



support

collaborate

ASHM Annual Report

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

HIV

inform

HBV

HCV

Viral Hepatitis

access

STIs

2013–2014

President's Report.	3
CEO's Report	4
Partnerships	5
ASHM Services.	10
Leadership and Performance	18
Directors' Report	19

President's Report



This is my final year as President of ASHM and I am honoured to have served in this role. I was the first President to take up the optional third term, which was introduced to our constitution when we became a company limited by guarantee. In 2013 I oversaw the change to our constitution to create the position of 'President Elect' which introduced a stronger succession planning approach to our governance.

Highlights for me have been working with ASHM's CEO Levinia Crooks and Deputy CEO Anna Roberts, the ASHM Secretariat and my fellow Directors. ASHM has a strong ethos that supports partnership and collaboration hence a key highlight for me has been collaborating with our sector partners around a number of issues. It has been my great fortune to have been able to work with ASHM and our partners during a time when the science of treatment and prevention for HIV and hepatitis C has reached its highest tide ever.

The key activity in the past year has been planning for the AIDS 2014 Conference in Melbourne. While ASHM will report on the meeting in next year's report, AIDS 2014 has commanded significant inputs from ASHM throughout my term as President. The ASHM Leadership and Mentoring program and affiliated courses will bring an additional 180 scholarship-holders to the Conference. This is a tremendous contribution and reflects remarkable support and commitment from the Department of Foreign Affairs and Trade.

ASHM initiated discussions with the Pharmaceutical Benefits Advisory Committee (PBAC) to secure the removal of the CD4<500 restriction on subsidised antiretroviral therapy. I had the honour of chairing this community submission to PBAC, which was undertaken in partnership with NAPWHA, AFAO and Professor David Wilson from the Kirby Institute. Resourcing the submission involved all levels of government. The Commonwealth waived the lodgement fee and we received unconditional funds from three pharmaceutical companies and a number of jurisdictions. We estimate that over 700 hours were volunteered towards this process. It was a

learning experience: exciting, fun, worrying and great to be part of! Above all it worked — the submission was supported and the CD4+ threshold was removed, leaving clinicians and patients to decide when to commence antiretroviral therapy.

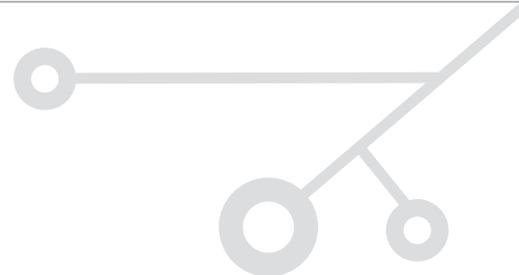
Another example of partnership has been the collective work in developing and then reporting against the 2012 Melbourne declaration. While the report card delivered at the Darwin Conference in 2013 was poor, we have seen a progressive improvement in the achievement of claims. This also has involved working together and working towards commitments for action.

Lastly the new National Strategies were signed off by all Health Ministers in June. ASHM considered it vital that the Strategies remain a suite of documents covering BBV and STI. Following considerable effort, this was achieved and the strategies now contain numeric targets to help focus future work. There is still a lot to be done, however, the enormity of the viral hepatitis epidemic seems to be finally being realised. We have the tools to respond and hopefully the National Hepatitis B and Hepatitis C Strategies will provide the direction and facilitate the provision of funding to undertake this work. Our support of Indigenous BBV and STI work continues with two significant events happening in the new year: the Indigenous pre-conference in July and the World Indigenous Peoples Conference on Viral Hepatitis in September.

Our support of nursing and sexual health areas, our support for regional partners and our contribution to the sector through resource development and training, is reflected in the report. I recommend the report to you.

Associate Professor Edwina Wright
President

CEO's Report



ASHM's mission, to 'support the HIV, viral hepatitis and sexual health workforce', was at the forefront of our minds this year as we sought to meet our accountabilities to our members, the sector and health workforce, regulators, funders and our overarching accountability to meet our constitutional objectives. The 2013-2014 financial year has been challenging with dramatic changes in the political landscape at both a state and federal levels. These changes led to uncertainty around funding compounded by the concurrent completion of several grants. While it was heartening that the Minister for Health, the Hon. Peter Dutton announced an extension of Commonwealth funding under current arrangements and an injection of funds into the blood-borne viruses and sexually transmissible infections prevention program, there is general uncertainty as the sector moves from a grant funding model to competitive tendering for the delivery of activities and functions. This is a transition that has been challenging for all sector agencies and I am heartened that ASHM has the benefit of experience with a history of successful tenders domestically and regionally as well as the continued support of our biggest resource, our members.

We experienced continuing problems in the redevelopment of our website and after a protracted attempt to reconcile difficulties ended up having to terminate one relationship and start anew. We are now seeing this project develop as it should and we have been able to maintain services through our existing technology.

Despite this uncertainty it has been an exciting and productive year. ASHM was heavily engaged in planning for the International AIDS Conference, AIDS 2014, in Melbourne. The Conference falls within the 2014-2015 reporting year, however, as the conference scientific partner, I am pleased to note that there was a strong component of both viral hepatitis and sexually transmissible infections, reflecting ASHM's approach to broadening our scope to better respond to members' needs and interests.

ASHM's Conference Division was notably awarded with the NSW and National Meetings & Events Australia Award for best In-house Meetings in 2014 recognising our ongoing commitment to providing quality events management services to the sector.

ASHM continued our educational and leadership work with highlights including the update of all three National Testing Policies, completion of a point-of-care testing curriculum, updates to the Australian commentary on treatment guidelines by the HIV Guidance Subcommittee, the release of the first national hepatitis B mapping project in partnership with VIDRL, expansion of the HIV, HCV and HBV community prescriber programs, profession-based booklets for Aboriginal health workers and corrections officers and completion of the national PEP guidelines and significant work on the national STI guidelines, which will be launched at the Australasian Sexual Health Conference later this year.

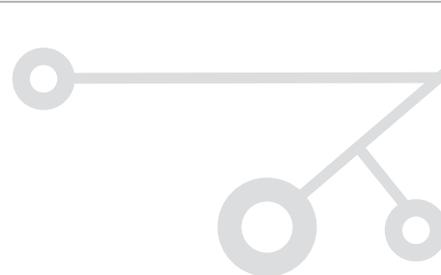
From a policy perspective we were delighted with a successful major submission to the Pharmaceutical Benefits Advisory Council, which removed the CD4+ count restriction for prescribing antiretrovirals. We are proud to report that clinicians can now prescribe antiretrovirals to their HIV-positive patients based on patient preparedness and evidence-based clinical indications, including prevention benefits.

ASHM's international team continued to provide training, clinical mentoring and resources regionally with a particular highlight of supporting partners in Papua New Guinea to manage over 4,000 individuals on treatment and release of the Vietnamese version of *Is it HIV?*, the result of an ongoing partnership with the Vietnamese Clinical HIV/AIDS Society.

The next 12 months will undoubtedly present new challenges, changes, and opportunities and I thank our staff, members and friends for their continued work, encouragement and support.

Levinia Crooks
Chief Executive Officer

Partnerships



Membership

Our approach to membership is simple: Members control the society through its Board. The secretariat pursues the Board's directives. The ASHM membership, at the Annual General Meeting (AGM) in Canberra in 2011, said it wanted to increase the membership fee and at that time the fee was virtually doubled. In 2014, we had the difficulty of not having an annual conference, which acts as the trigger for many people to renew their membership. We struck a deal with International AIDS Society to include renewal of ASHM membership on the AIDS 2014 registration website for Australian and New Zealand registrants. ASHM offered a reduction in our membership fee, which effectively matched the member discount offered at the annual Australasian HIV & AIDS Conference. This was approved at the AGM in Darwin last year. It was also thought that having membership available at the International AIDS Conference website might increase our new member attraction. This is reflected in the numbers below, and while we will not include it in the table, by the end of the AIDS 2014 Conference 80 new members (23 new student members) joined through this route.

ASHM Membership by Type	2011-2012	2012-2013	2013-2014
Ordinary Members	1045	873	1000
Individual Sustaining Members	86	103	78
Student Members	46	45	49
Retired Members	4	8	9
Complimentary Member benefits	N/A	518	688
Affiliates	375	504	665
Total no of individuals enrolled in ASHM membership	1,556	2,051	2,489

This year, ASHM focused on offering some benefits of membership free to ASHM course participants. This scheme is targeted people who have not held a previous ASHM membership, and is part of the process of registering for ASHM courses. The purpose of this is twofold: it increases ASHM's reach by way of information sharing, and allows us to introduce ASHM's membership program to people

who would not otherwise be aware of it. At the end of the financial year, people who enjoyed complimentary benefits are invited to become ordinary members of ASHM.

The Board has decided to energise the Honorary Life Membership category and commencing at the 2014 Annual General Meeting, will announce annually a small number of honorary life members who have had a significant engagement with the Society and made an outstanding contribution to the HIV, viral hepatitis or sexual health sector.

ASHM has continued to expand the Organisational Sustaining Membership program, which allows organisations to extend an affiliate program to their staff, board or individual members, giving them access to benefits of ASHM membership at no individual cost.

Organisational Sustaining Members	2011-2012	2012-2013	2013-2014
Regional OSM		4	6
OSM with affiliate program (ANZ)		39	46
Total Organisational Members	19	43	50

Support to the Sector

Australasian Sexual Health Alliance

Under section 51 of the Constitution, ASHM has the capacity to establish and support committees. The Australasian Sexual Health Alliance (ASHA) Committee was formed under this arrangement and was established by Organisational Members of ASHM with a specific interest in sexual health to provide expert input into the ASHM sexual health program. ASHM provides the financial and administrative support to ASHA to ensure our sexual health membership has a strong voice. During 2013, ASHA has been working on the development of the Australian STI Management Guidelines for use in Primary Care—the first of their kind, which will be a valuable resource for general practitioners, primary care nurses, and related services. ASHA also steers the Australasian Sexual Health Conferences.

Professional Conference Organising for Sector Partners

Since 2003, ASHM has run its annual Australasian HIV & AIDS Conference in-house. The Conference, Sponsorship and Events Division of ASHM has a unique business model whereby it offers conference management services to other like-minded organisations in the health sector in addition to running its own annual conference.

The model has proven to be extremely successful, and the team now has over 60 national and international conferences and events under their belt and two MEA Accredited Meetings Managers overseeing the work. This year, ASHM's Conference, Sponsorship and Events Division was awarded the National Meetings & Events Australia (MEA) Award for "In-House Meetings Management Department". The Award highlights the professional quality of work being done by meeting managers working in-house in associations, government and corporations.



ASHM Conference, Sponsorship and Events Division accepting MEA Award [From L to R] Mrinalini De Bakshi, Catherine Pooley, Nadine Giatras, Nicole Robertson, Amy Sargent, Raphaelle Kelly

For ASHM, running a good meeting is not a matter of turning a profit but is another valuable way to provide support to the sector. For ASHM to take on the organization of a meeting it must have an educational and professional focus, be of high quality, and be as accessible as possible. ASHM is constantly trying to meet the needs, not just of the strongest or loudest, but of groups who may find attendance difficult, or who lack experience in competing for presentations.

ASHM is able to offer this by partnering with different organisations and offering a tailored service. Sometimes this means assisting with bids and, if the meeting is thought worthy by the Board and key to ASHM's objectives, then the Board may agree to take the financial risk. It does this with both the Australasian Sexual Health Conference and

Australasian Viral Hepatitis Conference. In other meetings, such as the up-coming World Indigenous Peoples' Viral Hepatitis Conference, risk is shared among a small consortium. On other occasions, we simply provide a fee for service, organisation and management.

In addition to conference management, the Division arranges scholarships and assists with internal events and logistics. In a tightening fiscal environment, ASHM is looking at how to centralise our logistics activities across the organisation, as a way of reducing costs and applying the Conference, Sponsorship and Events Divisions' expertise and experience in this area to some other processes. The hope is that by centralising our purchasing, for example, ASHM will be able to negotiate more competitive prices for conferences and other educational events. The Conference, Sponsorship and Events Division has a green policy and is conscious of minimising the impact caused by events. The Division also works with various training organisations and regularly employs or supports students on placements.

Conferences	2012-2013	2013-2014	2014-2015
Australasian HIV and AIDS Conference	Yes	Yes	No
Australasian Sexual Health Conference	Yes	Yes	Yes
Australasian Viral Hepatitis Conference	Yes	No	Yes
World Indigenous People's Conference On Viral Hepatitis	No	No	Yes
CDC Conference (Back-to-back with ASID)	Yes	No	No
Australasian Society for Infectious Diseases Scientific Meeting	Yes	Yes	Yes
LGBTI Health Alliance Conference	Yes	No	No
Gram Negative Meeting (ASID)	Yes	No	No
Zoonoses Meeting (ASID)	Yes	No	Yes
ACIPC Conference	Yes	Yes	No
Hospital in the Home Conference	Yes	Yes	No
HIV & the Body	Yes	Yes	Yes
Leadership & Mentoring Course	No	No	Yes
International Indigenous Pre-Conference on HIV&AIDS	No	No	Yes
International Viral Hepatitis/ HIV Co-Infection Meeting	No	No	Yes
NZ HIV Update	Yes	No	Yes

Research collaborations

Research Projects

ASHM participates in a range of research activities as Chief Investigator (CI), Principal Investigator (PI), and Associate Investigator (AI) and has developed a system for accounting for in-kind contributions to research activities.

Research Project	Role	Collaboration /Researcher
Health Map: HIV patient self-management	CI	Alfred Hospital, NHMRC Partnership Grant
Community Responses to Hepatitis B	PI	ARCShS, La Trobe, ARC Linkage Centre for Social Research in Health

Publications

ASHM has contributed to a number of publications over the past year. We have also approached the Medical Journal of Australia to publish a report from the ASHM Special Session at the AIDS 2014 Conference.

Publications
Brown, G., O'Donnell, D., Crooks, L. & Lake, R. Mobilisation, politics, investment and constant adaptation: Lessons from the Australian health promotion response to HIV. Health Promotion Journal of Australia 2014, 25 , 35-41
Baker, D., Lynn, N., Gergory, T., Pell, C., O'Connor, C., Smith, D., Murray, D., Varma, R. Providing comprehensive care for people living with HIV in Australia: an audit of general practitioners adherence to management guidelines, THPE073, AIDS 2014
Mallitt, K., Jansson, J., Wand, H., Crooks, L. & Wilson, D. (2013) HIV service capacity: identifying current and future areas of clinical shortage. Sexual Health http://dx.doi.org/10.1071/SH13151
Mao, L., de Wit, JBF., Adam, PCG., Post, JJ., Crooks, L., Kidd, MR., Slavin, S., Kippax, SC., Wright, E. Australian Prescribers' perspectives on ART initiation in the era of "Treatment as Prevention". AIDS Care (2013) DOI: 10.1080/09540121.2013.766304.
MacLachlan, JH., Allard, N., Towell, V., Cowie, BC. (March 2013) The burden of chronic hepatitis B virus infection in Australia, 2011. Aust N Z J Public Health . 2013 Oct;37(5):416-22. doi: 10.1111/1753-6405.12049.
Newman, C., deWit, J., Renolds, R. Kidd, M., Crooks, L. & Canavan, P. The challenges of providing HIV care in general practice. Australian Journal of Primary Health Care (in press Manuscript PY13119.R1)
Rule, J., Gorman, G., Ankus, J., Reis, E. & Mitchell, J. Enhancing health workforce capacity in response to STIs and HIV in the Pacific Islands. Journal of Community Health and Clinical Medicine for the Pacific , September 2012, Vol.18, No. 2

Conference presentations

A number of ASHM projects have been presented at conferences over the past 12 months.

Presentation
Crooks, L. (2014) Treatment as Prevention. Centre for Social Research in Health Annual Conference
Crooks, L. (2013) New diagnoser project, ASHM Conference 2013
Crooks, L. (2013) HIV and Immigration – Australia Current and Proposed Policy, IAS Pathogenesis Conference. Kuala Lumpur
Hill S, Baker D. Increasing hepatitis C treatment access through the Community Prescriber Hepatitis C Treatment Initiation Pilot. Presented at: Viral Hepatitis Health Promotion Conference, Sydney 14-15 November 2013.
Maher L, Holdaway S, Martin R, Leece B, Hill S. The Jade Fan Project: Be Aware, Be tested, B Immunised. Presented at: Viral Hepatitis Health Promotion Conference, Sydney 14-15 November 2013.
Allard, N. and Towell, V (2013). Chronic Hepatitis B: GPs taking up the challenge of care and cancer screening, The RACGP Conference for General Practice. Darwin.
Roberts, A. and Allan, B (2013). HIV Immigration and the Law: Satellite Session, 2013 Australasian HIV & AIDS Conference. Darwin.
Towell V and Fredrickson A (2013). The burden of chronic hepatitis B in refugee populations. 4th WA Transcultural Mental Health & 2nd Australasian Refugee Health Conference, Perth.
Wilson, B and Towell V. Hepatitis C capacity strengthening program with Aboriginal Medical Services in regional Australia. Presented at: International Viral Hepatitis Conference New York, March 17-18 2014
Posters
Batey R, Hill S, Baker D. Hepatitis C - a disease of the past? Poster presented at: GP13, October 17-19; Darwin, Australia. Paper number: 14626.
Hill S, McDonald K, Elliott JH, Crooks L for the HealthMap Project Team. Characteristics of Australian HIV Clinics; Results of the ASHM National Clinic Resources Survey. Poster presented at: Australasian HIV/AIDS Conference; 2013 October 21-23; Darwin, Australia. Paper number 670.
Tran, H.M. (2014) Vietnam HIV health care capacity development project 2012 – 2014 Mid-term Review.
Wilson, B. Bila Muuji Hepatitis C Capacity Strengthening. Poster presented at Ngarra : Australasian HIV/AIDS Conference; 2013 October 21-23; Darwin, Australia
Wilson B and Forrester J. Enabling Hepatitis C health promotion through capacity building in regional Aboriginal Medical Services. Poster presented at: Viral Hepatitis Health Promotion Conference, Sydney 14-15 November 2013

Posters continued...

Wilkinson E, Stack M, Wheeler E, Bourne C, Hillman RJ. Developing national sexually transmissible infection (STI) guidelines for primary care. Poster presented at: Australasian Sexual Health Conference; 2013 October 23-25; Darwin, Australia. Paper number 399.

Wilkinson E, Towell V. Managing STIs and BBVs in rural & remote Australia: Increasing the capacity of primary care. Poster presented at: Rural Medicine Australia 2013; 31 October-2 November, 2013; Cairns, Australia.

CEO, Levinia Crooks, was appointed Adjunct Associate Professor in the Public Health and Human Biosciences Faculty at La Trobe University, in recognition of her contribution to the sector. ASHM is represented on the Research Council for the Centre for Social Research in Health and the CEO is a reviewer for the Gilead Fellowship.

The Melbourne Declaration on HIV: Update

The Melbourne Declaration on HIV was released nearly two years ago, and was endorsed by all leading HIV community, professional, and research organisations. The Declaration called for Australia's HIV response to be revitalised to take full advantage of game-changing scientific advances in HIV prevention and treatment which for the first time enable us to envision an "AIDS free generation". This year at the HIV

& AIDS Conference in Darwin, in Darwin, the original signatories of the Melbourne Declaration revisited the four Action Areas of the 2012 Melbourne Declaration and scored the progress Australia has made in each area with marks out of ten. The Melbourne Declaration Report Card scored 53 per cent. "Despite some significant achievements over the past 12 months, the inescapable fact is that Australia's efforts still fall well short of what is needed," reads the Update. Yet despite the significant room for improvement, we are optimistic that Australia's response to HIV is improving and that the targets set out in the Declaration can be achieved.

PBAC submission to remove arbitrary CD4<500 cut-off for therapy

ASHM, in collaboration with AFAO and NAPWHA and with assistance from the Kirby Institute, led a major submission to have the restriction on prescribing antiretroviral therapy for patients with CD4+ <500 lifted on the PBS. The work in preparing the submission was done voluntarily by a team led by ASHM President A/Prof Edwina Wright. ASHM would like to thank all those who contributed their support to this great outcome that demonstrates partnership in action.

The process required detailed work with the existing research on both individual and community benefits, including treatment as prevention, stemming from early treatment, as well as the potential economic impact.



Sector partners released the report on actions from the Melbourne Declaration at the Australasian HIV & AIDS Conference in Darwin [From L to R] Annie Madden (AIVL), Rob Lake (AFAO), Gary Dowsett (ARCSHS), Edwina Wright (ASHM), Bill Whittaker (NAPWHA), Janelle Fawkes (Scarlet Alliance), John De Wit (CSRH)

This outcome is a significant step towards achieving uptake of antiretroviral treatment and ensuring that patient and clinical decisions are made on evidence and patient readiness. Removing the PBS restriction has improved the scope for people living with HIV and their doctors to initiate antiretroviral treatment at the right time for the individual.

ASHM, in conjunction with the Queensland HIV Foundation, facilitated a workshop in March to look at developing a set of common resources to promulgate this decision. ASHM also rolled out a series of educational events across the country to support earlier HIV treatment and made resources available online. The full report and teaching resources, including powerpoint presentations, handouts, evaluations, checklists and patient resources, can be downloaded from <http://www.ashm.org.au/News.asp?NewsID=574>.

Community dispensing of highly specialised drugs

ASHM has also been active in securing community dispensing of Highly Specialised Drugs used to treat HIV. This has been announced by the Commonwealth and will come into effect on 1 July 2015. The first drugs to move to community dispensing are the HIV antiretroviral drugs and clozapine, a drug used in the long-term treatment of schizophrenia. ASHM is also calling for a similar arrangement to be extended to hepatitis B treatment which utilises similar medications as HIV, so patients prescribed their medicines from a public hospital or GP prescriber can have them dispensed in the community. ASHM has, and will continue to, work with partners in the health sector to see this arrangement implemented for other conditions, where it will benefit patients.

National Testing Policies

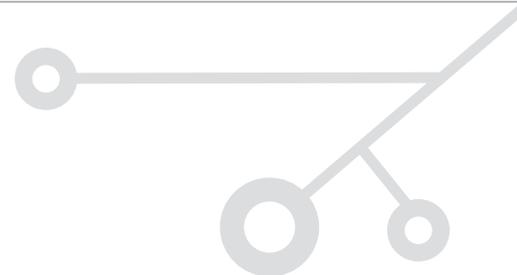
The HIV, Hepatitis B and Hepatitis C Testing Policies were all reviewed in 2013 and minor changes were included in the Hepatitis B and C policies. The HIV Testing Policy Expert Reference Committee recommended more significant changes, which necessitated endorsement by the BBVSS. The final draft of those recommended changes have been

with the Department of Health since November of 2013. The policy called for the removal of legislative barriers to home testing for HIV and evaluation of tests for introduction to the market. The HIV Testing Policy Expert Reference Committee has been a forum where many of these discussions have been initiated, debated and agreed upon. Irrespective of the HIV Testing Policy being endorsed, it has acted as a stimulus for a number of policy changes. The Committee has served this purpose well, removing the policy barrier to point of care testing and, more recently, to home tests, recommending that they be subject to standard TGA evaluation. However, these changes have not yet been endorsed and debate continues about whether there is a need for National Testing Policies. ASHM remains steadfastly of the opinion that such policies have utility and can help galvanise consistent and coordinated testing, prevention, laboratory and clinical practice.

Regional Leadership and Mentoring Program

ASHM negotiated with Department of Foreign Affairs and Trade (DFAT) last year to prioritise the Round 14 Australia Award Fellowships for activities associated with the AIDS 2014 Conference. ASHM brought together a number of sector agencies, who were interested in holding Short Courses next to AIDS 2014, to develop a Regional Leadership and Mentoring Program, to support regional delegates attending the Conference. This was a competitive program and each Short Course submitted was externally evaluated. Ten Short Courses were funded, resulting in 177 fellows from 24 countries being supported by DFAT to attend the Leadership and Mentoring Program, as well as AIDS 2014. The aim now is to make this a sustainable regional network, linking individuals and their agencies working in HIV, sexual health and viral hepatitis areas, particularly in areas of co-infection. The short courses covered HIV medicine, social research, laboratory services and community advocacy.

ASHM Services



The services reviewed in this section are largely provided by ASHM's Policy and Education Division and International Division. ASHM's direct services can be divided into training and resources. From a training perspective ASHM provides both disease specific workforce training activities as well as profession specific courses which may focus on multiple conditions. From a resources perspective, ASHM seeks to produce and adapt materials which support the needs and working environment of the workforce. This means working with a range of resource media including hard copy books, face-to-face curricula, online learning modules, webinars, abbreviated decision making tools, DVDs or web-based interactive learning tools. Regardless of the media, ASHM always tailors offerings to target audience of learners and applies clear and rigorous principles. ASHM:

- always works with representatives from the target population for the educational resource;
- involves organisations which represent the professional group at whom a resource is targeted;
- engages with health consumers; this might be through a community based organisation or through focus groups or patient advocates;
- secures recognition, endorsement and accreditation for resources and activities from relevant colleges and the like;
- reviews programs and resources on a continuous improvement cycle, and provides interim updates if there is a significant change in any area;
- relies on scientific evidence and acknowledges where levels of evidence are limited or based on expert consensus/opinion;
- recognise that the sector is an area of rapid development where approaches, which may have been relied on at one point in time, are superseded quite quickly;
- embraces debate and encourages critical inquiry
- actively encourages enquiry and attempts to provide a forum for this through educational activities, communications, conferences, events and publications.

Training and workforce development

ASHM programs deliver training activities, including online and web-based learning. ASHM relies on Commonwealth funds to develop curricula, resources and policy which can be used across jurisdictions. Tailoring and roll-out of these materials is predominately funded by state and territory governments, local health districts, Medicare Locals, Aboriginal Medical Services, private sponsorship or fee for service arrangements. The purpose of all ASHM training and workforce development is to ensure gold standard and evidence-based health care is practiced at all levels of the workforce and patients receive the highest levels of care and support.

A summary of our complete national training program for the reporting period is provided below. A full list along with locations and specific course titles can be found [here](#).

Total Number of Training Courses and Participants	Number of Courses	Numbers Trained
HIV Courses & Updates	16	328
HBV Courses & Updates	16	292
HCV Courses & Updates	10	324
Aboriginal & Torres Strait Islander Health Courses	7	120
BBV/STI/ Sexual Health Courses & Updates	22	564
Totals	71	1628

For a complete list of course titles, locations and participation please click [here](#).

The HIV Program

The HIV Prescriber Program

The HIV Prescriber Program is a cornerstone of ASHM's educational programs. The program is going through a process of renewal, which reflects the changing nature of HIV management, the increased role of primary care in HIV management, the needs of community HIV s100 prescribers and the overall simplification of care.

The ASHM HIV Prescriber Program was run twice in NSW and once in South Australia during this reporting

period. In total, 35 general practitioners were trained through these courses and 6 new prescribers were accredited, 13 new prescribers are in process of being accredited.

Numbers of HIV Community s100 Prescribers	2011-2012	2012-1013	2013-2014
NSW	110	115	109 [^]
ACT	9	11	10
South Australia	18	22	21 ^{^^}
Victoria*	46	43	43

[^]10 Undergoing accreditation

^{^^}3 Undergoing accreditation

*accreditation and maintenance is provided by ASHM training and support provided by Networking Health Victoria (formerly General Practice Victoria)

The HIV Shared Care Program, HIV Cycle of Care and Shared Care Audit

Shared care is a 'model of care' involving the co-management of patients between primary care and specialists. It is defined through the planned delivery of care, information exchange and communication between GPs and specialists to improve patient outcomes.

Shared care is particularly relevant for GPs who only provide care for small numbers of HIV patients and don't want to complete a full prescribing course. Shared care providers monitor patients in conjunction with a specialist HIV s100 prescriber, and in future, may be able to write maintenance prescriptions for HIV medication. ASHM has developed a register of 180 'shared care GPs' who are provided with regular support and a quarterly newsletter.

ASHM is also working with RACGP to see whether a 'Cycle of Care' can be secured which could be applied to HIV and hepatitis B and would provide clinicians with an incentive payment for the completion of each annual cycle of care.

ASHM has also developed a 'GP Shared Care Audit' which has been piloted in 17 GPs in NSW and has been approved for 40 category 1 RACGP points. A larger online version is nearing completion and will be available for GPs across Australia.

Viral Hepatitis Program

Hepatitis B Prescribing and training

The hepatitis B s100 community prescriber program has continued to grow in New South Wales and beyond. Four advanced courses have been run in NSW since 2012 and over the past year ASHM has worked with the health departments of the ACT, NT and SA to roll out programs in those jurisdictions in the coming year. The program provides initial training, ongoing support and continuing professional development (CPD) activities for general practitioners prescribing Highly Specialised Drugs for the maintenance treatment of chronic hepatitis B. The PBAC has advised that approval for hepatitis B initiation prescribing continues to be delayed as they wish to first resolve arrangements for community dispensing before commencing the program. ASHM has raised this issue with the PBAC for discussion later this calendar year. ASHM continued to deliver introductory hepatitis B training for primary care professionals in high prevalence areas across the country.

Numbers of Community HBV s100 Prescribers	2011-2012	2012-2013	2013-2014
Prescribers in ACT	N/A	1	2
Prescribers in NSW	N/A	18	30
Prescribers in SA	N/A	1	2

Hepatitis B Mapping Project-initiated training

The Hepatitis B Mapping Project: Estimates of chronic hepatitis B prevalence and cultural and linguistic diversity by Medicare Local, 2011 – National Report has been promulgated widely to Medicare Locals with an increased prevalence; policy and planning bodies; and health and community workers involved in the response to hepatitis B in Australia. Feedback on its usefulness continues to be collected. ASHM has run hepatitis B local needs briefing sessions in Sydney, Brisbane, Adelaide and Melbourne. The briefings promulgated key chronic HBV messages; outlined local epidemiology; and encouraged localised priority setting based on the geographic mapping of the burden of diseases for CHB. ASHM



Launch of the first hepatitis B Mapping Project National Report at the National Hepatitis Health Promotion Conference
 [From L to R] Chris Puplick, Anna Roberts, Jennifer MacLachlan, Michael Wooldridge, Benjamin Cowie, Vanessa Towell

staff continue to liaise with state, territory and local health authorities to initiate hepatitis B training and service development. A second report looking at monitoring and treatment uptake will be released later this calendar year.

Hepatitis C Prescribing & Hepatitis C Training

This year saw an increased interest from clinicians in hepatitis C management and over 30 new drugs for hepatitis C treatment in different stages of development. The prospect of simplified, interferon-free treatment with fewer side effects given for a shorter duration is exciting, but there is a great deal of uncertainty in the sector as clinicians and their patients make assessments about whether it is better to start treatment now, or to delay treatment until the new alternatives are available. This is compounded by the uncertainty around when the treatments will be available, how they will be subsidised and what restrictions might be placed on treatment to determine who qualifies for subsidised therapy. For some patients with advancing disease, delay is not an option. Unfortunately this uncertainty has meant that approval to continue the hepatitis C initiation pilot as a program has not been forthcoming and ASHM will continue to liaise with the PBAC, state and federal health departments to try and progress the issue.

ASHM has progressed the development of two major hepatitis C eLearning activities. The first activity, titled Diagnosing and Managing HCV in Drug and Alcohol practice, resulted from a collaboration with the Australasian Chapter of Addiction Medicine. The second is a reworked phase of the ASHM Hepatitis C S100 Prescriber Course which will now blend online and face-to-face training to allow greater access to prescriber training for practitioners in remote and

rural areas, including Aboriginal Medical Services and improve the learners' overall experience.

Numbers of HCV Community s100 Prescribers	2010-2011	2011-2012	2012-2013	2013-2014
Prescribers in ACT/NSW	31	32	36	40
Prescribers in SA	8	12	12	11
Prescribers in initiation pilot [^]	7	11	11	0

[^] this pilot ended in March 2013 and the final evaluation report is with the PBAC for consideration as an ongoing program

Blood Borne Virus and Sexually Transmissible Infections Training

Most primary care clinicians and health professionals will see STIs, viral hepatitis and may also see some HIV in their patient base. It is vital that primary care clinicians have a broad understanding of risk, testing, diagnosis and management of a full range of BBVs and STIs. ASHM seeks to fulfil this need by offering a range of BBVs and STI trainings for all levels of primary care.

Unlike the prescriber programs, a broader range of health professionals participate in these activities, including not only medical participants, but also nurses, allied health and aboriginal health workers.

Nursing Program

Our nursing program focuses mainly on STI, hepatitis B and hepatitis C education, targeted at nurses working in primary care, tertiary clinics, outpatient settings and with those most affected by BBVs and STIs. All training is developed and



APNA Best Practice Award in Sexual Health winner, El Thompson from Hobart (centre). (From left to right) Emily Wheeler (ASHM), Rosie Oldham (NHV), Michelle Bonner and Carolyn Murray (NSW STIPU)

delivered in collaboration with the relevant professional association representing the nurses involved. The aim of the training is to provide nurses with the skills and knowledge to expand their scope of practice.

In addition, ASHM supported two nurses to enrol in post-graduate sexual health nursing education, delivered by the Australian College of Nursing. In collaboration with NSW STIPU and Networking Health Victoria's shared Program, ASHM sponsored the APNA Best Practice Award in Sexual Health, awarded to El Thompson, HIV/Sexual Health Nurse practitioner candidate from Hobart.

Hepatitis C capacity strengthening in Aboriginal Community Controlled Health Services in NSW

Hepatitis C virus (HCV) remains a disease which has a higher prevalence among Aboriginal and Torres Strait Islander peoples. In 2012, the Aboriginal and Torres Strait Islander population represented 7 per cent of notifications of newly diagnosed hepatitis C infection. While the rates of hepatitis C infection in the non-Indigenous population have improved, rates of hepatitis C in the Aboriginal population continue to rise. ASHM has been conducting a number of hepatitis C capacity strengthening and training programs with Aboriginal Community Controlled Health Services in NSW, including the Bila Muuji alliance, the Riverina Murray alliance and services in South West Sydney. The goal of the programs is to provide improved and sustainable hepatitis C services to local Aboriginal Communities through strengthening staff and organisational capacity to address hepatitis C prevention, testing and management.

The Bila Muuji program working with an alliance of six Aboriginal Medical Services Western New South Wales has now concluded. Significant outcomes of this program include the establishment of outreach clinics and increased staff and organisational engagement with hepatitis C.

Beth Wilson, Project Officer responsible for the hepatitis C capacity strengthening programs was accepted to deliver an oral presentation on the Bila Muuji program to the International Viral Hepatitis Conference in New York in 2014.

Ngarra Showcase at Darwin HIV and STI Conference

"We need to share stories of what works and what is new and innovative if we are to move forward

and learn from each other. This booklet will be an important contribution to doing that." *Sean Heffernan, Chair of AMSANT*

Aboriginal and Torres Strait Islander people experience unacceptably high rates of sexually transmissible infections and are also at risk from blood-borne infections such as hepatitis B and C.

ASHM co-ordinated and hosted the third Ngarrá Exhibition at the Sexual Health and HIV & AIDS Conference in October 2013. Both the Exhibition, and the accompanying book, showcase innovative projects focusing on sexual health. Many of these projects were led by Aboriginal clinicians and researchers.



Ngarrá 2013 Opening. [from L to R]: Samantha Pavlin, AMSANT; Ngiare Brown, NACCHO; John Patterson CEO, ANSANT; Destiny; Karen Seager, Senior Project Officer, ASHM; Levinia Crooks, CEO, ASHM; James Ward, Board Member ASHM

International Training and Mentoring Activities

The International Division has held a number of training courses and mentoring visits in the region this year. We were, with funding from Gilead Sciences also able to support a speaker to attend the PNG Medical Symposium and PNG Sexual Health Society Clinical HIV Refresher Course in Lae, Papua New Guinea, in September.



Participants in the OSSHHM Pasifika Training Program for HIV and STIs in Mendi, Papua New Guinea

Regional activities over the past year are summarised below.

Project	Sponsor/ Partner	Locations	Description
Indonesia	DFAT/ IDI	Indonesia	HIV, drug use, viral hepatitis and HIV co-infection and HIV treatment and care in prison settings. Coordination of national HIV guidelines.
Pacific HIV health care capacity development 2012 - 2014	DFAT/ OSSHHM	Fiji, Vanuatu, Solomon Island, Marshall Island	Establish a cadre of HIV experts within the OSSHHM priority countries to provide training and mentorship across HIV and STI management; increase technical skills and capacities and support improved governance.
Vietnam HIV health care capacity development 2012 - 2014	DFAT/VCHAS	Vietnam	Support VCHAS to deliver training support and resources in HIV and related issues to health care professionals in Vietnam.
Collaboration for Health in PNG (CHPNG) ASHM Clinical and Laboratory Mentoring	CHPNG Catholic Health and HIV Service (CHHS)	Papua New Guinea	HIV clinical and laboratory mentoring and training to CHHS clinics in 8 provinces.
Highland Sexual Health Support	Caritas Australia Catholic Health and HIV Service	Papua New Guinea	Continuing support to STI clinical and laboratory services established under the STI management program 2007 – 2012. In 5 highlands provinces.
Gilead Sciences Support for PNG Sexual Health Society	Gilead Sciences PNG Sexual Health Society (PNGSHS)	Papua New Guinea	PNG SHS HIV refresher course and a guest speakers at the PNG Annual Medical Symposium in Lae in September 2013.

Resources

ASHM produces a number of print and electronic resources. At the point of clinical review, it is ASHM's policy to conduct a needs assessment to determine whether the target population would prefer the resource to be delivered electronically, in hard copy, or both. There is, however, a cost involved in constantly updating materials and a much higher expectation that electronic resources are kept up to date. ASHM continues to endeavour to provide the most relevant information as quickly as possible to the workforce in the media that best suits their needs.

National PeP Guidelines

Post-exposure Prophylaxis after Non-Occupational and Occupational exposure to HIV National Guidelines were completed in 2013. These guidelines outline the management of individuals who have been exposed (or suspect they have been exposed) to HIV in occupational and non-occupational settings. These guidelines replaced the National guidelines for Non-Occupational Post-Exposure Prophylaxis to

HIV(DoHA 2006) and the HIV component of the Management of Exposure to Blood/Body Fluids in an Occupational Health Setting, ANCAHRD Bulletin No 29 September 2002. The guidelines are available [here](#)

Managing HIV

Managing HIV was first produced in 1994 and has been updated on three occasions. The last hard copy edition was written in 2009 and reprinted in 2010. The decision was taken this year to convert it to an online, interactive sub-site. Although some clinicians prefer the hardcopy format, a needs assessment indicated that an online-only resource was suitable and appropriate.

The online format will allow the user to sample and print sections of the book in more useable and targeted forms, such as a booklet on testing or PrEP or treatment, while at the same time preserving the integrity of the book, as a whole. ASHM is also investigating new print-as-you-go services, which could prove useful for people wanting to rely on a

printed version. The intellectual work involved in updating will still be required but it should allow us to update sections in a more timely manner, which is key in this dynamic environment.



from a wide range of settings. The layout has been improved to include more tables, summaries and highlighted information, to emphasise key practice points relevant to primary care practitioners and allow it to be used as a hardcopy or online resource by practitioners who require information to direct management or answer questions from individuals living with CHB.

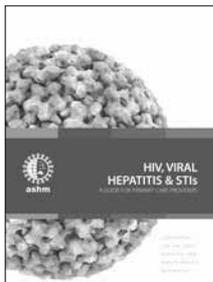
Is it HIV?

Based on the Australian guide for primary care, Is it HIV? is a regional publication that ASHM first developed with Treat Asia in 2009. It has now been translated into Bahasa Indonesian and Vietnamese. The books are able to be downloaded from the website and hard copies are available from our collaborators in country:



'Inikah HIV?' Bahasa Indonesian Edition
 'Is it HIV?' English Edition
 'HIV là gì?' Vietnamese Edition

HIV, Viral Hepatitis and STI: A guide for primary care



ASHM similarly conducted a needs assessment with the users of this resource which indicated that this group preferred for this resource to remain in hard copy. Primary care providers, in particular noted a preference for having the combined format of HIV,

viral hepatitis and STI being presented together in one book which can be put on the shelf for reference. The guide has been fully revised and updated and will be distributed in the second half of 2014.

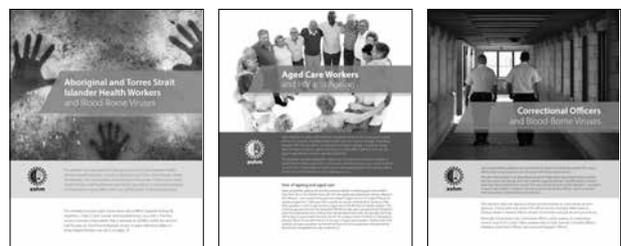
B Positive all you wanted to know about hepatitis B, a guide for primary care providers



This resource has been revised and updated in its entirety. To ensure the new edition meets the needs of primary care professionals both in inner urban and remote rural settings, feedback was sought via a focus group of primary care practitioners with experience

Profession-based booklets

ASHM now has 13 profession specific resources on blood-borne viruses. They are available in print or downloadable versions. In 2013-2014, three new booklets were developed: Aboriginal and Torres Strait Islander Health Workers and BBVs, Correctional Officers and BBVs and Aged Care Workers and HIV and Ageing. These new resources have been widely distributed and well received by the target groups.

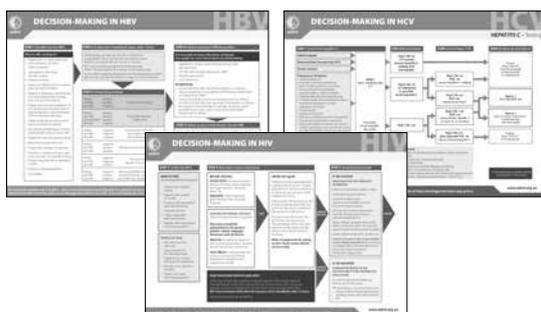


ASHM Profession Based Booklets	First printed	Print 2013-14	Download 2013-14	Total 2013-14
Aboriginal and Torres Strait Islander Health Workers and Blood-borne Viruses	June 2013	2078	411	2489
Antenatal testing and Blood-borne Viruses (BBVs)	June 2011	2288	359	2647
Correctional Officers and Blood-borne Viruses	August 2013	3508	239	3747
Dental and Orofacial Health and Hepatitis C	Sept 2012	1422	521	1943
Dentists and HIV	May 2011	459	1078	1537
Emergency Service Providers and Blood-Borne Viruses	March 2012	476	236	712
General Practitioners and Hepatitis C	Sept 2012	1557	359	1916
General Practitioners and HIV	Dec 2009-updated Aug 2011	1079	914	1993
Hepatitis B and Primary Care Providers	Sept 2012	3077	518	3595
Nurses and Hepatitis C	Sept 2012	1790	446	2236
Pharmacy and Hepatitis C	May 2010	2	424	426
Police and Blood-borne Viruses	Aug 2011	352	359	711

HIV, Hepatitis B and Hepatitis C decision guides

These double page testing, management and treatment support tools remain extremely popular with 8097 being distributed in the 2013-2014 period. They depict the staging of each of these viruses, common and preferred tests, treatment and monitoring. They are aimed at general practitioners and cover testing, conveying a result and management, including referral for treatment and on-going monitoring, which can be provided in primary care.

ASHM Decision Making Tool Distribution	Hard Copy	Download	Total
Decision Making in HBV (version 2)	4719	464	5183
Decision Making in HCV	1681	140	1821
Decision Making in HIV	1006	87	1093
Totals	7406	691	8097



Australian Commentary of the Antiretroviral Guidelines and Clinical Guidance sub-site:

<http://arv.ashm.org.au/>



ASHM manages the Antiretroviral Guidelines and Clinical Guidance sub-committee (ARVG) which reviews the USA DHHS guidance on the use of antiretrovirals for the treatment of HIV and provides vital Australian commentary to ensure their relevance in the Australian context.



The ARVG website, which was revamped this year, presents the Australian commentary in a searchable and interactive format to assist clinicians in decisions around when to start treatment, preferred drug combinations for initiating treatment and other key clinical indicators.

Testing Portal



The ASHM testing portal was conceptualised as a one-stop spot for information about testing. It comprises the HIV, Hepatitis C and Hepatitis B policies, and more importantly, the supporting materials, resources and documents which flow from these. <http://testingportal.ashm.org.au/>

Guide to Australian HIV Laws and Policies Health Professionals

The legal guide is one of our most popular resources receiving 22,992 hits in the last year. It is updated regularly.

Report Back from conferences

Report backs from conferences used to occur a couple of weeks after the meeting. Today, many conferences post their sessions live the same day. In light of this, ASHM decided that reporting back was important but needed to be done differently. ASHM now uses a blog site called Report Back, www.ashm.info.org.au, wherein staff and clinicians can write and post real-time (or close to real-time) articles about sessions and how they may apply in Australian clinical practice. ASHM has worked with international conference providers, where possible, to access media registrations and support or recruit members who are attending to report back on specific issues. This provides a more tailored report and means that members can receive alerts based on their specific areas of interest. ASHM sees this as an important way to connect members and prescribers to activities, which might be happening on the other side of the world. Two low case-load prescribers, Dr Ken Hazelton and Dr Mike Seah, recently attended CROI in Boston and provided blogs from the meeting, a webinar and face-to-face reports back, focusing on the take-home messages for clinicians in their low case-load settings, as well as key issues from the conference.

ASHM Online Resource Visits	2011-2012	2012-2013	2013-2014
ARV Guidelines and Commentary	11,405	8,694	7,097
Testing Portal	4,704	8,732	11,845
HIV Laws and Policies	11,158	16,191	22,992
ASHM reports back site	990	3,450	2,027
Contact Tracing Manual	6,035	7,426	8,288
Melbourne Declaration	N/A	5,141	2,318
Auckland Statement	N/A	5,875	582

Webcasting and online learning

ASHM has devoted a great deal of attention to web casting in 2013-2014 to explore how to use this technology to make much of our face-to-face training available more broadly and over a longer period of time. Much of this development has been initially done within the context of the NSW Workforce Development Program and then rolled out across other program contexts.

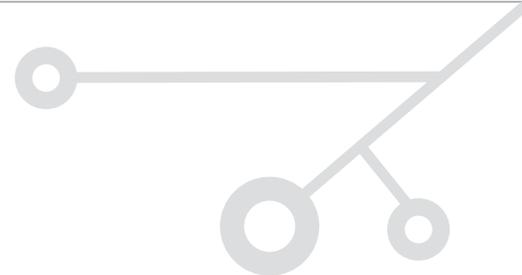
For healthcare workers in remote areas, the service provides another dimension to clinical updating which requires no travel or time away from clinic. The participant is able to choose their means of engagement: attend in person; listen and watch online and participate in an online discussion; or watch the presentation at a later stage. ASHM is also able to develop webcast videos into online learning, which can be monitored through the insertion of assessment questions and which can be accredited with the RACGP and other CME/CPD programs and are used to assist practitioners to maintain their clinical currency and competency.

ASHM is moving the recorded webcasts to a learning management system, so that we can more easily monitor usage and participation in assessment and will report on this in subsequent years. This, along with an expansion of online learning options and in-house capacity to develop online learning, reflect a real change in the way ASHM is doing business and taking learning opportunities to the health workforce rather than always moving learners to a single place.

	Number Held	In-person attendance	On-line live attendance	Post-live viewing	Total Participatns
Webinars					
HIV Webinars	10	30	180	259	469
HBV Webinars	3	8	65	26	99
HCV Webinars	7	11	106	137	254
BBV/STI Webinars	9	14	166	169	349
Totals	29	63	517	591	1171

For a complete list of webinar titles, locations and participation please click [here](#).

Leadership and performance



Policy contributions

One of the important ways ASHM provides leadership is through the development of policy and coordination of policy across the sector. Sometimes this is done by taking a leadership role in the development of a response; at other times it is done by promulgating a call for submissions to members, or sub-sets of the sector, and inviting people to develop their own responses.

Participation in Significant Policy Committees

ASHM is represented on the Blood Borne Viruses Subcommittee and has attended all meetings and provided written reports to this committee. ASHM is also represented on the NSW HIV Strategy Implementation Committee and attended all meetings of that group. Prior to the formation of this group, ASHM was represented on the NSW Ministerial Advisory Committee on HIV/AIDS Strategy (CAS). ASHM was the Scientific Local Partner to the AIDS 2014 Conference and was represented on the Conference Coordinating Committee.

Risk management and accreditation

The Society has a formal risk management process in place and a compliance schedule. In the coming year we will be adopting a formal quality improvement process, in addition to the accreditation we have as a Registered Training Organisation and as a self-assessing education provider for the RACGP. We encourage and support our staff to become accredited in their professional fields. Our Human Resources Manager is a certified professional member of the Australian Human Resources Institute (AHRI) and our Finance Manager is a Certified Practising Accountant. Our programs communication officer is a member of the Australian Marketing Institute. Our Conference Division holds accreditation from both Meetings & Events Australia (MEA) and the Professional Conference Organisers Association (PCO), whilst our Conference Division Manager and Conference Operations Manager are individually accredited with MEA and the PCO. Our National Policy and Education Division Manager holds a current practising certificate as a solicitor in NSW and is a member in good standing with the Law Society of NSW.

Significant Policy Submissions or Presentations

ITEM	
Advocacy to include community HIV s100 prescribers as specialist in VPTAS	Victorian Health
Arrangements for the dispensing of s100 drugs through community pharmacy	PBAC/DoHA
Call for the removal of barriers to self-testing for HIV	TGA
Community dispensing for HBV s100 drugs	PBAC
Community prescribing for HCV and HBV	PBAC
Community paper with AFAO and NAPWHA to UNAIDS and DFAT regarding immigration for HIV positive people	UNAIDS/ DFAT
Correspondence to Ugandan PM cautioning against homophobic laws	Ugandan Gvt.
Management of the infected Healthcare Worker	CDNA/APHRA
PBAC submission to remove CD4 500 cutoff for subsidized therapy	PBAC
Presentation in the UNAIDS Symposium on Immigration (IAS Kuala Lumpur)	UNAIDS
Rule 3 exemption for multiple pathology request on the basis of 1 consultation	MSAC
Simplified arrangements for HIV PoCT	NPAAC/TGA

Director's report



**Australasian Society for HIV
Medicine
A.C.N. 139 281 173**

**ACFID Summary Financial Report
For the year ended 30 June 2014**



**Walker Wayland NSW
Chartered Accountants**

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 2014.

Directors

The 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 Gail Matthews (appointed 23/10/2013)
Dr Mark Bloch	Dr David Nolan
A/Prof Mark Boyd	A/Prof Catherine O'Connor (appointed 23/10/2013)
Professor David Cooper	Dr Louise Owen
A/Prof Benjamin Cowie	Dr Darren Russell
Mr Philip Cunningham	Mr Mark Saunders (resigned 05/02/2014)
Ms Lyndal Daly (resigned 23/10/2013)	Mr James Ward (appointed 11/03/2014)
Dr William Donohue	A/Prof Heather Worth (resigned 23/10/2013)
Dr Julian Elliott	
A/Prof Edward Gane	

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

Company Secretary

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

Ms Levinia Crooks (AM) 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 \$405,279 (2013: \$555,698).

Principal Activities

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

Short-term and Long-term Objectives

The ASHM's short-term objectives are to:

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

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

The ASHM's long-term objectives are to:

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

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

Strategies

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

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

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

ACFID Financial Reporting Changes for 2014

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

For the year to 30 June 2014 ASHMs total income was \$8,581,242 (2013: \$9,655,191) and its total expenditure was \$8,986,521 (2013: \$10,210,889), resulting in an operating loss of \$405,279 (2103: loss of \$555,698).

As at 30 June 2014 ASHM had total assets of \$ 5,307,539 and total liabilities of \$3,525,587, giving a net asset position of \$ 1,781,953. Of the total assets, \$3,377,594 was made up of cash at bank.. There are no aged debts. The Directors therefore believe that as at 30 June 2014 ASHM is in a good financial position.

Whilst ASHM is budgeting a loss for the year to 30 June 2015 it will remain in a positive asset and cash position at the end of the next financial year. The Directors and management will be working on strategies to ensure ASHM returns to surplus in the near future.

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

ASHM has continued to provide secretariat support to the Department of Foreign Affairs and Trade HIV Regional Capacity Development Program during the year and conduct activities funded through that program, as well as through activities support through private grants and donations. Two project evaluations have been undertaken in that time, which both have positive outcomes and one evaluation is still being completed.

ASHM has participated fully in the development and planning for the 20th International AIDS Conference (July 2014) It has also received support from the Department of Foreign Affairs and trade to run a leadership and mentoring program at that conference. 177 Australia Award Fellowships were supported by DFAT following competitive evaluation of the proposals.

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

ASHM is committed to ensuring it fully complies with the ACFID Code of Conduct

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

ASHM has processes and systems in place that allow complaints to be made against the organization. The point of contact is Levinia Crooks, CEO and depending on the nature of the complaint through to the Board. As a Registered Training Organisation we also comply with all required complaints and appeals processes in respect of individuals using our training services.

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

ASHM has processes and systems in place that allow complaints for breach of the Code with ACFID Code of Conduct Committee complaints to be made. The point of contact is Levinia Crooks, CEO

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.

Members	2014	2013
Number of members	1,136	1,029
Collaborators		
Number of domestic partner organisations	42	35
Number of affiliates	665	504
Number of regional partner organisations	4	8
Staff		
Number of staff employed for 5 years or more	12	11
Training and Resources		
Number of courses run	75	85
Number of resources distributed	46,290	34,780
Number of pdf resources downloaded	24,767	41,507
Operational and Financial		
Total Revenue	\$8,581,242	\$9,655,191
Proportion of funding provided by:		
government grants	48%	41%
Non-government grants	6.1%	1.5%
Donations received from public	0.83%	0.91%
Proportion of funding spent on:		
Staff training	0.25%	0.3%
General office/administration	5%	4%
Fundraising – international activities	0.09%	0.04%
Fundraising – domestic activities	0.05%	0.03%

Dividends Paid or Recommended

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

Events Subsequent to Balance Date

There have been no significant events after 30 June 2014 to the date of signing the financial report.

Future Developments

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

Environmental Issues

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

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Member Numbers

The number of members registered in the Register of Members as of 30 June 2014 was 1,136. This is a slight increase from 1,029 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.

The entity is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of the entity. At 30 June 2014, the total amount that members of the company are liable to contribute if the company is wound up is \$1,136 (2013: \$1,029).

Information on Directors in Office at the Date of this Report

- A/Prof Edwina Wright — President
- MB BS FRACP PhD
 - Associate Professor Edwina Wright is an infectious diseases physician and clinical researcher at the Alfred Hospital and the Burnet Institute. She has been involved in the clinical care of HIV positive people since 1986. Edwina has a strong interest in HIV-associated neurological disorders and she currently chairs a large, international clinical trial designed to determine the impact of early antiretroviral treatment strategies upon HIV-associated neurocognitive performance. Dr Wright is involved in research into early HIV treatment and prevention and chairs the Victorian PrEP Demonstration Project.
 - As President, Edwina chairs the Finance, Risk Management and Audit Sub-Committee of the ASHM Board.
- Dr Mark Bloch — Board Member
- MBBS, Dip FP, Dip Med Hyp, 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.
- A/Prof Mark Boyd — President Elect
- BA BM BS DCTM&H MHID MD FRACP
 - Mark Boyd is an Associate Professor of Medicine and a Senior NHMRC Research Fellow working in the Sexual Health Program of The Kirby Institute, UNSW Australia. He is an active HIV/Infectious Diseases physician working in community practice at The Albion Centre and Holdsworth House Medical Practice in inner-city Sydney.
 - Mark sits on the Finance, Risk Management and Audit Sub-Committee of the ASHM Board.

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 (Syd), MD, DSc(UNSW), FRCPA, FRCP, FAA
 - David Cooper AO, Scientia Professor of Medicine at the University of New South Wales and a Fellow of the Australian Academy of Science (FAA), is Director of the St Vincent's Centre for Applied Medical Research (AMR) and the Kirby Institute, which conducts research into HIV/AIDS with the ultimate aim of reducing the burden of the epidemic for the affected community. He is a Director of HIV-NAT, a clinical research and trials 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).
- A/Prof Benjamin Cowie — Vice President
- MBBS PhD GradDipClinEpi FRACP
 - A/Prof Benjamin Cowie is an Epidemiologist and Infectious Diseases Physician with the Victorian Infectious Diseases Reference Laboratory and the Victorian Infectious Disease Service, Peter Doherty Institute for Infection and Immunity, University of Melbourne, His research and clinical interests primarily focus on viral hepatitis and public health.
- Mr Philip Cunningham — Vice President
- BSc(Med)Hons QSA
 - Mr Philip Cunningham is the Senior Scientist and Operations Manager of the NSW State Reference Laboratory for HIV/AIDS at St Vincent's Hospital, Sydney. Philip is involved in public health research through laboratory surveillance of populations at risk of HIV and related diseases and supports a range of laboratory capacity building projects in the region. Philip is a visiting senior research fellow at the Kirby Institute at the University of New South Wales and is Chief Operating Officer of the St Vincent's Centre for Applied Medical Research.
 - Philip sits on the Finance, Risk Management and Audit Sub-Committee of the ASHM Board and Co-chair of the HIV Testing Policy Expert Advisory Group.
- Dr William Donohue — Board Member
- MBBS., B.Med.Sc
 - Dr William Donohue is a General Medical Practitioner at O'Brien Street Clinic in inner city Adelaide. His practice has a high caseload of patients with HIV and/or hepatitis B or hepatitis C. He is an s100 prescriber for HIV, hepatitis B and hepatitis C. He is a Clinical Lecturer in the Discipline of General Practice at the University of Adelaide, Primary Care representative on the South Australian Government Sexually transmitted Infectious and Blood-borne virus Advisory Committee (SASBAC) and a member of the National HIV Standards, Training and Education Committee.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- Dr Julian Elliott — Board Member
- MBBS FRACP
- Dr Julian Elliott is Head of Clinical Research at the Alfred Hospital Infectious Diseases Unit, Senior Lecturer in the Department of Infectious Diseases, Monash University and HIV Clinical Advisor, Burnet Institute. His research interests are in the use of antiretroviral therapy in low- and middle-income countries, including treatment monitoring, treatment failure and immune restoration disease; understanding and preventing the high burden of chronic illness in people with HIV; and evidence synthesis. He is Project Director for the HealthMap Project, was previously Technical Advisor in HIV treatment, care and research at the National Centre in HIV/AIDS, Dermatology and STDs (NCHADS) of the Cambodian Ministry of Health, and has served as a consultant to WHO, UNAIDS and the World Bank on reviews of national HIV programs and development of guidelines.
- A/Prof Edward Gane — Board Member
- MBChB, MD, FRACP, MNZM
- A/Prof Edward Gane 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 was recently 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.
- Dr Gail Matthews — Board Member
- MBChB, MRCP (UK), FRACP, PhD
- Dr Gail Matthews is a Clinical Academic in HIV/Infectious Diseases at St Vincent's Hospital, Sydney and a Senior Lecturer in the Viral Hepatitis Clinical Research Program at The Kirby Institute, UNSW. She also holds an NHMRC career development fellowship.
- Dr 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 autoimmune and immune deficiency syndromes including a large HIV cohort. David's PhD studies examined several newly-recognised HIV drug toxicity syndromes and drug hypersensitivity reactions that had become clinically concerning and highly prevalent in the HIV population, and subsequently expanded to involve a range of Immunology-related research projects investigating interactions between the host immune system and adaptable pathogens.
- 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.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- A/Prof Catherine O'Connor — Board Member
- MB.BS(Hons), DrPH, MM, FACHSHM, FRACGP, DRACOG
 - A/Prof Catherine O'Connor is the Director of Sexual Health Service for Sydney Local Health District and is based at RPA Sexual Health. She is also Executive Clinical Director for Community Health in Sydney Local Health District. She holds a conjoint appointment at the Kirby Institute, UNSW and the Central Clinical School, Sydney University. Catherine is the current Oceania Vice Chair of IUSTI-Asia Pacific. She has many years of involvement in medical education and medical research. She is a site mentor in ASHM's HIV clinical mentoring program in PNG.
- Dr Louise Owen — Board Member
- MBBS (Hons) FRACP FACHSHM
 - Dr Louise Owen is a Sexual Health Physician and is currently the Director of the Statewide Sexual Health Service in Tasmania, based in Hobart. Her interest in sexual health and HIV began during her general practice roles at The Prahran Market Clinic and the Middle Park Clinic with Dr Peter Meese. Louise has worked in a number of High Caseload General Practices, and was the Clinical Director of the Victorian AIDS Council/Gay Men's Health Centre. Louise has lectured to Tertiary, Post Graduate and community groups around HIV and related topics. She writes regularly for the gay press and has been involved in a number of steering committees covering matters such as nPEP, Syphilis and HIV.
- 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.
- Mr James Ward — Board Member
- BA
 - Mr James Ward has more than 20 years' experience within Aboriginal health and communities in Australia spanning clinical, policy, program and research. He is of the Pitjantjarra and Nurrunga clans of central and south Australia and has a strong interest in building capabilities in communities to enable self-determination and control of Aboriginal peoples' own health. He has a strong background in community-based research in urban, regional and rural Australia, specialising in HIV and other sexually transmitted infections, viral hepatitis and adolescent health. He is currently Deputy Director at Baker IDI in Alice Springs, which is a subsidiary of Baker IDI Melbourne, focused exclusively on improving health outcomes through Aboriginal health research. James is recognised as Australia's expert in the field of STI and BBV control among Aboriginal and Torres Strait Islander people and has served many national and jurisdictional committees.

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 Finance, Risk Management and Audit Sub-Committee
Mark Bloch	6 (9)	-
Mark Boyd	7 (9)	5 (6)
David Cooper	2 (9)	-
Benjamin Cowie	7 (9)	-
Philip Cunningham	4 (9)	5 (6)
Lyndal Daly	1 (2)	-
William Donohue	5 (9)	-
Julian Elliott	5 (9)	-
Edward Gane	5 (9)	-
Gail Matthews	4 (7)	-
David Nolan	5 (9)	-
Catherine O'Connor	7 (7)	-
Louise Owen	9 (9)	-
Darren Russell	5 (9)	-
Mark Saunders	0 (5)	-
James Ward	0 (3)	-
Heather Worth	1 (2)	1 (1)
Edwina Wright	5 (9)	4 (6)

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

Indemnifying Officers or Auditor

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

Proceedings on Behalf of the Entity

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

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

Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2014 has been received and can be found on page following the directors' report.

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



A/Prof Edwina Wright MB BS FRACP PhD



Mr Philip Cunningham BSc(Med)Hons QSA

Dated this 12th day of September 2014



Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

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

Website: www.wwnsw.com.au

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014 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
Chartered Accountants

Grant Allsopp
Partner

Dated this 17th day of September 2014

- 9 -

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
	\$	\$
REVENUE		
Donations and gifts		
- Monetary	70,843	87,405
- Non-monetary	-	-
Bequests and legacies	-	-
Grants		
- AusAid	1,129,563	954,003
- Other Australian	3,486,231	3,129,710
- Other overseas	22,394	5,231
Investment income	66,961	90,912
Other income	3,805,250	5,387,930
TOTAL REVENUE	8,581,242	9,655,191
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	368,705	209,058
- Program support costs	606,443	764,016
Community education	-	-
Fundraising costs		
- Public	521	1,107
- Government, multilateral and private	7,300	3,084
Accountability and administration	78,121	133,658
Regional HIV capacity development HIV	-	-
Total International Aid and Development Programs Expenditure	1,061,090	1,110,923
Regional HIV capacity building program – secretariat	290,639	188,018
Domestic programs expenditure		
General office and administration expenses	441,906	381,762
Occupancy expenses	277,779	273,886
Educational programs/resources	1,150,129	1,198,906
Professional fees	510,338	537,138
Personnel expenses	2,469,281	2,866,443
Loss on disposal of assets	118	544
Depreciation	57,224	71,434
Bank and merchant fees	9,925	11,826
Conference expenses	2,718,092	3,515,942
Support to the sector	-	54,067
Total Domestic programs expenditure	7,634,792	8,911,948
TOTAL EXPENDITURE	8,986,521	10,210,889

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
	\$	\$
(SHORTFALL) OF REVENUE OVER EXPENDITURE	(405,279)	(555,698)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	(405,279)	(555,698)

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 are an extract from the full financial report.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	2014 \$	2013 \$
CURRENT ASSETS		
Cash and cash equivalents	3,377,594	2,764,057
Trade and other receivables	1,220,894	566,738
Other financial asset	468,640	458,489
Other current assets	34,979	20,271
TOTAL CURRENT ASSETS	5,102,107	3,809,555
NON-CURRENT ASSETS		
Other financial asset	-	-
Property, plant and equipment	205,432	247,373
TOTAL NON-CURRENT ASSETS	205,432	247,373
TOTAL ASSETS	5,307,539	4,056,928
CURRENT LIABILITIES		
Trade and other payables	859,064	691,151
Deferred income	2,365,723	855,876
Provisions	185,205	227,026
TOTAL CURRENT LIABILITIES	3,409,992	1,774,053
NON-CURRENT LIABILITIES		
Provisions	115,594	95,643
TOTAL NON-CURRENT LIABILITIES	115,594	95,643
TOTAL LIABILITIES	3,525,586	1,869,696
NET ASSETS	1,781,953	2,187,232
EQUITY		
Retained earnings	1,781,953	2,187,232
TOTAL EQUITY	1,781,953	2,187,232

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 are an extract from the full financial report.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

	Other \$	Reserves \$	Retained Earnings \$	Total \$
BALANCE AT 30 JUNE 2012	-	-	2,742,930	2,742,930
Shortfall of revenue over expenditure for the year	-	-	(555,698)	(555,698)
Other comprehensive income for the year	-	-	-	-
BALANCE AT 30 June 2013	-	-	2,187,232	2,187,232
Shortfall of Revenue over Expenses	-	-	(405,279)	(405,279)
Other comprehensive income for the year	-	-	-	-
BALANCE AT 30 June 2014	-	-	1,781,953	1,781,953

The Code of Conduct Summary Financial Report information is obtained from the full financial report. The 2013-2014 audited full statutory financial report is available on request or by visiting 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.

These are an extract from the full financial report.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

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 2014 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 2014 and of the performance for the year ended on that date.
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



A/Prof Edwina Wright MB BS FRACP PhD



Mr Philip Cunningham BSc (Med) Hons QSA

Dated this 12th day of September 2014



Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

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Website: www.wwnsw.com.au

**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 2014, 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 2014. 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 2014. Our audit report on the financial report for the year was signed on 19th September 2014 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.

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

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 2014 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.



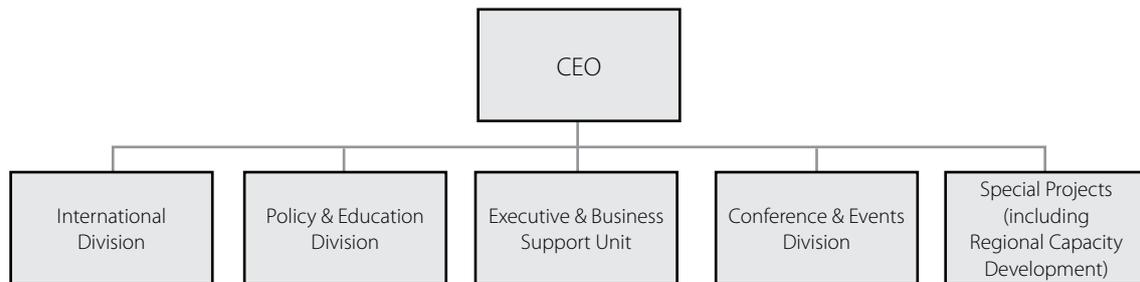
Walker Wayland NSW
Chartered Accountants

Grant Allsopp
Partner

Dated this 17th day of September 2014

ASHM People

Organisation and human resources



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The full list of ASHM staff members and a detailed organisational chart are available on the ASHM website at http://ashm.org.au/default2.asp?active_page_id=177

List of employed staff (2013-2014): Jacinta Ankus, Cherie Bennett, Chris Braae, Megan Campbell, Naama Carlin, Jackie Chu, Levinia Crooks, Mrinalini De Bakshi, Beni Falemaka, David Fowler, Helen Gao, Nadine Giatras, Nikitah Habraken, Sonja Hill, Hayden Jose, Richard Kallio, Raphaelle Kelly, Nadia Khristenko, Claire Koetsier, Petrana Lorenz, Thanos Lygdas, Stephanie McLean, Nick Medland, Alison Mudie, Duc Nguyen, Murray Pakes, Rachel Peel, Catherine Pooley, Edward Reis, Anna Roberts, Nicole Robertson, Kate Ross, Amy Sargent, Karen Seager, Emilie Spencer, Danielle Spinks, Muirgen Stack, Steven Thorne, Vanessa Towell, Emily Wheeler, Elisabeth Wilkinson, Beth Wilson, Natasha Wood.

Clinical Advisers during the year: David Baker, Robert Batey, Tracey Jones, Graham Macdonald, Sue Mason, Arun Menon, Michael Mina, Craig Rodgers, Jeffrey Stewart, Nick Walsh.

Staff who left ASHM during the year: Sally Bromley, Samantha Budzevski, Amanda Burg, David Crawford, Rachel Ellsworth, Chantal Fairhurst, Anne Fredrickson, Sarah Greig, Birdie Gurley, Vivien Haidig, Hiba Jebeile, Catherine Luu, Niamh Lynn, Nathalie Rasko, Paula Runnals, Tim Stern, Linda Trinh, Ken Wang, Amy Watson, Nikki Woolley.

communicate

ashm

Australasian Society for HIV Medicine

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research

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