POLICY AND GUIDELINE DEVELOPMENT

HIV CLINICAL PrEP GUIDELINES

ashm

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

ANNUAL REPORT 2016-17

SUPPORTING THE HIV, VIRAL HEPATITIS AND SEXUAL HEALTH WORKFORCE

SCIENTIFIC CONFERENCES

RESOURCES TO ENHANCE CLINICAL CARE

CONTINUING MEDICAL EDUCATION

CLINICAL MENTORING

S100 PRESCRIBER ACCREDITATION

ADVOCACY

EVENT MANAGEMENT

SUPPORTING THE HIV, VIRAL HEPATITIS AND SEXUAL HEALTH WORKFORCE

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

WHO WE ARE

ASHM is a professional, not-for-profit, member-based organisation. It supports its members, sector partners and collaborators to generate knowledge and action in clinical management and research, education, policy and advocacy in Australasia and internationally. It is committed to quality improvement, and its products and services are sought after by governments, members, health care workers and affected people. ASHM's dedicated membership, high-calibre staff and commitment to partnership assure its effectiveness in achieving its mission.

OUR VISION

is to see the virtual eradication of HIV, viral hepatitis and sexually transmissible infections.

OUR MISSION

is to support the health workforce in Australia, New Zealand and the Asia and Pacific Regions to achieve this — through education and training; policy and advocacy; direct action and leadership.

OUR VALUES

ASHM is committed to the principles of the Ottawa Charter for Health Promotion and Jakarta Declaration on Leading Health Promotion into the 21st Century, as well as the highest standards of ethical conduct as practised by the medical, scientific and health care professions.

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

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

ASHM'S IMPACT IN AUSTRALASIA IN 2016-17

9 HEALTH SECTOR CONFERENCES MANAGED BY ASHM CONFERENCE & EVENTS

3,078 TOTAL NUMBER OF CONFERENCE & EVENT REGISTRATIONS

CONTINUING ADVOCACY FOR THE ROLE OF NURSE PRACTITIONERS TO PRESCRIBE

236

ASHM-ACCREDITED AUSTRALIAN HEPATITIS B S100 COMMUNITY PRESCRIBERS

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

4,167

COURSE PARTICIPANTS FROM PRIMARY CARE PROVIDERS

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

360

ASHM-ACCREDITED AUSTRALIAN COMMUNITY HIV S100 PRESCRIBERS

46,842

RESOURCES DISTRIBUTED

RANGING FROM MEDICAL CONSENSUS STATEMENTS; AUSTRALIAN NATIONAL CLINICAL GUIDELINES; TO TREATMENT REFERENCE TOOLS

46 SCHOLARSHIPS PROVIDED

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

ASHM'S IMPACT IN AUSTRALASIA IN 2016-17

Hong Kong

Hong Kong Society for HIV Medicine

NEW REGIONAL NETWORK MEMBER

Seminar + Inaugural Meeting

70+ HIV CLINICIANS IN ATTENDANCE IN DEC 2016

Singapore

45

Course participants trained

HIV PRACTICE COURSE HELD IN CONJUNCTION WITH 10th SINGAPORE AIDS CONFERENCE

3,529

ASHM MEMBERS REPRESENT OUR MULTIDISCIPLINARY HEALTH WORKFORCE IN AUSTRALASIA

INCLUDES OUR ORGANISATIONAL SUSTAINING MEMBERSHIPS BOTH DOMESTICALLY & REGIONALLY.

1,189

NURSE PARTICIPANTS

PARTICIPATED IN ASHM TRAINING PROGRAMS

PACIFIC + ASIA REGION

PARTNERSHIPS FOR CLINICAL TRAINING

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

AUSTRALIA

ADDRESSING STIGMA & DISCRIMINATION

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

205

ABORIGINAL & TORRES STRAIT ISLANDER HEALTH WORKERS

PARTICIPATED IN ASHM TRAINING PROGRAMS

236

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

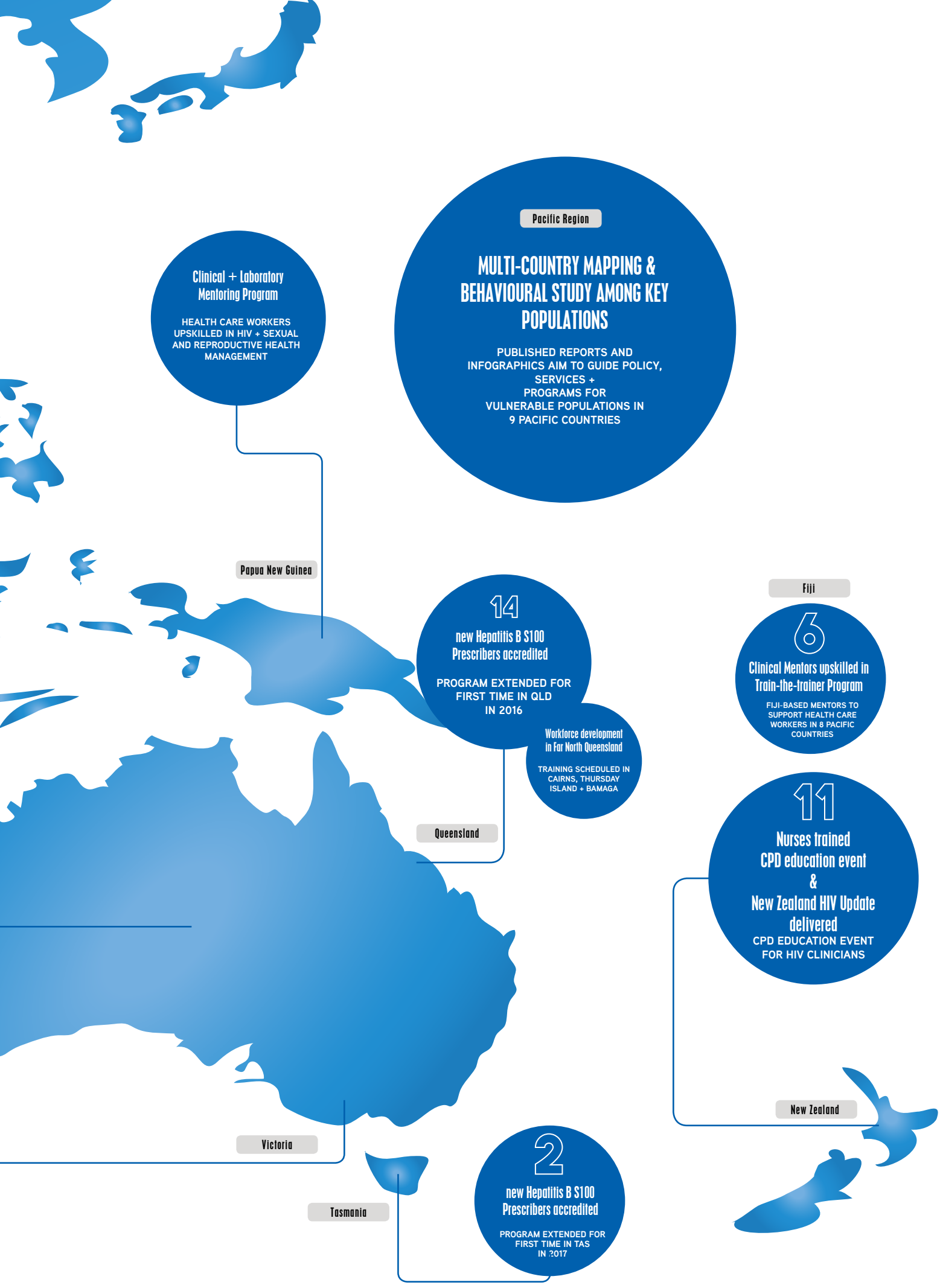
FEB 2017

Victorian HIV and Hepatitis Integrated Training And Learning Programn Launched

FOR GP CERTIFICATION OF HIV, HEPATITIS B AND C PRESCRIBING

VIC rural + regional-wide training focus

MELBOURNE-BASED TRAINING INCLUDES WEBINAR CAPABILITIES TO ENCOURAGE REMOTE PARTICIPATION


Pacific Region
MULTI-COUNTRY MAPPING & BEHAVIOURAL STUDY AMONG KEY POPULATIONS
PUBLISHED REPORTS AND INFOGRAPHICS AIM TO GUIDE POLICY, SERVICES + PROGRAMS FOR VULNERABLE POPULATIONS IN 9 PACIFIC COUNTRIES
Clinical + Laboratory Mentoring Program
HEALTH CARE WORKERS UPSKILLED IN HIV + SEXUAL AND REPRODUCTIVE HEALTH MANAGEMENT
Papua New Guinea
14
new Hepatitis B S100 Prescribers accredited
PROGRAM EXTENDED FOR FIRST TIME IN QLD IN 2016
Workforce development in Far North Queensland
TRAINING SCHEDULED IN CAIRNS, THURSDAY ISLAND + BAMAGA
Queensland
Fiji
6
Clinical Mentors upskilled in Train-the-trainer Program
FIJI-BASED MENTORS TO SUPPORT HEALTH CARE WORKERS IN 8 PACIFIC COUNTRIES
11
Nurses trained
CPD education event
&
New Zealand HIV Update delivered
CPD EDUCATION EVENT FOR HIV CLINICIANS
New Zealand
Victoria
Tasmania
2
new Hepatitis B S100 Prescribers accredited
PROGRAM EXTENDED FOR FIRST TIME IN TAS IN 2017

2016-2017 ASHM ORGANISATIONAL SUSTAINING MEMBERS

ACON
AIDS Action Council of the ACT
AIDS Dementia and HIV Psychiatry Service
Anal Neoplasia Society
Australasian Sexual Health & HIV Nurses Association Inc.
Australasian Hepatology Association
Australia & New Zealand Association of Nurses in AIDS Care
Australian Centre for HIV and Hepatitis Virology Research
Australian Federation of AIDS Organisations
Australian Healthcare & Hospitals Association
Australian Indigenous Doctors' Association
Australian Injecting and Illicit Drug Users League
Australian Primary Health Care Nurses Association Incorporated
Australian Research Centre in Sex, Health and Society
Bobby Goldsmith Foundation
Centre for Culture, Ethnicity & Health
Centre for Social Research in Health
Ethnic Communities Council of Queensland
Family Planning Alliance Australia
Family Planning Tasmania
Forensic & Medical Sexual Assault Clinicians Australia
Gilead Sciences, Inc
HIV/AIDS Legal Centre
HealthInfoNet
Hepatitis ACT
Hepatitis NSW
Hepatitis Queensland
HIV Foundation Queensland
John Curtin School of Medical Research
Living Positive Victoria
Macfarlane Burnet Institute
National Association of People Living with HIV/AIDS
National Serology Reference Laboratory, Australia
New Zealand Sexual Health Society
Northern Territory AIDS and Hepatitis Council
NSW STI Programs Unit
NSW Users and AIDS Association
Positive Life NSW
Positive Women Victoria
Queensland Positive People
SHine SA
Sexual Health Society of Queensland
Sexual Health Society of Victoria
Society of Australian Sexologists
The Kirby Institute
Victorian AIDS Council/Gay Men's Health Centre
Victorian Hepatitis B Alliance
ViiV Healthcare, Inc

2016-2017 REGIONAL NETWORK MEMBERS

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

CONTENTS

ASHM'S IMPACT IN AUSTRALASIA IN 2016-17

01

PRESIDENT'S REPORT

PROF. MARK BOYD – LOOKING BACK

2017 has been the third and final year of my ASHM Presidency. It has been a privilege and honour to lead this active, imaginative, innovative and visionary agency. Despite the difficulties presented by a lack of core Commonwealth funding and the very competitive tendering process by which the Commonwealth contracts out work in the sector, ASHM has managed to maintain a sound financial position. This has resulted in an extremely lean organisation and increased workloads for staff. Everyone must be commended for the flexibility and capacity they have shown to ensure that we can continue to contribute meaningfully to the HIV, viral hepatitis and sexual health domains in Australia, New Zealand and our region.

FOR HIV

This has been an exciting time in the HIV field. Australia has managed to place >10,000 high–risk people on PrEP over the last couple of years as a result of a series of bold roll-out studies across New South Wales, Victoria, Queensland, South Australia, Western Australia and the Australian Capital Territory. This achievement means that per capita Australia now has the highest PrEP coverage in the world. It is exciting to know that from July 2016-June 2017, NSW recorded only 217 HIV infections amongst gay and bisexual men, 25% less than the average of the previous five financial years. The number of HIV infections among gay and bisexual men between January and June 2017 was the lowest count for that 6 month period since 1985. This is an incredible achievement and a stunning 'real life' demonstration that PrEP represents a powerful tool to combat the epidemic.

The other recent 'discovery' in HIV therapy, 'treatment as prevention" (TasP) is another exciting development. Combined with the knowledge that all people with HIV should start ART as soon as possible after diagnosis, TasP has the potential to limit HIV transmission by treating people with HIV early, quickly rendering them uninfectious. The NSW Ministry of Health has set a goal for 2020 that all newly HIV-infected people should initiate ART within 6 weeks of diagnosis. Trials and projects across the world are initiating therapy on the day of diagnosis, and considerable interest in this strategy has been shown in Australia.

FOR HEPATITIS C

Australia has shown incredible vision by allowing access to hepatitis C treatment without restriction and the world is watching as we strive for elimination. The uptake of treatment in 2016 was remarkable. With over 32,000 individuals initiated on therapy, Australia has demonstrated that the goal of elimination is achievable. ASHM's advocacy to the PBAC contributed to a broader prescriber base being able to initiate treatment and this along with the increase in workforce development ASHM has delivered in this space has contributed to an increase of prescribing in the community. The challenge now facing us is the identification and treatment of the 200,000 people still believed to be infected in Australia. It is estimated that 80% of these people have been tested and identified as having chronic HCV infection. We need to think imaginatively and collaboratively to develop strategies to identify, reach and treat these people.

FOR HEPATITIS B

ASHM achieved a major milestone in the expansion of its Hepatitis B prescriber program to Queensland and Tasmania. This program provides initial training, ongoing support and continuing professional development activities for general practitioners prescribing Highly Specialised Drugs for the treatment of chronic hepatitis B – and is now available in all Australian states and territories.

In November this year I will hand over the ASHM Presidency to a friend and colleague Dr. Mark Bloch. Mark is well known to many having worked tirelessly as a high HIV caseload practitioner and advocate in inner-eastern Sydney. Over the past 6 months we have worked closely together with the ASHM staff and board during what has been (and will continue to be) a period of transition and turbulence for the organisation. I know his passion for the sector and that he will bring drive and energy to the role of President. I wish him all the best.

Finally, but perhaps most importantly I acknowledge Levinia Crooks and the enormous contribution she has made not only to ASHM as the CEO, but to the entire sector for the past 30 years. Levinia had to resign earlier this year because of ill health. She is greatly missed.

IN-COMING

PRESIDENT'S REPORT

A/PROF. MARK BLOCH – LOOKING AHEAD

As incoming President of ASHM, I very much look forward to working with you to improve the health outcomes for those affected by HIV, viral hepatitis and STIs. ASHM will work closely with the Australian government to help shape the new national strategies for HIV, Viral Hepatitis and STIs that will be commencing in 2018. Continuation of the partnership approach, between Government, health professionals, researchers and community is essential in maintaining progress in the response to BBVs in Australia and New Zealand. ASHM recognises that it is only through these partnerships that Australia has an achieved an exemplary model for the management of HIV and hepatitis C that is recognised globally. But there is still much work to do.

FOR HIV

The two key current issues are prevention of new HIV infections, and the optimal management of those with HIV.

In terms of HIV prevention PrEP is a key breakthrough that will enable us to dramatically reduce new HIV infections and ultimately achieve our goal of ending HIV. ASHM will continue to advocate for PrEP to be reimbursed through PBS in Australia. In New Zealand, we aim to support organisations - primarily the New Zealand AIDS Foundation, who strongly advocated for PHARMAC's (Pharmaceutical Management Agency) approval of the proposal to widen the funding criteria of antiretroviral agents for the treatment of HIV and which took effect from 1 July 2017. ASHM are ready to expand our HIV program to engage GPs in Australia and New Zealand to prescribe PrEP.

For those with HIV, the evidence is clear that people living with HIV who are in care and on treatment are able to live long and productive lives. However, the complications of comorbidities and ageing are a major challenge and this will be an increasing focus for ASHM.

Other very important issues in our focus, include:

- Working to halt new HIV infections in indigenous communities seen in the north of Australia
- Reducing late diagnosis of harder-to-reach populations with HIV
- The ongoing need to address the entirely unacceptable issue of stigma and discrimination in healthcare settings
- Supporting New Zealand to scale-up their PrEP and Treatment as Prevention (TasP) response in 2017-2018

FOR HEPATITIS C

In order to maintain treatment uptake and work towards the goal of elimination, ASHM will be continuing to focus on workforce development of primary health care professionals in harm reduction, liver assessment and treatment for hepatitis C.

FOR HEPATITIS B

It cannot be emphasised enough that chronic hepatitis B continues to be a major concern in Australia – and indeed, worldwide, as a communicable disease. ASHM will continue its workforce education and accreditation for HBV community prescribing to improve diagnosis and access to management and treatment for hepatitis B.

FUNDING CHALLENGES

Non-government organisations are vital in assisting the Commonwealth to achieve optimal outcomes in HIV, viral hepatitis and sexual health. However, the way the Commonwealth invests creates great challenges. Competitive tendering with short-term, project-based funding compromises the partnership approach which has been so successful in the response to BBVs in Australia.
The lack of core structural funding and short-term contracts means organisations like ASHM spend a disproportionate amount of time competing for and juggling finances. It means the ability to strategically plan and work towards longer term goals is limited and it is more difficult to hold onto talented, dedicated and promising staff due to short-term contracts. It means we lack the resources to do policy and advocacy work.
Looking ahead: One of my priorities is to work closely with our ASHM Board to ensure stability, continuity; and that we are representing the needs of our diverse membership. Obtaining more secure funding for ASHM to carry out its activities which is essential for management of patients with BBV and STI – is a key focus.

BECOME AN ASHM MEMBER

Australia and New Zealand has an enviable, and well deserved global reputation for our response to HIV and viral hepatitis. If however we are to build on this legacy and continue to lead the way, we must continue to build robust public, private and community partnerships. To this end, I welcome and encourage all of you to become an ASHM member; and, for members of ASHM – to be involved, participate and help us in shaping this response.

CEO REPORT

A/PROF. LEVINIA CROOKS, AM

WELCOME to the ASHM 2016-17 Annual Report: we have significantly changed our design and content to better capture and present the wide range of activities and achievements of the Society over the last financial year. More importantly you will see that we have chosen to focus this year on the contributions and perspectives of our valued Members, presenters, clinical advisors, community partners and research collaborators who in partnership with ASHM staff make the work that we do possible, very often by volunteering their time and expertise. While changes in the funding landscape are clearly driving the need to explore alternative ways of its core business, getting 'back to our roots' and engaging better with our membership and especially emerging leaders in various disciplines and disease areas remains critical.

CHANGES IN THE FUNDING LANDSCAPE

In last year's Annual Report and Annual General Meeting I made it clear ASHM was facing a number of funding challenges over the coming years. The most significant of these was the change by Commonwealth Department of Health to competitive tendering. ASHM is no longer able to respond as easily to policy issues and resource needs raised by the sector, nor attend Commonwealth, jurisdictional and sector meetings. It is also more difficult for us to develop, maintain and disseminate the suite of guidelines and other resources we are known for. This changes the way we do business, for example no longer providing printed resources 'free' and now including them as part of the cost of a course. ASHM was successful in securing two 2 year Commonwealth funded activities from 1 July 2016 (see page 14, & pages 24-25) and both projects are running on schedule and conclude in June 2018 (however there is no indication of funding after this). Both of these projects require the development and sustainability of on line resources. While this is a challenge it has given us an opportunity to explore ways of improving on line learning and maximising the benefits of an online learning experience. Activity 5 has provided us with a mandate to work with mainstream agencies so that the training we develop gets translated into their on-going standards and accreditation programs in a sustainable manner. ASHM also received one-off funding for Hepatitis B education and Hepatitis C awareness activities which has provided the opportunity to increase the delivery of training for primary health care professionals nationally (1257 in 2016 – 17).

MAINTAINING GUIDELINES AND RESOURCES

ASHM is actively exploring ways to support content experts to contribute directly to the development or redevelopment/updating of resources. This is being done by improving the tools we provide contributors and relying on the relationship between the editors and contributors. It is vitally important that member's interests are up to date so we can provide opportunities for participation in policy or resource work. We are particularly interested in supporting emerging clinical leaders to collaborate with us. ASHM will work to identify priority needs for review and update, keeping in mind the resource needs of our training programs and the sector as a whole. Through a combination of recognition for contributions and a realistic updating schedule we aim to maintain our key resources and guidelines through your support and contribution. All resources are now available online and ASHM has been honing its IT capacity to enhance the experience of the end-user.

HONORARY EDITORS FOR HIV MANAGEMENT IN AUSTRALASIA

ASHM is committed to the continued publication of ***HIV Management in Australasia***. The resource is now available in an on-line format (web and app). Prof Martyn French and Dr Elizabeth Crock have taken on honorary editor roles of the Medical and Nursing sections respectively. They will use the next Australasian HIV/AIDS Conference as an opportunity to bring current and prospective authors together.

AUSTRALASIAN SOCIETY FOR SEXUAL HEALTH (ASHA)

ASHM continues to advocate for STI funding and has developed the Australasian STI Guidelines and Contact Tracing Manual which are highly used resources for clinicians, particularly those outside the sexual health setting (and available in app formats). ASHM runs the Australasian Sexual Health Conference and allocates funds from that conference to support a modest funding stream commitment to sexual health workforce development.

HIV PROGRAM

PrEP obviously remains a game-changer for the sector and from the outset ASHM has let clinicians know about their patients' options for accessing PrEP. ASHM also supports many PrEP committees and advocated for states and territories to support pilots and trials. Irrespective of PBAC decisions, ASHM remains committed to providing further clinical advice to clinicians. Additionally we have written to the PBAC and the Chief Nursing and Midwifery Officer, requesting consideration of the role of Nurse Practitioners in Sexual Health and/or HIV having access to prescribing. This will facilitate the on-going roll-out of PrEP. On-going challenges in HIV treatment and support includes tackling inequities in access to testing and treatment as well as doing more to better support an ageing patient cohort and advocating for successful models of care.

HEPATITIS C TREATMENT/PROVIDER SUPPORT

We can all celebrate the uptake data for treatment for hepatitis C. For those who have fought for GP prescribing, it is heartening to see their increasing role in this area of practice. However we are seeing this uptake predictably decline and priority needs to focus on more hard to reach and engage patients. ASHM has worked in collaboration with nursing colleagues to secure Nurse Practitioner Prescribing in HCV. This commenced on 1 May 2017. While the number of Nurse Practitioners in this area is quite small, creating a career path may assist in growing this. ASHM continues to be one of the small number of providers of advanced Nurse Practitioner training, where we work closely with colleagues from the Australasian Hepatology Association (AHA).

HEPATITIS B TREATMENT/ TRAINING

Our Prescriber Program continues to grow with over 200 prescribers nationally and the program running in all states and territories. ASHM has been collaborating with Hepatitis Australia and hepatitis councils in states and territories to ensure our workforce development is complementary to the community education projects being delivered locally. ASHM continues to partner with the Doherty Institute to produce the Hepatitis B Mapping Project to inform and track the progress of Australia's response to hepatitis B.

INTERNATIONAL NETWORK OF HEPATITIS IN SUBSTANCE USERS (INHSU)

In 2016, ASHM collaborated with the Kirby Institute to develop a Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program, specifically for practitioners working with people who use drugs. As well as delivering the program nationally, ASHM has collaborated with INHSU to adapt, translate and implement the program internationally across; Canada, France, Spain, Switzerland and the UK. In addition, ASHM provides business and organisational support to INHSU, on a fee-for service basis, assisting them with strategic planning and other corporate functions. Our Conference Division have also managed their conferences in Manly in 2015, Oslo in 2016 and in New Jersey in 2017.

INTERNATIONAL UNION OF STI IN ASIA AND THE PACIFIC (IUSTI-AP)

ASHM is in the process of finalising an agreement with IUSTI-AP to provide their organisational support. We hope this will mesh with the Regional Network, particularly in regard to conferencing and the holding of related activities next to conferences. ASHM through ASHA is running the Sexual Health Conference in Auckland, NZ as part of the IUSTI Asia Pacific Congress from 1-3 November 2018.

INTERNATIONAL PROGRAM

Despite drastic cuts to Australia's aid program, we have been able to maintain a number of established programs such as the Collaboration for Health in PNG (CHPNG) as well as securing ongoing support for the Regional Network. Unfortunately, we were unable to deliver an introductory course in HIV and an advanced Clinical Educators Training, in Hong Kong in May but this remains an aim for 2018 and is already on the planning schedule for the 3rd Asia Pacific AIDS Coinfection Conference.

There have been three major new programs in the international area:

- Pacific Sexual Health Workforce Capacity Building Program,
- Pacific HIV Health Worker Mentorship Program
- Sexual and Reproductive Health Integration Project

These are described on page 28-29, Crucially, ASHM has been able to maintain its toehold in a still badly needed regional response.

CONFERENCE AND EVENTS DIVISION

As for the rest of ASHM pressure remains on the Division to do more with less as funding and sponsorship becomes hard to secure and costs are continually rising. In recent years the team have taken on the logistics for all ASHM education and training events, streamlining processes and allowing us to make savings due to multiple bookings with single chains. While some see the conference area as one to generate funds, we are up against a retracting pool of funds within our attendees and great competition with our conference management service provision. We encourage all members who organise conferences and events to recommend or use the services of our award winning conference management team.

SO WHERE DO WE SEE ASHM IN THE NEXT 5 YEARS?

ASHM's financial report is detailed on pages 38-74. While the overall situation is healthy, as described much of our funding is in flux, susceptible to sudden changes and this will remain the case in the near future. Establishing clear priorities of focus will be a key issue facing the Board. One of the exercises I undertook while on leave was to collate a targeted report on what members and stakeholders saw as priorities for ASHM. The Board is exploring closer collaborations with similar or partner organisations at the same time as increasing its reliance on members. This will involve a considerable degree of change, as old models are replaced by new approaches. I have been unwell for the first half of 2017. This has left me out of the office and often in hospital. Scott McGill has been acting CEO in this time and has been working hard to maintain business as usual with the support of a great Leadership Team and fantastic Board. I would like to take this opportunity to thank you across the sector for support to me and to ASHM during this time.

Our work is your business.

OUR MEMBERS

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

The number of members registered in the Register of Members as of 30 June 2017 was 961. This is slightly down from the prior year. It should be noted that ASHM's membership program currently has a two-pronged approach: To maintain a committed group of core individual members 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.

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

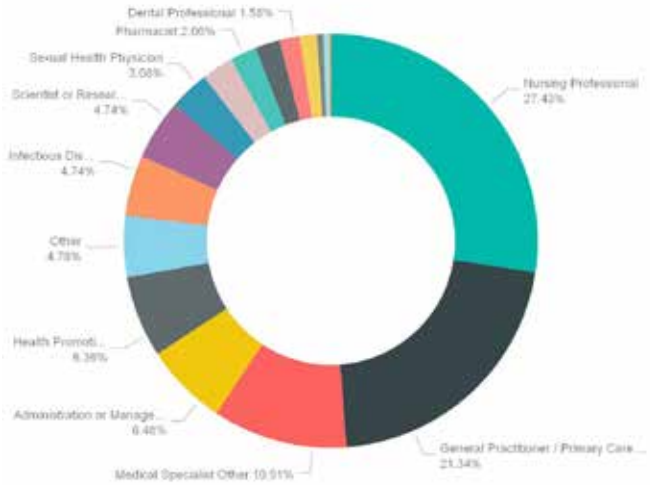


FIGURE (right): ASHM membership by profession

TABLE: ASHM MEMBERSHIP BY TYPE

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Ordinary Members	1,045	873	1,000	957	986	961
Individual Sustaining Members	86	103	78	44	43	14
Student Members	46	45	49	71	77	64
Retired Members	4	8	9	10	13	13
Complimentary Members	n/a	518	688	775	768	1,585
Affiliates	375	504	665	732	900	927
Honorary Life Members	-	-	-	7	7	9
ASHM Members, all types	1,556	2,051	2,489	2,596	2,794	3,573
Organisational Sustaining Membership (OSM)		39	46	50	48	56
Regional Network: Organisational Sustaining Membership		4	6	8	41	42

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

ASHM HONORARY LIFE MEMBER

DR COLIN MACLEOD

ASHM MEMBER SINCE 2000; ASHM HONORARY LIFE MEMBER SINCE 2017
ASHM HIV CLINICAL MENTOR ADVISOR IN PAPUA NEW GUINEA (2013-2017)

"I have a long history with PNG having worked and visited there since the 1970s. At the encouragement of [ASHM Board Member] Catherine O'Connor, I applied for and subsequently became one of ASHM's Clinical Advisors in their co-partnered Clinical and Laboratory Mentoring Program there – where part of my work consisted of mentoring the healthcare workers in places as remote as Enga Province (west of the Western Highlands) and at Yampu Hospital. Despite the fact that Papua New Guinea is now more than ten years into a spiralling HIV epidemic, there is still a lack of practical clinical expertise and the clinic management systems needed to deal with the complexities of caring, treating and clinically supporting people with HIV. Many attempts have been made to scale up the HIV clinical response in developing countries through training courses or the direct provision of HIV care by expatriates; however, mentoring as a mode of capacity-building has been claimed to have the most promise".

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

4,167

ASHM COURSE PARTICIPANTS

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

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

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

TABLE: ASHM COURSES & UPDATES

	2014-2015		2015-2016		2016-2017	
	No. of Courses	No. of Participants	No. of Courses	No. of Participants	No. of Courses	No. of Participants
HIV Courses & Updates	26	587	24	661	44	1,045
HBV Courses & Updates	19	389	34	735	72	1,305
HCV Courses & Updates	15	263	36	1,006	58	1,326
BBV/STI/Sexual Health Courses & Updates	7	150	8	140	14	192
Nursing HBV Courses	2	60	3	68	6	134
Nursing HCV Courses	2	51	30	57	2	36
Nursing STI Courses	9	148	9	185	6	129
TOTAL	80	1,648	144	2,852	256	4,167

SUPPORTING THE WORKFORCE WITH RESOURCES & TOOLS

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

PICTURED: *Megan Campbell (ASHM Project Officer) and Paul Kidd (Chair of the HIV Legal Working Group) at launching the Consensus Statement in the MJA at the 2016 Australasian HIV&AIDS Conference.*

OUR WORK IN HIV

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

62
ASHM-run HIV COURSES 2016-2017

HIV RESOURCE DEVELOPMENT
The ASHM HIV team work closely with our clinical advisors to ensure content are relevant and clinically accurate.

1,272
PARTICIPANTS
attending workforce development opportunities via webinars and face to face learning.

New Zealand Annual HIV Clinical Update
held at Auckland City Hospital, May 2017

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

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

"PrEP is the most efficacious prevention strategy that is available preventing a person from acquiring HIV. When used daily, PrEP reduces HIV transmission by up to 99% and no other HIV prevention method offers this level of protection. ASHM need this prevention tool to be available to all Australians and only a PBS (Pharmaceutical Benefits Scheme) listing will achieve this outcome. Until then we will continue to expand access to PrEP via PrEP trials and by supporting individuals who are importing PrEP. ASHM continues to encourage ongoing collaboration and submissions to the Pharmaceutical Benefits Advisory Committee (PBAC) until this happens by proposing a round table with PBAC and all stakeholder."

Published in the Journal of Virus Eradication on 6 July 2017 [ISSN: 2055-66-59 – online], these guidelines were written for clinicians who will be initiating PrEP and monitoring people taking PrEP and are designed to reflect Australia's unique epidemiology. Authored by clinicians, epidemiologists and representatives of peak Australian HIV community organisations who have significant experience of PrEP in the clinical, research and real-world settings, this publication represents an adaptation and a revision of the 2014 United States Centers for Disease Control's PrEP guidelines.

ASHM MEMBER PROFILE

DR PETER SAXTON
ASHM MEMBER SINCE 2015
NEW ZEALAND AIDS FOUNDATION FELLOW
DIRECTOR GAY MEN'S SEXUAL HEALTH RESEARCH GROUP, SCHOOL OF POPULATION HEALTH
UNIVERSITY OF AUCKLAND, NEW ZEALAND

"New Zealand's successful HIV response was challenged in 2016 with record numbers of HIV diagnoses and government disinvestment. Nevertheless the HIV sector rallied and secured three significant milestones: HIV treatment on diagnosis, a national HIV Consensus Statement and the first PrEP demonstration project. ASHM's support on PrEP has been especially valuable as we collate best practice and evidence of impact. There's now a palpable sense of possibility across the HIV sector here, generating grassroots activism and engagement about prevention that's genuinely exciting. A partnership-style relationship with the new Government would help us seize this opportunity and see results sooner."

HIV CONFERENCE SLAMS SPITTING LAWS

PICTURED: On 18 November 2016, ASHM CEO Levinia Crooks and ASHM President Mark Boyd lead delegates at the Australasian HIV&AIDS Conference to condemn the governments of South Australia, Western Australia and Northern Territory by submitting a position statement regarding laws that force people accused of criminal offences to undergo mandatory HIV and blood-borne virus testing.

Read more: www.ashm.org.au/news/hiv-conference-slams-spitting-laws/

CLINICAL RECOMMENDATIONS FOR DARE (DIGITAL ANO-RECTAL EXAMINATION)

DR RAJESH VARMA
ASHM MEMBER SINCE 2016
ASHM ARV GUIDELINE COMMITTEE MEMBER; CHAIR, ASHM HIV DARE WORKING GROUP
CLINICAL SERVICES MANAGER AND STAFF SPECIALIST AT THE SYDNEY SEXUAL HEALTH CENTRE
HIGH RESOLUTION ANOSCOPIST ON THE STUDY FOR THE PREVENTION OF ANAL CANCER (SPANC STUDY)

The role of routine screening for anal cancers in men living with HIV who have sex with men (MSM) and its screening using digital ano-rectal examination (DARE) has been a particular focus of ASHM's HIV Treatment Guidelines Committee since 2016.

"ASHM has commissioned a subcommittee to look at the role of screening for anal cancers in MSM and to develop resources for how to incorporate DARE into routine HIV practice. Given that the rates of anal cancer are 50-100 times higher among HIV-positive MSM than the general population, we believe many anal cancers could potentially be diagnosed at an early stage and referred for prompt and effective therapy if DARE were incorporated into the routine annual health checks."

Clinical recommendations for anal cancer are in development and due for publication in end-2017.
Read more: www.ashm.org.au/HIV/hiv-management/anal-cancer/

HIV MANAGEMENT IN AUSTRALASIA: A GUIDE FOR CLINICAL CARE

PROF MARTYN FRENCH
ASHM FOUNDER MEMBER AND HONORARY LIFE MEMBER SINCE 1989
CO-LEAD MEMBER OF THE EDITORIAL REFERENCE GROUP FOR HIV MANAGEMENT IN AUSTRALASIA: A GUIDE FOR CLINICAL CARE
HONORARY SENIOR RESEARCH FELLOW IN CLINICAL IMMUNOLOGY, UWA MEDICAL SCHOOL AND SCHOOL OF BIOMEDICAL SCIENCES, UNIVERSITY OF WESTERN AUSTRALIA

Our invaluable clinical monograph – an essential teaching tool in ASHM HIV training programs for participants and educators became available as a website in late-2016.

"HIV Management in Australasia is an on-line 'living resource' for health practitioners managing people with HIV infection in Australasia and neighbouring countries. It provides essential information on the diagnosis and management of HIV infection and the causes, diagnosis and management of disease caused by HIV infection, including AIDS. Aspects of HIV disease diagnosis and management specific to Australasia are included and links to additional information that readers may wish to access are also provided. The content is of particular relevance to participants in the HIV accreditation course (for HIV s100 prescribers) and is an invaluable clinical monograph for healthcare workers and educators."

Visit the website: hivmanagement.guidelines.org.au

360

ASHM-TRAINED COMMUNITY HIV PRESCRIBERS

NUMBER OF ASHM-TRAINED COMMUNITY HIV S100 PRESCRIBERS BY JURISDICTION

**Undergoing accreditaion at 30 June 2017*

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
ACT	9	11	10	12	16	15 (1)*
NSW	110	115	109	122	139	173 (9)*
NT	-	-	-	-	5	7
QLD	-	-	-	-	35	50
SA	18	22	21	25	25	28
VIC	45	43	43	46	52	72
WA	-	-	-	4	5	10 (2)*
TAS	-	-	-	-	-	5
TOTAL	182	191	183	209	277	360

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 under review for its annual update. ASHM's release of the 2016-update includes 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/resources/HIV-Resources/

SEXUAL TRANSMISSION OF HIV AND THE LAW: AN AUSTRALIAN MEDICAL CONSENSUS STATEMENT

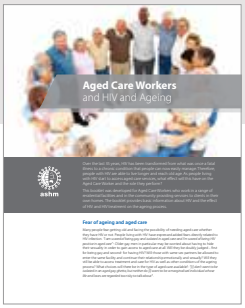
This consensus statement written by leading HIV clinicians and scientists to provide current scientific evidence to facilitate just outcomes in Australian criminal cases involving HIV, was published in the Medical Journal of Australia on 7 November 2016. [DOI: 10.5694/mja16.00934]

PICTURED: ***A formal launch of the Aged-Care Workers Managing People with HIV course has been planned for 1 October 2017 – the International Day of Older Persons – in Perth, with Ita Buttrose, AO, OBE***

OUR WORK WITH AGED-CARE WORKERS MANAGING PEOPLE WITH HIV

Preparing for an ageing HIV epidemic is part of a broader picture of aged-care responding to the demographic profile of people with HIV who are being treated with newer, better-tolerated antiretroviral therapy (ART), who are now living longer, reaching old age and will increasingly access aged-care services. Although many patients with HIV will live healthy lives into old age, some will develop physical and mental care needs. Stigma and discrimination are also major issues for an older population whose peers might be less aware of advances in the understanding and treatment of HIV, with patients concerned about their status causing social isolation in care homes and poorer wellbeing.

ASHM's work in this area aims to address the significant implications for the aged-sector and its work-force – these implications not being limited to Australia, but recognised internationally – as people with HIV start seeking aged-care services.



- Continuing from the 2014 release of an ASHM publication Aged Care Workers on HIV and Ageing (an educational resource written specifically for aged-care workers that aimed to present simple facts about HIV, bust myths and put it into plain English), ASHM has developed a course in HIV and Ageing comprising a single unit of competency: ***Provide support to people with HIV in aged care settings.***

- The initial stage of this Western Australia Department of Health-funded project held a review of all existing units of competency and current training packages available in Australia – including the Certificate III in Individual Support and the Certificate IV in Ageing Support. It was apparent that aged-care workers did not have access to formal training in HIV, the effects the virus may have on the ageing process or what services may be required.

- The training materials, consisting of both on-line modules and a face-to-face workshop, were developed in consultation with stakeholder groups ranging from the aged-care sector, HIV-community organisations, older persons' advocacy groups, training and education representatives, and aged-care service providers.

- A pilot course was held in Perth, April 2017 receiving positive review and evaluation from aged-care workers who agreed that the course was relevant to their workplace; pitched at an appropriate level; and the learning objectives allowed them to gain confidence in providing services to people with HIV.

- ASHM's unit of competency ***Provide support to people with HIV in aged care settings*** is currently under assessment by the Australian Skills Quality Authority (ASQA), the National VET Regulator for accreditation.

ASHM COMMUNITY PARTNERSHIP

AARON COGLE, EXECUTIVE DIRECTOR
NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA

"NAPWHA is proud to have partnered with ASHM in the development of this very important training. As people with HIV age and rely on support services it is important that the services that they may rely on are up-to-date in their knowledge and understanding about HIV. NAPWHA commends this resource to the aged-care sector and looks forward to building on this work to further improve the lives of people with HIV as they age."

PICTURED: *Melinda Hassall (ASHM Clinical Nurse Lead) and Sami Stewart (ASHM Project Officer) presenting nursing interventions of this project at the Australian Primary Health Care Nurses Association (APNA) Conference (May 2017)*

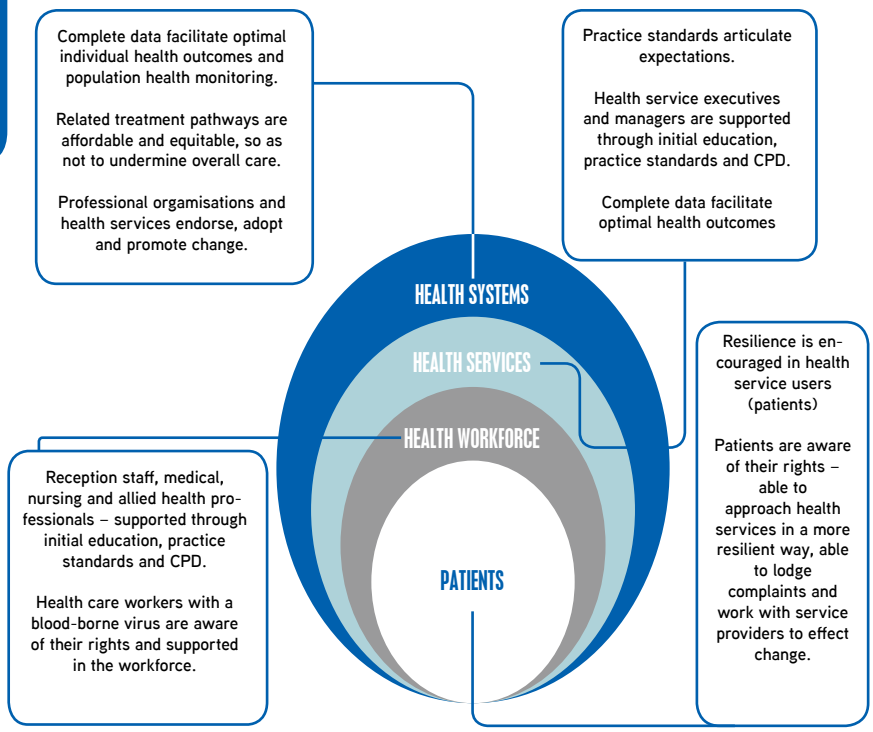
OUR WORK ADDRESSING STIGMA & DISCRIMINATION IN HEALTHCARE SETTINGS

A two year Commonwealth-funded project that commenced in July 2016, ASHM is addressing systemic barriers and stigma and discrimination to increase access to the health system by people at risk of or with hepatitis B, hepatitis C or HIV.

The Project is supported by a numerous different partner groups across Australia.

- Project Implementation Partners
- Project Collaborating Health Services
- Community Partners
- Research and Communications Partners

FIGURE:
PRIORITY AREAS OF THE PROJECT



YEAR 1

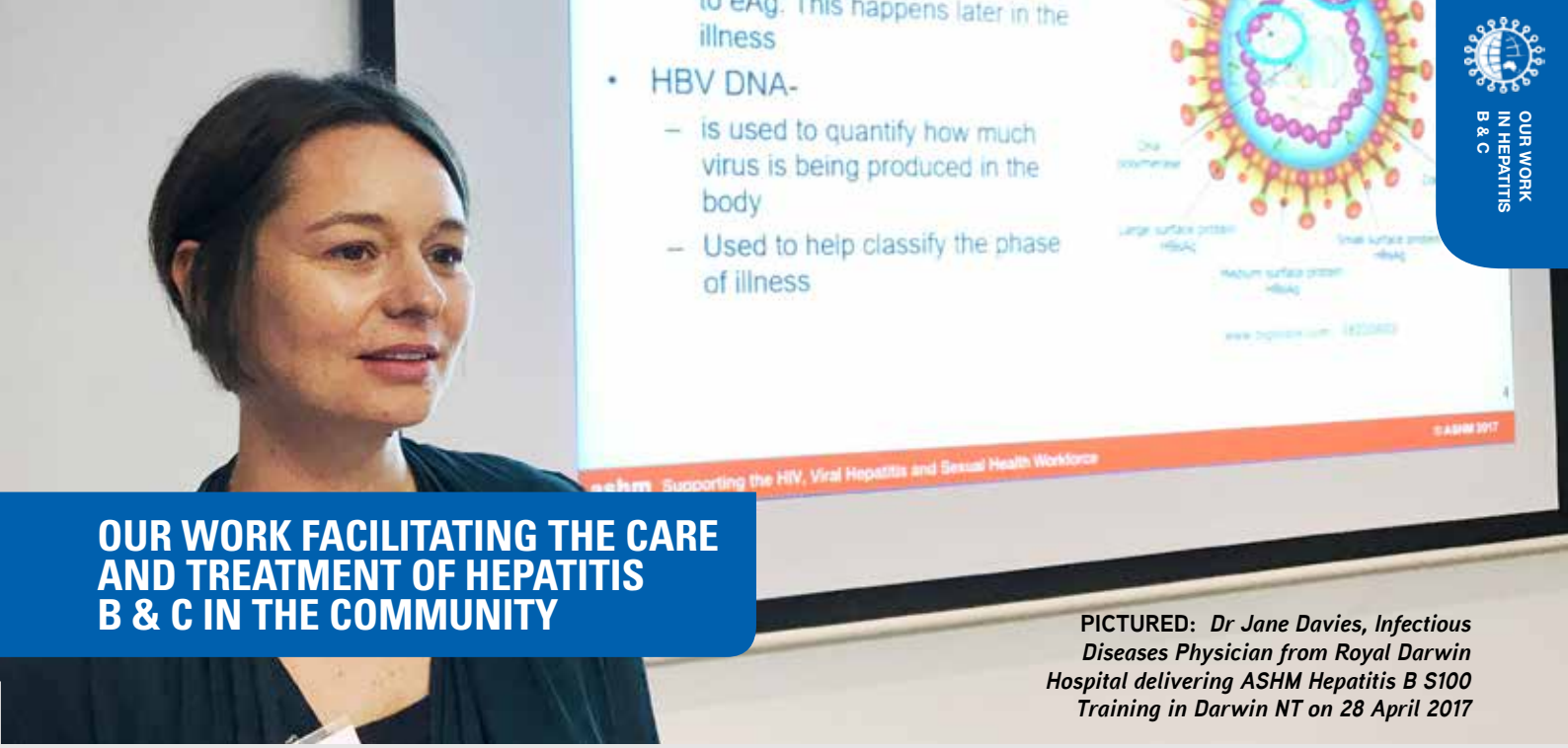
PHASES OF DEVELOPMENT:

- Multifaceted review conducted to explore the barriers and enablers experienced by people when accessing the health system. The focus is those barriers arising from stigma, including stereotyping, discrimination and structural factors which might differentially impact sub-populations.
- Review will include recommendations for the development of interventions to address these situations.

YEAR 2

PHASES OF DEVELOPMENT:

- Online resources will be developed, focus tested and implemented with participating health services.
- Following evaluation and modification: Roll-out across health sector through collaborations with a number of broad-based partner Colleges and organisations with a responsibility for workforce development.



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

PICTURED: *Dr Jane Davies, Infectious Diseases Physician from Royal Darwin Hospital delivering ASHM Hepatitis B S100 Training in Darwin NT on 28 April 2017*

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

2801

Health professionals trained in hepatitis B or hepatitis C

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

EXPANSION

OF HEPATITIS B PRESCRIBER PROGRAM

Into all Australian states and territories

236

ASHM-accredited hepatitis B s100 community prescribers nationwide

HEPATITIS B AND C RESOURCE DEVELOPMENT

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

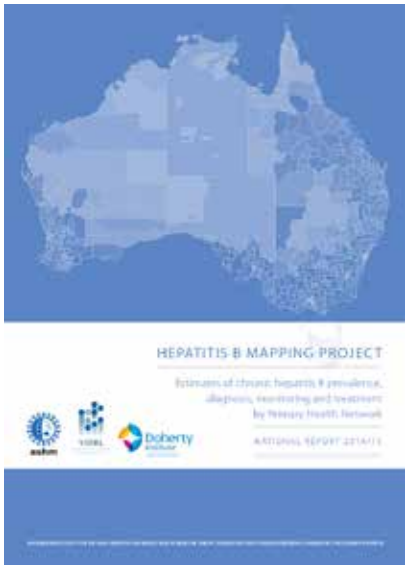
ADVOCACY AND INFLUENCE

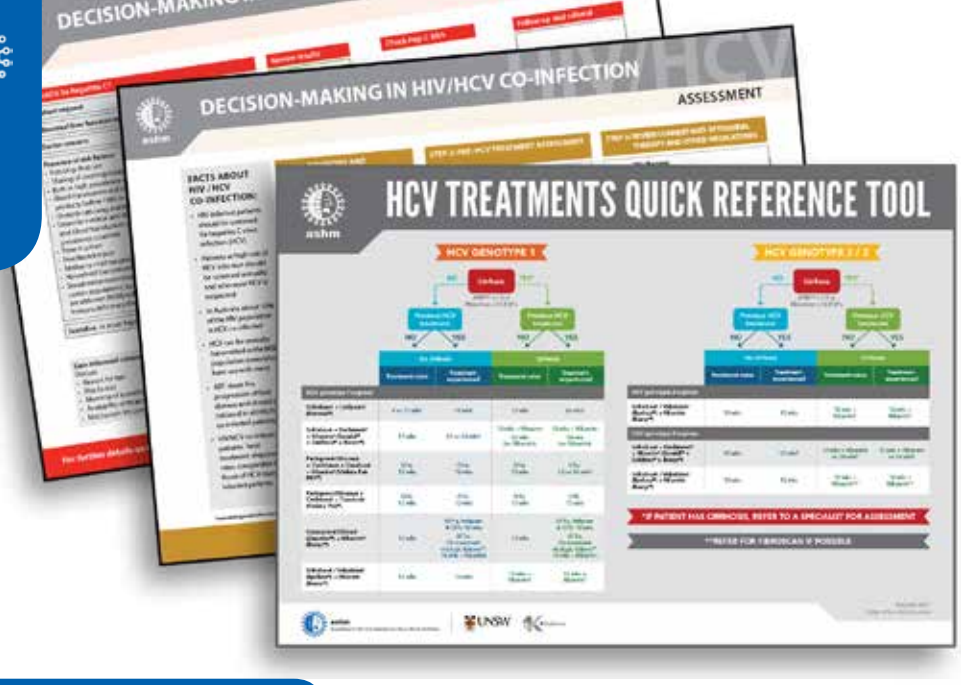
Successful submissions to the PBAC resulted in General Practitioners and Nurse Practitioners being able to prescribe treatment for hepatitis C independently if they are experienced in the treatment of hepatitis C

HEPATITIS B MAPPING PROJECT: THIRD NATIONAL REPORT

This Project, which aims to facilitate a comprehensive understanding of chronic hepatitis B (CHB) in Australia, provides data and analysis that can be used to inform targeted awareness and intervention campaigns to suit the particular local needs of people living with CHB and those providing services to them. It is a joint initiative of ASHM, the Victorian Infectious Diseases Reference Laboratory, and The Doherty Institute, funded by the Australian Government Department of Health.

The Third National Report contains updated estimates for 2014/2015 on the prevalence, diagnosis, monitoring and treatment of hepatitis B at the Primary Health Network level. For the first time, the national hepatitis B mapping report contains detailed demographic information about patients accessing retreatment and their treatment providers. These estimates can be used to judge the progress Australia has made towards the National Hepatitis B Strategy 2014-2017 targets at a Primary Health Network level. www.ashm.org.au/HBV/hepatitis-b-mapping-project/





WORKING IN PARTNERSHIP TO PROVIDE THE TOOLS

ASHM also reviewed and updated the National Hepatitis C Testing Policy, Decision-making in HCV, HCV New Treatments Quick Reference Tool and produced a new resource, Decision-Making in HIV/HCV Co-infection; to ensure health professionals had access to current best practice guidelines for hepatitis C assessment and management.

AUSTRALIAN RECOMMENDATIONS FOR THE MANAGEMENT OF HEPATITIS C VIRUS INFECTION: A CONSENSUS STATEMENT

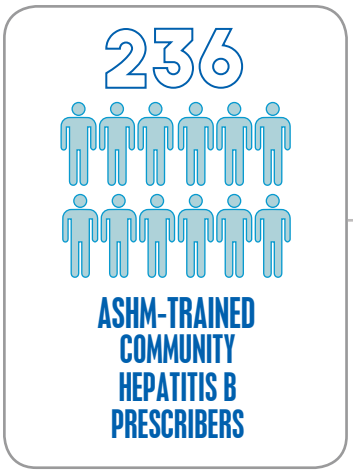
ASHM worked in collaboration with the Gastroenterological Society of Australia - Australian Liver Association, the Australasian Society for Infectious Diseases, the Australasian Hepatology Association, Hepatitis Australia and the Royal Australian College of General Practitioners to produce the Hepatitis C consensus statement. This included input on the expert advisory panel, authorship and the production of a website and app.

ASHM MEMBER PROFILE

DR BECKY ZHANG
GENERAL PRACTITIONER, WESTERN SYDNEY, NSW
ASHM-TRAINED HEPATITIS B S100 PRACTITIONER AND ASHM MEMBER
ASHM SCHOLARSHIP RECIPIENT TO ATTEND AUSTRALASIAN VIRAL HEPATITIS ELIMINATION CONFERENCE 2017

"How can we work together with research organisation, policy makers, primary care providers, community and affected populations to change the course of HCV infection and its impact as a public health threats? Listening to [a presentation by Dr Jacqui Richmond], gave us a fantastic introduction to motivate me as a primary care provider to manage HCV in my general practice setting. In the past, there were not many primary care practitioners who wanted to be involved in HCV care in the community due to multi-factorial barriers and lack of clinical infrastructure. With the advent of well-tolerated, short duration, interferon free DAA therapy, there is an opportunity to increase accessibility to treatment by providing care in the community setting.

Hepatitis C elimination will not occur without a whole of system approach – without GPs, nurses, community-based workers, peer workers, pharmacists, Aboriginal health workers and CALD workers. We are at the beginning of a long journey, given that hepatitis C is not going to be prioritised by every health professional. A partnership approach is the only solution."



PICTURED ABOVE:
WHERE IS NEW ZEALAND IN THE RACE TO ELIMINATE HEPATITIS C?
Watch the presentation by Professor Ed Gane Chair of the Ministry of Health Hepatitis C Implementation Committee: vimeo.com/230540433

Download his presentation slides from the Australasian Viral Hepatitis Elimination Comference 2017

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

**Undergoing accreditaion at 30 June 2017*

	2013-2014	2014-2015	2015-2016	2016-2017
ACT	2	3	10	19
NSW	30	43	63	91 (3)*
NT	30	30	31	37 (1)*
QLD	-	-	2	14
SA	2	2	22	19
VIC	-	-	-	20
WA	-	-	14	29
TAS	-	-	-	2
TOTAL	64	78	141	236

PICTURED RIGHT: Dr Annie Balcomb, rural GP based in Orange, New South Wales who has been closely involved in the treatment of viral hepatitis since 2008.

BROADENING THE SCOPE FOR TRAINING COMMUNITY MEDICAL PRACTITIONERS IN THE TREATMENT OF CHRONIC HEPATITIS C INFECTION

ASHM lodged a submission to the April 2016 Pharmaceutical Benefits Advisory Committee (PBAC) meeting requesting the PBAC review and consider expanding the prescriber restrictions for the hepatitis C medicines, this included allowing Nurse Practitioners to prescribe. Ongoing advocacy resulted in the prescribing restriction included in the General Statement for Drugs for the Treatment of Hepatitis C be broadened to allow both General Practitioners and Nurse Practitioners to prescribe independently (if experienced) or in consultation with a specialist.

TRACEY JONES
HEPATOLOGY NURSE PRACTITIONER, NEW SOUTH WALES

"[This change to the Pharmaceutical Benefits Scheme (PBS) which allows nurse practitioners to prescribe direct-acting antiviral (DAA) medicines for the treatment of hepatitis C from June 2017] will enhance the scope and autonomous nature of the role of the nurse practitioner by enabling us to provide full assessment, management, treatment and ongoing care of the patient. For some patients this will mean streamlining their care and significantly reducing waiting times as well as expanding the number of treatment access points within the community. Prescribing DAAs will mean that patients who have been known to the nurse practitioner for some time can have continuity of care."

DEVELOPMENT OF NEW HCV IN PRIMARY CARE AND DRUG AND ALCOHOL SETTINGS EDUCATION PROGRAM

Part 1 - eLearning component
Part 2 – interactive 6 hour face-to-face workshop
Part 3 - tailored capacity strengthening toolkit

203 COURSE PARTICIPANTS TRAINED

91 GPs
12 Nurse Practitioners
27 Addiction Staff Specialists
70 Nurses
3 Prison Medical Officers

ADAPTATION OF EDUCATION PROGRAM TO DELIVER IN NORTH AMERICA AND EUROPE

OUR WORK IN HEPATITIS C IN PRIMARY CARE AND DRUG AND ALCOHOL SETTINGS

The Hepatitis and Substance Use Program was established in June 2016 to enable the roll out of programs specific to practitioners working in drug and alcohol settings or with people who inject drugs.

PROVIDING A TAILORED EDUCATION PROGRAM

ASHM, in collaboration with the Kirby Institute, UNSW and the International Network on Hepatitis in Substance Users (INHSU), have developed the Hepatitis C in Primary Care and Drug and Alcohol Settings program designed to strengthen the capacity of healthcare professionals working in drug and alcohol clinics to support increased HCV screening, linkage-to-care and treatment among people who use drugs. This educational activity will be implemented across Australia, and internationally through INHSU, throughout 2017-18 and beyond.

PARTNERING TO ENHANCE HCV CARE FOR PEOPLE WHO USE DRUGS IN AUSTRALIA, AND INTERNATIONALLY

ETHOS II

ASHM is a partner on the Enhancing Treatment of Hepatitis C in Opioid Substitution Settings II (ETHOS II) Project, led by The Kirby Institute, UNSW:

- To develop a translational framework for subsequent establishment of HCV screening and treatment programs in drug treatment clinics and NSPs across NSW and nationally.
- To enhance HCV care in drug treatment clinics and NSPs in NSW

'HCV SATELLITE SYMPOSIUM' AT THE 25TH INTERNATIONAL HARM REDUCTION CONFERENCE – MONTREAL

May 2017: ASHM collaborated with INHSU, Harm Reduction International, the Canadian Network on Hepatitis C, Canadian Research Initiative in Substance Misuse, the National Viral Hepatitis Roundtable, Medicines Du Monde and CATIE, to hold a one-day symposium adjacent to the Harm Reduction International Conference in Montreal, including a roundtable discussion on models to improve access to HCV care for people who inject drugs.

92 delegates **9 speakers** **18 countries represented**

ASHM MEMBER PROFILE

DARREN SMYTH
NURSE PRACTITIONER (DRUG AND ALCOHOL), NORTHERN NSW LOCAL HEALTH DISTRICT
ASHM MEMBER SINCE 2016

"Through attendance at the Hepatitis C in Primary Care and Drug and Alcohol settings course, I was able to build onto existing knowledge and clinical decision making skills in the management of patients living with hepatitis C. The course focuses on employing simple evidence-based pathways; from testing, treatment, prescribing and monitoring of patients. The course reveals we have come a long way over the past 20 years in the management of hepatitis C and the new DAAs associated with the simple pathways have significantly altered the requirements with testing, treatment and management. It is an exciting time in hepatitis C management. As a Nurse Practitioner that can now prescribe these medications by utilising simple pathways with specialist collaboration when required means clinicians within drug and alcohol settings are in an opportune position to provide care and eradicate the virus affording patients a greater life expectancy and governance over their lives."

TOWARDS VIRAL HEPATITIS ELIMINATION

Each year, around 800 Australians and 500,000 people globally die from hepatitis C-related causes and 400 Australians and 880,000 people globally die from hepatitis B-related causes. The World Health Organisation in their Global health sector strategy on viral hepatitis, 2016-2021 sets the target to eliminate viral hepatitis as a major public health threat by 2030.

ASHM is committed to work together with health professionals, governments, research organisations, other non-government organisations and the community and affected populations to improve access to effective prevention, care and treatment services.

Through:

RESOURCE DEVELOPMENT

Review and updating of National hepatitis B testing policy and hepatitis C testing policy

Specialised resources for the hepatitis B and C workforce, such as national guidance on testing, management and treatment, GP management plans and decision-making tools

CLINICAL TRAINING AND EDUCATION

Link to our courses and conferences

ACCREDITATION FOR HEPATITIS B S100 PRESCRIBERS

Our prescriber program is a comprehensive training, support and accreditation for primary care providers who manage patients with hepatitis B

VIRAL HEPATITIS MENTORING PROGRAM

We facilitate collaborations between primary care providers and tertiary-based specialists

COLLABORATION WITH ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

To increase their capacity in viral hepatitis

ADVOCACY FOR POLICY CHANGE

To enable primary care providers to play a greater role in treatment of hepatitis B and C

PARTNERSHIPS WITH RESEARCH ORGANISATIONS

to establish an evidence-base for best practice care

DISSEMINATION OF INFORMATION

To alert the viral hepatitis workforce of changes in clinical management, guidelines or related issues

SCHOLARSHIPS FOR CLINICIANS

To increase their skills by attending training or conferences

A/PROF GAIL MATTHEWS
CONVENOR FOR 2017 AUSTRALASIAN VIRAL HEPATITIS ELIMINATION CONFERENCE
VIRAL HEPATITIS CLINICAL RESEARCHER, KIRBY INSTITUTE, UNIVERSITY OF NSW

"Elimination is within our reach. But to mobilise all the people with or at risk of viral hepatitis and connect them to services is going to be a major challenge.

- *We need more clinicians to deliver treatment.*
- *We need awareness and education so that people at risk know treatments exist.*
- *We need to increase diagnosis and have integrated prevention and harm reduction programs.*

And we must always be ready to adapt our approach so that we can ensure everyone can benefit from these advances, and that no one is left behind".

AVHEC

On 10-11 August 2017 in Cairns, Queensland, ASHM hosted the inaugural Australasian Viral Hepatitis Elimination Conference (AVHEC 2017) with over 300 delegates including health professionals, policy makers, researchers, community organisations and people living with viral hepatitis committed to eliminating hepatitis B and C as a major public health threat. The program highlighted latest scientific developments, as well as real world implementation of best practice care.

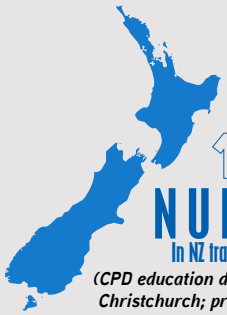
www.avhec.com.au

OUR WORK WITH NURSES

PICTURED ABOVE: ASHM trainers, Donna Tilley and Cherie Bennett, delivering Fundamentals of Nursing course held in Sydney (May 2017)

PICTURED RIGHT: ***Melinda Hassall, ASHM Clinical Nurse Lead (Nursing Program) presenting on 'Public Health benefits of increased access to immunisation services: Perspectives from Australia' at the International Council of Nurses (ICN) Congress in Barcelona, May 2017 – a federation of 130 national nursing organisations and advocate for nurse's role in policy, practice and the provision of equitable health care. The congress' theme was 'Nurses at the forefront transforming care' and attracted over 8,000 nurses from around the world.***

1,189
Nurse participants* attended ASHM training
*(*Endorsed enrolled Nurses, Registered Nurses, Practice Nurses, Midwives, Clinical Nurse Consultants/Specialists and educators)*



11
NURSES
In NZ trained in HIV
(CPD education day held Nov 2016 in Christchurch; program designed by NZ Nursing Group)

117
ASHM
Courses open to nurses
(covering topic areas hepatitis B, hepatitis C, HIV and sexual health)

14 NURSE-SPECIFIC
ASHM training Australia-wide with 299 participants*
(nurses from a variety of specialty areas incl: Gastroenterology/Hepatology, General Practice, Sexual Health, Corrective Services, Alcohol + Other Drugs, Mental Health, School and Youth Health, Refugee Health, University, Aboriginal + Torres Strait Islander Health Services Public Health, Health Promotion + Travel Medicine)*

CONTINUING ADVOCACY
for the role of Nurse Practitioners to prescribe

ENHANCING THE NURSE WORKFORCE DEVELOPMENT IN 2016-2017

ASHM training has enhanced nurses' knowledge and skills in relation to the care and management of people with a blood borne virus:

"It has raised my awareness of the importance to monitor regularly if patient is Hep B positive and the need to treat/prevent Hep B developing. I also will now have a better understanding of culturally appropriate questions and responses."

Course participant of Hepatitis B Nursing: Preventing liver cancer in primary care, Perth

"As a practice nurse I feel I have more knowledge to educate school age children who come to the medical centre, I have been more proactive in approaching the subject of STIs."

Course participant of Fundamentals of HIV and Sexual Health Expanding the Scope of Primary Health Care Nurses, Sydney

"I have begun to incorporate my learning to my assessments of patients in the emergency department."

Course participant of Hepatitis B Nursing: Advanced nursing management and care, Sydney

Knowledge translation to practice is also a successful outcome to ASHM nurse training:

"I now have more confidence in asking questions to elicit sexual history and will introduce additional screening questions in our pro-forma assessment form."

Course participant of Fundamentals of HIV and Sexual Health: Expanding the Scope of Primary Health Care Nurses, Sydney

"Will start looking at patient database in the practice and promote understanding and awareness among patients when relevant."

Course participant of Hepatitis B Nursing: Preventing liver cancer in primary care, Melbourne

"I have already implemented new techniques for engaging clients."

Course participant of Short Course in Sexual Health, Sydney

ASHM MEMBER PROFILE

SHANNON WOODWARD
SEXUAL HEALTH NURSE PRACTITIONER, CANBERRA SEXUAL HEALTH CENTRE
PRESIDENT, AUSTRALASIAN SEXUAL HEALTH AND HIV NURSES ASSOCIATION (ASHHNA)
ASHM AFFILIATE MEMBER VIA ASHHNA SINCE 2015

"I was fortunate to receive an ACT-Government funded ASHM scholarship to attend the 2-day Hepatitis B Nursing Advanced Management and Care course covering epidemiology, testing, public health and cultural issues as well as advanced liver disease and models-of-care. This content is relevant to nurses working in a range of settings, including: sexual health, HIV, hepatology, primary care, mental health and drug and alcohol. I found that the course answered those tricky questions about hepatitis B testing and results that come up all the time, and increased my knowledge about the management of chronic hepatitis B.

I work in a publicly-funded sexual health centre and given we have recently reviewed our clinical practice guideline on hepatitis B testing and vaccination, it was good to check this against what we were being taught on at the course. We also learnt new practice points that we have been able to bring back and discuss with the clinical team – these are now incorporated into our guideline."

ADVOCACY FOR THE ROLE OF NURSE PRACTITIONERS TO PRESCRIBE

ASHM strongly advocates to increase eligibility for suitably qualified health professionals to prescribe treatments for blood-borne viruses.

AUGUST 2016
Position statement released for 'Nurse Practitioner Prescribing for Section 100 Medications for the treatment of HIV and Hepatitis B and Section 85 Medications for Hepatitis C in Australia'

This statement highlighted the benefits of Nurse Practitioner prescribing PBS-subsidised treatments and the benefits to community with expanded access to treatment. www.ashm.org.au/about/what-we-do/position-statements/

MAY 2017
ASHM letter submitted to the PBAC advocating for the role of Nurse Practitioners and other appropriate nurse-led models of care in specific settings (sexual health and HIV clinics) in the provision of PrEP, for the prevention of HIV

The aim was to raise awareness of the issue at the 1 July PBAC meeting in achieving (in principle) support and encourage discussion of the proposal with the Chief Nursing and Midwifery Officer.

The eligibility of Nurse Practitioners to prescribe PrEP will greatly increase access for individuals in regional, rural and remote settings where Nurse Practitioners are leading clinics in the care and management of people at risk of and with HIV.

JUNE 2017
PBS announced the inclusion of authorised Nurse Practitioners in the treatment criteria for hepatitis C

The PBS announced the inclusion of authorised Nurse Practitioners in the treatment criteria for hepatitis C. ASHM released a media statement with key strategic thoughts on the impact of the treatment criteria and the translation of policy change to practice with opportunities for enhanced care of people with hepatitis C, from the President of the Australian College of Nurse Practitioners and several hepatology Nurse Practitioners from around Australia. www.ashm.org.au/news/changes-to-pbac-regarding-nurse-practitioners-and-hcv-treatment/

PICTURED: Participants from the **Deadly Sex Congress 2016,** *an annual forum for Indigenous Sexual Health Workers from across Queensland to update their knowledge, build workforce capacity and share their stories.*

OUR WORK WITH ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS

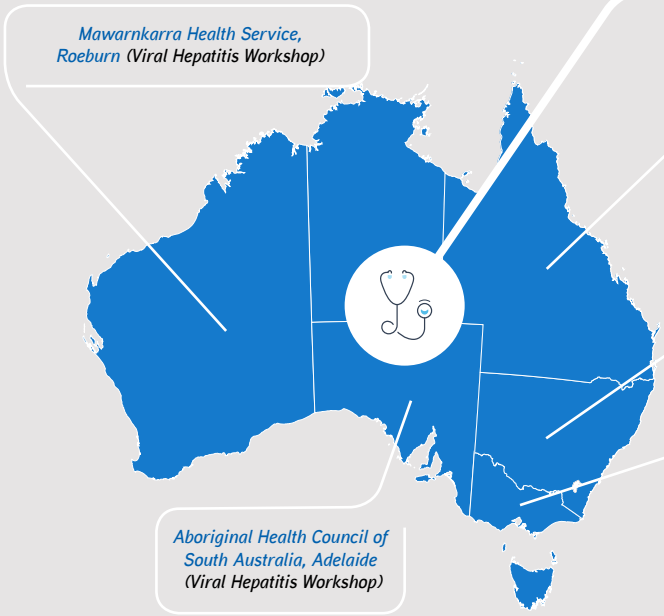
ASHM has worked with Aboriginal and Torres Strait Islander Health Workers and the services which employ them across the country in 2016-17, recognising the crucial role health workers play in engaging their community and providing culturally appropriate care. This has included capacity development of Aboriginal Medical Services (AMS) and Aboriginal and Islander Community Controlled Health Services (AICCHS) in the testing, diagnosis and management of HIV, hepatitis B, hepatitis C and sexually transmitted infections.

AT-A-GLANCE

205
Aboriginal and Torres Strait Islander
health workers participated in ASHM programs

14
COURSES
delivered in partnership with AMS or AICCHS

53
Delegates
at Deadly Sex Congress held in Brisbane QLD



Mawarnkarra Health Service, Roeburn (Viral Hepatitis Workshop)

Aboriginal Health Council of South Australia, Adelaide (Viral Hepatitis Workshop)

Illawarra AMS, Innisfail (Viral Hepatitis Workshop)

Biripi AMS, Taree (Hepatitis B Update)

Tharawal AMS, Campbelltown (Hepatitis B Update)

Griffith AMS, Griffith Victorian Aboriginal (Viral Hepatitis Workshop)

Health Service, Melbourne (Viral Hepatitis Workshop)

Aboriginal and Torres Strait Islander Community Health Service, Brisbane (HIV Prevention Update)

Carbal Medical Services, Toowomba and Warwick (BBV/STI Update)

Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Service, Charleville (BBV/STI Update)

Girudala Community Co-Operative Society, Bowen (BBV/STI Update)

Kalwun Health Service, Gold Coast (BBV/STI Update)

Mamu Health Service, Innisfail (Viral Hepatitis Workshop)

ASHM MEMBER PROFILE

RICHARD MOLA
MEN'S HEALTH WORKER, THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE (MEN'S & WOMEN'S HEALTH PROGRAM); DEADLY SEX ORGANISING COMMITTEE MEMBER
ASHM MEMBER SINCE 2016

"Indigenous health workers play an important role in their community; their local knowledge and better understanding of what's happening on the ground. They are the ones who know the dynamics and demographics of their community and have good rapport and communication skills of how to approach and talk to the locals. It is a big challenge getting young indigenous people in our target group to get sexual health screening, if you don't have funding to get incentives for them it makes your job very hard but somehow you try improvising in other ways.

Deadly Sex changes how you practice by listening and learning from other Indigenous Sexual Health Workers – sharing their community's stories and the service they deliver in the community. If things are working well in other communities you can take that idea and try and implement it in the area you are working from."

DEADLY SEX: KEY MESSAGES

- ***HIV and STI diagnosis rates are rising in Aboriginal and Torres Strait Islander populations****
- ***More follow-up after a positive STI test is required***
- ***Sexual Health screening needs to become a part of the 715 Adult Health Check***
- ***Hepatitis C in now a curable disease***
- ***Engaging in HIV PrEP and Treatment as Prevention (TasP) strategies will take significant time and investment of all sectors***
- ***Engagement with community is key to the delivery of successful programs***

The annual Deadly Sex Congress, held in Brisbane 19-20 October 2016 brought together 53 delegates working in Aboriginal and Torres Strait Islander sexual health from across Queensland participating in two days of learning, to build workforce capacity, sharing stories and networking. ASHM coordinated the 2016 forum in conjunction with the Deadly Sex Organising Committee.

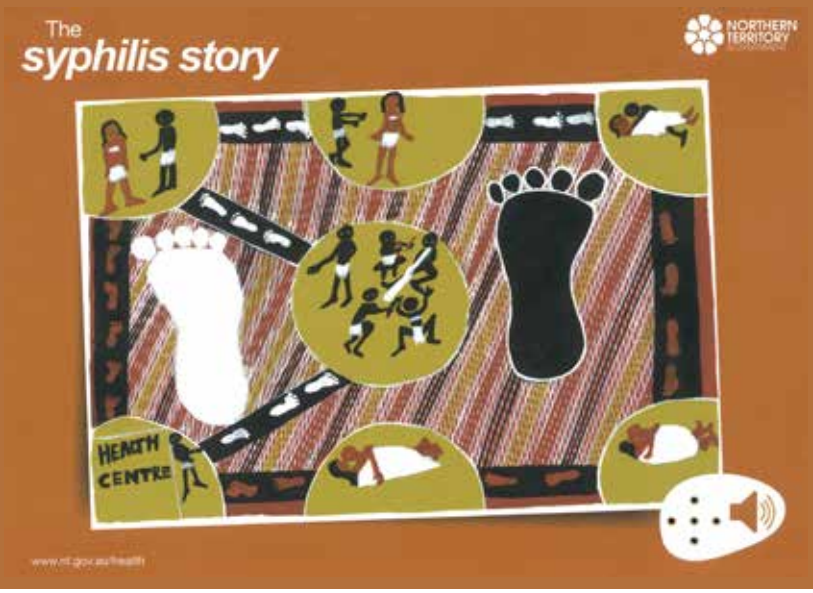
HIV rates in Indigenous Australians at all-time high: Watch James' interview on ABC TV News and also MJA Insight article

A/PROF JAMES WARD
HEAD INFECTIOUS DISEASES ABORIGINAL HEALTH, SOUTH AUSTRALIAN HEALTH AND MEDICAL RESEARCH INSTITUTE, SA, AUSTRALIA (SAHMRI)
KEYNOTE SPEAKER AT DEADLY SEX 2016 AND 2016 AUSTRALASIAN HIV&AIDS CONFERENCE

"We need to be very strategic. There is a need for a national strategy for the Aboriginal Medical Services sector to ensure all jurisdictions are on the same page. If we could get everybody who should be tested – tested within the appropriate timeframe and in an appropriate manner then I think we would be doing very well. Right now, these advances in medicine and technology are creating a bigger divergence in HIV diagnosis. New technologies benefit and advance the most privileged and leaves the marginalised behind."

** New national statistics released from The Kirby Institute, University of New South Wales at the 2016 Australasian HIV & AIDS Conference revealed that HIV in Aboriginal and Torres Strait Islander people are at an all-time high, with 2015 seeing the highest number diagnosed with HIV since 1992. Other sexually transmissible infections in Indigenous Australians such as chlamydia, gonorrhoea and infectious syphilis are on average 3, 10 and 6 times higher respectively, and hepatitis C is 4 times higher. The gap even more significant in some remote communities.*

OUR WORK DEVELOPING HEALTH RESOURCES FOR ABORIGINAL AND TORRES STRAIT ISLANDER AND CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES



In a 2-year activity funded by the Commonwealth Department of Health, ASHM is leading the development of culturally appropriate web-based educational resources aimed to prevent the spread of BBV and STI and increase testing and treatment uptake among: Aboriginal and Torres Strait Islander peoples; and priority Culturally and Linguistically Diverse communities – from sub-Saharan Africa; Southeast Asia; India, Pakistan and Afghanistan, and China.
These web resources are due to be launched in early-2018.

There is significant cultural and linguistic diversity among people with chronic hepatitis B (CHB) in Australia; approximately 56% of people living with CHB were born overseas. Cultural understandings of CHB play a role in framing the meaning of the infection, particularly for people from culturally and linguistically diverse communities. In Australia an estimated 38% of people are still undiagnosed with hepatitis B and most of those who are diagnosed still don't understand completely what it means to be living with CHB. The impact of an inadequate diagnostic process means that people with CHB may have poor knowledge about transmission, implications of the infection and availability of treatment, which subsequently affects their engagement in ongoing clinical care.

PICTURED: *Hepatitis NSW's Hep B Could It Be Me? health promotion campaign launched in 2017 targeting people from CALD communities*

YEAR 1

PHASES OF DEVELOPMENT:

Completed at end-2016, the project's first phase consisted of a comprehensive collation and audit of all existing education resources; followed by an intensive community consultation from two Advisory Committees* to identify prioritisation of resource development.

YEAR 2

PHASES OF DEVELOPMENT:

A new website will serve as a 'one-stop-shop': Resource development (phase two), due for completion by end-2017 includes not only the web-based education resources themselves, but also a designated website targeted to these priority population groups and also health workers and community workers.

This website will bring together all of the resources; and also contain a directory of community organisations, blood-borne virus and sexual health professionals and services in one search engine making access to this information simpler for users across Australia.

The Syphilis Story and The Hepatitis B Story are two such examples of resources in development:

THE SYPHILIS STORY

The Syphilis Story (first produced by the Northern Territory Department of Health) was originally developed to promote testing and treatment for syphilis – responding to the infectious syphilis outbreak affecting Aboriginal and Torres Strait Islander peoples living in northern Australia.

The original talking poster – intended to be used one-on-one or in small community men's groups – is a portable education device printed on light and durable corflute material containing a button where a listener pushes to play a spoken-voice recording of The Syphilis Story in Yolngu Mathu (the languages of the Yolŋu Indigenous people of northeast Arnhem Land). The narrative recounts the exploits of a young Aboriginal man seeking adventure, where the protagonist contracts and eventually transmits syphilis; his recognition of getting tested and his subsequent treatment and cure, after which he returns to his home community.

ASHM will now develop the talking book into an interactive e-quest format; and also in English language to reach a broader audience. With the original author and artist, Terrence Guyula (a man from Gapuwiyak in East Arnhem who works as an Indigenous Health Practitioner with the Centre for Disease Control) generously lending his artwork again, the new format presents the player with a number of choose-your-own-adventure scenarios, where making a decision on behalf the protagonist has consequences affecting the next stage of the story. Through this mechanism, health messages are woven through the story without distracting from the game-like nature of the resource.

THE HEPATITIS B STORY

Another resource that is being re-developed – The Hepatitis B Story originally designed and developed by St Vincent's Hospital, Melbourne, is a Victoria-state specific resource available in several of the languages of target priority population groups from geographic locations with a high prevalence of hepatitis B. It contains consumer booklets on hepatitis B, a manual for health workers with tips for using the resource with clients, and also a number of video representations of the print booklets with 'language' voiceover.

ASHM's new web-based resource development will bring the resource up-to-date with four more language groups catered for. This also means additional graphical design to depict the appropriate target communities, an update to the existing content and development of e-books that can be used either independently by the consumer or in conjunction with a health or community worker. The e-books version will also contain recorded audio files for those who prefer to listen and read along at the same time, and thereby catering for different learning and literacy skills.

Pictured: Dr Josh Hanson delivering STI and BBV training to course participants on Thursday Island (and via webinar access from Dauan Island, Torres Strait) on 16 March 2017

OUR WORK IN QUEENSLAND

Since establishing a Brisbane branch in 2016, ASHM continues our contract with Queensland Health delivering workforce development for HIV, viral hepatitis and sexual health across Queensland. This work is delivered in partnership with Primary Health Networks, Hospital and Health Services and community-based organisations in support of the Queensland Sexual Health Strategy aimed to helping improve the sexual and reproductive health of all Queenslanders.

AT A GLANCE

53
COURSES
delivered in HIV, viral hepatitis, sexual health and harm reduction

QLD

Regional-wide focus (Training provided spans from Thursday Island and Bamaga in the far north to Mt Isa in the west down to Coolangatta in the south)

14
NEW
Hepatitis B S100 Prescribers accredited
(Program extended for first time in QLD in 2016)

HIV Treatment as Prevention Roadshow
(Workforce development event tours regional and metro Queensland)

3
NEW
ASHM *staff* recruitments

WORKFORCE DEVELOPMENT IN FAR NORTH QUEENSLAND

March 2017: ASHM coordinated delivery of workforce development in Far North Queensland

Five ASHM courses held in Cairns, Thursday Island and Bamaga saw the training of 79 participants representing a mixture of doctors, nurses, and health and community workers. This was a response to recent data showing that the Far North region was the highest prevalence area for hepatitis B in Queensland, with an estimated prevalence of 2.52%, more than one percent higher than any other area in the state. Additionally, a recent spate of HIV diagnoses had been reported in Aboriginal and Torres Strait Islander communities around Cairns.

HEPATITIS B COMMUNITY PRESCRIBING

The hepatitis B s100 community prescriber program was extended to Queensland in 2016

Four courses have been run in Cairns, Thursday Island and Brisbane, accrediting 14 prescribers to date. The 2015 Third National Mapping Report showed that Queensland was below the national average in the treatment (3.1 % vs 6.1%) and management (7.1% vs 15.3%) of patients with chronic hepatitis B. Establishment of the hepatitis B s100 community prescriber program aims to improve the diagnosis, management and treatment of hepatitis B in Queensland.

QUEENSLAND HIV TREATMENT AS PREVENTION ROADSHOW

July 2016:
ASHM staff participated in 8 hosted events held across regional and metropolitan Queensland by the HIV Foundation Queensland with special guest speakers from the British Columbia Centre for Excellence in HIV/AIDS

Events consisted of dinner forums for health workers; as well as visits to Sexual Health clinics – aiming to explore policy, program and clinical developments in the rapidly evolving landscape of HIV TasP, consisting of early treatment; post-exposure prophylaxis (PEP); and pre-exposure prophylaxis (PrEP).

The Roadshow provided continued momentum for the expansion of the QPrEPd Study (first established in September 2015 with 50) to 2000 enrolled participants. Delivered by Cairns and Hinterland Hospital and Health Service (CHHS), the Queensland AIDS Council (QuAC) and the University of Queensland (UQ), this clinical trial aims to investigate HIV PrEP and its efficacy as a method for reducing the risk of HIV transmissions.

Pictured: Scott McGill (ASHM), Christopher Carter (NW Melbourne PHN), Simone Corin (VIC Dept of Health), Joe Sasadeusz (Melbourne Health), Brent Allan (Living Positive Victoria), Jenny Hoy (Alfred Hospital; Monash University), Melanie Eagle (Hepatitis Victoria) at the launch of VHHITAL

OUR WORK IN VICTORIA

VICTORIAN BLOOD-BORNE VIRUSES TRAINING AND CERTIFICATION PROGRAM

Launched in February 2017, the Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program was established to train practitioners in the prescribing of medications and treatment of HIV, hepatitis B and C; and delivered and managed through a consortium comprising of ASHM, Alfred Health, North West Melbourne Public Health Network (NWMPHN), Peter Doherty Institute for Infection and Immunity, and the Victorian PHN Alliance – who meet bi-monthly.

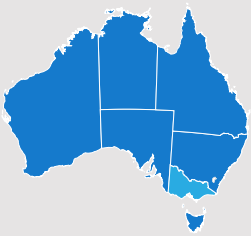
DR ALWIN HOELZL
VHHITAL-TRAINED HIV S100 PRESCRIBER SINCE 2017
SHEPPARTON MEDICAL CENTRE, SHEPPARTON VIC

"When I started to work in rural Victoria, I noted that people living with HIV in the region have great difficulties accessing care. I therefore decided to improve this and become an HIV S100 prescriber myself. Being able to train at VHHITAL was crucial for me and I am very grateful for the opportunity. Working away from major centres, VHHITAL will also be important to maintain my skills and stay in contact with the community of professionals and patients in the field of HIV."

VHHITAL's Expert Reference Panel meets bi-annually to incorporate broader sector engagement in the planning and delivery of the program. Collaborations are imperative to its success and to-date VHHITAL has worked in a number of partnerships:

- Australian Research Centre in Sex Health and Society
- Burnet Institute
- Cancer Council Victoria (CCV)
- Centre for Ethnicity (CEH)
- Centre for Excellence in Rural Sexual Health (CERSH)
- Cohealth
- Eliminate Hep C Partnership
- Gateway Health (Wodonga)
- Harm Reduction Victoria
- HIV/Infectious Diseases Pharmacists and Nurses Education Team (HIPNET)
- Integrated Hep C Nurses
- Living Positive Victoria
- Melbourne Sexual Health
- Murray PHN
- North Richmond Community Health
- South Eastern Melbourne PHN
- St Vincent's Hospital
- Victorian HIV Clinical Care Network Monash Infectious Diseases (MIDS)
- Western Victoria PHN

AT-A-GLANCE



VIC

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

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

23
COURSES
delivered (6 in partnership) with 675 course participants

10
NEW
Hepatitis B S100 Prescribers accredited
(additional 4 in accreditation process at 30 June)

OUR WORK IN THE ASIA & PACIFIC REGIONS

REGIONAL NETWORK

PICTURED: *In December 2016, the Regional Network's newest organisational member, the Hong Kong Society for HIV Medicine held an inaugural meeting and seminar, with ASHM President, Professor Mark Boyd in attendance, alongside over 70 HIV physicians, professionals and members of non-government organisations.*

- Across Asia and the Pacific ASHM coordinates and supports the Regional Network– established in 2008, links over 45 national HIV, viral hepatitis and sexual health professional societies and related organisations. The Network serves to enhance professional development and build capacity in the health workforce by creating opportunities to share expertise and experience amongst members and to promote professional development opportunities across the region.
  Visit: www.regionalnetwork.ashm.org.au
- In Singapore, ASHM trained 45 course participants from countries across the region at an Asia Pacific HIV Practice Course held at Singapore's National University Hospital in conjunction with the 10th Singapore AIDS Conference.

PACIFIC MULTI-COUNTRY MAPPING AND BEHAVIOURAL STUDY AMONG KEY POPULATIONS

- In 2016, a key finding of a study conducted by the University of New South Wales and ASHM found that vulnerable populations in the Pacific are currently in need of expanded HIV and sexually transmitted infections (STIs) services in nine Pacific Island countries – Kiribati, Tuvalu, Vanuatu, The Kingdom of Tonga, Samoa, Cook Islands, Palau, Federated States of Micronesia and The Republic of Marshall Islands.
- Through surveys and in-depth interviews, the study assessed and examined the behaviour, risk factors and social and structural determinants of HIV risk that drive the epidemic among vulnerable groups, such as men who have sex with men (MSM), transgender people, female sex workers and seafarers.
- ASHM played an integral part in the study by leading on the assessment of the capacity of clinical and community services to support the needs of key populations with Michelle O'Connor (ASHM's HIV and SRH Programs Advisor) spending six weeks in Tuvalu and Tonga as Team Leader for the aforementioned countries.
- The findings indicate an urgent need for reforms. These are outlined in a range of published reports and published infographics, and serve to potentially guide policy, services and programs for vulnerable populations in Pacific Island countries, including recommendations to introduce or scale up peer education, condom distribution and outreach programs for MSM, transgender and female sex workers.

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

ASHM is working in partnership with the Oceania Society of HIV and Sexual Health Medicine (OSSHHM) on a UNDP and Global Fund-supported project to upskill a pool of clinicians who will become OSSHHM mentors. In July 2017, ASHM provided training to 6 OSSHHM mentors based in Fiji, who will subsequently provide mentorship and training to other clinicians and health workers based in the Pacific. In this train-the-trainer approach, the project focuses on both a face-to-face and online approach to learning and mentorship.

In the remainder of 2017, ASHM and these OSSHHM mentors will deliver direct clinical mentoring and support to sexual health workers in 8 Pacific countries. The project focuses on the principles of South-South cooperation, collaboration and sustainability.

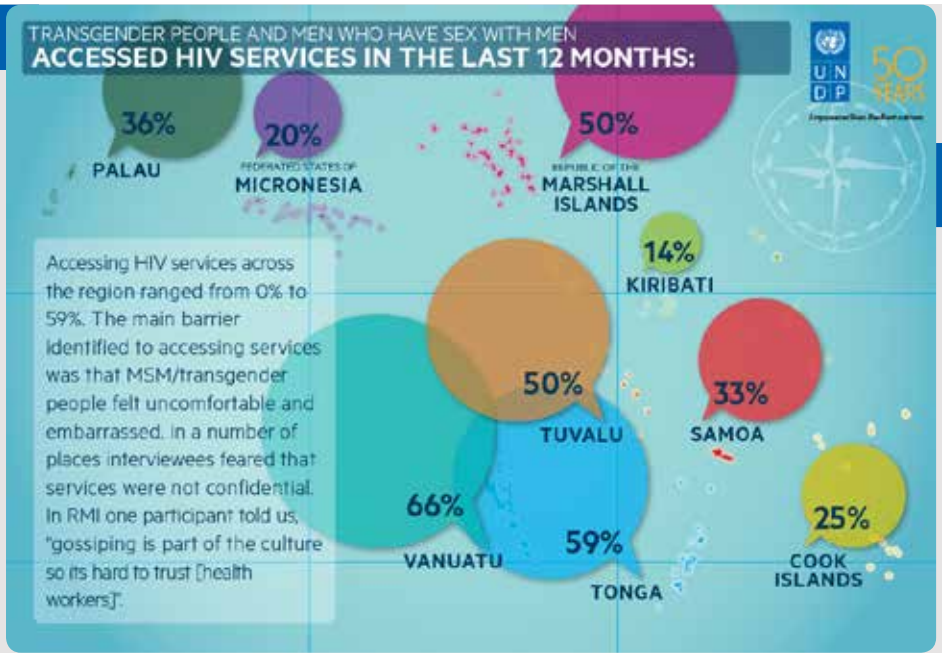
The rapid growth of this project will see ASHM expand its staffing through the establishment of a pool of consultants and the recruitment of a new Program Manager and M&E Advisor.

ASHM MEMBER PROFILE

DR. DASHIKA ANSHU BALAK
MEDICAL OFFICER IN-CHARGE, SUVA REPRODUCTIVE HEALTH CLINIC, FIJI
CHPNG-ASHM CLINICAL AND LABORATORY MENTORING PROGRAM PARTICIPANT (2015-16)
OSSHHM CLINICAL MENTOR (2017); REGIONAL NETWORK MEMBER SINCE 2015

"As one of the participants who was trained as part of the CHPNG-ASHM Clinical and Laboratory Mentoring Program in Mendi (February 2017), this enabled me to start providing HIV Prescriber training and STI management support to other healthcare workers in my country – where I think some of the biggest challenges are the lack of resources – whether it be human resource, testing kits or medications. Also, the lack of awareness is a contributing factor.

I am delighted to have been recruited for further upskilling to become an OSSHM clinical mentor – an engagement that in 2017-18 will see me mentoring healthcare workers in other Pacific countries in the area of sexual reproductive health (SRH). This mentorship will include discussing cases, providing trainings, updating guidelines and just assisting the country in the areas of SRH they have previously identified that need in."



PICTURED: ***A range of published reports and published infographics serve to potentially guide policy, services and programs for vulnerable populations in Pacific Island countries. Access them here***

ASHM COMMUNITY PARTNERSHIPS

CHPNG-ASHM CLINICAL AND LABORATORY MENTORING PROGRAM

ASHM has continued to implement a number of on-going mentor projects in Papua New Guinea with the Collaboration for Health in Papua New Guinea (CHPNG) Consortium, Oil Search and the PNG Sexual Health Society. A new project, funded by the Australian Department of Foreign Affairs and Trade, focuses on the integration of HIV and sexual and reproductive health services in PNG. ASHM is part of a consortium (with other partners including Anglicare and the Burnet Institute) on this project that is being led by the Catholic Health Services.

ASHM's clinical mentoring focuses on HIV treatment and management (ARV therapy, point-of-care testing, including HIV rapid-test technologies), sexual health screening, and practical in-consultation case management.

PICTURED: *ASHM course participants training in sexual health and HIV point-of-care testing as part of CHPNG-ASHM Clinical and Laboratory Mentoring Program in Mendi, PNG, Feb 2017*

OUR WORK IN HTLV-1

Human T-lymphotropic virus type 1 (HTLV-1) is a retrovirus similar to HIV which causes a chronic infection with no effective treatments or cure currently available. HTLV-1 is a blood-borne virus which can be transmitted through sex, blood, or from mother to child. Some HTLV-1 patients can be asymptomatic, while others may experience a range of symptoms, including cancer or inflammation of the spinal cord. In central and northern Australia, HTLV-1 is present at very high rates in some Aboriginal communities.

Find out more about HTVL: www.htlvaware.com

ASHM have established a HTLV-1 working group to push for the inclusion of HTLV-1 on the Australian national blood-borne virus agenda.

In 2016, a funding proposal was submitted to the Commonwealth Government advocating for funding to improve community engagement and health literacy around HTLV-1 for affected populations.

Read more: **www.ashm.org.au/international-programs/htlv-1/**

ASHM first hosted a roundtable on HTLV-1 at the 2016 Australasian HIV and AIDS Conference held in Adelaide in November 2016, bringing together members of the affected community, clinicians, researchers and policymakers to discuss current research in HTLV-1, the epidemiology of HTLV-1 in Australia and prevention strategies.

The roundtable marked a foundation for HTLV-1 strategic development in Australia, inclusive to Indigenous Australians.

At the 2017 Australasian HIV and AIDS Conference to be held in Canberra in November 2017, HTLV-1 has been introduced as a specific program focus including a dedicated HTLV-1 symposium, and invitation of keynote speakers including hematologist and renowned retrovirologist Dr Genoveffa Franchini and Prof Graham Taylor (clinical lead at The National Centre for Human Retrovirology, London).

DR LLOYD EINSIEDEL
ASHM HTLV-1 WORKING GROUP MEMBER
ASHM-TRAINED HIV S100 PRESCRIBER; ASHM MEMBER SINCE 2013
INFECTIOUS DISEASES PHYSICIAN; EXECUTIVE DIRECTOR OF CENTRAL AUSTRALIA BAKER HEART AND DIABETES INSTITUTE

"Indigenous Australian residents of central Australia have the highest HTLV-1 prevalence in the world; exceeding 50% for adults in some remote communities surveyed so far. Seropositivity rates are very low among non-Indigenous Australians. HTLV-1 causes significant morbidity and mortality, but is an entirely preventable condition. Despite high rates of infection and disease no strategy has been implemented to prevent HTLV-1 transmission among Indigenous Australians. ASHM's work in highlighting this condition will help to change that."

OUR CONFERENCE & EVENTS SERVICES

Our Meetings & Events Australia (MEA) award-winning ASHM Conference and Events Division manages all the logistics for ASHM's internal conferences and education courses as well as providing guidance in a range of other ASHM activities. The Division also offers a range of event management services to external clients as a way of providing an external revenue source to the Society and in meeting its core objectives.

The ASHM Conference and Events team works in partnership, with clients' best interests in mind. With a proven track record in conference and events management, and a solid reputation in the broad health sector, they provide a value-for-money service, backed by a genuine commitment to the success of the conferences it manages.

Needing assistance with your next medical/scientific delegation?

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

CONFERENCES MANAGED BY ASHM CONFERENCE & EVENTS SERVICES

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

BREAKDOWN OF 2016-17 ACTIVITIES/CONFERENCES MANAGED BY ASHM

 # OF REGISTRATIONS

5TH INTERNATIONAL SYMPOSIUM ON HEPATITIS CARE IN SUBSTANCE USERS (INHSU 2016)
Client: International Network on Hepatitis in Substance Users
Date: 7 – 9 September 2016
LOCATION: Radisson Blu Scandinavia Hotel, Oslo, Norway

410

AUSTRALASIAN VIRAL HEPATITIS CONFERENCE
ASHM with range of sector Collaborators
Date: 29 September – 1 October 2016
LOCATION: Gold Coast Convention Centre, Gold Coast QLD

477

APSAD CONFERENCE (PART SERVICE)
Client: Australasian Professional Society on Alcohol & other Drugs
Date: 30 October – 2 November 2016
LOCATION: Four Points by Sheraton, Darling Harbour, Sydney NSW

474

AUSTRALASIAN SEXUAL HEALTH CONFERENCE
Client: Australasian Sexual Health Alliance (ASHA)
Date: 14 – 16 November 2016
LOCATION: Adelaide Convention Centre, Adelaide SA

267
Sexual Health only
305
Joint conference registrations

AUSTRALASIAN HIV&AIDS CONFERENCE
Annual Conference of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
Date: 16 – 18 November 2016
LOCATION: Adelaide Convention Centre, Adelaide SA

339
HIV&AIDS only
305
Joint conference registrations

AUSTRALASIAN SOCIETY FOR INFECTIOUS DISEASES SCIENTIFIC MEETING (PART SERVICE)
Client: Australasian Society for Infectious Diseases
Date: 29 March – 1 April 2017
LOCATION: Blue Mountains NSW

326

NEW ZEALAND HIV UPDATE
ASHM Meeting
Date: 5 May 2017
LOCATION: Auckland City Hospital, Auckland NZ

95

DIAGNOSTIC ERROR IN MEDICINE INTERNATIONAL CONFERENCE
Client: Society to Improve Diagnosis in Medicine
Date: 23 – 25 May 2017
LOCATION: Melbourne VIC

214

THE ART OF ART 2017
ASHM Meeting with plenary sessions + interactive workshops for HIV Clinicians with a focus on nuances of antiretroviral prescribing funded by an unrestricted educational grant from ViiV Healthcare
Date: 16 – 17 June 2017
LOCATION: Pullman, Melbourne VIC

171

This year the ASHM Conference & Events Division organised a major conference in Europe for the first time. It was both a challenge and pleasure to have been entrusted to organise this international meeting on behalf of INHSU and it is a testament to the team that the conference was such a success.

INHSU is an international organization dedicated to scientific knowledge exchange, knowledge translation, and advocacy focused on hepatitis C prevention and care with people who use drugs. This conference attracted delegates including health professionals (doctors, nurses and allied health), researchers, community organisations, people who use drugs and policy makers.

CLIENT HIGHLIGHT: 5TH INTERNATIONAL SYMPOSIUM ON HEPATITIS CARE IN SUBSTANCE USERS (INHSU 2016)
7-9 September 2016, Oslo, Norway

OLAV DALGARD
CONVENOR OF INHSU 2016
AKERSHUS UNIVERSITY HOSPITAL, NORWAY

"ASHM provided eminent services to INHSU 2016 arranged in Oslo 2016. As the chair of the program committee, I observed that ASHM kept in good contact with the invited speakers and provided excellent logistic services for them. The venue identified by ASHM, was able to deliver perfect services with all of these arrangements coordinated by ASHM on behalf of INHSU.

The conference promotion executed by ASHM was very professional and effective as the final number of attendees exceeded my expectations. Of special note is the good relationship ASHM was able to develop with community workers of which 50 attended. Together with community members ASHM also arranged a pre-conference meeting for community people. The meeting was very well attended and was reported to be a success. What a great pleasure to work with ASHM."

JASON GREBELY
INHSU PRESIDENT

"ASHM did an absolutely outstanding job organizing the 5th International Symposium on Hepatitis in Substance Users (INHSU 2016) – the conference was a huge success, with the numbers of participants increasing from 350 in Sydney [INHSU 2015] to 410 participants in Oslo.

Nadine Giatras [ASHM Conferences + Events Manager] and her team did an absolutely incredible job organizing the conference and I was extremely happy with how the overall planning went. I would highly commend them for their efforts. We look forward to having the ASHM Conference Division organize the INHSU 2017 meeting in New York, United States."

CLIENT HIGHLIGHT: 2016 DIAGNOSTIC ERROR IN MEDICINE INTERNATIONAL CONFERENCE

DR CARMEL CROCK
ROYAL VICTORIAN EYE AND EAR HOSPITAL, MELBOURNE
2016 DIAGNOSTIC ERROR IN MEDICINE INTERNATIONAL CONFERENCE CONVENOR

"This was the first ever Conference in Australia and New Zealand dedicated to Diagnostic Error. ASHM did a most remarkable job in making this a landmark conference. Their professionalism and dedication to excellence is truly outstanding".

TOTAL NUMBER OF EVENT REGISTRATIONS

For activities/ conferences managed by ASHM Conference & Events

2016-17 9 Events
2,979

2015-16 10 Events
3,049

2014-15 13 Events
2,615

AUSTRALASIAN HIV & AIDS CONFERENCE – REACH & RELEVANCE

BRIDGET HAIRE

AFAO PRESIDENT;
POST-DOCTORAL RESEARCH FELLOW, KIRBY INSTITUTE
2016 AUSTRALASIAN HIV & AIDS CONFERENCE PROGRAM THEME CONVENOR

"This conference is an unparalleled opportunity for us to get together – community, clinicians and researchers – and really focus on the key issues that face us in our national and regional response to HIV. And there's a lot that we need to talk about:
In 2016 in Australia, we have the tools to end the epidemic, but these are selectively and unequally distributed. States and territories differ considerably when it comes to providing an enabling environment for health. We need to continue to advocate for nationally based approaches to HIV care and prevention, and to ensure that disadvantaged populations get the attention they need and deserve."

DOWNLOAD OUR CONFERENCE KEY OUTCOMES REPORTS

LEVINIA CROOKS

ASHM CHIEF EXECUTIVE OFFICER

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

2016 Australasian Viral Hepatitis Conference Report
bit.ly/ReportVH16

2016 Australasian Sexual Health Conference Report
bit.ly/ReportSH16

2016 Australasian HIV&AIDS Conference Report
bit.ly/ReportASHM16

2017 art of ART Meeting Report
bit.ly/ReportART17

OUR SCHOLARSHIP PROGRAM

PICTURED: *Dr George Forgan-Smith, Melbourne-based GP and scholarship recipient from the 2016 Australasian HIV&AIDS Conference, video blogs an interview with Dr Jason Ong to help increase knowledge for GPs on Digital Rectal Examination (DRE) to detect cancers for men who have sex with men (MSM). View the Video | Read George Forgan-Smith's online reports: ashm.info/report-back/blogger/listings/george-smith*

2015 - 16

5 CONFERENCES

36 ASHM SCHOLARSHIP RECIPIENTS

2016 - 17

6 CONFERENCES

46 ASHM SCHOLARSHIP RECIPIENTS

The Scholarship Program, managed by the ASHM Conference and Events Division, this financial year was funded through grants from ViiV Healthcare, Alere and ASHM's Charitable Gift Fund – www.ashm.org.au/about/what-we-do/charitable-gift-fund/

Funders 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 support.

The ASHM Scholarship Program provides a variety of scholarships to assist ASHM members, affiliates and others in the HIV, viral hepatitis and sexual health sector to attend national and international conferences to support their continuing professional development – specifically for HIV s100 prescribers (GP/Primary care), Sexual Health Physicians and Hospital Based Specialists managing HIV and some for HIV nurses and pharmacists. Our aim is to attract further funds to allow a broader range of conferences and groups to be funded.

Contact us to become a funder of our Scholarship Program: conferences@ashm.org.au

ASHM's Scholarship Program is designed to support collaborative professional development, with all scholarship recipients required to provide a range of reports back to colleagues and peers with their key learnings from the conferences shared in the format of a blog. The content focuses on translating science into clinical practice – i.e. how could we apply new developments into clinical practice? **Read blogs from the ASHM Report Back website:** ashm.info

THE 21ST INTERNATIONAL AIDS CONFERENCE (IAS 2016)

DATE: 18 - 22 July 2016
VENUE: Durban International Convention Centre
COUNTRY: South Africa
www.aids2016.org
Read the Summary Report

- **DAVID BAKER**
  HIV/HBV S100 Prescriber GP, East Sydney Doctors (NSW)
- **BENG EU**
  HIV S100 Prescriber GP, Prahran Market Clinic (VIC)
- **MAHENDRAN GAJAHARAN**
  Addiction Medicine SMO - HIV s100 Prescriber, Department of Health and Human Services (TAS)
- **BRAD MCKAY**
  HIV S100 Prescriber GP, East Sydney Doctors (NSW)
- **SHIVHAREN RAYER**
  HIV S100 Prescriber GP, Holdsworth House Medical Practice (NSW)
- **HEIDI SPILLANE**
  HIV S100 Prescriber GP, Taylor Square Private Clinic (NSW)
- **MEKALA SRIRAJALINGAM**
  Sexual Health Physician, Ipswich Sexual Health Service (QLD)

HIV GLASGOW 2016

DATE: 23 - 26 October 2016
VENUE: Glasgow
COUNTRY:Scotland
hivglasgow.org
Read the Summary Report

- **MANOJI GUNATHILAKE**
  General Practitioner, Clinic 34 and Sexual Health and Blood Borne, Virus Unit, Darwin (NT)
- **LOUISE OWEN**
  Sexual Health Physician, Director of State-wide Sexual Health Service (TAS)
- **ROBERT PAGE**
  General Practitioner, Kirketon Road Centre (NSW)
- **EUGENE PRISCOTT**
  General Practitioner, Cairns Sexual Health Service (QLD)
- **GARY PROTT**
  CNS, RPA Sexual Health (NSW)
- **KAREN QUINN**
  Rockhampton Blood Borne Virus and Sexual Health Service (QLD)
- **MEREDITH WILLIAMS**
  General Practitioner, East Sydney Doctors and Kirketon Road Centre (NSW)

KARINNE ANDRICH
Refugee Health Nurse, Hunter New England LHD (NSW)
ASHM member since 2017

"I would like to thank ASHM for awarding such a prestigious scholarship to attend the HIV Glasgow 2016. The scholarship has given me the foundation to build upon current knowledge and would like to discuss what I have learnt with colleagues and incorporate knowledge into my practice."

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

AUSTRALASIAN SEXUAL HEALTH CONFERENCE

DATE: 14 – 16 November 2016

AUSTRALASIAN HIV&AIDS CONFERENCE

DATE: 16 – 18 November 2016
VENUE: Adelaide, South Australia
COUNTRY: Australia
www.eiseverywhere.com/ehome/169685/389597/
Read the Summary Report

- **STUART AITKEN**
  Sexual Health Physician, Evandale Practice, Gold Coast (QLD)
- **FIONA ANDERSON**
  CNC, Launceston Sexual Health Service (TAS)
- **JUDY ARMINSHAW**
  Clinical Nurse Consultant, Victorian NPEP Service, Alfred Health, Melbourne (VIC)
- **KATHRYN BELL**
  RN, Based in multiple clinics held in pharmacies (WA)
- **VINCENT BURNS**
  HIV S100 Prescriber GP, Albion Street Clinic (NSW)
- **DINUSHA CHANDRATILLEKE**
  Advanced trainee in Clinical Immunology and Immunopathology, Royal Perth Hospital (WA)
- **LAURA CUNNINGHAM**
  Clinical Nurse Specialist, Kirketon Road Centre (NSW)

GARRY KUCHEL
Clinical Nurse
M Clinic (WA AIDS Council)
ASHM-affiliated member since 2015
via Australasian Sexual Health and HIV Nurses Association (ASHHNA)

"I wish to laud ASHM for their amazing support for nurses working in sexual health and BBVs. During my 16 years as a senior ICU nurse there was never anything even remotely close to the kind of acknowledgement and support for nurses that is consistently offered by ASHM. Being granted a scholarship by ASHM for the 2016 Australasian Sexual Health and HIV&AIDS Conference was an incredibly welcome acknowledgement by ASHM of the important work, and worth, of nurses in the sector."

Read Garry Kuchel's online reports: ashm.info/report-back/blogger/listings/garry-kuchel

AUSTRALASIAN SEXUAL HEALTH CONFERENCE & AUSTRALASIAN HIV&AIDS CONFERENCE cont'd

- **PAUL ESPLIN**
  Clinical Nurse Specialist, HIV Outreach Team Darlinghurst Sydney (NSW)
- **GAYNOR EVANS**
  Registered Nurse, Sexual Health Quarters, Northbridge (WA)
- **LAUREN FINLAY**
  General Practitioner, Napranum Primary Care Centre + Mapoon Primary Care Centre (QLD)
- **GEORGE FORGAN SMITH**
  General Practitioner, Era Health, Melbourne (VIC)
- **GEMMA HARTMANN**
  Sexual Health/HIV CNS, Eurobodalla Sexual Health Service (NSW)
- **JANET KIDD**
  HIV S100 Prescriber GP, East Sydney Doctors (NSW)
- **NATASHA LOVATT**
  HIV S100 Prescriber GP, Kirketon Road Centre, Sydney (NSW)
- **NIVEDITHA MANOKARAN**
  Sexual Health Registrar, Clinic 16, Royal North Shore Community Health Centre (NSW)
- **NICOLETTE ROUX**
  Advanced Specialist Trainee in Aboriginal and Torres Strait Islander Health, Wuchopperen Health Service (QLD)
- **JESSICA STECKO**
  RN, Weipa Integrated Health Service + Napranum Primary Care Centre (QLD)
- **RICHARD WRIGHT**
  General Practitioner, Richmond Hill Medical Centre (VIC)

PAUL ZULU
Rebiamul Art Clinic, MT Hagen, Papua New Guinea
ASHM member since 2016

"I would like to greatly acknowledge ASHM for the scholarship and for sponsoring me to become an ASHM member. In general, this conference was really an eye opener for me coming from PNG where management of STI and HIV services is still an issue in most health facilities due to a lack of appropriate technology. It's a major challenge where we are yet to catch up with the rest of the world. I really appreciated the information at the conference – which I have already started shared with my colleagues back home to improve some of our services in the clinic in regards to our STI and HIV programs."

CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI)

DATE: 13 – 16 February 2017
VENUE: Seattle, Washington
COUNTRY: USA
www.croiconference.org/
Read the Summary Report

- **ROBERT BURTON**
  HIV S100 General Practitioner + Sexual Health Specialist, Taylor Square Private Clinic, (NSW)
- **WEI CAI**
  General Practitioner, Maxcare Clinic Darlinghurst (NSW)
- **VIRGINIA FURNER**
  Senior HIV Consultant, The Albion Centre (NSW)
- **RICHARD MOORE**
  HIV S100 Doctor, Northside Clinic (VIC)
- **MARK O'REILLY**
  HIV S100 Doctor, Prahran Market Clinic (VIC)
- **MICHAEL SEAH**
  HIV S100 General Practitioner, Gungahlin Family Healthcare/ Canberra Sexual Health Centre (ACT)

ASIA PACIFIC CONFERENCE ON AIDS AND CO-INFECTION 2017

DATE: 1 June – 3 June 2017
VENUE: Hong Kong Convention and Exhibition Centre
COUNTRY: Hong Kong SAR
www.virology-education.com/event/upcoming/apacc2017/
Read the Summary Report

- **CLANCY BARRETT**
  Sexual Health Nurse, Dubbo Sexual Health (NSW)
- **SAMUEL ELLIOTT**
  HIV S100 General Practitioner, Riverside Family Medical Practice (SA)
- **KENNETH KOH**
  HIV S100 General Practitioner, Holdsworth House Medical, Brisbane (QLD)
- **MARK ROWE**
  Clinical Nurse Specialist Sexual Health & BBV, Clinic 34, Alice Springs (NT)

KYM COLLINS
SCMO / VMO, Gosford/Albury & Wagga Wagga (NSW)
ASHM-Trained HIV S100 Prescriber; ASHM Member since 2016

"ASHM provides a wonderful opportunity with these scholarships. I have been working in the sector for 17 years and this was my first overseas conference. I really appreciated that the focus was on the Asia-Pacific region – after all, this is our neighbourhood. Many in our region have resource limitations and it was refreshing to see so much being done with so little. The standard of presentations was excellent."

Read Kym Collins' online reports: ashm.info/report-back/blogger/listings/kym-collins

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 2017.

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
- A/Prof Mark Bloch
- Dr Elizabeth Crock
- Dr Julian Elliott (resigned 17 Nov 16)
- Dr Joan Ingram
- Dr David Iser
- Dr Claire Italiano (appointed 17 Nov 16)
- A/Prof Gail Matthews
- Dr David Nolan (resigned 17 Nov 16)
- A/Prof Catherine O'Connor
- Clinical A/ Prof Louise Owen
- Dr Thomas Turnbull
- Dr Olga Vujovic (appointed 17 Nov 16)
- Dr Trent Yarwood
- Felicity Young (appointed 17 Nov 16)

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

Company Secretary and CEO

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.

Levinia Crooks resigned as CEO and Company Secretary on 1 September 2017 and Mr Scott McGill was appointed Acting CEO on 6 February 2017.

Operating Results

The excess of revenue over expenditure amounted to $376,332 (2016: Excess $586,391).

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.

DIRECTORS' REPORT (CONTINUED)

ACFID Financial Reporting Changes for 2017

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 2017 ASHMs total income was $9,577,542 (2016: $8,036,127) and its total expenditure was $9,201,210 (2016: $7,449,736), resulting in an operating surplus of $376,332 (2016: income of $586,391).

As at 30 June 2017 ASHM had total assets of $7,605,560 and total liabilities of $5,600,982, giving a net asset position of $2,004,578. Of the total assets, $4,657,667 was made up of cash at bank. There are no aged debts.

The Directors therefore believe that as at 30 June 2017 ASHM is in a good financial position.

Whilst ASHM is budgeting a small loss for the year to 30 June 2018 it will remain in a positive asset and cash position at the end of the next financial year.

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

ASHM has continued to work with partners in the Asia and Pacific regions to develop a Regional Network www.regionalnetwork.ashm.org.au, which represents 45 national professional societies, associations and organisations that support the HIV, viral hepatitis and sexual health workforce. This has continued in the absence of funding from the Department of Foreign Affairs and Trade which has considerably reduced its funding to aid and development and in these disease areas in particular (outside of funding to UNAIDS and the Global Fund). 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).

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

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

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

ASHM has processes and systems in place that allow complaints to be made against the organization. The point of contact is ASHM's CEO and depending on the nature of the complaint through to the Board.

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

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

DIRECTORS' REPORT (CONTINUED)

Key Performance Measures

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

Members	**2017**	**2016**
Number of members	961	1,126
Collaborators		
Number of ANZ Organizational Sustaining Members	48	48
Number of affiliates	927	900
Number of regional partner organisations	43	41
Staff		
Number of staff employed for 5 years or more	9	10
Training and Education Resources		
Number of courses run	202	110
Number of education resources distributed	32,884	31,719
Number of pdf resources downloaded	13,958	12,282
Number of sub-website hits (web access only)	116,728	192,883
Operational and Financial		
Total Revenue	**$9,577,542**	**$8,036,217**
Proportion of funding provided by:		
government grants	32%	41%
Non-government grants	10.4%	7.7%
Donations received from public	0.84%	0.86%
Proportion of funding spent on:		
Staff training	0.11%	0.04%
General office/administration	2%	3%
Fundraising – international activities	0.29%	0.06%
Fundraising – domestic activities	0.04%	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

Levinia Crooks resigned as CEO and Company Secretary on 1 September 2017.

Future Developments

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

Environmental Issues

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

DIRECTORS' REPORT (CONTINUED)

Member Numbers

The number of members registered in the Register of Members as of 30 June 2017 was 961. This is slightly down from the prior year. It should be noted that ASHM's membership program currently has a two-pronged approach: To maintain a committed group of core individual members 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 2017, the total amount that members of the company are liable to contribute if the company is wound up is $961 (2016: $1,126).

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Information on Directors in Office at the Date of this Report

Professor Mark Boyd

President

BA BM BS DCTM&H MHID MD FRACP

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

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

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

A/Prof Mark Bloch

President-Elect

MBBS, Dip FP, Dip Med Hyp, M Med

Mark Bloch is an Associate Professor and 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.

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

Dr Elizabeth Crock

Vice President

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

Dr Liz Crock has worked in HIV nursing since 1990. She is HIV Team Coordinator and Clinical Nurse Consultant at Bolton Clarke (formerly RDNS) in Melbourne and Honorary Fellow of the Rural Clinical School, Faculty of Medicine, Dentistry and Health Science at the University of Melbourne.
She has a PhD in Nursing ethics and HIV and Master of Public Health.
She is the editor of the Nursing and Midwifery chapter of HIV Management in Australasia: A Guide for Clinical Care and a member of the Scholarships committee.

She is current Vice President of ANZANAC, an HIV Nursing ANMF Special Interest Group in Victoria.

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
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DIRECTORS' REPORT (CONTINUED)

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 Claire Italiano

Board Member

MBBS, FRACP, MPHTM DTMH

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

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

More recently, she has been actively involved in a number of ASHM led education initiatives provided in both metropolitan and rural Western Australia aimed at promoting management of viral hepatitis in the primary care setting. Along with involvement in a regional HIV clinic in WA, she is particularly interested in improving the accessibility to care for those persons with viral hepatitis and HIV living in rural and remote regions of Australia.

Dr David Iser

Board Member

MBBS (Hons) BMedSc FRACP Phd

Dr David Iser is a Gastroenterologist and Hepatologist with 10 years' clinical experience in Gastroenterology. His special interests include Viral Hepatitis Treatment (Hepatitis B & Hepatitis C), Bowel Cancer Screening, Reflux Disease and new treatments in Irritable Bowel Disease. Dr Iser obtained his Bachelor of Medicine & Bachelor of Surgery from the University of Melbourne, graduating in 1997 with Honours. He was admitted to the Fellowship of the Royal Australasian College of Physicians in 2004, specializing in Gastroenterology. His public hospital appointments include the Alfred Hospital where he is a VMO Gastroenterologist in the Infectious Diseases Clinic and St Vincent's Hospital.

Dr Iser is also a part of various research activities, including ongoing research in the treatment of Acute Hepatitis C, as well as the use of FibroScan (a non-invasive measure of liver stiffness now available in Melbourne), particularly in HIV and HBV.

DIRECTORS' REPORT (CONTINUED)

A/Prof Gail Matthews

Board Member

MBChB, MRCP (UK), FRACP, PhD

A/Prof Gail Matthews is an ID physician with a strong background in HIV and hepatitis. She has extensive clinical and research experience in both areas and also holds an academic appointment in the Viral Hepatitis program at Kirby Institute. She has had involvement in many prior ASHM led initiatives and teaching programs including HCV S100 programs, B positive and ASHM Conferences.

She has an ideal background to contribute to the Board, particularly as ASHM continues to expand into viral hepatitis in addition to HIV.

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

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

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

Clinical Associate, Professor Louise Owen

Board Member

MBBS (Hons) FRACP FAChSHM

Louise Owen is a Sexual Health Physician who has been working in the area of sexual health for many years. She is currently the Director of the Statewide Sexual Health Service in Tasmania, based in Hobart. Her interest in sexual health and HIV began during her general practice roles at The Prahran Market Clinic and the Middle Park Clinic with Dr Peter Meese. Louise is raising the profile of Sexual Health in Tasmania, managing the service and encouraging GPs to be involved in HIV shared care.

Louise lectures to Tertiary Post Graduate and Undergraduates around HIV, sexual health and related topics. She writes regularly for the gay press and sits on a number of steering committees covering matters such as nPEP, Syphilis and HIV.

DIRECTORS' REPORT (CONTINUED)

Dr Thomas Turnbull

Board Member

BHealth Sc, MB BS, FRACGP

Dr Tom Turnbull is the Chief Medical Officer for Correct Care Australasia, which provides the primary healthcare to 13 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.

Dr Olga Vujovic

Board Member

MBBS

Dr Olga Vujovic is an Infectious Diseases physician based within the statewide Victorian HIV Service at The Alfred where she works in a multidisciplinary team providing outreach services, care for individuals with complex needs and clinical support/mentoring to a range of clinicians. In the context of this work she has developed an interest in clinical ethics and has completed postgraduate studies in this area.

Olga is an Adjunct Senior Lecturer at the Department of Infectious Disease, Monash University, where her main interest is in infectious diseases education. She has had a leadership role in HIV education to GPs in Victoria for many years.

Dr Trent Yarwood

Board Member

BAppSc MBBS MPHTM FRACP

Dr Trent Yarwood is an infectious diseases physician at Cairns Hospital, where he is responsible for the antimicrobial stewardship program. He also sees patients at the Cairns Sexual Health clinic where he has an interest in managing HIV+ patients with medical comorbidities. Trent is undertaking post-fellowship training in public health medicine as part of the communicable disease control team at Tropical Public Health Services (Cairns). His current research is on Group A Streptococcal skin diseases and medical staff attitudes towards antibiotic prescribing and antibiotic resistance. His other clinical interests are infection control in healthcare settings and in communicable disease epidemiology.

Trent is an adjunct Senior Lecturer with the James Cook University College of Medicine & Dentistry and an Associate Lecturer with the University of Queensland Rural Clinical School.

DIRECTORS' REPORT (CONTINUED)

Felicity Young

Board Member

BSocWk

Felicity Young has worked for 25 years on HIV, both domestically and internationally. Her expertise is in policy, advocacy, community empowerment and human rights. She is a former Executive Director of AFAO and in 1994 she moved into the global health and HIV arena. She has lived and worked in Indonesia, South Africa, Thailand and the USA. She has provided substantial technical assistance through both global and bilateral programs to a range of countries in Africa, South and South East Asia, Latin America and Eastern Europe. She is currently a Senior Director in Global Health Policy for RTI International (a USA-based not-for-profit research and development organization). In this capacity, she manages RTI's global health and HIV portfolio. She telecommutes from Brisbane. She is skilled in HIV program design, implementation and M&E. She is familiar with the global policy and funding context for HIV programs and particularly PEPFAR. Australia punches above its weight in terms of the HIV global response, in large part due to Australia's early and evidence based response to HIV.

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

ATTENDANCE AT DIRECTORS MEETINGS

Name	Board Meetings
Mark Bloch	10 (11)
Mark Boyd	9 (11)
Elizabeth Crock	8 (11)
Joan Ingram	9 (11)
Claire Italiano	10 (11)
David Iser	7 (11)
Gail Matthews	3 (11)
Catherine O'Connor	10 (11)
Louise Owen	9 (11)
Thomas Turnbull	6 (11)
Olga Vujovic	9 (11)
Trent Yarwood	8 (11)
Felicity Young	6 (11)

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

Indemnifying Officers or Auditor

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

Proceedings on Behalf of the Entity

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

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

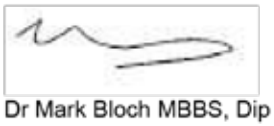
AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
A.C.N 139 281 173
A COMPANY LIMITED BY GUARANTEE

Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2017 has been received and can be found on page 11 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 9th day of October 2017, Sydney

walkerwayland

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

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

We declare that, to the best of our knowledge and belief, during the year ended 30 June 2017 there have been:

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

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

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Principal

Dated this 9th day of October 2017, 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 2017

	Note	2017 $	2016 $
REVENUE			
Operating Activities			
Members' subscriptions		90,632	151,744
Operating grants	3	4,099,178	3,843,846
Donations		80,878	69,274
Service fee and other revenue from operating activities		298,290	345,061
Sponsorship		256,405	143,451
Conference		4,689,145	3,447,493
Non-operating activities			
Interest		62,354	35,258
Gain on disposal of assets		660	-
	2	**9,577,542**	8,036,127
EXPENSES			
General office administration		164,427	231,623
Occupancy costs		379,388	327,954
Education programs / resources		1,497,139	1,299,364
Professional fees		293,090	158,015
Personnel expenses		3,040,639	2,782,228
Loss on disposal on assets		734	29,927
Depreciation	3	38,371	46,066
Finance expenses		8,701	14,319
Conference costs		3,692,219	2,441,656
IT system development costs		86,502	118,584
TOTAL EXPENSES		**9,201,210**	7,449,736
EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE	3	**376,332**	586,391
Income tax expense relating to ordinary activities		-	-
EXCESS OF REVENUE OVER EXPENDITURE AFTER INCOME TAX EXPENSE		**376,332**	586,391
OTHER COMPREHENSIVE INCOME FOR THE YEAR, NET OF TAX		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**376,332**	586,391

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 2017

	Note	2017 $	2016 $
CURRENT ASSETS			
Cash and cash equivalents	5	4,657,667	4,036,173
Trade and other receivables	6	740,599	1,784,413
Other financial asset	8	2,068,640	468,640
Other current assets	7	59,237	-
TOTAL CURRENT ASSETS		7,526,143	6,289,226
NON-CURRENT ASSETS			
Property, plant and equipment	9	79,417	108,125
TOTAL NON-CURRENT ASSETS		79,417	108,125
TOTAL ASSETS		7,605,560	6,397,351
CURRENT LIABILITIES			
Trade and other payables	10	633,327	694,647
Deferred income		4,622,432	3,795,384
Provisions	11	235,635	178,107
TOTAL CURRENT LIABILITIES		5,491,394	4,668,138
NON-CURRENT LIABILITIES			
Provisions	12	109,588	100,967
TOTAL NON-CURRENT LIABILITIES		109,588	100,967
TOTAL LIABILITIES		5,600,982	4,769,105
NET ASSETS		2,004,578	1,628,246
EQUITY			
Retained earnings		2,004,578	1,628,246
TOTAL EQUITY		2,004,578	1,628,246

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 2017

	Retained Earnings $	Total $
BALANCE AT 30 June 2015	1,041,855	1,041,855
Excess of Revenue over Expenses	586,391	586,391
Other comprehensive income for the year	-	-
BALANCE AT 30 June 2016	1,628,246	1,628,246
Excess of Revenue over Expenses	376,332	376,332
Other comprehensive income for the year	-	-
BALANCE AT 30 JUNE 2017	2,004,578	2,004,578

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 $	2016 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from operations		11,510,521	8,542,266
Payments to suppliers and employees		(9,340,984)	(8,293,341)
Interest received		62,354	35,258
Net cash provided by operating activities	14b	2,231,891	284,183
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(10,397)	(17,312)
Payments for additional investment		(1,600,000)	-
Net cash used in investing activities		(1,610,397)	(17,312)
NET INCREASE IN CASH HELD		621,494	266,871
Cash and cash equivalents at beginning of financial year		4,036,173	3,769,302
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	14a	4,657,667	4,036,173

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Preparation

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

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

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

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

Accounting Policies

a. **Revenue**

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

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

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

b. **Property, Plant and Equipment**

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

Plant and Equipment

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

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

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

Depreciation

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

c. **Income in advance**

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

d. **Financial Instruments**

Initial recognition and measurement

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

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

Classification and subsequent measurement

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

Amortised cost is calculated as:

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

ii. less principal repayments;

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

iv. less any reduction for impairment.

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

(i) *Held-to-maturity investments*

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

d. **Financial Instruments (continued)**

(ii) *Loans and receivables*

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

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

(iii) *Financial liabilities*

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

Fair Value

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

Impairment

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

Derecognition

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

e. **Impairment of Assets**

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

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

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

f. **Employee Benefits**

Short-term employee provisions

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

Other long-term employee provisions

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

f. Employee Benefits (continued)

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

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

g. **Cash and cash equivalents**

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

h. **Accounts Receivable and Other Debtors**

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

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

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

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

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

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

j. **Provisions**

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

k. **Trade and Other Payables**

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

l. **Comparative Figures**

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

m. **Critical Accounting Estimates and Judgments**

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Key estimates — Impairment

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

Key estimates – conference income

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

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

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

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

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

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

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

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

The main changes introduced by the new Standard include:

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

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

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

– *AASB 2014-3: Amendments to Australian Accounting Standards – Accounting for Acquisitions of Interests in Joint Operations* (applicable to annual reporting periods beginning on or after 1 January 2016)

These notes form part of the 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 2017

NOTE 2: REVENUE		2017 $	2016 $
Operating activities:			
- operating grants - Australian		3,666,097	3,375,509
- other grants – Ausaid		-	193,150
- other grants – overseas		433,081	275,187
	3	4,099,178	3,843,846
- donations		80,878	69,274
- member subscriptions		90,632	151,744
- sponsorship		256,405	143,451
- conference		4,689,145	3,447,493
- other revenue from operating activities		298,290	345,061
- interest received		62,354	35,258
- gain on disposal of assets		660	-
		9,577,542	8,036,127

NOTE 3: EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE

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

Revenue: *Operating Grants*		
Grants – AusAid		
- Regional HIV Capacity Building Program	-	193,150
Grants Commonwealth		
- Deed for multi project funding	1,435,635	1,274,319
Grants NSW Health		
- Viral Hepatitis program	-	635,373
- HIV program and sexual health nurse training	622,500	607,300
Grants – QLD	899,585	449,792
Grants – WA	107,154	64,176
Grants – ACT	37,008	53,592
Grants other – overseas projects	118,952	175,487
Grants other – domestic projects	445,263	115,470
Grants – overseas	433,081	275,187
	4,099,178	3,843,846

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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

Expenses:	2017 $	2016 $
Depreciation expenses	38,371	46,066
Rental expense on operating leases		
— rental expense	297,278	268,334
Remuneration of auditor		
— audit or review	26,000	38,000

NOTE 4: KEY MANAGEMENT PERSONNEL COMPENSATION

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

Key Management Personnel	Short-term Benefits				Post-employment Benefits
	Salary	Bonuses	Non-cash benefit	Other	Super-annuation
2017	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	399,657	-	-	-	39,512
2016	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	371,783	-	-	124,253	49,076

NOTE 5: CASH AND CASH EQUIVALENTS

CURRENT	Note	2017 $	2016 $
Cash on hand		150	200
Cash at bank		746,756	670,672
Short-term bank deposits		3,910,761	3,365,301
	18	4,657,667	4,036,173

The effective interest rate on short-term bank deposits was 2.60%; these deposits are at call.

NOTE 6: TRADE AND OTHER RECEIVABLES

CURRENT			
Trade and other receivables		137,466	255,268
Work in progress – conferences		603,133	1,529,145
	18	740,599	1,784,413

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

NOTE 6: TRADE AND OTHER RECEIVABLES (CONT.)

(ii) Credit Risk — Receivables

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

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

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

	Gross amount	Past due and impaired	Past due but not impaired (days overdue)				Within initial trade terms
			< 30	31–60	61–90	> 90	
	$	$	$	$	$	$	$
2017							
Trade receivables	109,680	-	34,413	73,689	-	1,578	109,680
Total	109,680	-	34,413	73,689	-	1,578	109,680
2016							
Trade receivables	246,510	-	135,601	41,288	3,190	66,431	246,510
Total	246,510	-	135,601	41,288	3,190	66,431	246,510

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

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

NOTE 7: OTHER ASSETS	Note	2017 $	2016 $
CURRENT			
Prepayments		59,237	-

NOTE 8: OTHER FINANCIAL ASSETS

	Note	2017 $	2016 $
CURRENT			
Held to maturity investments		2,068,640	468,640
Held-to-maturity investments comprise:			
— Current: Term deposit		2,068,640	468,640
— Non-Current: Term deposit		-	-
	18	2,068,640	468,640

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 9: PROPERTY, PLANT AND EQUIPMENT	2017 $	2016 $
NON CURRENT		
Office Equipment:		
At cost	6,901	6,901
Accumulated depreciation	(5,536)	(5,196)
	1,365	1,705
Leasehold improvements:		
At cost	244,474	244,474
Accumulated depreciation	(195,597)	(177,175)
Impairment loss	(12,030)	(12,030)
	36,847	55,269
Computer Equipment:		
At cost	118,602	118,431
Accumulated depreciation	(93,038)	(88,090)
	25,564	30,341
Furniture, fixtures and fittings:		
At cost	-	-
Accumulated depreciation	-	-
	-	-
Software pool:		
At cost	48,639	48,639
Accumulated depreciation	(45,065)	(42,682)
	3,574	5,957
Motor Vehicles		
At cost	21,809	21,809
Accumulated depreciation	(9,742)	(6,956)
	12,067	14,853
	79,417	108,125

Movements in Carrying Amounts

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

	Lease. Imp.	Motor Vehicles	Office Equip.	Computer Equip.	Furn., Fixt. & Fittings	Software	Total
	$	$	$	$	$	$	$
Balance at 30 June 2016	55,269	14,853	1,705	30,341	-	5,957	108,125
Additions	-	-	-	171	-	-	171
Disposals/write-offs	-	-	-	-	-	-	-
Depreciation expense	(18,423)	(2,785)	(340)	(4,948)	-	(2,383)	(28,879)
Carrying amount at 30 June 2017	36,846	12,068	1,365	25,564	-	3,574	79,417

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 10: TRADE AND OTHER PAYABLES

	Note	2017 $	2016 $
CURRENT			
Trade payables		259,165	332,144
Sundry creditors		374,162	362,503
	10a	633,327	694,647

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

CURRENT			
Trade and other payables			
— Total current		633,327	694,647
— Total non-current		-	-
		633,327	694,647
Financial liabilities as trade and other payables	18	633,327	694,647

NOTE 11: CURRENT PROVISIONS

CURRENT		
Annual Leave and Long Service Leave	235,635	178,107

NOTE 12: EMPLOYEE BENEFITS

	Long-term Employee Benefits	Total
	$	$
Opening balance at 30 June 2016	120,269	120,269
Additional provisions raised during period / (Amounts used)	8,620	8,620
Balance at 30 June 2017	128,889	128,889

Analysis of Total Provisions	2017 $	2016 $
Current – Annual leave	182,822	158,806
Current – Long service leave	19,301	19,301
Current – Personal leave	33,512	-
	235,635	178,107
Non-Current – Long service leave	109,588	100,967
	345,223	279,075

Provision for Long-term employee entitlements

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

Non current	2017 $	2016 $
Long service leave	109,588	100,967

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 13: CAPITAL AND LEASING COMMITMENTS	2017 $	2016 $
Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements:		
Payable — minimum lease payments		
— not later than 12 months	249,600	249,600
— between 12 months and 5 years	249,600	499,200
— greater than 5 years	-	-
	499,200	748,800

NOTE 14: CASH FLOW INFORMATION		
a. Reconciliation of Cash		
Cash at the end of the financial year as shown in the statements of cash flows is reconciled to the related items in the statement of financial position as follows:		
Cash on hand	150	200
Cash at bank	746,756	670,672
Short-term bank deposits	3,910,761	3,365,301
	4,657,667	4,036,173
b. Reconciliation of cash flow from operations with surplus/(shortfall) from ordinary activities after income tax		
Surplus/(shortfall) from ordinary activities after income tax expense	376,332	586,391
Non-cash flows in surplus/(shortfall) from ordinary activities		
Loss on disposal of plant and equipment / assets written-off	734	29,927
Depreciation and impairment	38,371	46,066
Changes in assets and liabilities		
Movement in receivables	1,043,814	(258,690)
Movement in prepayments	(59,237)	15,572
Movement in trade and other payables, deferred income	765,728	(148,342)
Movement in provisions	66,149	13,259
Net cash provided by operating activities	2,231,891	284,183

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

NOTE 15: CONTINGENT LIABILIITES

To the Directors' knowledge, the company has no known contingent liabilities as at 30 June 2017.

NOTE 16: SEGMENT REPORTING

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

NOTE 17: EVENTS SUBSEQUENT TO BALANCE DATE

There have been no significant events after 30 June 2016 to date of signing report.

NOTE 18: FINANCIAL INSTRUMENTS

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

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

	Note	2017 $	2016 $
Financial Assets			
Cash and cash equivalents	5	4,657,667	4,036,173
Loans and receivables	6	740,599	1,784,413
Held-to-maturity investments:			
– Term Deposits	8	2,068,640	468,640
Total Financial Assets		5,398,274	5,820,586
Financial Liabilities			
Financial liabilities at amortised cost			
– Payables	10a	633,327	694,647
Total Financial Liabilities		633,327	694,647

Specific Financial Risk Exposures and Management

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

a. **Credit Risk**

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

Credit Risk Exposures

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

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

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

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

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

b. **Liquidity risk**

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

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

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

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

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2017	2016	2017	2016	2017	2016	2017	2016
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade and other payables	633,327	694,647	-	-	-	-	633,327	694,647
Total expected outflows	633,327	694,647	-	-	-	-	633,327	694,647

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2017	2016	2017	2016	2017	2016	2017	2016
	$	$	$	$	$	$	$	$
Financial Assets — cash flows realisable								
Cash and cash equivalents	4,657,667	4,036,173	-	-	-	-	4,657,667	4,036,173
Trade and other receivables (exclude work in progress)	109,680	246,510	-	-	-	-	109,680	246,510
Held-to-maturity investments	2,068,640	468,640	-	-	-	-	2,068,640	468,640
Total anticipated inflows	6,835,987	4,751,323	-	-	-	-	6,835,987	4,751,323
Net inflow on financial instruments	6,202,660	4,056,676	-	-	-	-	6,202,660	4,056,676

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

c. **Market Risk**

i. ***Interest rate risk***

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

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

ii. ***Price risk***

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

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

Sensitivity analysis:

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

	Profit	Equity
	$	$
Year ended 30 June 2017		
— +/-1% in interest rates	33,686	33,686
Year ended 30 June 2016		
— +/-1% in interest rates	38,339	38,339

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

d. **Net fair values**

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

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

	Note	30 June 2017 Net Carrying Value $	30 June 2017 Net Fair Value $	30 June 2016 Net Carrying Value $	30 June 2016 Net Fair Value $
Financial assets					
Cash and cash equivalents	(i)	4,657,667	4,657,667	4,036,173	4,036,173
Trade and other receivables (excluding work in progress)	(i)	109,680	109,680	246,510	246,510
		4,767,347	4,767,347	4,282,683	4,282,683
Held-to-maturity financial assets:					
– Government and fixed interest securities	(ii)	2,068,640	2,068,640	468,640	468,640
Total financial assets		6,835,987	6,835,987	4,751,323	4,751,323
Financial liabilities					
Trade and other payables	(i)	633,327	633,327	694,649	694,649
Total financial liabilities		633,327	633,327	694,649	694,649

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

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

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

Financial Instruments Measured at Fair Value

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

Financial Instruments Measured at Fair Value

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

30 June 2016	Level 1 $	Level 2 $	Level 3 $	Total $
Financial assets:				
Held-to-maturity financial assets	468,640	-	-	468,640
	468,640	-	-	468,640

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

NOTE 19: CAPITAL MANAGEMENT

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

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

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

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

	2017	2016
	$	$
NOTE 20: RELATED PARTY TRANSACTIONS		
Transactions with directors	-	-

All directors act in an honorary capacity and receive no compensation for their services.

The following directors received compensation for their services as presenters/speakers:		
Mark Boyd	2,084	4,000
Mark Bloch	112	-
Elizabeth Crock	63	-
Gail Matthews	550	1,930
Trent Yarwood	400	500
Edward Gane	-	1,000
Claire Italiano	1,500	-
David Isner	150	1,550
	4,859	8,980

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

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

Mark Bloch	$112 (FY16 $NIL)
Claire Italiano	$400 (FY16 $NIL)
Trent Yarwood	$400 (FY16 $500)

NOTE 21: COMPANY DETAILS

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

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

NOTE 22: MEMBERS GUARANTEE

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up the constitution states that each member is required to contribute $1 towards meeting any outstanding and obligations of the company. At 30 June 2017 the number of members was 961 (2015: 1,126).

These notes form part of the financial statements

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

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 12 to 31 are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012:
   a. comply with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulation 2013; and
   b. give a true and fair view of the Company's financial position as at 30 June 2017 and of the performance for the year ended on that date.
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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

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

Dr Mark Bloch MBBS, DIP FP, DIP MED HYP, M MED

Dated this 9th day of October 2017, Sydney

walker wayland

Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

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

Opinion

We have audited the financial report of Australasian Society for HIV, Viral Hepatis and Sexual Health Medicine (the Company) and its subsidiary, which comprises the consolidated statement of financial position as at 30 June 2017, the consolidated statement of profit or loss and other comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration of the Group comprising the Company and its subsidiary at the year's end or from time to time during the financial year.

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

- giving a true and fair view of the company's financial position as at 30 June 2017 and of its performance for the year then ended; and
- complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

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

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

walker wayland

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

Responsibilities of the Directors for the Financial Report

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

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists.
Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

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

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

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Principal

Dated this 9th day of October 2017 Sydney

walker wayland

Walker Wayland NSW
Chartered Accountants

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

Scope

We have compiled the accompanying Statement of Comprehensive Income of Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine for the year ended 30 June 2017 on the basis of information provided by the directors. The specific purpose for which the Statement of Comprehensive Income, prepared in accordance with the ACFID Code of Conduct, has been prepared to provide detailed information relating to the performance of the entity that satisfies the information needs of directors and members.

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

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

Our Responsibility

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

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

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

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Principal

Dated this 9th day of October 2017
Sydney

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
REVENUE		
Donations and gifts		
- Monetary	80,878	69,274
- Non-monetary	-	-
Bequests and legacies	-	-
Grants		
- AusAid	-	193,150
- Other Australian	3,666,096	3,375,508
- Other overseas	433,082	275,188
Investment income	62,354	35,258
Other income	5,335,132	4,087,749
TOTAL REVENUE	9,577,542	8,036,127
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	191,808	98,714
- Program support costs	351,867	452,324
Community education		
Fundraising costs		
- Public	1,293	227
- Government, multilateral and private	24,454	4,725
Accountability and administration	41,354	84,132
Regional HIV capacity development HIV	-	-
Total International Aid and Development Programs Expenditure	610,776	640,122
Regional HIV capacity building program – secretariat	-	85,942
Domestic programs expenditure		
General office and administration expenses	120,243	224,389
Occupancy expenses	379,388	327,954
Educational programs/resources	1,162,837	1,017,992
Professional fees	232,487	156,015
Personnel expenses	2,870,013	2,350,459
Loss on disposal of assets	734	29,926
Depreciation	38,371	46,066
IT system development costs	86,216	117,661
Bank and merchant fees	7,926	11,555
Conference expenses	3,692,219	2,441,655
Total Domestic programs expenditure	8,590,434	6,723,672
TOTAL EXPENDITURE	9,201,210	7,449,736
EXCESS OF REVENUE OVER EXPENDITURE	376,332	586,391

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	376,332	586,391

During the financial year, ASHM had no transactions in the International Political or Religious Adherence Promotion Programs category.

Fundraising costs – government, multilateral and private relate to fundraising via grant preparation (not charitable, benevolent, philanthropic donations).

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

This statement should be read in conjunction with the attached compilation report

HIV MANAGEMENT IN AUSTRALASIA

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

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

ashm
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