POLICY
DEVELOPMENT

CLINICAL
GUIDELINES

ashm

ANNUALREPORT2018-19

DEVELOPING A SUSTAINABLE HIV, VIRAL HEPATITIS, AND SEXUAL HEALTH WORKFOR

SCIENTIFIC
CONFERENCES

RESOURCES
TO ENHANCE
CLINICAL CARE

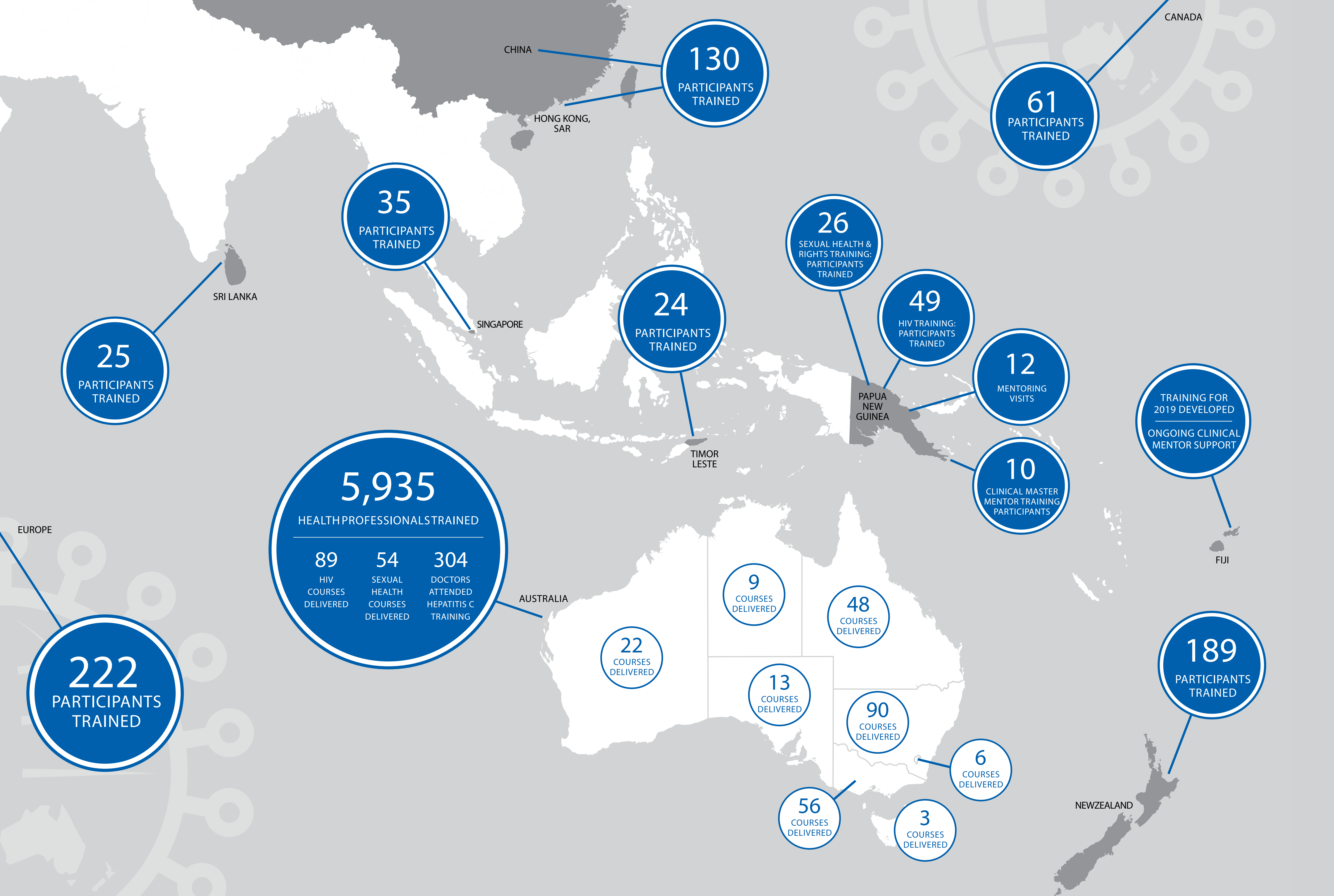
CONTINUING
MEDICAL
EDUCATION

CLINICAL
MENTORING

S100 PRESCRIBER
ACCREDITATION

ADVOCACY

EVENTMANAGEMENT



Update on 21st November to correct minor typographical errors noted in printed version of this report.

ASHM is a peak organisation of health professionals in Australia and New Zealand who work in HIV, viral hepatitis, other BBVs 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. 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

The virtual elimination of HIV, viral hepatitis, other BBVs and significant reduction of sexually transmissible infections.

OUR MISSION

To provide leadership in the field of HIV, viral hepatitis, other BBVs and sexually transmissible infections through collaboration, facilitation, direct action, and workforce capacity building.

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 practiced by the medical, scientific and health care professions. ASHM supports the aspirations and goals of the Closing the Gap Statement of Intent for Health Equity for Aboriginal and Torres Strait Islander peoples. ASHM also affirms that Maori as tangata whenua hold a unique place in New Zealand, and that the Treaty of Waitangi is the nation's founding document, and as an organization commits to uphold the key Treaty principles for involving Maori including partnership, participation and protection.

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 affected populations
- respect cultural differences and diversity particularly focusing on Aboriginal and Torres Strait Islander peoples
- respect privacy and confidentiality, and
- redress social inequities

ASHM is a signatory to the Code of Conduct for Australian aid and development agencies, which is administered by the Australian Council for International Development (ACFID).

HOW WE WORK

ASHM works collaboratively and in partnership to prevent HIV, viral hepatitis and STIs, and to preserve and protect the health of those living with these infections. It aims to function as a cohesive and inclusive group of professionals, advancing its vision in a skilled, informed, compassionate and appropriate way. Our work is always high quality, evidence-based, practice-centred, outcome focused and prioritises monitoring and evaluation. ASHM invests in available technology to improve accessibility across local contexts, in states and territories and nationally in Australia and New Zealand as well as Asia, Pacific and other international locales.

We acknowledge the Traditional Owners of country throughout Australasia and recognise First Nation Peoples continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

Australian Council For International Development

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President Report
Mark Bloch

This past year has been a very significant and successful year for ASHM building on past years to continue to ensure ASHM is able to respond to the needs of our sector and deliver educational resources and events to our membership engaged in the blood borne viruses and sexual health sectors. ASHM works hard to maintain its excellent reputation and build the capacity and skills to work collaboratively with our peer agencies, community partners and governments across the region.

ASHM retains a dedicated and effective team. The staff have successfully transitioned from the leadership provided under Levinia Crooks despite her passing continuing to be a major loss to us all personally and professionally. We're fortunate to be able to further her legacy and develop opportunities under our capable new CEO, Alexis Apostolellis. This has been enhanced by the great depth of knowledge and expertise that our Deputy CEO Scott McGill brings to our organisation alongside the other long serving and accomplished members of the Senior Management team: Ian Johnson leading Business Services, Nadine Giatras in our Conference and Events team and Vanessa Towell overseeing our extensive national and New Zealand programs. All are strong, compassionate and united in their leadership to those working with ASHM and across our sector.

Our board has continued to aim to be representative of our membership in reflecting that diversity be that geographically, those specialities that serve the sector, as well as different cadres of health professionals. These commitments remain for the coming year, ensuring all voices across our membership are heard and included. The board have been closely involved in guiding the future of ASHM with the refreshed redevelopment of our current strategic plan. Additionally, a community of board sub-committees has been established to provide more opportunity for detailed discussion on issues affecting our sector, providing recommendations to the board for consideration or endorsement and critical guidance to staff in the implementation of the strategic plan.

A focus personally over the year has been reinvigorating membership and centralising their importance within our organisation. A working group consisting of board members and ASHM staff has been working diligently to establish how we can achieve more for our membership. Our aim is to make ASHM more relevant to the membership, we've created two

> "We've created two-way processes where the huge amount of knowledge and expertise within membership can be harnessed to contribute to ASHM, just as ASHM contributes to our members' careers, learning and development."

way processes where the huge amount of knowledge and expertise within membership can be harnessed to contribute to ASHM, just as ASHM contributes to our members' careers, learning and development. Another priority is to reach those new and emerging leaders in our sector students and trainees as a next generation of leaders in our sector.

Ensuring the ongoing financial strength of ASHM is a major tenet of the board, definitely exceeded in this past financial year. While there have been moments of financial uncertainty in ASHM's history leading to a diversion of precious time and effort from the work in hand I'm pleased to report that our situation is much more secure due to a number of factors detailed in the report, including a generous legacy from Levinia Crooks' estate, expanded national support (notably the provision of core funding), expansion of our conference services and education, exploiting our knowledge and skills to provide support services to other organisations and continued industry support for projects. Provisions to safeguard our financial future include our ongoing successes in obtaining government grants, and an ongoing commitment to expand our role in supporting neighbouring countries in our region through our International Division.

This past year has been successful and productive, despite this period of significant change. I'm proud of the great work that has been achieved by all those within the organisation, and look forward to the bright future ahead.

CEO Report
Alexis Apostolellis

The first year as ASHM CEO has been invigorating. Working with the board, our sector partners and our internal ASHM team has been a joy, and I couldn't be more excited about our future direction. I've learnt this is an incredibly complex and passionate sector, and one that could be a real blueprint for other sectors within health—specifically around collaboration and meaningful involvement from those most affected.

This year our strategic plan was detailed further, we had significant shifts in our work culture and infrastructure, rolled out more training, created more resources, policies and courses, and our events and conferencing team produced some incredible and well attended meetings. All these achievements further the collaboration and meaningful involvement that's so central to our sector.

Our 2019–2022 strategic plan was clarified, particularly in our International and Sexual Health portfolios, and our work in the Aboriginal and Torres Strait Islander health settings. Clear targets and strategies were set to guide our work, with a consideration on how we measure outcomes and efficacy. As detailed further throughout the report, ASHM has focussed on more robust monitoring and evaluation systems—enhancing our delivery of education, resources and policies.

Our Sydney office move from Surry Hills to the CBD was a significant project representing the shift in our future direction towards flexibility and innovation. The move gave us the opportunity to pause and pay homage to our history, both physically in Surry Hills, and in our broader role in the health landscape. This comes at a pertinent time, as we ask ourselves how we move forward and adapt to an expanding membership and new challenges in health care.

This year Australia saw the lowest number of HIV notifications since 2001. This is great news, and gives us a roadmap on where and how to achieve more, especially amongst heterosexual and Indigenous populations. ASHM is excited to be a part of this, and it hasn't happened by itself—Australia's HIV response has been built on effective, open collaboration between community, clinicians, researchers and government. One of our best tools is to train GPs and other primary healthcare workers to test for and treat HIV.

> "This year our strategic plan was detailed further; we had significant shifts in our work culture and infrastructure; rolled out more training; created more resources, policies and courses, and our events and conferencing team produced some incredible and well-attended meetings."

The goal to eliminate hepatitis C and manage hepatitis B has likewise illuminated how much more work needs to be done. Despite breakthroughs in anti viral medication, many people living with chronic hepatitis across our region are not receiving care, and many more are undiagnosed. The Australasian Viral Hepatitis Conference was inspired by the growing need to identify and reach those slipping through the gaps in treatment and care. Our program showcased clinicians, community, researchers and policymakers and centred both the challenges of reaching World Health Organization targets for elimination, and innovative, holistic, and community-led solutions. ASHM has also strengthened ties and collaborations with INHSU and looks forward to an expanded, collaborative reach in the global workforce's education and knowledge.

On behalf of the team, I'd like to thank everyone who's contributed their time, knowledge and partnership to these projects. ASHM couldn't have produced the work and outcomes we detail within this report without the collaboration, partnership and connection that sustains us. We look forward to continuing to work with our sector partners in the region and abroad.

GOVERNANCE AND BUSINESS SERVICES

Governance has been an area of focus for ASHM over the last year. This includes our use of innovative technologies and new ways of working. With a new CEO, board structure and organisational strategy, ASHM is ready to face the challenges and opportunities of the future.

Office Move

After 15 years at Kippax Street, Surry Hills, on 1 July 2019 ASHM moved its Sydney office to 160 Clarence Street. This move represents the culmination of several years of work to make ASHM's workforce mobile and flexible, as well as reducing overheads such as the cost of office rent and related utilities by using business resources in a much more efficient way. The process began some years ago with the adoption of an IT strategy which involved all staff being issued with a laptop and mobile phone, and all IT systems being migrated to the cloud.

In March 2019 we turned off the last on-site server, thus removing the dependence of our business operations on our office premises. As well as being a more cost effective way of managing IT, this also provides an efficient business continuity solution and improves ASHM's overall risk management framework. All these changes enabled ASHM to seek a new office that did not rely on fixed desks and was able to leverage the fact that many of ASHM's staff work part time or are often out of the office running conferences or courses.

ASHM's new office is an efficient, flexible and modern working environment – which costs less than our previous office, whilst being in a more central location. The office move went smoothly over the weekend of the 29 and 30 June and the new office was practically ready for staff on the Monday morning.

The Two of Us: Nick Medland and Alexis Apostolellis on Governance.

Alexis Apostolellis, ASHM's CEO, is the newest person working with the board, while Nick Medland, ASHM's Vice President, is one of our longest serving board members.

Nick has been involved with ASHM since 1997, and first joined the board in 2004. After a stint working abroad, he tells us why he came back to ASHM: "I had come to know Levinia quite well, and I came back on the board as she became progressively unwell. We thought that people who already knew ASHM would be a safeguard for the governance of the organisation and the board at this time."

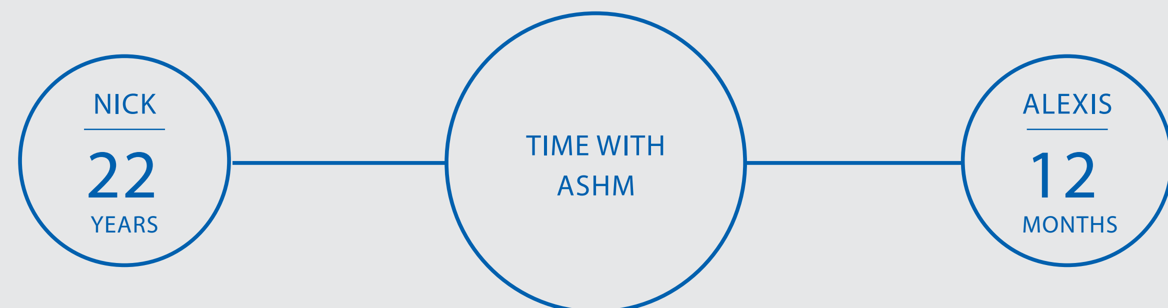
Reflecting on the enormous legacy of ASHM's former CEO Levinia Crooks, we ask about the transition to a post-Levinia ASHM. Nick answers with another question: "Who could fill Levinia's shoes? I think we've made a great choice." Alexis, as someone from outside of the BBV sector, brings a fresh set of eyes, but also has a familiarity with the issues at hand. Alexis says that "while not directly involved in the sector in Australia, I have worked with HIV in South Africa for more than seven years, and I was at Marie Stopes Australia, which focuses on reproductive health."

We ask about the future direction of our board. Alexis says that ASHM will likely expand to fill a gap internationally. "We can look towards our international footprint — governance at the global and collaborative level. And as we work in different parts of the world, we need to be aware of legislation and risks on many fronts, from staffing to policy positions. ASHM will undoubtedly expand into other areas of health, as social values, behaviors and trends change."

> "ASHM is a large and complex organisation; our new sub-committee structure allows the organisation the time and space to properly address the evolving needs right across our sector."

Nick notes that this will involve asking a lot of questions. He says: "When I compare HIV with viral hepatitis and sexual health, where ASHM was the main organisation right from the beginning, the major difference is the suite of existing organisations at all levels. The way that ASHM works with other organisations will have to be different — we'll have conversations regarding who can do what, and as we start to answer, what do these things mean to us, we will also have to ask, how do we work with the organisations in this area?"

Nick explains the new sub-committee structure can facilitate more meaningful conversation between the board itself and with members: "We're quite big in terms of scope, and it's quite a challenge to provide technical input across all those areas. The sub-committee structure allows ASHM to really be hearing from the professions, in terms of what's impacting them, and making sure that ASHM isn't losing touch with the day to day work that needs to be done."



ASHM in the Cloud

2019 has seen the culmination of a complete overhaul and modernisation of ASHM's technological infrastructure.

Several years ago, ASHM's IT services were built around a traditional technology infrastructure model. This was comprised of multiple servers, with file-sharing and business-critical applications onsite, and included heavy reliance on hardware and software that was based on-premises in the ASHM office. Over the space of a few years, the entire technology landscape at ASHM has changed.

As of 2019, all file-sharing and business applications have moved to the cloud. Desktop phones have transitioned to mobile phones, which are flexible and provide internet connection on the go, all at lower costs. All staff have been allocated a laptop computer, and this combination empowers to staff work from just about anywhere. Meeting rooms have been upgraded with large screen televisions, cameras and microphones, and in concert with cloud-based software, video conferencing is now easy and productive, allowing face to face collaboration across cities and the world. This process has provided many benefits in terms of productivity and flexibility, while at the same time delivering a dramatic reduction in IT operating costs.

Sub-Committees

Sub-committees are working groups of the ASHM Board. They consist of up to ten members, including ASHM Board members, clinical advisors, as well as other members and/or volunteers involved with ASHM's work. This includes representation from affected communities or priority populations. ASHM staff support the sub-committees and typically include a Division Manager, Senior Project Officer or Project Officer from the relevant thematic area as the secretariat. Sub-committees share a common format and terms of reference.

Meetings require a committee quorum of 50 per cent plus one for a decision to be passed, and are held a minimum of three times per year (face-to-face or teleconference); however, additional meetings may be convened for urgent matters. Outside of meetings, the panel will communicate via email as needed.

Currently there are sub-committees for HIV, HBV, HCV, Nursing, International and Sexual Health, with an Indigenous Health Sub-Committee proposed for 2019-20. Additionally, ASHM oversees an operational Conference Advisory Group as well as a Finance and Risk Management and Audit sub-committee.

MEMBERSHIP

Membership is at the of core ASHM's identity, work and organisational structure. Our work is informed under the direction of our members, through the board, and through our new sub-committee structure. ASHM is prioritising the development of members after a year of significant growth.

Membership Rate Changes

The value of a strong membership base goes beyond their financial contribution — it allows ASHM to be a critical voice and advocate for the BBV and sexual health workforce. Our members' support is integral to our work on policy and strategic engagement, for facilitating access to and uptake of resources, and on implementing guidelines and training across Australia, New Zealand and the region.

This year, ASHM implemented a discount of 50 per cent for our new nursing and part-time category and a free threshold for students.

ASHM offers a forum to communicate with other health professionals and join forces with the rest of the sector by contributing to our work in developing guidelines, standards and policy.

Some of the other benefits our members enjoy include training, resources and communication. Members have access to a wide range of professional teaching and training courses through ASHM to keep them at the cutting edge of their profession, while building on their existing skills. Courses are available both online and in person.

ASHM membership qualifies for generous discounts to all ASHM conferences while the ASHM scholarship program provides access to a wide range of regional, national and international conferences.

Being a member is a great opportunity for our members to network and actively engage with board members, while also allowing for voting at the ASHM annual general meeting.

Evolution of ASHM

In 1988, a handful of Australian clinicians attending the Stockholm AIDS conference realised that Australians would benefit from having a society for professionals that would support them in learning about and responding to HIV.

The group immediately started to arrange an annual scientific conference and to collaborate with the Australian Government. In 1990, the association expanded to the Australasian Society for HIV Medicine, following representation and advocacy from New Zealand clinicians and non-physicians working in HIV Medicine.

Soon after, ASHM collaborated in the development of a multidisciplinary Heath Maintenance and Monitoring Project, which saw the coordinated development of education for clinicians, community sector agencies and people living with HIV. This provided ASHM with its National HIV Education Program for doctors.

The new society was instigated by specialists and initially developed as a specialist society of the College of Physicians. However, the arrangement was never formalised, as the breadth of disciplines working in HIV was great, and cross-disciplinary action would be required. The role of general practitioners in identifying infection and caring for patients was also recognised as a key workforce in HIV.

Although full membership was initially restricted to consultant physicians and general practitioners, other disciplines including researchers, epidemiologists, laboratory scientists, nurses, social workers, psychologists and allied health professionals were admitted as affiliate, non-voting members.

ASHM was Incorporated in NSW in 1990 and managed by an elected voluntary Executive Committee. An early decision was made to become an Australasian Society in response to advocacy from New Zealand members. In 1994 a decision was made to allow general practitioners full voting membership of ASHM, although it was not until 1997 that the membership was further broadened to allow nurses full membership. In 2006 the membership was further broadened to allow full membership to all who supported the objectives of the organisation.

978
AFFILIATE

1,796
COMPLIMENTARY

10
HONORARY LIFE

1988
Australian clinicians realise the need for a Society of professionals that would support them learning & responding to HIV.

1990
Australasian Society for HIV Medicine was incorporated and managed by an elected voluntary Executive Committee.

1994
General practitioners allowed full voting membership of ASHM.

1997
Memberships were further broadened to allow nurses full membership.

2006
Memberships were further broadened to allow full membership to all who supported the objectives of the organisation.

2019
ASHM marks 30 years in the sector.

58
ORGANISATIONAL SUSTAINING MEMBERS

760
ORDINARY

14
RETIRED

35
STUDENT

Victorian Members Engagement Event

ASHM held a membership event in 2019, celebrating the achievements of our Victorian members and collaborators, and hosted by Melbourne North West Primary Health Network. ASHM President, Mark Bloch welcomed the speakers and guests, and then Professor Sharon Lewin, Infectious Diseases Physician and Director at The Peter Doherty Institute began by warning that she was going to be speaking on the achievements of Victoria, regardless of the wider brief that Alexis Apostoellis, ASHM CEO, had provided. She also gave high praise to ASHM, saying that the organisation "has been the glue that has bought so many of us together…and always in a unique, special way. Everyone feels very included and very proud to be a part of ASHM, and it's not easy to create that kind of culture."

Sharon noted that what's special about Victoria reflects the wider Australian sector. The key areas Victoria has excelled in are: making care patient centred, excellent partnerships and collaborations, especially with community, and a focus on education and research. "It's influenced not just outcomes for people with HIV, but generations of doctors who've been trained through that system," she said.

Professor Margaret Hellard, Deputy Director of Programs at the Burnet Institute, elaborated on what Sharon Lewin described. She said that all these areas are important, because: "We're trying to solve really complex problems that impact on people, whether it's HCV, HBV, HIV or an STI. A strength in Victoria is that we think about the affected person."

Professor Jennifer Hoy, the Director of HIV Medicine at The Alfred, finished the night. She spoke of the value of the patient-focused model of care which places an emphasis on healthcare provider collaboration and collegiality which is common in Victoria. Coupled with this is the inclusiveness and community focus that provides the basis for the strong relationships that bolsters Victorian advocacy work and research. "We provide care both medically, psycho-socially and geographically."

She concluded her remarks answering the question of the night: "But how is Victoria really different? There's a prominence of women in the HIV space. It includes scientists, nurses, clinicians of all sorts, community spaces, pharmacists, GPs, psychiatrists, pos women, social workers, all contributing to research, care and advocacy."

The Two of Us: Mark Bloch and Liz Crock on ASHM Membership.

Our members drive the strategic direction of ASHM, give the organisation the voice and mandate it needs when advocating, and come together to create a community of professionals. Mark Bloch and Liz Crock, our Current President and past Vice President respectively, tell us that while ASHM is the mechanism to develop their respective workforces, our members are its voice. "We have needed to put in place structures to ensure we can hear all voices at the table," says Mark.

Liz explains how membership has evolved: "When I first became an ASHM member in 1994 or so, ASHM was smaller. It was very much a medical organisation at that time, but always well respected, and at the forefront of HIV education in the country and the region. Nurses joined as members but were less involved in ASHM's core work."

We ask about how the pair met, and Liz says, "I first met Mark on the ASHM Board when I joined in late 2014. I was immediately drawn to his genuine good nature, loved his quirky sense of humour, and I appreciated his warm welcome to me as the only nurse on the board at that time." Speaking of that time, we ask about the legacy of former ASHM CEO Levinia Crooks, and her impact on membership. "Levinia Crooks had a great impact on me as she did on many others," says Liz. "She encouraged me to join the ASHM board, and she always supported nurses to have their voices heard and to develop their roles, including as Nurse Practitioners, but also in research, policy and education."

Mark details some of the strategies in place to see meaningful engagement with these newer cohorts, including nurses. These strategies are member-driven and have the goal of ensuring that ASHM will continue to be a nimble and stable entity, regardless of sector-wide shifts or further organisational expansion. For example, the new sub-committee structure drives the vision of "a board that is more strategic rather than hands on". They were instigated in late 2018 as a response to rapid growth, and offer more opportunities for member's voices to be heard.

> "My work with ASHM incorporates it all — hands-on work with clients/patients, education and teaching, writing and advocacy for those most marginalised, and a sector that is forever pushing the boundaries within society."

When we ask what they personally get out of their role on the board, Liz says: "My work with ASHM incorporates it all — hands-on work with clients/patients, education and teaching, writing and advocacy for those most marginalised, and a sector that is forever pushing the boundaries within society. It's a great feeling, that we are almost always 'on the cutting edge' or at the frontier, and our work influences the whole health sector and beyond." Mark further notes: "This is one of the unique things about ASHM — along with our diversity and who we represent — it's also who we serve through our work, and it creates strengths for the whole sector, because we can speak on behalf of those working in the field, but also on the needs of the communities we care for."

POLICY AND PARTNERSHIPS

Our policy and partnerships have been expanding as new issues and challenges arise, and we find new ways of working together to achieve shared goals.

U = U

Undetectable=Untransmittable, or U=U, is a global campaign centred on the message that there is no risk of HIV transmission from people with HIV through sexual intercourse, who are virologically suppressed. U=U encourages people with HIV to start treatment early, promotes adherence to therapy and can improve reproductive choices. U=U actively decreases stigma, demonstrating the significant implications of such wording for people with HIV. The campaign unambiguously promotes a clear message that transmission risk is consistently phrased as "zero". This phrasing is captured in the ASHM guide to U=U for clinicians.

Public health practitioners, clinicians and researchers are rarely able to be so categorical in terms of absolute risk, and global messaging is difficult to come to consensus at the best of times. The phrase "effectively zero" is a success, therefore, not just in what it achieves for affected communities and in educating the general public, but also shows the success of global partnerships and communication.

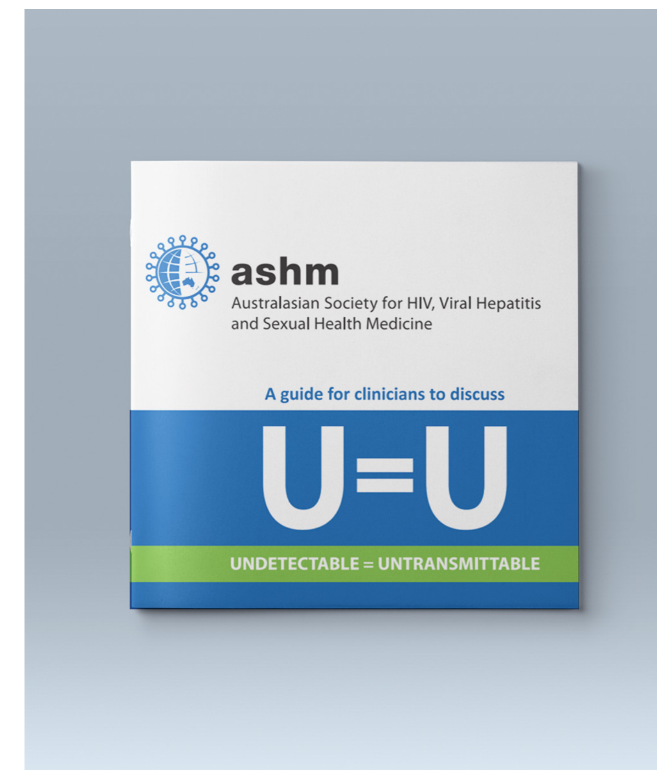
However, challenges remained in agreeing on the wording in the development of the new five-year national strategies, with some language being proposed which is commonly understood to undermine the U=U message. ASHM, in partnership with AFAO and NAPWHA, successfully advocated to the relevant government bodies to use "effectively zero", to ensure that the language embedded in our national strategies ultimately reflects global best practice, satisfied all stakeholders, and ensures Australia is consistent with other bodies such as the WHO and the US CDC.

HTLV-1

ASHM has continued to contribute to advocacy on HTLV-1 both within Australia and internationally. In 2018-19, this has included a range of activities. We hosted the Third HTLV-1 Special Interest Group Roundtable meeting alongside the HIV&AIDS Conference in Sydney, on 25 September 2018, and included a HTLV-1 session at the same conference.

ASHM advocated successfully for the inclusion of HTLV-1 in the Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022, and for bringing the 20th International Conference on Human Retrovirology (HTLV) to Australia in 2021. ASHM and its partners also advocated successfully for the assignment of an International Classification of Disease Code for HAM/TSP (8A45.00) in the 11th Revision of the WHO International Classification of Diseases, and finally, ASHM provides secretariat support for the HTLV-1 Working Group.

Professor Damian Purcell, Chair of the HTLV-1 Working Group and head of the molecular virology laboratory at the Peter Doherty Institute, said, "ASHM's work in this space is essential to moving forward the conversation about HTLV-1 in Australia. While the announcement in May 2018 of a significant funding commitment from the Federal Government is welcome, work is still required to ensure that a portion of these funds are used to support and educate the clinical workforce on HTLV-1, including for the development of Australian guidelines on testing and clinical management."



HIV, Immigration and Medicare Ineligibility

On World AIDS Day 2018, ASHM — in collaboration with Queensland Positive People and an Expert Working Group — released a series of resources to support both health providers and patients to help navigate the Australian health and immigration system. "The release of the Medicare Ineligible Factsheet and the HIV and Immigration template represent an important step towards equity in HIV care in Australia," said ASHM Vice President Dr Nick Medland.

"Patients living with HIV or at risk of HIV who are Medicare ineligible are highly vulnerable and at risk of poorer health outcomes, discrimination in the health care and immigration systems, and represent an Achilles heel in Australia's HIV health response."

"With these documents, ASHM offers guidance and support to clinicians as they attempt to adequately serve some of Australia's most vulnerable communities. They provide guidance in finding services and advice on responding to requests for immigration reports."

This factsheet is for overseas visitors (working, studying or holidaying in Australia) who are not eligible for a Medicare Card, to assist in considering their options for obtaining HIV treatment and medical care during their stay in Australia. In Australia, only Medicare Card holders may gain access to subsidised (low-cost) HIV medicine through the Pharmaceuticals Benefits Scheme (PBS). ASHM's position remains that all people living with HIV in Australia should have access to affordable, effective and appropriate treatment, regardless of their Medicare status.

ASHM/INHSU Partnership

This year saw our partnership with the International Network on Hepatitis in Substance Users (INHSU) strengthen and deepen, with ASHM providing organisational and governance support to the network. ASHM has also provided conference services to INHSU for several years, and delivered the 7th INHSU Conference in Cascais, Portugal in September 2018.

Since 2016, ASHM has collaborated with INHSU and the Kirby Institute at the University of New South Wales to deliver hepatitis C education globally.

Supported through unrestricted education grants from AbbVie, Gilead Sciences and Merck, the Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program provides healthcare practitioners with the knowledge and skills to test for, treat and manage hepatitis C beyond hospital settings.

Thus far, the program has been successfully implemented in Belgium, Canada, France, Portugal, the United Kingdom, Spain and Switzerland, with projects underway in Germany, Italy and Sweden.

Over 820 participants have been trained since the inception of this project. As part of this, in the 2018-19 financial year, 318 participants were trained via workshops delivered in Canada, France, Portugal and Switzerland.

The Two of Us:

Penny Kenchington and Melinda Hassall on Nurse Practitioners as Prescribers.

As Skype connects, we can hear the busy Townsville clinic in full swing. Penny Kenchington is giving advice to another nurse, and confirming she has time for a quick chat. Penny is a nurse practitioner (NP), the highest level of clinical nurse in Australia. NPs in sexual and reproductive health have existed since the first NP project in the early 2000s. A nurse from Canberra Sexual Health, Elissa O'Keefe, was the first NP.

During our crash course on nursing and nurse practitioners, we learn that Melinda Hassall, our Clinical Nurse Lead, started at ASHM in 2016 but first met Penny in Canberra at an ASHM conference some years prior. As we talk about the conferences, Penny notes that she attended her very first ASHM conference in the mid '90s, when former ASHM CEO Levinia Crooks had just started at ASHM. She explains that Levinia championed the cause of NPs in the area of HIV, hepatitis and sexual health, drafting the first letter of support from ASHM. This was significant, as the organisation was amongst the first to endorse their contributions.

"You could see how well respected and dynamic she was," says Penny. "She was pushing into Asia, spreading ASHM around the globe, her vision for the development of ASHM was truly amazing." Melinda reiterates this, bringing it back to nursing, of course: "I always found her supportive of people's aspirations, I remember being very encouraged by her support for nurses."

1800+
NURSE PRESCRIBERS IN AUSTRALIA

> "Health systems often have restrictions on how NPs may prescribe, with extensive state-based regulation interacting with federal legislation. Most overly prohibitive protocols have been removed, but it has taken many years, and much advocacy."

The resounding takeaway from the conversation is that the situation for NPs is complicated. The PBS has many restrictions on how NPs may prescribe, and extensive state-based regulation interacts with federal legislation. Most overly prohibitive state-based protocols have been removed, but it has taken many years, much advocacy, and the convoluted system still gives rise to issues that one wouldn't expect in a health system like Australia's.

Melinda argues that investing in nurses is necessary if we are to reach various national and international goals: "Nurse Practitioners increase access to treatment. Our sector already caters to marginalised communities, who bear the brunt of the burden of disease. Nurses cater to the people rendered invisible by society." She explains that it is less costly on the health dollar, but equally if not more effective as other models, to have nurses going into homes or practicing outreach models: "We can take our service to isolated areas where marginalised and disenfranchised populations live. Nurses enable a high level of care in places where people otherwise couldn't access care."

Melinda sums up her approach to nursing at ASHM: "Everyone who comes to ASHM is passionate in a personal issue or professional field. It's a dynamic workplace because people are taken seriously when they bring an issue to the table. We don't just represent the workforce and their issues, we are a part of the workforce, each with our own passions."

NATIONAL EDUCATION

This year ASHM has focused on how to measure and ensure our courses are evaluated, and how this feedback is incorporated into our courses to create stronger and more effective curricula for developing the health workforces. ASHM continues to ensure all areas of membership have access to high quality education, global guidelines and updated resources.

Roadshow Brings PrEP Training to Regional WA

Pre-exposure prophylaxis (PrEP) was listed on the Pharmaceutical Benefits Scheme in April 2018. To support increased prescribing of PrEP in identified priority areas in Western Australia, in September 2018 ASHM delivered a roadshow to five regional trainings in Geraldton, Karratha, Bunbury, Kalgoorlie, and Broome. This project was funded by the Western Australian Department of Health and delivered by a GP HIV s100 prescriber and a consumer representative. In total 116 clinicians were trained. Due to the current syphilis epidemic, syphilis testing and treatment was also covered.

Overall the trainings were well received, with 78 per cent (n=70) of participants reporting that the training would improve client HIV outcomes. All participants indicated they would attend other ASHM trainings in the future.

One practice nurse in Kalgoorlie said,

"I [work] in consultation with a doctor [for] PrEP eligibility. I [now] feel more confident discussing PrEP with a patient and their GP or when consulting with a specialist. [There are] not many courses […] in Kalgoorlie. Courses like these substantially improve professional development and subsequently patient care in this vast remote region."

Due to these trainings an increased number of GPs providing care to these communities are confident to prescribe PrEP and have increased knowledge to test and treat syphilis.

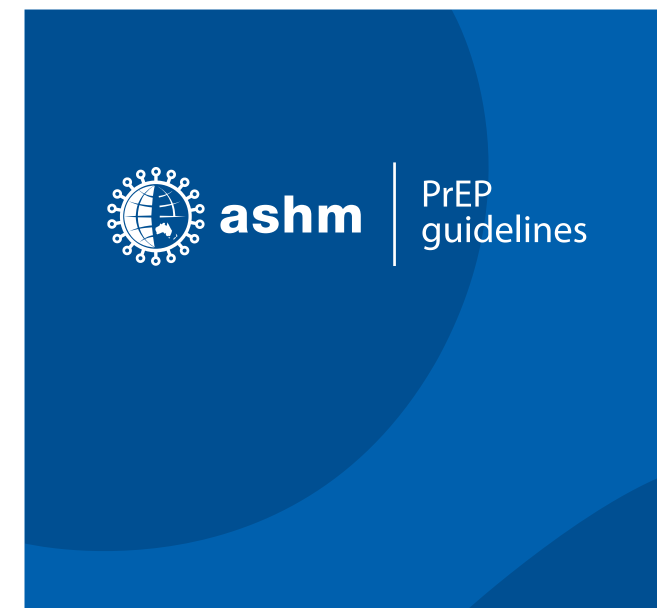
allgood.org.au

allgood.org.au is ASHM's multi-language health information website aiming to increase the awareness of and uptake of testing and treatment for HIV, viral hepatitis and STIs among Aboriginal and Torres Strait Islander and priority culturally and linguistically diverse (CALD) populations. Funding for this project was provided by the Australian Government Department of Health. allgood.org.au includes: essential information in 22 languages on testing, treatment and management of HIV, viral hepatitis and STIs; a central, easily accessible library of consumer resources, including those tailored for Aboriginal and Torres Strait Islander and CALD peoples; and a searchable directory of HIV, viral hepatitis and STI health and community support services.

Target population groups include Aboriginal and Torres Strait Islander communities and recent migrant arrivals from Afghanistan, India, Pakistan, China, South East Asia and sub-Saharan Africa.

Extensive promotion through community radio, Facebook and Google campaigns resulted in excellent website engagement. In the 18-month period between February 2018 and July 2019, the website was accessed by 374,331 users worldwide and 7,238 users in Australia.

An independent qualitative evaluation concluded that allgood.org.au has been successful in achieving significant reach within CALD and Aboriginal and Torres Strait Islander communities, providing an accessible, valuable and much needed resource. The challenge for the future is to further engage communities and health professionals in the use and promotion of allgood.org.au.



The Two of Us:

Vanessa Towell and Laina Runk on ASHM NPED programs evolving in partnership.

Vanessa Towell has worked in almost every division of ASHM, and has played a key role in the expansion of viral hepatitis programs. "My role started in hepatitis B and I was fortunate to establish great working relationships with clinical advisors and external stakeholders who are incredibly passionate about their work. This support continued as my role broadened into hepatitis C. Now, with oversight of all NPED BBV and STI programs, I remain forever grateful that ASHM works with people who are incredibly generous with their time and expertise."

"The ASHM programs in hepatitis B and C are an example of what collaboration and multidisciplinary champions in the space can achieve when we're all working together," continues Vanessa. "Not working in isolation and collaborating with community partners is key. Everyone has their own work to do, in research, clinical or with the community, but they make time for us because they want to change the status quo; and without their work we could not do our work."

We ask Laina Runk, who works across ASHM's hepatitis C in substance use settings education programs, what's next for the hepatitis response, and where NPED is expanding. She tells us about developing front line workforces that can take education, testing, and even treatment to those who need it, such as working with needle and syringe programs (NSPs). "For example, I've heard of interesting ideas where a nurse in an NSP organisation can skype a doctor and get someone started on treatment straight away, which is a really exciting avenue to explore, especially with simplification of treatment and new testing technologies. We need to start thinking outside of the box in where and how we engage with people aside from the hospital/GP office setting." Vanessa agrees: "There should be no wrong door for people to access treatment for hepatitis C."

> "There should be no wrong door for people to access treatment for hepatitis C."

Laina talks about this approach expanding globally too. "Internationally speaking, there are still restrictions on who can prescribe hepatitis C treatment. Australia was unique in allowing primary care physicians to prescribe and only now are other countries beginning to introduce this. ASHM's work with INHSU has seen our education implemented in seven countries so far, with three additional countries in development, in collaboration with relevant partners in those locations. The ideal end-point of these programs is that they will be handed over to organisations within the host country who work in the space, but unlike ASHM, may not yet have the educational and clinical experience."

Asked what she gets out of working at an organisation like ASHM, Vanessa says: "Working with people who are passionate and have a wealth of knowledge which they are willing to share, and this includes the ASHM staff themselves, who have diverse and interesting professional backgrounds. It's a community."

Partnering for the Virtual Elimination of Chronic Hepatitis B in the Northern Territory

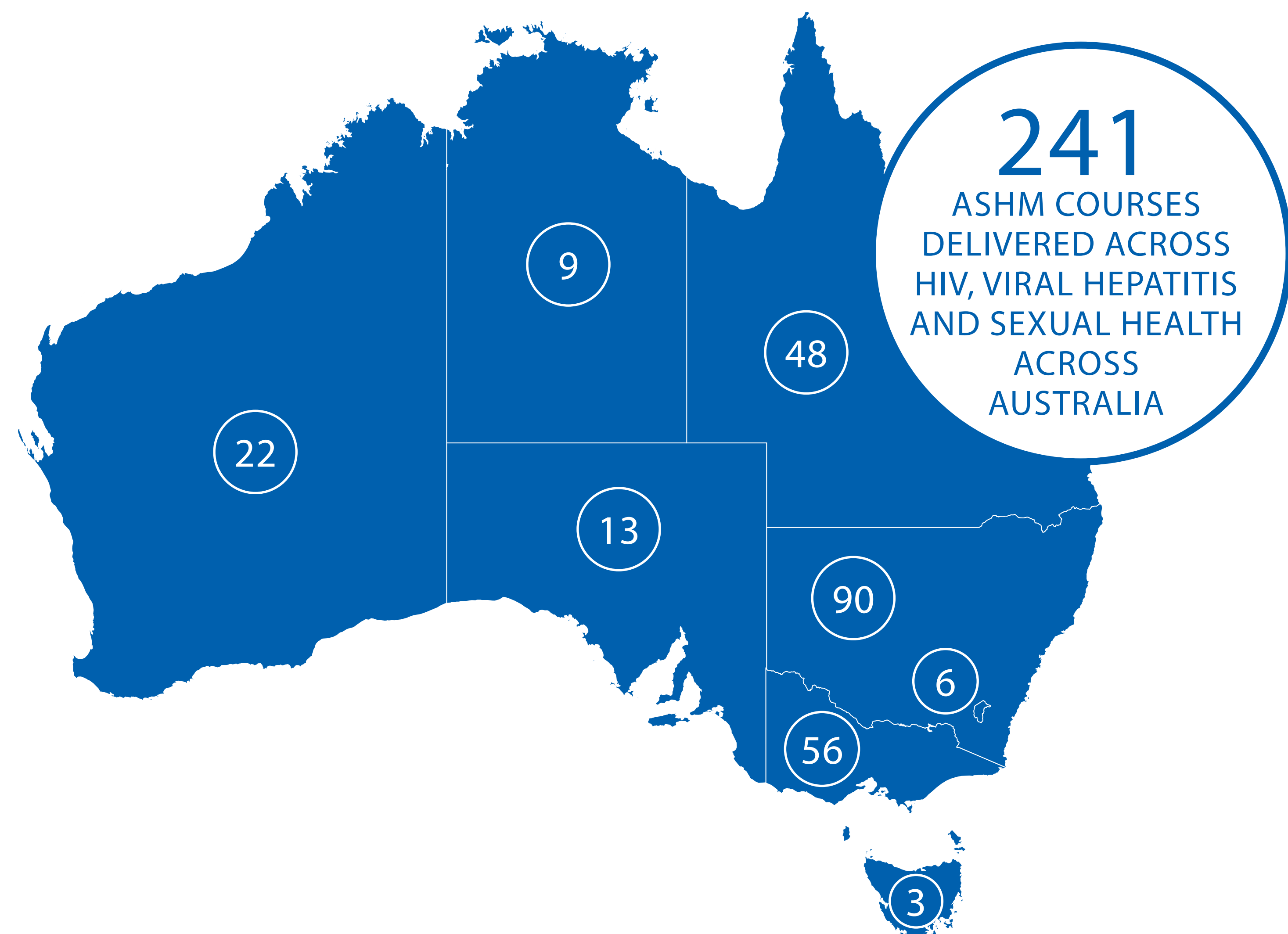
One in 50 people (1.9 per cent) in the Northern Territory (NT) are living with chronic hepatitis B. Of these, just 20.5 per cent are linked to care and 5.2 per cent are receiving treatment. Chronic hepatitis B is endemic in Indigenous communities with prevalence estimates ranging from 3 – 12 per cent. This contributes to the disproportionate burden of liver disease among Aboriginal and Torres Strait Islander peoples in the NT, with liver cancer incidence 5.9 times higher than non-Indigenous Australians.

The NT Hepatitis B PAST Project is a collaboration between ASHM, the Menzies School of Health Research, NT Health and other implementing partners to address the impact of chronic hepatitis B among Indigenous Australians in the NT. The collaboration is supporting improved health literacy among Indigenous communities, strengthened data systems and implementation of a best-practice model of primary care management and treatment.

The immense scale of the NT and dispersed nature of care delivery necessitates strong GP involvement in chronic hepatitis B management and treatment. Through the NT Hepatitis B PAST project, ASHM is continuing to administer the Hepatitis B s100 Community Prescriber Program to facilitate GP training and accreditation in chronic hepatitis B treatment across the Territory. In 2018 – 19 we delivered prescriber education in Darwin and Alice Springs. There are now a total of 58 GP prescribers, a 70.6 per cent increase from 2017 – 18.

GP turnover in the NT presents a substantial barrier to continuity of care. To help address this, ASHM also supported the development a one-day hepatitis B course to facilitate Aboriginal Health Practitioner and Worker involvement in hepatitis B care. This course, developed with Menzies and the Top End Health Service, was piloted in two remote locations in 2018-19 to high participant satisfaction. To complement this education, in 2019 – 20 ASHM will pilot delivery of a Commonwealth Department of Health-funded 'liver health champion' course to support Aboriginal Health Practitioners to deliver Fibroscan under the mentorship of mentor local clinicians and nurses.

ASHM continues to support this important work in the NT with significant in-kind contribution and limited government funding.



INTERNATIONAL

ASHM International is global in its outlook; with a focus on the Asia and Pacific region. Our approach is collaborative; working with partners such as WHO, UN and INHSU. Our work is comprehensive; ranging from national strategy review to creating individual clinical competency.

Training Packages

In order to create a more confident and competent clinical workforce ASHM is providing high quality sexual-health services in the Asia and Pacific region. These are: sexual health and rights; engagement with key populations (including stigma and discrimination); and transgender health and trans-competent care.

ASHM International has developed and rolled out a number of training packages, including three packages which focus on removing barriers to access to health services. ASHM International piloted these training packages in Port Moresby, Papua New Guinea between June and July 2019. Together with local stakeholders and its clinical advisers, ASHM International adapted the trainings to the country context, ensuring the content was aligned with the most recent international and regional guidance and best practice in sexual health and rights, internationally and in PNG.

The participants showed impressive improvement in knowledge and a deep involvement in activities and class participation. They showed a lot of interest in reproductive and menstrual health, sexual health in humanitarian response, and stigma and discrimination. ASHM International is looking forward to rolling out this set of training in different countries throughout the Asia and Pacific region.

75
CLINICAL WORKFORCE DEVELOPMENTCAPACITY BUILDING NEEDS TRAINING
CHINA

55
APAC SATELLITE SYMPOSIUM HIV & AGEING REGIONAL
HONG KONG, SAR

25
APHPCCOUNTRY SPECIFIC TRAINING
SRI LANKA

11
HIV KEY POPULATIONS TRAINING

15
SEXUAL HEALTH & RIGHTS TRAINING

21
HIVMONITORING & EVALUATION TRAINING
PAPUA NEW GUINEA

35
APHPC REGIONAL TRAINING
SINGAPORE

24
HIV & STI TRAINING
TIMOR LESTE

27
HIV COMPLEX CASE MANAGEMENT TRAINING

10
CLINICAL MASTERMENTOR TRAINING

NUMBER OF TRAINEES ACROSS OUR REGION

The Pacific Sexual Health Workforce Capacity Building Program

The Pacific Sexual Health Workforce Capacity Building Program was a joint project completed by ASHM and Oceania Society for Sexual Health and HIV Medicine (OSSHHM). The project aimed to build health worker capacity in the delivery of sexual health services with a focus on HIV, STIs, HIV/TB coinfection and key populations using face to face and remote (telehealth) clinical mentoring and training in the 11 countries under the Global Fund Western Pacific Multi-Country grant.

In 2018, the program aimed to improve access to health services for transgender populations and improve uptake and adherence of HIV ARVs and other sexual health testing and treatment services in the 11 target countries.

To meet the goals ASHM/OSSHHM developed, in partnership with the Pacific Sexual and Gender Diversity Network (PSGDN), a training package on transgender (TG) health for Pacific health care workers. This training provides an introduction to transgender health care and ways to support transgender people to reduce stigma and discrimination.

Representatives from ASHM, OSSHHM and V-Pride (a ni-Vanuatu transgender organization) piloted the training package in Port Vila on 11 April 2018. Around 15 participants attended the one-day training, comprising of medical officers, midwifes, peer educators, laboratory and blood bank technicians, nurses, and representatives from Community Service Organisations (including Vanuatu Women's Association, Family Health Association, and Wan Smol Bag). The training and its facilitators received excellent feedback, including suggestions for further amending certain modules. The team welcomed the suggestions and certain modules were further refined

The program also oversaw in-country clinical mentoring and training in 6 Pacific countries (Samoa, Vanuatu, Kiribati, Nauru, Federated States of Micronesia and The Republic of Marshall Islands) covering the HIV continuum of care including adherence counselling and individual case management; STI management; and Hepatitis B and C diagnostics and management. These trainings were supplemented by remote (telehealth) mentoring and technical assistance in HIV, sexual health and transgender health available and provided to the 11 Pacific Island Countries under the grant. During this program 112 health workers received training and mentoring.

The ASHM/OSSHHM team would like to take the opportunity and thank UNDP (Global Fund) for their support in the last two years.

Monitoring, Evaluation, Research and Learning

ASHM International commissioned an independent evaluation of its International Clinical Mentoring Model (ICMM) in November 2018. ASHM International's mentor model focuses on developing a local pool of clinical mentors who receive training and ongoing mentoring support from ASHM clinical mentors. The evaluation aligned with OECD-DAC criteria and explored the relevance, effectiveness, efficiency, impact and sustainability of the mentoring model across three ASHM projects: the Collaboration for Health in Papua New Guinea (CHPNG), the Sexual & Reproductive Health Integration Project (SRHIP) and the Pacific Sexual Health Workforce Capacity Building Program (PSHWCB).

The findings recognised the ICMM as filling an essential gap in the delivery of clinical workforce capacity building for HIV, viral hepatitis and sexual health across PNG and the Pacific Island Countries. They endorsed the maturation of the model, towards building local and regional cohorts of clinical mentors that link isolated clinicians to global best-practice knowledge. The findings of the evaluation have been used to strengthen ASHM International's Master Mentor Training and mentoring practices.

ASHM International Symposium at the Australasian HIV&AIDS Conference 2018

ASHM International delivered a session entitled 'Expanding HIV PrEP Access in Asia and the Pacific' at the 2018 Australasian HIV and AIDS Conference hosted in Sydney. Speakers at the session included experts from community groups and technical specialists from the region including Phylesha Brown-Acton, co-chairperson of the Asia Pacific Transgender Network, Natthakhet Yaemim from the Silom Pulse Clinic Bangkok and Heather-Marie Schmidt from UNAIDS/WHO. The session was chaired by Eamonn Murphy, Regional Director of UNAIDS Asia Pacific.

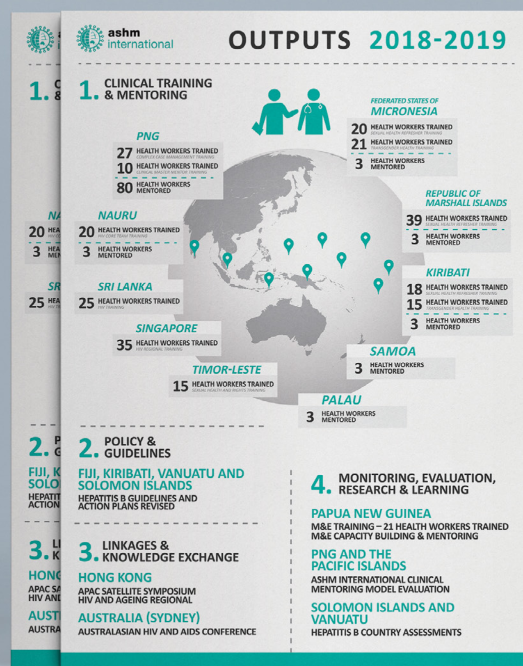
The session explored the successes and challenges of accessing PrEP, ways to strengthen PrEP access for key populations, and lessons learnt on PrEP administration and use in Asia and the Pacific. The session was well received and provided a platform for knowledge sharing and learning from

International Policy and Guidelines

ASHM International in partnership with WHO Collaborating Centre for Viral Hepatitis and the Doherty Institute have provided technical assistance to Fiji, Solomon Islands, Vanuatu and Kiribati to strengthen their viral hepatitis responses. The project activities include a review of national strategic and action plans, revision of testing and treatment guidelines, scoping missions to investigate potential national responses, and the updating of essential medicine lists with WHO-approved viral hepatitis drugs.

As of July 2019, key achievements include the completion of scoping missions in Vanuatu and the Solomon Islands. The scoping missions systematically assessed the existing environments for implementation of national action plans for viral hepatitis. The team provided recommendations to inform the target countries' response, including advising on the laboratory, surveillance and clinical capacity-building required to meet the goals and targets of national strategies.

ASHM International is looking forward to continuing to support the viral hepatitis response in Asia and the Pacific.



The Two of Us:

Marcel Kalau and Arun Menon on ASHM International Clinical Mentoring.

Marcel Kalau, a clinical mentor for ASHM working in Papua New Guinea, joined the organisation in 2017 because of his love of the sexual health community, the scope, and his interest in an international outlook. When asked about how the work has met his expectations he replies, "It has exceeded my expectations. I feel very privileged to be welcomed into PNG and to be part of a team that is so passionate and dedicated to improving the health and welfare of its people."

Arun Menon is one of ASHM's longest serving mentors. Much of his more recent work has been undertaken as part of the DFAT-funded Sexual and Reproductive Health Integration Program (SRHIP). Arun tells us about the situation on the ground in PNG: "ASHM has been providing clinical mentoring to health workers for a long time and really developed their healthcare system. More recently SRHIP has allowed us to develop more complex care programs." Part of ASHM's work is to establish a local pool of clinical mentors. In the last year alone, we have been able to reach 80 health care workers with structured clinical mentoring.

"The chief thing we've learnt delivering these programs is that not only are cultures diverse, but the physical environment and learning styles are very different," Arun says. "We need to be very flexible — you simply cannot go in with a fixed agenda. The context of where we work is very important. We've learnt a lot from the people on the ground, and in this way our courses get better and better."

He continues: "These concepts of sexual health, the issues of key populations and gender fluidity are very difficult. On the ground we are dealing with this every day. We say to workers, even if it clashes with your religion, you can't deny people access to services."

> "We need to be very flexible – you simply cannot go in with a fixed agenda. The context of where we work is very important. We've learnt a lot from the people on the ground, and in this way our courses get better and better."

We need to be very flexible – you simply cannot go in with a fixed agenda.

However, it's not just the social issues in PNG that make it difficult, there are frustrations working in a country with far less infrastructure. "We frequently get stuck, travel is problematic, and funny as well," says Arun. "Last time we were going Taree to Mentee our flight was cancelled, we took a jeep to go across hills and mountains. The people are hilarious with a subtle sense of humour."

When we ask what's in store for the future, Marcel says It will take years for the health system in PNG to improve. "But I feel the work we are doing there is really valuable in achieving this, and empowering and educating the local health workers to make a difference. On each trip I make to PNG I learn more about the health issues there, the limited resources, and the stigma that many people with HIV face. But I also see how dedicated and passionate the health workers are. Health workers are becoming more aware of and respecting the rights of key populations such as sex workers, MSM and transgender people."

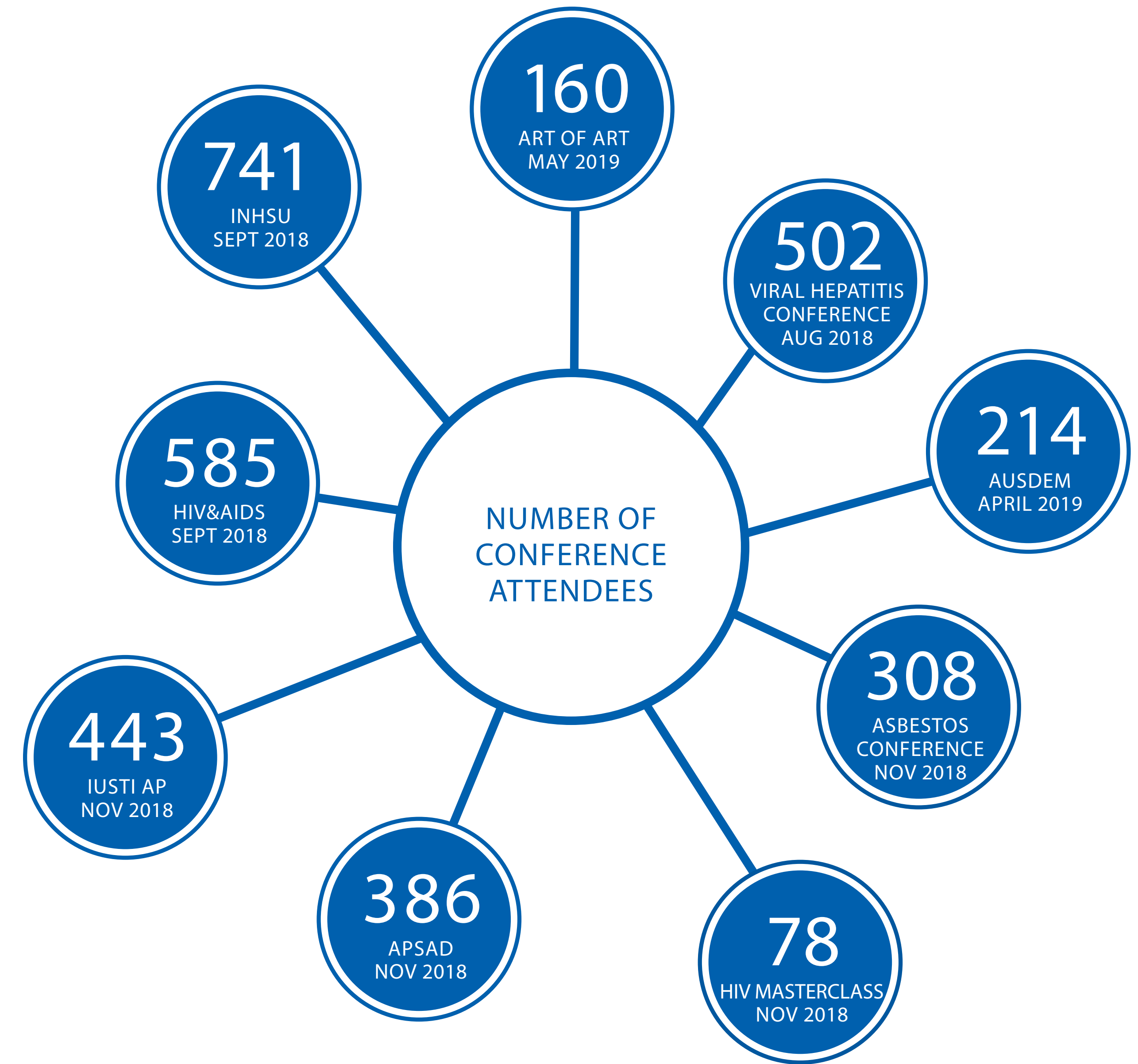
40+
PNG

CLINICAL MENTORS

10
FIJI

CONFERENCES

The ASHM Conference & Events Division continues to go from strength to strength with a diverse range of events and delegates managed in this financial year. Although our conferences and stakeholders face challenges in the funding environment we continue to see successful, highly evaluated and well attended meetings, indicating the strong importance placed on face-to-face educational events.



The 2018 Australasian HIV&AIDS Conference

Held from 24 – 26 September at the Sydney Masonic Centre, a total of 585 delegates attended the conference. The conference ran for three full days and comprised of a series of plenaries, symposia, research papers and networking opportunities.

One of the conference objectives was to drive engagement and promote dialogue between clinicians and the community sector. A number of initiatives were established by ASHM in collaboration with NAPHWA and AFAO to ensure that community presence was prominent within the conference program. These initiatives included people with HIV representation on all committees, and ensuring appropriate community representatives were included as speakers, chairs and panelists in sessions. Barriers to participation were lowered by offering the best registration rates possible for people with HIV and community workers and a unique opportunity for delegates to support community attendance by donating funds during the online registration process. The program reiterated the acknowledgment of community, and people with HIV were centered in presentations with presenters asked to outline how their work's positive impact on the community and what steps were being taken to put the research into practice.

We would like to thank all committee members who made the conference a huge success and made these premier initiatives possible and extend our thanks to all community who were able to attend and present. ASHM is committed to ensuring that community engagement goes beyond rhetoric into meaningful practice, and we both value and rely on the support, expertise, collaboration and guidance of our community partners in the sector.

The Two of Us:

Amy Sargent and Nadine Giatras on ASHM Conference and Events.

In 2003 ASHM managed its first in-house Australasian meeting, now the well-known Australasian HIV&AIDS Conference. That year the organisation brought on board a dedicated Conference, Sponsorship and Events Manager, Nadine Giatras, to oversee the event, and to build on sector knowledge and experience to run more events in the future.

The Conference and Events Division now comprises seven dedicated events staff and manages the sponsorship, marketing and promotion of international and national in-house and client events, including 12 conferences this year. Originally, Nadine's role was to manage these events, but also to build a team from the ground up, create processes, procedures, and resources. This required her to secure not only funding, but the trust of a sector comprised of expert researchers, busy clinicians, passionate community members and driven politicians.

Nadine notes: "A larger team meant consistency and working together, but also losing people and then training new people. Processes may seem procedural and straightforward once in place, but need constant revision as policies and organisations change. Conferencing itself has changed with regards to contractual obligations, risk management and rising costs. Yet at the same time sponsorship and funding seem to be drying up across the sector."

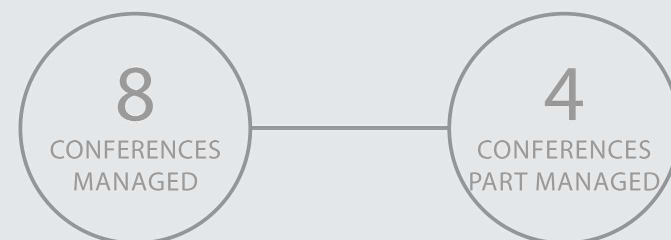
How does one succeed in the face of so many challenges? Amy Sargent, ASHM conferences Senior Project Officer, says you must be able to see the funny side of things. Amy was intimidated by Nadine at first, but quickly saw her warmth, and her humour. "And we're both from the UK," she adds.

They laugh as Amy recounts an experience in Norway, 2016, after they fell asleep on an overnight train from Oslo to Bergen. "In the morning we arrived but we were still quite asleep and didn't really know where we were. Nadine panicked and pushed us out onto the platform before the train departed again, which was pouring with torrential rain. We literally had to run to the nearest hotel and just pretend to have breakfast for 3 hours before we could venture back out safely. Sometimes you've just got to laugh. Wine also helps."

> "There are always challenges ahead for the ASHM Conferences and Events Team, which will keep us busy with new ventures and partnerships, highlighting the services we can provide to other organisations, there is real value in a not-for-profit, health-minded and very experienced service provider."

We ask what they see ahead for ASHM's event services. Nadine notes that there are challenges ahead which will keep the division busy, with new ventures and organisations, and a push to highlight the services they provide to other organisations: "We hope they will see the value in engaging a not-for-profit, health-minded and very experienced service provider." Amy agrees: "Nadine is always keeping an ear out for business and new opportunities, which keeps the work challenging and interesting. I see more international recognition, we know we can do it, because we have all the skills, the experience and the feedback which seems to prove the value of our events."

Nadine reflects, finally: "I still see people at conferences I saw 16 years ago, and it's been a privilege to support, facilitate and be a part of their work."



IUSTI Asia Pacific Congress 2018

The IUSTI Asia Pacific Sexual Health Congress 2018 was the third time ASHM has worked with IUSTI (the International Union against Sexually Transmitted Infections) to deliver a conference. The 2018 congress brought together four organisations and three conferences.

The Congress theme was 'He muka nō te taura whiri', 'Many Strands Make up one Rope'. The Maori proverb refers to the many strands that bind together to make a rope much stronger than the sum of its parts. When the rope is tightly bound, it symbolises unity and strength. When the rope starts to unravel, however, it threatens stability and weakens the effectiveness of the rope to the function as it was intended. The Congress focussed on bringing together the many strands of sexual health in order to provide stability and strength to the sexual health workforce. The conference aimed to strengthen the bonds between specialists, GPs, nurses, researchers, health promoters, educators and others in public health, working in the field of sexually transmissible infections including HIV & AIDS, and sexual and reproductive health.

The collaboration of four organisations was a real demonstration of the congress theme, as there were many challenges that the congress faced, including a challenging funding environment. This was a real concern as the regional IUSTI meetings are much smaller than other events, and rely on the provision of scholarships. However, each of the organisations was able to leverage off each other's strengths and overall the congress was a success with a total of 443 registrations and a small surplus made for each of the four organisations.

> The ASHM Conference & Events Division continues to go from strength to strength with a record number of events and delegates managed in this financial year.

INHSU Conference 2018

The International Network on Hepatitis in Substance Users (INHSU) is an international, not-for-profit, member-based organization dedicated to scientific knowledge exchange, education, and advocacy focused on hepatitis C (HCV) prevention and care with people who use drugs.

The 2018 INHSU conference covered the latest advances in hepatitis C epidemiology, and the management and treatment of viral hepatitis among people who use drugs. Through dissemination of scientific knowledge, the conference aimed to contribute to the World Health Organization's goal of eliminating hepatitis C by 2030. The 2018 conference had a truly international focus, attracting delegates from around the world, including health professionals (doctors, nurses and allied health), researchers, representatives from community organisations, people who use drugs and policy makers.

ASHM's Conference and Events Division was hired as the professional conference organiser for INHSU in 2015 when the conference was held in Manly, Sydney. Since then, ASHM has continued to run the conference in Norway, the United States, Portugal and in 2019 in Canada. Delegate numbers have increased significantly from 180 in 2009 to 345 in 2015 (when ASHM first took over the conference) to 741 in 2018 in Portugal and an expected 800+ this year in Montréal, Canada.

The continued success of the conference not only demonstrates the rapid development of new therapies and exciting new research on HCV care among people who inject drugs, but also ASHM's ability to adapt to the new challenges that working in different countries each year brings.

Our partnership with INHSU has also brought the opportunity to develop the Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program in collaboration with both INHSU and the Kirby Institute at the University of New South Wales.

Board of Directors

President – A/Prof Mark Bloch
MBBS; Dip FP; Dip Med Hyp; M Med

Mark has been working in the field of HIV medicine since 1983. He was a doctor at Sydney Hospital and The Albion Centre AIDS clinic prior to being a Director at Holdsworth House. He is a past President of the Sexual Health Society of NSW. Mark is the Director of Clinical Research at Holdsworth House and actively involved in clinical research in HIV and STIs, co-joint Associate Professor of Medicine at the University of NSW and a member of medical advisory boards. Mark has been an ASHM Board Member since 2009 and the President of ASHM since 2017.

Vice President – Dr Nicholas Medland
MBBS; BA Hons; PhD; FAChSHM

Nick is a senior researcher and NHMRC research fellow with the Surveillance, Evaluation and Research Program of the Kirby Institute, University of New South Wales. He is also a sexual health physician with 22 years of clinical experience in HIV and sexual health medicine. He is currently the co-chair of the Australasian Sexual Health Alliance (ASHA) and on the executive committee of the Chapter of Sexual Health Medicine.

Vice President – Clinical A/Prof Louise Owen
MBBS (Hons); FRACGP; FAChSHM

Louise 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. Louise is raising the profile of Sexual Health in Tasmania, along with clinical and education roles. Raising awareness about STI management in primary care, encouraging GPs to be involved in HIV shared care and involvement in Hepatitis C diagnosis and treatment are also part of her role. Louise lectures to tertiary, post graduate and undergraduate students around HIV, Hepatitis, sexual health and related topics. Louise is a member of MACBBVS on HIV and Viral Hepatitis and is on a number of steering committees covering matters such as transgender health, Syphilis & STIs and HIV.

Dr David Iser
MBBS (Hons); BMedSc; FRACP; PhD

David is a Gastroenterologist and Hepatologist in Melbourne, affiliated with the Department of Gastroenterology at St. Vincent's Hospital and the Infectious Diseases Unit at The Alfred Hospital. David has a broad experience treating people living with viral hepatitis in a variety of settings, including those living with advanced cirrhosis, HIV-viral hepatitis co-infection, Rural Australia, Clinical Trials, Opiate Substitution Services and as part of the Statewide Hepatitis Program across Victorian Prisons. David works closely with colleagues to help improve access to care and simplify treatment pathways for people living with viral hepatitis.

Dr Belinda Wozencroft
MB; BS

Belinda is a General Practitioner with a special interest in women's health, sexual health and HIV medicine. Originally trained as a Registered Nurse where she worked in remote Aboriginal communities, before studying Medicine at UWA. Belinda has completed further post-graduate studies, which include Diploma of Obstetrics, Graduate Certificate in Women's Health and Diploma of Child Health. Belinda is registered as an s100 prescriber for antiretroviral medications. She considers herself as a medium case-load GP in terms of PLWHIV. Belinda is the Principal at View Street Medical in North Perth. She undertakes additional relief work in remote Aboriginal communities, with a focus on women's health.

Dr Joan Ingram
MB ChB 1985 Auckland; FRACP 1993; DTM & H (London) 1990

Joan is an Infectious Diseases Physician working at Auckland City Hospital, 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. She 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 Elizabeth Crock
RN; ACRN (USA); BSc; PhD; Grad Dip Ed; MPH

Liz has worked in HIV nursing since 1990. She is an HIV Clinical Nurse Consultant and Nurse Practitioner 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 Nursing, International and HIV ASHM board sub-committees. She is currently Vice President of ANZANAC, an HIV Nursing ANMF Special Interest Group in Victoria.

Penny Kenchington
MNsg (NP); Grad Dip PH; Grad Dip Hth Man; Grad Cert Forensic Nsg; Dip app Sc (Nsg)Memberships: ACNP, FAMSACA; ASHM; ESC; QNU

Penny has been working in the Sexual Health, HIV and Hepatitis health sector as a specialist nurse since 1995 and is currently the Nurse Practitioner at the Townsville Sexual Health Service. She has extensive knowledge and skills in sexual health, women's health, reproductive health, genital dermatology and forensic nursing. Penny sits on ASHM's nurse's subcommittee, the ASHM's Finance, Risk Management and Audit Sub-Committee and ASHM's (QLD) Expert Reference Committee for the HIV, Viral Hepatitis, Sexual Health and Harm Reduction Workforce Development Program and the QLD Office of the Chief Nursing and Midwifery Officer (OCNMO) Nurse Practitioner Reference Group. Penny has experience in all aspects of HIV case management and was the QPrEPd site coordinator for Townsville. In addition, Penny is an HCV prescriber and supports the sexual health program in a large Aboriginal Community which includes monitoring and managing patients with chronic Hepatitis B.

Dr Sam Elliott
MBBS; Master of Public Health and Tropical Medicine; FRACGP

Sam is a principal GP with 29 years of rural and urban General Practice experience incorporating 20 years of HIV and Viral Hepatitis management. He is committed to participation in HIV and viral hepatitis research.

A/Prof Bradley Forssman
MBBS; MPHTM; FAFPHM

Bradley is a Public Health Physician, a GP and a Director of Public Health at Nepean Blue Mountains LHD. He has skills and knowledge in population health and clinical aspects of HIV/STIs, adult education, population health policy and research. He is a Chair of the STIPU GP & Sexual Health Working Group and sits on NSW Health's HIV & STI Strategies Implementation Committee and Blood-Borne Advisory Panel and the Clinical Council of the Nepean Blue Mountains Primary Health Network.

Dr James McMahon
PhD; Master of Public Health; Fellow RACP; MBBS

James is an Infectious Diseases clinician researcher, Head of Clinical Research at the Alfred Hospital and ID physician at Monash Medical Centre. His research interests are in clinical trials focused on HIV Cure, antiretroviral therapy and the cascade of HIV care. He also Chairs the Antiretroviral Guidelines Committee for the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and sits on the ASHM Board.

A/Prof Gail Matthews
MBChB; MRCP (UK); FRACP; PhD

Gail is an ID physician with a strong background in HIV and hepatitis. She has extensive clinical and research experience in both areas and holds an academic appointment in the Viral Hepatitis program at Kirby Institute as well as a Consultant post in HIV and Infectious Diseases at St Vincent's Hospital, Sydney. She has been involved in many prior ASHM led initiatives and teaching programs including HCV s100 programs, B positive and ASHM Conferences.

Conj A/Prof Michael Burke
MBBS; FRACGP; PhD; FAICD

Michael has worked in partnership with patients and communities responding to the many challenges related to HIV in east Africa, east Sydney and more recently western Sydney. He works primarily in general practice and also part-time in a hospital sexual health and HIV Clinic in Penrith. He is a senior member of the RACGP Specific Interest Group in Sexual Health Medicine.

ASHM FINANCIAL REPORT

For the year ended
30 June 2019

DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2019.

Directors

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

A/Prof Mark Bloch
Professor Mark Boyd (resigned 25 Sep 18)
Conjoint A/Prof Michael Burke
Dr Elizabeth Crock
Dr Sam Elliott
A/Prof Bradley Forssman
Dr Joan Ingram
Dr David Iser
Dr Claire Italiano (resigned 25 Sep 18)
Penny Kenchington
Dr James McMahon (appointed 25 Sep 18)
A/Prof Gail Matthews
Dr Nicholas Medland
A/Prof Catherine O'Connor (resigned 25 Sep 18)
Clinical A/Prof Louise Owen
Dr Belinda Wozencroft (appointed 25 Sep 18)

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

Operating Results

The excess of revenue over expenditure amounted to $958,784 (2018: $2,053,492).

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 2019

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 2019 ASHMs total income was $12,670,551 (2018: $13,342,496) and its total expenditure was $11,711,767 (2018: $11,289,004), resulting in an operating surplus of $958,784 (2018: surplus of $2,053,492).

As at 30 June 2019 ASHM had total assets of $10,642,889 (2018: $9,622,089) and total liabilities of $5,626,035 (2018: $5,564,019), giving a net asset position of $5,016,854 (2018: $4,058,070). Of the total assets, $4,852,737 was made up of cash at bank (2018: $4,079,215). There are no material aged debts.

The Directors therefore believe that as at 30 June 2019 ASHM is in a good financial position.

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

ASHM International has over the past year placed a strong focus on product, program and business development which has resulted in increased staffing to a team of six. ASHM International is in the process of developing their 2020 – 2025 strategy and is operating under four programs; clinical training and mentoring; policy and guides; linkages and knowledge exchange and monitoring, evaluation, research and learning. In 2018 ASHM International commissioned an independent evaluation of our clinical mentoring models based on the aid effectiveness principles. The evaluation showed promising results particularly in terms of sustainability and provide recommendations for strengthening the program.

ASHM International is currently engaged in three projects; a large DFAT funded project SHRIP in PNG, Collaboration for Health in PNG and the WHO Pacific Viral Hepatitis project. ASHM International has over the past year also co-facilitated various trainings and symposiums in Sri Lanka, Singapore and Hong Kong. ASHM International now plans a strong business development drive in which $300,000 of external funds have been committed for the next year. ASHM International is also in the process of seeking DFAT Australian NGO Cooperation Program Accreditation.

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.

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

DIRECTORS' REPORT (CONTINUED)

Key Performance Measures

The company measures its own performance through the use of both quantitative and qualitative indicators. The data is 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	**2019**	**2018**
Number of members	760	796
Collaborators		
Number of ANZ Organisational Sustaining Members	58	60
Number of affiliates	976	868
Number of regional partner organisations	42	43
Staff		
Number of staff employed for 5 years or more	11	10
Training and Education Resources		
Number of courses run	257	251
Number of pdf resources downloaded	52,023	26,837
Number of sub-website hits (web access only)	2,363,245	337,285
Operational and Financial		
Total Revenue	**$12,670,551**	**$13,342,496**
Proportion of funding provided by:		
Government grants	29%	34%
Non-government grants	8.8%	14.8%
Donations received from public	0.21%	0.13%
Proportion of funding spent on:		
Staff training	0.16%	0.11%
General office/administration	2%	2%
Fundraising – international activities	0.37%	0.30%
Fundraising – domestic activities	0.04%	0.02%

Dividends Paid or Recommended

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

Events Subsequent to Balance Date

There is no event subsequent to the balance date.

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.

Member Numbers

As at 30 June 2019 ASHM has 760 members (excluding affiliate and complimentary members). 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 reach to the sector through Organizational Membership Affiliate Programs and via awarding complimentary membership benefits for new 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 2019, the total amount that members of the company are liable to contribute if the company is wound up is $760 (2018: $796).

DIRECTORS' REPORT (CONTINUED)

Information on Directors in Office at the Date of this Report

A/Prof Mark Bloch
— President
— MBBS; Dip FP; Dip Med Hyp; M Med
— Mark has been working in the field of HIV medicine since 1983. He was a doctor at Sydney Hospital and The Albion Centre AIDS clinic prior to being a Director at Holdsworth House. He has completed his Masters in Medicine, HIV and Sexual Health from the University of Sydney and he is a past President of the Sexual Health Society of NSW.

Mark is the Director of Clinical Research at Holdsworth House and actively involved in clinical research in HIV and STIs, co-joint Associate Professor of Medicine at the University of NSW and a member of medical advisory boards.

Mark has been an ASHM Board Member since 2009 and the President of ASHM since 2017.

Dr Nicholas Medland
— Vice President
— MBBS; BA Hons; PhD; FAChSHM
— Nicholas is a senior researcher and NHMRC research fellow with the Surveillance, Evaluation and Research Program of the Kirby Institute, University of New South Wales. He is also a sexual health physician with 22 years of clinical experience in HIV and sexual health medicine. He has been a high caseload GP in Melbourne and has worked extensively in international/regional HIV programs in Asia, in particular in Vietnam. He is currently the co-chair of the Australasian Sexual Health Alliance (ASHA) and on the executive committee of the Chapter of Sexual Health Medicine.

Clinical A/Prof Louise Owen
— Vice President
— MBBS (Hons); FRACGP; FAChSHM
— Louise 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. Louise is raising the profile of Sexual Health in Tasmania, along with clinical and education roles. Raising awareness about STI management in primary care, encouraging GPs to be involved in HIV shared care and involvement in Hepatitis C diagnosis and treatment are also part of her role.

Louise lectures to tertiary, post graduate and undergraduate students around HIV, Hepatitis, sexual health and related topics. Louise is a member of MACBBVS on HIV and Viral Hepatitis and is on a number of steering committees covering matters such as transgender health, Syphilis & STIs and HIV.

Dr Joan Ingram
— Board Member
— MB ChB 1985 Auckland; FRACP 1993, DTM & H (London) 1990

Joan is an Infectious Diseases Physician working at Auckland City Hospital, 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.

She 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.

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

Dr Belinda Wozencroft
— Board Member
— MB; BS
— Dr Belinda Wozencroft is a General Practitioner with a special interest in women's health, sexual health and HIV medicine. Originally trained as a Registered Nurse where she worked in remote Aboriginal communities, before studying Medicine at UWA. Belinda has completed further post-graduate studies, which include Diploma of Obstetrics, Graduate Certificate in Women's Health and Diploma of Child Health. Belinda is registered as an S-100 prescriber for antiretroviral medications. She considers herself as a medium case-load GP in terms of PLWHIV. Belinda is the Principal at View Street Medical in North Perth. She undertakes additional relief work in remote Aboriginal communities, with a focus on women's health.

Dr David Iser
— Board Member
— MBBS (Hons) BMedSc FRACP Phd
— Dr David Iser is a Gastroenterologist and Hepatologist in Melbourne, affiliated with the Department of Gastroenterology at St. Vincent's Hospital and the Infectious Diseases Unit at The Alfred Hospital.

David has a broad experience treating people living with viral hepatitis in a variety of settings, including those living with advanced cirrhosis, HIV-viral hepatitis co-infection, Rural Australia, Clinical Trials, Opiate Substitution Services and as part of the Statewide Hepatitis Program across Victorian Prisons.

David works closely with colleagues to help improve access to care and simplify treatment pathways for people living with viral hepatitis.

A/Prof Gail Matthews
— Board Member
— MBChB, MRCP (UK), FRACP, PhD
— Gail is an ID physician with a strong background in HIV and hepatitis. She has extensive clinical and research experience in both areas and holds an academic appointment in the Viral Hepatitis program at Kirby Institute as well as a Consultant post in HIV and Infectious Diseases at St Vincent's Hospital, Sydney.

She has been involved in many prior ASHM led initiatives and teaching programs including HCV S100 programs, B positive and ASHM Conferences.

Dr Elizabeth Crock
— Board Member
— RN; ACRN (USA); BSc; PhD; Grad Dip Ed; MPH
— Liz has worked in HIV nursing since 1990. She is an HIV Clinical Nurse Consultant and Nurse Practitioner 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.

Penny Kenchington
— Board Member
— MNsg (NP); Grad Dip PH; Grad Dip Hth Man; Grad Cert Forensic Nsg; Dip app Sc (Nsg)
— Penny has been working in the Sexual Health, HIV and Hepatitis health sector as a specialist nurse since 1995 and is currently the Nurse Practitioner at the Townsville Sexual Health Service. She has extensive knowledge and skills in sexual health, women's health, reproductive health, genital dermatology and forensic nursing.

Penny sits on ASHM's nurse's subcommittee, the ASHM's Finance, Risk Management and Audit Sub-Committee and ASHM's (QLD) Expert Reference Committee for the HIV, Viral Hepatitis, Sexual Health and Harm Reduction Workforce Development Program and the QLD Office of the Chief Nursing and Midwifery Officer (OCNMO) Nurse Practitioner Reference Group.

Penny has experience in all aspects of HIV case management and was the QPrEPd site coordinator for Townsville. In addition, Penny is an HCV prescriber and supports the sexual health program in a large Aboriginal Community which includes monitoring and managing patients with chronic Hepatitis B.

DIRECTORS' REPORT (CONTINUED)

Dr Sam Elliott — Board Member

— MBBS; Master of Public Health and Tropical Medicine; FRACGP

— Sam is a principal GP with 29 years of rural and urban General Practice experience incorporating 20 years of HIV and Viral Hepatitis management.

He is committed to participation in HIV and viral hepatitis research.

A/Prof Bradley Forssman — Board Member

— MBBS; MPHTM; FAFPHM

— Bradley is a Public Health Physician, a GP and a Director of Public Health at Nepean Blue Mountains LHD. He has skills and knowledge in population health and clinical aspects of HIV/STIs, adult education, population health policy and research.

He is a Chair of the STIPU GP & Sexual Health Working Group and sits on NSW Health's HIV & STI Strategies Implementation Committee and Blood-Borne Advisory Panel and the Clinical Council of the Nepean Blue Mountains Primary Health Network.

Dr James McMahon — Board Member

PhD; Master of Public Health; Fellow RACP; MBBS

Dr McMahon is an Infectious Diseases clinician researcher, Head of Clinical Research at the Alfred Hospital and ID physician at Monash Medical Centre. His research interests are in clinical trials focused on HIV Cure, antiretroviral therapy and the cascade of HIV care. Specific interests include developing non-invasive imaging methods to locate and quantify tissue sites of HIV and clinical trials of interventions targeting the HIV reservoir including latency reversal agents and agents to increase HIV-specific immune responses. He also Chairs the Antiretroviral Guidelines Committee for the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and sits on the ASHM Board.

Conj A/Prof Michael Burke — Board Member

— MBBS; FRACGP; PhD; FAICD

— Michael has worked in partnership with patients and communities responding to the many challenges related to HIV in east Africa, east Sydney and more recently western Sydney.

He works primarily in general practice and also part-time in a hospital sexual health and HIV Clinic in Penrith. He is a senior member of the RACGP Specific Interest Group in Sexual Health Medicine.

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

ATTENDANCE AT DIRECTORS MEETINGS (1 JULY 2018 TO 30 JUNE 2019)

Name	Board Meetings
Mark Bloch	8(8)
Michael Burke	8(8)
Elizabeth Crock	7(8)
Sam Elliott	6(8)
Bradley Forssman	7(8)
Joan Ingram	6(8)
David Iser	7(8)
Penny Kenchington	7(8)
James McMahon	5(5)
Gail Matthews	7(8)
Nicholas Medland	8(8)
Louise Owen	8(8)
Belinda Wozencroft	4(5)
Mark Boyd	3(3)
Claire Italiano	2(3)
Catherine O'Connor	3(3)

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

Indemnifying Officers or Auditor

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

Proceedings on Behalf of the Entity

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

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

Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2019 has been received and can be found on page 8 of the directors' report.

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

A/Prof Mark Bloch, MBBS, DIP FP, DIP MED HYP, M MED

Dr Nicholas Medland, MBBS; BA Hons, PHD; FAChSHM

Dated this 23rd day of September 2019, Sydney

walker wayland

Walker Wayland NSW
Chartered Accountants

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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 2019 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
Partner

Dated this 24th day of September 2019, Sydney

View Partners, Principals & Consultants at http://www.wwnsw.com.au/wwnsw

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

Liability limited by a scheme approved under Professional Standards Legislation

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 $	2018 $
REVENUE			
Operating Activities			
Members' subscriptions		35,008	164,850
Operating grants	3	4,842,268	6,533,805
Donations		27,109	16,906
Bequest		430,558	950,000
Service fee and other revenue from operating activities		422,050	407,235
Service fee – INSHU		761,535	399,563
Sponsorship – Industry		758,695	174,035
Conference		5,228,282	4,577,357
Non-operating activities			
Interest		161,436	102,048
Foreign currency gain		3,610	16,697
	2	12,670,551	13,342,496
EXPENSES			
General office administration		179,349	198,844
Occupancy costs		436,817	446,791
Education programs / resources		2,717,879	3,855,012
Professional fees		57,913	94,393
Personnel expenses		4,185,712	3,210,626
Loss on disposal on assets		1,266	4,199
Depreciation	3	34,458	32,441
Finance expenses		19,349	14,803
Conference costs		3,913,188	3,320,361
IT system development costs		165,836	111,534
TOTAL EXPENSES		11,711,767	11,289,004
EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE		958,784	2,053,492
Income tax expense relating to ordinary activities		-	-
EXCESS OF REVENUE OVER EXPENDITURE AFTER INCOME TAX EXPENSE		958,784	2,053,492
OTHER COMPREHENSIVE INCOME FOR THE YEAR, NET OF TAX		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		958,784	2,053,492

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 2019

	Note	2019 $	2018 $
CURRENT ASSETS			
Cash and cash equivalents	5	4,852,737	4,079,215
Trade and other receivables	6	626,981	643,042
Work in progress		279,024	760,138
Financial assets	8	4,661,590	4,068,640
Other current assets	7	28,618	23,736
TOTAL CURRENT ASSETS		10,448,950	9,574,771
NON-CURRENT ASSETS			
Property, plant and equipment	9	193,939	47,318
TOTAL NON-CURRENT ASSETS		193,939	47,318
TOTAL ASSETS		10,642,889	9,622,089
CURRENT LIABILITIES			
Trade and other payables	10	789,409	885,323
Deferred income		4,436,374	4,306,816
Provisions	11	334,976	302,318
TOTAL CURRENT LIABILITIES		5,560,759	5,494,457
NON-CURRENT LIABILITIES			
Provisions	12	65,276	69,562
TOTAL NON-CURRENT LIABILITIES		65,276	69,562
TOTAL LIABILITIES		5,626,035	5,564,019
NET ASSETS		5,016,854	4,058,070
EQUITY			
Retained earnings		5,016,854	4,058,070
TOTAL EQUITY		5,016,854	4,058,070

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 2019

	Retained Earnings $	Total $
BALANCE AT 30 JUNE 2017	2,004,578	2,004,578
Excess of Revenue over Expenses	2,053,492	2,053,492
Other comprehensive income for the year	-	-
BALANCE AT 30 JUNE 2018	4,058,070	4,058,070
Excess of Revenue over Expenses	958,784	958,784
Other comprehensive income for the year	-	-
BALANCE AT 30 JUNE 2019	5,016,854	5,016,854

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 $	2018 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from operations		14,250,774	13,901,911
Payments to suppliers and employees		(12,863,392)	(12,577,870)
Interest received		161,436	102,048
Net cash provided by operating activities	14b	1,548,818	1,426,089
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(184,612)	(4,541)
Payments for term deposits		(592,950)	(2,000,000)
Proceeds from disposal of property and equipment		2,266	-
Net cash used in investing activities		(775,296)	(2,004,541)
NET INCREASE /(DECREASE) IN CASH HELD		773,522	(578,452)
Cash and cash equivalents at beginning of financial year		4,079,215	4,657,667
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	14a	4,852,737	4,079,215

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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%

These notes form part of the financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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.

These notes form part of the financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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. **Income Tax**

No provision for income tax has been raised as the entity is exempt from income tax under Div. 50 of the income Tax Assessment Act 1997.

m. **Comparative Figures**

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

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

n. **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.

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.

o. **New Accounting Standards Adopted**

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

– AASB 9*: Financial Instruments*

The company has adopted AASB 9 which is effective for annual periods beginning on or after 1 January 2018. The Standard includes revised requirements for the classification and measurement of financial instruments, and revised requirements for financial instruments and hedge accounting. The key changes 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. Other than the upfront accounting of expected credit loss, AASB 9 has had no material effect on the company's financial report as the company does not have any financial instruments or undertake any hedge accounting. The application of the upfront accounting of expected credit loss did not result in any material impairment losses for the year ended 30 June 2019.

p **New Accounting Standards for Application in Future Periods**

– AASB 15: *Revenue from Contracts with Customers* (applicable to annual reporting periods beginning on or after 1 January 2019, 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.

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.

These notes form part of the financial statements

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NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

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 company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

– AASB 1058 *Income of Not-for-Profit Entities* (applicable to annual reporting periods beginning on or after 1 January 2019)

When effective, this Standard replaces AASB 1004 Contributions. The core principle of the new income recognition requirements in AASB 1058 is when a Not-for-profit entity enters into transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives, the excess of the asset recognised (at fair value) over any 'related amounts' is recognised as income immediately. The directors anticipate that the adoption of AASB 1058 will not have a substantial impact on the company's financial statements.

– 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.

The adoption of AASB 16 will result in the recognition of a right of use of assets of $654,785 and a corresponding lease liability in the financial statements.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 2: REVENUE

	Note	2019 $	2018 $
Operating activities:			
- operating grants - Australian		3,933,153	4,913,762
- other grants – overseas		909,115	1,620,043
	3	4,842,268	6,533,805
- conference		5,228,282	4,577,357
- service fee – INSHU		761,535	399,563
- sponsorship – industry		758,695	174,035
- legacies and bequest		430,558	950,000
- interest received		161,436	102,048
- member subscriptions		35,008	164,850
- donations		27,109	16,906
- foreign currency gain		3,610	16,697
- other revenue from operating activities		422,050	407,235
		12,670,551	13,342,496

NOTE 3: EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE

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

	2019	2018
Revenue: *Operating Grants*		
Grants – Commonwealth		
- Deed for multi project funding	1,556,148	2,790,158
Grants – NSW Health		
- HIV program and sexual health nurse training	638,100	622,500
Grants – QLD	1,237,861	920,986
Grants – WA	201,131	88,148
Grants – ACT	91,600	145,339
Grants other – overseas projects	44,818	101,938
Grants other – domestic projects	163,495	244,693
Grants – overseas	909,115	1,620,043
	4,842,268	6,533,805

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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

	2019 $	2018 $
Expenses:		
Depreciation expenses	34,458	32,441
Rental expense on operating leases		
— rental expense	318,462	308,375
Remuneration of auditor		
— audit or review	29,000	26,000

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 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
2019	$	$	$	$	$
Key management personnel compensation	385,061	-	-	-	38,200
2018	$	$	$	$	$
Key management personnel compensation	314,851	-	-	-	25,742

NOTE 5: CASH AND CASH EQUIVALENTS

	Note	2019 $	2018 $
CURRENT			
Cash on hand		200	200
Cash at bank		852,537	1,074,622
Short-term bank deposits		4,000,000	3,004,393
	18	4,852,737	4,079,215

The effective interest rate on short-term bank deposits was 2.18%; these deposits are at call.

NOTE 6: TRADE AND OTHER RECEIVABLES

	Note	2019	2018
CURRENT			
Trade receivables		585,549	626,328
Other receivables		47,860	16,714
Allowance for bad debts		(6,428)	-
	18	626,981	643,042

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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) < 30	31–60	61–90	> 90	Within initial trade terms
	$	$	$	$	$	$	$
2019							
Trade receivables	585,549	(6,428)	532,734	13,758	2,941	36,116	579,121
Total	585,549	(6,428)	532,734	13,758	2,941	36,116	579,121
2018							
Trade receivables	626,328	-	438,146	157,310	30,682	190	626,328
Total	626,328	-	438,146	157,310	30,682	190	626,328

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

NOTE 7: OTHER ASSETS	Note	2019 $	2018 $
CURRENT			
Prepayments		28,618	23,736

NOTE 8: OTHER FINANCIAL ASSETS

	Note	2019 $	2018 $
CURRENT			
Held to maturity investments		4,661,590	4,068,640
Held-to-maturity investments comprise:			
— Current: Term deposit		4,661,590	4,068,640
— Non-Current: Term deposit		-	-
	18	4,661,590	4,068,640

The average effective interest rate of all term deposits was 2.61% with maturity dates ranging from 31 October 2019 to 31 December 2019.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 9: PROPERTY, PLANT AND EQUIPMENT	2019 $	2018 $
NON CURRENT		
Office Equipment:		
At cost	1,424	-
Accumulated depreciation	(554)	-
	870	-
Leasehold improvements:		
At cost	-	244,474
Accumulated depreciation	-	(214,020)
Impairment loss	-	(12,030)
	-	18,424
Computer Equipment:		
At cost	87,573	66,986
Accumulated depreciation	(45,257)	(39,579)
	42,316	27,407
Software pool:		
At cost	12,000	38,290
Accumulated depreciation	(11,598)	(36,803)
	402	1,487
Leasehold improvements (Clarence Street – Work in progress)		
At cost	150,351	-
Accumulated depreciation	-	-
	150,351	-
	193,939	47,318

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	Work in progress	Office Equip.	Computer Equip.	Software	Total
	$	$	$	$	$	$
Balance at 30 June 2018	18,424	-	-	27,407	1,487	47,318
Additions	-	150,351	1,424	32,837	-	184,612
Disposals/write-offs	-	-	-	(3,533)	-	(3,533)
Depreciation expense	(18,424)	-	(554)	(14,395)	(1,085)	(34,458)
Balance at 30 June 2019	-	150,351	870	42,316	402	193,939

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 10: TRADE AND OTHER PAYABLES

	Note	2019 $	2018 $
CURRENT			
Trade payables		308,116	594,789
Sundry creditors		481,293	290,534
	10a	789,409	885,323

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

	Note	2019 $	2018 $
CURRENT			
Trade and other payables			
— Total current		789,409	885,323
— Total non-current		-	-
		789,409	885,323
Financial liabilities as trade and other payables	18	789,409	885,323

NOTE 11: CURRENT PROVISIONS

	Note	2019 $	2018 $
CURRENT			
Employee Benefits	12	334,976	243,798
Make Good		-	58,520
		334,976	302,318

The make good provision relates to anticipated amounts payable to restore the Kippax Street premises to its original condition on the conclusion of the lease.

NOTE 12: EMPLOYEE BENEFITS

	Short-term Employee Benefits	Long-term Employee Benefits	Total
	$	$	$
Balance at 30 June 2018	243,798	69,562	313,360
Additional provisions raised during period / (Amounts used)	91,178	(4,286)	86,892
Balance at 30 June 2019	334,976	65,276	400,252

Analysis of Total Provisions	2019 $	2018 $
Current – Annual leave	288,726	229,161
Current – Long service leave	46,250	14,637
	334,976	243,798
Non-Current – Long service leave	65,276	69,562
	400,252	313,360

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.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 13: CAPITAL AND LEASING COMMITMENTS

	2019 $	2018 $
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	241,159	298,932
— between 12 months and 5 years	466,009	-
— greater than 5 years	-	-
	707,168	298,932

The lease for the Kippax Street premises terminates on 30 June 2019. The entity entered into a new non-cancelable lease agreement with a third-party lessor for its new office space located at Level 3, 160 Clarence Street for a period of three years commencing on 1 July 2019 to 30 June 2022. Lease agreement may be extended at the mutual agreement of both parties.

NOTE 14: CASH FLOW INFORMATION

a. Reconciliation of Cash and Cash Equivalents

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:

	2019 $	2018 $
Cash on hand	200	200
Cash at bank	852,537	1,074,622
Short-term bank deposits	4,000,000	3,004,393
	4,852,737	4,079,215

b. Reconciliation of cash flow from operations with surplus from ordinary activities after income tax

	2019 $	2018 $
Surplus from ordinary activities after income tax expense	958,784	2,053,492
Non-cash flows in surplus from ordinary activities		
Loss on disposal of plant and equipment / assets written-off	1,266	4,199
Depreciation and impairment	34,458	32,441
Changes in assets and liabilities		
Movement in receivables	490,747	(662,581)
Movement in prepayments	(4,882)	35,501
Movement in trade and other payables, deferred income	33,645	(63,620)
Movement in provisions	34,800	26,657
Net cash provided by operating activities	1,548,818	1,426,089

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 15: CONTINGENT LIABILIITES

To the Directors' knowledge, the company has no known contingent liabilities as at 30 June 2019.

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 2019 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	2019 $	2018 $
Financial Assets			
Cash and cash equivalents	5	4,852,737	4,079,215
Trade and other receivables	6	626,981	643,041
Held-to-maturity investments:			
– Term Deposits	8	4,661,590	4,068,640
Total Financial Assets		10,141,308	8,790,896
Financial Liabilities			
Financial liabilities at amortised cost			
– Payables	10a	789,409	885,323
Total Financial Liabilities		789,419	885,323

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.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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	
	2019	2018	2019	2018	2019	2018	2019	2018
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade and other payables	789,409	885,323	-	-	-	-	789,409	885,323
Total expected outflows	789,409	885,323	-	-	-	-	789,409	885,323

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2019	2018	2019	2018	2019	2018	2019	2018
	$	$	$	$	$	$	$	$
Financial Assets — cash flows realisable								
Cash and cash equivalents	4,852,737	4,079,215	-	-	-	-	4,852,737	4,079,215
Trade and other receivables	626,981	643,042	-	-	-	-	626,981	643,042
Held-to-maturity investments	4,661,590	4,068,640	-	-	-	-	4,661,590	4,068,640
Total anticipated inflows	10,141,308	8,790,897	-	-	-	-	10,141,308	8,790,897
Net inflow on financial instruments	9,351,899	7,905,574	-	-	-	-	9,351,899	7,905,574

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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 2019		
— +/-1% in interest rates	48,525	48,525
Year ended 30 June 2018		
— +/-1% in interest rates	46,811	46,811

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.

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 2019

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

	Note	30 June 2019 Net Carrying Value	30 June 2019 Net Fair Value	30 June 2018 Net Carrying Value	30 June 2018 Net Fair Value
		$	$	$	$
Financial assets					
Cash and cash equivalents	(i)	4,852,737	4,852,737	4,079,215	4,079,215
Trade and other receivables	(i)	626,981	626,981	643,042	643,042
		5,479,718	5,479,718	4,722,257	4,722,257
Held-to-maturity financial assets:					
– Government and fixed interest securities	(ii)	4,661,590	4,661,590	4,068,640	4,068,640
Total financial assets		10,141,308	10,141,308	8,790,897	8,790,897
Financial liabilities					
Trade and other payables	(i)	789,409	789,409	885,323	885,323
Total financial liabilities		789,409	789,409	885,323	885,323

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 2019	Level 1	Level 2	Level 3	Total
	$	$	$	$
Financial assets:				
Held-to-maturity financial assets	4,661,590	-	-	4,661,590
	4,661,590	-	-	4,661,590

30 June 2018	Level 1	Level 2	Level 3	Total
	$	$	$	$
Financial assets:				
Held-to-maturity financial assets	4,068,640	-	-	4,068,640
	4,068,640	-	-	4,068,640

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 2019

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.

	2019	2018
	$	$
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 as presenters/speakers, or for the provision of other services to ASHM:		
Gail Matthews	5,100	200
David Iser	2,860	-
Elizabeth Crock	1,600	-
Michael Burke	1,503	825
Mark Bloch	1,225	-
Penny Kenchington	1,150	6,017
James McMahon	1,100	-
Sam Elliott	550	495
Joan Ingram	487	-
Belinda Wozencroft	220	-
Bradley Forssman	106	-
Claire Italiano	-	800
	15,901	8,337

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:

Claire Italiano $0 (2018: $600)

Bradley Forrsman $106 (2018: $0)

Penny Kenchington $425 (2018: $300)

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 3 PSA House, 160 Clarence Street,
Sydney, NSW 2000

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 obligations of the company. At 30 June 2019 the number of members are 760 (2018: 796) therefore the total amount that members of the company are liable to contribute if the company is wound up is $760 (2018: $796).

These notes form part of the financial statements

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 9 to 28 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 2019 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 Bloch, MBBS, DIP FP, DIP MED HYP, M MED

Dr Nicholas Medland, MBBS; BA Hons, PHD; FAChSHM

Dated this 23rd day of September 2019, Sydney

walkerwayland

Walker Wayland NSW
Chartered Accountants

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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 Hepatitis and Sexual Health Medicine (the Company) and its subsidiary, which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity and 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.

In our opinion, the accompanying financial report of Australasian Society for HIV, Viral Hepatitis 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 2019 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.

Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for the other information. The other information comprises the information included in the company's annual report for the year ended 30 June 2019 but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

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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

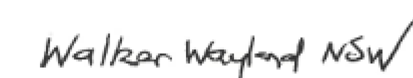
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists.

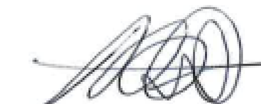
Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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 | **Wali Aziz**

Chartered Accountants | **Partner**

Dated this 24th day of September 2019, Sydney

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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 2019 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*

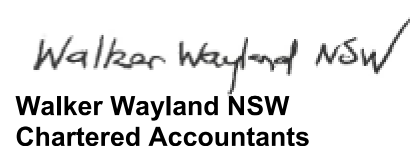
The directors of the Company are solely responsible for the information contained in the Statement of Comprehensive Income, and determined that the basis of accounting adopted is appropriate to meet their needs and for the purpose that the financial statements were prepared.

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
Chartered Accountants

Wali Aziz
Partner

Dated this 24th day of September 2019, Sydney

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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 2019

	2019 $	2018 $
REVENUE		
Donations and gifts		
- Monetary	27,109	16,906
Bequests and legacies	430,558	950,000
Grants		
- Australian	3,933,153	4,913,762
- Overseas	909,115	1,620,043
Investment income	161,436	102,048
Other income	7,205,570	5,723,040
Foreign currency gain	3,610	16,697
TOTAL REVENUE	12,670,551	13,342,496
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	288,849	512,889
- Program support costs	1,327,076	1,437,352
Fundraising costs		
- Public	1,210	2,831
- Government, multilateral and private	42,290	30,824
Accountability and administration	244,211	217,467
Total International Aid and Development Programs Expenditure	1,903,636	2,201,363
Domestic Programs Expenditure		
General office and administration expenses	179,349	170,802
Occupancy expenses	436,817	446,791
Educational programs/resources	1,408,720	2,493,925
Professional fees	57,913	94,393
Personnel expenses	3,612,175	2,409,552
Loss on disposal of assets	1,266	4,199
Depreciation	34,458	32,441
IT system development costs	154,555	106,142
Bank and merchant fees	9,690	9,035
Conference expenses	3,913,188	3,320,361
Total Domestic Programs Expenditure	9,808,131	9,087,641
TOTAL EXPENDITURE	11,711,767	11,289,004
EXCESS OF REVENUE OVER EXPENDITURE	958,784	2,053,492
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	958,784	2,053,492

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.B.N 48 264 545 457

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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

ASHM STAFF 2018–2019

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ASHM COMMITTEES 2018 – 2019

A sincere thank you to all the contributors for their time, expertise and input.

International ASHM Board Subcommittee
Nursing ASHM Board Subcommittee
Conference advisory Committee
Deadly Sex Conference Organising Committee
Queensland Expert Advisory Committee
HTLV-1 Working Group
Australasian HIV&AIDS and Sexual Health Joint Conference National Program Committee
Australasian Viral Hepatitis Conference National Program Committee
The HIV Masterclass Meeting Committee

Hepatitis C:
Hepatitis C ASHM Board Subcommittee
Australian Paediatric Hepatitis C Guidelines Committee
Hepatitis C Testing Policy Expert Reference Committee
Hepatitis C Community of Practice Advisory Panel
Treating Hepatitis C in General Practice GP Advisory Panel
Hepatitis C for NSP Frontline Workers Education Program Steering Committee
Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program Steering Committee
Hepatitis C Point-of-Care Testing Education Program Steering Committee
HCV Education Program Steering Committees

Hepatitis B:
Hepatitis B ASHM Board Subcommittee
Hepatitis B Community of Practice GP Advisory Panel
Hepatitis B Testing Policy Expert Reference Committee
Hepatitis B Clinical Standards and Accreditation Panel
Hepatitis B Clinical Standards and Accreditation Panel Course Review Working Group
Viral Hepatitis Models of Care Forum Committee
B Positive Expert Reference Group

HIV:
HIV ASHM Board Subcommittee
National HIV Standards Training and Accreditation Committee
National HIV Standards for Training and Accreditation Course Review Sub-Committee
Antiretroviral Guidelines Committee
Antiretroviral Guidelines Sub-Committee: Positive Women and Breastfeeding
Antiretroviral Paediatric Guidelines Committee
ASHM/Sydney Sexual Health Centre Clinical Education Advisory Committee
PrEP Guideline Committees
HIV Testing Policy Expert Reference Group
HIV Management in Australasia Writing Group
HIV Management in Australasia Reviewing Group

Sexual Health:
Sexual Health ASHM Board Subcommittee
STI Management Guidelines Review Committee
Contract Tracing Guidelines Review Committee

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