



support

collaborate

ASHM Annual Report

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

HIV

inform

HBV

HCV

Viral Hepatitis

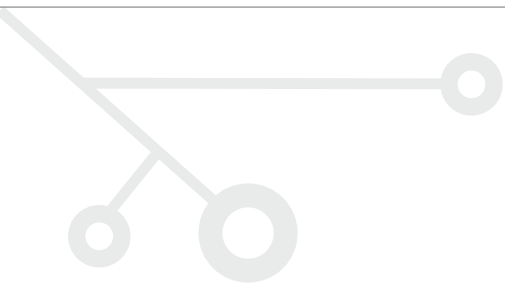
access

STIs

2010–2011

Contents

President’s Report.	1
Chief Executive Officer’s Report	2
Supporting Partnerships	3
Delivering Quality Services	5
Leadership and Performance.	12
Director’s Report	13
Summary Financial Report	18



President's Report

PROFESSOR GREG DORE

Over the last year ASHM has continued to expand its activities and to strengthen its position as a major health sector organisation. With more than 1,100 individual members, 10 new organisational members, and memoranda of understanding with seven organisations, ASHM has continued to build an impressive foundation for collaborative partnerships in the HIV, viral hepatitis and STI health sectors. A new Aboriginal and Torres Strait Islander STI program and new activities in hepatitis B, the latter in keeping with encouraging steps towards greater prioritisation through the 1st National Hepatitis B Strategy, demonstrate the breadth of ASHM's activities. In addition, the pre-eminent place of the Society in supporting the health workforce and underpinning education and training activities is strongly aligned with the five national strategies in HIV, viral hepatitis and STIs.

The Presidency of ASHM has been a rewarding experience. I have benefited from the close and professional working relationships with the other Board members, Levinia and ASHM staff, in a role that has been both manageable and enjoyable. In that time ASHM has met some major challenges and continued to develop as a leading member in the response to HIV, viral hepatitis and STIs. The smooth transition and continued growth and achievements in the first year as a Company Limited by Guarantee are testament to the capabilities of the ASHM secretariat. The development of further sectoral partnerships, including a memorandum of understanding with

the Gastroenterological Society of Australia (and its specialist group concerned with viral hepatitis, the Australian Liver Association), is evidence of the collaborative ethos of ASHM and the relationship-building capabilities of the Chief Executive and senior staff. ASHM's international activities continue to expand through its individual education and training projects in the region, enhanced focus within the Australasian HIV/AIDS Conference, and additional administrative role for the international HIV Consortium for Partnerships in Asia and the Pacific. Initial steps in regional viral hepatitis education and training have also been encouraging. ASHM's Conference, Sponsorship and Events Division has further enhanced its profile within the conference and event management sector, and provides additional opportunities for partnership building. The engine room of ASHM, the Professional Education Division (PED), continues to drive ASHM forward with expanded scope in the HIV, viral hepatitis and STI sectors. The smooth transition to Company status has only been possible through the extremely high standards of financial and administrative management. ASHM's growth and success is a reflection of the commitment and quality of work provided by the ASHM secretariat and staff.

On a personal note, it has been a pleasure to provide support to Levinia over the last two years, particularly during challenging and uncertain times. I am also indebted to the ASHM Board membership for their dedication and guidance.

Chief Executive Officer's Report

LEVINIA CROOKS AM

The last year has been a turning point for ASHM. We have the new National Strategies in place, giving us the green light to accelerate our work in the hepatitis B area, as well as our more traditional areas of HIV, hepatitis C and sexual health. We commenced a dedicated program in Aboriginal and Torres Strait Islander sexual health and blood-borne viruses, which allows us to increase and coalesce our work with the indigenous workforce and in the indigenous health area.

We formalised this broader focus in the Annual Report last year where we introduced in our promotions and materials, the by-line *Supporting the HIV, viral hepatitis and sexual health workforce*. Having worked within this paradigm for most of the past year, the Board reinforced its commitment to this approach at its annual planning day in March 2011. This is reflected in the modified purpose statements included here and in our new strategic plan, which is available from the ASHM website. In real terms the shift is quite slight, but it provides our Board and secretariat with direction and imprimatur for focusing our work as we move forward.

This year we present the Annual Report in a more outcomes-focused format. We do this using the three key result areas which will guide our work moving into the 2011–2012 year. These are: supporting partnerships; delivering quality services; and leadership and performance. We will follow this approach in our planning over the next period and in our Strategic Plan. In subsequent years we will report trends or changes.

Our purpose

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

Who we are

ASHM is a professional, not-for-profit, member-based organisation. It supports its members, sector partners and collaborators to generate knowledge and action in clinical management and research, education, policy and advocacy in Australasia and internationally. It is

committed to quality improvement, and its products and services are sought after by governments, members, health care workers and affected people. ASHM's dedicated membership, high-calibre staff and commitment to partnership assure its effectiveness in achieving its mission.

How we work

ASHM works collaboratively and in partnership to prevent HIV, viral hepatitis and STIs, and to preserve and protect the health of those living with these infections. ASHM's vision is to be an authoritative provider of professional support to the HIV, viral hepatitis and sexual health workforce. It is a cohesive and inclusive group of professionals, advancing its vision in a skilled, informed and appropriate way.

Our values

ASHM is committed to the principles of the *Ottawa charter for health promotion* and *Jakarta declaration on leading health promotion into the 21st century*, as well as the highest standards of ethical conduct as practised by the medical, scientific and health care professions.

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

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

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

Supporting Partnerships

Members are the lifeblood of the Society. Our purpose is to support members and the wider health workforce. Last year we moved the membership year to the financial year. At the end of the financial year we had 1145 members, the vast majority of whom are voting.

Member type	Number
Ordinary members (voting)	985
Student members	46
Retired members	4
Sustaining members (individuals or organisations)	110
Total	1,145

We have expanded the organisational member program which allows us to admit an organisation to membership and then to provide an information service to the members of that organisation. Organisational memberships are tailored to reflect the specific nature of the relationship between our organisations.

Organisational members of ASHM
Australasian Hepatology Association
Australasian Sexual Health & HIV Nurses Association Inc.
Australia & New Zealand Association of Nurses in AIDS Care – Victoria Branch
Australian Federation of AIDS Organisations
Australian Indigenous Doctors Association
Australian Practice Nurses Association
Australian Research Centre in Sex, Health and Society
National Association of People Living with HIV/AIDS
National Centre in HIV Social Research
The Kirby Institute (formerly NCHECR)

Partnerships underpin our International Program, where our work is delivered through our support of sister organisations. This is nowhere more apparent than in our Australasian HIV/AIDS Conference which in 2010 had just under 25% of registrants originating from the Asia and Pacific regions.

Organisational partnerships

AIDS Society of Asia and the Pacific
Coalition to Eradicate Viral Hepatitis in Asia and the Pacific
Gastroenterological Society of Australia (Australian Liver Association)
Indonesian Medical Association (Ikatan Dokter Indonesia)
Oceania Society for Sexual Health and HIV Medicine
Papua New Guinea Sexual Health Society
Timor Leste Medical Association (Associação Dos Médicos Timor Leste)

ASHM supports its members and the sector through its website, email alerts and targeted mailouts. It also provides a regular electronic newsletter, ASHMNews.

Communication with members and the sector

Total annual visits to the website	58,721
Average monthly website visits in the past year	4,893
Average number of unique visitors per month	2,666
Average number of pages viewed per month	16,067

With our website redesign we will monitor specific page usage and the uptake of resources offered electronically. This will be particularly important in monitoring the response to new services.

Email alerts	Number
Target email alerts sent	134
Recipients	80,690

ASHM reaches the sector by participating in conferences and trade exhibitions, at which resources are distributed and where ASHM secretariat and members participate as presenters and facilitators.

Exhibiting at third-party conferences is an effective way to promote the Society and our resources. We will often attend a broad-based conference, host a seminar and distribute resources to a professional group who may not be sufficiently interested in our areas of work to attend a dedicated conference on HIV, viral hepatitis or STIs.

Conferences at which ASHM exhibited and distributed resources	Attendees
Aboriginal Health Conference 2010, Perth	120
Australasian Hepatology Association Summit 2011, Melbourne	120
Australasian HIV/AIDS Conference, Sydney	850
Australasian Sexual Health Conference, Sydney	510
Australasian Viral Hepatitis Conference, Melbourne	600
Australian General Practice Network National Forum 2010, Perth	1,000
Australian Infection Control Association (AICA), Perth	400
Australian Practice Nurses Association (APNA) National Conference 2011, Sydney	450
Brisbane Practice Nurse Clinical Education (PNCE), Brisbane	200
Communicable Disease Control Conference 2011, Canberra	300
Drug and Alcohol Nurses of Australasia (DANA) Conference, Gold Coast	200
General Practitioner Conference and Exhibition (GPCE), Perth	120
GP10 RACGP, Cairns	1,000
Infection Control & Risk Management in the Dental Practice, Adelaide	200
National Rural Health Conference (11th), Perth	1,000
Perth Practice Nurse Clinical Education (PNCE), Perth	150
Pharmacy Expo 2011, Sydney	3,000
Primary Health Care (PHC) Research Conference, Darwin	385
RACGP Queensland Faculty Gold Coast Clinical Update, Gold Coast	150
Royal Australasian College of Physicians Congress, Darwin	900

Following the negotiation of an Organisational Membership with the Australian Practice Nurses Association (APNA), ASHM exhibited at their national conference in Sydney. APNA members were introduced to the ASHM Affiliate Program via an announcement, leaflets and face-to-face contact at the booth. This provided an opportunity to discuss the kind of support ASHM could offer nurses, and promote our publications and training. A number of Affiliates were signed up on the spot.

In 2010, ASHM appointed a Media and Marketing Coordinator who is reviewing membership and how ASHM is portrayed in the media. As a professional society we are particularly interested in the medical, clinical and research space and we are now working closely with health and medical media to make sure there is a good understanding about ASHM, its services and products.



Karen Booth, Vice President of the APNA, addressing the APNA National Conference 2011 where members were introduced to ASHM's Affiliate Program.

Delivering Quality Services

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

Our collaborative approach in this area has meant that we achieve some of our objectives through supporting and facilitating the work of others. Our relationships with the Chapter of Sexual Health Physicians and the Australasian Society for Infectious Diseases (ASID) lead to successful meetings in these important disease areas. The interconnectedness of our programs is demonstrated by our relationship with ASID, via their conference, leading to the establishment of an ASID Special Interest Group in Viral Hepatitis. ASHM also has ongoing relationships with the Australian Liver Association (ALA/GESA) and the multidisciplinary

Viral Hepatitis Conference collaborators, including research centres and community sector agencies.

The Professional Education Division is the largest Division within ASHM, reflecting the diversity of our programs and the variety of our work. The Division comprises an HIV and STI Program and a Viral Hepatitis Program. These, along with our NSW Workforce Development Program (WDP), are supported by an Operations Team.

The HIV/STI Program has reviewed how it optimises clinical input into the program and streamlined its committee and advisory structures. A similar review is happening now in the viral hepatitis area. A new hepatitis B curriculum has been developed and will underpin our hepatitis B education program. The HIV and hepatitis C prescriber programs continue to support primary care providers, and the hepatitis C initiation pilot is currently being evaluated.

Conferences ASHM has organised	Collaborator	Location	Attendees
Antimicrobial Resistance Summit	ASID/Australian Society for Antimicrobials	Sydney	200
ASID Annual Scientific Meeting	Australasian Society for Infectious Diseases	Lorne	430
Australasian HIV/AIDS Conference	ASHM and sector collaborators	Sydney	850
Australasian Sexual Health Conference	Australasian Chapter of Sexual Health Medicine	Sydney	510
Australasian Viral Hepatitis Conference	Conference Collaborators Group	Melbourne	610
Australian Infection Control Association Conference	Australian Infection Control Association	Darwin	520
Health BBV & STI Surveillance Workshop	NSW Health	Sydney	50
Health Promotion Forum	Workforce Development Program	Sydney	50
HIV & the Body	Gilead	Sydney	100
HIV & the Body Nurses Forum	Gilead	Sydney	50
NSP Workers Forum	Workforce Development Program	Sydney	150
6th World Melioidosis Congress	James Cook University	Townsville	250



Attendees at the 2010 Viral Hepatitis Conference.



Participants work in small groups in the ASHM training facility.

s100 community prescribers	
HIV community prescribers in NSW/ACT	95
HIV community prescribers in VIC	37
HIV community prescribers in SA	5
HCV community prescribers in NSW/ACT (maintenance prescribing)	31
Accredited HCV initiation prescribers participating in the treatment initiation pilot	7
HCV community prescribers in SA (maintenance prescribing)	8

Training course	No.	Attendees
HIV courses		
Short course in HIV medicine for s100 prescribers	3	40
Updates for HIV s100 prescribers	8	124
Introduction to HIV care (shared care)	5	59
Introductory HIV/STI and BBV	3	87
BBV/STI course (one day)		
SA, TAS and NSW	10	178
Hepatitis C education for primary care providers		
Advanced hepatitis C	4	78
Prescriber update	1	14
Introductory hepatitis C	1	49
Introductory viral hepatitis	8	174
Hepatitis C update for practitioners with Arabic patients	2	43
Hepatitis B training education for primary care providers		
Primary care providers and nurses	6	171
Hepatitis B update for practitioners with Vietnamese patients	1	42

The NSW Workforce Development Program has been developing progressively over the past year. It supports annual meetings of the Needle and Syringe Program workforce, and HIV and Related Programs Health Promotion Forum. It has also been supporting or conducting a number of training activities, including a workshop on abstract writing and a two-day course on Introduction to Project Management which has been tailored to the sector.

NSW Workforce Development Program activities	Days
Needle and syringe project workers forum	2
HARP Health Promotion Officer Forum	1
Abstract writing workshop	1
Fundamentals of project management in HIV, viral hepatitis & STI sector	2
The ABC of STIs	0.5
Aboriginal cultural awareness (2 workshops)	2
Consortiums with National Centre in HIV Social Research (2 activities)	2
Communication skills for positive speakers (HIV & HCV)	2

The Aboriginal and Torres Strait Islander BBV and STI project has received second-year funding for 2011–2012 from Office of Aboriginal and Torres Strait Islander Health (OATSIH). The project aims to pull together the range of training and workforce development activities into a sustainable and ongoing program of professional development. We have been working with the Australian Indigenous Doctors Association (AIDA) and National Aboriginal Community Controlled Health Organisation (NACCHO) and its members and affiliates to make training available and to increase opportunities for greater participation of Aboriginal and Torres Strait Islander health staff in ASHM-related educational activities.



A session at the 2010 Australasian HIV/AIDS Conference.

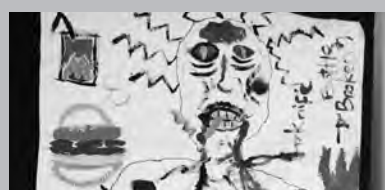
Aboriginal and Torres Strait Islander BBV & STI project activities	Hours	Attendees
BBVs and STIs: Clinical Management – Engaging Your Aboriginal Clients, Perth	7	22
'Freo Fever' STI Update, Fremantle	2	67
BBVs and STIs: Clinical Management – Engaging Your Aboriginal Clients, Perth	7	14
Introduction to HIV Care, Darwin	7	10
National Aboriginal Health Workers Forum, Sydney	35	62
STIs and Hepatitis B: Clinical Management – Engaging Your Aboriginal Clients, Perth	7	29
Can We Eliminate Syphilis in Central Australia? Alice Springs	3	36
Hepatitis B: Diagnosis and Management Amongst Aboriginal Clients, Alice Springs	3	26
Could it be PID? Pelvic Inflammatory Disease, Alice Springs	3	45
Hepatitis B Diagnosis and Management Among Aboriginal and Torres Strait Islander Clients, Coffs Harbour	3	27
BBVs and STIs: Clinical Management in General Practice – Engaging Your Aboriginal Clients, Melbourne	7	32
Hepatitis C and B Introductory Course for Health Professionals Working with Aboriginal Patients x 8 courses (NSW Health – National Partnership Agreement)	3	200

Ngarra 2010 was the inaugural exhibition of sexual health initiatives for Aboriginal and Torres Strait Islander people. It was held on 27 October at the Darling Harbour Exhibition Centre in connection with ASHM's 2010 HIV/AIDS Conference and the 2010 Sexual Health Conference. It was supported by NACCHO, the Kirby Institute (formerly National Centre in HIV Epidemiology and Clinical Research (NCHECR)) and AIDA.

The purpose of the Ngarra exhibition was to highlight the work being done in the area of sexual health in Aboriginal and Torres Strait Islander populations, and to showcase specific projects from across Australia. Fifty projects were included. The exhibits were incorporated into a booklet which serves as a resource tool, and 500 copies were printed and distributed during and after the event.

Evaluation of the event showed that 82.8% of attendees thought the exhibition was valuable and 77% wanted it to become an annual event. Overall, Ngarra 2010 was deemed a great success and we would like to extend our thanks not only to those involved in its staging but also to all the exhibitors who chose to participate and share their work.

Ngarra 2011 will build on the success of Ngarra 2010. It will be held over three days in September 2011 in the foyer of the National Exhibition Centre in Canberra, in connection with the 2011 HIV/AIDS Conference and the 2011 Sexual Health Conference.



There will be an increased focus on Aboriginal and Torres Strait Islander sexual health issues at the 2011 Australasian HIV/AIDS Conference. This includes the implementation of a mentoring program to assist Aboriginal and Torres Strait Islander authors to submit abstracts and the inclusion of an invited international speaker on indigenous health, Mr Randy Jackson, at the request of the indigenous sub-committee of the Conference Organising Committee.

In the nursing arena, ASHM works with 5 Clinical Nurse Advisors and is providing comprehensive programs dedicated to the needs of nurses across the areas of HIV, HCV and HBV. ASHM also secured national funding for the development of an advanced HBV nursing curriculum. In addition to courses specifically for nurses, ASHM encourages doctors participating in our primary care programs to include their nurses in those activities.

Activities for nurses	Courses	Attendees
Hepatitis C Nursing	3 x 1-day course	75
Advanced HIV Nursing	1 x 2-day course	17
Short Course in Sexual Health Nursing	4 x 2-day course	97

The HIV/STI Program and Viral Hepatitis Program are involved in a number of policy and clinical guideline activities. Redevelopment of the HIV Testing Policy and Hepatitis C Testing Policy are major pieces of work which will be disseminated through ASHM's website and subsite dedicated to testing. ASHM continues to collaborate with the US Department of Health and Human Services to provide an Australian commentary to the USA HIV Antiretroviral Guidelines. ASHM contributes to the sector by facilitating a range of policy activities:

- Hepatitis B Think Tank – on implementation of National Hepatitis B Strategy.
- Consultation and redrafting of the National HIV Testing Policy and Hepatitis C Testing Policy.
- *Towards a Curriculum for Community Prescribing for Chronic Hepatitis B* – Report and day-long peer review workshop.

Significant policy matters on which ASHM has made submissions

Infected Health Care Worker Policy – Medical Board of Australia & Communicable Diseases Network Australia
Request changes to HCV RNA testing requirements – Medical Services Advisory Committee
South Australian Sexual Health Action Plan
Establishment of a Not-for-Profit Regulator – Treasury
National HIV Testing Policy
National HIV Pre- and Post-Exposure Prophylaxis Guidelines
Medicare Policy on Telehealth and Associated Medicare Items
Removal of liver biopsy as an essential prerequisite for HBV therapy
Health Reform – Establishment of Medicare Locals – Department of Health and Ageing
Review of the Australian Blood Donor Deferral Related to Sexual Activity
Review of Therapeutic Goods Administration
NSW Health Review of Community Engagement Policy
Consultation on National Safety and Quality Health Service Standards
Australian Medical Council Assessment of Royal College of Pathologists of Australasia Education & Training
NSW Health Reform Proposal in response to federal reform
Hepatitis C Infected Health Care Workers – Victoria
Quality Framework Medicare Benefits Schedule

The Professional Education Division is embarking on the mammoth task of redeveloping the ASHM website and upgrading its online educational offerings. This work comes on the heels of an external review of ASHM's entire IT program, which has resulted in the establishment of an IT Manager position, reporting directly to the CEO, and the creation of an Operations Team within PED which looks at delivery of online workforce development initiatives.

We will be tracking the uptake of e-resources so we can get a better understanding of the best format in which to present information to different professional groups. The uptake of new technology is significant but not everyone has equal access to high-quality fast internet service and many prefer paper-based resources.

The majority of ASHM resources address the learning and development needs of the workforce. We have a stable of resources such as our *Guide for Primary Care*, which covers HIV, viral hepatitis and STIs and is used as a text in many of our courses. We also produce a range of publications covering specific conditions and tailored to particular workers and professions.



Resources for health care workforce	Total Distribution	Download (PDF)	Physical
<i>HIV, viral hepatitis and STIs – a guide for primary care providers</i>	4,541	545	3,996
<i>Pre-hospital care workers and Blood-Borne Viruses</i> (booklet)	1,954	256	1,698
<i>HIV and hepatitis C: policy, discrimination, legal and ethical issues</i>	1,393	724	669
<i>Ngarra Exhibition 2010</i> (booklet)	607	107	500
<i>2009–2010 Directory of HIV, hepatitis & related services</i>	442	329	113
<i>2010–2011 Directory of HIV, Viral Hepatitis & Sexual Health Services</i>	3,587	537	3,050
<i>GPs and HIV</i> (booklet)	3,020	563	2,457
<i>HIV Management in Australasia</i> (2009)	2,200	1,476	724
<i>Clinical Science of HIV Medicine</i> CD	209		209
<i>Co-infection HIV & Viral Hepatitis</i> (2006)	87	87	
<i>Co-infection HIV & Viral Hepatitis: a guide for clinical management</i> (2010)	1,934	475	1,459
<i>Dentists and HIV</i> (booklet)	363	84	279
<i>Contact Tracing Manual 4th Ed</i> (2010)	5,463	659	4,804
<i>Contact Tracing Manual 3rd Ed</i>	306	174	132
<i>GPs and Hep C</i> (revised June 2008) (booklet)	2,720	352	2,368
<i>GP Companion Resource to 12 Questions to ask your doctor about HBV</i>	2,156	326	1,830
<i>GP Companion Resource to 12 Questions to ask your doctor about HCV</i>	2,137	354	1,783
<i>HCV: clinical management in opiate pharmacotherapy settings</i> (monograph)	325		325
<i>Overview of HCV: clinical management in opiate pharmacotherapy settings</i>	1,931	457	1,474
<i>Nurses and Hep C</i> (April 2008) (booklet)	2,904	569	2,335
<i>Dental Health & Hep C</i> (April 2007) (booklet)	2,374	344	2030
<i>Correctional Officers and Hepatitis C</i> (2009) (booklet)	1,271	600	671
<i>Pharmacy and hepatitis C</i> (booklet)	3,101	481	2,620
<i>B Positive</i> (2008) – all you wanted to know about hep B	5,129	761	4,368
<i>Decision Making in HBV</i> (A4 laminate)	8,997	534	8,463
Grand Total	59,151	10,794	48,357

ASHM has produced some patient information to supplement its practitioner-based programs and resources. ASHM does this by working collaboratively with consumer organisations. We also try to make sure users of our programs are aware of patient resources produced by consumer and advocacy organisations.

The hepatitis B patient resource, developed in conjunction with Hepatitis Australia, has been translated into a number of community languages. We are watching the way these resources are used and hope with our new website to be able to monitor how people are accessing particular resources.

Hepatitis B factsheet for people newly diagnosed			
	Total	Download	Physical
Arabic	1,111	298	813
Burmese	613	234	379
Chinese	1,281	245	1,036
Dari	247	247	
English	3,291	421	2,870
Greek	258	258	
Indonesian	866	306	560
Italian	227	227	
Khmer	561	197	364
Korean	1,057	256	801
Thai	259	259	
Turkish	202	202	
Vietnamese	1,185	235	950
TOTAL	11,158	3,385	7,773

The 4th edition of the *Contact Tracing Manual* was launched at the 2010 Sexual Health Conference. This latest edition is presented in a searchable web-based format in addition to the well-received hard copy handbook. It has been substantially revised and updated and reflects the newer methods of communication used in contacting partners, such as email, text messaging and the

internet. Whilst the publication is targeted at health care providers involved in the testing and management of people with STIs, viral hepatitis and HIV-related tuberculosis, it includes a range of patient handouts and resources to support the notification of partners. ASHM is grateful for the significant contribution of both writers and members of the expert writing group.

ASHM's *Co-infection: HIV & Viral Hepatitis* monograph has been updated by our four lead authors and the 4th edition was released at the 2010 Viral Hepatitis Conference in Melbourne. The major revisions to the 2010 edition relate to extensive changes and advances in therapeutic options.



At the launch of ASHM's *Co-Infection: HIV & Viral Hepatitis* monograph. From left: Ben Cowie, Gail Matthews, Greg Dore

ASHM has just released three new resources: *Dentists and HIV*; *Antenatal Testing and Blood-Borne Viruses (BBVs)*; and *Police and Blood-Borne Viruses*. Each of these booklets is supplemented with an online educational activity.

Our International Division has continued its work via three major programs:

- the AusAID-funded activities which come through the HIV Consortium for Partnerships in Asia and the Pacific
- our work in Papua New Guinea, which is funded by the Collaboration for Health in PNG (CHPNG), provides clinical and laboratory training and updates through the faith based health system and recurrent mentoring support to health care providers using antiretrovirals in clinic sites across PNG. This partnership is now in its tenth year and is supporting almost 1400 people on HIV treatment in PNG, and
- AusAID PNG Australia Sexual Health Improvement Project (PASHIP) led by Caritas Australia.

We have recently entered a new partnership with colleagues from Vietnam and Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to support the development of the multidisciplinary organisation Vietnamese Clinical HIV Society.

International training courses	Attendees
Sexual Health Society HIV Short Course – Wewak, PNG	23
International Short Course in HIV Medicine and Related Issues – Sydney	35
Clinical Mentoring Workshop – Indonesia	65
PNG Clinical Mentors Workshop – Sydney	10
HIV and Viral Hepatitis Co-infection Management in Asia – Sydney	13
Preceptorship Program, Primary Care Management of HCV – Jakarta	25

ASHM members contribute to the International Program through workforce development activities, particularly clinical mentoring in regional programs. This past year has seen the development and delivery of a program in HIV viral hepatitis co-infection management and a training workshop in Indonesia on hepatitis C.

ASHM together with our regional partners continuously monitors and evaluates the effectiveness of our International Program. Activity reports are collated at regular intervals and made available to all stakeholders.

Australian Leadership Awards Fellowship

The International Division ventured into new waters in February this year by conducting a two-week AusAID Australian Leadership Awards Fellowship training program on *HIV Viral Hepatitis Co-Infection Management in Asia*. Thirteen fellows from six countries – Cambodia, Indonesia, Lao PDR, Sri Lanka, Thailand and Vietnam – participated in the program. Many ASHM members specialising in viral hepatitis and HIV co-infection lent their skills and knowledge, presenting sessions and hosting clinical visits, which proved to be invaluable to the fellows.

Fellows engaged in three major tasks during the program. Firstly, country background papers were written which detailed the epidemiology and challenges of co-infection in each country. Secondly, a proposal for addressing co-infection across the region was discussed. Lastly, each country team presented a strategic approach for addressing co-infection in their setting. This program helped to forge greater networking within the hepatitis sector in the region and with ASHM's International Division. Collaborations and partnerships are continuing between the participants and ASHM International Division. Follow-up training is planned as well as participation in the Australasian Viral Hepatitis Conference in 2012.

	Visits	Days
Workforce capacity development in PNG		
CHPNG Clinical Mentoring		
Western Highlands – Rabiamul, Taninga, Banz	4	28
East New Britain – Kimbe, Rabaul	2	14
East Sepik – Vanimo	1	7
Enga – Yampu	2	14
CHPNG and PASHIP Joint Clinical Mentoring		
Southern Highlands – Mendi, Det, Pureni, Tari	1	10
Chimbu Province – Mingendi, Golgome	1	7
Joint Clinical Mentoring with Laboratory Mentoring		
Southern Highlands – Mendi, Det, Pureni, Tari	2	20
PASHIP Workshop – Syndromic Management of STIs		
Chimbu Province – Mingendi	1	7
Workforce capacity development in Timor Leste		
Clinical Mentoring and Training	2	5

Leadership and Performance



This Annual Report sees our first full year as a Company Limited by Guarantee. When you look through the financial reports, you will see that we are comparing to only 9 months last year under this new legal framework (as the company was not established until the end of September 2009). We have taken this opportunity to separate our full financial report from the more descriptive Annual Report. The full report is available on request and can be viewed or downloaded from the website **www.ashm.org.au/annualreport**

For some time, ASHM has been expanding its income sources. This year ASHM held contracts with 46 organisations and entered into 28 contracts as a supplier of educational services and resources. The majority of ASHM's work is done domestically and just under 10% of funding is allocated to international activities. Likewise, while ASHM has been involved in activities in each state and territory, ASHM holds its most significant contracts with NSW Health, where it manages a number of programs and projects. In addition to formal contracts, ASHM provides a range of workforce development initiatives on a fee-for-service basis.

The Board undertook an external review of its Information Technology area in 2010 and, on the basis of this, engaged an IT company to oversee upgrading of the quality and performance of its service. Through improved coordination and better approach to planning in the IT area, we aim to provide better services at a reduced cost.

ASHM is committed to a program of continuous quality improvement. The secretariat staff is supported to undergo training as necessary, and ASHM provides a comprehensive induction program to all new staff. ASHM contributes to the not-for-profit sector domestically and in supporting civil society development regionally.

ASHM aims to establish and retain an operating surplus of 3 months to assist us to accommodate delays in receipt of funding. ASHM is a tax-deductible gift recipient charity for the purposes of health promotion and manages domestic and international gift funds which support our core objectives. The Board resolved in 2011 to focus its fundraising for international purposes on supporting its work in Papua New Guinea.

Contributions to the ASHM Gift Funds are slowly increasing. This year we received over \$25,000, with just under \$19,000 specifically for the International Program.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2011.

Directors

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

Professor Greg Dore (appointed 04.09.09)	Dr William Donohue (appointed 20.10.10)
Dr Edwina Wright (appointed 04.09.09)	Dr Michelle Giles (appointed 04.09.09)
Dr Mark Boyd (appointed 04.09.09)	Dr Nicholas Medland (04.09.09 – 20.10.10)
Dr Mark Bloch (appointed 04.09.09)	Mr Richard Norris (04.09.09 – 20.10.10)
Professor Graham Cooksley (appointed 08.02.10)	Dr Louise Owen (appointed 20.10.10)
Dr Benjamin Cowie (appointed 04.09.09)	Professor Patricia Price (appointed 04.09.09)
Mr Philip Cunningham (appointed 04.09.09)	Dr Darren Russell (appointed 04.09.09)
Ms Lyndal Daly (appointed 20.10.10)	Dr Russell Waddell (04.09.09 – 20.10.10)

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

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

Ms Levinia Crooks, AM

Company Secretary

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

Ms Levinia Crooks has worked for the Australasian Society for HIV Medicine Inc since 1999 as Chief Executive Officer and has worked for the Australasian Society for HIV Medicine, (ASHM) a Not For Profit (Reporting) Company Limited by Guarantee since 4 September, 2009, performing the role of Chief Executive Officer. Ms Levinia Crooks was appointed as Company Secretary when ASHM became a Public Company Limited by Guarantee on 4 September 2009.

Operating Results

Excess of revenue over expenditure amounted to \$27,381.

Principal Activities

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

Review of Operations

No significant changes in the entity's operations occurred during the financial period.

Significant Changes in State of Affairs

No significant changes in the entity's state of affairs occurred during the financial period.

Dividends Paid or Recommended

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

Events Subsequent to Balance Date

There have been no significant events after 30th June 2011 to date of signing report.

Future Developments

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

Environmental Issues

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

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Information on Directors in Office at the Date of this Report

Professor Gregory Dore	— President
	— BSc MBBS FRACP MPH PhD
	— Prof Greg Dore is Professor and Head, Viral Hepatitis Clinical Research Program, Kirby Institute, The University of New South Wales, Sydney. Infectious Diseases Physician, St Vincent's Hospital, Sydney. Greg has been involved in the areas of HIV and viral hepatitis for 15 years, in academic research, clinical, and public health policy capacities.
	— As President, Greg chairs meetings of the ASHM Board and Risk Management and Audit Sub-Committee of the ASHM Board.
Dr Edwina Wright	— Vice President
	— MB BS FRACP
	— Dr Edwina Wright, from the Alfred Hospital in Melbourne, is an infectious diseases physician with a particular interest in neurological issues. Recently Edwina has been involved in establishing the Asia-Pacific NeuroAIDS Consortium, the Australian National NeuroAIDS Brain and Tissue Bank and in developing clinical research protocols in the area of HIV neurology.
	— As Vice-President, Edwina sits on the Risk Management and Audit Sub-Committee of the ASHM Board.
Dr Mark Boyd	— Vice President
	— BA BM BS MHID MD FRACP
	— Dr Mark Boyd is an Infectious Diseases and HIV physician working primarily in clinical research at the Kirby Institute at UNSW. He is also a Consultant Physician at St. Vincent's Hospital, Sydney, Australia.
	— As Vice-President, Mark sits on the Risk Management and Audit Sub-Committee of the ASHM Board.
Dr Mark Bloch	— Board Member
	— MBBS M Med
	— Dr Mark Bloch has been working in the field of HIV medicine since 1983; he was a doctor at Sydney Hospital and Albion St AIDS clinic prior to being a director at Holdsworth House. He has completed his Masters in Medicine, HIV and Sexual Health from University of Sydney, and he is a past President of the Sexual Health Society of NSW. Mark is the director of clinical trials at Holdsworth House and actively involved in clinical research in HIV and STIs, co-joint lecturer at University of NSW, and a member of medical advisory boards.
Professor Graham Cooksley	— Board Member
	— MBBS FRACP MD
	— Prof Graham Cooksley works in the Discipline of Medicine, Univ of Qld, at Royal Brisbane Hospital, Brisbane, Qld. Since writing a review on the Australia Antigen in 1972 Graham Cooksley has had an interest in Hepatitis B, and then Hepatitis C from a research, clinical, anthropological and public health view. He has been co-convenor of several international meetings on Hepatitis C and Hepatitis D. Recently he has been on Data Management Committees of clinical trials, involving Primary Health Carers in Hepatitis B, on the APASL guidelines committee for Hepatitis B.
	— Graham occupies an invited position on the ASHM Board.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Dr Benjamin Cowie	—	Board Member
	—	MBBS PhD GradDipClinEpi FRACP
	—	Dr Benjamin Cowie is an infectious diseases physician with the Victorian Infectious Diseases Service at the Royal Melbourne Hospital. He has a particular clinical interest in viral hepatitis.
Mr Philip Cunningham	—	Board Member
	—	BSc(Med)Hons QSA
	—	Mr Philip Cunningham is the Senior Scientist and Operations Manager of the NSW State Reference Laboratory for HIV/AIDS at St Vincent's Hospital, Sydney. Philip is a visiting research fellow at the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales and is Chief of Operations for the St Vincent's broader research campus.
	—	Philip sits on the Risk Management and Audit Sub-Committee of the ASHM Board and Co-chair of the HIV Testing Policy Expert Advisory Group
Ms Lyndal Daly		Board Member
		RGN BN Grad Dip Crit Care
		Lyndal Daly is a Clinical Practice Consultant in the Infectious Diseases Unit at the Royal Adelaide Hospital. This involves all aspects of Infectious Diseases including inpatient care and managing and coordinating the outpatient clinic. For 6 years she has also been undertaking the HIV clinical trials and research. Lyndal was a Intensive Care Nurse for 11 years prior to joining the Infectious Diseases world
Dr William Donohue		Board Member
		M.B.,B.S., B.Med.Sc
		Dr William Donohue is a general practitioner with an active interest in HIV and viral hepatitis. He is the primary care representative on the SA Health Steering Committee for HIV and HCV, a member of the GP Credentialing Committee and Level 2 GP educator.
Dr Michelle Giles	—	Board Member
	—	MBBS FRACP PhD
	—	Dr Michelle Giles is an infectious diseases physician with clinical appointments at the Alfred Hospital, the Royal Women's Hospital and Monash Medical Centre in Melbourne. Dr Giles works on the HIV discordant couple programme at the Royal Women's Hospital assisting couples with reproduction where one partner has HIV infection.
Dr Louise Owen	—	Sexual Health Physician
		MBBS (Hons) FRACP FACHSHM
		Louise is a Sexual Health Physician in Hobart, Tasmania, working in youth sexual health services and Hepatitis C services at the Royal Hobart Hospital. She holds a clinical teaching appointment at the University of Tasmania Medical School and lectures in sexual health at undergraduate and postgraduate levels. Louise has been the Clinical Director of the Gay Men's Health Centre for the Victorian AIDS Council and still consults to them. She is also a member of the HCV Testing Policy Expert Reference Committee.
Professor Patricia Price		Board Member
	—	MSc PhD

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- Prof Patricia Price began as a laboratory-based immunologist with an interest in problems facing the majority world - malnutrition, parasite infections and finally viruses. After almost 20 years in Dept of Microbiology (U WA) working with laboratory mice, Patricia moved to Dept of Clinical Immunology & Immunogenetics (RPH) in 1996. She now supervises graduate students in Western Australia, Indonesia and South Africa. Projects centre on immunological responses of HIV patients to ART, with a focus on immune restoration disease, toxic neuropathy and co-infections with HCV or CMV
- Patricia is a member of the ASHM Conference Advisory Committee.
- Dr Darren Russell
 - Board Member
 - MB BS FRACGP DipVen FAchSHM
 - Dr Darren Russell is the Director of Sexual Health at Cairns Base Hospital and holds the positions of Clinical Associate Professor in the Department of Population Health at The University of Melbourne and Adjunct Associate Professor in the Faculty of Medicine, Health and Molecular Science at James Cook University. Darren is a Past President of the Australasian Chapter of Sexual Health Medicine, and is a past President of the Australian Federation of AIDS Organisations.
 - Darren is a member of the Expert Reference Group for the ASHM Aboriginal & Torres Strait Islander Program.

ATTENDANCE AT DIRECTORS MEETINGS

Name	Board Meetings	Meetings of Risk Management and Audit Sub-Committee
Mark Bloch	5 (10)	
Mark Boyd	7 (10)	2 (4)
Graham Cooksley	6 (10)	
Benjamin Cowie	10 (10)	
Philip Cunningham	5 (10)	2 (4))
Gregory Dore	8 (10)	2 (4)
Lyndal Daly	7 (7)	
William Donohue	7 (7)	
Michelle Giles	7 (10)	
Nicholas Medland	1 (3)	
Richard Norris	3 (3)	
Louise Owen	7 (7)	
Patricia Price	8 (10)	
Darren Russell	5 (10)	
Russell Waddell	2 (3)	
Edwina Wright	8 (10)	2 (4)

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

Indemnifying Officers or Auditor

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

Proceedings on Behalf of the Entity

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

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

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Auditor's Independence Declaration

The auditor's independence declaration for the period ended 30 June 2011 has been received and can be found on page 6 of the directors' report contained in the Full Financial Report.

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



Prof Gregory Dore BSc MBBS FRACP MPH PhD



Dr Mark Boyd BA BM BS MHID MD FRACP

Dated this 6th day of September 2011

Summary Financial Report

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

	12 Months 2011 \$	From 4 Sept to 30 June 2010 \$
REVENUE		
Donations and gifts		
- Monetary	26,210	8,812
- Non-monetary	-	-
Bequests and legacies	-	-
Grants		
- AusAID	669,832	224,083
- Other Australian	3,466,521	2,575,079
- Other overseas	53,971	-
Investment income	111,509	51,520
Other income	6,075,540	2,203,807
Revenue for International Political or Religious Proselytisation Programs	-	-
TOTAL REVENUE	10,403,583	5,063,301
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	79,792	52,753
- Program support costs	937,896	373,331
Community education	-	-
Fundraising costs		
- Public	2,928	-
- Government, multilateral and private	-	-
Accountability and administration	130,599	59,811
Non-monetary expenditure	-	-
Total International Aid and Development Programs Expenditure	1,151,215	485,895
Expenditure for international political or religious Proselytisation Programs	-	-
Domestic programs expenditure	9,224,987	4,031,880
TOTAL EXPENDITURE	10,376,202	4,517,775
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	27,381	545,526
Funds transferred from Australasian Society for HIV Medicine Inc	-	2,090,681
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	27,381	2,636,207

No single appeal, grant or other form of fund raising for a designated purpose generated 10% or more of the ASHM international aid and development revenue for the financial year.

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

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2011

	2011 \$	2010 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	3,229,371	3,670,526
Trade and other receivables	852,685	2,023,045
Other financial assets	400,000	-
Other current assets	19,735	22,093
TOTAL CURRENT ASSETS	4,501,791	5,715,664
NON-CURRENT ASSETS		
Other financial asset	58,489	58,489
Property, plant and equipment	331,120	387,808
TOTAL NON-CURRENT ASSETS	389,609	446,297
TOTAL ASSETS	4,891,400	6,161,961
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	1,912,050	3,263,263
Provisions	202,298	178,366
TOTAL CURRENT LIABILITIES	2,114,348	3,441,629
NON-CURRENT LIABILITIES		
Provisions	113,464	84,125
TOTAL NON-CURRENT LIABILITIES	113,464	84,125
TOTAL LIABILITIES	2,227,812	3,525,754
NET ASSETS	2,663,588	2,636,207
EQUITY		
Retained earnings	2,663,588	2,636,207
TOTAL EQUITY	2,663,588	2,636,207

At the end of the financial year, ASHM had no balances in the following:

Current Assets: Inventories, Assets held for sale

Non-Current Assets: trade and other receivables, investment property, intangibles, other non-current assets

Current Liabilities: borrowings, current tax liabilities, other financial liabilities, other current liabilities

Non-Current Liabilities: borrowings, other financial liabilities, other non-current liabilities

Equity: reserves

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

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS

STATEMENT OF CHANGES IN EQUITY FOR THE PERIOD ENDED 30 JUNE 2011

	Other	Reserves	Retained Earnings	Total
	\$	\$	\$	\$
Date of incorporation	-	-	-	-
Excess of revenue over expenses	-	-	545,526	545,526
Other comprehensive income for the period	-	-	2,090,681	2,090,681
Amounts transferred to reserves	-	-	-	-
BALANCE AT 30 JUNE 2010	-	-	2,636,207	2,636,207
Excess of revenue over expenses	-	-	27,381	27,381
Amounts transferred (to) or from reserves	-	-	-	-
BALANCE AT 30 JUNE 2011	-	-	2,663,588	2,663,588

The Code of Conduct Summary Financial Report information is obtained from the full financial report. The 2010-2011 audited full statutory financial report is available on request or by visiting www.ashm.org.au/annualreport.

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

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

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The Summary financial statements, as set out on pages 6 to 8 are in accordance with the requirements set out in the ACFID Code of Conduct:
 - a. comply with relevant Australian Accounting Standards as applicable;
 - b. Is an extract from the full financial report for the year ended 30 June 2011 and has been derived from an is consistent with the full financial report of the company; and
 - c. give a true and fair view of the Company's financial position as at 30 June 2011 and of the performance for the year ended on that date.
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



Prof Gregory Dore BSc MBBS FRACP MPH PhD



Dr Mark Boyd BA BM BS MHID MD FRACP

Dated this 6th day of September 2011



Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

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SYDNEY NSW 2001

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

Report on the Financial Report

The accompanying Code of Conduct Summary Financial Report (hereafter referred to as "summary financial report") of Australasian Society For HIV Medicine for the year ended 30 June 2011, comprising of the summary statement of comprehensive income, summary statement of financial position and summary statement of changes in equity is derived from the audited general purpose financial reports of Australasian Society For HIV Medicine for the year ended 30 June 2011. The summary financial report does not contain all of the disclosures required by the Australian Accounting Standards and accordingly, reading the summary financial report is not a substitute for reading the audited financial report.

Directors' Responsibility for the Financial Report

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

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

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of Australasian Society For HIV Medicine for the year ended 30 June 2011. Our audit report on the financial report for the year was signed on 6 September 2011 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

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

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

Independence

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

Auditors Opinion

In our opinion, the summary financial report of Australasian Society For HIV Medicine for the year ended 30 June 2011 complies with the requirements of the ACFID Code of Conduct.

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Dated this 6th day of September 2011

A S Roger

A S Roger
Partner

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

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

Liability limited by a scheme
approved under Professional
Standards Legislation



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**COMPILATION REPORT ON ADDITIONAL FINANCIAL DATA
TO THE MEMBERS OF AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

Scope

We have compiled the accompanying Combined Statement of Comprehensive Income of Australasian Society for HIV Medicine for the year ended 30 June 2011 on the basis of information provided by the directors. The specific purpose for which the Combined 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 Medicine

The directors of the Company are solely responsible for the information contained in the Combined 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 statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The Combined Statement of Comprehensive Income was compiled exclusively for the benefit of the directors of Australasian Society for HIV Medicine. We do not accept responsibility to any other person for the contents of the Combined Statement of Comprehensive Income Statement.

Walker Wayland nsw *A S Roger*

Walker Wayland NSW
Chartered Accountants

A S Roger
Partner

Dated this 6th day of September 2011

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

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AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

COMBINED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
REVENUE		
Donations and gifts		
- Monetary	26,210	9,796
- Non-monetary	-	-
Bequests and legacies	-	-
Grants		
- AusAid	669,832	571,082
- Other Australian	3,466,521	2,862,632
- Other overseas	53,971	-
Investment income	111,509	64,068
Other income	6,075,540	3,242,846
Revenue for International Political or Religious Proselytisation Programs	-	-
TOTAL REVENUE	10,403,583	6,750,424
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	79,792	56,033
- Program support costs	937,896	573,096
Community education	-	-
Fundraising costs		
- Public	2,928	-
- Government, multilateral and private	-	-
Accountability and administration	130,599	72,728
Non-monetary expenditure	-	-
Total International Aid and Development Programs Expenditure	1,151,215	701,857
Expenditure for international political or religious Proselytisation Programs	-	-
Domestic programs expenditure	9,224,987	5,665,579
TOTAL EXPENDITURE	10,376,202	6,367,436
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	27,381	382,988
Funds transferred from Australasian Society for HIV Medicine Inc	-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	27,381	382,988

The comparatives in the above statement contain revenue and expenses for the period of 1st July 2009 to 30th September 2009 of the Incorporated Association, Australasian Society for HIV Medicine Inc and the revenue and expenses from 1st October 2009 to 30th June 2010 of the Company Limited by Guarantee, Australasian Society for HIV Medicine.

ASHM People

List of employed staff (2010/2011) Jacinta Ankus, Robert Batey, Cherie Bennett, Renee Bennett, Ryan Boland, Vicki Bowden, Rosina Campo, Natalie Candarakis, Phyllis Cheng, Levinia Crooks, Liza Doyle, Chantal Fairhurst, Helen Gao, Nadine Giatras, Tracy Goh, Wade Hanna, Sonja Hill, Hiba Jebeile, Nadia Khristenko, Claire Koetsier, Katherine Koulizakis, Ellie Lightfoot, Maya Lindsay, Petrana Lorenz, Thanos Lygdas, Mrinal Mandsorwale, David McGuigan, Stephanie McLean, Arnawaz Merchant, Duc Nguyen, Attabur Rahman, Edward Reis, Nicole Robertson, Karen Seager, Nicola Tatham, Steven Thorne, Vanessa Towell, Veronica Turner, Amy Watson, Cammi Gannon-Webb, Emily Wheeler, Nikki Woolley

Clinical and Technical Advisers and International Mentors Penny Abbott, David Baker, Bob Batey, Sally Cameron, Ben Cowie, Philip Cunningham, Suran Fernando, Vincenzo Fragomeli, Trina Gregory, Sarah Huffam, Tracey Jones, George Kotsiou, Sue Mason, Gail Matthews, Arun Menon, John Millan, Bruce Miles, Anna McNulty, Catherine O'Connor, Kimberley Oman, Cathy Pell, Jeffery Post, Phillip Read, Jacqui Richmond, Nathan Ryder, Jan Savage, Paul Smollen, Rick Varma, Michael Wehrhahn, Edwina Wright

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

Students who have done a placement at ASHM Elizabeth Bennett, Gabriella Dryden, William Gunner, Stephanie Joensuu, Nathalie Rasko

Staff who left ASHM during the year Scott Chambers, Julee Chiang, Lisa Cuthbertson, Jennifer Diego, Terence Fairclough, Geoffrey Honnor, Sheila Matete-Owiti, Supreet Mehik, Shehana Mohammed, Pratima Prasad, Scott Rutter, Anthony Sceresini, Pollyanna Strauss, David Toohey, Sarah Weir

In memoriam Dr Penny Lowe – a valued Clinical Advisor and member of the professional education team – passed away suddenly in late 2010. Penny's dedication to sexual health medicine and her passion for education will be remembered by all who knew her. Penny is survived by her partner Peter and daughter Sophie Rose.

In memoriam Carol Martin – an experienced and dedicated mentor for ASHM and our PNG partners.

Contributors to ASHM's Gift Fund Susan Best, David Bilbow, Regina Clark, Ben Cowie, Levinia Crooks, Philip Cunningham, Elizabeth Dax, Abdullah Demirkol, Richard Doherty, Greg Dore, Alison Duncan, Marta Durance, Bradley Forssman, Kantar Health, Brian Hughes, Younes Ismail, Kudzai Kanhutu, Nikolai Khristenko, David Koorey, Katherine Langan, Kate Mackie, Sarah Makinson, Sarah Martin, Maria Mazur, Judith McCarthy, Heather McNamee, Robert Monaghan, Carolyn Murray, Ken Murray, Pam Palasanthiran, Edward Reis, Anne Robertson, Louise Tomlins, Marion Woods, Edwina Wright.

HIV/AIDS International Scholarships Dr Setha Limsreng, Ms Ajeng Larasati, Ms Rachael Tommbe, Indrajit Hazarika, Mr Nick Evera, Lahui Ms Daera

HIV/AIDS Local Scholarships Kat Byron, Dr Niamh Keane, Mr Patrick McGrath, Mr Edward Moala, Mr Sudirman Nasir, Alischa Ross, Miss Anna Tynan, Dr Rick Varma, Mr Huachun Zou

Prizes – Oral Presentations Martin Choo, James Jansson, Kudzai Kanhutu, Elan Lazuardi, Patrick McGrath, Janine Trevillyan

Prizes – Posters Thanomsak Anekthananon, Ashraf Grimwood, Dana Paquette, Ivy Shih

Undergraduate Award Recipients Maryam Alavi, Amy Body, Yvonne Drazic, Sinthujan Jegaskanda, Gabriela Khoury, Kylie-Ann Mallitt, Mamta Porwel, Jeffrey Michael Smith.



communicate

ashm

Australasian Society for HIV Medicine

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research

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