONGRESS
CAIRNS QLD | 20 – 22 MARCH 2018

FIRST FIBROSCAN TRAINING
FOR ABORIGINAL
HEALTHWORKERS

Workforce development
in Far North Queensland

TRAINING SCHEDULED IN
CAIRNS, THURSDAY
ISLAND + BAMAGA

HTLV-1

TINUING OUR ADVOCACY TO
VATE AUSTRALIA'S RESPONSE

HTLV-1 SYMPOSIUM
FEATURED AT
CONFERENCES

Central Australia

5,206

HEALTH PROFESSIONALS PARTICIPATED
IN ASHM TRAINING PROGRAMMS
ACROSS AUSTRALIA

NEW ZEALAND

HIV CLINICAL UPDATE MEETINGS

"THE SPECTRUM OF CARE IN NEW
ZEALAND, FROM PREP TO HIV IN
AN AGEING POPULATION"

TRAINING DELIVERED TO HIV
CLINICIANS AND NURSES

Victorian HIV and Hepatitis Integrated Training And Learning Program

FOR GP CERTIFICATION OF HIV,
HEPATITIS B AND C PRESCRIBING. IN 2018,
EXTENSION OF COURSES TO
SEXUAL HEALTH.

VIC rural + regional-wide training focus

MELBOURNE-BASED TRAINING INCLUDES
WEBINAR CAPABILITIES TO ENCOURAGE
REMOTE PARTICIPATION

VHHITAL
VICTORIAN HIV AND HEPATITIS
INTEGRATED TRAINING AND LEARNING

Victoria

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

OUR VISION

The virtual elimination of HIV, viral hepatitis, other BBVs and significant reduction of sexually transmissible infections.

OUR MISSION

To provide leadership in the field of HIV, viral hepatitis, other BBVs and sexually transmissible infections through collaboration, facilitation, direct action, and workforce capacity building.

OUR VALUES

ASHM is committed to the principles of the Ottawa Charter for Health Promotion and Jakarta Declaration on Leading Health Promotion into the 21st Century, as well as the highest standards of ethical conduct as practiced by the medical, scientific and health care professions. ASHM supports the aspirations and goals of the Closing the Gap Statement of Intent for Health Equity for Aboriginal and Torres Strait Islander peoples. ASHM also affirms that Maori as tangata whenua hold a unique place in New Zealand, and that the Treaty of Waitangi is the nation's founding document, and as an organization commits to uphold the key Treaty principles for involving Maori including partnership, participation and protection.

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 affected populations
- respect cultural differences and diversity particularly focusing on Aboriginal and Torres Strait Islander peoples
- 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).

HOW WE WORK

ASHM works collaboratively and in partnership to prevent HIV, viral hepatitis and 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 work is always high quality, evidence-based, practice-centred, outcome focused and prioritises monitoring and evaluation. ASHM invests in available technology to improve accessibility across local contexts, in states and territories and nationally in Australia and New Zealand as well as Asia, Pacific and other international locales.

ASHM (ABN: 48 264 545 457) is registered as a charity with the Australian Charities and Not-for-profits Commission
ASHM is a signatory to the Code of Conduct for Australian aid + development agencies under the Australian Council for International Development

Registered Charity acnc.gov.au/charityregister
Australian Council For International Development

ASHM AT A GLANCE 2017-18

14 HEALTH SECTOR CONFERENCES MANAGED BY ASHM CONFERENCE & EVENTS

4,187 TOTAL NUMBER OF CONFERENCE & EVENT REGISTRATIONS

3,181 ASHM MEMBERS OF ALL TYPES

3,951 HEALTH PROFESSIONALS TRAINED IN HEPATITIS B OR HEPATITIS C

INCLUDING: GENERAL PRACTITIONERS, NURSES, HEALTH PROFESSIONALS WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, HEALTH PROFESSIONALS WORKING IN DRUG AND ALCOHOL SETTINGS, HEALTH PROFESSIONALS WORKING IN CUSTODIAL SETTINGS

293

ASHM-ACCREDITED AUSTRALIAN HEPATITIS B S100 COMMUNITY PRESCRIBERS

WITH EXPANSION OF HEPATITIS B PRESCRIBER PROGRAM INTO ALL AUSTRALIAN STATES & TERRITORIES

6,106

COURSE PARTICIPANTS FROM PRIMARY CARE PROVIDERS

GENERAL PRACTITIONERS, COMMUNITY PHARMACISTS, NURSES & OTHER HEALTH CARE PROFESSIONALS (WORKING WITH ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE, IN DRUG & ALCOHOL SETTINGS, WORKING IN CUSTODIAL SETTINGS)

361

ASHM-ACCREDITED AUSTRALIAN COMMUNITY HIV S100 PRESCRIBERS

RESOURCE DEVELOPMENT

THE ASHM EDUCATION TEAM WORK CLOSELY WITH OUR CLINICAL ADVISORS TO ENSURE CONTENT IS RELEVANT AND CLINICALLY ACCURATE INCLUDING GUIDELINES, TRAINING AND RESOURCES FOR BEST PRACTICE.

85 SCHOLARSHIPS PROVIDED

ASSISTING CLINICIANS TO ATTEND CONFERENCES FOR BBV/STI CONTINUING PROFESSIONAL DEVELOPMENT

2017-2018 ASHM ORGANISATIONAL SUSTAINING MEMBERS

ACON
AIDS Action Council of the ACT
AIDS Dementia and HIV Psychiatry Service (ADAHPS)
ANMF HIV Nurses Special Interest Group (ANZANAC)
Australasian Sexual Health & HIV Nurses Association Inc. (ASHHNA)
Australasian Hepatology Association (AHA)
Australian Centre for HIV and Hepatitis Virology Research (ACH2)
Australian Federation of AIDS Organisations (AFAO)
Australian Healthcare & Hospitals Association (AHHA)
Australian Indigenous Doctors' Association (AIDA)
Australian Indigenous HealthInfoNet
Australian Injecting and Illicit Drug Users League (AIVL)
Australian Primary Health Care Nurses Association Incorporated (APNA)
Australian Research Centre in Sex, Health and Society (ARCSHS)
Bendigo Health — Infectious Diseases Service
Bobby Goldsmith Foundation
Centre for Culture, Ethnicity & Health (CEH)
Centre for Social Research in Health
Ethnic Communities Council of Queensland
Family Planning Alliance Australia
Family Planning Tasmania (FPT)
Forensic & Medical Sexual Assault Clinicians Australia (FAMSACA)
Gilead Sciences
HALC NSW
Hepatitis ACT
Hepatitis Foundation of New Zealand
Hepatitis NSW
Hepatitis Queensland
Infectious Diseases Education Resource Centre
John Curtin School of Medical Research
Living Positive Victoria (formerly PLWHA Victoria)
Macfarlane Burnet Institute
Multicultural Services Centre
National Association of People Living with HIV/AIDS (NAPWHA)
National Serology Reference Laboratory
New Zealand Sexual Health Society (NZSHS)
Northern Territory AIDS and Hepatitis Council (NTAHC)
NSW STI Programs Unit
Oceania Society for Sexual Health and HIV Medicine (OSSHHM)
Papua New Guinea Sexual Health Society
Positive Life NSW
Positive Women Victoria
Queensland Positive People
Relationships Australia (SA) Inc.
Shine SA
Sexual Health Society of Queensland (SHSQ)
Sexual Health Society of Victoria (SHSV)
Society of Australian Sexologists
The Drug and Alcohol Nurses of Australasia (DANA)
The Information Group
The Kirby Institute
Thorne Harbour Health
Timor Leste Medical Association (AMTL)
True Relationships and Reproductive Health
Uniting
ViiV Healthcare
WA AIDS Council
Western Australian Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN)
Youth Support + Advocacy Service

2017-2018 REGIONAL NETWORK MEMBERS

Action for AIDS (Singapore)
AIDS Institute (Hong Kong)
AIDS Society of the Philippines (Philippines)
Angsamerah Institution (Indonesia)
AsiaHep (Hong Kong)
Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (Australia)
Center for Liver Health, Division of Gastroenterology and Hepatology (Hong Kong)
Centre of Excellence for Research in AIDS/Integrated Health Services for Drug Users Kerinchi Cure & Care Service Centre (Malaysia)
Communicable Disease Centre (Singapore)
Eijkman Institute (Indonesia)
HIV Medical Association of India (India)
Indian Society of Gastroenterology (India)
Indonesian Association of Physicians in AIDS Care (Indonesia)
Indonesia Medical Association (Indonesia)
Indonesian Association for the Study of the Liver (Indonesia)
Institute of Infectious Diseases and Epidemiology (Singapore)
International Union against Sexually Transmitted Infections (Asia Pacific)
Japan Agency for Medical Research and Development (Japan)
Japanese Society for AIDS Research (Japan)
Mahosoth Hospital, Ministry of Health (Laos)
Malaysian Academy of Medicine (Malaysia)
Malaysian Liver Foundation (Malaysia)
Malaysian Society for HIV Medicine (Malaysia)
Mount Elizabeth Hospital (Singapore)
Myanmar Liver Foundation (Myanmar)
National Center for HIV/AIDS, Dermatology and STD (Cambodia)
National Skin Centre Singapore, Department of STI Control Clinic (Singapore)
National STD/AIDS Control Programme (Sri Lanka)
National University Health System, Division of Gastroenterology and Hepatology (Singapore)
Oceania Society for Sexual Health and HIV Medicine (Fiji)
Pacific Society for Reproductive Health (New Zealand)
Papua New Guinea Sexual Health Society (Papua New Guinea)
ROK HIV/AIDS Society (Singapore)
Society of Infectious Diseases (Singapore)
Sri Lanka College of Venerologists (Sri Lanka)
Taiwan AIDS Society (Taiwan)
Thai AIDS Society (Thailand)
The Thai Red Cross AIDS Research Centre (Thailand)
Timor Leste Medical Association (Timor Leste)
Vietnam Clinical HIV/AIDS Society (Vietnam)
YR Gaitonde Medical, Educational and Research Foundation (India)

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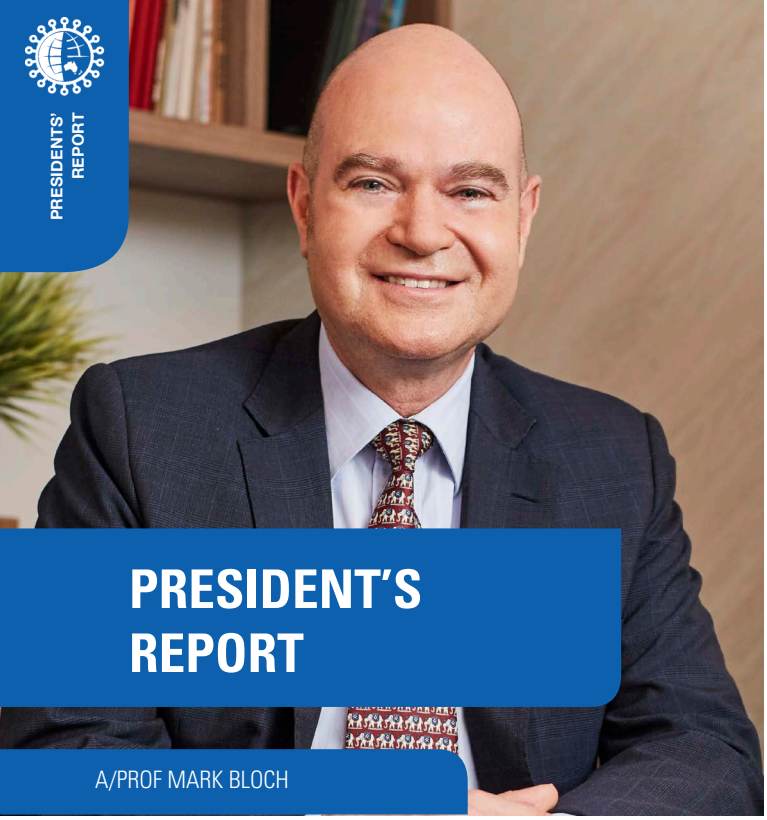

PRESIDENT'S REPORT

A/PROF MARK BLOCH

This past year was a very significant one. In October 2017 we lost Levinia Crooks, who had been our long-time CEO and the embodiment of our organisation. However, our very dedicated and skilled management team at ASHM, led by Acting CEO Scott McGill, CFOO Ian Johnson, National Education Manager Vanessa Towell and Conference Manager Nadine Giatras, as well as all the staff of ASHM, pulled together in conjunction with the ASHM board to ensure that ASHM continued and thrived. We undertook a thorough review of our structure, purpose and processes in consultation with all of ASHM's staff and board. In May we appointed a permanent CEO, Alexis Apostolellis, with a strong background in financial processes and not-for-profit sector experience. Alexis, together with an excellent team, will build on what has been achieved and take ASHM forward into the future.

With the successful listing of PrEP for reimbursement in both Australia and New Zealand, HIV prevention has received a major public health boost. ASHM has played a major role in providing evidence for PrEP, advocating for PBS listing, and building the capacity of the workforce to successfully deliver PrEP.

The availability of novel, successful DAA treatment options at all stage of hepatitis C infection in Australia has been revolutionary, and we have established a global model in curing those infected and preventing complications. The work continues, especially in primary care, to reach those not yet accessing this life-changing treatment.

ASHM has continued to provide responsive educational courses to GPs and other healthcare providers to promote wider availability of hepatitis B treatment, which remains under-utilised.

While there have been successes in STIs, for example the positive effects of HPV vaccination in school children (leading to dramatic falls in HPV infection in young adults), they remain a concern. These include the potential of multi-drug resistant gonorrhoea, and of high and increasing rates of syphilis and other STIs, particularly among priority populations.

ASHM has shaped the five new tri-annual national strategies for BBVs and STIs. We have focused particularly on addressing stigma and discrimination, which remains an unacceptable barrier in health service delivery. Other areas of focus include the need to reach CALD communities, prison settings, HIV prevention for those with less healthcare access, a better coordinated response to hepatitis B and the elimination of hepatitis C. We must also meet the challenge of HLTV-1 as well as HIV and syphilis in Indigenous communities.

THE ESTABLISHMENT OF SEVEN STRATEGIC PILLARS

PARTNERSHIPS AND COLLABORATIONS

Establish, support and maintain partnerships and collaborations to maximise the capacity of the workforce to play an effective role in the prevention, diagnosis and management of BBV and STI.

RESOURCES

Develop, review, provide and promulgate a range of resources for the workforce responding to BBV and STI.

CONFERENCES AND EVENTS

Support and facilitate the exchange of knowledge through conferences and events that provide educational and networking opportunities.

POLICY AND ADVOCACY

Provide leadership in health workforce and research-based policy development and support the efforts of others relating to policy and advocacy in the sector.

EDUCATION AND TRAINING

Provide the workforce responding to BBV and STI with the skills and support necessary for prevention, identification, management and treatment through the delivery of education and training.

MEMBERSHIP

Promote ASHM's identity as a membership organisation, recognising the value membership brings to the organisation, and grow membership.

GOVERNANCE AND SUSTAINABILITY

Maximise the efficiency and effectiveness of ASHM's governance and sustainability framework.

Overcoming challenges in funding recently, ASHM continues to provide record numbers of educational events both domestically and regionally, especially in PNG. We aim to expand our regional cooperation to achieve sustainable outcomes relying on our skilled and expert members to deliver those outcomes.

Delivering strong sector-wide leadership through conferences remains our hallmark, and we will continue to provide important opportunities for our sector to meet, exchange ideas, showcase Australian research, and connect with our regional neighbours. A key area of focus moving forward will be building on strong engagement with the ASHM membership and ensuring that ASHM continues to promote new and emerging leadership in our sector.

We honour the contribution and legacy of A/Prof Levinia Crooks AM and other sector leaders including Prof David Cooper AO who have died this last year, remaining committed to building on their foundational work. I'd like to thank departing board members Mark Boyd, Cathy O'Connor and Claire Italiano for their significant contributions to ASHM. My first year as ASHM president has been greatly rewarding and I look forward to working with our new board. I remain confident ASHM will continue to support the BBV and STI response by supporting the health workforce and ultimately improving the lives of those affected.

ACTING CEO REPORT

SCOTT MCGILL

As Mark Bloch has expressed in his president's report, ASHM, and indeed our entire sector, has been immeasurably impacted by the loss of not only our own CEO, A/Prof Levinia Crooks AM (please see our tribute to Levinia on pages 34-35) but also Prof David Cooper AO. We honour their legacies by building on their trail-blazing contributions. For ASHM this has in part been a moment to internally review our current Strategic Plan 2015-2020 with staff, our board and clinical advisors to ensure that our stated goals and activities remain aligned to the needs of the workforce we seek to support. The results are displayed in a graphic on this page, 'Seven Strategic Pillars', which are a re-articulation, measurable and rational grouping of our work and reflected throughout our reporting for the last year.

Partnerships & collaboration remain a leading, core and fundamental way that ASHM works. There is a not a single output undertaken by us which does not have multi-disciplinary and broad sector involvement (including meaningful community and consumer participation) whether in our domestic, international or conference activities and this underpins all of our contributions. Of particular note, the All Good project (pages 20-21) and Removing Barriers project (pages 22-23) involved numerous stakeholders and we gratefully acknowledge those generous contributions.

Resources, especially guidance and supporting tools to the health workforce, are central to our sector contribution. Despite a lack of specific funding, ASHM has committed to ensuring that these remain available (in on-line formats), updated and responsive to needs including to those less familiar with BBVs and STIs. Through the last year, ASHM updated national HIV PrEP guidance; developed new U=U discussion guidance for clinicians, and immigration and hepatitis B guidance for clinicians (as well as maintaining existing resources). Regionally, ASHM has embarked on the development of a new suite of 6 training packages expanding on our transgender health and HIV prescriber packages to include mentoring skills, viral hepatitis and STI which can be in turn adapted to specific country contexts.

Policy & advocacy activities are undertaken routinely and frequently in collaboration with our sector partners to influence and contribute to national, state and territory efforts and needs. A significant effort which ASHM has supported has been the development of new national strategies for the BBV/STI response in Australia including for indigenous communities. Advocating for the increased role of nurse practitioners particularly in HIV treatment and PrEP have been key notes of recent policy work. Additionally the role of ASHM through our HTLV-1 working group is seeing positive outcomes with greater sectoral focus on the challenges being posed particularly in Aboriginal communities.

Membership and members' involvement and engagement are central to the identity of ASHM and we acknowledge the contributions of our highly skilled and experienced members who frequently volunteer their time and expertise to support ASHM's work, especially when funding has precluded being able to source the same. This takes place through membership of guidelines and standards committees; development of conference programs; review of documentation; training activities and regional clinical mentoring to our Asia and Pacific neighbours. ASHM has been prioritizing the development of new members to move into content expert leadership roles as part of a broader succession planning initiative. The international team have established a pool of pre-approved clinical mentors, advisors and trainers largely drawn from ASHM's membership.

Conferences & events are a hallmark of ASHM's role in the sector. These include our ASHM-run conferences and those we provide for others in the sector, including internationally, as well as convening a record number of training events. Despite an often contracting funding environment, our teams have worked hard to ensure that those events remain not only educational state-of-the-art opportunities, but also serve a fundamental and irreplaceable need for the sector to convene, network and take stock of the ever evolving BBV/STI response. Multi-sectoral ownership and engagement are especially critical and the team has worked hard to deliver on those expectations and demands.

Education & training remain the large bulk of our funded activity with record numbers of events delivered across a variety of different media and formats. These are detailed in the different disease and jurisdictional contexts on pages 7-30, but ASHM's focus has been on how to ensure that there is proper coordination with other providers, are not duplicative, respect the numerous time demands on the workforce, and delivered in multiple accessible ways to extend the availability of training opportunities. ASHM has ensured that there is also equity of opportunity particularly for nurses and other healthcare providers. Regionally, the international team has delivered training events in PNG and the Pacific supported by a committed and expert team of advisors.

Governance & sustainability are both critical but often unsung elements of ASHM's work. Our Executive & Business Support Division have, in addition to their routine and core 'back office' support, undertaken a comprehensive and ambitious review of all of our policies and procedures to ensure that we deliver consistent and high quality services in an ethically and fiscally sound manner which maximizes efficient and effective use of all ASHM's resources and reduces risk. Similarly, the team have been instrumental in ensuring that ASHM's activities are available through accessible website and app-based delivery systems and by disseminating updates to our members. This is supported and overseen by a committed and capable board of directors to ensure that all ASHM staff and activities remain fully accountable and adherent to our regulatory requirements and ensure ASHM is positioned well to continue to lead and participate in the Australasian BBV and STI responses.

Membership is ASHM's life blood, and membership of ASHM continues to diversify.
Find our more at www.ashm.org.au/about/membership/

The number of members registered in the Register of Members as of 30 June 2018 was 796. This is slightly down from the prior year. It should be noted that ASHM's membership program currently has a two-pronged approach: to maintain a committed group of core individual members while at the same time expanding its reach to the sector at large through its Organisational Sustaining Members and Affiliate Programs, and through a period of complimentary membership benefits for course registrants.

The number of affiliates also continues to grow. Our reach to 3,500+ individual professionals is significant, particularly when teamed with our reach via the Organisational Sustaining memberships, which are significant domestically and regionally.

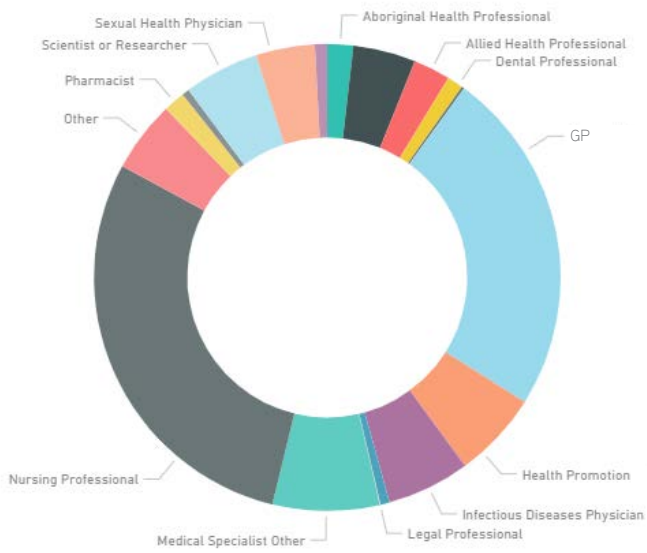

FIGURE (right): ASHM membership by profession

OUR MEMBERS

TABLE: ASHM MEMBERSHIP BY TYPE

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Ordinary Members	873	1,000	957	986	961	796
Individual Sustaining Members	103	78	44	43	14	11
Student Members	45	49	71	77	64	39
Retired Members	8	9	10	13	13	15
Complimentary Members	518	688	775	768	1,585	1,382
Affiliates	504	665	732	900	927	868
Honorary Life Members	-	-	7	7	9	10
ASHM Members, all types	2,051	2,489	2,596	2,794	3,573	3,181
Organisational Sustaining Membership (OSM)	39	46	50	48	56	60
Regional Network: Organisational Sustaining Membership	4	6	8	41	42	43

Note some of the OSM moved to the Regional Network when this was expanded in 2015

THE LEVINIA CROOKS EMERGING LEADER AWARD

LEVINIA CROOKS

ASHM HONORARY LIFE MEMBER SINCE 2003 | ASHM CHIEF EXECUTIVE OFFICER FROM 1999-2017

In 2018, ASHM was proud to announce establishment of The Levinia Crooks Emerging Leader Award. This award honours the legacy of the late Adjunct Professor Levinia Crooks AM—a leader in public health who became an ASHM Honorary Life Member in 2003. Two awards will be given to recognise the outstanding work of emerging leaders in the field of viral hepatitis; and another working in BBV and STI. The awards place importance on fostering emerging leaders to continue to develop leadership that is bold, innovative, inclusive and that inspires collaboration in the sector.

"Like many other organisations in our sector, ASHM has been operating for close to 30 years and over this time enormously value the 'veterans' in the BBV & STI responses who have often given their time and expertise, often freely," said ASHM President, Associate Professor Mark Bloch.

"The purpose of these awards is to recognise the importance of replenishing those experts with those who are emerging as thought and practise leaders in the field; and to help think about succession planning and mentoring them to take up senior leadership roles in due course. ASHM is confident that Levinia would be proud and pleased to be associated so closely with such a recognition and that it honours her legacy and mentoring practice while thinking about future challenges and service delivery improvements, something so symbolic of her approach."

https://www.ashm.org.au/Conferences/levinia-crooks-emerging-leader-award/

OUR CONTINUING PROFESSIONAL EDUCATION IN HIV, VIRAL HEPATITIS & SEXUAL HEALTH

6,106

ASHM COURSE PARTICIPANTS

FROM PRIMARY CARE PROVIDERS, GENERAL PRACTITIONERS, COMMUNITY PHARMACISTS & NURSES TO OTHER HEALTH CARE PROFESSIONALS WORKING WITH ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE, IN DRUG & ALCOHOL SETTINGS AND IN CUSTODIAL SETTINGS

Education services are provided by the ASHM National Policy and Education Division which provides both disease-focused workforce training activities as well as profession-specific courses (which may focus on multiple conditions). ASHM generally develops nationally relevant curricula, resources and policy with tailoring and roll-out of these materials largely funded by state and territory governments, local health districts, private sponsorship (unconditional educational grants) or fee-for-service arrangements. Training courses are always tailored to the local context and local experts are used whenever possible to foster professional network linkages. ASHM endeavours to provide educational delivery in a range of formats including face-to-face, webinars and online modules, to ensure the broadest access and best learning experience for each individual. Quality assurance and improvement mechanisms through feedback and follow-up are core to maintaining high quality and relevant trainings.

The goal of all ASHM training and workforce development is to ensure gold standard and evidence-based health care is practised by the workforce, and in turn patients receive the best care and support.

TABLE: ASHM COURSES & UPDATES

	2015-2016		2016-2017		2017-2018	
	No. of Courses	No. of Participants	No. of Courses	No. of Participants	No. of Courses	No. of Participants
HIV Courses & Updates	24	661	44	1,045	68	1,942
HBV Courses & Updates	34	735	72	1,305	55	1,065
HCV Courses & Updates	36	1,006	58	1,326	34	845
BBV/STI/Sexual Health Courses & Updates	8	140	14	192	45	999
Nursing HBV Courses	3	68	6	134	13	287
Nursing HCV Courses	30	57	2	36	4	80
Nursing STI Courses	9	185	6	129	4	125
Nursing HIV Courses	-	-	-	-	4	88
Pharmaceutical Opioid Training	-	-	-	-	2	100
ASHM/INHSU Partnership Project - International	-	-	-	-	22	575
TOTAL	144	2,852	256	4,167	251	6,106

SUPPORTING THE WORKFORCE WITH RESOURCES & TOOLS

All of ASHM resources supporting the health workforce are available electronically i.e. as online websites, PDFs and some as apps. It is ASHM's policy to conduct a needs assessment to ensure that methods of delivery are the most appropriate and accessible for each resource's target audience. ASHM continues to endeavour to provide the most relevant information as quickly as possible to the workforce in the media that best suit their needs. For more information on ASHM courses, visit: www.ashm.org.au/training
For ASHM resources: www.ashm.org.au/resources

Pictured: Karen Seager (ASHM Senior Project Officer), Lisa Bastian (WA Dept of Health Manager Sexual Health and Blood-borne Virus Program), David Kernohan (WA AIDS Council CEO), Lisa Tomney (WA AIDS Council), Ita Buttrose AO, OBE , Uncle Ben Taylor (Aboriginal Elder), Claire Italiano (ASHM Board Member), Wendy and Stephen Walker (Positive Bureau Speakers) at the formal launch of ASHM's 'provide support to people with HIV in aged-care settings' course on 1 October 2017 – the International Day of Older Persons – in Perth.

OUR WORK IN HIV

ASHM continues to support the HIV clinical workforce through training, conferences and the HIV s100 Community Prescriber program in all jurisdictions of Australia, and in New Zealand.

NATIONALLY ACCREDITED TRAINING FOR FRONTLINE AGED CARE STAFF

Funded by the Western Australian Department of Health, ASHM launched a new nationally-accredited training program for frontline aged care staff who provide support to people with HIV in aged-care settings. As the first nationally-accredited training of its kind, the course focuses on the performance outcomes, skills and knowledge required to provide support to people with HIV in a variety of aged-care settings – including residential care, family homes and community-day settings. With accredited training such as this, people with HIV can have confidence and assurance that any frontline aged-care worker who has completed this training, not only understands the many issues all people face as they confront aging and their own mortality – including issues of loneliness, increasing dependence on others, isolation, and loss of autonomy, but also specific issues that may affect people with HIV; and the effects of HIV on the aging process. A push to get Australian Registered Training Organisations (RTOs) on-board nationally, so that they can deliver this training within their curriculum, will be the next step.

DR CLAIRE ITALIANO
ASHM BOARD MEMBER
INFECTIOUS DISEASES PHYSICIAN AT ROYAL PERTH HOSPITAL

"The fundamental knowledge required for managing a person with HIV includes a comprehensive range of educational topics featured in this training ranging from: HIV transmission, confidentiality, disclosure, implementation of standard precautions, basic understanding of HIV medication and the importance of adherence to the treatment regimen. Also featured strongly is the debunking of myths surrounding HIV which often forms the basis of stigma and discrimination."

https://ashm.org.au/news/ita-buttrose-launches-HIV-national-training/

68
ASHM-run HIV COURSES 2017-2018

HIV RESOURCE DEVELOPMENT
The ASHM HIV team work closely with our clinical advisors to ensure content is relevant and clinically accurate including guidelines, training and resources for best practice in PrEP.

1,942*
PARTICIPANTS
attending workforce development opportunities via webinars and face to face learning.
** In 2017, ASHM partnered with Sydney Sexual Health to deliver fortnightly webinar sessions on Sexual Health.*

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ASHM-TRAINED COMMUNITY HIV PRESCRIBERS

Pictured: Associate Professor Edwina J Wright (ID physician and clinical researcher at The Alfred and The Burnet Institute); Professor Jennifer Hoy (Director, HIV Medicine, Department of Infectious Diseases, The Alfred and Monash University); Doctor James McMahon (Head of Clinical Research Unit and Infectious Diseases Physician, Alfred Hospital and Monash University, and Infectious Diseases Physician, Monash Medical Centre); and Dr Mark O'Reilly provided a summary of promising treatment advances at the CROI update to HIV clinicians to hear the latest updates from the annual Conference on Retroviruses and Opportunistic Infections (CROI). [March 2018]

SPOTLIGHT: ASHM's POSITION STATEMENT ON UNDETECTABLE = UNTRANSMISSABLE (U=U)

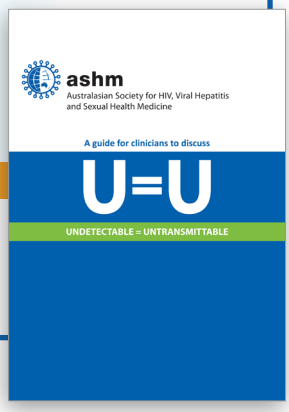
A/PROF EDWINA WRIGHT
PAST ASHM PRESIDENT (2011); ASHM CLINICAL ADVISOR ON PREP;
PRINCIPAL INVESTIGATOR OF THE VICTORIAN HIV PREP DEMONSTRATION PROJECT
INFECTIOUS DISEASES PHYSICIAN AND CLINICAL RESEARCHER AT
THE ALFRED HOSPITAL AND THE BURNET INSTITUTE, VICTORIA

"ASHM endorses Undetectable = Untransmittable by joining Dr Tony Fauci from NIH, the United States CDC and hundreds of other community partners in an unprecedented opportunity to improve the lives of people living with HIV and to dismantle HIV stigma. This message has far-reaching public health implications for engaging HIV positive people within each stage of the HIV treatment cascade and for expanded access to treatment and care.

As the peak body representing the health workforce in blood borne viruses and sexual health — ASHM will be working in collaboration with its community, clinical and research partners to support the health workforce with training and resources to enhance their ability to convey what U=U means and the strength of the science that underpins the U=U campaign. This will be important for all people living with HIV, but especially those who are newly diagnosed, or who fear being tested for HIV. Ultimately it is a scientific and clinical imperative for health workers to promote U=U in their practice: It presents an important and powerful message encouraging individuals towards a more positive attitude towards their sexual and mental health and overall improvement in their quality of life and for those around them."

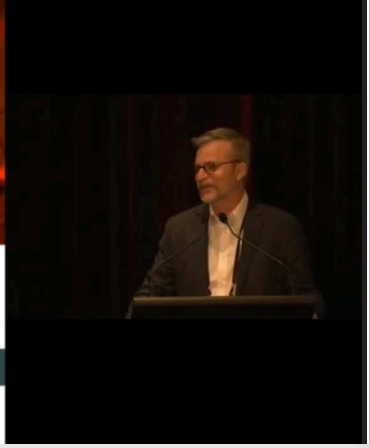
https://www.ashm.org.au/about/what-we-do/position-statements/U-equals-U/
https://ashm.org.au/HIV/UequalsU/

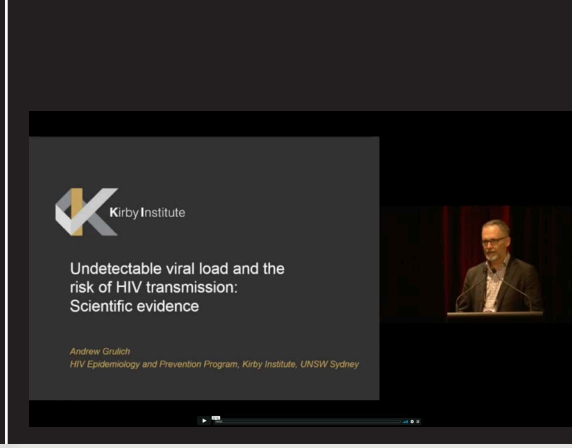
Drafted by ICASO, a community brief on U=U (Undetectable = Untransmissible), a health equity initiative led by the Prevention Access Campaign and supported by prominent and international community, clinical and research advocates including WHO, UNAIDS, US CDC & NIH as well as ASHM – was launched at the 2017 Australasian HIV&AIDS Conference. The brief was developed to provide the HIV community with current information and analysis of new and updated clinical data on the effectiveness of antiretroviral therapy (ART) in preventing HIV transmission to sexual partners of people living with HIV. In 2018, ASHM will launch an evidence-based Guide for Clinicians and other Healthcare Providers to discuss U=U and incorprate messaging into S100 HIV Prescriber courses. The key message: if you maintain an undetectable viral load, then you are unable to transmit HIV.



NUMBER OF ASHM-TRAINED COMMUNITY HIV S100 PRESCRIBERS BY JURISDICTION

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
ACT	9	11	10	12	16	15	17
NSW	110	115	109	122	139	173	168
NT	-	-	-	-	5	7	5
QLD	-	-	-	-	35	50	58
SA	18	22	21	25	25	28	22
VIC	45	43	43	46	52	72	74
WA	-	-	-	4	5	10	11
TAS	-	-	-	-	-	5	6
TOTAL	182	191	183	209	277	360	361





SPOTLIGHT: HIV and the LAW at the art of ART Meeting 2018

What is the impact of criminal law in relation to HIV medicine? Medical practitioners and other health care workers provide testing, diagnosis, counselling and care to people living with HIV, but the use of criminal law in Australia to prosecute people with HIV means health professionals may also find themselves entangled in a criminal investigation. What should health care workers tell patients about their rights and responsibilities when it comes to HIV transmission or exposure?

Pictured above left:
Paul Kidd (HIV legal activist and commentator) at the art of ART Meeting for HIV S100 Prescribers, took medical and legal notions of consent as the starting point to explore the complex and problematic impacts of HIV criminalisation on medical practice and the lives of people living with HIV. He discussed guidance for practitioners who need to balance their roles as health providers with the legalities of HIV transmission and exposure.

https://vimeo.com/269564496

Pictured above right:
Prof Andrew Grulich (Head, HIV Epidemiology and Prevention Program, The Kirby Institute UNSW) presented on the biomedical evidence underpinning 'Undetectable viral load and the risk of HIV transmission', and the science demonstrating why the risk of HIV transmission with an undetectable viral load (UVL) is negligible to non-existent.

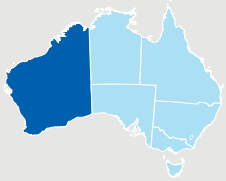
https://vimeo.com/269564729

PARTNERSHIP HIGHLIGHT: PrEP Roadshow in Western Australia

LISA BASTIAN
MANAGER SEXUAL HEALTH AND BLOOD-BORNE VIRUS PROGRAM
WESTERN AUSTRALIA DEPARTMENT OF HEALTH

"[WA Health] has a long-standing collaborative relationship with ASHM in delivering STI and BBV workforce development initiatives. ASHM have successfully delivered workforce development programs in WA over last seven years including development and implementation of sexual health and blood-borne viruses training for primary care providers [including this funded] series of PrEP trainings to the primary care providers. ASHM's expertise in delivering quality services across education, resources, training and policy leadership is valuable to the Department's work in achieving the key objectives set in the state STI and BBV strategies."

Visit: www.ashm.org.au/HIV/PrEP/



ASHM is in prepairing to deliver a roadshow series of PrEP training to primary care providers across WA (Geraldton, Karratha, Bunbury, Kalgoorlie, Broome) funded by the Department Health Western Australia (WA Health) in late-2018.

CHALLENGES IN HIV DIAGNOSIS FOR GPS AT THE COALFACE

DR DAVID BAKER
ASHM CLINICAL ADVISOR
Read the full MJA article published on 13 November 2017
https://www.doctorportal.com.au/mjainsight/2017/44/challenges-in-hiv-diagnosis-for-gps-at-the-coalface/

Undiagnosed HIV presents some tough challenges. In 1993, the Medical Journal of Australia (MJA) ran a series of articles *Could it be HIV?*; almost 25 years later, an estimated 11% of people living with HIV remain undiagnosed, with a third of new HIV diagnoses in people presenting late, often when they are unwell. Late presentation is associated with being older, female, heterosexual, born overseas or living in rural and remote areas. Late diagnosis of HIV results in delayed treatment, with increased morbidity and mortality and the potential for HIV transmission to sexual partners.

At the 2017 Australasian HIV&AIDS Conference, Dr Yi Dan Lin and colleagues performed a retrospective review of patients hospitalised with a late diagnosis of HIV infection. Over 40% of patients had an "indicator" symptom prior to diagnosis, with the most common conditions being unexplained weight loss, herpes zoster, thrombocytopenia or leukopenia, oral or oesophageal candidiasis, community-acquired pneumonia and sexually transmitted infection. Most patients had these symptoms for at least 3 months prior to hospital admission. The study suggested a potential benefit in applying the European AIDS Clinical Society testing guidelines for indicator conditions in the Australian context, which is supported by ASHM's indications for HIV testing.

http://www.testingportal.ashm.org.au/hiv/indications-for-hiv-testing

PICTURED: ASHM held a series of PrEP training both as webinars and face-to-face meetings with health work-force in Australia and New Zealand. Link to the Facebook Q&A held in April 2018

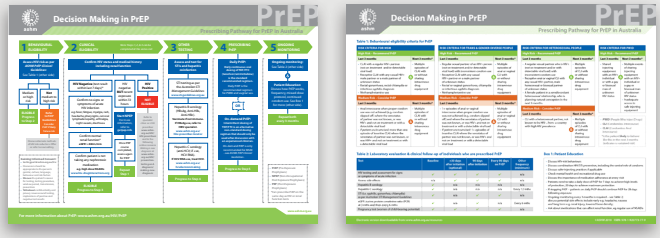
OUR WORK IN HIV PrEP

It was a watershed start to 2018 with the Pharmaceutical Benefits Advisory Committee (PBAC) announcing the listing of HIV Pre Exposure Prophylaxis (PrEP) on the Pharmaceutical Benefits Scheme (PBS) for HIV prevention. HIV PrEP drugs were PBS-listed on Schedule 85 from 1 April 2018, thereby providing broader access for any doctor or general practitioner to prescribe PrEP to an Australian resident who holds a current Medicare card.

ASHM continues to support the workforce to ensure access to PrEP and best practice in guidelines, training and resources. Many of these activities were undertaken in an unfunded capacity throughout 2017-2018. However, in July 2018, a 24-month contract with the Commonwealth Department of Health was secured to deliver national workforce development training across the Australian sector. ASHM extends our gratitude to our committed clinical advisors and PrEP writing committee for working with us to support the April PBS listing, supporting and writing articles in medical media and providing ongoing clinical support and advice to ASHM staff and members.

Visit: www.ashm.org.au/HIV/PrEP/

WORKING IN PARTNERSHIP TO SUPPORT CLINICIANS: Decision Making in PrEP Tool



This 2-page tool Decision Making in PrEP was developed to provide a prescribing pathway which summarises the key eligibility and recommended assessment for primary care providers in Australia who wish to prescribe PrEP and the ongoing patient education and monitoring requirements.

http://ashm.org.au/products/product/3000100092

AFAO-ASHM PrEP Fact Sheet Guidelines

ASHM worked with AFAO to produce resources for PrEP users, such as the PrEP Fact Sheet. The sheet provides a full list of Australian local AIDS councils and other referral pathways.

http://ashm.org.au/HIV/PrEP

ASHM COMMUNITY PARTNERSHIP

NICOLAS PARKHILL
CHIEF EXECUTIVE OFFICER
ACON HEALTH

"The listing of PrEP on the Pharmaceutical Benefits Scheme on 1 April 2018 was an important milestone in Australia's HIV response, and ACON was proud to work in partnership with ASHM on a range of resources educating the community on the changes surrounding PrEP access. ACON's digital campaign coupled with ASHM's clinical resources supported both consumers and clinicians, including primary health care providers and community pharmacists, and ensured those who would benefit most from PrEP were adequately informed and were able to access this ground-breaking HIV prevention technology. ACON looks forward to continuing our partnership with ASHM, as we work towards the goal of ending HIV transmissions in NSW."

Link to the ACON-ASHM PrEP promotion
https://youtu.be/1YXwAE5JBBY

Pictured: Dr Peter Saxton (School of Population Health, University of Auckland; ASHM member since 2015) interviewed on TVNZ Breakfast about PrEP public health benefits. Watch the video http://bit.ly/PeterSaxton

ACCESS TO PREP IN NEW ZEALAND

New Zealand's PHARMAC (the government agency that decides which pharmaceuticals to publicly fund) listed emtricitabine with tenofovir disoproxil fumarate available for pre-exposure prophylaxis (PrEP) for the prevention of HIV transmission for eligible people — enabling about 4,000 New Zealanders to access PrEP from 1 March 2018.

https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/prep-for-hiv

See also: Our work in New Zealand – In 2018, ASHM supported the educational needs of GP prescribers and other clinicians in New Zealand through online and face-to-face training to be equiped with information on the science of PrEP and how to prescribe PrEP in New Zealand.

DR JASON MYERS, EXECUTIVE DIRECTOR OF THE NEW ZEALAND AIDS FOUNDATION
'NZ AHEAD OF THE PACK IN FUNDING REVOLUTIONARY HIV-PREVENTION DRUG PREP'

March 2018: *"Providing affordable access to PrEP for those who need it [made] an enormous difference to those most at risk of HIV transmission in New Zealand. It's a giant leap forward for our ambitious goal of ending new HIV transmissions in New Zealand by 2025. In deciding to fund PrEP, PHARMAC has endorsed a key part of NZAF's strategic plan—seeing PrEP as a safe and effective way of preventing HIV transmission during sex, and one that could make a huge impact on the number of new HIV diagnoses in NZ, which was at its highest ever in 2016."*

http://www.nzaf.org.nz/news-and-media/news/pharmac-announces-prep-funding/

WORKING IN PARTNERSHIP TO SUPPORT CLINICIANS

UPDATED: ASHM AUSTRALIAN HIV PRE-EXPOSURE PROPHYLAXIS (PREP) CLINICAL GUIDELINES

These Guidelines are written by clinicians, epidemiologists and representatives of peak Australian HIV community organisations for clinicians who will be initiating PrEP or evaluating and monitoring people taking PrEP. First published in the Journal of Virus Eradication in July 2017, the ASHM HIV pre-exposure prophylaxis (PrEP) clinical guidelines were updated in April 2018, including changes to the recommendations regarding the choice of daily or on-demand PrEP.

http://viruseradication.com/journal-details/Australasian_Society_for_HIV,_Viral_Hepatitis_and_Sexual_Health_Medicine_HIV_pre-exposure_prophylaxis:_clinical_guidelines._Update_April_2018/

DR VINCENT CORNELISSE
CO-AUTHOR OF ASHM HIV PREP CLINICAL GUIDELINES; ASHM MEMBER SINCE 2013
SEXUAL HEALTH PHYSICIAN, MELBOURNE SEXUAL HEALTH CENTRE VIC

"These Guidelines are intended for clinicians when they're talking to a patient, to get an idea of their HIV risk and determine whether that patient could benefit from going on to PrEP. While many have traditionally viewed men who have sex with men as those most at risk of contracting HIV, that risk extends to many other patient demographics. It's important for clinicians to work out someone's HIV risk and to understand the eligibility criteria [...] There is a place for clinicians to actively discuss PrEP with patients who are at risk of HIV, rather than just relying on patients coming to them asking about [it]."

Read Dr Cornelisse in Prescribing PrEP in general practice: What GPs need to know
https://www.racgp.org.au/newsGP/Clinical/Prescribing-PrEP-in-general-practice-What-GPs-nee

Journal of Virus Eradication 2018; 4: 143–159 GUIDELINES

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine HIV pre-exposure prophylaxis: clinical guidelines. Update April 2018

Edwina Wright[1,2,*], Andrew Grulich[3], Katy Roy[4], Mark Boyd[5,6], Vincent Cornelisse[7,8], Darren Russell[9], Darryl O'Donnell[10], Bill Whittaker[11], Lavinia Crooks[1,2,12] and Iryna Zablotska[3]*

[1] Department of Infectious Diseases, Alfred Health, Monash University, Melbourne, Australia
[2] Burnet Institute, Melbourne, Australia
[3] Peter Doherty Institute for Infection and Immunity, University of Melbourne, Australia
[4] Kirby Institute, University of New South Wales, Sydney Australia
[5] Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, Sydney, Australia
[6] University of Adelaide, Adelaide, Australia; University of Adelaide, South Australia
Prahran Market Clinic, Victoria, Australia
[8] Cairns Sexual Health Service, Cairns, Australia
[9] College of Medicine and Dentistry, James Cook University, Cairns Australia
[10] Australian Federation of AIDS Organizations, Sydney, Australia
[11] National Association of People Living with HIV/AIDS, Sydney, Australia
[12] University of La Trobe, Melbourne, Australia
[13] University of New South Wales, Sydney, Australia
*Senior co-authors

Abstract

Daily use of coformulated tenofovir and emtricitabine for HIV pre-exposure prophylaxis (PrEP) by populations at high risk of HIV infection is now recommended in guidelines from the United States, Europe and Australia and globally through the 2015 WHO guidelines. These 2017 Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine's (ASHM) PrEP Guidelines are an updated adaptation of the 2014 US Centers for Disease Control's PrEP guidelines and are designed to:

- Support the prescription of PrEP using forms of coformulated tenofovir and emtricitabine that have been registered in Australia by the Therapeutic Goods Administration and other bioequivalent generic drugs that are available in Australia through self-importation, private prescription or Australian PrEP clinical trials
- Assist clinicians in the evaluation of patients who are seeking PrEP
- Assist clinicians in commencing and monitoring patients on PrEP including PrEP dosing schedules, management of side-effects and toxicity, use of PrEP in pregnancy and in chronic hepatitis B infection and how to cease PrEP

Daily PrEP with co-formulated tenofovir and emtricitabine, used continuously or for shorter periods of time, is recommended in these guidelines as a key HIV-prevention option for men who have sex with men (MSM), transgender men and women, heterosexual men and women, and people who inject drugs (PWID) at substantial risk of HIV acquisition. These guidelines were updated in April 2018 and include changes to the recommendations regarding the choice of daily or on-demand PrEP.

Keywords: pre-exposure prophylaxis, PrEP, TDF/FTC

Introduction

Co-formulated tenofovir and emtricitabine for use as HIV pre-exposure prophylaxis (PrEP) by populations at high risk of HIV infection is now recommended in guidelines in the United States, Europe and Australia (2–4), as well as globally through the WHO guidelines (5).

These clinical PrEP guidelines update the 2015 Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine's (ASHM) PrEP guidelines and they represent an adaptation and update of the 2014 United States Centers for Disease Control's PrEP guidelines (2).

Between May 2016 and January 2017, the Australian Therapeutic Goods Administration (TGA) approved tenofovir disoproxil fumarate and emtricitabine (TDF/FTC, Truvada), tenofovir disoproxil maleate and emtricitabine (TDM/FTC, Truvada) and tenofovir disoproxil phosphate and emtricitabine (TDP/FTC, Tenofovir EMT Lupin) for entry onto the Australian Register of Therapeutic Goods (ARTG). These medications are registered for daily use in individuals aged 18 years and over. However, these medications are not yet subsidised by the Pharmaceutical Benefits Scheme for use as HIV PrEP (6). Other drugs used for PrEP but not registered in Australia can be legally imported into Australia using the TGA Personal Importation Scheme (PIS) (7). For simplicity, the form TDF* is used to denote the tenofovir disoproxil component present in the three registered drugs.

The recommendations included here are designed to:

- support the prescription of PrEP using the ARTG-listed drugs and other bioequivalent generic drugs that are available in Australia, or are being used in Australian PrEP trials
- assist clinicians in their evaluation of patients who are seeking PrEP
- to assist clinicians in commencing and monitoring their patients on PrEP by providing information on PrEP dosing schedules, management of side-effects and toxicity, use of PrEP in pregnancy and in chronic hepatitis B infection and how to cease PrEP.

Daily PrEP with TDF/FTC is recommended in CDC, WHO and earlier Australian guidelines as a key HIV-prevention option for men who have sex with men (MSM), transgender men and women, heterosexual men and women, and people who inject drugs (PWID) at substantial risk of HIV acquisition. Based on available evidence, this guideline does not recommend the coitally timed use of PrEP. Such use can be considered only for patients at risk of HIV infection who are unable to take daily PrEP, and it is contraindicated for people with chronic hepatitis B infection.

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Email: edwina.wright@monash.edu

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OUR WORK FACILITATING THE CARE AND TREATMENT OF HEPATITIS B & C IN THE COMMUNITY

Working with our clinical experts, we are training primary care providers to test, manage and treat hepatitis B and C in the communities they serve.

Pictured: "The prisons offer both a threat and an opportunity in relation to Australia's hepatitis C elimination goals – the threat is high rates of on-going transmission in the prison setting; the opportunity is scale-up of antiviral treatment to cure a hard-to-reach population." Professor Andrew Lloyd presenting on the Surveillance and Treatment of Prisoners with Hepatitis C (SToP-C) study at the ASHM-run Hepatitis C Treatment in Queensland Prisons Forum, Brisbane (Feb 2018)

3,951

Health professionals trained in hepatitis B or hepatitis C

Including: General Practitioners, Nurses, health professionals working with Aboriginal and Torres Strait Islander people, health professionals working in drug and alcohol settings, health professionals working in custodial settings

130 COURSES

delivered in hepatitis B or C in all states and territories across Australia

293

ASHM-accredited hepatitis B s100 community prescribers nationwide

HEPATITIS B AND C RESOURCE DEVELOPMENT

The ASHM Viral Hepatitis team work closely with our clinical advisors to ensure content is relevant and clinically accurate.

In 2017, GP prescribers had on average:

2 new HBV diagnoses

initiated 2 patients on antiviral treatment

Managed 18 patients with CHB

WORKING IN PARTNERSHIP TO SUPPORT CLINICIANS

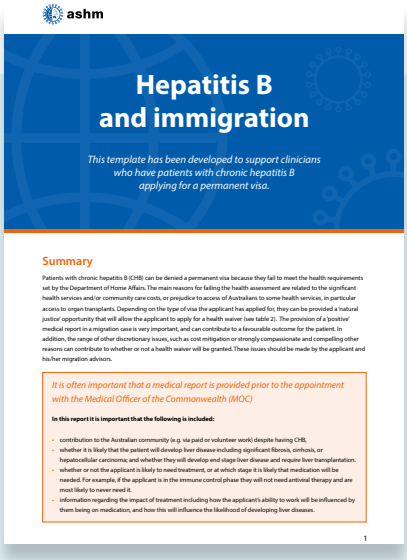
HEPATITIS B AND IMMIGRATION: HOW CLINICIANS CAN BEST SUPPORT PATIENTS WITH CHRONIC HEPATITIS B APPLYING FOR PERMANENT RESIDENCY IN AUSTRALIA

ASHM published a resource to support clinicians seeing patients living with chronic hepatitis B, to accurately and optimally help them in the process of applying for a permanent residency visa in Australia.

"Up until relatively recently, chronic hepatitis B didn't appear to be an issue for people seeking permanent residency in Australia," said Associate Professor Benjamin Cowie, co-author of Hepatitis B and Immigration, and Director, WHO Collaborating Centre for Viral Hepatitis at The Peter Doherty Institute for Infection and Immunity.

"However, particularly in the last four years, increasing numbers of people living with hepatitis B have found that they have been denied permanent residency in Australia, on the basis particularly of the projected cost of their hepatitis B care. Many doctors are coming forward asking for support in how to do best for their patient."

https://www.ashm.org.au/products/product/hepbandimmigration



ashm

Hepatitis B and immigration

This template has been developed to support clinicians who have patients with chronic hepatitis B applying for a permanent visa.

Summary

Patients with chronic hepatitis B (CHB) can be denied a permanent visa because they fail to meet the health requirements set by the Department of Home Affairs. The main reasons for failing the health assessment are related to the significant health services and/or community care costs, or prejudice to access of Australians to some health services, in particular access to organ transplants. Depending on the type of visa the applicant has applied for, they can be provided a 'natural justice' opportunity that will allow the applicant to apply for a health waiver (see table 2). The provision of a 'positive' medical report in a migration case is very important, and can contribute to a favourable outcome for the patient. In addition, the range of other discretionary issues, such as cost mitigation or strongly compassionate and compelling other reasons can contribute to whether or not a health waiver will be granted. These issues should be made by the applicant and his/her migration advisors.

It is often important that a medical report is provided prior to the appointment with the Medical Officer of the Commonwealth (MOC)

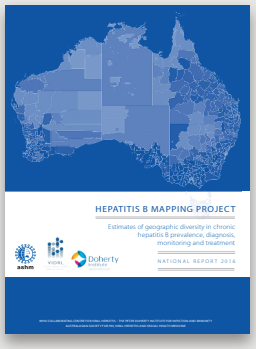
In this report it is important that the following is included:

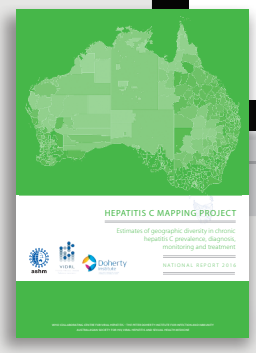
- contribution to the Australian community (e.g. via paid or volunteer work) despite having CHB,
- whether it is likely that the patient will develop liver disease including significant fibrosis, cirrhosis, or hepatocellular carcinoma; and whether they will develop end stage liver disease and require liver transplantation.
- whether or not the applicant is likely to need treatment, or at which stage it is likely that medication will be needed. For example, if the applicant is in the immune control phase they will not need antiviral therapy and are most likely to never need it.
- information regarding the impact of treatment including how the applicant's ability to work will be influenced by them being on medication, and how this will influence the likelihood of developing liver diseases.

1

WORKING IN PARTNERSHIP TO PROVIDE THE TOOLS

FOURTH HEPATITIS B AND FIRST HEPATITIS C MAPPING REPORTS





In partnership with The Doherty Institute, ASHM published the First National Hepatitis C Mapping Report 2016 and the Fourth National Hepatitis B Mapping Report 2016. Localised priority-setting is a key objective of recent healthcare reform in Australia. In these reports, the geographic mapping across Australia's 31 Primary Health Networks (PHNs) of the prevalence and uptake of treatment for hepatitis B and C allows for the prioritisation of health interventions and improvement of local service delivery in areas of greatest need.

Previous estimations of chronic hepatitis C (CHC) prevalence and treatment uptake has provided national and state data, while this project provides the first study of local areas, allowing health authorities and community organisations to find gaps in treatment, and identify priorities to work towards the future elimination of CHC.

https://ashm.org.au/HBV/hepatitis-b-mapping-reports/
https://ashm.org.au/HCV/hepatitis-c-mapping-reports/

B POSITIVE: HEPATITIS B FOR PRIMARY CARE

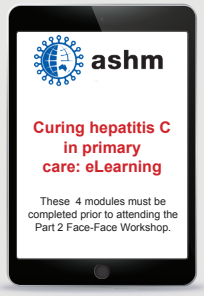
ASHM's comprehensive guide on hepatitis B for primary care has been updated to reflect current best practice. Available online only, the website has been refreshed to garner better search engine results and make it more user-friendly.

www.hepatitisb.org.au

REVITALISED ONLINE LEARNING TO BETTER ENGAGE HEALTH PROFESSIONALS

ASHM's key viral hepatitis blended learning format courses, the Hepatitis B s100 Prescriber course and Hepatitis C New Treatments Course have had their online learning components updated to reflect current best practice, focus on primary care practicalities and improve the user experience of online learning. They can be accessed via the ASHM Learning Management System

lms.ashm.org.au



ASHM MEMBER PROFILE

DR MARILOU CAPATI
GENERAL PRACTITIONER, CASUARINA NT
ASHM-TRAINED HEPATITIS B S100 PRACTITIONER AND ASHM MEMBER
ASHM SCHOLARSHIP RECIPIENT TO ATTEND AUSTRALASIAN VIRAL HEPATITIS ELIMINATION CONFERENCE 2017

"As a GP practicing in the Northern Territory since 2008, I also became an ASHM-trained Hepatitis B S100 Prescriber in 2015 and work in a high-caseload clinic for hepatitis B in which we manage over 80 patients. I myself have initiated about 6 patients onto HBV treatment — all of my patients now have a viral load of less than 20. I am thankful to attend the Australasian Viral Hepatitis Elimination Conference as an ASHM scholarship recipient. The program allowed me greater awareness and knowledge of priority groups that I need to test.

Upon returning from the conference, I was motivated to contact the Multicultural Council of the Northern Territory to raise awareness and provide education to community workers, other clinicians, and the general public. I'm committed to the WHO elimination goals for viral hepatitis, and as someone from a migrant background, will target priority migrant and Indigenous populations in my community.

I would strongly encourage other clinicians to become a hepatitis B prescriber, and to attend an inspiring conference like this".

NUMBER OF ASHM-TRAINED COMMUNITY HEPATITIS B S100 PRESCRIBERS BY JURISDICTION

The hepatitis B prescriber program provides initial training, ongoing support and continuing professional development activities for general practitioners prescribing Highly Specialised Drugs for the treatment of chronic hepatitis B.

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
ACT	2	3	10	19	16
NSW	30	43	63	91	107
NT	30	30	31	37	41
QLD	-	-	2	14	46
SA	2	2	22	19	20
VIC	-	-	-	20	28
WA	-	-	14	29	33
TAS	-	-	-	2	2
TOTAL	64	78	141	236	293

The hepatitis B prescriber program was externally evaluated by Zest Health Consultants in 2018. Stakeholders provided almost universal praise for the program's implementation and reported a high degree of relevance and effectiveness of the program.

Feedback for inclusion from National HBV Prescriber Program Evaluation

'It has been brilliant. Management [of patients with CHB] in my clinic would not be done nearly as well [without the prescriber program] – our GPs would have less knowledge and capacity; less confidence and less external support.'

GP prescriber [4], urban area

'The training has changed my practice across the spectrum, from testing [undiagnosed priority populations] to monitoring and antiviral management [of people with CHB].'

GP prescriber [8], regional area

"The course is targeted just right – enough complexity that it was told at level of doctors, but not too much un-necessary detail. It provided the key information that would be practically useful.'

GP prescriber [11], remote area

A number of interviewed stakeholders described the important role that ASHM has played in leading and generating buy-in for expanded investment in community-based care for hepatitis B:

'No government was looking at it as a priority. The community sector was starting to wake up, but none of it would have happened without the indefatigable efforts of key ASHM staff at the time. They were very successful in getting it on the agenda and convening with [key stakeholders such as] the Cancer Council.'

Specialist [2]

PHN representative was impressed by ASHM's level of engagement and localisation:

'They're very receptive to involving us. Especially since they're Australia-wide, I'm always impressed by how much capacity they have to put a local slant on their delivery. They work tirelessly to do that."

HEPATITIS C TREATMENT IN PRISONS FORUM

ASHM held a Hepatitis C Treatment in Prisons Forum in Brisbane aimed at bringing together health professionals from across Queensland who work in correctional settings and provide in-reach services for viral hepatitis. They discussed models of care, challenges and solutions in moving towards the elimination of hepatitis C from Queensland correctional centres.

Prison populations have a high prevalence of hepatitis C worldwide, with results from the most recent National Prison Entrants' Blood-borne Virus Survey indicating a prevalence of 22% across Australian prisons.

Prior to the release of new, direct-acting antivirals (DAA) in March 2016, treatment uptake was extremely low in Australian correctional centres.

Improved treatment options now provide an opportunity to scale up treatment in the prison setting. However, Queensland has seen a variable treatment uptake across its fourteen correctional centres. One outstanding example has been Lotus Glen prison in Cairns where a rapid DAA scale-up program has been successful in clearing the estimated hepatitis C prevalence from approximately 12% to 1% in less than 12 months. Similar success was reported by the team from Capricornia prison during the Forum.

https://www.ashm.org.au/news/behind-bars/

Pictured: (L to R) – Melinda Hassall, Catherine Hine, Delvene Steven, Phil Nottingham, Caroline Wharry, Lauren Mabbutt, Sally Berry, Suzanne Werder, Judy Gilmour at the New Zealand HIV meeting for nurses providing care to clients with HIV from across NZ (Nov 2017)

OUR WORK WITH NURSES

apna – Supporting nurses in primary health care

DANA – Drug & Alcohol Nurses of Australasia

Australasian Hepatology Association

ASHHNA – Australasian Sexual Health & HIV Nurses Association Inc.

Australian College of Nursing – Caring for your career

WORKING IN COLLABORATION WITH KEY NURSING ASSOCIATIONS

ASHM and its Nursing Program are significantly invested in working in collaboration with nurses providing care and management to people with BBVs and STIs. Collaboration is achieved through engaging with members in the Nursing Program Bulletins, strong partnerships with key nursing associations, and engaging strategically with Commonwealth and State Chief Nursing and Midwifery Officers to advocate for increased education opportunities and scope of practice issues such as Nurse Practitioner prescribing.

ASHM's Nursing Program is further strengthened with expert guidance from our two nurse Board representatives, expert nurse clinical advisors, nurse course presenters and resource developers.

Scott McGill
ASHM Director of Programs & Acting CEO

"ASHM is committed to supporting the BBV and STI workforce in Australia, New Zealand and in our region through ensuring that nurses and midwives are included in workforce development opportunities, policy support, resources and conference scholarship programs"

Adjunct Professor Kylie Ward FACN,
Chief Executive Officer of the Australian College of Nursing

"The introduction of nurse-led clinics has been successful in screening and treating STIs and BBVs throughout Australia, including regional and remote areas. Nurses have fostered a collaborative approach with other health services, including mental health, corrections and drug and alcohol services, to provide appropriate education programs to reduce the risk of undiagnosed STIs and BBVs.

The increase in public awareness through sexual health programs and nurse-led clinics has empowered nurses to actively promote positive norms and address perceived stigma surrounding STI and BBV testing and treatment".

ASHM MEMBER PROFILE

PENNY KENCHINGTON
ASHM BOARD MEMBER SINCE 2017, NURSE PRACTITIONER

What is a priority area for nurses working in the BBV sector in 2018?

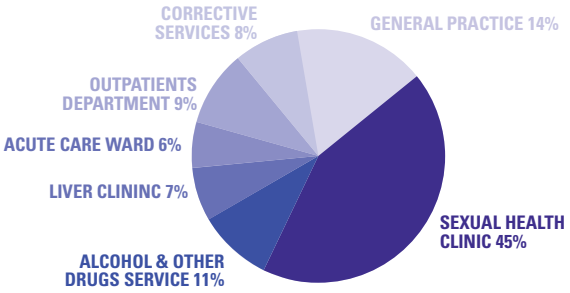
"Nurses in the sexual health and BBV sector are in many places not working to their full potential. In Queensland, nurses have worked within a model of service delivery that allows for the management of clients with a Health Management Protocol (HMP) giving the nurse the responsibility in their practice to manage clients who are symptomatic. This model allows for the Medical Officers to see the more complex cases. Creating a national HMP would be an interesting start to educate and credential nurses to work more independently. With the recent discussion about nurse prescribers, ASHM should play an important role in recommending how nurses might work within this new prescribing model by having an HMP".

ENGAGING OUR NURSING MEMBERSHIP

ANNUAL NURSE MEMBER SURVEY – WE ASKED, LISTENED AND RESPONDED

The ASHM Nurse member survey was conducted in 2017 and will be conducted annually to ensure that ASHM and the Nursing Program are continuing to accurately represent nurses and are also responding to their education, practice and policy needs. The survey highlighted the experience of our nurse member workforce with almost 70% working in positions Clinical Nurse or higher, including Clinical Nurse Consultants, Nurse Practitioners, Nurse Managers and Educators. The survey also revealed the depth of the sexual health nurse member workforce.

THIS IS WHERE YOU WORK



Members asked ASHM to respond to identified gaps in knowledge and education and ASHM responded.

- ***Sexual health and HIV education in regional areas –*** *BBV/STI updates delivered in regional NSW*
- ***Advanced liver disease nursing management –*** *Development of an advanced liver disease on-line learning module for Primary Health Care nurses commenced in collaboration with the Australasian Hepatology Association*
- ***Drug and alcohol –*** *Review of Hepatitis C face to face course by a nurse representative from Drug and Alcohol Nurses Australasia, to ensure drug and alcohol issues are embedded in course materials*
- ***Education in South Australia –*** *Delivery of 3 hour Hepatitis B updates and 2 day Hepatitis B Nursing course*

Pictured: Adam Spinks (NP Sexual Health and HIV) presenting as part of an ASHM-run HIV Nursing course in Brisbane (Nov 2017)

ESTABLISHMENT OF A NURSE NETWORK

The nurse member survey identified a number of nurses who were interested in forming a Nurse Network with the aim of providing a forum for collaboration between ASHM nurse and midwifery members and the ASHM Nursing Program. Membership is sought from each Australian state and territory and New Zealand, including a cross section of HIV, viral hepatitis, sexual health experience.

The objectives of the Nurse Network are to:

- Identify gaps in training, policy, practice and areas for advocacy at local levels within jurisdictions
- Provide local context to relevant issues affecting nurses and midwives to inform ASHM of practice and policy issues
- Provide network members with professional development opportunities to engage in relevant ASHM activities

The Network have established a Terms of Reference, contributed to Nursing Program newsletters and the 2018 annual nurse member survey. They also identified the lack of competency based assessment for skills training in sexual health as an area of interest for them

EDUCATING OUR WORKFORCE

1,902*

Nurse participants attended ASHM training

**500 attendees to nurse specific education events*

Workplace settings include:
Alcohol and other drugs
Community Health
Corrective Services
General Practice
Hospitals
Mental Health
Midwifery Services
Paediatric
Refugee Health
School-based youth health
Sexual Health
Women's Health

ASHM's priority is for nurse education to be developed and delivered by expert nurses and colleagues, courses that are accredited by reputable nursing professional bodies and the course materials and resources are relevant, engaging, interactive, and consistent with best practice guidelines and contribute to nurses working to their full scope of practice. A review of the hepatitis B and hepatitis C nurse courses commenced this year, based on feedback provided by previous course participants.

Attendee feedback for Sexual Health Nursing course

"This information has given me the hands on tools to be proactive in STI screening"

Attendee feedback for Hepatitis B Nursing: Advanced Management and Care course

"It is enriching to attend a course presented largely by nurses for nurses at such a high standard. So proud to be part of this learning. Thank you."

Attendee feedback for Hepatitis C Nursing: Management and Treatment course

"Better able to educate clients. Better understanding to deliver care to people who are different to me"

OUR WORK WITH ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS

Pictured: Participants from the Deadly Sex Congress 2018, an annual forum for Indigenous Sexual Health Workers from across Queensland to update their knowledge, build workforce capacity and share their stories.

ASHM has worked with Aboriginal and Torres Strait Islander Health Workers and the services which employ them across the country in 2017-18, recognising the crucial role health workers play in engaging their community and providing culturally appropriate care in the testing, diagnosis and management of HIV, hepatitis B, hepatitis C and sexually transmitted infections.

DEADLY SEX CONGRESS

CAIRNS QLD | 20 – 22 MARCH 2018

The annual Deadly Sex Congress brought together 70 delegates working in Aboriginal and Torres Strait Islander sexual health from across Queensland. They participated in two days of learning, building workforce capacity, sharing stories and networking. ASHM has coordinated the Congress since 2016 in conjunction with the Deadly Sex Organising Committee.

TRAVEL SCHOLARSHIPS OFFERED

5

for Aboriginal and Torres Strait Islander health workers from Mackay, Mount Isa and Sunshine Coast

SATELLITE EVENT: PROJECT PROPOSAL PLANNING WORKSHOP

1 DAY

funded by the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021

DEADLY SEX NETWORKING UPDATES HOSTED

4

in Rockhampton, Townsville, Brisbane and via webinar (with local sexual health service providers featured; and information on syphilis, youth health and reproductive choices)

PILOT: CREATING LIVER HEALTH CHAMPIONS

Pictured: Seven Aboriginal and Torres Strait Islander Health Workers (ATSIHW) were upskilled and trained in the use of FibroScan® in Far North Queensland as part of the Liver Health Champions pilot, a newly-developed ASHM training course and mentoring program. Each participant is required to perform a minimum of 10 supervised Fibroscans before being deemed competent with mentoring provided through Cairns Sexual Health Service, the Cairns Hospital Liver Clinic, and within the health services.

FibroScan® performed by Aboriginal and Torres Strait Islander Health Workers (ATSIHW) and Practitioners (ATSIHP) may increase trust and engagement at the community level by providing culturally safe care, immediate biofeedback and removing the need to travel which is often a barrier to appropriate care, thereby creating Liver Health Champions within communities. The ATSIHWs will keep a record of performed Fibroscans over a period. Data to evaluate the number of Fibroscans, HBV DNA tests and people starting treatment will be obtained from each health service. Participants will also be interviewed about their experience of being a liver health champion in their community. If the pilot is successful, the training and mentoring program may be delivered in other suitable localities across Australia.

OUR WORK IN NEW ZEALAND

HIV CLINICAL UPDATE MEETING 2018 "THE SPECTRUM OF CARE IN NEW ZEALAND, FROM PREP TO HIV IN AN AGEING POPULATION"

ASHM supported the educational needs of GP prescribers and other clinicians in New Zealand who are involved in HIV care. A HIV PrEP clinical update (with 52 attendees) provided training to equip clinicians to renew PrEP applications for patients. A 1-day educational program followed (with 98 attendees) which specifically addressed the area of HIV care with regards to aging and the concerns about cognition. The program included scientific reviews, a session dedicated to short talks from Infectious Disease and Sexual Health trainee registrars, and practical teaching to improve the lives of many PLWHA.

Pictured: Dr Massimo Giola (specialist in infectious diseases and sexual health, Bay of Plenty DHB) and Dr Vincent Cornelisse (specialist in sexual health medicine, Prahan Market Clinic, Melbourne) presenting the science of PrEP and how to prescribe PrEP in New Zealand. The clinical update was organised in conjunction with the Auckland District Health Board, The Goodfellow Unit and University of Auckland.

View the webinar recording:
https://www.goodfellowunit.org/node/147610

NZ HIV NURSE MEETING

This annual 1-day clinical educational meeting was held in Auckland for nurses from across NZ who provide care to clients with HIV. Attendees came from Auckland, Hawkes Bay, Wellington, Hamilton, Tauranga, Palmerston North, and Christchurch. Nurses shared and discussed complex cases, shared resources and facilitated sessions on the impact of vicarious trauma, compassion fatigue and the importance of self-care.

ASHM MEMBER PROFILE

JAMES RICE-DAVIES
HIV/ID CLINICAL NURSE SPECIALIST, WELLINGTON HOSPITAL NZ
ASHM MEMBER SINCE 2014

"Last year Wellington saw its highest number of newly diagnosed HIV cases with 40% being diagnosed when unwell.

A recent audit showed that these patients had been to their GP or ED, three times in the previous 18 months and the opportunity for carrying out a cheap and simple test for HIV had been missed.

So what stops us from thinking about HIV as possible differential diagnoses, and just 'ticking the box'? Part of the problem is New Zealand has a low incident of HIV and therefore Healthcare workers fail to think about testing until its too late.

Hopefully with PrEP getting off the ground and GPs being encouraged to get involved in the prevention of HIV this may highlight HIV and be a good reminder for everyone that we still need to think about ruling out HIV and not be frightened about testing."

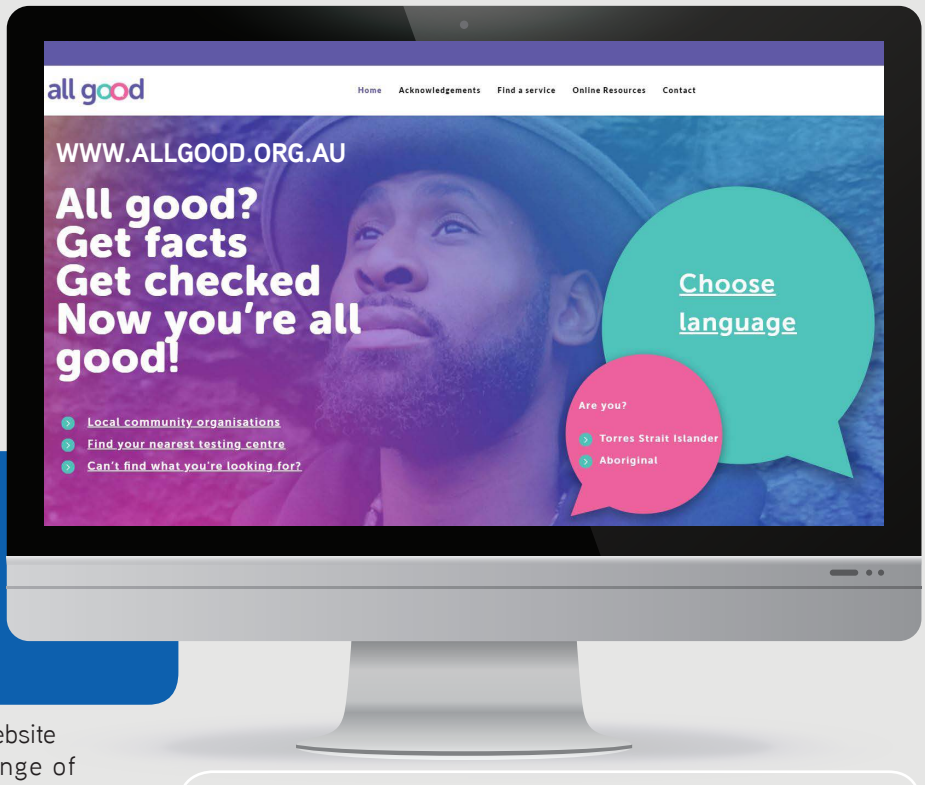
HIV CLINICAL UPDATE: HIV AND MENTAL HEALTH MATTERS

ASHM supported 36 HIV Clinicians, Nurses, and other invited health professionals, in an educational session held in Wellington Hospital, with a program that included case discussions and peer support. The themes focused on psychological support for adults with HIV; and promoting mental health and wellbeing, early detection of psychological difficulties and the provision of appropriate interventions for those who need them. The session was sponsored by GSK/ViiV through unrestricted educational grant.

Health information provided in

17 LANGUAGES

including English, in both text and spoken word recordings



ALL GOOD:

OUR MULTI-LANGUAGE WEBSITE PROVIDING HEALTH INFORMATION TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

In 2018, ASHM released the ALL GOOD website project in consultation with a wide range of representatives from multicultural health, community, and Aboriginal and Torres Strait Islander organisations and individuals. It was funded by the Commonwealth Department of Health as part of their National BBV Strategies providing the policy framework for national, state and territory governments; and community and professional organisations to respond to HIV, hepatitis B, hepatitis C, STIs and Aboriginal and Torres Strait Islander BBVs and STIs.

ACCESS ONLINE TOOLS AND REFERRAL PATHWAYS TO TESTING AND TREATMENT

DATABASE LISTING OF CLINICIANS AND MEDICAL PROVIDERS

who provide services for culturally and linguistically diverse communities

3,632

NEW WEBSITE USERS

(from Feb to June 2018)

SBS

2,488

PAID SBS RADIO BROADCASTS

(Advertisements in across 13 different languages; from mid-Feb to June 2018; in Sydney, Melbourne, QLD and WA respectively)

41,475

FACEBOOK USER REACH FROM 12-WEEK PAID CAMPAIGN

(Click rate = 1,531; Post engagement = 39)

AUDIENCE BEHAVIOUR INDICATED

2.18 MINS

Average time spent on website

WHY ALL GOOD?

all good

ALL GOOD is a commonly used Australian expression meaning "everything is fine; there's nothing to worry about". But why was this chosen for a website designed for people of culturally and lingustically diverse backgrounds and Aboriginal and Torres Strait Islander background—focusing on key information on BBVs and STIs and providing tools and referral pathways to testing and treatment?

In developing this website, ASHM's challenge was to come up with a name acceptable to all the different cultural groups. While not directly referencing sensitive health topics, ALL GOOD infers that if someone has and/or thinks that they may have contracted one of these infections, they can get information, get treated—and they'll be OK. Get facts, get checked—now you're all good!

WEBSITE EVALUATION: FOCUS GROUP

"My mum's eye sight is not very good. The audio feature is good for people like her. And they speak her language (Mandarin)."

Mandarin-speaking Chinese woman from website focus group

"Health organisations are finally getting it, we are not all the same and consideration for your cultural differences is a key factor in communication. If I close my eyes and just listened to the [voiceover] audio I could picture someone similar to me talking, so it felt like I was having a yarn with a friend or relative."

On Cultural appropriateness: "I like the way it's in English but the option to read and listen to another language are there. You know if you get the message in Kriol then that's a door opener."

Torres Strait Islander man from website focus group

"I just say this new website which is very good and helpful to our community is a very good step. I feel it's a very good to start awareness in our community."

Urdu-speaking man from website focus group

"It's written really well, with simple language. It's easy to read and understand. There's no big medical jargon. This makes it accessible, even for people with a low level of education."

Aboriginal woman from website focus group

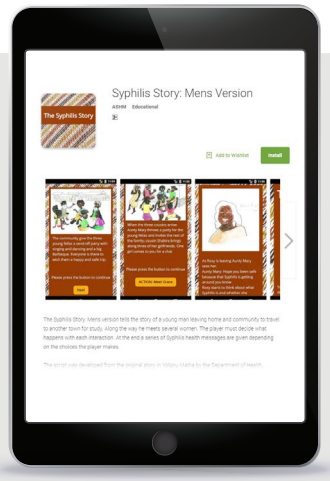
PARTNERSHIP HIGHLIGHTS

"CEH welcomes this new ALL GOOD website that provides information to our diverse communities in 12+ languages on sensitive topics. This website enables community members to access information in a confidential way and to identify where to seek the most appropriate care and support."

Alison Coelho, Manager Multicultural Health
Centre for Culture, Ethnicity & Health (CEH)
ALL GOOD Steering Committee and
Culturally and Linguistically Diverse Advisory Committee Member

"This ALL GOOD website is a fantastic tool that provides a one-stop shop and easy-to-understand information, not only for clients-in-need, but also it provides tools to help settlement services, clients and their loved ones navigate the system in their Australian state or territory. People can look for relevant services and other important resources. I absolutely love the fact that people do not need to read and write to get the basic information about the BBV or STI issues as they can simply listen to audio recordings in their own language."

Enaam Oudih, Practice Manager – Multicultural Services
Relationships Australia SA
ALL GOOD CALD Advisory Committee Member



We are happy to have The Syphilis Story app on this site and will promote it to educators. This resource is more targeted to Aboriginal people in urban areas who may have better internet connections and access to this resource that has been adapted as a choose-your-own-adventure online game into a Men's Version and Women's version.

Jan Holt, Health Promotion Officer
Department of Health, Northern Territory Government
ALL GOOD Culturally and Linguistically Diverse Advisory Committee Member

"It's fantastic that the new ALL GOOD website project included the re-development of The hepatitis B story into a new talking book format in 4 new languages: Urdu, Hindi,Thai and Khmer. The affected communities participated in the re-design and were excited to see plain language information in their language. These new resources encourage people to consider their own health and increase access to information about the importance of hepatitis B testing and management."

Gabrielle Bennett, Victorian Viral Hepatitis Educator
St Vincent's Hospital Melbourne (SVHM)

OUR WORK IN HTLV-1

ASHM have continued our advocacy to activate Australia's response to Human T-lymphotropic virus type 1 (HTLV-1) endemic to sub-Saharan Africa, South America, Papua New Guinea, Japan and Central Australia (which has the highest prevalence in the world) through an ASHM HTLV-1 Working Group (established in 2016) who hold annual roundtable meetings. The Working Group consists of a group of clinicians and researchers, including representatives from Central Australia, to provide a forum for increasing awareness about HTLV-1, and guiding clinical, public health and community responses to the infection. ASHM has continued to advocate for inclusion of HTLV-1 as a Priority Area for Action throughout the development of the Fifth Aboriginal and Torres Strait Islander BBV National Strategy to be released in 2018.

Health Minister Greg Hunt announced $8 million dollars of funding to establish a task-force to tackle HTLV-1 in Australia. This will be formed following a National Workshop in Alice Springs held on 28-29 August, 2018.

TIME TO ERADICATE HTLV-1: AN OPEN LETTER TO WHO

Dr Fabiola Aghakhani Zandjani-Martin
Sexual Health, HIV and HTLV Physician | www.hltvaware.com

ASHM was a signatory to an open letter to the Director General of the WHO, published in the Lancet, calling for the implementation of proven prevention strategies for HTLV-1 and an update of information available from the WHO on the virus and associated diseases.

The letter proposes to WHO a vision for the prevention of HTLV-1 transmission, signed by more than 50 individuals and organisations. *"It is time to do more for HTLV-1, including five intervention strategies to reduce the incidence of HTLV-1 infection. Words are important. We need to change the way we talk about HTLV-1 to increase its visibility."*

Vision for an International HTLV Strategy: "Our world will become a place where new HTLV infections are very rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination" – extract from the open letter

Read the Letter co-authored by Dr Zandjani-Martin published in The Lancet: DOI – https://doi.org/10.1016/S0140-6736(18)30974-7

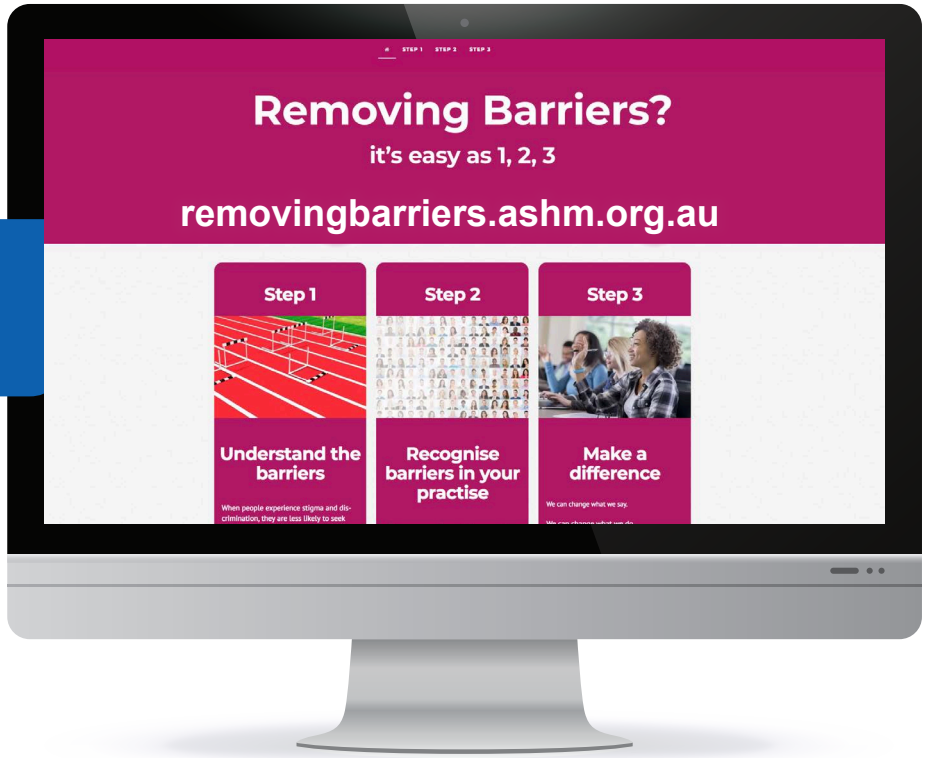
HTLV-1 SYMPOSIUM

HTLV-1 was prominently featured in a symposium at the 2017 Australasian HIV and AIDS Conference (November 2017, Canberra, Australia).

Raising the awareness of HTLV-1 amongst HIV and sexual health scientists and clinicians was a timely response to a large-scale field research project in Central Australia, conducted by Dr Lloyd Einsiedel (Executive Director, Baker Heart and Diabetes Institute, Central Australia; and ASHM HTLV-1 Working Group member) and his team, reporting an HTLV-1 prevalence of up to 45% in adults in some Indigenous communities and its association with inflammatory lung disease and an increased mortality.

Symposium highlights are published in the Journal of Virus Eradication on 1 January 2018
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851185/

OUR WORK IN REMOVING BARRIERS IN HEALTHCARE SETTINGS



Online training designed for medical receptionists and practice managers

To be disseminated via the Australian Association of Practice Management

Online Training designed for nurses

To be disseminated via Australian Primary Health Care Nurses Association (APNA), Australasian Hepatology Association (AHA), Australian Healthcare & Hospitals Association, Australasian Sexual Health and HIV Nurses Association, and Australasian College of Health Service Management (ACHSM).

Online training for health or medical students

To be implemented through universities offering health-related courses in Australia

REMOVING BARRIERS IS EVERYONE'S BUSINESS

For all the work done to create access to healthcare, there are as many barriers which bring their own set of issues.

Some of these barriers are created by health services at an institutional or policy level, while others originate from stigmatising attitudes of staff within facilities. Still others come from health consumers themselves who have past experience of or are influenced by stories about discrimination in the health service. Each of these factors can reduce health outcomes, impede quality of life and ultimately result in adding to the cost of providing healthcare if health-seeking behaviour is delayed.

REMOVING BARRIERS is a 2-year resource and workforce training initiative funded by the Australian Department of Health to address systemic barriers and stigma and discrimination to increase access to the health system by people at risk of or with hepatitis B, hepatitis C or HIV.

REMOVING BARRIERS PANEL DISCUSSION: STIGMA, DISCRIMINATION, BLOOD BORNE VIRUSES AND HEALTHCARE

As health professionals, stigma and discrimination is something we are encouraged to leave at the door before we enter our practice. But is it that easy? What are the challenges we face when trying to do this? How could we instil resilience in our patients? A REMOVING BARRIERS panel shared their suggestions and practical examples to in improving workplace practice; as well as, their professional and/or personal experiences in relation to stigma and discrimination experienced by people with blood borne viruses accessing healthcare.

Removing barriers is everyone's business.
removingbarriers.ashm.org.au

Pictured above, far right: Bill Paterson (Operations Manager of National Association of People with HIV Australia) speaks of the lived experienced.

"What we hear repeatedly is that stigma and discrimination persist – and it is the number one barrier for people achieving their highest quality of life by impacting effective/timely treatment and care management. It is personal, emotional and a social phenomenon in the constructs with which we exist – and it is painful, generating very negative psychological distress."

Other panelists shown
Dr Lynne Heyes – Clinical Psychologist | CL Psychiatry | Sexual Health & HIV
Gary Keogh – Practice Manager | Queensland Injectors Health Network (QuIHN)
https://vimeo.com/280501658

THE INTEGRAL ROLE OF NURSES IN REDUCING STIGMA AND DISCRIMINATION IN THE CARE OF PEOPLE WITH BBVS

An online learning module (with online tools, checklists and resources) has been developed to provide nurses with an opportunity to gain a greater understanding of BBVs and their treatment. It combines interventions to build skills and develop strategies to identify opportunities to change stigmatising behaviours, and approaches to identify discriminatory policies within the workplace.

Pictured: Melinda Hassall and Shelley Kerr from ASHM's Nursing Program presented at the 2018 Australian Primary Health Care Nurses Association (APNA) conference about the OLM for nurses which is part of the REMOVING BARRIERS project. Watch an interview with Marie McInerney of Croakey (an independent publication with in-depth social journalism for health):

"No one likes to think that their work practices may be stigmatising or discriminating, however, we all come to our professions with our own set of values, attitudes and perceptions – and [there are times that we] could be challenged by people that we care for. The REMOVING BARRIERS online learning module for nurses has been designed to make nurse participants reflect on our own personal and workplace practices by examining and reflecting on where stigma comes from, and the role nurses can play in eliminating it."

https://www.pscp.tv/w/1lDxLaypOgzKm

BACKGROUND RESEARCH CONDUCTED

HIV AND VIRAL HEPATITIS — SCAN OF COMMUNITY-BASED ORGANISATION RESOURCES AND SERVICES TO ADDRESS STIGMA, DISCRIMINATION AND RESILIENCE

The matrix provides a comprehensive overview of programs, services, interventions, as well as printed and electronic materials available across the HIV, viral hepatitis, drug user and sex worker community organisations in Australia.

http://removingbarriers.ashm.org.au/wp-content/uploads/2018/07/ASHM-and-AFAO-Envrionmental-Scan-Scope-and-Limitations-Final.pdf

RESEARCH PAPER — POOR ACCESS TO PHARMACOTHERAPY WILL JEOPARDISE ELIMINATING HEPATITIS C IN AUSTRALIA

This paper argues for a new funding arrangement with community pharmacists, so that dispensing pharmacotherapy is viable and sustainable for pharmacists and affordable for their clients. Ensuring a more robust dispensing mechanism will also ensure greater involvement with clients around hepatitis C.

http://removingbarriers.ashm.org.au/wp-content/uploads/2018/07/Poor-access-to-pharmacotherapy-will-jeopardise-eliminating-hepatitis-C-in-Australia.pdf

RESEARCH PAPER — DATA COMPLETENESS: REMOVING BARRIERS TO IMPROVE PATIENT CARE

This paper investigated how improving the completeness of data collected in health services could facilitate improved screening, testing and care, particularly for priority populations; and strengthen the surveillance picture.

Author: Dr Kirsty Machon, Executive Director Positive Women Victoria

http://removingbarriers.ashm.org.au/wp-content/uploads/2018/07/ASHM-Data-completeness-paper-FINAL.pdf

OUR WORK IN VICTORIA

VICTORIAN BLOOD-BORNE VIRUSES TRAINING AND CERTIFICATION PROGRAM

The Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program to train practitioners in the prescribing of medications and treatment of HIV, hepatitis B and C, delivered and managed through a consortium comprising of ASHM, Alfred Health, North West Melbourne Public Health Network (NWMPHN), Peter Doherty Institute for Infection and Immunity, and the Victorian PHN Alliance, was established in 2016.

In 2018, VHHITAL broadened its workforce development scope through a partnership with the Melbourne Sexual Health Centre offering RACGP-accredited STI training and education for primary care professionals on chlamydia, gonorrhoea and syphilis, which is tailored to suit the needs of each practice. This initiative is funded by the Victorian Department of Health and Human Services; delivered in tandem with the development of STI best practice and referral resources within each of the Victorian Public Health Network regions (known as Health Pathways).

http://nwmphn.org.au/working-with-us/partnerships-collaborations/vhhital/

AT-A-GLANCE

VHHITAL

VICTORIAN HIV AND HEPATITIS INTEGRATED TRAINING AND LEARNING

VIC

Regional-wide focus (Training provided in Mildura, Albury-Wodonga, Warrnambool, Shepparton, Gippsland; Melbourne-based training includes webinar capabilities to encourage remote participation)

3 NEW HIV S100 Prescribers accredited *(additional 5 in accreditation process at 30 June)*

36 COURSES *delivered (6 in partnership) with 675 course participants*

9 NEW Hepatitis B S100 Prescribers accredited *(additional 4 in accreditation process at 30 June)*

OUR INTERNATIONAL WORK

Photo: Master Mentor Training delivered by Dr John Milan and Dr Marcel Kalau to health care workers focused on child protection, sexual health, HIV management, STIs, reproductive health and tuberculosis (Port Moresby, November 2017)

ASHM International are technical experts in clinical workforce development for HIV, viral hepatitis and sexual health. Our International Program strengthens the capacity of health systems and personnel to provide high quality clinical management of blood-borne viruses and sexually transmissible infections. Our experience is global, with specific focus on the Asia and Pacific regions; and our approach is a collaborative one with international partners. ASHM's international programs are proud to be members of, and fully compliant with ACFID and their rigorous Code of Conduct reflecting best practice in international work (for further elaboration, see page 40).

Visit: https://ashm.org.au/international

INTERNATIONAL TECHNICAL ADVISERS

CLINICAL TRAINING & MENTORING

MONITORING, EVALUATION, RESEARCH & LEARNING

POLICY & RESOURCE DEVELOPMENT

REGIONAL NETWORK

SUPPORTING PNG HEALTH WORKERS IN UNCERTAIN TIMES WITH INTEGRATION OF HIV AND SRH SERVICES

In recent years, the HIV response in PNG has been hindered by declines in funding/aid, HIV anti-retroviral therapy stock-outs, drug resistance and the recent earthquakes in late-2017 and early-2018. ASHM has supported health services to navigate some of these challenges through our programs.

The Sexual & Reproductive Health Integration Project (SHRIP) supported by the Australian Department of Foriegn Affairs and Trade is an excellent example of a locally-led partnership with expertise provided by Australian-based technical assistance. This consortium project includes local partnerships with Catholic Church Health Service, Anglicare PNG, and Igat Hope.

SHRIP aims to move away from stand-alone, often externally-funded siloed HIV services by integrating health services and improve the delivery of HIV and sexual and reproductive health (SRH) services and outcomes across 18 provinces in PNG.

Since 2003, the Collaboration for Health in Papua New Guinea (CHPNG) has provided clinical mentoring, laboratory training and accredited HIV prescriber training to nearly 400+ healthcare workers managing HIV in seven PNG provinces. ASHM, with our program partners Catholic Church Health Services, Igat Hope and NAPWHA, have seen vast improvements in ability to test and treat. This has been bolstered by well established relationships and knowledge on the ground.

Alongside SHRIP and CHPNG, we also provide direct technical advice to the PNG National Department of Health to develop HIV training packages for clinicians/health workers including community health workers.

76% PLHIV REGISTERED *AT CCHS CLINICS* ACROSS THE 7 PROVINCES ON ART

BY END *of* 2017

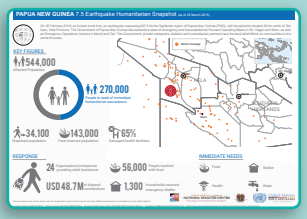
98% PLHIV REGISTERED *AT CCHS CLINICS* IN SOUTHERN HIGHLANDS ON ART

CHPNG *HAS ENABLED LEVERAGE AND LINKAGES TO ENHANCE OUTCOMES AND IMPACT ACROSS THE FOLLOWING PROJECTS:*

- ***DFAT*** Sexual & Reproductive Health Integration Project
- ***OIL SEARCH FOUNDATION*** Papua New Guinea Mentoring Project
- ***NDOH HIV*** Training Materials & Mentor Project
- ***GILEAD*** Pacific Health Worker Capacity Building Project

napwha · CHPNG · IGAT HOPE INC.

"[With regards to the earthquakes]: "Our clinics in the affected areas are facing a number of challenges. Access to clean water and appropriate hygiene facilities, food security and the provision of healthcare and education services are all great concern. We are doing everything in our power to assist these clinics and their surrounding communities ensure that appropriate assistance and resources are reaching them."



GRAHAM APIAN
Project Manager of
Catholic Church Health Services –
ASHM's partner organisation in CHPNG

https://www.ashm.org.au/news/png-earthquakes-disrupt-major-services/

Pictured: Transgender Health Training for Pacific Health Workers (1 day package) was developed and reviewed in consultation with Pacific Sexual Gender and Diversity Network members and Pacific health workers (Pacific Harbour, Fiji, December 2017).

IN PURSUIT OF EQUITY: TRANSGENDER HEALTH TRAINING FOR HEALTH WORKERS IN THE PACIFIC

Approximately 33,000 people in 9 Pacific countries and territories are estimated to identify as transgender or men who have sex with men (MSM), according to a study conducted by the University of New South Wales and ASHM. Transgender people and MSM were found to face several barriers to accessing sexual and reproductive health services including real and perceived stigma within health care settings and from the broader community.

In 2017, as part of ASHM's Pacific Sexual Health Workforce Capacity Building Program, the Transgender Health Training for Pacific Health Workers was developed with community consultation with the Pacific Sexual and Gender Diversity Network (PSDGN). This program is a joint-regional capacity building initiative between ASHM and The Oceania Society for Sexual Health and HIV Medicine (OSSHHM), and funded by UNDP Pacific under the Global Fund Western Pacific Multi Country Integrated HIV/TB Programme.

The training aims to reduce stigma in health settings and build the capacity of Pacific health workers to respond to the health needs of transgender people. ASHM piloted the training in Vanuatu with 15 health worker participants in April 2018 and has scheduled forthcoming training in two Pacific countries in 2018.

PARTNERSHIP HIGHLIGHTS

GILLIO KHALEEZZI BAXTER
EXECUTIVE DIRECTOR, V PRIDE FOUNDATION, VANUATU

"Trans rights are human rights: The Pacfiic Sexual and Gender Diversity Network were pleased to be consulted to help steer this ASHM training package targeted at health workers in Pacific Island Countries and Territories. The training serves as basic guidance on transgender-specific health needs. It educates on ways to support transgender people by aiming to reduce stigma and discrimination that cause barriers to accessing primary care."

https://www.ashm.org.au/international/our-programs/transgender-health-training/

BUILDING SUSTAINABLE HEALTH WORKER CAPACITY IN THE ASIA AND PACIFIC REGIONS THROUGH CLINICAL MENTORING AND TRAINING

Through projects such as SRHIP, the Pacific Sexual Health Workforce Capacity Building Program, and the Asia-Pacific HIV Practice Course, ASHM is developing a sustainable health workforce in Asia and the Pacific. SRHIP is implementing a variety of training initiatives including the Master Mentor Training Model that provides health care workers with the knowledge and skills to themselves train and mentor colleagues and peers. These Master Mentors are followed up by ASHM mentors to promote sustainability and ongoing professional development.

Pictured: Photo: In 2017, ASHM mentors worked with and OSSHHM mentors in a 'twinning' approach that demonstrated the clinical mentoring model in action. Master mentors, Dr John Millan (ASHM) and Dr Sam Fullman (OSSHHM) visit a clinic in Palau to assess their sexual health delivery capacity, and to support health care workers in managing HIV and sexual health cases (Sep 2017)

"The best way is to engage from the very beginning and get the local health workers to lead. The Master Mentor model is designed to facilitate south-south collaboration between Pacific countries, a paradigm that positions developing countries as agents of action rather than mere participants in a donor-recipient relationship."

Dr Jason Mitchell
President, The Oceania Society for Sexual Health and HIV Medicine
Pacific Sexual Health Workforce Capacity Building Program

"HIV and sexual health care in the Pacific is challenging in terms of the high levels surrounding stigma and discrimination in many countries. People are diagnosed late or do not take their medication as prescribed. This has resulted, in some places, in drug-resistant HIV—which poses a challenge in countries where resources are marginal at best for HIV. The success of this project has truly come from working with locally-based organisations to develop our mentors."

Dr. Arun Menon
Master Mentor, Pacific Sexual Health Workforce Capacity Building Program

Download the The Pacific Sexual Health Workforce Capacity Building Program Report (Dec 2018)
https://www.ashm.org.au/international/our-programs/pacific-sexual-health-workforce-capacity-building/

Pictured: In 2017, seven Fiji-based clinicians (with a range of experience in HIV, sexual health and infectious diseases, including specialists in paediatrics, obstetrics and tuberculosis) were up-skilled and trained as Master Mentors in the Pacific Sexual Health Workforce Capacity Building Program to support other healthcare workers to deliver high-quality HIV and sexual health care.

BUILDING SUSTAINABLE HEALTH WORKER CAPACITY IN THE ASIA AND PACIFIC REGIONS THROUGH CLINICAL MENTORING AND TRAINING cont'd from page 25

The SHRIP and Pacific Sexual Health Workforce Capacity Building Program takes this model one step further by also using remote mentoring to provide support to health workers throughout the Pacific. Through client case discussions via telehealth communications, and monthly webinar education sessions, mentors provide guidance and advice on complex cases and cover topics such as changes to STI testing and treatment guidelines and access to ART.

Pictured above: ASHM's Scott McGill and Jessica Michaels delivered training in the Asia-Pacific HIV Practice Course — an annual 5-day training course designed to improve the knowledge and skills of nurses, pharmacists, social workers and non-infectious diseases-trained physicians who work in HIV throughout the Asia and Pacific Regions.

VIEWING SEXUAL HEALTH IN ASIA AND THE PACIFIC THROUGH A HUMAN RIGHTS LENS

In January 2018, the Australian government signed an AU$22.5 million five-year strategic partnership agreement with UNAIDS in the Asia–Pacific region to advance the vision outlined in the UNAIDS Strategy: On the Fast-Track to end AIDS. While initiatives such as this are welcomed and the Department of Foreign Affairs and Trade (DFAT) continues to contribute to the Global Fund to Fight AIDS, TB and Malaria, funding overall for HIV and other BBVs has dropped off markedly in recent years, ASHM remains concerned there is still much to do.

Globally, funding for HIV and other health issues has shifted (and largely declined) and while countries that are able to should step up, we need to be aware that sudden changes over short time periods are impacting progress being made. It remains very uneven.

Getting HIV & AIDS back on Australia's International Development Agenda was a strong theme highlighted at a symposium at the Australasian HIV & AIDS Conference 2017. Access links to the full range of slides, audio recordings and abstracts: "Are we there yet? Reaching global goals for HIV in Asia and Pacific Regions"

https://ashm.eventsair.com/QuickEventWebsitePortal/hivaidsandsexualhealth2017/hiv-aids-and-sh-agenda/Agenda/AgendaItemDetail?id=26b4dd32-c78f-42ee-b6f3-4ca2d3af2e4f

"At this conference, we've been talking about the importance of getting the Australian government behind helping developing countries to reduce the rates of infection of HIV & AIDS. It's not just about money in the Global Fund and sending money off to Geneva: it's about working to fund community groups here and in developing countries to tackle the problems together."

Watch the video
https://twitter.com/ASHMMedia/status/933847654030721025

MARC PURCELL
CEO, Australian Council for International Development

Jonas Bagas from APCASO speaks on health vulnerabilities, human rights and the war on drugs in the Philippines in the ABC report Duterte's war on drugs exacerbating Philippines HIV/AIDS crisis.

Hear the ABC Report
http://www.abc.net.au/radio/programs/worldtoday/war-on-drugs-exacerbating-philippines-hivaids-crisis/9144658

One of the key symposium speakers, A/Prof Maria Dulce Natividad from the University of the Philippines warns us that her country is living in dangerous times in terms of HIV prevention. The Philippines currently has the fastest growing, "most explosive" HIV infection rate in the Asia Pacific Region.

https://az659834.vo.msecnd.net/eventsairaueprod/production-ashm-public/7618f573f5f24018a90948ef4d-bc5d3f

UK

No. of health workers trained in hepatitis C **113**

Training held in LONDON, BRISTOL, EDINBURGH, MANCHESTER, BIRMINGHAM

BELGIUM

No. of health workers trained in hepatitis C **44**

Training held in BRUSSELS

CANADA

No. of health workers trained in hepatitis C **166**

Training held in VANCOUVER, CALGARY, SASKATOON, MISSISSAUGA, TORONTO, MONTREAL, NIAGARA FALLS, KELOWNA, SURREY

SWITZERLAND

No. of health workers trained in hepatitis C **18**

Training held in ZURICH, TICINO

SPAIN

No. of health workers trained in hepatitis C **54**

Training held in BARCELONA, VALLADOLID, MADRID, SEVILLE, VALENCIA

Total number of people trained **395**

ASHM'S WORK IN 2017-2018 IN NORTH AMERICA AND EUROPE

ASHM-INHSU PROJECT

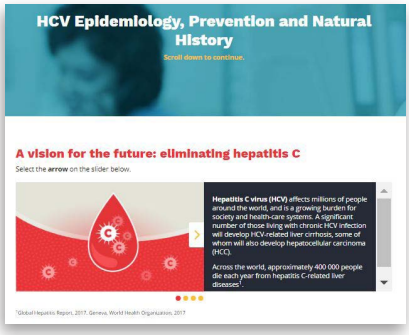
SUPPORTING INCREASED HEPATITIS C SCREENING, LINKAGE-TO-CARE AND TREATMENT AMONG PEOPLE WHO INJECT DRUGS

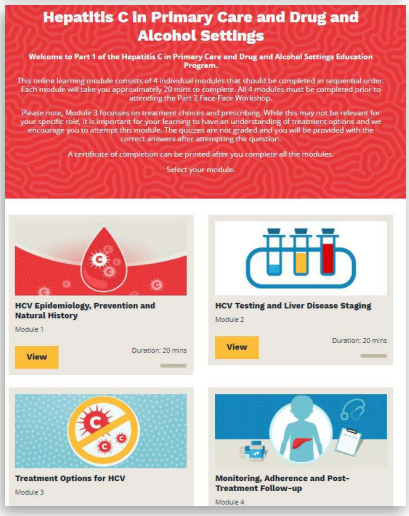
Globally, hepatitis C related morbidity and mortality are rising. People who inject drugs (PWID) account for the majority of new (90%) and existing (65-70%) cases of hepatitis C in many high and middle-income countries.

Drug and alcohol settings are logical venues for expanding hepatitis C care and treatment, given an existing framework for the provision of care for PWID. However, there is a lack of education and training on hepatitis C care and management for practitioners working in these service settings. ASHM, in collaboration with the Kirby Institute, University of New South Wales and the International Network on Hepatitis in Substance Users (INHSU), have adapted, translated and delivered the Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program across Canada and Europe.

"This program aims to increase the capacity of those working with PWID, particularly in drug and alcohol settings, to test for and treat hepatitis C. The Education Program was initially produced by ASHM and the Kirby Institute for the Australian context. This partnership builds on that work through collaboration with local in-country experts and partners to appropriately adapt the Program to local context and guidelines."

Emma Day | ASHM-INHSU Project Manager





Pictured above:
Images from UK online learning modules

ASHM INTERNATIONAL'S WORK IN 2017-2018 IN THE ASIA AND PACIFIC REGIONS

INTERNATIONAL TECHNICAL ADVISERS | CLINICAL TRAINING & MENTORING | MONITORING, EVALUATION, RESEARCH & LEARNING | POLICY & RESOURCE DEVELOPMENT | REGIONAL NETWORK

HONG KONG

No. of Health workers trained in Asia Pacific AIDS & Coinfections Conference **100**

SINGAPORE

No. of Health workers trained in Asia Pacific HIV Practice Course **50**

PNG

No. of clinicans trained to become Master Mentors **20**

HIV and STI Clinical update training **40**

KIRIBATI

No of health workers trained in HIV and STI Clinical updates **18**

COOK ISLANDS

HIV and STI Clinical update training **21**

VANUATU

No. of health workers trained in HIV and STI Clinical update **14**

Transgender Health Training for Pacific Health Workers **16**

SAMOA

HIV and STI Clinical update training **38**

FIJI

No. of clinicians trained to become Master Mentors **7**

ashm international

COLLABORATION FOR HEALTH IN
PAPUA NEW GUINEA (CHPNG)
2016-2018

7 PROVINCES
14 CLINICS

TRAININGS

2017 HIV TREATMENT GUIDELINES

STI UPDATE TRAINING

2ND LINE HIV TREATMENT TRAINING

9 DAY HIV PRESCRIBER TRAINING INCLUDING THEORETICAL AND CLINICAL ATTACHMENT

ALL COMPONENTS ALIGN WITH ADULT LEARNING PRINCIPLES

40 HEALTH WORKERS RECEIVED HIV & STI CLINICAL UPDATE TRAINING

83 HEALTH WORKERS RECEIVED MENTORING IN HIV & STI MANAGEMENT

10 *NEWLY ACCREDITED* HIV PRESCRIBERS FROM PAPUA NEW GUINEA

6 *NEWLY ACCREDITED* HIV PRESCRIBERS FROM PACIFIC COUNTRIES

76% PLHIV REGISTERED *AT CCHS CLINICS* ACROSS THE 7 PROVINCES ON ART

BY END *of* 2017

98% PLHIV REGISTERED *AT CCHS CLINICS* IN SOUTHERN HIGHLANDS ON ART

CHPNG *HAS ENABLED LEVERAGE AND LINKAGES TO ENHANCE OUTCOMES AND IMPACT ACROSS THE FOLLOWING PROJECTS:*

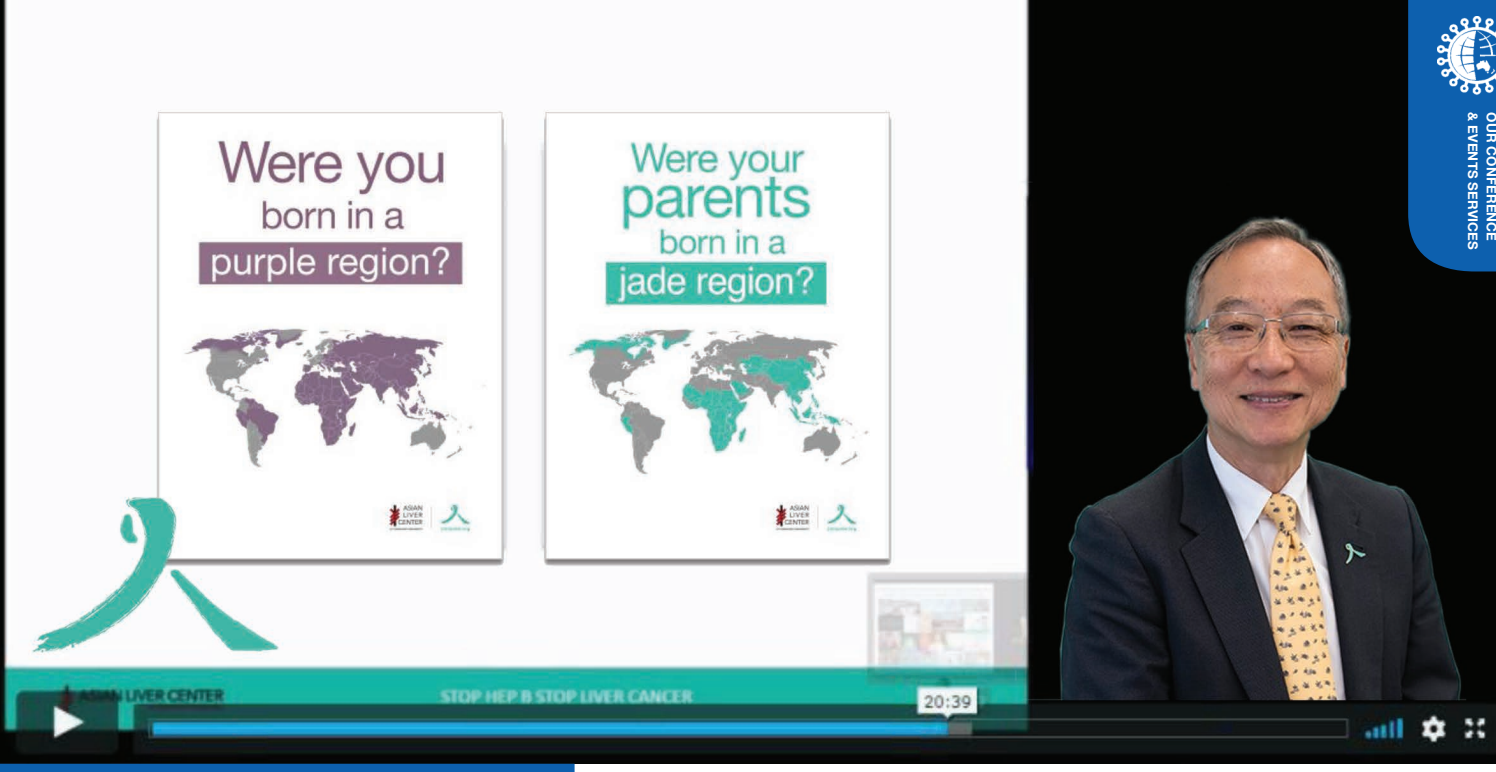
- *DFAT* Sexual & Reproductive Health Integration Project
- *OIL SEARCH FOUNDATION* Papua New Guinea Mentoring Project
- *NDOH HIV* Training Materials & Mentor Project
- *GILEAD* Pacific Health Worker Capacity Building Project

Total number of people trained **719**

Total number of face-to-face clinical mentoring trained **32**

Total number countries receiving telehealth **2**

Total number of visits to assess clinical training needs **22**



OUR CONFERENCE & EVENTS SERVICES

Pictured: Dr. Samuel So, Professor of Surgery and Lui Hac Minh Professor at Stanford University, launched Jade Ribbon in 2000 as a global symbol to increase hepatitis B and liver cancer awareness. His keynote presentation at the Australasian Viral Hepatitis Elimination Conference (AVHEC 2017) focused on this culturally and linguistically appropriate hepatitis B and liver cancer awareness campaign that could help inform similar initiatives in Australia and New Zealand to help end hepatitis B. View the presentation: vimeo.com/230547537

The ASHM Conference & Events Division continues to go from strength to strength with a record number of events and delegates managed in this financial year. Although our conferences and stakeholders face challenges in the funding environment we continue to see successful, highly evaluated (see statistics table — page 31) and well attended meetings, indicating the strong importance placed on face-to-face educational events.

Visit: www.ashm.org.au/Conferences/

KEEPING CONFERENCE REGISTRATION COSTS DOWN

Despite rising costs for running conferences ASHM continually strive to keep registration fees to our in-house meetings at reasonable rates with only an average increase in fees of $10 per year across the categories.

CONFERENCE MANAGEMENT SERVICES PROVIDED INTERNATIONALLY

As an award-winning team ASHM prides ourselves on providing an excellent service to our clients as well as continuing to improve our in-house meetings. In 2017, we again organised a full conference internationally in New Jersey for INHSU which builds on our already strong experience in the conference management area.

INAUGURAL AUSTRALASIAN VIRAL HEPATITIS ELIMINATION CONFERENCE

ASHM is incredibly pleased to have run the inaugural Australasian Viral Hepatitis Elimination Conference, which exceeded expectations in terms of objectives and delegate numbers. We encourage you to read the key findings report from the meeting available on the conference website.

CONFERENCES MANAGED BY ASHM CONFERENCE & EVENTS SERVICES

	2014 - 15	2015 - 16	2016 - 17	2017 - 18
ACTIVITIES/CONFERENCES MANAGED BY ASHM CONFERENCE & EVENTS	13	10	9	14
TOTAL NO. OF EVENT REGISTRATIONS MANAGED	2,615	3,049	3,078	4,187

BREAKDOWN OF 2017-18 ACTIVITIES/CONFERENCES MANAGED BY ASHM

	# OF REGISTRATIONS MANAGED
SexRUALITY Client: Centre for Excellence in Rural Sexual Sexual Health (CERSH) Date: 1 – 2 August 2017 LOCATION: VIC, AUSTRALIA	154
AUSTRALASIAN VIRAL HEPATITIS ELIMINATION CONFERENCE Client: ASHM Date: 10 – 11 August 2017 LOCATION: Pullmans Cairns, Cairns, QLD, AUSTRALIA	303
International Symposium on Hepatitis Care in Substance Users Client: International Network for Hepatitis in Substance Users (INHSU) Date: 6 – 8 September 2017 LOCATION: New Jersey, USA	550
Global Virus Elimination Network Meeting Part service provided Date: 25 – 27 September 2017 LOCATION: Melbourne, VIC, AUSTRALIA	143
AACBT 38th National Conference Client: Australia Association of Cognitive and Behavioural Therapy Part service – supported their secretariat activities Date: 1 – 2 August 2017 LOCATION: VIC, AUSTRALIA	–
AUSTRALASIAN HIV&AIDS CONFERENCE Client: ASHM Date: 6 – 8 November 2017 LOCATION: Canberra Convention Centre, ACT, AUSTRALIA	HIV&AIDS only 351 Joint conference registrations 259
AUSTRALASIAN SEXUAL HEALTH CONFERENCE Client: Australasian Sexual Health Alliance (ASHA) Date: 7 – 9 November 2017 LOCATION: Canberra Convention Centre, ACT, AUSTRALIA	Sexual Health only 231 Joint conference registrations 259
APSAD CONFERENCE Client: Australasian Society on Alcohol and other Drugs (APSAD) Part service provided Date: 12 – 15 November 2017 LOCATION: Melbourne, VIC, AUSTRALIA	514
HIV Masterclass Client: Hosted by ASHM with an unrestricted educational grant from Gilead Date: 24 November 2017 LOCATION: Intercontinental Double Bay, Sydney, NSW, AUSTRALIA	64
Asbestos Conference Client: Asbestos Safety and Eradication Agency Part service provided (registration & onsite management) Date: 26 – 28 November 2017 LOCATION: Canberra, ACT, AUSTRALIA	247
Australasian Congress on Genealogy and Heraldry Client: Society of Australian Genealogists (SAG) Part service provided (registration management) Date: 9 – 12 March 2018 LOCATION: Sydney, NSW, AUSTRALIA	661
art of ART Meeting Client: Hosted by ASHM with an unrestricted educational grant from ViiV Date: 11 – 12 May 2018 LOCATION: Sydney, NSW, AUSTRALIA	171
Australasian Society for Infectious Diseases Annual Scientific Meeting Client: Australasian Society for Infectious Diseases (ASID) Part service provided Date: 10 – 12 May 2018 LOCATION: Gold Coast, QLD, AUSTRALIA	–
Care Showcase Client: Forum Group Part service provided (Abstract & registration management) Date: 24 May 2018 LOCATION: Intercontinental Double Bay, Sydney, NSW, AUSTRALIA	539

STATISTICS FROM CONFERENCE DELEGATION EVALUATION

Statistics from our delegates' survey from 2017 Australasian HIV & AIDS Conference

93.8% of delegates
passed on information learnt at the Conference to others (conversations with colleagues, feedback to peers)

83.7% of delegates
changed their work practice methods based on what was learnt at the 2017 Australian HIV & AIDS Conference

62.5% of delegates
said that their attendance at the conference resulted in new collaborations, work opportunities or strategic relationships

89.7% of delegates
felt that the content was completely or mostly relevant to their main area of work

Statistics from our delegates' survey from 2017 Australasian Viral Hepatitis Elimination Conference (AVHEC)

90.7% of delegates
stated the AVHEC Program was 'Excellent' or 'Good'

58.8% of delegates
changed their work practice methods based on what was learnt at AVHEC

76.5% of delegates
made new collaborations, work opportunities & strategic relationships from attending the conference

89.7% of delegates
felt that the content was completely or mostly relevant to their main area of work

EVENT HIGHLIGHT – Inaugural Australasian Viral Hepatitis Elimination Conference

AVHEC

10-11 August 2017, Cairns, Australia

Given the biennial nature of the Australasian Viral Hepatitis Conference in 2017 ASHM decided to develop and host the Inaugural Australasian Viral Hepatitis Elimination Conference. This meeting was run to highlight the range of activity and latest scientific research (with 96 abstracts being submitted for review) in viral hepatitis elimination as well as real implementation of best practice care. Over 300 delegates committed to eliminating hepatitis attended the two day meeting in Cairns, which was 100 more than the numbers we anticipated. Evaluation data shows that the program was highly regarded and that overall the learning objectives of the meeting were met. Successful abstracts were published by the Journal of Virus Eradication.

'We find ourselves in the incredible position we are today, where viral hepatitis might actually be eliminated from our country within ten years, because of our ability to share knowledge and work together. Through our collaboration, Australia has introduced trail blazing policies that are the envy of the world, supported by evidence, and embraced by patients and practitioners alike. To reach our goals we must ensure that this continues.

The research presented at the Australasian Viral Hepatitis Elimination Conference (AVHEC17) has a profound impact on policy, helping to forge evidence-based responses to viral hepatitis in our region. It's important to share this, so that our national + regional programs continue to be guided by latest research, and the collaborative efforts of community, clinicians and researchers."

Associate Professor Gail Matthews
AVHEC17 Convenor; Viral Hepatitis Clinical Researcher, Kirby Institute UNSW Sydney

EXCERPT FROM AVHEC17 DELEGATION EVALUATION

	ENTIRELY MET	PARTIALLY MET
Gain understanding of where Australia is placed in 2017 to achieve WHO 2030 eliniation targets for HCV & HBV	93.27%	6.73%

CLIENT HIGHLIGHT: LIZ BAXTER, Executive Officer, Australasian Professional Society on Alcohol & other Drugs (APSAD)

APSAD
The Australasian Professional Society on Alcohol and other Drugs

Why did you first start using ASHM Conference & Events Division?
Recommended by a former President who attended a conference organised by ASHM, then had a second recommendation from another member who attended the HIV & AIDS Conference. Met with Nadine and haven't looked back.

What do you think they have been able to do for you (and your conference) that perhaps another organiser couldn't?
Keeping costs down and tailor the conference to the sector/industry, while removing all the overtly commercial aspects. ASHM's team understand how an Association/research/ health industry conference works when you don't have a lot of commercial involvement. No needless bells and whistles.

What do ASHM do well?
Everything from negotiating with suppliers and venues, to on-site coordination and everything in-between: They are amazing with conveners, speakers and delegates, and are a delight to work with. I have yet to find something that ASHM don't do well. Mainly they listen well. Then work with you on what you want not what they think you should want.

TOTAL NUMBER OF EVENT REGISTRATIONS

For activities/conferences managed by ASHM Conference & Events

2017-18 14 Events
4,187

2016-17 9 Events
2,979

2015-16 10 Events
3,049

2014-15 13 Events
2,615

COMMUNITY AT THE CORE OF OUR CONFERENCES

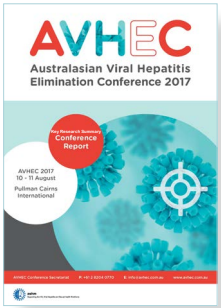
"ASHM is committed to ensuring that community engagement goes beyond rhetoric into meaningful practice and we both value and rely on the support, expertise, collaboration and guidance of our community partners in the sector especially AFAO (Australian Federation of AIDS Organisations), NAPWHA (The National Association of People with HIV Australia), AIVL (The Australian Injecting & Illicit Drug Users League), Scarlet Alliance (Australian Sex Workers Association), Anwernekenhe National HIV Alliance, and their members and colleagues."

Scott McGill, Acting ASHM CEO

- To ensure the conferences remain accessible to community ASHM offers special conference registration rates for PLHIV, people currently or previously living with chronic hepatitis and community workers across its conferences.
- Development of a community advisory group
- PLHIV representatives - On all committees to ensure appropriate community representatives are included as speakers, chairs and panelists in sessions
- Acknowledging the involvement of and impact on community in all relevant presentations - GIPA (the greater involvement of people living with HIV) call-to-action
- A focus on community presentations and practice-based abstracts

DOWNLOAD OUR CONFERENCE KEY OUTCOMES REPORTS

The research presented at these conferences has a profound impact on policy, helping to forge evidence-based responses to HIV, Viral Hepatitis and Sexual Health in our region. We urge you to read and share key messages and findings from our conferences consolidated into these reports, so that our national and regional programs continue to be guided by latest research, and the collaborative efforts of community, clinicians and researchers.



2017 Australasian Viral Hepatitis Elimination Conference Report
bit.ly/AVHEC17ReportPDF

2017 Australasian Sexual Health Conference Report

bit.ly/SH17_KeyLearnings

2017 Australasian HIV&AIDS Conference Report

bit.ly/ASHM17_KeyLearnings

2018 art of ART Meeting Report

bit.ly/art-of-ARTReportPDF

OUR SCHOLARSHIP PROGRAM

PICTURED: *ASHM scholarship recipients Clare Heal (VMO Sexual Health), Adrian Castelli (GP), Tom Turnbull (GP) and Bijay Pandey (GP) share a bonding moment in front of the Washington State Convention Center (Seattle, WA, USA).*

Read their report back from the Conference on Retroviruses and Opportunistic Infections (CROI) held in March 2018: https://ashm.org.au/report-back/croi-2018/

SCHOLARSHIP PROGRAM

2016 - 17

6 CONFERENCES

46 ASHM SCHOLARSHIP RECIPIENTS

2017 - 18

8 CONFERENCES

85 ASHM SCHOLARSHIP RECIPIENTS

Established in 2015, the ASHM Scholarship Program provides a variety of scholarships to assist ASHM members, affiliates and others in the HIV, viral hepatitis and sexual health sector to attend national and international conferences to support their continuing professional development. It is managed by the ASHM Conference and Events Division, with funds granted this financial year through grants from ViiV Healthcare, Alere and ASHM's Charitable Gift Fund. Scholarships were allocated specifically for HIV s100 prescribers (GP/primary care), sexual health physicians and hospital-based specialists managing HIV and some for HIV nurses and pharmacists. Scholarship recipients are required to share a report back on their learnings from attending the conference via the ASHM report back website.

https://ashm.org.au/report-back
https://ashm.org.au/Conferences/scholarships-and-awards

BECOME A SPONSOR OF THE ASHM SCHOLARSHIP PROGRAM
SUPPORTING CONTINUING PROFESSIONAL DEVELOPMENT OF THE HEALTH WORKFORCE

ASHM is always eager to hear from anyone interested in supporting the scholarship program. We are a tax deductible gift recipient and contributions to the scholarship fund will attract a tax deductible receipt. ASHM is listed as a charity registered with the Australian Charities and Not-for-profits Commission (ACNC). Donations can be allocated towards specific domestic and international conferences, for either domestic or regional scholarship recipients.

For more information, Download the ASHM Scholarship Program's Sponsorship Prospectus 2018
http://bit.ly/ASHMScholarshipProgram

2017 STI & HIV WORLD CONGRESS (IUSTI) SCHOLARSHIP RECIPIENTS

DATE: 9 – 12 July 2017
VENUE: Windsor Convention & Expo Center
COUNTRY: Rio de Janeiro, Brazil
www.stihivrio2017.com

- **RUTH CASEY**
  Nurse Practitioner (Sexual Health & BBV), Ipswich Sexual Health Clinic / West Moreton Hospital & Health Service (QLD)
- **BRETT HADLOW**
  Clinical Nurse Specialist, Clinic 16 – Royal North Shore Hospital (NSW)
- **WILLIAM HOOKE**
  Registered Nurse - Sexual Health, Clinic 16 – Royal North Shore Hospital (NSW)
- **TAMARA RYAN**
  General Practitioner / VMO, Townsville Sexual Health Services / Townville Aboriginal and Islander Health Service (QLD)

Continued on page 38

FOLLOWING THE PATH OF A LEADER IN PUBLIC HEALTH

LEVINIA CROOKS, AM
28.11.1960 – 16.10.2017

PARLIAMENTARY ADJOURNMENT—LEVINIA CROOKS AND NEVILLE FAZULLA ON 13 FEBRUARY 2018

As Chair of the Parliamentary Liaison Group for HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections, Western Australian Senator Dean Smith paid tribute to two inspiring leaders—Levinia Crooks and Neville Fazulla—who were "trailblazers instrumental in the fight against HIV" in a parliamentary address on 13 February 2018.

Watch the full parliamentary adjournment speech
https://youtu.be/Le6OC7n2FTg

LEVINIA CROOKS, AM, Chief Executive Officer of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and Adjunct Associate Professor, The University of New South Wales and Latrobe University died on October 16th 2017 from progressive non-Hodgkin-Lymphoma.

She was awarded a Member of the Order of Australia (AM) in 2008 for her services to HIV and the President's Award from the AIDS Council of New South Wales in 2015 for her leadership in the HIV sector.

Levinia graduated from University of Wollongong with a Bachelor of Arts degree with Honours in Psychology and a Masters of Business Administration from the University of New England.

In the 1980s, at the very beginning of the AIDS epidemic in Australia, she became the manager for the Wollongong AIDS Research Project.

Levinia went on to become the first executive officer of the National Association of People with HIV Australia (NAPWHA), helping to found the networks that became the basis of Australia's world-leading collaborative government and community sector public health response.

Her work throughout the 1990s included running counselling workshops for the Northern Territory AIDS Council, formulating an evaluation strategy for services to people living with HIV and AIDS with the Commonwealth government, and developing a national media campaign promoting health monitoring and early diagnosis for people living with HIV for the Australian Federation of AIDS Organisations. She managed the HIV Prescribers Continuing Medical Education Project for the South-Eastern Sydney Area Health Service in the late 1990s.

From late 1999, she was the Chief Executive Officer of ASHM, a position she held until ill-health forced her retirement in September this year. Under her leadership, ASHM extended its mandate from HIV to viral hepatitis and sexual health. She brought with this change, the values and principles that shaped the HIV response from the beginning — outstanding advocacy, meaningful partnerships, a priority on community based and patient-centred care and engagement at all times of people living with HIV, viral hepatitis or sexually transmitted infections (STIs).

Amongst her many contributions during her tenure at ASHM, she advocated for, contributed to and shaped the national strategies for HIV, viral hepatitis and STIs and more recently a separate strategy for blood borne viruses and STIs in Indigenous people. She co-ordinated the application to the Pharmaceutical Benefits Advisory Committee to remove the limitations on prescribing antiretrovirals based on CD4 count, making Australia one of the first countries to approve the initiation of antiretroviral treatment for all people living with HIV. She advocated tirelessly for appropriate pricing of direct-acting antivirals for hepatitis C and led the development and implementation of national guidelines for the use of pre-exposure prophylaxis for the prevention of HIV infection.

Within the Asia Pacific region, ASHM has become widely known for its outstanding education programs, successful advocacy with government and its commitment to developing multidisciplinary leadership across the sector. Many similar organisations across the region model themselves on ASHM and representatives often sought Levinia's advice and mentorship. Her commitment to bringing services to those living with HIV, viral hepatitis or STIs was as well-known in Port Moresby as it was in Sydney and Melbourne.

I had the pleasure of working closely with Levinia as CEO of ASHM when I was President of ASHM from 2005-2007. We also worked closely together as members of the organising committees for the 7th International AIDS Society meeting on HIV Pathogenesis in Sydney in 2007 and the 20th International AIDS Conference in Melbourne in 2014. Both meetings were major international events that brought thousands of people from the HIV sector across the globe to Australia.

I saw Levinia's capacity for hard work, her outstanding skill in bringing diverse groups together and her ability to form professional relationships with everyone and anyone. She did her work with passion and an unwavering commitment to science, evidence based practise, robust and informed government policy and a deep understanding that engagement of community was at the centre of everything. She loved Australia and was immensely proud of all that the sector had achieved in Australia's response to HIV and wanted the same approach to be shared and adopted by our neighbouring countries.

Throughout Levinia's tenure as CEO of ASHM, she worked with almost every clinician, researcher and community leader in the HIV, viral hepatitis and sexual health sectors. Particularly in the HIV sector, she has influenced, mentored and inspired an entire generation of professionals. She taught us all a way of making a difference in the work each of us do — to be strategic, be inclusive, do it in partnership, always use the best evidence to inform practice and never be complacent. Levinia was the consummate professional — but she always brought to her work warmth, empathy and a sense of fun.

Acknowledgements of Levinia's death are littered with words of strength and respect. She befriended, encouraged, persuaded, inspired, challenged, was tireless and passionate, extraordinary, energetic and influential. For those who worked with her, her passing is intensely sad. For those who follow in her path, it is worth considering the incredible impact one person can have.

Professor Sharon Lewin
Director, The Peter Doherty Institute For Infection and Immunity
November 2017

Remembrance, celebration and appreciation of the life and work of Levinia Crooks, AM

ASHM has collated your memories, significant events, anecdotes, photos and tributes to commemorate, celebrate and appreciate Levinia's life, work and achievements for both an online book of remembrance and appreciation.

View the Tribute Book at
https://issuu.com/ashm.org.au/docs/levinia-crooks-tribute

THE SUM OF US

Collective reflections on a remarkable woman, Levinia Crooks AM

*

Responding to the public health dilemmas that face us requires collaboration between community, pharmaceutical, NGOs, and medical groups and we all have a role to play – some take a leading part, others play a supporting role. Some seek the limelight, others are happy to stay in the background.

If you are living with HIV, hepatitis or a blood-borne virus, live in a community affected by these conditions, or have worked in the blood borne virus sector in Australia, you have been touched by the efforts of Levinia Crooks.

And you may be aware that you are no doubt part of a generation of health professionals in our sector right across Australasia who have been formed by the relentless and tirelessness efforts of a single woman, pushing for significant, meaningful and often dramatic changes and improvements in the responses to HIV, sexual health and viral hepatitis.

Whether you knew her, knew of her, passed her in the hallways of some conference, sat with her in some meeting somewhere or read one of the copious volumes of policies, practice guides, funding submissions, strategies, reports or opinion pieces she authored, Levinia's fingerprints, along with her tenacity, her passion and her perseverance remain in the record as a legacy as one of the architects of the response to HIV in Australia.

Some of us stood with her when we were angry and scared. Together we crafted the slogans that we put down on placards, we organised countless letter writing campaigns and we walked together down the street holding candles, reading out the names while holding back the tears. Together we persevered.

Some of us spend many a late night trying to penetrate the vernacular of pharmaceuticals, the weird code of virology, or the cut and thrust of scientific enquiry and debate. We strove to match her dedication, resolve, energy and sheer determination to ensure change for any number of countless initiatives she championed.

Some of us danced with her, rolling our heads to the music, eyes closed, we lifted our arms to the delights that lifted our spirits.

Some of us felt her fury; others saw it on show. She had command of the vernacular that would make a sailor blush and she was passionate about tackling the hard tasks and issues that others just talked about, or blatantly ignored.

Some of us, as her students, saw her in full flight during lectures. It was more than teaching; she inspired us to reach further for the possibilities of the action that would make meaning of what she had to say. She pushed us harder and further than we thought we could go.

Some of us felt her compassion, maybe directly when she offered an opportunity that otherwise we wouldn't have had or when she took time from her constantly busy schedule to help us understand what we were doing. Certainly for those of us who are often considered to be 'marginal' (the positive injecting drug using poofter sex worker), she stepped up and out in front and demanded that all of us leave our misconceptions, prejudices and our bigotry at the door.

Some of us watched in awe as she took charge of the ubiquitous white board covered in thoughts, comments, contradictions and collaboration. And as if by magic, through what seemed like an incomprehensible mess, brought disparate thoughts into a comprehensive project statement and plan of action.

Some of us ended up on her lounge room floor travelling from interstate for an ACT UP action or Mardi Gras, and were greeted by Levinia in her trademark black leather vest and Doc Martens. She knew the power of how to harness a community which didn't just reside in bricks and mortar of an organisation, but was felt just as viscerally in the bars and on the streets.

Some of us are part of that special group of people, nurtured and cultivated for our caring and compassionate nature. A rag-tag assortment of professionals across Australia speaking out for the people that we care for in different communities. And beside us, supporting us, a dedicated, strong and brilliant team of people who have travelled through the ranks at ASHM.

Some of us saw through the 'tough guy' image to a core of warmth, generosity, care and absolute dedication to the rights of those she ultimately served. We saw the wounds if those core values were ignored, questioned, unacknowledged, misattributed or simply misunderstood.

Levinia leaves us all a major, important and extensive legacy to carry forward, with countless lives impacted by her energetic, pragmatic, visionary, brave and can-do approach.

It is incumbent on us to take the sadness and the loss we feel, and ensure that we continue to voice what must be heard; a voice that builds upon Levinia's work and passion over the years.

Levinia believed we all played a part and she believed that together we are the sum of us.

With love from your community

OCTOBER 2017

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THE 22ND INTERNATIONAL AIDS CONFERENCE (IAS 2017) SCHOLARSHIP RECIPIENTS

DATE: 23 – 26 July 2017
VENUE: Palais des Congrès, 2 Place de la Porte Maillot
COUNTRY: Paris, France
www.ias2017.org

- **JOANNE BELL**
  General Practitioner, Health & Wellbeing North Ward (QLD)
- **DANIELLE COLLINS**
  HIV Nurse Practitioner, Alfred Hospital, Victorian HIV Service (VIC)
- **BIANCA DAVIDDE**
  HIV S100 General Practitioner, Sexual Health Registrar (SA)
- **CHRIS SHERMAN**
  Doctor, Armadale Family Clinic (VIC)
- **GARRY TROTTER**
  Clinical Nurse Consultant, Royal Prince Alfred Hospital (NSW)
- **STEVEN WADE**
  HIV S100 General Practitioner, ProHealth (SA)

AUSTRALASIAN VIRAL HEPATITIS ELIMINATION CONFERENCE (AVHEC17) SCHOLARSHIP RECIPIENTS

DATE: 10 – 11 August 2017
VENUE: Pullmans Cairns
COUNTRY: Australia
www.avhec.com.au

- **SUSAN BAGLOW**
  General Practitioner, Companion House (ACT)
- **MARILOU CAPATI**
  General Practitioner, Top End Medical Services Casuarina (NT)
- **ERIC CHAN**
  General Practitioner (NSW)
- **ROBIN DUBOW**
  General Practitioner, Sandy Bay Clinic (TAS)
- **OLENA GOODWIN**
  General Practitioner, St Kilda South Medical Clinic (VIC)
- **BELINDA GREENWOOD-SMITH**
  Rural Medical Practitioner and Public Health Registrar
- **KENNETH IBE**
  Bawrunga Aboriginal Medical Services, Gilgandra (NSW)
- **JANE MCCULLOCH**
  General Practitioner, Rondel Family Practice (WA)
- **JANETTE QUINN**
  General Practitioner, Ipswich Drug + Alcohol Clinic (QLD)
- **NATALIA RODE**
  General Practitioner, Northside Clinic Melbourne (VIC)
- **SHYLET SITIMA**
  General Practitioner, Forest Lake (QLD)
- **IAIN SPIERS**
  General Practitioner, Aboriginal Health Services (NT)
- **BERNARD TSE**
  General Practitioner (NSW)
- **JINGSHAN WU**
  General Practitioner, Joondalup Gate Clinic (WA)
- **BECKY ZHANG**
  General Practitioner, Western Sydney (NSW)
- **NARGIS ABRAM**
  Health Program OTP Nurse Coordinator, Nepean Hospital Centre for Addiction Medicine (NSW)
- **DONNA DE RIVIERE**
  Registered Nurse, Hunter New England Health (NSW)
- **MIRANDA DIBDIN**
  Registered Nurse, Broome Health Services (WA)
- **HOPE EVERINGHAM**
  Treatment and Care Officer, NSW Users and AIDS Association (NSW)
- **MONIQUE HOOPER**
  Clinical Nurse, Institute for Urban Indigenous Health (QLD)
- **KERRIE JORDAN**
  General Practitioner
- **KARI LANCASTER**
  Scientia Fellow, National Drug & Alcohol Research Centre (NSW)
- **TONY MCNAUGHTON**
  Peer Engagement Officer (NSW)
- **ARONE R MEEKS**
  Health Promotion Officer, Hepatitis Queensland (QLD)

NICOLA CAINE
Refugee Health HIV/Hepatitis Nurse,
Tauranga Hospital (NZ)
ASHM member since 2017

Many thanks to the organisers for making this possible for me to receive a scholarship and travel from NZ to attend the conference which I thoroughly enjoyed. I return with lots of motivation and ideas for ongoing Hepatitis care.

Read Nicola Caine's online reports: ashm.info/report-back/blogger/listings/karinne-andrich

AUSTRALASIAN VIRAL HEPATITIS ELIMINATION CONFERENCE SCHOLARSHIP RECIPIENTS cont'd

- **KAREN MILLER**
  QulHN (QLD)
- **INDI PATTNI**
  Multicultural Services Centre of WA (WA)
- **VANESSA SMITH**
  AOD Withdrawal Nurse, Windana Drug and Alcohol Recovery (VIC)
- **ANDREW TRIST**
  Treatment and Care Officer, NSW Users and AIDS Association (NSW)
- **PAMELA WOOD**
  Board Secretary, Hepatitis Australia (VIC)

JANE SCARBOROUGH
School of Public Health,
University of Adelaide

"Thank you for providing me with a scholarship that covered both the registration and accommodation to attend AVHEC17. Apart from the excellent oral and poster presentations, I particularly benefited from meeting others in the field. Paraphrasing Dr Jacqui Richmond, I feel that my 'circle of love' has grown. Attending the conference has given me motivation and validation on my PhD and make a start on some new initiatives inspired by the conference."

6TH EUROPEAN AIDS CONFERENCE SCHOLARSHIP RECIPIENTS

DATE: 25 – 27 October 2017
VENUE: Milan
COUNTRY: Italy
www.eacs-conference2017.com

- **STEPHEN ADAMS**
  Medical Director (GP), Integrated Sexual Health (WA)
- **EMMA CLEMENTS**
  Nurse Unit Manager, Clinic 275/Royal Adelaide Hospital (SA)
- **REBECCA HOUGHTON**
  Nurse Unit Manager, Sydney Sexual Health Centre (NSW)
- **CATHERINE ORR**
  Medical Director (GP), Gateway Health Clinic 35 (VIC)
- **MARK RYAN**
  General Practitioner, Newdegate Street Health Centre (TAS)

AUSTRALASIAN HIV&AIDS CONFERENCE SCHOLARSHIP RECIPIENTS

DATE: 6 – 8 November 2017
VENUE: National Convention Centre, Canberra
COUNTRY: Australia
www.hivaidsconference.com.au

- **FESTUS ANOCHIE**
  General Practitioner, Somerset Medical Centre (TAS)
- **REBECCA BOSWORTH**
  Registered Nurse, Justice Health and Forensic Mental Health Network (NSW)
- **HARRIS CABATINGAN**
  Clinical Nurse, Queensland Health (QLD)
- **GERALDINE DUNNE**
  Clinical Nurse Consultant (NSW)
- **ANTHONY ELIAS**
  General Practitioner, Bairo Pite Clinic (East Timor)
- **KATHERINE GARNHAM**
  Sexual Health Registrar, Metro North Sexual Health and HIV Service (QLD)
- **LISA HARRISON**
  Senior Nursing Officer, True Relationships and Reproductive Health (QLD)
- **PENNY KENCHINGTON**
  Nurse Practitioner, Queensland Health (QLD)
- **RUTHY MCIVER**
  Clinical Nurse Consultant, Sydney Sexual Health Centre (NSW)
- **MICHAEL MOSO**
  Hospital Medical Officer, Alfred Health (VIC)
- **USAIWEVHU MUNYENGETERWA**
  Clinical Nurse Specialist, Justice Health (NSW)
- **TĀWHANGA NOPERA**
  Sexual and Reproductive Health Promoter, Te Whāriki Takapou (NZ)
- **ELIZABETH PEARCE**
  Registered Nurse, Albion Centre/NSW Health (NSW)
- **MAUNG MAUNG SEIN**
  General Practitioner Registrar, GP Training Tasmania (TAS)

AMANDA CHAMBERS
School of Sexual Health, Nurse,
Hyde Street Practice, Shine SA (SA)

"I was honored to receive this scholarship as a Sexual Health Nurse. It provided me with updated knowledge on Trans Gender Diverse population – a new area of nursing I have just ventured into and, in turn, was able to share this knowledge with my colleagues and via the ASHM blog site. I have highly recommended this scholarship amongst my colleagues."

AUSTRALASIAN HIV&AIDS CONFERENCE SCHOLARSHIP RECIPIENTS (Cont'd)

DATE: 6 – 8 November 2017
VENUE: National Convention Centre, Canberra
COUNTRY: Australia
www.hivaidsconference.com.au

- **KASHA SINGH**
  ID Consultant, Melbourne Health (VIC)
- **JANELLE SMALL**
  Clinical Nurse Specialist, Taree Community Health (NSW)
- **RACHEL SMITH**
  Registered Nurse, NSW Health, Sydney LHD (NSW)
- **KAIJA TALVIHARJU**
  Clinical Nurse Specialist, Kirketon Road Centre (NSW)
- **FIONA TAYLOR**
  Clinical Nurse, Queensland Health (QLD)
- **MARGARET TRAILL**
  Sexual Health CNS, Albury-Wodonga Health (NSW)
- **REBECCA WIIG**
  Registrar, Clinic 16 Royal North Shore Hospital (NSW)

CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI) SCHOLARSHIP RECIPIENTS

DATE: 4 – 7 March 2018
VENUE: Boston, Massachusetts
COUNTRY: USA
www.croiconference.org

- **ADRIAN CASTELLI**
  General Practitioner, Carbal Medical Services (QLD)
- **BIANCA FARRUGIA PARSONS**
  HIV S100 General Practitioner, South Lakes Medical Group (NSW)
- **CLARE HEAL**
  VMO Sexual Health
- **KATE MACKIE**
  Senior Clinical Pharmacist, Alfred Health (VIC)
- **BIJAY PANDEY**
  General Practitioner, Wellington Aboriginal Corporation Health Services (NSW)
- **TOM TURNBULL**
  General Practitioner, Centre Clinic St Kilda (VIC)

ASIA PACIFIC CONFERENCE ON AIDS AND CO-INFECTION 2018 SCHOLARSHIP RECIPIENTS

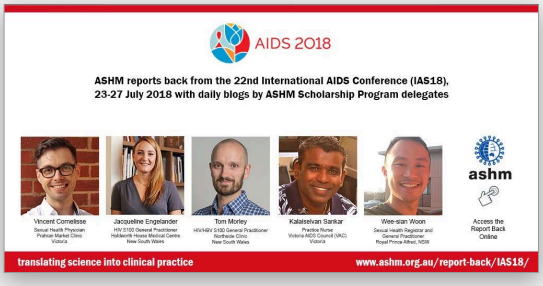
DATE: 1 – 3 June 2017
VENUE: Hong Kong Convention and Exhibition Centre
COUNTRY: Hong Kong
www.virology-education.com/event/upcoming/apacc-2018

- **GERARD INGHAM**
  General Practitioner, Springs Medical Centre (VIC)
- **GARY LEE**
  General Practitioner, Holdsworth House Medical Centre (NSW)
- **REBECCA OVERBURY**
  General Practitioner, Prahran Market Clinic (VIC)
- **RASANGA LIYANAGE**
  Postgraduate Fellow in Sexual Health, St. George Hospital (NSW)
- **AMY PEACHEY**
  Research Nurse/Coordinator, Clinical Research Unit, Infectious Diseases Department, Alfred Hospital (VIC)

22ND INTERNATIONAL AIDS CONFERENCE (AIDS 2018) SCHOLARSHIP RECIPIENTS

DATE: 23 – 27 July 2018
VENUE: Amsterdam
COUNTRY: Netherlands
www.aids2018.org

- **VINCENT CORNELISSE**
  Sexual Health Physician, Prahran Market Clinic (VIC)
- **JACQUELINE ENGELANDER**
  HIV S100 General Practitioner, Holdsworth House Medical Practice (NSW)
- **TOM MORLEY**
  HIV & HBV S100 General Practitioner, Northside Clinic (NSW)
- **KALAISELVAN SANKAR**
  Practice Nurse, Victorian AIDS Council (VIC)
- **WEE-SIAN WOON**
  Sexual Health Registrar + GP, Royal Prince Alfred (NSW)



AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH 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 2018.

Directors

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

A/Prof Mark Bloch
Professor Mark Boyd
Conjoint A/Prof Michael Burke - appointed 7 Nov 2017
Dr Elizabeth Crock
Dr Sam Elliott - appointed 7 Nov 2017
A/Prof Bradley Forssman - appointed 7 Nov 2017
Dr Joan Ingram
Dr David Iser
Dr Claire Italiano
Penny Kenchington - appointed 8 Nov 2017
A/Prof Gail Matthews
Dr Nicholas Medland - appointed 7 Nov 2017
A/Prof Catherine O'Connor
Clinical A/ Prof Louise Owen
Dr Thomas Turnbull - resigned 7 Nov 2017
Dr Olga Vujovic - resigned 7 Nov 2017
Dr Trent Yarwood - resigned 7 Nov 2017
Felicity Young - resigned 7 Nov 2017

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

Company Secretary and CEO

Levinia Crooks resigned as CEO and Company Secretary on 1 September 2017 and Mr Scott McGill was appointed Acting CEO on 6 February 2017. On 15 May 2018 Mr Alexis Apostolellis was appointed as ASHM's new permanent CEO with a commencement date of 2 July 2018.

On 8 November 2017, ASHM's Chief Finance and Operations Officer, Mr Ian Johnson, was appointed as the Company Secretary.

Operating Results

The excess of revenue over expenditure amounted to $2,053,492 (2017: $376,332).

Principal Activities

The principal activities of the entity during the financial year were to support health care professionals in Australia, New Zealand and Internationally who work in HIV, viral hepatitis, other BBV's and sexual health as well as other healthcare workers caring for these affected communities.

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 internationally, 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 both internationally and domestically which may lead to the eradication of HIV, Viral Hepatitis, other BBV's and significant reduction in sexually transmissible infections.

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.

DIRECTORS' REPORT (CONTINUED)

ACFID Financial Reporting Changes for 2018

C2.1.2. (b) A plain language summary of the signatory organisation's income and expenditure and overall financial health

For the year to 30 June 2018 ASHMs total income was $13,342,496 (2017: $9,577,542) and its total expenditure was $11,289,004 (2017: $9,201,210), resulting in an operating surplus of $2,053,492 (2017: $376,332).

As at 30 June 2018 ASHM had total assets of $9,622,089 (2017: $7,605,560) and total liabilities of $5,564,019 (2017: $5,600,982), giving a net asset position of $4,058,070 (2017: $2,004,578). Of the total assets, $4,079,215 was made up of cash at bank (2017: $4,657,667). There are no aged debts.

The Directors therefore believe that as at 30 June 2018 ASHM is in a good financial position.

ASHM is currently budgeting a small surplus for the year to 30 June 2019 which means it will remain in a positive asset and cash position at the end of the next financial year.

C2.1.2. (d) Information about evaluations into the effectiveness of and the learning from aid and development activity conducted by the organization

Despite continued challenges within the international health and development funding landscape, the ASHM International program has significantly expanded within this financial year. ASHM International is one of five consortia partners on the Australian aid program funded Sexual & Reproductive Health Integration Project (SRHIP) in PNG. The project is led by PNG Catholic Church Health Services (CCHS) and, through partnerships with ASHM, Anglicare PNG, Burnet Institute and Igat Hope, aims to strengthen systems for delivery of quality, scaled Sexual and Reproductive Health (SRH) services through integration of HIV standalone clinics with primary health. The consortium is uniquely positioned through its combined experience, complementary skills, services and resources, to make a major impact on the delivery of HIV and sexual and reproductive health services and outcomes in Papua New Guinea. The SRHIP commenced in June 2017 and will be subject to mid-term and final project evaluations over it's three year project period.

On the United Nations Development Programme (UNDP) Pacific Sexual Health Workforce Capacity Building project, funded by The Global Fund, ASHM International works in partnership with the Oceanic Society for Sexual Health and HIV Medicine (OSSHHM) to build health worker capacity in the delivery of sexual health services with a focus on HIV, STIs, HIV/TB co-infection in key populations. This project has established and supported a pool of OSSHHM (Fiji based) clinical mentors and built their capacity to deliver training and mentorship to other health professionals working in sexual health within 11 countries of the Pacific. An evaluation of the ASHM International clinical training and mentoring model is planned for financial year 2018-2019. This will involve the conduct of a formal evaluation of the current clinical mentoring approach and activities in PNG and the Pacific Islands. The evaluation will provide recommendations for strengthening ASHM International clinical mentoring approach, programs and internal evaluation processes.

ASHM International's clinical training and mentoring has also expanded in the past year through the department's work with the Oil Search Foundation and World Vision in PNG (funded by The Global Fund), and the ongoing Collaboration for Health in PNG project which has enabled over 14 years of HIV testing, treatment, care and support technical input, clinical training and mentoring for Catholic Church Health Services across seven provinces of PNG, funded by a pharmaceutical industry philanthropic consortium.

Furthermore, ASHM has continued to work with partners in the Asia and Pacific regions to strengthen a Regional Network (www.regionalnetwork.ashm.org.au), which represents 45 national professional societies, associations and organisations that support the HIV, viral hepatitis and sexual health workforce. This has continued in the absence of funding from the Department of Foreign Affairs and Trade which has considerably reduced its funding to aid and development and in these disease areas in particular (outside of funding to UNAIDS and the Global Fund). Major aims of the Network are to enhance cross border collaborations, share information on best practice and learning, and promote the application of research findings into clinical practice.

With this expansion in ASHM International projects over financial year 2017-2018, the program looks forward to opportunities to evaluate the relevance, effectiveness, efficiency, impact and sustainability of its clinical training and mentoring model, and technical inputs for the advancement of HIV and sexual health testing, treatment and management in Asia and the Pacific regions.

DIRECTORS' REPORT (CONTINUED)

C.2.1.3 (c) A statement of commitment to full adherence to the Code

ASHM is committed to ensuring it fully complies with the ACFID Code of Conduct. The ASHM website states ASHM's membership and signatory status to the Code and its attendant policies.

C.2.1.3. (d) Identification of the ability to lodge a complaint against the organisation and a point of contact

ASHM has processes and systems in place that allow complaints to be made against the organization. This is posted on the ASHM website. The points of contact are ASHM's CEO and ASHM's President. Through these offices the complaint can be sent through to the Board.

C.2.1.3. (e) Identification of the ability to lodge a complaint for the breach of the Code with the ACFID Code of Conduct Committee and a point of contact

ASHM has processes and systems in place that allow complaints for breach of the Code with the ACFID Code of Conduct Committee. This information is posted on the ASHM website with a link to the Complaints page on the ACFID website.

Key Performance Measures

The company measures its own performance through the use of both quantitative and qualitative indicators. These data sets 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.

Members	**2018**	**2017**
Number of members	796	961
Collaborators		
Number of ANZ Organizational Sustaining Members	60	48
Number of affiliates	868	927
Number of regional partner organisations	43	43
Staff		
Number of staff employed for 5 years or more	10	9
Training and Education Resources		
Number of courses run	251	202
Number of education resources distributed	12,784	32,884
Number of pdf resources downloaded	26,837	13,958
Number of sub-website hits (web access only)	337,285	116,728
Operational and Financial		
Total Revenue	**$13,342,496**	**$9,577,542**
Proportion of funding provided by:		
Government grants	34%	32%
Non-government grants	14.8%	10.4%
Donations received from public	0.13%	0.84%
Proportion of funding spent on:		
Staff training	0.11%	0.11%
General office/administration	2%	2%
Fundraising – international activities	0.30%	0.29%
Fundraising – domestic activities	0.02%	0.04%

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 are no events subsequent to the balance date that warrant disclosure.

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.

DIRECTORS' REPORT (CONTINUED)

Member Numbers

As at 30 June 2018 ASHM has 796 members (excluding affiliate and complimentary members). ASHM's membership program currently has a two-pronged approach: To maintain a committed group of core individual members whilst at the same time expanding reach to the sector through Organisational Membership Affiliate Programs and via awarding complimentary membership benefits for new course registrants

The entity is incorporated under the *Corporations Act 2001* and is an entity 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 2018, the total amount that members of the company are liable to contribute if the company is wound up is $796 (2017: $961).

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Information on Directors in Office at the Date of this Report

A/Prof Mark Bloch — President

MBBS; Dip FP; Dip Med Hyp; M Med

Mark 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 Research at Holdsworth House and actively involved in clinical research in HIV and STIs, co-joint Associate Professor of Medicine at the University of NSW, and a member of medical advisory boards.

Professor Mark Boyd — Immediate Past President

BA; BM; BS; DCTM&H; MHID; MD; FRACP

Mark is a Professor and the founding Chair of Medicine at the University of Adelaide based at the Lyell McEwin Hospital. He is a Professor of Medicine, a Senior Australian NHMRC Fellow and a Professorial Fellow at the Kirby Institute at the University of New South Wales.

He is co-editor in chief of the open access BioMed Central journal AIDS Research and Therapy.

Conj. A/Prof Michael Burke — Board Member

MBBS; FRACGP; PhD; FAICD

Michael has worked in partnership with patients and communities responding to the many challenges related to HIV in east Africa, east Sydney and more recently western Sydney.

He works primarily in general practice and also part-time in a hospital sexual health and HIV Clinic in Penrith. He is a senior member of the RACGP Specific Interest Group in Sexual Health Medicine. He has recently been appointed as Conjoint Associate Professor (Western Sydney University).

Dr Elizabeth Crock — Vice President

RN; ACRN (USA); BSc; PhD; Grad Dip Ed; MPH

Liz has worked in HIV nursing since 1990. She is HIV Team Coordinator and Clinical Nurse Consultant at Bolton Clarke (formerly RDNS) in Melbourne and Honorary Fellow of the Rural Clinical School, Faculty of Medicine, Dentistry and Health Science at the University of Melbourne.

She has a PhD in Nursing ethics and HIV and Master of Public Health. She is the editor of the Nursing and Midwifery chapter of HIV Management in Australasia: A Guide for Clinical Care and a member of the Scholarships committee. She is current Vice President of ANZANAC, an HIV Nursing ANMF Special Interest Group in Victoria.

Dr Sam Elliott — Board Member

MBBS, Master of Public Health and Tropical Medicine, FRACGP

Sam is a principal GP with 28 years of rural and urban General Practice experience incorporating 19 years of HIV and Viral Hepatitis management.

He is a GP training supervisor and is actively involved in providing educational sessions to General Practitioners and various other professional groups.

He has been involved in the Monash HealthMap Study and PrEPX SA study.

DIRECTORS' REPORT (CONTINUED)

A/Prof Bradley Forssman

Board Member

MBBS; MPHTM; FAFPHM

Bradley is a Public Health Physician, a GP and a Director of Public Health at Nepean Blue Mountains LHD. He has skills and knowledge in population health and clinical aspects of HIV/STIs, adult education, population health policy and research.

He is a Chair of the STIPU GP & Sexual Health Working Group and sits on NSW Health's HIV & STI Strategies Implementation Committee and Blood-borne Advisory Panel and the Clinical Council of the Nepean Blue Mountains Primary Health Network.

Dr Joan Ingram

Board Member

MB ChB 1985 Auckland; FRACP 1993; DTM & H (London) 1990

Joan is an Infectious Diseases Physician working at Auckland City Hospital, responsible for care of all HIV positive patients in the northern region of New Zealand. She has been involved in the care of HIV patients since 1987.

She is a clinician primarily but has been involved in clinical studies. Joan attended the University of Auckland and completed her Physician training in Auckland, Duke University in North Carolina and then as an HIV Fellow at the University of Maryland.

Dr David Iser

Board Member

MBBS (Hons); BMedSc; FRACP; Phd

Dr David Iser is a Gastroenterologist and Hepatologist in Melbourne, affiliated with the Department of Gastroenterology at St. Vincent's Hospital and the Infectious Diseases Unit at The Alfred Hospital

David has a broad experience treating people living with viral hepatitis in a variety of settings, including those living with advanced cirrhosis, HIV-viral hepatitis co-infection, Rural Australia, Clinical Trials, Opiate Substitution Services and as part of the Statewide Hepatitis Program across Victorian Prisons.

David works closely with colleagues to help improve access to care and simplify treatment pathways for people living with viral hepatitis.

Dr Claire Italiano

Board Member

MBBS; FRACP; MPHTM DTMH

Claire is an Infectious Diseases Physician at Royal Perth Hospital, who works clinically in the fields of both viral hepatitis and HIV.

Claire's background is as a general infectious diseases physician with an interest in tropical medicine and a Masters in Public Health and Tropical Medicine. She previously worked at University Malaya Medical Centre for two years (2010-2012) where much of her clinical work was in HIV. This experience gave her an insight into HIV care and management in the region.

Penny Kenchington

Board Member

Penny has been working in the Sexual Health, HIV and Hepatitis health sector as a specialist nurse since 1995 and is currently the Nurse Practitioner at the Townsville Sexual Health Service. She has extensive knowledge and skills in sexual health, women's health, reproductive health, genital dermatology and forensic nursing

Penny sits on ASHM's nurses subcommittee and ASHM's (QLD) Expert Reference Committee for the HIV, Viral Hepatitis, Sexual Health and Harm Reduction Workforce Development Program and the QLD Office of the Chief Nursing and Midwifery Officer (OCNMO) Nurse Practitioner Reference Group.

Penny has experience in all aspects of HIV case management and is the QPrEPd site coordinator for Townsville. In addition, Penny is an HCV prescriber and supports the sexual health program in this large Aboriginal Community which includes monitoring and managing patients with chronic Hepatitis B.

Penny sits on the Finance, Risk Management and Audit Sub-Committee of the ASHM Board.

DIRECTORS' REPORT (CONTINUED)

A/Prof Gail Matthews

Board Member

MBChB; MRCP (UK); FRACP; PhD

Gail is an ID physician with a strong background in HIV and hepatitis. She has extensive clinical and research experience in both areas and holds an academic appointment in the Viral Hepatitis program at Kirby Institute as well as a Consultant post in HIV and Infectious Diseases at St Vincent's Hospital, Sydney.

She has been involved in many prior ASHM led initiatives and teaching programs including HCV S100 programs, B positive and ASHM Conferences.

Dr Nicholas Medland

Board Member

MBBS BA Hons PhD FAChSHM

Nicholas is a Sexual Health Physician at Melbourne Sexual Health Centre and Royal Melbourne Hospital. He has 20 years of clinical experience in HIV medicine and HIV program delivery, oversight and management, including international aid programs in Vietnam as Care and Treatment Program Chief US CDC Vietnam.

In research, he has been the Assistant Director for clinical research at HIVNAT and is currently a NHMRC research fellow at the Kirby Institute, University of NSW.

Nicholas sits on the Finance, Risk Management and Audit Sub-Committee of the ASHM Board.

A/Prof Catherine O'Connor

Board Member

MB.BS(Hons); DrPH; MM; FAChSHM; FRACGP; DRACOG

Catherine is the Director of Sexual Health Service for Sydney LHD and is based at RPA Sexual Health Clinic. She is also Executive Clinical Director for Community Health in Sydney LHD. She is Chairperson of RPAH Medical Staff Council and Acting President of AChSHP of RACP. She holds a conjoint appointment at the Kirby Institute, UNSW and the Central Clinical School, Sydney University. Catherine is the current Oceania Vice Chair of IUSTI-Asia Pacific.

She has many years of involvement in medical education and medical research with an interest in Epidemiology of HIV & STI in Australasia, HIV/AIDS, Chlamydia and HPV infections. She is a site mentor in ASHM's HIV clinical mentoring program in PNG.

Clinical A/Prof Louise Owen

Vice President

MBBS (Hons); FRACGP; FAChSHM

Louise is a Sexual Health Physician who has been working in the area of sexual health for many years. She is currently the Director of the Statewide Sexual Health Service in Tasmania. Louise is raising the profile of Sexual Health in Tasmania, managing the service, running clinics and educating clinicians and encouraging GPs to be involved in HIV shared care.

Louise lectures to Tertiary, Post Graduate and Undergraduate students around HIV, Hepatitis, sexual health and related topics. Louise is a member of MACBBVS on HIV and Viral Hepatitis and is on a number of steering committees covering matters such as transgender health, Syphilis and STIs, and HIV.

DIRECTORS' REPORT (CONTINUED)

ATTENDANCE AT DIRECTORS MEETINGS (1 JULY 2017 TO 30 JUNE 2018)

Name	Board Meetings
A/Prof Mark Bloch	9 (10)
Professor Mark Boyd	7 (10)
Conjoint A/Prof Michael Burke	4 (6)
Dr Elizabeth Crock	8 (10)
Dr Sam Elliott	6 (6)
A/Prof Bradley Forssman	6 (6)
Dr Joan Ingram	9 (10)
Dr David Iser	7 (10)
Dr Claire Italiano	9 (10)
Penny Kenchington	5 (6)
A/Prof Gail Matthews	4 (10)
Dr Nicholas Medland	6 (6)
A/Prof Catherine O'Connor	9 (10)
Clinical A/Prof Louise Owen	8 (10)

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.

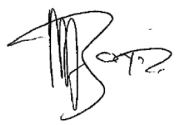
Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2018 has been received and can be found on page 49 of the directors' report.

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

A/Prof Mark Bloch MBBS; Dip FP; Dip Med Hyp; M Med

Professor Mark Boyd BA; BM; BS; DCTM&H; MHID; MD; FRACP



Dated this 24th day of August 2018, Sydney

walker wayland

Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

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SYDNEY NSW 2000

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AUDITORS' INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT FOR PROFITS COMMISSION ACT 2012
TO THE DIRECTORS OF AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

We declare that, to the best of our knowledge and belief, during the year ended 30 June 2018 there have been:

(i) no contraventions of the auditors' independence requirements as set out in the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Partner

Dated this 24th day of August 2018, Sydney

View Partners, Principals & Consultants at http://www.wwnsw.com.au/wwnsw

An independent member of BKR International
An independent member of Walker Wayland Australasia Limited

Liability limited by a scheme approved under Professional Standards Legislation

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 $	2017 $
REVENUE			
Operating Activities			
Members' subscriptions		164,850	90,632
Operating grants	3	6,533,805	4,099,178
Donations		16,906	80,878
Bequest		950,000	-
Service fee and other revenue from operating activities		407,235	298,290
Sponsorship		573,598	256,405
Conference		4,577,357	4,689,145
Non-operating activities			
Interest		102,048	62,354
Gain on disposal of assets		-	660
Foreign currency gain		16,697	-
	2	13,342,496	9,577,542
EXPENSES			
General office administration		198,844	164,427
Occupancy costs		446,791	379,388
Education programs / resources		3,855,012	1,497,139
Professional fees		94,393	293,090
Personnel expenses		3,210,626	3,040,639
Loss on disposal on assets		4,199	734
Depreciation	3	32,441	38,371
Finance expenses		14,803	8,701
Conference costs		3,320,361	3,692,219
IT system development costs		111,534	86,502
TOTAL EXPENSES		11,289,004	9,201,210
EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE		2,053,492	376,332
Income tax expense relating to ordinary activities		-	-
EXCESS OF REVENUE OVER EXPENDITURE AFTER INCOME TAX EXPENSE		**2,053,492**	376,332
OTHER COMPREHENSIVE INCOME FOR THE YEAR, NET OF TAX		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**2,053,492**	376,332

The accompanying notes form part of these financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2018

	Note	2018 $	2017 $
CURRENT ASSETS			
Cash and cash equivalents	5	4,079,215	4,657,667
Trade and other receivables	6	1,403,180	740,599
Financial assets	8	4,068,640	2,068,640
Other current assets	7	23,736	59,237
TOTAL CURRENT ASSETS		9,574,771	7,526,143
NON-CURRENT ASSETS			
Property, plant and equipment	9	47,318	79,417
TOTAL NON-CURRENT ASSETS		47,318	79,417
TOTAL ASSETS		9,622,089	7,605,560
CURRENT LIABILITIES			
Trade and other payables	10	885,323	633,327
Deferred income		4,306,816	4,622,432
Provisions	11	302,318	235,635
TOTAL CURRENT LIABILITIES		5,494,457	5,491,394
NON-CURRENT LIABILITIES			
Provisions	12	69,562	109,588
TOTAL NON-CURRENT LIABILITIES		69,562	109,588
TOTAL LIABILITIES		5,564,019	5,600,982
NET ASSETS		4,058,070	2,004,578
EQUITY			
Retained earnings		4,058,070	2,004,578
TOTAL EQUITY		4,058,070	2,004,578

The accompanying notes form part of these financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2018

	Retained Earnings $	Total $
BALANCE AT 30 JUNE 2016	1,628,246	1,628,246
Excess of Revenue over Expenses	376,332	376,332
Other comprehensive income for the year	-	-
BALANCE AT 30 JUNE 2017	2,004,578	2,004,578
Excess of Revenue over Expenses	2,053,492	2,053,492
Other comprehensive income for the year	-	-
BALANCE AT 30 JUNE 2018	4,058,070	4,058,070

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 $	2017 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from operations		13,901,911	11,510,521
Payments to suppliers and employees		(12,577,870)	(9,340,984)
Interest received		102,048	62,354
Net cash provided by operating activities	14b	1,426,089	2,231,891
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(4,541)	(10,397)
Payments for term deposits		(2,000,000)	(1,600,000)
Net cash used in investing activities		(2,004,541)	(1,610,397)
NET (DECREASE)/INCREASE IN CASH HELD		(578,452)	621,494
Cash and cash equivalents at beginning of financial year		4,657,667	4,036,173
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	14a	4,079,215	4,657,667

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report includes the financial statements and notes of Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine as an individual company, incorporated and domiciled in Australia. Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine is a company limited by guarantee.

Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Australian Charities and Not for Profits Commission Act 2012 ("The Act").* The financial report also incorporates elements of the Australian Council for International Development (ACFID) Code of Conduct.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets, and financial liabilities.

The financial statements were authorised for issue on the date of signing by the directors of the company.

Accounting Policies

a. **Revenue**

Revenue from Grants is recognised in accordance within the terms of the grant agreement.

Interest revenue and distribution income from investments is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

b. **Property, Plant and Equipment**

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

Plant and Equipment

Plant and equipment are measured at cost or fair value less depreciation and impairment losses.

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

Plant and equipment that have been contributed at no cost or for nominal cost are valued at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a diminishing balance basis over their useful lives to the economic company commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Fixed Asset	Depreciation Rate
Office Equipment	20%
Computer Equipment	20-40%
Leasehold Improvement	20%
Furniture and Finishing	5-12.5%
Software	30-40%
Motor Vehicles	18.75%

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

b. **Property, Plant and Equipment (continued)**

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

c. **Income in advance**

Income received before the due date is recorded as income in advance under the appropriate category.

d. **Financial Instruments**

Initial recognition and measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the company becomes a party to the contractual provisions of the instrument. Trade date accounting is adopted for financial assets that are delivered within timeframes established by marketplace convention.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified at fair value through profit or loss. Transaction costs related to instruments classified at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method or cost. *Fair value* represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

i. the amount at which the financial asset or financial liability is measured at initial recognition;

ii. less principal repayments;

iii. plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the *effective interest method*; and

iv. less any reduction for impairment.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

(i) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months after the end of the reporting period.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

d. **Financial Instruments (continued)**

(ii) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period, which will be classified as non-current assets.

(iii) *Financial liabilities*

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the company no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

e. **Impairment of Assets**

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

Where the future economic benefits of the asset are not primarily dependent upon on the assets ability to generate net cash inflows and when the company would, if deprived of the asset, replace its remaining future economic benefits, value in use is depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the company estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

f. **Employee Benefits**

Short-term employee provisions

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

f. **Employee Benefits (continued)**

Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as a part of employee benefits expense.

The company's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

g. **Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

h. **Accounts Receivable and Other Debtors**

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods and services sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest rate method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

i. **Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as a current asset or liability in the statement of financial position.

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

j. **Provisions**

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

k. **Trade and Other Payables**

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

l. **Comparative Figures**

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

m. **Critical Accounting Estimates and Judgments**

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

m. **Critical Accounting Estimates and Judgments (continued)**

Key estimates — impairment

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

Key estimates – conference income

The entity has also instituted a more sophisticated reporting system, so conference income is recorded in the year the conference is held as opposed to the year the cash is received. This also impacts the Scholarship Program, so although we are able to report on the awarding of scholarships this year, the funds will not be reflected in the statutory accounts until the conferences are held, in the following financial year.

n. **New Accounting Standards for Application in Future Periods**

Accounting Standards issued by the AASB that are not yet mandatorily applicable to the company, together with an assessment of the potential impact of such pronouncements on the company when adopted in future periods, are discussed below:

– AASB 9*: Financial Instruments* and associated Amending Standards (applicable to annual reporting periods beginning on or after 1 January 2018).

The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments and simplified requirements for hedge accounting.

The key changes that may affect the company on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to hedges of non-financial items. Should the entity elect to change its hedge policies in line with the new hedge accounting requirements of the Standard, the application of such accounting would be largely prospective.

Although the directors anticipate that the adoption of AASB 9 may have an impact on the company's financial instruments, including hedging activity, it is impracticable at this stage to provide a reasonable estimate of such impact.

– AASB 15: *Revenue from Contracts with Customers* (applicable to annual reporting periods beginning on or after 1 January 2018, as deferred by AASB 2015-8: *Amendments to Australian Accounting Standards – Effective Date of AASB 15*).

When effective, this Standard will replace the current accounting requirements applicable to revenue with a single, principles-based model. Except for a limited number of exceptions, including leases, the new revenue model in AASB 15 will apply to all contracts with customers as well as non-monetary exchanges between entities in the same line of business to facilitate sales to customers and potential customers.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

n. **New Accounting Standards for Application in Future Periods (continued)**

The core principle of the Standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for the goods or services. To achieve this objective, AASB 15 provides the following five-step process:

- identify the contract(s) with a customer;
- identify the performance obligations in the contract(s);
- determine the transaction price;
- allocate the transaction price to the performance obligations in the contract(s); and
- recognise revenue when (or as) the performance obligations are satisfied.

The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented per AASB 108: *Accounting Policies, Changes in Accounting Estimates and Errors* (subject to certain practical expedients in AASB 15); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. There are also enhanced disclosure requirements regarding revenue.

Although the directors anticipate that the adoption of AASB 15 may have an impact on the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

– AASB 16: *Leases* (applicable to annual reporting periods beginning on or after 1 January 2019).

When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: *Leases* and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

The main changes introduced by the new Standard include:

- recognition of a right-to-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- depreciation of right-to-use assets in line with AASB 116: *Property, Plant and Equipment* in profit or loss and unwinding of the liability in principal and interest components;
- variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date;
- by applying a practical expedient, a lessee is permitted to elect not to separate non-lease components and instead account for all components as a lease; and
- additional disclosure requirements.

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108 or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

Although the directors anticipate that the adoption of AASB 16 will impact the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 2: REVENUE	Note	2018 $	2017 $
Operating activities:			
- operating grants - Australian		4,913,762	3,666,097
- other grants – overseas		1,620,043	433,081
	3	6,533,805	4,099,178
- donations		16,906	80,878
- legacies and bequest		950,000	-
- member subscriptions		164,850	90,632
- sponsorship		573,598	256,405
- conference		4,577,357	4,689,145
- other revenue from operating activities		407,235	298,290
- interest received		102,048	62,354
- gain on disposal of assets		-	660
- foreign currency gain		16,697	-
		13,342,496	9,577,542

NOTE 3: EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE

Excess of revenue over expenditure has been determined after charging the following items:

Revenue: *Operating Grants*		
Grants – Commonwealth		
- Deed for multi project funding	2,790,158	1,435,635
Grants – NSW Health		
- HIV program and sexual health nurse training	622,500	622,500
Grants – QLD	920,986	899,585
Grants – WA	88,148	107,154
Grants – ACT	145,339	37,008
Grants other – overseas projects	101,938	118,952
Grants other – domestic projects	244,693	445,263
Grants – overseas	1,620,043	433,081
	6,533,805	4,099,178

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 3: EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE (cont.)

Expenses:	2018 $	2017 $
Depreciation expenses	32,441	38,371
Rental expense on operating leases		
— rental expense	308,375	297,278
Remuneration of auditor		
— audit or review	21,500	26,000

NOTE 4: KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel. Key management personnel include the board of directors, CEO and Deputy CEO. ASHM directors act in an honorary capacity and receive no compensation for their services as directors.

Key Management Personnel	Short-term Benefits				Post-employment Benefits
	Salary	Bonuses	Non-cash benefit	Other	Super-annuation
2018	$	$	$	$	$
Key management personnel compensation	314,851	-	-	-	25,742
2017	$	$	$	$	$
Key management personnel compensation	399,657	-	-	-	39,512

NOTE 5: CASH AND CASH EQUIVALENTS

CURRENT	Note	2018 $	2017 $
Cash on hand		200	150
Cash at bank		1,074,622	746,756
Short-term bank deposits		3,004,393	3,910,761
	18	4,079,215	4,657,667

The effective interest rate on short-term bank deposits was 2.18%; these deposits are at call.

NOTE 6: TRADE AND OTHER RECEIVABLES

CURRENT			
Trade and other receivables		643,042	137,466
Work in progress – conferences		760,138	603,133
	18	1,403,180	740,599

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 6: TRADE AND OTHER RECEIVABLES (CONT.)

(ii) Credit Risk — Receivables

The company does not have any material credit risk exposure to any single receivable or group of receivables.

The following table details the company's receivables exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the company.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

	Gross amount	Past due and impaired	Past due but not impaired (days overdue) < 30	31–60	61–90	> 90	Within initial trade terms
	$	$	$	$	$	$	$
2018							
Trade receivables	626,328	-	438,146	157,310	30,682	190	626,328
Total	626,328	-	438,146	157,310	30,682	190	626,328
2017							
Trade receivables	109,680	-	34,413	73,689	-	1,578	109,680
Total	109,680	-	34,413	73,689	-	1,578	109,680

The company does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

There are no balances within receivables that contain assets that are not impaired and are past due. It is expected that these balances will be received when due.

NOTE 7: OTHER ASSETS	Note	2018 $	2017 $
CURRENT			
Prepayments		23,736	59,237

NOTE 8: OTHER FINANCIAL ASSETS

CURRENT			
Held to maturity investments		4,068,640	2,068,640
Held-to-maturity investments comprise:			
— Current: Term deposit		4,068,640	2,068,640
— Non-Current: Term deposit		-	-
	18	4,068,640	2,068,640

The effective interest rate on term deposits was 2.47%.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 9: PROPERTY, PLANT AND EQUIPMENT	2018 $	2017 $
NON CURRENT		
Office Equipment:		
At cost	-	6,901
Accumulated depreciation	-	(5,536)
	-	1,365
Leasehold improvements:		
At cost	244,474	244,474
Accumulated depreciation	(214,020)	(195,597)
Impairment loss	(12,030)	(12,030)
	18,424	36,847
Computer Equipment:		
At cost	66,986	118,602
Accumulated depreciation	(39,579)	(93,038)
	27,407	25,564
Software pool:		
At cost	38,290	48,639
Accumulated depreciation	(36,803)	(45,065)
	1,487	3,574
Motor Vehicles		
At cost	-	21,809
Accumulated depreciation	-	(9,742)
	-	12,067
	47,318	79,417

Movements in Carrying Amounts

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

	Lease. Imp.	Motor Vehicles	Office Equip.	Computer Equip.	Software	Total
	$	$	$	$	$	$
Balance at 30 June 2017	36,847	12,067	1,365	25,564	3,574	79,417
Additions	-	-	-	15,990	-	15,990
Disposals/write-offs	-	(12,067)	(1,093)	(1,830)	(658)	(15,648)
Depreciation expense	(18,423)	-	(272)	(12,317)	(1,429)	(32,441)
Balance at 30 June 2018	18,424	-	-	27,407	1,487	47,318

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 10: TRADE AND OTHER PAYABLES

	Note	2018 $	2017 $
CURRENT			
Trade payables		594,789	259,165
Sundry creditors		290,534	374,162
	10a	885,323	633,327

a. **Financial liabilities at amortised cost classified as trade and other payables**

CURRENT			
Trade and other payables			
— Total current		885,323	633,327
— Total non-current		-	-
		885,323	633,327
Financial liabilities as trade and other payables	18	885,323	633,327

NOTE 11: CURRENT PROVISIONS

CURRENT			
Employee Benefits	12	243,798	235,635
Make Good		58,520	-
		302,318	235,635

The make good provision relates to anticipated amounts payable to restore the Kippax Street premises to its original condition on the conclusion of the lease.

NOTE 12: EMPLOYEE BENEFITS

	Short-term Employee Benefits $	Long-term Employee Benefits $	Total $
Balance at 30 June 2017	216,334	128,889	345,223
Additional provisions raised during period / (Amounts used)	12,827	(44,690)	(31,863)
Balance at 30 June 2018	229,161	84,199	313,360

Analysis of Total Provisions	2018 $	2017 $
Current – Annual leave	229,161	182,822
Current – Long service leave	14,637	19,301
Current – Personal leave	-	33,512
	243,798	235,635
Non-Current – Long service leave	69,562	109,588
	313,360	345,223

Provision for Long-term employee entitlements

A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee entitlements have been included in Note 1 to this report.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 13: CAPITAL AND LEASING COMMITMENTS	2018 $	2017 $
Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements:		
Payable — minimum lease payments		
— not later than 12 months	298,932	289,246
— between 12 months and 5 years	-	290,922
— greater than 5 years	-	-
	298,932	580,168

The lease for the Kippax Street premises terminates on 30 June 2019.

NOTE 14: CASH FLOW INFORMATION

a. Reconciliation of Cash and Cash Equivalents

Cash at the end of the financial year as shown in the statements of cash flows is reconciled to the related items in the statement of financial position as follows:

Cash on hand	200	150
Cash at bank	1,074,622	746,756
Short-term bank deposits	3,004,393	3,910,761
	4,079,215	4,657,667

b. Reconciliation of cash flow from operations with surplus from ordinary activities after income tax

Surplus from ordinary activities after income tax expense	2,053,492	376,332
Non-cash flows in surplus from ordinary activities		
Loss on disposal of plant and equipment / assets written-off	4,199	734
Depreciation and impairment	32,441	38,371
Changes in assets and liabilities		
Movement in receivables	(662,581)	1,043,814
Movement in prepayments	35,501	(59,237)
Movement in trade and other payables, deferred income	(63,620)	765,728
Movement in provisions	26,657	66,149
Net cash provided by operating activities	1,426,089	2,231,891

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 15: CONTINGENT LIABILIITES

To the Directors' knowledge, the company has no known contingent liabilities as at 30 June 2018.

NOTE 16: SEGMENT REPORTING

The company operates predominantly in one business and geographical segment, being a professional body for medical practitioners and health care professionals who work in HIV, viral hepatitis and related diseases, in Australia.

NOTE 17: EVENTS SUBSEQUENT TO BALANCE DATE

There have been no significant events after 30 June 2018 to date of signing report.

NOTE 18: FINANCIAL INSTRUMENTS

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable and leases.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2018 $	2017 $
Financial Assets			
Cash and cash equivalents	5	4,079,215	4,657,667
Loans, receivables and work in progress	6	1,403,180	740,599
Held-to-maturity investments:			
– Term Deposits	8	4,068,640	2,068,640
Total Financial Assets		9,551,035	7,466,906
Financial Liabilities			
Financial liabilities at amortised cost			
– Payables	10a	885,323	633,327
Total Financial Liabilities		885,323	633,327

Specific Financial Risk Exposures and Management

The main risks the company is exposed to through its financial instruments are credit risk, liquidity risk and market risk relating to interest rate risk. There have been no substantive changes in the types of risks the company is exposed to, how these risks arise, or the board's objectives, policies and processes for managing or measuring the risk from the previous period

a. **Credit Risk**

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss for the company.

Credit Risk Exposures

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

a. **Credit Risk (cont.)**

The company does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the company.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 6.

The company has no significant concentration of credit risk exposure to any single counterparty or group of counterparties. Details with respect to credit risk of Trade and Other Receivables are provided in Note 6.

b. **Liquidity risk**

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations in relation to financial liabilities. The company manages this risk through the following mechanisms:

By monitoring forecast cash flows in relation to its operational, investing and financing activities, and ensuring that adequate un-utilised borrowing facilities are maintained.

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2018	2017	2018	2017	2018	2017	2018	2017
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade and other payables	885,323	633,327	-	-	-	-	885,323	633,327
Total expected outflows	885,323	633,327	-	-	-	-	885,323	633,327

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2018	2017	2018	2017	2018	2017	2018	2017
	$	$	$	$	$	$	$	$
Financial Assets — cash flows realisable								
Cash and cash equivalents	4,079,215	4,657,667	-	-	-	-	4,079,215	4,657,667
Trade and other receivables (excluding work in progress)	643,042	137,466	-	-	-	-	643,042	137,466
Held-to-maturity investments	4,068,640	2,068,640	-	-	-	-	4,068,640	2,068,640
Total anticipated inflows	8,790,897	6,863,773	-	-	-	-	8,790,897	6,863,773
Net inflow on financial instruments	7,905,574	6,230,446	-	-	-	-	7,905,574	6,230,446

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

c. **Market Risk**

i. ***Interest rate risk***

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

The company is not exposed to any significant interest rate risk since cash balances are maintained at variable rates and the company has no borrowings.

ii. ***Price risk***

Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held.

The company is not exposed to any material commodity price risk.

Sensitivity analysis:

The following table illustrates sensitivities to the company's exposures to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

	Profit	Equity
	$	$
Year ended 30 June 2018		
— +/-1% in interest rates	46,811	46,811
Year ended 30 June 2017		
— +/-1% in interest rates	33,686	33,686

No sensitivity analysis has been performed on foreign exchange risk as the company is not exposed to foreign currency fluctuations.

d. **Net fair values**

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Differences between fair values and carrying values of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the company. Most of these instruments which are carried at amortised cost (i.e. trade receivables, loan liabilities) are to be held until maturity and therefore the net fair value figures calculated bear little relevance to the company.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

	Note	30 June 2018 Net Carrying Value $	30 June 2018 Net Fair Value $	30 June 2017 Net Carrying Value $	30 June 2017 Net Fair Value $
Financial assets					
Cash and cash equivalents	(i)	4,079,215	4,079,215	4,657,667	4,657,667
Trade and other receivables (excluding work in progress)	(i)	643,042	643,042	137,466	137,466
		4,722,257	4,722,257	4,795,133	4,795,133
Held-to-maturity financial assets:					
– Government and fixed interest securities	(ii)	4,068,640	4,068,640	2,068,640	2,068,640
Total financial assets		8,790,897	8,790,897	6,863,773	6,863,773
Financial liabilities					
Trade and other payables	(i)	885,323	885,323	633,327	633,327
Total financial liabilities		885,323	885,323	633,327	633,327

The fair values disclosed in the above table have been determined based on the following methodologies:

(i) Cash and cash equivalents, receivables and payables are short-term instruments in nature whose carrying value is equivalent to fair value. Receivables exclude work in progress, and payables exclude amounts provided for annual leave and income in advance, as these are not considered a financial instrument.

(ii) Fair values of held-to-maturity investments are based on quoted market prices at the end of the reporting period.

Financial Instruments Measured at Fair Value

The financial instruments recognised at fair value in the Statement of Financial Position have been analysed and classified using a fair value hierarchy reflecting the significance of the inputs used in making the measurements between those for which fair value is based on. The fair value hierarchy consists of the following levels:

Financial Instruments Measured at Fair Value

30 June 2018	Level 1 $	Level 2 $	Level 3 $	Total $
Financial assets:				
Held-to-maturity financial assets	4,068,640	-	-	4,068,640
	4,068,640	-	-	4,068,640

30 June 2017	Level 1 $	Level 2 $	Level 3 $	Total $
Financial assets:				
Held-to-maturity financial assets	2,068,640	-	-	2,068,640
	2,068,640	-	-	2,068,640

Included within Level 1 of the hierarchy are listed investments. The fair values of these financial assets have been based on the closing quoted bid prices at the end of the reporting period, excluding transaction costs.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 19: CAPITAL MANAGEMENT

Management controls the capital of the company to ensure that adequate cash flows are generated to fund the ongoing operations of the company. The Board ensures that the overall risk management strategy is in line with this objective.

Risk management strategies are approved and reviewed by the Board on a regular basis. These include future cash flow requirements.

The company's capital consists of financial liabilities, supported by financial assets.

Management effectively manages the company's capital by assessing the company's financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels and the maintenance of an appropriate debt facility.

	2018	2017
	$	$
NOTE 20: RELATED PARTY TRANSACTIONS		
Transactions with directors	-	-
All directors act in an honorary capacity and receive no compensation for their services.		
The following directors received compensation for their services as presenters/speakers:		
Mark Boyd	-	2,084
Mark Bloch	-	112
Elizabeth Crock	-	63
Gail Matthews	200	550
Trent Yarwood	-	400
Claire Italiano	800	1,500
David Iser	-	150
Michael Burke	825	-
Sam Elliott	495	-
Penny Kenchington	6,017	-
	8,337	4,859

The above transactions were carried out on normal arm's length terms and conditions.

The directors donated the received compensation to the ASHM Gift Fund:

Mark Bloch	$0 (2017: $112)
Claire Italiano	$600 (2017: $400)
Trent Yarwood	$0 (2017: $400)
Penny Kenchington	$300 (2017: N/A – Penny Kenchington was not an ASHM Director in 2016/17)

NOTE 21: COMPANY DETAILS

The registered office and principal place of business of the company is:

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
Level 7, 46-56 Kippax St.
SURRY HILLS NSW 2010

NOTE 22: MEMBERS GUARANTEE

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up the constitution states that each member is required to contribute $1 towards meeting any outstanding obligations of the company. At 30 June 2018 the number of members are 796 (2017: 961) therefore the total amount that members of the company are liable to contribute if the company is wound up is $796 (2017 $961).

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
A.C.N 139 281 173
A COMPANY LIMITED BY GUARANTEE

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 50 to 99 are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012:
   a. comply with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulation 2013; and
   b. give a true and fair view of the Company's financial position as at 30 June 2018 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.

A/Prof Mark Bloch MBBS, DIP FP, DIP MED HYP, M MED

Professor Mark Boyd BA; BM; BS; DCTM&H; MHID; MD; FRACP

Dated this 24th day of August 2018, Sydney

During the financial year, ASHM had no transactions in the International 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.

walkerwayland

Walker Wayland NSW
Chartered Accountants

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INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

Opinion

We have audited the financial report of Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (the Company) and its subsidiary, which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine is in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012* ("ACNC Act"), including:

- giving a true and fair view of the company's financial position as at 30 June 2018 and of its performance for the year then ended; and
- complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the section 60-40 of the *Australian Charities and Not for Profits Commission Act 2012*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for the other information. The other information comprises the information included in the company's annual report for the year ended 30 June 2018 but does not include the financial report and our auditor's report thereon.
Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.
In connection with our audit of the financial report, our responsibility is to read the other information and in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.
If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

View Partners, Principals & Consultants at http://www.wwnsw.com.au/wwnsw

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INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

Responsibilities of the Directors for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
-

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Partner

Dated this 24th day of August 2018, Sydney

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COMPILATION REPORT ON ADDITIONAL FINANCIAL DATA
TO THE MEMBERS OF AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

Scope

We have compiled the accompanying Statement of Comprehensive Income of Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine for the year ended 30 June 2018 on the basis of information provided by the directors. The specific purpose for which the Statement of Comprehensive Income, prepared in accordance with the ACFID Code of Conduct, has been prepared to provide detailed information relating to the performance of the entity that satisfies the information needs of directors and members.

The Responsibility of the Directors of *Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine*

The directors of the Company are solely responsible for the information contained in the Statement of Comprehensive Income, and determined that the basis of accounting adopted is appropriate to meet their needs and for the purpose that the financial statements were prepared.

Our Responsibility

On the basis of information provided by the directors of the Company, we have compiled the accompanying statement in accordance with the basis of accounting adopted and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the directors provided, in compiling the financial statement. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The Statement of Comprehensive Income was compiled exclusively for the benefit of the directors of Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine. We do not accept responsibility to any other person for the contents of the Statement of Comprehensive Income Statement.

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Partner

Dated this 24th day of August 2018, Sydney

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AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	2018 $	2017 $
REVENUE		
Donations and gifts		
- Monetary	16,906	80,878
Bequests and legacies	950,000	-
Grants		
- Australian	4,913,762	3,666,097
- Overseas	1,620,043	433,081
Investment income	102,048	62,354
Other income	5,723,040	5,335,132
Foreign currency gain	16,697	-
TOTAL REVENUE	13,342,496	9,577,542
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	512,889	191,808
- Program support costs	1,437,352	351,867
Fundraising costs		
- Public	2,831	1,293
- Government, multilateral and private	30,824	24,454
Accountability and administration	217,467	41,354
Total International Aid and Development Programs Expenditure	2,201,363	610,776
Domestic Programs Expenditure		
General office and administration expenses	170,802	120,243
Occupancy expenses	446,791	379,388
Educational programs/resources	2,493,925	1,162,837
Professional fees	94,393	232,487
Personnel expenses	2,409,552	2,870,013
Loss on disposal of assets	4,199	734
Depreciation	32,441	38,371
IT system development costs	106,142	86,216
Bank and merchant fees	9,035	7,926
Conference expenses	3,320,361	3,692,219
Total Domestic Programs Expenditure	9,087,641	8,590,434
TOTAL EXPENDITURE	11,289,004	9,201,210
EXCESS OF REVENUE OVER EXPENDITURE	2,053,492	376,332
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	2,053,492	376,332

HIV MANAGEMENT IN AUSTRALASIA

Martyn French (editor in chief)
Elizabeth Crock (nursing editor)

ASHM CLINICAL ADVISORS

Nicole Allard
David Baker
Cherie Bennett
Fiona Bisshop
David Cooper
Vincent Cornelisse
Ben Cowie
Josh Davies
Greg Dore
Jason Grebely
David Iser
Claire Italiano
Tracey Jones
Vicki Knight
Philip Cunningham
Thao Lam
Sue Mason
Gail Matthews
Mark O'Reilly
Jacqui Richmond
Craig Rodgers
Donna Tilley
Olga Vujovic
Edwina Wright

LIST OF ASHM CONSULTANTS
WHO WORKED DURING 1 JULY 2017 TO 30 JUNE 2018

Brent Allan
Dashika Balak
Cherie Bennett
Phylesha Brown-Acton
Kelwyn Browne
Marie Coughlan
Celeste Jennings
Marcel Kalau
Penny Kenchington
Janet Knox
George Kotsiou
D'arcy McFall
Stephanie McLean
Sue Mason
Colin MacLeod
Dr Arun Menon
Jessica Michaels
John Millan
Dr Catherine O'Connor
Dr Kimberly Oman
Jacqui Richmond
Nikki Teggelove
Donna Tilley
Josephine Wallwork
Edwina Wright

LIST OF ASHM STAFF IN 2017-18
– INCLUDING CASUAL STAFF

Kate Bath
Samantha Bolton
Amanda Burg
Rini Das
Olivia Dawson
Emma Day
Mike Dolley
Elisabeth Dunn
Beni Falemaka
Helen Gao
Nadine Giatras
Nikitah Habraken
Melinda Hassall
Katelin Haynes
Sonja Hill
Natalie Huska
Ian Johnson
Shelley Kerr
Claire Koetsier
Ostap Kornev
Scott McGill
Louisa Macdonald
Liagh Manicom
Sarah Maunsell
Jessica Michaels
Chris Muronzi
Zindia Nanver
Duc Nguyen
Michelle O'Connor
Murray Pakes
Lucie Perrissel
Edward Reis
Nicole Robertson
Paola Rosales
Katy Roy
Laina Runk
Amy Sargent
Karen Seager
Laura Serra
Saysana Sirimanotham
Courtney Smith
Rebecca Sutherland
Vanessa Towell
May Wang
Danni Wharton
Emma Williams
Samantha Williamson

ASHM STAFF WHO LEFT IN 2017-18

Sally Cruse
Richard Ezomoh
Sarah Ghaly
Sam Hoang
Celina Lidstone
Eve Lippmann
Louisa Macdonald

2017-2018 ASHM CHARITABLE GIFT FUND DONORS

Margaret Bain
Helen Blacklaws
Scott Bowden
Chris Carmody
Phil Chang
Elsa Chu
Benjamin Cowie
James Haridy
Glenn Hawken
Jeremy Hayllar
Claire Italiano
Brett Jones
Penny Kenchington
Theunis Kotzee
Denise Kraus
Stephen Locarnini
Colin Macleod
Malcolm McDonald
Graeme Macdonald
Jennifer MacLachlan
Christine Maidment
Malcolm McDonald
Carolyn McIvor
Arun Menon
Jonathan Mitchell
Orchard, Kristie
George Ostapowicz
Christolphe Pfaffenritter
Donna Pini
Tony Rahman
Matthew Ruhl
Jocelyn Schramko
David Sheridan,
Norma Solomon
David Speers
Andrew St John
Edmund Tse
Emanuel Vlahakis
Nicholas Wood

ASHM is a registered charity for health promotion purposes and has both a Domestic and an International Gift Fund where donations are tax deductible. The Domestic Gift Fund is used to support scholarships and training, particularly to early career health care workers and students. The International Gift Fund supports our international program, scholarships and provides support to our regional partner organisations.

Find our more: www.ashm.org.au/about/what-we-do/charitable-gift-fund/

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AUSTRALIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

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