

support

collaborate

# Annual Report 2015-2016

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

inform

HBV

HCV

Viral Hepatitis

access

HIV

STIs



**ashm**

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

# President's Report



**Professor Mark A Boyd** BA, BM, BS, DCTH&H, MHID, MD, FRACP

Chair of Medicine, Lyell McEwin Hospital, University of Adelaide,  
Senior NHMRC Research Fellow,  
Visiting Fellow, Kirby Institute, UNSW Australia  
President, Australasian Society for HIV,  
Viral Hepatitis and Sexual Health Medicine  
Co-Editor-in-Chief, AIDS Research and Therapy

This has been a watershed year. Australia has seen the introduction of universal access to hepatitis C treatment, being the first country to adopt this approach. For the vast majority of people living with hepatitis C a cure is now at hand.

HIV Pre-Exposure Prophylaxis (PrEP) has been approved by the Therapeutic Goods Administration (TGA), but reimbursement not recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). This will see a continued focus on PrEP for ASHM in the coming year. Treatment as Prevention is being adopted universally, and considerable efforts are being made to drive down new HIV infections. Hepatitis B has received substantial attention from governments. The introduction of hepatitis

B medications being able to be dispensed from community pharmacy has increased both access and engagement with community based s100 prescribers.

ASHM's name change was very strongly endorsed at our annual general meeting last year, and welcomed by the majority of partner organisations in the sector. The name change better reflects the range of ASHM effort and activities.

Our work in the Asia and Pacific Regions has been negatively affected by the disinvestment of the Department of Foreign Affairs and Trade in the HIV sector, and while WHO is taking a strategic leadership role in hepatitis internationally, this is not matched by

investment. Globally, donor governments who have hitherto invested in WHO, UNAIDS and multilateral and bilateral programs are diverting some of these funds to address refugee crises. This has resulted in an approximate 40% reduction in WHO and UNAIDS funding. Unfortunately we are unlikely to see the same investment in global hepatitis programs which we saw in HIV. However, ASHM and our many partner agencies are looking at ways to share learnings. ASHM has been doing this through the initiation and support of the [Regional Network of Professional Societies](#).

What the domestic and global experience demonstrates is that scale up across the range of communicable diseases is far more likely to be achieved by planned and supported task shifting. General practitioners, sexual health physicians, addiction medicine specialists and general physicians are very well placed to provide routine hepatitis and HIV care, freeing up the small number of hepatology, gastroenterology and infectious diseases specialist to manage more complex patients, people with hepatitis

B and C who have already sustained liver damage and people with HIV who may have complex treatment histories, coinfections or comorbidities.

Nurses have a critical and crucial role to play in diagnostics, prevention and treatment. They need to be supported and allowed to take on these roles. Many areas of the country are poorly serviced by doctors, particularly specialist services, yet many of these communities have access to local or outreach nursing services.

There are also a number of areas where ASHM sees challenges. One is in responding to rises in communicable diseases in Aboriginal and Torres Strait Islander communities. With the introduction of HIV PrEP, we need to make sure that PrEP users are getting appropriate STI screening and timely management. ASHM will also be taking a lead role in trying to reduce structural barriers, stigma and discrimination in the health workforce, which impedes peoples' access to hepatitis B, hepatitis C and HIV services.

ASHM (ABN: 48 264 545 457) is registered as a charity with the [Australian Charities and Not-for-profits Commission](#)



ASHM is a signatory to the Code of Conduct for Australian aid and development agencies under the [Australian Council for International Development](#)



AUSTRALIAN  
COUNCIL  
FOR  
INTERNATIONAL  
DEVELOPMENT

# CEO Report



**Levinia Crooks**  
CEO, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine  
Adjunct Associate Professor of Public Health and Human Biosciences at La Trobe University, Melbourne  
and Centre for Social Research in Health, University of New South Wales

This year, in approaching the annual report we have tried to simplify the format, provide key data on our activities in tables or graphs and to highlight key achievements. We also spend some time looking at the major challenges facing ASHM as we move more comprehensively into a digital world. This has financial implications and should have cost savings, but across the sector, funding cuts are making programing much more complex. We need also to recognise that while funders might be pushing for a fully digital service, in reality, all health care workers, allied health staff and users of our resources do not necessarily have routine access to the internet at work. The same is true for consumers who, while they may have mobiles, are reticent to expend data quotas on extensive down loads or may be concerned at having sensitive information on their phones.

The [financial report](#) (see p. 28-41) provides a detailed breakdown of our financial situation. But we wanted to provide some headline comments so readers have an understanding of those finances.

With state funding, we have been able to provide much more support across the nation, with a new GP education program in HIV and viral hepatitis commencing in Queensland, and in the second half of 2016 we will commence a collaboration with the North Western Melbourne Primary Health Network, the Alfred, and Victorian Infectious Diseases Reference Laboratory (VIDRL)/The Doherty to provide a program of training for primary care providers in HIV and viral hepatitis. This teamed with our existing programs in other jurisdictions means that our programs are being rolled out in all jurisdictions and New Zealand. This reflects our membership and also diversifies our income streams. ASHM continues to operate both international and domestic gift funds, under the tax deductible gift recipient program, though donations to these programs remains very modest.

[Membership](#) is ASHM's life blood and membership of ASHM continues to diversify. We have not seen any decline in membership, with

## ASHM Membership by Type

	2011-12	2012-13	2013-14	2014-15	2015-16
Ordinary Members	1,045	873	1,000	957	986
Individual Sustaining Members	86	103	78	44	43
Student Members	46	45	49	71	77
Retired Members	4	8	9	10	13
Complimentary Members	n/a	518	688	775	768
Affiliates	375	504	665	732	900
Honorary Life Members				7	7
<b>ASHM Membership, all types</b>	<b>1,556</b>	<b>2,051</b>	<b>2,489</b>	<b>2,596</b>	<b>2794</b>

Organisational Sustaining Membership (OSM)		39	46	50	48
Regional Network:		4	6	8	41

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

anticipated movement of members to affiliates. And the number of affiliates also continues to grow. Our reach to almost 3000 individual professionals is significant, and teamed with our reach via the [Organisational Sustaining memberships](#) significant domestically and regionally.

Strategic education service delivery has been provided by ASHM over many years through a series of programs of activity, funded through the Commonwealth. This has allowed the organisation to establish its secretariat functions through successive grants. This funding formula has been radically changed to one which is explicitly project related and which does not

allow for contribution to broad based policy development activities and/or participation in sector activities. This is placing considerable pressure on the secretariat to be able to deliver have become recognised as our stable of resources in the HIV, viral hepatitis and sexual health area.

We no longer receive funding for such activities as the production of:

- ❑ [HIV Management monograph](#) which is used as a core text for the training in HIV medicine;
- ❑ [HIV, Viral Hepatitis and Sexual Health Monograph](#), which is a text across all our introductory courses as well as widely valued as a reference in the health sector,



- ❑ [B Positive](#) our foundation text for hepatitis B training for doctors and nurses;
- ❑ Any of the Guidance and Guidelines websites and documents
  - [Antiretroviral Guidance](#)
  - [PEP Guidelines](#) and [PrEP Guidance](#)
  - [STI Management Guidelines](#)
- ❑ Any of the [discipline specific booklets](#), or any of the [decision making resources](#)

This effectively guts our capacity to support education and training activities without apportioning a cost to these resources, which have previously been provided free of charge via the Commonwealth program. This is a real challenge for the organisation. It will increase training and support costs for the programs. We have been able to move most of the resources to online platforms. This will allow course participants to download or access on-line resources. But our big challenge will be to keep these resources up to date without funding.

We will be asking members to contribute their time for free and will need to be vigilant at cost cutting in our production areas. The Board is continuing to look at how we can work with industry and other partners, including Colleges and other societies and associations to cover costs. But we are concerned that there is a significant digital divide. We were successful in securing two new projects from the Commonwealth. Neither of these will replace the activities above, but both have a considerable focus on the development of digital resources. We hope that we can apply

the skills developed in the delivery of those projects to the presentation and promulgation of our other resources.

Realistically we will need to be more rigorous in regard to cost recovery and restrict our support given to other agencies. Increasingly we will need to move to a user pays environment. We hope that this does not come at the cost of growing and supporting the health workforce in HIV, viral hepatitis and sexual health at a time where greater participation is required in all of these areas.

#### [The International and Regional Program](#)

continues to struggle. None of the Department of Foreign Affairs and Trade (DFAT) funding has come back to the sector. No Australian Leadership and Fellowship grants have been successful in the HIV, viral hepatitis or sexual health sector. International funding is retracting in many of the countries where we work, as they move from lower and lower middle income countries to upper middle income, and as a result have less access to bilateral and multilateral donor funding. This means they are having to increase funding to their own programs. International investment in development is also stretched as significant donor countries to the Global Fund, UNAIDS and World Health Organisation are funding their responses to the refugee crisis in Europe out of their development allocations. It is estimated that the WHO has experienced a 40% reduction in funding in some areas.

We have been supporting the Regional Network of Professional Societies – [www.regionalnetwork.ashm.org.au](http://www.regionalnetwork.ashm.org.au) – with support from a grant from



Gilead Sciences. This has seen an expansion of the network from 8 to over 40 societies. But limited funding curtails the effort that can be devoted to this. The Network held an inaugural assembly in Bangkok in January and a follow-up meeting in Hong Kong in May. It is also working with other societies to deliver health care worker training in Malaysia, Singapore and Japan. While there is great support for the Network it does not have the funds to realise its potential.

In light of those challenges we have still had a very productive year. Providing support to

the sector remains an important function for ASHM. Much of this is detailed in the [Conference, Sponsorship and Events Division](#) report. We have also provided direct management support to the International Network for Hepatitis in Substance Users (INHSU).

I would like to take this opportunity to thank the staff, Directors, committees and members who contribute to ASHM. Your support to ASHM, the sector and towards your patients and clients is outstanding.

# National Education & Policy Division

Our Education services are provided by the National Policy and Education Division. ASHM's direct services are divided into training, resources, guidelines and policy. From a training perspective, ASHM provides both disease-specific workforce training activities as well as profession-specific courses, which may focus on multiple conditions. Training courses are always tailored to the local context and local experts are used whenever possible to foster professional network linkages. ASHM endeavours to provide educational delivery in a range of formats including face-to-face, webinars and online modules (often in combination as hybrid courses to maximise opportunities and choices for learning), to ensure the broadest access and best learning experience for each individual.

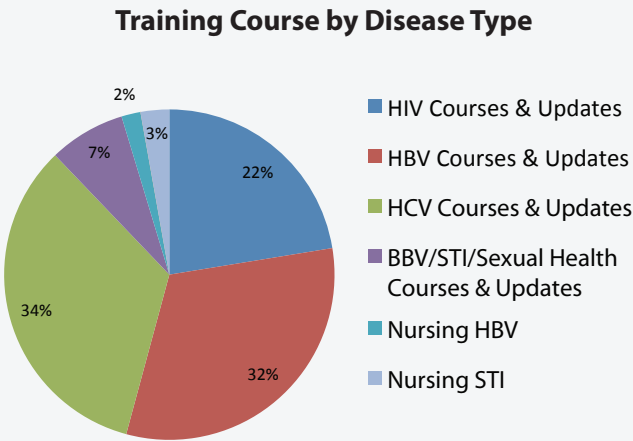
### Training and workforce development

ASHM programs deliver training activities, including online and web-based learning. This year through 107 face-to-face training courses 2,653 providers have been reached (a 61% increase on the previous year especially in viral hepatitis).

ASHM has typically relied on Commonwealth funds to develop nationally relevant curricula, resources and policy. However as described in the CEO section of this report, this funding is no longer available. Therefore alternative cost recovery models for ensuring that training collateral are available to the jurisdictions to underpin their workforce development goals. Tailored training activities are largely funded by state and territory governments, local health districts, 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 that patients receive the highest levels of care and support.

The type of courses by disease area over 2015-2016 is illustrated below:



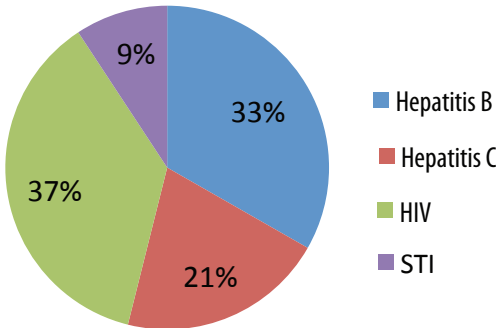
### Number of training courses and trainees

	2014-2015 Courses	2014-2015 Participants	2015-2016 Courses	2015-2016 Participants
HIV Courses & Updates	26	587	24	661
HBV Courses & Updates	19	389	34	735
HCV Courses & Updates	15	263	36	1,006
BBV/STI/ Sexual Health Courses & Updates	7	150	8	140
Nursing HBV	2	60	3	68
Nursing HCV	2	51	3	57
Nursing STI	9	148	9	185
TOTAL	80	1648	144	2,852

### Resources

ASHM produces a wide variety and number of print and electronic resources. ASHM has endeavoured to provide the most relevant information as quickly as possible to the workforce in the media that best suits their needs. This service however has been compromised by the cessation of funding for the delivery of especially hard copy versions of resources (as evidenced by ASHM's annual resources survey which regularly highlights preferences for printed versions of resources) over web-sites or downloadable PDFs etc. Also concerning is the lack of funding for both project management as well as clinical expert capacity to undertake regular maintenance and updating of resources. ASHM continues to explore alternative modalities for delivery of resources which do not negatively impact for

### Annual Resource Consumption by Disease Type



example health providers without sufficient internet connectivity such as Apps (which can be viewed without ongoing internet connection for example). As described above the production of materials used for training will now necessarily need to be devolved to the purchaser, for example States and Territories, other jurisdictions, funders or participants

### Distribution of resources and mode of access

	2012-2013	2013-2014	2014-2015	2015-2016
Web Download (PDF)	41,507	24,845	17,636*	13,098
Printed Resources Distributed	34,780	46,197	28,284	37,219
Web access only	41,043	50,367	90,334	192,883
TOTAL	117,330	121,409	135,981	243,200

# HIV Program

The 7th National HIV Strategy 2014-17 works towards achieving the virtual elimination of HIV transmission in Australia by 2020, and in support, ASHM provides continuing medical education to primary care practitioners, nursing staff and other health care providers to increase high quality and effective HIV testing, treatment and prevention. For example, ASHM's HIV Point of Care Testing course provides skills to not only clinicians, but peer educators to perform HIV testing in sexual health centres and other community clinics.

Course updates for primary care practitioners are available in this area, including 'HIV and STI testing: Breaking Down the Barriers to Testing' and 'Sex in Other Cities: Don't Get More than You Bargained For' and highlighting the significance of testing priority populations.

HIV clinical treatment and management is covered in ASHM's cornerstone HIV s100

Prescriber course. Increasing numbers of trained prescribers Australia-wide, and sustaining their ongoing continuing professional development, is one of our main imperatives for this program.

### HIV Prescriber Program

The HIV Prescriber Program for community s100 prescribers is a cornerstone of ASHM's educational programs. The National HIV Standards, Training and Accreditation Committee (NHSTAC), simplified the assessment for the HIV s100 Prescriber course through the introduction of an online multiple choice question (MCQ) exam replacing an extended answer written case assessment. Excitingly, two jurisdictions previously without HIV prescriber programs, Queensland and Northern Territory, both initiated programs during 2015-16. Newly accredited HIV s100 prescribers are updated via ASHM's website - [www.ashm.org.au/hiv/prescriber-lists](http://www.ashm.org.au/hiv/prescriber-lists) - and 68 GPs were became accredited through this program.

Number of Community HIV s100 Prescribers by jurisdiction

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Undergoing accreditation @ 30 June
ACT	9	11	10	12	16	2
NSW	110	115	109	122	139	10
NT	N/A	N/A	N/A	N/A	5	-
QLD	N/A	N/A	N/A	N/A	35	-
SA	18	22	21	25	25	-
VIC	45	43	43	46	52	4
WA	N/A	N/A	N/A	4	5	2
Total	182	191	183	209	277	

### New Zealand update

The May 2016 Annual Clinical Update attracted over 130 participants from the HIV sector to the Auckland venue with keynote speaker Professor Steven Deeks (University of California, San Francisco), presenting on the role of inflammation in comorbidities related to HIV infection.

*"As well as the educational value of the meeting it also provides valuable networking opportunities. This year we included a trainee afternoon before the conference which was very well received. Trainees answered a prepared question with a maximum of 10 slides and comments were made by experts, including Professor Steve Deeks. The organisation of both events by the ASHM staff was excellent."*

**Dr Joan Ingram**  
NZ HIV Update Coordinating Committee + ASHM Board member

### HIV training highlights

- ❑ The HIV Shared Care Audit – a quality improvement activity worth 40 RACGP points and 6 HIV CPD points was promoted to HIV s100 Prescribers and Shared Care GPs as part of a suite of materials to assist non-s100 prescribing GPs to be involved in the shared care of patients with HIV.
- ❑ HIV Point of Care Testing – an online learning module was developed for course participants completing ASHM's Point of Care Testing training, conducted in collaboration with the NSW HIV Reference Laboratory, at St Vincent's Hospital.



## HIV PrEP in Practice

ASHM has been very busy in the area of PrEP, starting with hosting Bob Grant at the 2015 Australasian HIV & AIDS Conference in Brisbane and then having him do a talking tour in Queensland, Sydney and Melbourne, hosted by community organisations and HIV Foundation in Queensland. We have been providing information to clinicians to support them take on prescribing PrEP. Case discussions and updates have been held in a number of jurisdictions and we have developed a PrEP on-line learning module. ASHM Clinical Guidelines on PrEP are also being developed.



*Experiences from the Expanded PrEP Implementation in Communities (EPIC-NSW) study investigating the use of PrEP among people at high risk of HIV transmission were transferred into an online training module 'HIV PrEP in Practice' on ASHM's Learning Management System – [lms.ashm.org.au](http://lms.ashm.org.au)*

## Guidelines updates and development

### Antiretroviral Guidelines

The Australian Commentary on the US Department of Health and Human Services (DHHS) Guidelines for the use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents were launched at the 2015 Australasian HIV & AIDS Conference in September. Visit: [arv.ashm.org.au](http://arv.ashm.org.au)

### Psychological Standards

ASHM established a national Committee to oversee the development of an Australian revision of the 'British HIV Associations Standards for Psychological Support for People Living with HIV'. People with HIV (PWHIV) experience significantly higher rates of psychological difficulties than the general population. The Standards aim to promote mental health and wellbeing, early detection of psychological difficulties and the provision of appropriate interventions for adults living with HIV in Australia.

ASHM have worked closely with a committee chaired by the National Association of People with HIV Australia (NAPWHA) with support from The Albion Centre (Australia's only major multidisciplinary centre with a primary focus on HIV management) to adapt the Standards to a national resource which will be released in late-2016.

### Post-Exposure Prophylaxis (PEP) Guidelines

These guidelines, which outline the management of individuals who have been exposed (or suspect they have been exposed) to HIV in non-occupational and occupational settings, are currently in review its annual update. ASHM's release of the 2016-update will include new information regarding PEP in the context of pre-exposure prophylaxis (PrEP), PEP and children, renal disease, gender identity and history. [www.ashm.org.au/pep-guidelines](http://www.ashm.org.au/pep-guidelines)

# Viral Hepatitis Program

2015-16 has been an exceptionally busy year of activity and outputs for the Viral Hepatitis Program not just because of the continuing [Hepatitis B s100 Prescriber Program](#) and its expansion, but for the fast evolving area of hepatitis C.

## Extension of Hepatitis B (HBV) s100 Prescriber Program

From early April 2016 following Commonwealth funding, ASHM's Hepatitis B s100 Prescriber Program ([www.ashm.org.au/HBV/prescriber-programs-hepb](http://www.ashm.org.au/HBV/prescriber-programs-hepb)) – which aims to increase primary care practitioners' capacity and confidence in

diagnosing and caring for patients with hepatitis B through training on prescribing Highly Specialised Drugs for the treatment of chronic hepatitis B – extended training opportunities nationally for GPs working in and for Australian rural and remote areas. This Commonwealth fund allocation of just over \$800,000 enables up to 24 new Hepatitis B s100 Prescriber training activities to be rolled out over 2016-2017 and 2017-2018.

In 2015-16, ASHM broadened the span of newly trained and accredited prescribers in two new jurisdictions – Western Australia and Queensland.



Number of Community HBV s100 Prescribers by Jurisdiction

	2013/14	2014/15	2015/16
ACT	2	3	10
NSW	30	43	63
NT	30	30	31
QLD			2
SA	2	2	22
WA			14
Total	64	78	141

\* An additional 12 prescribers were completing accreditation in NSW @30 June 2016

Course Development for Hepatitis C New Treatment

ASHM developed the Hepatitis C New Treatments Course aimed at training Medical Practitioners in use of the new DAA treatments for hepatitis C, which was reviewed by a Curriculum Review Sub-Committee of the NHCVTSC in order to gain national endorsement. This course development was initiated in the lead up to two momentous changes: In December 2015, Health Minister Sussan Ley’s announcement that Australia would be the first country to rollout direct-acting antiviral (DAA) treatment to all patients with hepatitis C (HCV), independent of stage

of fibrosis; and the Pharmaceutical Benefits Scheme (PBS) listing for these HCV treatments under the S85 General Schedule by 1 March 2016. This is a comprehensive course targeted to medical practitioners, who may previously have had limited experience in hepatitis C assessment, management and treatment. It also targeted prior HCV prescribers not familiar with the new treatment regimens, aiming to increase their confidence in prescribing the new DAAs. From March-June 2016, ASHM delivered five Hepatitis C New Treatments Courses (four in Sydney/Canberra; one in Perth) with 143 course participants in attendance, including a small number of nurses and pharmacists.

The course is delivered in two parts:

- ❑ A 2-hour eLearning pre-requisite consisting of 5 individual online learning modules
- ❑ A 6-hour face-to-face interactive workshop building on the knowledge and skills gained in the online component, and 11 case discussions facilitated by experts in the field of hepatitis C treatment



Dr David Baker demonstrates the Fibroscan in an HCV training course

Broadening the scope for training Community Medical Practitioners in the treatment of chronic hepatitis C infection

In March 2016, ASHM lodged a submission to the Pharmaceutical Benefits Advisory Committee (PBAC) seeking an expansion of the current hepatitis C prescriber restrictions to include other medical practitioners experienced in the treatment of chronic hepatitis C infection. A positive decision would provide impetus to roll out more Hepatitis C New Treatments Courses (or training of a similar level) nationally to upskill a wider range of Medical Practitioners who wish to prescribe more independently.

At a glance: National delivery of ASHM education activities in hepatitis C

- ❑ From July 2015 to June 2016: A total of 26 ASHM courses in the treatment and management of hepatitis C were delivered nationally to over 840 course participants – GPs, community pharmacists and nurses. These courses also include those which preceded the Hepatitis C New Treatments Course. A list of ASHM HCV-Trained Community Medical Practitioners who are experienced in the treatment of chronic hepatitis C infection will be made available via the ASHM website: [www.ashm.org.au/HCV/hcv-prescriber-list](http://www.ashm.org.au/HCV/hcv-prescriber-list)
- ❑ Australian recommendations for the management of hepatitis C virus infection: a consensus statement 2016 was developed by the HCV guidelines Expert Reference Group (ERG) of which ASHM is a member. This resource provides guidance on HCV epidemiology, models of care, diagnosis,

*My learning objectives to screen risk patients, order and interpret tests appropriately to diagnose hepatitis C infection was entirely met. The course allowed me to be more confident to explain approved antiviral treatment options and duration of therapy for all HCV genotypes based on prior treatment experience and cirrhotic status. I will start using the form/s to streamline specialist review at hospital. Well organised course and good presenters, thank you.*

Course participant evaluation from GP attendee of Curing Hepatitis C with New Treatments course (28 May 2016, Perth)

- pre-treatment assessment, monitoring and treatment was released as a website [hepcguidelines.org.au](http://hepcguidelines.org.au) as well as apps: Android App via Google Play and IOS App via Apple iTunes Store
- ❑ Primary Care Providers and Hepatitis C is an updated booklet released by ASHM guiding clinical practice, including information on the natural history of HCV, and a straightforward 12-step plan for the management of HCV and treatment protocols with the new DAA medications – [bit.ly/PCPandHCV](http://bit.ly/PCPandHCV)
- ❑ ASHM’s Learning Management System was upgraded in early-2016 to enable easier location of online courses and new HCV online learning modules were made available. Visit: [lms.ashm.org.au](http://lms.ashm.org.au)



- ❑ All HCV-related information on the ASHM website was updated to reflect the changes in HCV treatment from March 2016 with links to information and relevant resources for prescribers made available at: [www.ashm.org.au/HCV/management-hepc](http://www.ashm.org.au/HCV/management-hepc)
- ❑ ASHM submitted a successful abstract to deliver a 1-hour workshop on HCV new treatments at the RACGP's conference for General Practice held in Perth, September 2016

### Strengthening Viral Hepatitis Workforce Capacity

- ❑ 2016 Hepatitis B + C Webinar Series – ASHM started rolling out a project of 12 educational online webinars (6 in hepatitis B; 6 in hepatitis C) from leading presenters covering topics on hepatitis clinical care management, epidemiology, treatment, public health and prevention. Curing hepatitis C in Australia in 2016: New treatments presented by ASHM Clinical Advisor, Dr David Baker kicked off the first of the series on 31 May with over 120 webinar participants joining online Australia-wide. Visit: [vimeopro.com/ashm/2016-hepatitis-c-webinar-series](http://vimeopro.com/ashm/2016-hepatitis-c-webinar-series)
- ❑ Viral Hepatitis Mentoring Program – ASHM convened a steering committee to inform the development of a mentoring skills workshop that increases engagement and communication across the primary and tertiary-care settings through one-to-one relationships, and to enhance patient-centred continuity of care. It also aims to strengthen the support for GPs involved with the viral hepatitis s100 prescriber programs. The program launched in Sydney on 1 June 2016 with 20 program participants and will continue to rollout in 2016-17 in Queensland, Western Australia, South Australia, and



Victoria. Visit: [viralhepatitismentoring.ashm.org.au](http://viralhepatitismentoring.ashm.org.au)

- ❑ ASHM's Decision-making in Viral Hepatitis related advanced liver disease resource was distributed at conferences and at all ASHM HBV/HCV training courses (1,021 copies have been distributed – 276 downloads; 745 hardcopies). Visit: [www.ashm.org.au/resources/Pages/978-1-920773-41-0.aspx](http://www.ashm.org.au/resources/Pages/978-1-920773-41-0.aspx)
- ❑ ASHM's Capacity Strengthening Program – a program which sees the delivery of training courses for Aboriginal community controlled health services (ACCHS) has been implemented within 4 ACCHSs: 2 in the Northern Territory and 2 in Western Australia. Viral hepatitis education sessions for both clinical and non-clinical staff have been delivered across all 4 ACCHSs. This includes assistance implementing the Viral Hepatitis Communicare Manual – a manual developed in collaboration with the Aboriginal Health Council of South Australia (AHCSA) providing a comprehensive guide for best practice screening, testing and management of viral hepatitis. Scholarships for advanced courses have been awarded and ongoing clinical advisor mentoring has been taken up by 2 of the 4 services. Visit: [www.ashm.org.au/international-programs/aboriginal-and-torres-strait-islander-program/training](http://www.ashm.org.au/international-programs/aboriginal-and-torres-strait-islander-program/training)

## Nursing Program

ASHM's Nursing Program continues to focus on STI, hepatitis B and hepatitis C education, targeting nurses working in primary care, tertiary clinics, outpatient settings and with individuals most affected by BBVs and STIs. The aim of ASHM training is to provide nurses with the skills and knowledge to expand their scope of practice. Collaborations with all relevant professional associations representing specific nursing specialty areas ensure that training is appropriate and endorsed for the target group. Partnerships with such organisations, such as the Australasian Sexual Health and HIV Nurses Association, the Australian Hepatology Association, the Drug and Alcohol Nurses of Australasia, the Australian Primary Health Care Nurses Association, the NSW STI Programs Unit and the Australian and NZ Association of Nurses in AIDS Care Special Interest Group were strengthened through the development, promotion and evaluation of the nursing education programs.

In early 2016, the Nursing Program farewelled Manager, Emily Wheeler. We thank Emily for her dedication and expert guidance in establishing and growing the ASHM Nursing Program over the last four years and wish her well in the future. ASHM acknowledges ASHM Board Member and HIV Clinical Nurse Consultant Dr Elizabeth Crock's contribution to the strategic planning and direction of the program following Emily's departure.

*My current position as a Nurse Practitioner involves prescribing HIV PEP and PrEP, therefore completion of the **ASHM HIV s100 Prescriber** course has given me more confidence in this practice. Additionally, Canberra Sexual Health Centre provides care and treatment for the majority of people living with HIV in the ACT region, and although I am currently unable to prescribe treatment for HIV, I have a better understanding of HIV treatment and care in general. I would definitely highly recommend this course to all Nurse Practitioners working in this field.*

#### Shannon Woodward

Nurse Practitioner,  
Canberra Sexual Health Centre  
Attended: ASHM HIV s100 Prescriber Course

Also in early 2016, our Nursing Program welcomed the appointment of two clinical nurses working on viral hepatitis projects based in Brisbane, Queensland. With two dedicated Nursing Project Officers, the clinical nurses based in Brisbane and six nursing-specific clinical advisors, the ASHM Nursing Program continues to have a strong and committed team. The team remains focused on advocating for expanding the role of nurses within BBV and STI care and to deliver high quality education and resources for nurses.

## Training

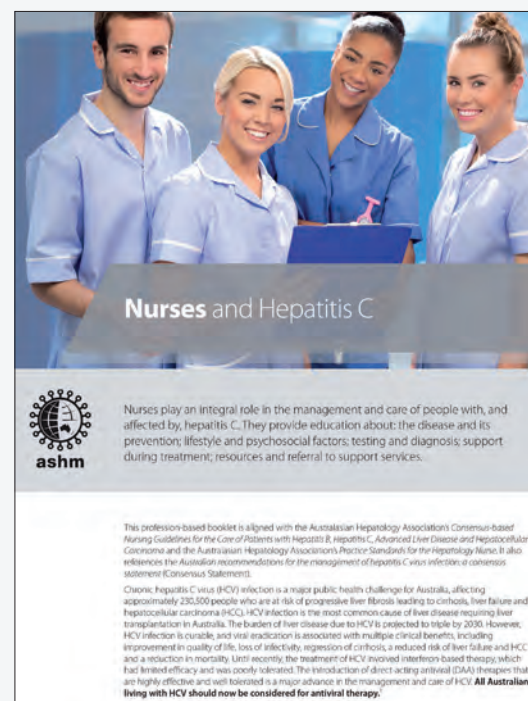
A total of 688 nurses attended ASHM training in 2015-16 with 16 nursing-specific courses delivered nationally, almost doubling the numbers of attendees to HIV, viral hepatitis and STI health training from the previous year – i.e. 259 nurse participants in 2014-15. In collaboration with our New Zealand HIV nursing colleagues, ASHM coordinated a HIV Nurses Meeting in Hamilton, New Zealand in November 2015 bringing a delegation of 12 HIV nurses from across the country. This educational day provided a valuable opportunity for care providers of people living with HIV to assemble, learn and discuss issues around care and treatment.



## Updates to Nursing Resources

For the first time, a nursing chapter is to be included in the ASHM monograph: "HIV management in Australasia: a guide for clinical care". Clinical nurses working in HIV, sexual health and viral hepatitis and an Aboriginal Health Worker have contributed to the development of the nursing chapter, which will be released website launch in late-2016 – [hivmanagement.guidelines.org.au](http://hivmanagement.guidelines.org.au)

The profession-based booklet Nurses and Hepatitis C was reviewed and updated with the new hepatitis C treatments and patient care protocols. ASHM extend thanks and



gratitude to all of the dedicated nurses involved in the development and review of these resources – [bit.ly/NursesHCV](http://bit.ly/NursesHCV)

## Policy and Advocacy

The Nursing Program continues to advocate for nurses in the sector. Through 2015-16, ASHM developed a Position Statement advocating for a change to the PBS to allow suitably qualified Nurse Practitioners (NPs) to be able to autonomously prescribe PBS subsidised treatments for blood borne viruses including HIV, hepatitis B and hepatitis C. The current PBS prescribing eligibility criteria unnecessarily restrict access to treatment for individuals seeking health care for HIV, hepatitis B or hepatitis C. The Position Statement outlines why NPs with the appropriate experience, expertise and qualifications, working within a collaborative framework, should be authorised to initiate patients on PBS-subsidised treatments for blood-borne viruses and to provide ongoing treatment – [bit.ly/ASHM\\_PS\\_Nurses](http://bit.ly/ASHM_PS_Nurses)

# Sexual Health Program

In 2015-16, the Sexual Health Program continued to expand through the development of new education, resources and guidelines. Sexual health education has focused mainly on GPs and primary health care nurses and expanding their role in caring for the sexual health of their community.

## Update of Australian STI Management Guidelines for Use in Primary Care

ASHM developed and launched the first national STI guidelines for primary care – Australian STI Management Guidelines for Use in Primary Care, at the Australasian Sexual Health Conference in 2014. The Guidelines underwent a clinical review at the end of 2015 and were further updated in early 2016. The Editorial Committee's annual review to ensure that the Guidelines are aligned with the latest research and best practice developments focused this year on changes to recommendations regarding STI and Syndrome management. Visit: [sti.guidelines.org.au](http://sti.guidelines.org.au)

## Newly reviewed Australasian Contact Tracing Guidelines now available in website version

The Australasian Contact Tracing Guidelines produced by ASHM in 2010 aims to provide practical support and guidance to health care providers to enhance the effectiveness of partner notification. In 2016 the Guidelines were reviewed, updated and moved from a printed booklet to a searchable mobile-friendly website – [contacttracing.ashm.org.au](http://contacttracing.ashm.org.au)



## Australasian Sexual Health Alliance

ASHM remains the secretariat of the Australasian Sexual Health Alliance (ASHA), strengthening ASHA's role as a coordinated and collaborative network of organisations in sexual health.

Under section 51 of the Constitution, ASHM has the capacity to establish and support committees and ASHA's committee was formed under this arrangement. It 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 financial and administrative support to ASHA, to ensure our sexual health membership has a strong voice. During 2015-16, ASHA has been involved in various policy submissions and endorsements, and has provided feedback and expert advice on sexual health issues to a number of external groups. ASHA also steers the annual Australasian Sexual Health Conference. Visit: [sexualhealthalliance.org.au](http://sexualhealthalliance.org.au)



# ASHM in Queensland

ASHM was awarded the tender for two contracts covering HIV, viral hepatitis and sexual health workforce development from Queensland Health in December 2015. Our Brisbane office was established, new staff members appointed and education programs commenced very soon thereafter. ASHM in Queensland is looking forward to establishing our presence with the health workforce through our continuing programs in the State. [www.ashm.org.au/about/qld-team](http://www.ashm.org.au/about/qld-team). Next year we will be able to showcase our new HIV and Viral Hepatitis program in Victoria in collaboration with the North West Melbourne PHN, The Alfred and the Doherty Institute.





# International Program

Although ASHM has worked collaboratively with HIV and sexual health professional societies, associations and organisations in our region since 2000, maintaining our work with international projects in the Asia and Pacific regions in the past year has been significantly and negatively impacted by the overall disinvestment of the Department of Foreign Affairs and Trade (DFAT).

The Regional HIV Capacity Building Program, which since 2007 has been our main platform for international partnerships and collaborations, ended in June 2015. This said, ASHM's DFAT-funded projects were granted a three month extension to complete activities at no cost, allowing ASHM to complete projects with our partnerships in Indonesia, Vietnam and the Pacific.

Consequently, ASHM has been seeking to diversify the funding basis of our international partnerships through alternative sources. Opportunities in this field however are limited and competitive so that existing networks and links with regional partners are important to maintain.

ASHM has had some success in achieving those links through collaborative projects with Australian-based partners, in particular, the School of Public Health and Community Medicine at the University of New South Wales, and through the establishment of the [Regional Network of Professional Societies](#).

It is vital that ASHM secure ongoing funding for international partnerships so that the

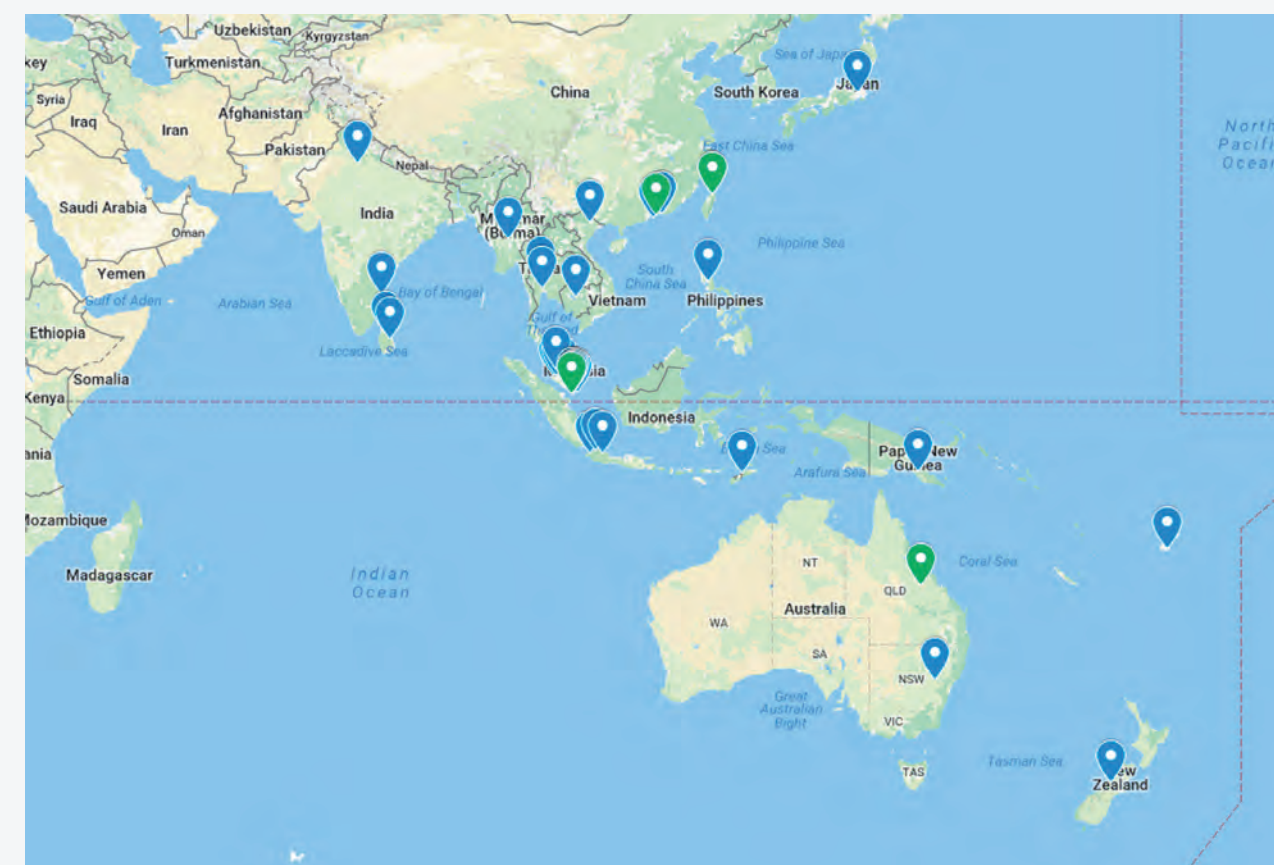
achievements of our regional partners in their national HIV programs are maintained and strengthened especially as external funding partners shift treatment, care and support responsibilities to the countries themselves.

## The Regional Network: Supporting the workforce in HIV, viral hepatitis and sexual health in the Asia and Pacific Regions

The 1st Assembly of the Regional Network was held in Bangkok, Thailand (15-17 January, 2016) held back-to-back with the 18th Bangkok International Symposium on HIV Medicine (13-15 January, 2016) with delegates from 42 organisations from 16 regional countries in attendance. [A report of the assembly is available](#) and further information about the Regional Network via the website – [www.regionalnetwork.ashm.org.au](http://www.regionalnetwork.ashm.org.au)

## Regional Twinning Program: Industry Fellowship for Regional Cooperation (IFRC) Program

This program supports capacity building and knowledge transfer between Australian and regional clinicians. In 2015, the program continued its reciprocal visits between industry clinical fellows to improve technical knowledge, and scaling up leadership skills and capacity in responding to the needs of improved HIV services in various countries. In January 2015, Dr Mark O'Reilly (Pahran Clinic, Melbourne) and Dr BK Tee (Centre Clinic, Melbourne) conducted a five-day visit to Malaysia to work



with colleagues at the Centre for Excellence for Research in AIDS (CERIA) and the Infectious Diseases Unit, Department of Internal Medicine, University of Malaya. This was followed by in August 2015, Dr Richard Moore (Melbourne Northside Clinic) making a 3-day visit to Angsamerah Clinic in Jakarta. Finally in October 2015, Dr David Baker (East Sydney Doctors) made a 3-day visit to Cebu City, Philippines to work with project colleagues at the Social Hygiene Clinic. The third phase of this program will commence in the 2016-2017 year and ASHM is actively seeking funding partners to expand this program.

## ASHM in the Pacific

A 2-day Oceania Society for Sexual Health and HIV Medicine (OSSHHM) and 2-day HIV refresher training was held in July 2015 in Fiji with 50

of their members attending, including ASHM clinical mentor, Dr Kimberley Oman. Dr Oman also visited an island HIV clinic and provided clinical training to local mentors from OSSHHM. Visit: [ossghm.org/symposium](http://ossghm.org/symposium) The OSSHHM AGM was also held in the same month with advisory input and support from ASHM staff. As such, the current situation for OSSHHM is difficult due to lack of funding and administrative challenges and ASHM is endeavouring to maintain professional and organisational support. Alere Inc. provided educational scholarships for people working in laboratories in the Pacific and PNG to attend the 2015 Australasian HIV & AIDS Conference. Sandra Semi (Samoa National Health Services) and Oscillah Kaminie (Public Health Laboratory, NDOH Papua New Guinea) both attended and presented on challenges in HIV diagnostics in their countries.

Indonesia

Following the success of the 2015 HIV Short Course for Private Practitioners, ASHM again collaborated with our professional society partners Ikatan Dokter Indonesia ([www.idionline.org](http://www.idionline.org)) – and Angsamerah Clinic ([angsamerah.com](http://angsamerah.com)) in Strengthening the Indonesia Health Workforce initiative; using ASHM funding and endorsed and accredited by the Indonesian Medical Association (IDI).

Vietnam

The Vietnam Clinical HIV/AIDS Society ([www.vchas.org](http://www.vchas.org)) in partnership with Vietnamese Society for Infectious Diseases (VSID) conducted its 4th annual conference held in Can Tho City, Mekong Delta region; VCHAS also produced the Clinical Care and Management of HIV & AIDS at District Level – A handbook for health care providers for use in district health clinics. This resource was produced in response to evaluation of the Vietnamese language edition of the ASHM resource, Is It HIV?

Timor-Leste

ASHM has been contracted by the Ministry of Health, Timor-Leste to conduct the Integrated Biological and Behavioural Surveillance (IBBS) among Most at Risk Populations for HIV in Timor-Leste in two districts – Dili and Bacau. This project will support national strategic planning and be completed by the end of 2016.

Papua New Guinea (PNG)

ASHM’s collaborations with the PNG Sexual Health Society (PNGSHS) included the delivery of HIV Refresher Training; clinical and laboratory mentoring visits in regional provinces as part of the Collaboration for Health in Papua New Guinea ([chpng.net.au](http://chpng.net.au)); and the Caritas Rural Laboratory Support Program (in partnership with the Oil Search Foundation PNG) – a training and mentoring program supporting rural pathology labs to increase HIV/STI testing options.

Pacific

ASHM is a partner in the Pacific Multi-country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations UNDP/Global Fund Grant – a project in mapping key populations and understanding HIV vulnerabilities in nine Pacific countries – including Tonga and Tuvalu. The annual ASHM International Leadership Mentors Workshop – the collaboration for HIV capacity development, was held in Sydney in November 2015 will all of ASHM’s PNG mentors in attendance, along with International Programs staff and Levinia Crooks, ASHM CEO – [www.ashm.org.au/international-programs/international/leadership-and-mentoring-program](http://www.ashm.org.au/international-programs/international/leadership-and-mentoring-program)

Singapore

ASHM is working with the New University Hospital in Singapore to develop a one week long training program for health care workers from Singapore and surrounding countries. It will be held in association with the Singapore AIDS conference in the second half of 2016.

Conference, Sponsorship & Events

The [ASHM Conference & Events Division](#) manages all the logistics for ASHM’s internal conferences and education courses and provides guidance in a range of other ASHM activities. The Division also offers a range of management services to external clients as a way of providing an external revenue source to the Society and meeting its core objectives.

Working in partnership with a client-centric approach, the [ASHM Conference and Events team](#) have built a consistently proven track record in the provision of quality conference and events management. A genuine commitment backs the success to all client events that they manage, along with ‘value-for-money’ service delivery. These are a few recognised attributes that have earned their solid reputation within the broader health-sector.



MEA Hall of Fame Awarded

In May 2016, the excellence of the **ASHM Conference & Events Division** was acknowledged at the **National Meeting Industry Australia Awards** – winners of the In-House Meeting Manager Award for the third year running, and thereby putting them into the industry’s recognised Hall of Fame. The Division further took out the Corporate Social Responsibility award for in-house meeting members and the Education Award for in-house meeting members.

Activities/Conferences Managed by ASHM Conference & Events

	2014-15	2015-16
Activities/Conferences Managed by ASHM Conference& Events	13 activities	10 activities
Total No. of Event Registrations	2,615 people	3,049 people



Breakdown of 2015-16 Activities/Conferences

ASHM Scholarship Program [36]		Various Locations
Kirby UNSW Postgraduate Symposium (abstract services)		
Art of ART (Educational grant funding from ViiV Healthcare) [116]	6-7 May 2016	Sydney, NSW
Advanced Hospital Epidemiology Course (ASID) [51]	20-24 July 2015	Palm Cove, QLD
SEXrurality 2015 (Centre for Excellence in Rural Sexual Health – CERSH) (abstract and registration services) [136]	21-22 July 2015	Bendigo, VIC
<a href="#">World STI &amp; HIV Congress</a> (ISSTDR & IUSTI) [903]	14-16 September 2015	Brisbane, QLD
<a href="#">Australasian HIV &amp; AIDS Conference</a> [712]	16-18 September 2015	Brisbane, QLD
International Symposium on Hepatitis Care in Substance Users (INHSU) [346]	7-9 October 2015	Sydney, NSW
Annual Scientific Alcohol and Drug Conference (APSAD) [377]	8-11 November 2015	Perth, WA
2016 Australasian Society for Infectious Diseases ASM (ASID) [372]	20-23 April 2016	Launceston, TAS

[\* Final Registration figures in parenthesis]

The World STI & HIV Congress

In September 2015, the Division managed the [World STI & HIV Congress](#), held jointly with ASHM's flagship **Australasian HIV&AIDS Conference** at the Brisbane Convention & Exhibition Centre – the first time that this international meeting has been held in Australia. With final registration numbers exceeding 900 (598 attending the Congress exclusively; with a further 305 delegates attending both meetings), the conference supported over 40 scholarships, with attendees from 43 different countries representing a cross-range of different disciplines, allowing for great networking and collaboration. The Congress evaluated very highly and achieved its primary objective of enhancing the global research community in the field of STI and HIV infection. Particular achievements were the strong representation of young researchers from low, middle, and high-income countries; and the promotion of basic and program science.



Photos: Activity from the 2015 Australasian HIV & AIDS Conference including plenary sessions

*“The ASHM Conference team proved highly professional, efficient and flexible with regards to all aspects of the Congress and the needs of the delegates.”*

– Professor Basil Donovan

Former President, The International Society for Sexually Transmitted Diseases Research (ISSTDR)

Australasian HIV & AIDS Conference – Reach & Relevance

A follow-up evaluation of the 2015 Australasian HIV & AIDS Conference conducted six months afterwards had a response rate of approximately 20% from conference attendees. Key findings below show the relevance and benefits provided to the sector by the conference:

- 97.3% respondents had passed on information learnt at the conference on to colleagues
- 44.2% advised that their work practices had changed as a result of the conference with a further 24.8% planning changes in the future
- 67.3% of respondents felt their attendance had resulted in new collaborations, work opportunities and strategic relationships

ASHM Scholarship Program

The Scholarship Program, managed by the Conference & Events Division, this financial year was funded through grants from ViiV Healthcare and Gilead. Grant providers have no control over the process or selection of attendees but are able to specify the particular conferences and professional groups they would like their funds to go to. This year the scholarships were allocated specifically for HIV s100 prescribers (GP/Primary care), Sexual Health Physicians and Hospital Based Specialists managing HIV and some for HIV nurses and pharmacists. ASHM's aim is to attract further funds to allow a broader range of conferences and groups to be funded.

Breakdown of Scholarships Supported

IAS Conference on HIV Pathogenesis, Treatment and Prevention	Vancouver   July 2015	8
Australasian HIV & AIDS Conference	Brisbane   September 2015	13
Australasian HIV & AIDS Conference – Scholarships for Nurses + Pharmacists		7
European AIDS Clinical Society Conference – EACS 2015	Barcelona   October 2015	5
Conference on Retroviruses and Opportunistic Infection – CROI 2016	Boston   February 2016	3
<b>Total No. of Scholarships Awarded</b>		<b>36</b>





**Australasian Society for  
HIV, Viral Hepatitis and  
Sexual Health Medicine**  
A.C.N. 139 281 173

## Financial Report For the Year Ended 30 June 2016

The full Financial Report can be  
accessed at [www.ashm.org.au/  
about/ashm/annual-reports](http://www.ashm.org.au/about/ashm/annual-reports)

**Walker Wayland NSW**  
Chartered Accountants

## AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

### DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2016.

#### Directors

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

Professor Mark Boyd	Dr Joan Ingram
Dr Mark Bloch	Dr David Iser (appointed 9 November 2015)
A/Prof Benjamin Cowie (resigned 22 April 2016)	A/Prof Gail Matthews
Dr Elizabeth Crock	Dr David Nolan
Mr Philip Cunningham (resigned 17 September 2015)	A/Prof Catherine O'Connor
Dr Julian Elliott	Dr Louise Owen
A/Prof Edward Gane (resigned 17 September 2015)	Dr Thomas Turnbull
	A/Prof James Ward (resigned 17 September 2015)
Dr Simon Graham (appointed 18 September 2015, resigned 30 June 2016)	Dr Trent Yarwood

Directors have been in office since the start of the financial year 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 year:

Adj A/Prof Levinia Crooks has worked for the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine since 1999 as Chief Executive Officer and has worked for the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, (ASHM) a Company Limited by Guarantee, since 4 September, 2009, performing the role of Chief Executive Officer. Adj A/Prof Levinia Crooks was appointed as Company Secretary when ASHM became a Company Limited by Guarantee on 4 September 2009.

#### Operating Results

The excess of revenue over expenditure amounted to \$586,391 (2015: Shortfall \$740,098).

#### Principal Activities

The principal activities of the entity during the financial year 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, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

## DIRECTORS' REPORT (CONTINUED)

## ACFID Financial Reporting Changes for 2016

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 2016 ASHM's total income was \$8,036,127 (2015: \$7,700,034) and its total expenditure was \$7,449,736 (2015: \$8,440,132), resulting in an operating surplus of \$586,391 (2015: loss of \$740,098).

As at 30 June 2016 ASHM had total assets of \$6,397,351 and total liabilities of \$4,769,105, giving a net asset position of \$1,628,246. Of the total assets, \$4,036,173 was made up of cash at bank. There are no aged debts.

The Directors therefore believe that as at 30 June 2016 ASHM is in a good financial position.

Whilst ASHM is budgeting a loss for the year to 30 June 2017 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 work with partners in the Asia and Pacific regions to develop a Regional Network [www.regionalnetwork.ashm.org.au](http://www.regionalnetwork.ashm.org.au), which represents 45 national professional societies, associations and organisations that support the HIV, viral hepatitis and sexual health workforce. This has continued in the absence of funding from the Department of Foreign Affairs and Trade which has considerably reduced its funding to aid and development and in these disease areas in particular (outside of funding to UNAIDS and the Global Fund). In the past 12 months the Network has expanded from 6 to 45 members and now has a focus on middle and high income countries as well as developing countries. A major aim of the Network is to promote cross border collaborations, information sharing on best practice and learning, and promoting the application of research findings into clinical practice.

While ASHM'S International Programs have significantly contracted over the last year in the face of decreased funding opportunities, the team maintains a number of partnerships (e.g. with academic institutions) in research and strategic information based projects. These include a UNDP/GFATM vulnerable populations HIV related risk and needs assessments across 9 countries in the Pacific; an HIV Integrated Biological and Behavioral Survey (IBBS) in Timor Leste which will feed critical data into the 2017 – 2020 national HIV strategic planning. In addition we continue to facilitate HIV ARV treatment, care and support in PNG through the Catholic Health HIV/AIDS Services (funded through the Collaboration for Health PNG: a pharmaceutical industry philanthropic collaboration).

C2.1.3 (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

C2.1.3. (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.

C2.1.3. (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, VIRAL HEPATITIS AND SEXUAL HEALTH 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.

	2016	2015
<b>Members</b>		
Number of members	1,126	1,089
<b>Collaborators</b>		
Number of ANZ Organizational Sustaining Members	48	50
Number of affiliates	900	732
Number of regional partner organisations	41	8
<b>Staff</b>		
Number of staff employed for 5 years or more	10	12
<b>Training and Resources</b>		
Number of courses run	110	80
Number of resources distributed	31,719	45,920
Number of pdf resources downloaded	12,282	17,636
Number of sub-website hits (web access only)	192,883	90,334
<b>Operational and Financial</b>		
Total Revenue	\$8,036,217	\$7,700,034
Proportion of funding provided by:		
government grants	41%	42%
Non-government grants	7.7%	5.4%
Donations received from public	0.86%	0.96%
Proportion of funding spent on:		
Staff training	0.04%	0.15%
General office/administration	3%	4%
Fundraising – international activities	0.06%	0.05%
Fundraising – domestic activities	0.05%	0.05%

## 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 2016 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, VIRAL HEPATITIS AND SEXUAL HEALTH 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 2016 was 1,126. This is slightly up from the prior year. It should be noted that ASHM's membership program currently has a two-pronged approach: To maintain a committed group of core individual members whilst at the same time expanding its reach to the sector at large through its Organisational Sustaining Members and Affiliate Programs and through a period of complimentary membership benefits for course registrants.

The 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 2016, the total amount that members of the company are liable to contribute if the company is wound up is \$1,126 (2015: \$1,089).

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

Professor Mark Boyd	— President
	— BA BM BS DCTM&H MHID MD FRACP
	— Mark Boyd is a Professor and Chair of Medicine at Lyell McEwin Hospital.
	— Mark sits on 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.
Dr Elizabeth Crock	— Board Member
	— RN, ACRN (USA), BSc, PhD, Grad Dip Ed, MPH
	Dr Elizabeth Crock is a Registered Nurse who entered the HIV sector in the early 1990s at Fairfield Infectious Diseases Hospital in Melbourne. She has worked with the Royal District Nursing Service (RDNS) HIV Team as Clinical Nurse Consultant in Melbourne for the last 15 years and is now HIV Team Coordinator within the Homeless Persons Program at RDNS. She is Vice President of the Australian and New Zealand Association of Nurses in AIDS Care (ANZANAC), an Australian Nursing and Midwifery Federation Special Interest Group.
	Liz has a Master of Public Health and PhD in Nursing ethics and HIV. In 2013, she was awarded the International Centre for Nursing Ethics Human Rights Award for her advocacy in developing specialist HIV community nursing roles and in working with the Victorian AIDS Council in developing and strengthening the Partnership Agreement between RDNS and Victorian AIDS Council that ensures an integrated model of community-based care and support for people living with HIV. She recently collaborated with Living Positive Victoria to develop a comprehensive handbook for carers of older people living with HIV for the Senior Voices Project. Since becoming a Director of the ASHM Board she has participated in the Scholarships sub-committee and has coordinated a Nursing Chapter for the ASHM publication <i>HIV management in Australasia</i> for publication in 2016. She is currently undertaking further studies with the aim of seeking endorsement as an HIV Nurse Practitioner.

## AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH 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.
Dr Joan Ingram	— Board Member
	— MB ChB 1985 Auckland; FRACP 1993, DTM & H (London) 1990
	— Dr Joan Ingram is an Infectious Diseases Physician working at Auckland City Hospital. She is a member of the multidisciplinary team there which is responsible for care of all HIV positive patients in the northern region of New Zealand. She has been involved in the care of HIV patients since 1987 and is pleased to have an opportunity to contribute to HIV care through being on the ASHM board. Joan is a clinician primarily but has been involved in clinical studies. Joan attended the University of Auckland and completed her Physician training in Auckland, Duke University in North Carolina and then as an HIV Fellow at the University of Maryland.
Dr David Iser	— Board Member
	— MBBS (Hons) BMedSc FRACP PhD
	— Dr David Iser is a Gastroenterologist and Hepatologist with dual public hospital appointments at St Vincent's and The Alfred Hospitals in Melbourne. He also travels to Bairnsdale Hospital monthly, visits First Step in St Kilda and consults across Victoria via Telehealth. He is active in the treatment of people with viral hepatitis, including those with HIV, HBV-HCV dual-infection or advanced cirrhosis. Dr Iser has been active in the education of GPs, nurses, students and anyone interested in viral hepatitis for the past decade.



## AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

## DIRECTORS' REPORT (CONTINUED)

- A/Prof Gail Matthews — Board Member
- MBChB, MRCP (UK), FRACP, PhD
- A/Prof Gail Matthews is a Clinical Academic in HIV/Infectious Diseases at St Vincent's Hospital, Sydney and an A/Prof 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.
- A/Prof Catherine O'Connor — Vice President
- 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 and President-Elect of AChSHP of RACP. 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.

## AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

## DIRECTORS' REPORT (CONTINUED)

- Dr Louise Owen — Board Member
- MBBS (Hons) FRACP FACHSHM
- ASHA Executive Board Member, Director Statewide Sexual Health Service, Clinical Senior Lecturer School of Medicine UTAS
- Dr Louise Owen is a Sexual Health Physician and Director of Statewide Sexual Health services in Tasmania. Her interest in sexual health and HIV began during her general practice training in Victoria in the 1990s. Louise has worked tirelessly to promote a culture within the service that promotes equitable participation, respecting individual rights and confidentiality and one that promotes education and training for staff and clients. Louise has developed strong linkages with the UTAS Medical school to foster curriculum development for undergraduate students through lectures and placements within the Tasmanian Sexual Health Service. Louise is actively engaged in providing education sessions to Community General Practitioners and GP's in training. Louise has been instrumental in introducing Walk-in-clinics to the Statewide Service where no appointment is necessary. The PoC HIV Rapid Testing Clinics have been rolled out across the state in 2014. She has been an ASHM Board member since 2010.
- Dr Thomas Turnbull — Board Member
- BHealth Sc, MB BS, FRACGP
- Tom is the Chief Medical Officer for Correct Care Australasia, which provides the primary healthcare to the Corrections Victoria correctional centres across the State of Victoria. He is responsible for the provision of strategic management and clinical leadership for the GP, Dental and Allied Health Practitioner workforce. His role provides strategic oversight for the development of innovative models of primary care clinical services, clinical governance and education and facilitates the conduct of primary care research.
- He is also a General Practitioner at Centre Clinic in St Kilda Melbourne, managed by Victorian AIDS Council, that provides general health care for gay men, lesbians and trans people, as well as specialist medical care for people living with HIV and expert sexual health screening.
- Tom is a Conjoint Clinical Associate Professor in the School of Medicine, Faculty of Health at Deakin University.
- Dr Trent Yarwood — Board Member
- BAppSc MBBS MPHTM FRACP
- Dr Trent Yarwood is an infectious diseases physician at Cairns Hospital and Cairns Sexual Health. He has an interest in managing HIV+ patients with medical comorbidities and the perinatal management of HIV+ mothers, and is the clinical lead for antimicrobial stewardship in Cairns. His other clinical interests are infection control in healthcare settings and public health aspects of communicable diseases. Trent is an adjunct Senior Lecturer with the James Cook University College of Medicine & Dentistry and a clinical Senior Lecturer with the University of Queensland Rural Clinical School.



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

**DIRECTORS' REPORT (CONTINUED)**

**ATTENDANCE AT DIRECTORS MEETINGS**

Name	Board Meetings
Mark Bloch	6 (8)
Mark Boyd	7 (8)
Benjamin Cowie	5 (6)
Elizabeth Crock	7 (8)
Philip Cunningham	1 (1)
Julian Elliott	6 (8)
Ed Gane	1 (1)
Simon Graham	3 (7)
Joan Ingram	6 (8)
David Iser	5 (6)
Gail Matthews	4 (8)
David Nolan	4 (8)
Catherine O'Connor	8 (8)
Louise Owen	7 (8)
Thomas Turnbull	8 (8)
James Ward	0 (1)
Trent Yarwood	5 (8)

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 2016 has been received and can be found on page 10 of the directors' report.

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

A/Prof Mark Boyd BA BM BS DCTM&H MHID MD FRACP

Dr Mark Bloch MBBS, Dip FP, Dip Med Hyp, M Med

Dated this 10<sup>th</sup> day of October 2016



**Walker Wayland NSW**  
Chartered Accountants

ABN 55 931 152 366

Level 11, Suite 11.01  
60 Castlereagh Street  
SYDNEY NSW 2000

GPO Box 4836  
SYDNEY NSW 2001

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

Website: www.wwnsw.com.au

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001  
TO THE DIRECTORS OF AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND  
SEXUAL HEALTH MEDICINE**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016 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 Allsepp  
Registered Company Auditor

Dated this 10<sup>th</sup> October 2016, Sydney



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

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2016**

	Note	2016 \$	2015 \$
<b>REVENUE</b>			
<i>Operating Activities</i>			
Members' subscriptions		151,744	110,190
Operating grants	3	3,843,846	3,630,452
Donations		69,274	73,593
Service fee and other revenue from operating activities		345,061	373,062
Sponsorship		143,451	45,087
Conference		3,447,493	3,436,929
<i>Non-operating activities</i>			
Interest		35,258	30,721
	2	8,036,127	7,700,034
<b>EXPENSES</b>			
General office administration		231,623	319,244
Occupancy costs		327,954	319,729
Education programs / resources		1,299,364	1,445,643
Professional fees		158,015	198,185
Personnel expenses		2,782,228	2,681,229
Loss on disposal on assets		29,927	10,674
Depreciation	3	46,066	57,645
Finance expenses		14,319	11,398
Conference costs		2,441,656	3,014,668
IT system development costs		118,584	381,717
<b>TOTAL EXPENSES</b>		7,449,736	8,440,132
<b>EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE</b>	3	586,391	(740,098)
Income tax expense relating to ordinary activities		-	-
<b>EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE AFTER INCOME TAX EXPENSE</b>		586,391	(740,098)
<b>OTHER COMPREHENSIVE LOSS FOR THE YEAR, NET OF TAX</b>		-	-
<b>TOTAL COMPREHENSIVE LOSS FOR THE YEAR</b>		586,391	(740,098)

The accompanying notes form part of these financial statements

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

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2016**

	Note	2016 \$	2015 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	5	4,036,173	3,769,302
Trade and other receivables	6	1,784,413	1,525,723
Other financial asset	8	468,640	468,640
Other current assets	7	-	15,572
<b>TOTAL CURRENT ASSETS</b>		6,289,226	5,779,237
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	9	108,125	166,806
<b>TOTAL NON-CURRENT ASSETS</b>		108,125	166,806
<b>TOTAL ASSETS</b>		6,397,351	5,946,043
<b>CURRENT LIABILITIES</b>			
Trade and other payables	10	694,647	1,007,590
Deferred income		3,795,384	3,630,783
Provisions	11	178,107	161,553
<b>TOTAL CURRENT LIABILITIES</b>		4,668,138	4,799,926
<b>NON-CURRENT LIABILITIES</b>			
Provisions	12	100,967	104,262
<b>TOTAL NON-CURRENT LIABILITIES</b>		100,967	104,262
<b>TOTAL LIABILITIES</b>		4,769,105	4,904,188
<b>NET ASSETS</b>		1,628,246	1,041,855
<b>EQUITY</b>			
Retained earnings		1,628,246	1,041,855
<b>TOTAL EQUITY</b>		1,628,246	1,041,855

The accompanying notes form part of these financial statements



**AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE**

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

**STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2016**

	Retained Earnings \$	Total \$
<b>BALANCE AT 30 JUNE 2014</b>	1,781,953	1,781,953
Shortfall of revenue over expenditure for the year	(740,098)	(740,098)
Other comprehensive income for the year	-	-
<b>BALANCE AT 30 June 2015</b>	1,041,855	1,041,855
Excess / (Shortfall) of Revenue over Expenses	586,391	586,391
Other comprehensive income for the year	-	-
<b>BALANCE AT 30 June 2016</b>	1,628,246	1,628,246

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2016**

	Note	2016 \$	2015 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from operations		8,542,266	8,131,417
Payments to suppliers and employees		(8,293,341)	(7,740,736)
Interest received		35,258	30,721
Net cash provided by operating activities	14b	284,183	421,402
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Payments for property, plant and equipment		(17,312)	(36,694)
Proceeds from disposal of property, plant and equipment		-	7,000
Net cash used in investing activities		(17,312)	(29,694)
<b>NET INCREASE IN CASH HELD</b>		266,871	391,708
Cash and cash equivalents at beginning of financial year		3,769,302	3,377,594
<b>CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR</b>	14a	4,036,173	3,769,302

The accompanying notes form part of these financial statements

**AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE**

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016****NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

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

**Basis of Preparation**

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Corporations Act 2001*. The financial report also incorporates elements of the Australian Council for International Development (ACFID) Code of Conduct.

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

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

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

**Accounting Policies****a. Revenue**

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

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

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

**b. Property, Plant and Equipment**

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

**Plant and Equipment**

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

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

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

**Depreciation**

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

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

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

These notes form part of the financial statements



## 2015-2016 Organisational Sustaining Members

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• ACON - Sydney</li> <li>• AIDS Action Council of the ACT</li> <li>• AIDS Dementia and HIV Psychiatry Service</li> <li>• Anal Neoplasia Society</li> <li>• Australasian Sexual Health &amp; HIV Nurses Association Inc.</li> <li>• Australasian Hepatology Association</li> <li>• Australia &amp; New Zealand Association of Nurses in AIDS Care</li> <li>• Australian Centre for HIV and Hepatitis Virology Research</li> <li>• Australian Federation of AIDS Organisations</li> <li>• Australian Healthcare &amp; Hospitals Association</li> <li>• Australian Indigenous Doctors' Association</li> <li>• Australian Injecting and Illicit Drug Users League</li> <li>• Australian Primary Health Care Nurses Association Incorporated</li> </ul> | <ul style="list-style-type: none"> <li>• Australian Research Centre in Sex, Health and Society</li> <li>• Bobby Goldsmith Foundation</li> <li>• Centre for Culture, Ethnicity &amp; Health</li> <li>• Centre for Social Research in Health</li> <li>• Ethnic Communities Council of Queensland</li> <li>• Family Planning Alliance Australia</li> <li>• Family Planning Tasmania</li> <li>• Forensic &amp; Medical Sexual Assault Clinicians Australia</li> <li>• Gilead Sciences</li> <li>• HIV AIDS Legal Centre</li> <li>• HealthInfoNet</li> <li>• Hepatitis ACT</li> <li>• Hepatitis NSW</li> <li>• Hepatitis Queensland</li> <li>• HIV Foundation Queensland</li> <li>• John Curtin School of Medical Research</li> <li>• Living Positive Victoria</li> <li>• Macfarlane Burnet Institute</li> </ul> | <ul style="list-style-type: none"> <li>• National Association of People Living with HIV/AIDS</li> <li>• National Serology Reference Laboratory, Australia</li> <li>• New Zealand Sexual Health Society</li> <li>• Northern Territory AIDS and Hepatitis Council</li> <li>• NSW STI Programs Unit</li> <li>• NSW Users and AIDS Association</li> <li>• Positive Life NSW</li> <li>• Positive Women - Victoria</li> <li>• Queensland Positive People</li> <li>• SHine SA</li> <li>• Sexual Health Society of Queensland</li> <li>• Sexual Health Society of Victoria</li> <li>• Society of Australian Sexologists</li> <li>• The Kirby Institute</li> <li>• Victorian AIDS Council/Gay Men's Health Centre</li> <li>• Victorian Hepatitis B Alliance</li> <li>• ViiV Healthcare</li> </ul> |
|---|--|--|

## 2015-2016 Regional Network Members

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Action for AIDS (Singapore)</li> <li>• AIDS institute (Hong Kong)</li> <li>• AIDS Society of the Philippines (Philippines)</li> <li>• Angsamerah Institution (Indonesia)</li> <li>• AsiaHep (Hong Kong)</li> <li>• Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (Australia)</li> <li>• Center for Liver Health, Division of Gastroenterology and Hepatology (Hong Kong)</li> <li>• Centre of Excellence for Research in AIDS / Integrated Health Services for Drug Users Kerinchi Cure &amp; Care Service Centre (Malaysia)</li> <li>• Communicable Disease Centre (Singapore)</li> <li>• Eijkman Institute (Indonesia)</li> <li>• HIV Medical Association of India (India)</li> <li>• Indian Society of Gastroenterology (India)</li> <li>• Indonesia Association of Physicians in AIDS care (Indonesia)</li> <li>• Indonesia Medical Association (Indonesia)</li> </ul> | <ul style="list-style-type: none"> <li>• Indonesian Association for the Study of the Liver (Indonesia)</li> <li>• Institute of Infectious Diseases and Epidemiology (Singapore)</li> <li>• International Union against Sexually Transmitted Infections (Asia Pacific)</li> <li>• Japan Agency for Medical Research and Development (Japan)</li> <li>• Japanese Society for AIDS Research (Japan)</li> <li>• Mahosoth Hospital, Ministry of Health (Laos)</li> <li>• Malaysian Academy of Medicine (Malaysia)</li> <li>• Malaysian Liver Foundation (Malaysia)</li> <li>• Malaysian Society for HIV Medicine (Malaysia)</li> <li>• Mount Elizabeth Hospital (Singapore)</li> <li>• Myanmar Liver Foundation (Myanmar)</li> <li>• National Center for HIV/AIDS, Dermatology and STD (Cambodia)</li> <li>• National Skin Centre Singapore, Department of STI Control Clinic (Singapore)</li> </ul> | <ul style="list-style-type: none"> <li>• National STD/AIDS Control Programme (Sri Lanka)</li> <li>• National University Health System, Division of Gastroenterology and Hepatology (Singapore)</li> <li>• Oceania Society for Sexual Health and HIV Medicine (Fiji)</li> <li>• Pacific Society for Reproductive Health (New Zealand)</li> <li>• Papua New Guinea Sexual Health Society (Papua New Guinea)</li> <li>• ROK HIV/AIDS Society (Singapore)</li> <li>• Society of Infectious Diseases (Singapore)</li> <li>• Sri Lanka College of Venerologists (Sri Lanka)</li> <li>• Taiwan AIDS Society (Taiwan)</li> <li>• Thai AIDS Society (Thailand)</li> <li>• The Thai Red Cross AIDS Research Centre (Thailand)</li> <li>• Timor Leste Medical Association (Timor)</li> <li>• Vietnam Clinical HIV/AIDS Society (Vietnam)</li> <li>• YR Gaitonde Medical, Educational and Research Foundation (India)</li> </ul> |
|--|---|--|

## ASHM Staff & Clinical Advisors

### Clinical Advisors

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

### International Clinical Advisors

David Baker	Colin MacLeod	John Millan	Mark O'Reilly	Ban Kiem Tee
Michelle Giles	Arun Menon	Richard Moore	Kimberley Oman	Emanuel Vlahakis
George Kotsiou	Bruce Miles Miles	Catherine O'Connor	Heidi Spillane	

### List of ASHM Staff (2015-16)

Amanda Burg	Melinda Hassall	Murray Pakes	Saysana Sirimanatham
Emily Buster	Katelin Haynes	Lucie Perissel	Samantha Stewart
Megan Campbell	Sonja Hill	Ashleigh Pickrell	Rebecca Sutherland
Levinia Crooks	Sam Hoang	Edward Reis	Vanessa Towell
Rini Das	John Hornell	Nicole Robertson	Mandy Vallario
Emma Day	Natalie Huska	Michelle Rochin	Cecilia Wang
Mike Dolley	Ally Kerr	Paola Rosales	May Wang
Beni Falemaka	Claire Koetsier	Kate Ross	Elisabeth Wilkinson
Helen Gao	Scott McGill	Katy Roy	Samantha Williamson
Nadine Giatras	Duc Nguyen	Amy Sargent	Danni Wharton
Nikitah Habraken	Michelle O'Connor	Karen Seager	

### ASHM Staff who left

Rebecca Brown	Peter Fry	Annabelle Kennett	Anna Roberts	Stan Tartakouski
Jackie Chu	Hayden Jose	Stephanie McLean	Danielle Spinks	Emily Wheeler
Olivia Cook	Richard Kallio	Ann Mehaffrey	Muirgen Stack	Beth Wilson
David Fowler	Raphaella Kelly	Catherine Pooley	May Tai	

### ASHM Scholarship Recipients

Ivette Aguirre	Gwamaka Eliudi Mary	Jamma Li	David Orth
Margaret Bain	Florance	Rasanga Liyanage	Tamara Ryan
Fiona Bisshop	Trina Gregory	Priya Looma	Kate Salisbury
Rohan Bopage	Louise Holland	Mwasakifwa	Christopher Sherman
Robert Burton	Victoria Hounsfield	Kaylene McKinnon	Matthew Shields
Christina Chang	Melissa Kelly	Jeffrey McMullen	Janelle Small
Vincent Cornelisse	Ban Kiem Tee	Ric Milner	Darcy Smith
Pauline Cundill	Ken Koh	Cecilia Moore	Louise Tomlins
Vaughn Eaton	Joanne Leamy	Jason Ong	Steven Wade





**ashm**

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

## **Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine**

LMB 5057 Darlinghurst NSW 1300 Australia

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

**T** +61 2 8204 0700 **F** +61 2 9212 2382

**E** [ashm@ashm.org.au](mailto:ashm@ashm.org.au) **W** [www.ashm.org.au](http://www.ashm.org.au)

**ABN** 48 264 545 457

communicate

research

