

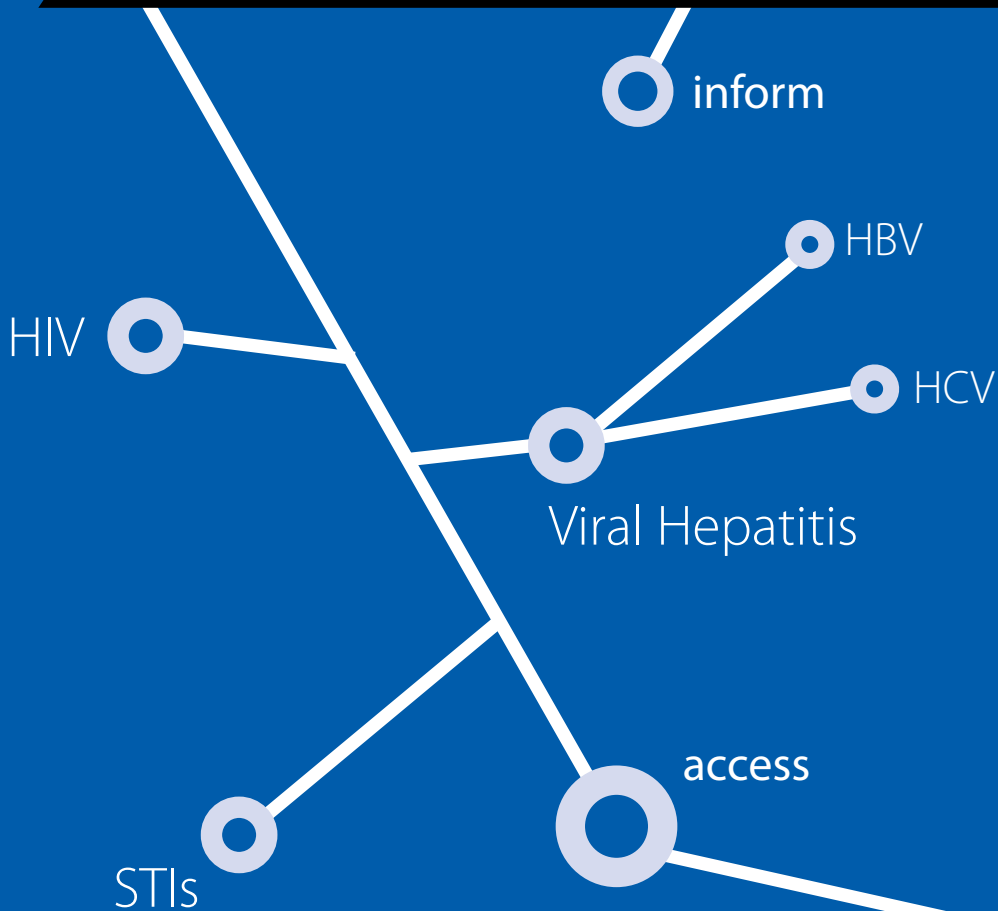


support

collaborate

# ASHM Annual Report

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce



2012–2013

# President & CEO's Report

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2012-2013 has been a significant year for those of us working in HIV, viral hepatitis and STIs. Breakthroughs in science, ambitious policy and a renewed spirit of collaboration are heralding a new era of potential for those involved in healthcare provision and delivery.

The introduction of Australia's first HIV point of care test, the long-awaited listing of boceprevir and telaprevir on the PBS, the introduction of the *National Hepatitis B Testing Policy*, the launch of NSW Government's strategy for ending HIV and the announcement of the Victorian HIV PrEP Demonstration Projects are noteworthy achievements for the sector.

It was also a year with some disappointment - for ASHM, the sector and the patients we strive to help. The rise in new infections was very disappointing. We recognise that identifying previously undiagnosed HIV necessitates a rise in diagnoses.

ASHM has also continued its work to transition to a new website and database system. This is a costly and essential progression (as increased demand for our online training and resources demonstrates) but a complex one. The rapid development in IT sets the expectations of our members and service users very high. We are trying to meet these expectations.

ASHM has worked to stay true to its mission: to work collaboratively and in partnership to prevent HIV, viral hepatitis and STIs, and to preserve and protect the health of those living with these infections.

That is why, looking back on the year, the events that demonstrated how our sector could speak with a united voice to drive better outcomes for patients, are the ones that endure. Standing shoulder to shoulder with colleagues at the Melbourne Declaration and the Auckland Statement launches reinforced our capacity for collective action and our determination to do more.

This Annual Report documents ASHM's progress in providing quality training and resources, as well as insight into the behind-the-scenes policy and advocacy activities ASHM engages in, working to ensure health professionals have the tools, guidance and support they need to deliver the highest quality of care.

Partnership and collaboration are at the heart of our work. We look forward to seeing it continue as we race towards the arrival of AIDS 2014 on our shores. Let us see this as an opportunity to see just how much we can achieve.

A/Prof Edwina Wright  
President



Levinia Crooks  
Chief Executive Officer



## About ASHM

### 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, research, education, policy and advocacy in Australasia and internationally. It is committed to quality improvement, and its products and services are sought by governments, members, healthcare workers and affected people. ASHM's dedicated membership, high-calibre staff and commitment to partnership assure its effectiveness in achieving its purpose.

### 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 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 medical, scientific and healthcare 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
- 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-of-conduct/code-of-conduct>

## Leadership

### HIV

In 2012-2013 those working in HIV in Australia were confronted simultaneously with an increase in new HIV infections on one hand, and a number of scientific and policy developments that promised improved testing and treatment on the other. These were largely addressed in the Melbourne Declaration – a call to action delivered by clinicians, researchers, community organisations, healthcare workers and decision makers who joined forces to present a united front and provide a considered - and achievable - plan of action to help Australia meet its UN commitment to reducing rates of HIV infections by 50 per cent by 2015.

ASHM was one of the founding partners of the Melbourne Declaration which addressed a number of action areas:

#### 1. Increase the uptake of, and better HIV testing

Point of Care Testing: An estimated 20 per cent of people with HIV in Australia remain undiagnosed. The ease of Point of Care Testing (PoCT) – screening tests that can deliver preliminary results in a single visit – has been shown to encourage people who

may have been reluctant to test in the past, or who need more frequent tests, to come forward.

In December 2012 ASHM welcomed TGA approval of Australia's first HIV test for use at the point of care, the Alere Determine HIV Combo test. To ensure the most accurate and appropriate use of the tests, ASHM commenced work with nationwide stakeholders to produce a Nationally Endorsed Curriculum for PoCT training, which was piloted in 2013.

#### HIV testing in general practice

In addition to equipping health professionals with new tools, ASHM has been working to increase opportunistic HIV testing and treatment in primary care. In a letter to the editor of *Australian Family Physician*, ASHM Clinical Advisor Cathy Pell outlined the support ASHM offers GPs and reinforced the message that GPs cannot rely on their patients to request sexual health tests, especially for asymptomatic infections. ASHM's Sexual Health Updates continued to reinforce the important interplay between the presence of STIs and increased risk of HIV transmission.



The Melbourne Declaration collaborators. The Declaration was launched from the 2012 Australasian HIV&AIDS Conference. (L to R: Ellie Morrison - AIVL, Rob Lake - AFAO, Graham Brown - ARCSHS, Bill Whittaker - NAPWHA, Janelle Fawkes - Scarlet Alliance, Edwina Wright - ASHM, John de Wit, CSRH)

## 2. Enhance access to antiretroviral treatment (ART)

Removal of PBS limitations: The Melbourne Declaration called for the removal of the PBS limit of antiretroviral drug prescribing above CD4 counts of 500. In 2013 ASHM initiated discussions with the PBAC and subsequently coordinated a major submission for the PBAC to review its criteria so that the decision about when to start treatment can be a personalised clinical decision made jointly by doctors and their patients. The submission was prepared in conjunction with NAPWHA and AFAO with support from the Kirby Institute. The outcome will be known in late 2013.

Increase availability of antiretrovirals (ARV) in primary care: In NSW, where ASHM is funded to provide community s100 HIV prescriber training and education, ASHM NSW is piloting a Shared Care Program, which starts with an RACGP audit. It is an integrated model of care for primary care providers to contribute to the management of people living with HIV.

## 3. Quality of ARV therapy

Australia adopted the *DHHS Guidelines for the use of Antiretroviral Agents in HIV-1 infected Adults and Adolescents* in 2004, which are adapted for Australian use via a commentary. ASHM took over responsibility for the production of the commentary and created the ASHM Sub-Committee for Guidance on HIV Management to oversee this work. In addition to the Australian commentary the Sub-Committee was tasked with providing specific guidance on the key questions of when to start HIV treatment and the use of ARVs for prevention of HIV transmission. The information is now available on the ASHM website [www.arv.ashm.org.au](http://www.arv.ashm.org.au)

## 4. Research

In 2012 ASHM invited s100 prescribers to participate in a survey about their views and prescribing practices. The study *Australian prescribers' perspectives on ART initiation in the era of treatment as prevention* was published in February 2013. It is proposed that the survey will be repeated annually.

ASHM a chief investigator on the HealthMap NHMRC funded Partnership Project which is investigating self management strategies for people living with HIV and contributes to a number of research programs.

Each year, ASHM offers a number of competitive awards to foster research interests in HIV and viral hepatitis. The Junior Researcher Support Awards are given for quality research reflecting national priority action areas, and are partially funded through the ASHM Gift Fund. In 2012-2013 eight researchers were granted the award.

## HIV in the region

In 2012-2013 preliminary discussions were under way about new partnerships with the Philippines AIDS Society and Malaysian Society for HIV Medicine. ASHM was also approached about supporting the establishment of HIV professional societies in Myanmar and Laos.



The Alere Determine HIV Combo Test was the first PoCT to be approved for use in Australia. ASHM has produced a Nationally Endorsed Curriculum for PoCT training.

## Viral Hepatitis

ASHM is one of the founding organisations behind the Auckland Statement. Backed by leading virologists, clinicians and community groups, the Auckland Statement has at its core an ambitious goal to halve the rate of new hepatitis C infections by 2016. It was issued by the 8th Australasian Viral Hepatitis Conference Committee in New Zealand in September 2012. ASHM was the Conference Organiser.

## Hepatitis B

### Australia's first National Hepatitis B Testing Policy

September 2012 saw a breakthrough in Australia for hepatitis B with the launch of its first ever National Hepatitis B Testing Policy. ASHM coordinated the development of the policy with an Expert Reference Committee (a subcommittee of the BBVSS and MACBBVS). The viral hepatitis and HIV

testing policies and a range of supportive resources and information can be found on the Testing Portal [www.testingportal.ashm.org.au](http://www.testingportal.ashm.org.au)

In developing this policy, governments, professional associations and stakeholders have now agreed to a set of recommendations on who should be tested, how they should be tested, and what should be done with test results.

## Hepatitis C

On Tuesday 19 February 2013, ASHM welcomed the listing of two new hepatitis C medications – boceprevir and telaprevir – on the PBS. ASHM has collaborated with other professional societies and community sector agencies to advocate for the PBS listing of boceprevir and telaprevir, providing advice throughout the PBAC and PBS processes.

## Understanding the burden of hepatitis B in Australia

In 2012-2013 the Hepatitis B Epidemiology/Mapping Project was launched to develop baseline mapping of hepatitis B prevalence, testing and treatment uptake in Australia, to be superimposed over Medicare Local and Local Health District boundaries.

The project is a collaboration between ASHM and VIDRL, with funding for the project provided by the Department of Health and Ageing to ASHM.

In 2012-13, epidemiological mapping estimating the prevalence of chronic hepatitis B was completed for all 61 Medicare Locals across Australia, while demographic and community profiling was extended to more than half of Australia's Medicare Locals.

Initial findings from the project were presented at the Communicable Diseases Control Conference in March 2013, and were published in the *Australia and New Zealand Journal of Public Health*.

Future steps in the project will involve mapping treatment uptake for all remaining Medicare Locals, as well as the inclusion of surveillance and cancer registry data.



Map of chronic hepatitis B prevalence (%) in Australia by Local Government Area, and a close up of Eastern cities. Estimates developed using the methodology outlined in MacLachlan et al, ANZJPH 2013, doi: 10.1111/1753-6405.12049. Maps produced using PHIDU InstantAtlas™.

The Auckland Statement also calls for a roll out of needle and syringe programs in prisons, and a doubling of safe injecting equipment made available to the community. In August 2012 ASHM joined other key health organisations in welcoming the ACT Government's decision to introduce a Needle and Syringe Exchange Program in an ACT prison. The decision was part of a new health strategy to tackle blood-borne viruses at the Alexander Maconochie Centre.



The Auckland Statement, launched at the 8th Australasian Viral Hepatitis Conference, called for new targets, including doubling the number of people with viral hepatitis receiving treatment each year.

## Sexual Health

ASHM continues to provide secretarial support to ASHA and developed their website.

In 2013 ASHM began collaborating with the Australasian Sexual Health Alliance (ASHA) to develop *Australian Sexually Transmissible Infection (STI) Management Guidelines*, designed chiefly for primary healthcare professionals. This new tool will support screening and treatment in primary care by providing GPs and primary healthcare nurses with accurate and easy to access information.

## Expanding the Role of Primary Care Nurses

Primary healthcare nurses play an increasingly vital role in preventing, identifying, monitoring and managing HIV, hepatitis B, hepatitis C and STIs. The changing Australian healthcare landscape provides significant opportunities to engage in more innovative care models and a discussion about the role of primary healthcare nurses in this changing landscape is essential.

ASHM firmly believes that up-skilling nurses is essential if we are to increase the capacity of primary care to prevent, identify, monitor and manage STIs. However focusing solely on clinical knowledge is not the solution.

ASHM is working collaboratively with other organisations to re-define the nursing role, strengthen the professional practice framework guiding nursing and to tailor it to the needs of the nurses in the sector.

All of the projects to support the nursing workforce are done so collaboratively with organisations such as NSW Sexually Transmissible Infections Programs Unit (NSW STIPU), Australasian Hepatology Association (AHA), Australasian Sexual Health & HIV Nurses Association (ASHHNA) and Australian Primary Health Care Nurses Association (APNA).



At the 2012 IUSTI Conference ASHM presented a poster discussing the role of nurses in limiting the impact of Chlamydia

# Delivering Quality Services

## Professional Education

***"As a clinician involved in the assessment and care of people with BBVs and in the delivery of education to other HCWs, I am SO IMPRESSED with this information and delivery mode. It's clear, current, accurate, comprehensive, and, most of all, logically set out and easy to use. Thank you and congratulations to the people involved in its development. Well done!"***

Clinical Nurse Consultant, about the ASHM Testing Portal

The sector is embracing targets to increase screening and care for HIV, hepatitis B, hepatitis C and STIs. Increasing the capacity of primary care to correctly identify and manage these diseases is fundamental to achieving this. ASHM is committed to supporting the health workforce in these efforts through targeted and accessible education and resources and by developing practical and sustainable referral pathways between tertiary facilities and primary care, in both directions. To ensure ASHM work's continues to meet sector needs ASHM established the Viral Hepatitis Clinical Oversight Committee and the HIV & STI Clinical Oversight Committee in 2013. These committees provide strategic advice and direction to the ASHM Board and secretariat on prevention and clinical management issues, including the planning, development and implementation of clinical education activities.

## HIV

### Engaging and supporting the primary care workforce

HIV medical care is accessed in a range of settings in Australia, but a particular feature is the HIV s100 prescriber GP: a skilled and accredited medical practitioner working in private general practice. ASHM is responsible for the training and accreditation of community prescribers across a number of states and territories.

In 2012-2013 ASHM NSW continued to increase prescriber numbers in NSW and the ACT. Areas of low service provider levels - a priority for the program - include Western Sydney and South Western Sydney.

ASHM identified two tiers of support within the general practice workforce: one for generalists who mainly play a role in testing for HIV and another group who may care for patients living with HIV but share that care with another clinician who initiates HIV treatment, such as an s100 prescriber, sexual health physician or consultant.

## Summary of clinical courses by jurisdiction

The table below includes face-to-face courses only, and does not include WDP courses.

	2010-2011		2011-2012		2012-2013	
	Total no. of courses	Total no. of participants	Total no. of courses	Total no. of participants	Total no. of courses	Total no. of participants
NSW	69	1,291	48	1,194	55	1,037
NT	5	133	4	72	0	0
SA	2	43	3	44	4	93
ACT	2	21	3	31	2	99
QLD	0	0	2	45	5	125
WA	2	43	3	77	3	93
TAS	4	98	0	2	0	0
VIC	5	87	1	15	6	237
NZ	0	0	1	123	1	116
<b>TOTAL</b>	<b>89</b>	<b>1,716</b>	<b>65</b>	<b>1,603</b>	<b>76</b>	<b>1,800</b>

For complete lists of courses and resources please visit [http://ashm.org.au/default2.asp?active\\_page\\_id=548](http://ashm.org.au/default2.asp?active_page_id=548)

HIV s100 Community Prescribers	2010-2011	2011-2012	2012-2013
NSW/ACT	95	110	115
VIC	37	46	42
SA	5	18	22

Although the absolute number of community s100 prescribers is low they provide care to about about 50 per cent of Australians living with HIV. They are a hugely valuable resource to the community.

### The Clinical Lecture Series

The Clinical Lecture Series was introduced in 2012-2013, aimed at providing HIV specialists an opportunity to look at different perspectives on 'Treatment as Prevention' in relation to public health, individual patient benefits and risks, and in the context of the latest research and the 2013 DHHS Guidelines. This inaugural lecture, *Treatment as Prevention: What do we know and what can we expect?* was held in Sydney, Brisbane and Melbourne in late March. The keynote address was delivered by Professor Kenneth Mayer, M.D., Professor of Medicine at Harvard, and Director of Research at the Fenway Institute and the Beth Israel Deaconess Medical Center.

### Regional training and education

Regionally, ASHM continued to run the International Short Course in HIV and Related Issues adjacent to the Australasian HIV&AIDS Conference. The course is aimed at experienced HIV clinicians and health care providers from the region who act as trainers and mentors. The course was recently revised to highlight the clinical and epidemiological characteristics of HIV as it presents in the delegates' countries. In October 2012 around 44 delegates from six countries participated in the course, and



The International Short Course in HIV and Related Issues was run in Melbourne alongside the 2012 Australasian HIV&AIDS Conference.

the changes rated very highly among participants and presenters. As part of its charitable work, ASHM sponsored one delegate from Indonesia to attend

## Hepatitis B

### Quality education and resources

In 2012-2013 ASHM expanded its range of courses and resources to improve understanding and application of prevention, treatment, care and support options for hepatitis B. New resources included an online learning module *Preventing Liver Cancer through Diagnosis and Management of Hepatitis B* developed in conjunction with the Cancer Council NSW; the *Hepatitis B and Primary Care Providers* 12 page booklet; and a Positive Speakers DVD *B Seen, B Heard: Hepatitis B From Our Perspective*.

The HBV Decision Making Tool was ASHM's most widely distributed resource, with more than 5700 copies distributed. This resource was reviewed and updated to bring it in line with the suite of decision making tools. The HBV Update was the most frequently run course, educating over 300 medical professionals in locations identified by the ASHM/VIDRL Hepatitis B Epidemiology/Mapping Project.

Misconceptions and lack of certainty around hepatitis B serology have been identified as an obstacle to diagnosing and treating it in the community. The Hepatitis B Pathology Project developed simple wording to be used by all pathology companies when reporting results, assisting GPs to better diagnose and manage patients.

### S100 Prescriber Program

Expanding the number and capacity of s100 community prescribers is another priority.

For maintenance prescribing, ASHM worked with the NSW Ministry of Health to facilitate a policy change to formally recognise GP s100 community prescribers for hepatitis B maintenance prescribing. Through this program, GPs may be accredited to prescribe maintenance therapy of chronic hepatitis B.

The *Hepatitis B: Advanced Management in Primary Care* course developed by the National Hepatitis B Reference Committee continues to be rolled out in NSW by ASHM, and in Victoria by General Practice Victoria. The course prepares GPs to prescribe Highly Specialised Drugs for CHB maintenance treatment.

### Investing in nurses

In 2012-13, ASHM and the Australasian Hepatology Association (AHA) continued delivery of a national, comprehensive hepatitis B nursing curriculum.

The course *Hepatitis B Nursing: Advanced Nursing Management and Care* is endorsed by the Australian

Liver Association and is designed to provide nurses with advanced, practical, evidence-based skills and knowledge in hepatitis B. The course has been run five times since its introduction, in many capital cities, with more than 100 nurses attending in the past year.

## Hepatitis C

**"Compared to HIV, HCV is short changed and starved of attention. We are missing lots of opportunities for prevention. Congratulations to ASHM for keeping on about these issues."**

Physician, Alcohol and Drug Services

No. of s100 Community Prescribers for HCV	2010-2011	2011-2012	2012-2013
HCV in NSW/ACT	31	31 + 3 pending accreditation (2 withdrew)	33 + 3 pending accreditation
HCV in SA	8	8 + 4 pending accreditation	11 + 1 pending accreditation
No of accredited HCV initiation prescribers in the Treatment Initiation Pilot	7	7 + 4 pending accreditation	11

The treatment and care of people living with hepatitis C is a rapidly changing field, with the availability of new treatments for genotype 1 combined with glimpses of an interferon-free era in the foreseeable future heavily influencing decisions about commencing treatment.

During these exciting but uncertain times, ASHM continued to advocate for an evidence-based approach and encouraged health professionals to have open conversations with their patients about when to start treatment. Courses were updated, as were resources and advice to clinicians to address key features of the new direct acting antiviral agents.

This uncertainty regarding treatment has had an impact on ASHM's HCV Prescriber Program.

Accredited medical practitioners may prescribe hepatitis C maintenance therapy in a shared care arrangement with a treatment unit in a public

hospital. However in 2012-2013 there was not the anticipated increase in the number of prescribers. There is currently little incentive to become a prescriber, as demand for current standard of care treatment is not high. Many practitioners are instead continuing to monitor patients' disease progression whilst waiting for the next generation of HCV treatment.

Another contributing factor has been the conclusion of the three-year Community Prescriber Hepatitis C Treatment Initiation Pilot in March 2013. ASHM has recommended that an ongoing program replaces the pilots, in order to maintain the skills and engagement of the participating prescribers and to ensure initiation of treatment is available for patients in the often preferred primary care setting for hepatitis C.

Meanwhile, ASHM continued to invest in nurse training to build capacity to support the assessment and treatment of patients living with HCV. Training for hepatitis C nurses was run in NSW, with 36 nurses in attendance across two events. ASHM also provides support to the bi-annual Hepatology Nursing Masterclasses coordinated by clinical nurse consultants based in NSW.

The *Nurses and Hepatitis C resource* which was updated in August 2012 became ASHM's most popular hepatitis C resource, distributed to almost 3000 people. It was closely followed by *General Practitioners and Hepatitis C*, further demonstrating the high demand for information and education in primary care. These resources were reviewed and updated to include information on emerging treatments and the revised *2012 National Hepatitis C Testing Policy*.

### In the region

In 2012, Roche Malaysia funded ASHM to conduct two two-day Hepatitis C Preceptorship Programs for non-liver specialists and physicians in Malaysia, improving knowledge of management and treatment for patients with hepatitis C. ASHM designed the workshop programs, prepared the pre-course surveys and post-course evaluations. Practice activity surveys were developed to inform the advanced workshop content so that any outstanding learning needs could be addressed, with clinical skills consolidated through participant case study presentations and with specialist and peer feedback provided.

The Hepatitis C Preceptorship Program was supported by the Malaysian Society of Gastroenterology and Hepatology.



### Profession-based booklet for Aboriginal and/or Torres Strait Islander health workers

In June 2013 ASHM published a new resource to support Aboriginal and Torres Strait Islander health workers. This 12-page booklet, endorsed by NACCHO and NATSIWHA, provides a practical guide to hepatitis B, hepatitis C and HIV.

#### Key topics covered include:

- How BBVs are spread
- Standard infection control procedures
- Testing, including obtaining informed consent and conveying results
- Contact tracing
- Social stigma and discrimination.

## Sexual Health

ASHM continued to further knowledge of STIs in general practice through its Sexual Health Updates. These courses, run across NSW, targeted GPs with an interest in HIV, and emphasised the role STIs play in increasing HIV transmission.

As in other disease areas, ASHM's training and resources supported an expanded role for nursing. The two new courses *Fundamentals of HIV* and *Sexual Health and Opportunistic Testing for Chlamydia* provided a focus. These courses, along with the popular *Short Course in Sexual Health Nursing*, are aligned with the *Sexual Health Competency Standards for Primary Health Care Nurses* and include sessions on advocacy skills so that nurses are equipped to advocate for an expansion in their role when back in their place of work, and can actually implement the clinical skills they have developed. ASHM was a partner in the development of the Competency Standards, produced by STIPU.

### Rural and Remote Australia

In 2012-2013 ASHM, in partnership with APNA and in collaboration with local stakeholders and specialists, worked to deliver training in BBVs and STIs to multi-disciplinary care teams in outer regional and remote Australia over a 10-month period.

Funding came from the Australian Government Rural Health Continuing Education (RHCE2) sub-program as part of the Consolidation of Continuing Education and Training Support for Rural Health Initiative.

Courses were held in Kunnunurra, Charleville, Emerald, Ceduna, Port Augusta and Alice Springs, with a total of 139 participants.

Evaluation of the program revealed that 87 per cent of respondents reported the training program had positively impacted on their clinical practice and 67 per cent of participants have used the materials provided by ASHM as a reference in their workplace. Overall comments indicated that 100 per cent of participants thought the training was relevant to their workplace, and had resulted in increased training for and improved management of BBVs and STIs, and they would like to see additional training targeted similarly at regional/remote practitioners.

## A Focus on Nursing

ASHM's Nursing Program is well regarded, with more than 250 nurses on waiting lists for hepatitis B, hepatitis C, HIV and sexual health nursing education and frequent requests for support from nurses in the sector interested in further information, resources, clinical placements and networking opportunities. In 2012-2013, the number of nurses attending ASHM courses increased by 69.9 per cent.

### APNA Best Practice Award in Sexual Health Nursing

The APNA Best Practice Awards aim to recognise and reward outstanding nurses working in primary healthcare. The Best Practice Award in Sexual Health Nursing is sponsored by STIPU, GPV's sh<sup>3</sup>ed Program and ASHM. This year's award winner was David Youds.



This year's APNA Best Practice Awards in Sexual Health Nursing winner, David Youds (centre), pictured with Elisabeth Dunn from GPV's sh<sup>3</sup>ed program (left) and Carolyn Murray from STIPU (right).

Nursing Programs	2010-2011		2011-2012		2012-2013	
	Location	No. of Participants	Location	No. of Participants	Location	No. of Participants
HIV	Sydney	16	N/A	N/A	Perth	28
HCV	Sydney (2) Melbourne	77	Sydney (2)	52	Sydney (2)	45
HBV	N/A	N/A	Sydney Melbourne	50	Sydney Brisbane Adelaide Melbourne	107
Sexual Health Nursing	Sydney (2) Ballina Wagga Wagga	100	Sydney Wollongong Narooma Broken Hill	74	Port Macquarie Orange Parramatta Newcastle Melbourne	119
<b>Total no. Participants</b>		<b>193</b>		<b>176</b>		<b>299</b>

## Conference and Events Services

*“On behalf of the committee and myself, I wanted to say an enormous THANK YOU for your work with the IUSTI conference. You did absolutely outstanding job, and I had sense of complete and utter trust in you that allowed me to feel confident that everything would go well....as indeed it did.*

*I also wanted let you know that I had very genuine, and unprovoked praise from many key players.*

*So, thanks so much for making the conference work so well. I am extremely grateful. Thanks”*

Christopher Fairley, Conference Convenor, IUSTI 2012

The ASHM Conference, Sponsorship and Events Division supports ASHM to achieve its goals through the delivery of professional, successful conferences and events. The Division's philosophy is to build, service, and support relationships with organisations that share our objectives such as improved healthcare and health education.

In 2012-2013 the Division faced a number of challenges including the high Australian dollar and increased competition for sponsorship. In spite of this, ASHM's key Australasian conferences - the 2012 Australasian HIV and AIDS Conference and the Australasian Viral Hepatitis Conference - both achieved increased delegate numbers and good financial outcomes. Details of delegate numbers for this and other conferences can be viewed in the appendix.

Funding was extremely limited, however in 2012-2013 the Conference Division and the ASHM Executive progressed work with the International AIDS Society and various stakeholders to increase participation in AIDS 2014. ASHM will continue to look for opportunities, partners and funding to make the most out of hosting this key conference in our region.



ASHM President Edwina Wright presenting at the HIV/AIDS Conference

### ASHM Conference, Sponsorship and Events Division: Ten Years in Review

Since 2002, ASHM Conference, Sponsorship and Events Division has provided a diverse range of customised conference and event management services to organisations and government departments in the areas of research, science, medicine, health policy and education.

During this period, this Division has organised more than 80 conferences and events, involving registration for more than 28,000 delegates, and has been involved in the successful bid and/or partnership for major international conferences such as the International AIDS Conference (2007), the International Microbicides Conference (2012), the International Union against Sexually Transmitted Infections Congress (2012) and the International Society for Sexually Transmitted Disease Research (2015).

Importantly, ASHM's Conference Division brought the Australasian Sexual Health Conference in as a regular event, which is now managed by ASHM under the auspices of the Australasian Sexual Health Alliance (ASHA).

The Division's extensive experience in delivering quality meetings time and time again, and its collaboration with diverse organisations have been meaningful in establishing good sponsorship relationships and increased sponsorship income.

## Supporting Partnerships

### Membership

ASHM's membership program strives to be inclusive, drawing together the range of professions supporting people living with HIV, viral hepatitis and related diseases, while also maintaining a core group of committed health professionals engaged in the governance of ASHM and influencing patient care. In 2012-2013 ASHM's membership team worked to maintain this balance by continuing to expand its Organisational Sustaining Membership program while still providing its individual members with quality service. It also extended membership benefits to course registrants as part of a re-invigorated complimentary membership program.

In the course of the year, ASHM successfully increased membership income by more than 50 per cent, grew the number of individuals accessing member benefits and sector information by over 30 per cent, and doubled the number of Organisational Sustaining Members (OSMs). At ASHM, our OSMs have the option of offering their staff, board and/or members certain ASHM membership benefits for free by signing up as affiliates. Despite the rapid growth of the OSM

program and the associated increase in affiliates, the number of ordinary voting members did not drop proportionally.

### ASHM Membership by Type

In 2012-2013 the number of individuals enrolled in ASHM's membership programs grew by over 30 per cent.

Member type*	2010-2011	2011-2012	2012-2013
Ordinary (Voting)	985	1045	873
Student	46	46	45
Retired	4	4	8
Individual Sustaining	110	86	103
Complimentary member benefits*	N/A	N/A	518
Affiliates	241	375	504
Total no of individuals enrolled in ASHM membership	1,386	1,556	2,051

\*Affiliates and Complimentary have access to select member benefits but individuals in these categories are not members.

\*\*Offered to course attendees for the remainder of the financial year.



ASHM membership has a two-pronged approach: it strives to reach a broader audience through its affiliate program while maintaining a core group of committed, voting members.



### Organisational Sustaining Membership

ASHM's Organisational Sustaining Membership program works to support the diverse range of organisations and institutions involved in HIV, viral hepatitis and sexual health. This includes fellow health professional associations, research institutes, community organisations and regional and national peak bodies. In addition to the affiliate program, which confers membership benefits on individuals associated with OSMs, ASHM supports the OSMs themselves by allowing them to take advantage of conference registration discounts for their staff and by offering priority placement of their news and events in ASHM's monthly publication and the direct circulation of select items to ASHM members.

In order to grow the network further, and support collaboration and partnerships across the region, in June 2013 ASHM extended its OSM program to include regional collaborating organisations. Our MOU partners were formally invited to become Regional Organisational Sustaining Members with a view to facilitating the exchange of information, expertise and networks between individuals and organisations across Australasia and Asia - a relationship that can co exist with more specific MOUs. By the end of June, four organisations in the Asia and the Pacific Regions had already signed.

Formal Relationships with Regional Organisations		
	Regional Organisation	Acronym
1	AIDS Society of Asia and the Pacific	ASAP
2	Coalition to Eradicate Viral Hepatitis in Asia and the Pacific	CEVHAP
3	Indonesian Medical Association (Ikatan Dokter Indonesia)	IDI
4	Oceania Society for Sexual Health and HIV Medicine	OSSHMM
5	Papua New Guinea Sexual Health Society	PNGSHS
6	Timor Leste Medical Association (Associação Dos Médicos Timor Leste)	AMTL
7	Vietnam Clinical HIV/AIDS Society	VCHAS
8	Bali Peduli	Bali Peduli

In 2012-2013 ASHM doubled its number of Organisational Sustaining Members.

Organisational Sustaining Membership			
	2010-2011	2011-2012	2012-2013
No. of OSMs (regional and domestic)	10	19	39
No. of Affiliates	241	375	504
Total no. of individuals enrolled in ASHM membership	1,386	1,556	2,051

For complete lists of ASHM OSMs please visit [http://ashm.org.au/default2.asp?active\\_page\\_id=548](http://ashm.org.au/default2.asp?active_page_id=548)

### Student Program

Concerns have been noted in both Australia and comparable overseas settings about the challenges of recruiting a new generation of clinicians to HIV medicine. The sector also needs more health professionals engaged in the prevention, diagnosis, management and treatment of viral hepatitis. To address this ASHM introduced a Student Membership Program in April 2013. As a first step, the program began strengthening ties with medical schools across the country by establishing a speaker network. This program aims to develop a better understanding of what may attract students to the sector at the same time as providing an introduction to key issues. The work will continue in the lead up to AIDS 2014.

### Regional Partnerships

Throughout 2012-2013 ASHM has been facilitating links between our regional partners through the Asia and Pacific HIV and Sexual Health Societies Network (APSN) and succeeded in expanding membership of the Network by establishing a new formal collaborative relationship with the Vietnam Clinical HIV/AIDS Society (VCHAS). Members of the APSN meet each year to review work plans and identify opportunities for south-south collaborations.

Funding to maintain and support these partnerships came through AusAID, donations to ASHM's International Gift Fund and from the private sector, most notably the Collaboration for Health in PNG (CHPNG).

In 2012-2013, and as part of its charitable work, ASHM International supported expert speakers to conferences and workshops in Indonesia, Papua New Guinea and Vietnam.



ASHM President A/Prof Edwina Wright presenting at the 2013 Vietnam National Scientific Conference of Infectious Diseases and HIV/AIDS.

### Supporting our Colleagues in the Region

In late June, A/Prof Edwina Wright ASHM President and Duc Nguyen ASHM Senior Project Officer visited Vietnam to attend and present at the 2013 Vietnam National Scientific Conference of Infectious Diseases and HIV/AIDS. The conference was attended by approximately 500 infectious diseases physicians and HIV professionals across the country as well as by representatives from WHO, CDC, HAVN and the Government of Vietnam.

ASHM provided technical and financial assistance to the conference in partnership with other international agencies and institutions in Vietnam. The conference marked the important development of the Vietnam Clinical HIV/AIDS Society (VCHAS) since the launch of the society in June last year.

### Fostering Sector Communications and Collaborations

Throughout the year ASHM used its own communications tools and resources to support sector collaborations and information exchange. ASHM's key membership publication – *ASHMNews* – has been progressively moving away from being a simple update on ASHM activities towards an aggregator of sector news and events, with prominence given to our Organisational Sustaining Members. Participation from OSMs in *ASHMNews* continues to grow.

In 2012-2013 the number of editions of *ASHMNews* produced increased dramatically, from seven or eight editions in previous years, to twelve. The simple layout allows recipients to scroll the content in their viewing pane, without actually opening the

email. In spite of this, open rates for *ASHMNews* remain constant are above industry averages.

For a breakdown of *ASHMNews* recipient and opening rates see page the online appendix.

ASHM communications staff worked hard with sector colleagues to help produce, launch, promote and gain media coverage of both the Auckland Statement and the Melbourne Declaration and their respective websites. An AIDS 2014 website dedicated to profiling information most relevant to the Australasia region was also designed and launched in December 2012.

### ASHM NSW: Working in Partnership

Since early 2012 when ASHM NSW was introduced as a state-wide program, the team has focused on developing priority relationships at the local community level in NSW. These have included Local Health Districts (through HARP - the HIV and Related Programs Units –) and Medicare Locals, where the objective has been to (1) assist local stakeholders to identify workforce needs at the local level, with an emphasis on participation from the primary care sector; and (2) develop workforce strategies at the local level through use of ASHM resources as well as other resources from state-wide services such as STIPU and Hepatitis NSW. This localised approach within NSW has ensured that ASHM resources have been maximised to create workforce development in areas of need.

On a state-wide level, ASHM NSW has partnered with key agencies such as STIPU, ACON, Positive Life NSW, NUAA, Hepatitis NSW, and CSRH. These stakeholders have brought unique qualities and perspectives to the relationship with ASHM NSW which has resulted in the development of new thinking and approaches to sector issues.



"I saw a Somali man today with hepatitis B. He was diagnosed in 1998 but was told there was no treatment available, and that he was a healthy carrier.

It wasn't until he heard a radio interview on the Auckland Statement that he realised for the first time that there are treatments available. He went to his GP that very afternoon, had his HBV infection confirmed, and was referred to RMH where I saw him today and am getting things underway for him.

This is what makes it all worthwhile. So thank you for all your hard work on getting the Auckland Statement message out there." ID physician, Melbourne.

## The ASHM Gift Funds

The ASHM Gift Funds rely on donations from ASHM members and the community at large. Such funds go to support the sector, for example: to finance the Junior Researcher Support Awards, awarded annually for quality research in the field of HIV and viral hepatitis.

This year, the ASHM Gift Funds also funded a reprint of the *Djiyadi-Can We Talk?* handbook – a resource for Aboriginal and Torres Strait Islander sexual health workers and other professionals who work with Aboriginal and Torres Strait Islander young people, as well as the APNA Best Practice Award in Sexual Health.

The ASHM Gift Funds	2011-2012	2012-2013
<b>Domestic</b>		
Donations received	<b>\$63,599</b>	<b>\$63,786</b>
Fundraising costs	<b>\$3,156</b>	<b>\$2,985</b>
Funds disbursed	<b>\$6,769</b>	<b>\$26,125</b>
<b>International</b>		
Donations received	<b>\$18,015</b>	<b>\$23,619</b>
Fundraising costs	<b>\$1,488</b>	<b>\$1,107</b>
Funds disbursed	<b>\$17,523</b>	<b>\$1,418</b>

## Finance

This year ASHM held contracts with 23 organisations and entered into 32 contracts as a supplier of educational services and resources. The majority of ASHM's work is done domestically with 10.8 per cent of funding allocated to international activities. 44 per cent of our Australian grant income was received from NSW Ministry of Health.

This year we report a shortfall of \$555,698. The shortfall was due to costs associated with the implementation of a Customer Relationship Management system and development of a new ASHM website. These costs amounted to \$451,155. ASHM also incurred costs in developing a submission to the Pharmaceutical Benefits Advisory Committee seeking the removal of prescribing restrictions for early treatment of HIV.

During the financial year, the ASHM management exercised tight control over spending. The Risk Management and Audit Subcommittee of the Board of Directors monitored ASHM's financial performance on a regular basis. Although this year we reported a shortfall our financial position remains strong.

## Expanding Education Online

The internet's potential to deliver quality education is expanding rapidly and ASHM is constantly rising to the challenge of making our training and resources more accessible to the end user.

Encouraging resources to be accessed online is both cost effective and efficient. Not only does ASHM reduce printing and postage costs, but we also know that people going to the effort of identifying and downloading a resource are far more likely to use it.

In 2012-2013 the number of downloaded resources continued to grow and the number of printed resources distributed decreased. Across the board, the number of resources distributed increased by 9 per cent.

### Resources

	2010-2011	2011-2012	2012-2013
PDF Download	16,344	26,074	41,507
Printed Resources Distributed	53,438	43,978	34,780
<b>Total</b>	<b>69,782</b>	<b>70,052</b>	<b>76,287</b>

### ASHM website and microsities

Visits to the ASHM website increased by 14 per cent, as did visits to microsities run by ASHM, demonstrating their growing popularity with our target audiences.

	No of Visits 2011-2012	No of Visits 2012-2013
ASHM Website	67,582	77,135
ARV Guidelines	11,405	8694
ASHM Report back site	990	3450
Contact Tracing Manual	6035	7426
Testing Portal	4704	8732
HIV Legal	11,158	16,191

### Most popular online resources



# Directors' Report

## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2013.

#### Directors

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

A/Prof Edwina Wright	Dr Julian Elliott
Dr Mark Bloch	A/Prof Edward Gane (appointed 18.10.12)
Dr Mark Boyd	A/Prof David Notan (appointed 17.10.12)
Professor David Cooper	Dr Louise Owen
Dr Benjamin Cowie	Professor Patricia Price (resigned 17.10.12)
Mr Philip Cunningham	Dr Darren Russell
Ms Lyndal Daly	Mr Mark Saunders
Dr William Donohue	A/Prof Heather Worth (appointed 10.12.12)
Professor Gregory Dore (resigned 10.12.12)	

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

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

Ms Levinia Crooks, AM

#### Company Secretary

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

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

#### Operating Results

The Shortfall of revenue over expenditure amounted to \$555,898 (2012: Excess of \$79,342)

#### Principal Activities

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

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

The ASHM's short-term objectives are to:

- Reduce the impact of HIV, viral hepatitis and sexually transmissible infections through:
  - the facilitation of workforce development activities and supporting the health workforce
  - the promotion of informed public debate
  - supporting the delivery of quality health care, domestically and regionally, and
  - responding to the needs of our members and the sector

The ASHM's long-term objectives are to:

- Reduce the impact of HIV, viral hepatitis and sexually transmissible infections through:
  - supporting research and programmatic endeavors which may lead to the eradication of these conditions
  - sustaining and supporting collaborations across and between disciplines and internationally, regionally and domestically which will facilitate these long and short term objectives.

#### Strategies

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

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

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## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

#### Key Performance Measures

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

<b>Members</b>	<b>2013</b>	<b>2012</b>
Number of members	1,029	1,181
<b>Collaborators</b>		
Number of domestic partner organisations	38	19
Number of affiliates	504	375
Number of regional partner organisations	8	7
<b>Staff</b>		
Number of staff employed for 5 years or more	11	10
<b>Training and Resources</b>		
Number of courses run	85	79
Number of resources distributed	34,780	43,978
Number of pdf resources downloaded	41,507	26,074
<b>Operational and Financial</b>		
Total Revenue	\$6,655,191	\$11,016,715
Proportion of funding provided by:		
government grants	41%	34%
Non-government grants	1.5%	6%
Donations received from public	0.91%	0.74%
Proportion of funding spent on:		
Staff training	0.3%	0.26%
General office/administration	4%	3%
Fundraising – international activities	0.04%	0.12%
Fundraising – domestic activities	0.03%	0.15%

#### Dividends Paid or Recommended

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

#### Events Subsequent to Balance Date

There have been no significant events after 30 June 2013 to the date of signing this report.

#### Future Developments

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

#### Environmental Issues

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

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## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

#### Member Numbers

The number of members registered in the Register of Members as of 30 June 2013 was 1,029. This is a slight decrease from 1,181 and not unexpected given that we have been promoting Organisational Membership which confers member benefits to affiliates of the Organisational Member free of charge as opposed to individual membership. It should be noted that 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 its reach to the sector at large through its Organisational Sustaining Members and Complimentary Membership Benefits Program for course registrants. Through these two programs a further 1,022 people are reached by the membership program, bringing it to a total of 2,051 individuals, an increase of 465 from the previous year.

The entity is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of the entity. At 30 June 2013, the total amount that members of the company are liable to contribute if the company is wound up is \$1,029 (2012: 1,181).

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

- A/Prof Edwina Wright** — President
- MB BS FRACP PhD
  - Associate Professor 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 President, Edwina chairs 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.
- Dr Mark Boyd** — Vice President
- BA BM BS MHD 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 a Vice-President, Mark sits on the Risk Management and Audit Sub-Committee of the ASHM Board.

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## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

- Prof David Cooper** — Board Member
- BSc(Med) MBBS (5yd), MD, DSc(UNSW), FRCPA, FRCP, FAA
  - David Cooper AO, Scientia Professor of Medicine at the University of New South Wales and a Fellow of the Australian Academy of Science (FAA), is Director of the St Vincent's Centre for Applied Medical Research (AMR) and the Kirby Institute, which conducts research into HIV/AIDS with the ultimate aim of reducing the burden of the epidemic for the affected community. He is a Director of HIV-NAT, a clinical research and trial collaboration in Thailand and is a past President of the International AIDS Society (IAS) and Chairman of the WHO-UNAIDS HIV Vaccine Advisory Committee (VAC).
- Dr Benjamin Cowie** — Board Member
- MBBS PhD GradDipClinEpi FRACP
  - Dr Benjamin Cowie is an infectious diseases physician with the Victorian Infectious Diseases Service at the Royal Melbourne Hospital. He has a particular clinical interest in viral hepatitis.
- Mr Philip Cunningham** — Vice President
- BSc(Med)Hons GSA
  - 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
  - Ms Lyndal Daly is a Clinical Practice Consultant in the Infectious Diseases Unit at the Royal Adelaide Hospital. This involves all aspects of Infectious Diseases including inpatient care and managing and coordinating the outpatient clinic. For 6 years she has also been undertaking the HIV clinical trials and research. Lyndal was an Intensive Care Nurse for 11 years prior to joining the Infectious Diseases world.
- Dr William Donohue** — Board Member
- MBBS, B.Med.Sc

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## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 291 173

A COMPANY LIMITED BY GUARANTEE

- 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 Julian Elliott — Board Member
- MBBS FRACP
- Dr Julian Elliott is Head of Clinical Research at the Alfred Hospital Infectious Diseases Unit, Senior Lecturer at Monash University and HIV Clinical Advisor at the Burnet Institute. His research interests are the use of ARV in low and middle income countries, including treatment monitoring and failure and immune restoration. He is a leader of the NHMRC funded HealthMap project looking at patient self management in HIV. He was a technical advisor to the Cambodian Ministry of Health and contributed to the rapid expansion of treatment in Cambodia. He is also a WHO, UNAIDS and World Bank reviewer of HIV programs and guidelines.
  
- A/Prof Edward Gane — Board Member
- MBChB, MD, FRACP, MNZM
- Ed is a Professor of Medicine at the University of Auckland, New Zealand and Chief Hepatologist and Deputy Director of the New Zealand Liver Transplant Unit at Auckland City Hospital.
- Ed has been the Government Clinical Advisor to the National Hepatitis B Screening Program since its inception in 1998 and is a board member for the Hepatitis Foundation of New Zealand. Ed recently was appointed as Clinical Advisor for the Ministry of Health National Hepatitis C Project. Ed serves on the Executive Committee of the NZ Society of Gastroenterology and is a member of the several international organisations including APASL, AASLD, ILCA and ILTS.
  
- A/Prof David Nolan — Board member
- MBBS FRACP PhD
- Dr David Nolan is a Consultant Physician with the Royal Perth Hospital Immunology Department, with clinical duties involving a range of systemic and immune deficiency syndromes including a large HIV cohort. David moved to Perth to work at Sir Charles Gairdner Hospital (1996-1998) before commencing work at Royal Perth Hospital in 1999. Since completing PhD studies in 2006 Dr Nolan has combined clinical (Consultant Physician, Immunology, Royal Perth Hospital) and academic appointments that have been based at Royal Perth Hospital.

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## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 291 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT (CONTINUED)

- Dr Louise Owen — Board Member
- 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.
  
- Dr Darren Russell — Board Member
- MBBS 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.
  
- Mr Mark Saunders — Board Member
- Mark is the Sexual Health, Blood Borne Viruses, Male Health and Research Policy Officer with the National Aboriginal Community Controlled Health Organisation NACCHO. Mark has worked in the HIV sector for 20 years and held a number of education, policy and research positions.
- Mark is a member of the Expert Reference Group for the ASHM Aboriginal & Torres Strait Islander Program
- Mark occupies the 11th Ordinary Director position on the Board, a designated Aboriginal and Torres Strait Islander position which is appointed by the Board.
  
- A/Prof Heather Worth — Board Member
- BA, MA (Hons), PhD
- Associate Professor Heather Worth is head of the International Research Group at UNSW and has been involved in HIV social research for the past 20 years. Since 2005 she has managed a program of HIV social research and research training in Asia and Pacific. This research covers a number of areas of HIV risk and impact: gender, sexuality, sex work, development, social aspects of ART and PMTCT. Heather has been a member of the Australasia Theme D Conference program committee for a number of years and is also on the National Program Committee. She has over 100 publications and policy reports on HIV.
- Heather sits on the Risk Management and Audit Sub-Committee of the ASHM Board

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**AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

A.C.N 139 281 173  
A COMPANY LIMITED BY GUARANTEE

**DIRECTORS' REPORT (CONTINUED)**

**ATTENDANCE AT DIRECTORS MEETINGS**

Name	Board Meetings	Meetings of Risk Management and Audit Sub-Committee
Mark Bloch	6 (9)	-
Mark Boyd	5 (9)	3 (4)
David Cooper	2(9)	-
Benjamin Cowie	7 (9)	-
Philip Cunningham	7(9)	4 (4)
Lyndal Daly	6 (9)	-
William Donohue	8 (9)	-
Gregory Dore	1 (4)	0 (2)
Julian Elliot	7(9)	-
Edward Gane	4(7)	-
David Nolan	5(7)	-
Louise Owen	9 (9)	-
Patricia Price	1 (2)	-
Darren Russell	8 (9)	-
Mark Saunders	2(9)	-
Edwina Wright	8 (9)	4 (4)
Heather Worth	2(4)	1(2)

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

**Indemnifying Officers or Auditor**

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

**Proceedings on Behalf of the Entity**

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

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

**AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

A.C.N 139 281 173  
A COMPANY LIMITED BY GUARANTEE

**DIRECTORS' REPORT (CONTINUED)**

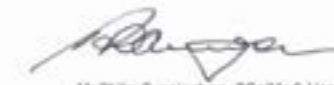
**Auditor's Independence Declaration**

The lead auditor's independence declaration for the period ended 30 June 2013 has been received and can be found on the page following the directors' report.

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



Dr Mark Boyd BA BM BS MHD MD FRACP



Mr Philip Cunningham BSc(Med) Hons GSA

Dated this 19<sup>th</sup> day of September 2013



**Walker Wayland NSW**  
Chartered Accountants

ABN 55 531 152 365

8th Floor  
55 Hunter Street  
SYDNEY NSW 2000

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SYDNEY NSW 2001

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013 there have been:

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

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

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

Dated this 19<sup>th</sup> day of September 2013

**AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

**SUMMARY FINANCIAL REPORTS**

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2013**

	2013 \$	2012 \$
<b>REVENUE</b>		
Donations and gifts		
- Monetary	87,405	81,614
- Non-monetary	-	-
Bequests and legacies	-	-
Grants		
- AusAid	954,003	381,836
- Other Australian	3,129,710	3,727,824
- Other overseas	5,231	229,577
Investment income	90,912	109,739
Other income	5,387,930	6,486,125
<b>TOTAL REVENUE</b>	<b>9,655,191</b>	<b>11,016,715</b>
<b>EXPENDITURE</b>		
<b>International Aid and Development Program Expenditure</b>		
International programs		
- Funds to international programs	209,058	44,354
- Program support costs	794,016	694,380
Community education	-	-
Fundraising costs		
- Public	1,107	1,488
- Government, multilateral and private	3,064	11,880
Accountability and administration	133,858	115,614
Non-monetary expenditure	-	-
<b>Total International Aid and Development Programs Expenditure</b>	<b>1,110,923</b>	<b>867,722</b>
Regional HIV capacity building program – secretariat	188,018	-
Domestic programs expenditure	8,911,948	10,069,651
<b>TOTAL EXPENDITURE</b>	<b>10,210,889</b>	<b>10,937,373</b>
<b>(SHORTFALL) EXCESS OF REVENUE OVER EXPENDITURE</b>	<b>(555,698)</b>	<b>79,342</b>
<b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>	<b>(555,698)</b>	<b>79,342</b>

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.

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

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**AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

A.C.N 139 281 173  
A COMPANY LIMITED BY GUARANTEE

**SUMMARY FINANCIAL REPORTS**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2013**

	2013 \$	2012 \$
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	2,764,057	3,317,651
Trade and other receivables	566,736	1,265,076
Other financial assets	458,489	400,000
Other current assets	20,271	6,975
<b>TOTAL CURRENT ASSETS</b>	<b>3,609,555</b>	<b>4,989,702</b>
<b>NON-CURRENT ASSETS</b>		
Other financial asset	-	58,489
Property, plant and equipment	247,373	279,342
<b>TOTAL NON-CURRENT ASSETS</b>	<b>247,373</b>	<b>337,831</b>
<b>TOTAL ASSETS</b>	<b>4,056,928</b>	<b>5,327,433</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Trade and other payables	1,547,027	2,178,530
Provisions	227,026	301,409
<b>TOTAL CURRENT LIABILITIES</b>	<b>1,774,053</b>	<b>2,479,939</b>
<b>NON-CURRENT LIABILITIES</b>		
Provisions	95,643	104,564
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>95,643</b>	<b>104,564</b>
<b>TOTAL LIABILITIES</b>	<b>1,869,696</b>	<b>2,584,503</b>
<b>NET ASSETS</b>	<b>2,187,232</b>	<b>2,742,930</b>
<b>EQUITY</b>		
Retained earnings	2,187,232	2,742,930
<b>TOTAL EQUITY</b>	<b>2,187,232</b>	<b>2,742,930</b>

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.

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**AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

A.C.N 139 281 173  
A COMPANY LIMITED BY GUARANTEE

**SUMMARY FINANCIAL REPORTS**  
**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE PERIOD ENDED 30 JUNE 2013**

	Other \$	Reserves \$	Retained Earnings \$	Total \$
<b>BALANCE AT 30 JUNE 2011</b>	-	-	2,663,588	2,663,588
Excess of revenue over expenses	-	-	79,342	79,342
Amounts transferred (to) or from reserves	-	-	-	-
<b>BALANCE AT 30 JUNE 2012</b>	-	-	2,742,930	2,742,930
(Shortfall) of revenue over expenses	-	-	(555,696)	(555,696)
Amounts transferred (to) or from reserves	-	-	-	-
<b>BALANCE AT 30 June 2013</b>	-	-	2,187,232	2,187,232

The Code of Conduct Summary Financial Report information is obtained from the full financial report. The 2012-2013 audited full statutory financial report is available on request or by visiting [www.ashm.org.au/annualreport](http://www.ashm.org.au/annualreport). The Summary Financial Report has been prepared in accordance with the accounting policies set out in the full statutory financial report and have been consistently applied to all financial years presented.

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 available at [www.acfid.asn.au](http://www.acfid.asn.au).

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## AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

These reports are summarised versions of the reports in our full financial report.  
**DIRECTORS' DECLARATION**

The Directors of the Company declare that:

1. The Summary financial statements, 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 2013 and has been derived from and is consistent with the full financial report of the company; and
  - c. give a true and fair view of the Company's financial position as at 30 June 2013 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.



Dr Mark Boyd BA BM BS MHD MD FRACP



Mr Philip Cunningham BSc(Med) Hons OSA

Dated this 19<sup>th</sup> day of September 2013

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**Walker Wayland NSW**  
Chartered Accountants

ABN 55 931 152 366

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SYDNEY NSW 2000

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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 2013, 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 2013. 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 which were conducted in accordance with Auditing Standard ASA 810: Engagements to Report on Summary Financial Statements. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the full financial report of Australasian Society For HIV Medicine for the year ended 30 June 2013. Our audit report on the financial report for the year was signed on 19<sup>th</sup> September 2013 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

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

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

Partners: AS Roger, RS Whata, SE Arnold, PW MacLean, GD Alfano, MS Walker, DM Ross  
Consultants: HC Thomas, FJ Longhurst, TF Tyler

An Independent member of BGR International  
An Independent member of Walker Wayland Australasia Limited

Liability limited by a scheme  
approved under Professional  
Standards Association



#### 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 2013 complies with the requirements of the ACFID Code of Conduct.

#### Basis of Accounting

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

*Walker Wayland NSW* *AS Roger*

Walker Wayland NSW

A S Roger

Chartered Accountants

Partner

Dated this 19<sup>th</sup> day of September 2013

## ASHM People

**List of employed staff (2012/2013):** Jacinta Ankus, Cherie Bennett, Sally Bromley, Amanda Burg, Naama Carlin, Levinia Crooks, Rachel Ellsworth, Chantal Fairhurst, Beni Falemaka, David Fowler, Anne Fredrickson, Zhenzhen Gao, Nadine Giatras, Sarah Greig, Birdie Gurley, Vivien Haidig, Sonja Hill, Hiba Jebeile, Hayden Jose, Raphaelle Kelly, Nadia Khristenko, Claire Koetsier, Petrana Lorenz, Catherine Luu, Thanos Lygdas, Niamh Lynn, Stephanie McLean, Duc Nguyen, Rachel Peel, Nathalie Rasko, Edward Reis, Anna Roberts, Nicole Robertson, Kate Ross, Paula Runnals, Amy Sargent, Karen Seager, Emilie Spencer, Muirgen Stack, Tim Stern, Steven Thorne, Vanessa Towell, Linda Trinh, Amy Watson, Emily Wheeler, Elisabeth Wilkinson, Beth Wilson, Nikki Woolley.

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

**Students currently on a placement at ASHM:** Chris Braae.

**Students who did a placement at ASHM:** Megan Chinzani, Fanta Conteh.

**Staff who left ASHM during the year:** Vicki Bowden, Rosanna Comparetto, Liza Doyle, William Gunner, Wade Hanna, Stephanie Joensuu, Helen Johnson, Ellie Lightfoot, Maya Lindsay, Daniel Madeddu, Anne Malcolm, Attabur Rahman, Daliah Szwarc, Veronica Turner, Christopher Ward, Asma Yusra.

If you wish to make a complaint against an ASHM staff member, volunteer or the organisation, please send an email to either the ASHM Chief Executive Officer, Levinia Crooks, at [levinia.crooks@ashm.org.au](mailto:levinia.crooks@ashm.org.au), or to the ASHM President, Edwina Wright, at [e.wright@alfred.org.au](mailto:e.wright@alfred.org.au)

If you wish to report a breach of the Australian Council for International Development's (ACFID) Code of Conduct to which ASHM is a signatory, please refer to the ACFID website for instructions at <http://www.acfid.asn.au/code-of-conduct/complaints-and-compliance-monitoring/complaints-and-compliance-monitoring>.



communicate

**ashm**

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research

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