ashm

Annual Report 2019–2020

CEO Alexis Apostolellis with past and present ASHM Presidents at the ASHM 30th celebration.

30 Years of ASHM's Work

1988

ASHM was formed (originally The Australian Society of AIDS Physicians).

1989

Development of the first national guidelines for HIV/AIDS.

ASHM contributes significantly to the development of the first Australian National Strategy on HIV/AIDS.

The first Australasian HIV/AIDS conference is organised by ASHM.

1990

First (regional) HIV conference is organised by ASHM.

1993

Could it Be HIV? A diagnostic resource material produced for all doctors in Australia by ASHM.

1996

Managing HIV – second national resource developed by ASHM.

1999

ASHM provides significant contribution to the development of the 4th National HIV/AIDS Strategy.

ASHM provides significant contribution to the development of the first National Hepatitis C Strategy and is released by Australian Government.

ASHM leads the development of the AusAid International Strategy on HIV/AIDS.

2001

ASHM develops new resource for doctors – HIV and Viral Hepatitis: A Guide for Primary Care.

2002

ASHM begins to deliver hepatitis C training updates.

Levinia Crooks lobbies NSW Health to fund a Hepatitis C s100 Community Prescribing pilot.

Review of the Indonesian National AIDS Commission and Secretariat and 2nd National Indonesian HIV/AIDS Strategy 2003–2007.

2003

The Hepatitis C s100 Community Prescribing pilot is funded by NSW Health (includes ACT) commences.

ASHM receives funding from AusAid for training of international health practitioners in the sub-region on HIV management.

The 2003 HIV Conference includes an international and regional focus, with international speakers. 45 participants from the Asia Pacific region attend.

2004

ASHM signs contract with AusAID as part of the AusAID HIV/AIDS Partnership Initiative (AHAPI) This work initially focuses on 4 countries: Papua New Guinea, Fiji and Pacific Islands, Indonesia, Timor-Leste.

Viral Hepatitis Conference is run for the first time.

ASHM commences its international program funded through AHAPI.

2005

Australasian Sexual Health Conference is held for the first time.

The Australian Minister for Health Advisory Committee on HIV and STIs requests ASHM to facilitate the production of routinely updated commentary of the United States Department of Health and Human Services (DHHS) Guidelines for the Use of Antiretroviral Therapy in HIV-1 Infected People.

2006

ASHM International Collaboration for Health in Papua New Guinea Project is established.

2007

ASHM begins the HCV s100 Community Prescriber Education Program.

ASHM is part of the consortium to implement the AusAID Asia-Pacific HIV/AIDS Workforce Capacity Development Strategy 2007-2011.

2008

ASHM in collaboration with the Cancer Council NSW publishes the resource, B Positive – All you wanted to know about hepatitis B: A Guide for primary care providers.

ASHM is granted approval for the HCV s100 Community Prescriber Program (HCV PP) in NSW, SA, ACT and NT.

2009

ASHM participates in ETHOS 1 and facilitates the development of the monograph-hepatitis C clinical management in opiate pharmacotherapy settings.

ASHM convenes the drafting of the Third National Hepatitis C strategy and First National Hepatitis B Strategy.

ASHM expands its Viral Hepatitis Program to include hepatitis B.

The Department of Health and Ageing funds ASHM to establish an HBV clinical advisory committee to oversee the development of a national hepatitis B curriculum.

ASHM leads advocacy to PBAC for the removal of liver biopsy as essential prerequisite to hepatitis B therapy.

2011

ASHM submits a proposal to the Highly Specialised Drugs Working Party (HSWP) for the accreditation of primary care practitioners to prescribe s100 drugs for the treatment of chronic hepatitis B.

ASHM given the task of managing the National HIV and HCV Testing Policy reviews.

ASHM manages the National HCV Testing Policy reviews in 2011, 2013 and 2015.

2012

ASHM convenes a working group for development of the first National HBV Testing Policy.

ASHM International Division secures AusAID funding for the 2nd HIV, Viral Hepatitis and Co-infection Management in Asia program.

ASHM delivers first Hepatitis B: Advanced Management in Primary Care course with course materials adapted for maintenance prescribing whilst awaiting approval of GP prescribing for hepatitis B.

ASHM manages the Hepatitis B s100 Prescriber Program in NSW, ACT, WA, SA, NT, and QLD after it is approved by the HSWP in June 2012.

2013

In collaboration with the Kirby Institute, NAPWHA and AFAO, ASHM successfully makes a submission to PBAC for the removal of the <500 CD4 count restriction for prescribing HIV ART.

ASHM publishes the first National Hepatitis B Mapping Report in collaboration with the Victorian Infectious Diseases Reference Laboratory.

2014

ASHM Conference Division begins to manage the logistics for all education courses.

2015

ASHM adds by agreement of its members to its name Australasian Society for HIV Medicine to include Viral Hepatitis and Sexual Health Medicine to better reflect its work since its inception in Sexual Health and Viral Hepatitis since 1999 – still ASHM for short!

Following the work of ASHM, formal approval of GP Prescribing for hepatitis B medication commences in Australia.

ASHM obtains TGA approval for the national point of care test training program.

ASHM develops the position statement: Access to interferon-free DAA hepatitis C treatment.

2016

ASHM Queensland office opens.

A PBAC submission to expand initiation of DAAs to include accredited HCV s100 prescribers and other experienced medical practitioners and experienced nurse practitioners is tendered by ASHM and approved in mid-2016.

ASHM collaborates with the International Network on Hepatitis in Substance Users (INSHU), to develop an education and training program for healthcare workers in drug and alcohol clinics to improve knowledge about hepatitis C management and prevention among People Who Inject Drugs (PWID).

Levinia Crooks leads the ASHM submission in response to the DoH tender for Activity 4 (Health resources for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) communities – community education and health literacy addressing BBV and STI) and the tender for Activity 5 (Addressing systemic barriers and stigma and discrimination to increase access to the health system by people at risk of or living with HIV, hepatitis B and hepatitis C).

2017

DFAT funds Sexual and Reproductive Health Integration Project in Papua New Guinea.

The Australian HIV Pre-exposure Prophylaxis (PrEP) Clinical Guidelines of ASHM are published in the Journal of Virus Eradication. These guidelines are updated in 2018 to indicate the changes to the Pharmaceutical Benefit Scheme (PBS) listing of PrEP treatments, and again in 2019.

2018

In collaboration with the World Health Organisation (WHO) Collaborating Centre for Viral Hepatitis, Peter Doherty Institute for Infection and Immunity, Victorian Infectious Diseases Reference Laboratory, ASHM publishes the first National Hepatitis C Mapping Report.

2019

ASHM facilitates the development of the Australian HCV Paediatric Guidelines.

2020

ASHM's Taskforce on BBVs, Sexual Health and COVID-19 is established.

BBV, Sexual Health and COVID-19 Regional Advisory Group is established.

Developing a Sustainable HIV, Viral Hepatitis, and Sexual Health Workforce

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

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.

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).

Contents

President Report
A/Professor Mark Bloch

ASHM has always operated within a sector prone to rapid change, but 2020 has proven to be a uniquely trying year. COVID-19 has only added to the workload for professionals and taken oxygen from ongoing discussions surrounding policy and practice in healthcare.

ASHM has risen to the challenges posed by COVID-19 by creating the Taskforce on BBVs, Sexual Health and COVID-19, chaired by Associate Professor Edwina Wright and supported by over 100 colleagues in our sector, done so on an entirely voluntary basis. The Taskforce has continued to receive well-deserved praise within the sector for providing up to date and useful guidance.

> "The organisation has also been on the cutting edge of innovation in the delivery of online education and events. I expect the lessons learnt from this process will have a lasting impact on ASHM's efforts even when face to face events become more feasible.."

I have also been happy to see the increased effort being put into reaching out to and communicating with members. While membership represents a small portion of ASHM's income, it is a vital tool for gauging its impact on the sector and reaching out to those who rely on its services.

Recognition and care for people in Aboriginal and Torres Strait Islander communities remains essential and ASHM's efforts in education and the study of HLTV-1 are a promising start. Further engagement with these communities will be an essential part of addressing Indigenous health inequities.

I am also proud of the achievements our advocacy work, including expanded access to hepatitis C treatment and the introduction of s100 highly specialised drug prescribing by Nurse Practitioners — both outcomes are the result of years of ASHM-led advocacy.

Discrimination and stigma remain pervasive and at times intractable barriers to prevention and treatment services, made more unacceptable where they occur in health services; ASHM's contributions in this regard remain critical and a focus for ongoing work.

Finally, as I hand over the role of Board President, I remain heartened to see ASHM adapt to the tragic passing of Levinia Crooks. In her stead we have a strong and focused Board of Directors, complemented by a talented and dedicated Executive Team.

Congratulations to the broader ASHM family for passing the milestone of their 30th birthday in such fine form. With COVID-19 likely to remain on the horizon for the year to come I look forward to seeing ASHM continue to adapt to and help define the 'new normal'.

CEO Report
Alexis Apostolellis

My second year as CEO has certainly challenged any hope of business as usual and moving forward our strategic plan as initially anticipated. We have all felt the impact of COVID-19 in some way and ASHM is no different. However, the ASHM Taskforce and Regional Advisory Group with its many selfless contributors developed 14 guidance documents and delivered eight webinars to help provide the necessary support to the sector. ASHM has strived to deliver on its mission and strategic plan regardless through adaptation and innovation including the rapid conversion to online delivery of education courses proving to be tremendously successful and often reaching new audiences with the advantages of a virtual platform.

Understandably, the Australasian Viral Hepatitis Conference scheduled for August 2020 could not take place but is now planned for Brisbane in May/June 2021. This will be an opportunity for our sector to re-commit to the elimination of hepatitis C and the improved management of chronic hepatitis B despite the challenge of COVID-19 impacting those collective goals.

The Joint Australasian HIV&AIDS and Sexual Health Conference in Perth at the end of 2019 seems a distant memory, reinforced by the fact that this year will be the first time a physical meeting of this nature has not happened in ASHM's history. Regardless the sector will remain connected through the incredible efforts of ASHM's Conference Team supporting and guiding the National Program Committee to host our inaugural Virtual Conference in November 2020.

We remain confident that the knowledge exchange will be fruitful, albeit different to what we are used to. ASHM is excited to be arranging this, and we have been encouraged by the enthusiastic and committed response from the Australian HIV and sexual health sectors to these adaptations relying on effective, open collaboration between community, clinicians, policy makers and researchers.

This year we were delighted to receive the positive outcome by the PBAC of some ASHM led advocacy resulting in the inclusion of Nurse Practitioners to prescribe s100 medicines for HIV, hepatitis B and hepatitis C. We thank all our partners involved in this advocacy and a tremendous victory for broader access for patients.

ASHM this year embarked on a journey to formally commit and advance reconciliation. We have successfully submitted a Reconciliation Action Plan (RAP) to Reconciliation Australia and will be working with their guidance to strengthen and formalise a more comprehensive and culturally inclusive Indigenous health program over the coming year.

ASHM continues to work on strengthening its offerings to members both on an individual and organisational level. We relaunched our Honorary Life Membership awards at the ASHM 30th birthday celebration and this recognition was awarded to A/Professor Catherine O'Connor, Professor Jennifer Hoy and Clinical Nurse Consultant Sue Mason, in recognition of their distinguished achievements in furthering the Objects of the ASHM Constitution.

ASHM has strengthened ties and collaboration with INHSU and looks forward to an expanded reach in the global workforce's education and knowledge.

On behalf of the team, I would like to thank everyone who has contributed their time, knowledge, and partnership to our work. ASHM could not have produced the work and outcomes we detail within this report without the collaboration, partnership and connection that sustains us. We look forward to moving into our fourth decade continuing to work with you, our sector partners in the region and abroad. In addition, I would like to especially thank our outgoing ASHM Board President A/Professor Mark Bloch for his unwavering commitment and guidance through a challenging transition for ASHM. We all look forward to our next chapter and welcome Dr Nick Medland in the presidency role.

Celebrating 30 years of ASHM's contributions

As we enter our fourth decade, we reflect on the past 30 years with Professor Basil Donovan

ASHM's achievements over the last 30 years would not have been made possible without its members and their generosity of time, input, and expertise.

Professor Basil Donovan has been part of this journey from the very beginning. As a pioneer of sexual health research in Australia (being appointed to the country's first ever academic post in the discipline), he is one of ASHM's longest standing members, as well as being one of a group of physicians responsible for the birth of ASHM.

During the early years of the HIV epidemic, the community-based health promotion response was consumed with dealing with the ever-increasing rumours and speculation occurring within both the gay community and amongst healthcare professionals themselves.

Speculation occurred not only about the aetiology of HIV, but its mode of transmission and the best way to manage people living with the disease. This predicament exposed the urgent need for an evidence-based training mechanism for doctors and other health professionals, on best approaches to help patients manage their disease – including diagnostic criteria and therapeutic measures.

"… the original objective was research. However, by the end of the 80's we were getting pretty tired and we needed mechanisms for formal training [of healthcare professionals] and accreditation and hence ASHM was born".

Basil describes the early years of ASHM as not only just about training and accrediting health professionals but as an act of 'self-defence' – "because essentially the healthcare professionals in the health system are the most vulnerable people".

During those early years, discrimination was not only coming from the general public but from hospital administrators. Discrimination was rife against migrants and sex-workers and "everyone was talking about the 'drug injectors".

> "[ASHM] really gave us the means of batting for our clients"

"Education was always a theme from the beginning however it took a decade for it to get up to full speed…[what] became a game-changer was when ASHM became the body that accredited health professionals to prescribe antiviral drugs".

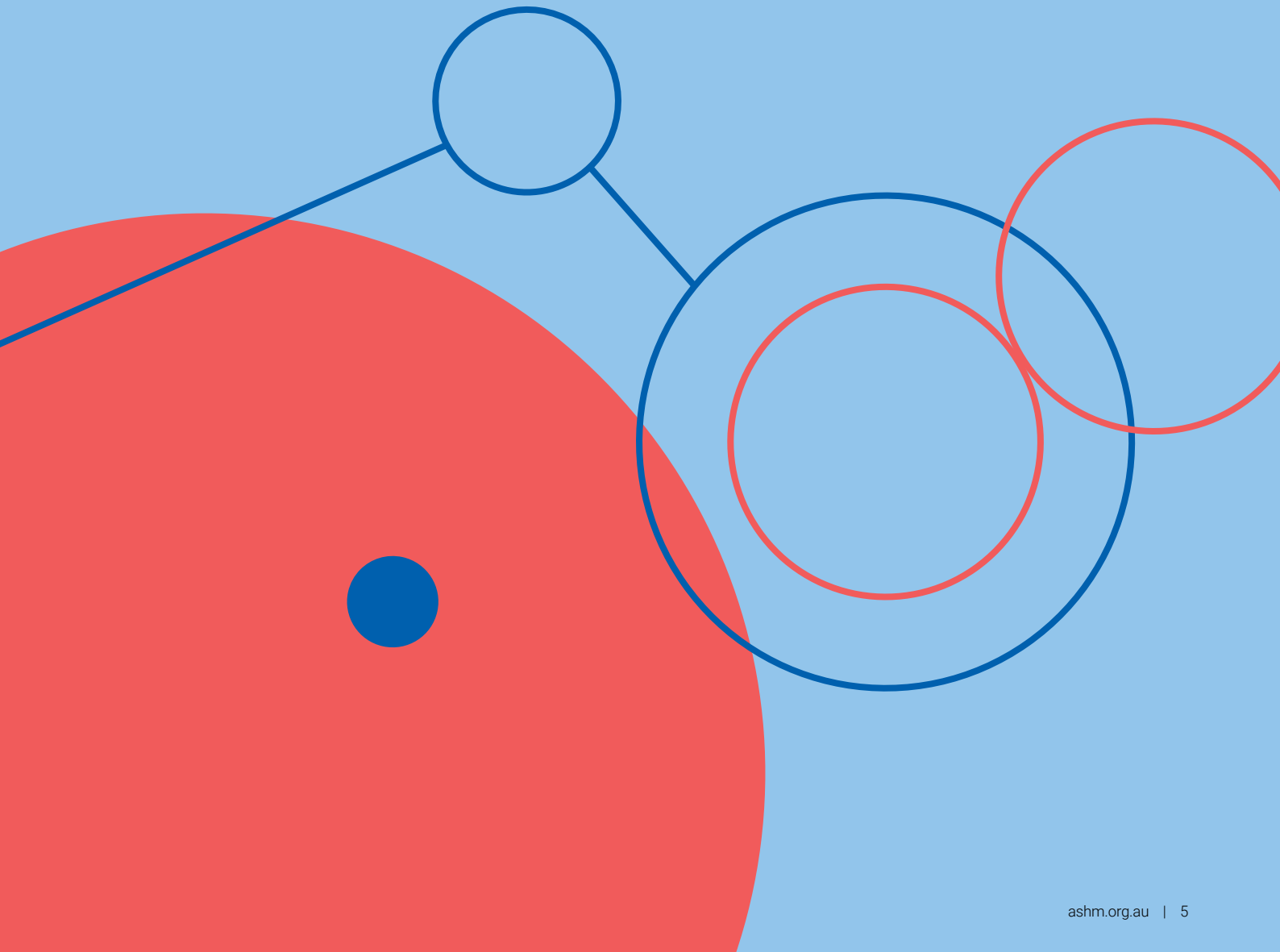
Within the first 2 years of ASHM's existence, the organisation was responsible for developing the first national guidelines for HIV&AIDS (treatment, care, and management) and contributing to the development of the first Australasian national strategy for HIV&AIDS. During 1989, ASHM organised the first Australasian HIV&AIDS Conference, which became a major focal point of the Australian national HIV response.

Those early years were not just about educating, they were also about influencing and lobbying. Basil described the focus of the organisation during the first decade was to be 'political'.

"HIV was a very political disease for the first decade… Our patients were dropping like flies and we were trying to get drugs for our patients… We needed a body to speak for us… To get access and speed up the approval process of those drugs".

Thirty years later ASHM has evolved even further as a leading public health organisation within Australasia and the region. ASHM is still heavily involved in health promotion through advocacy, policy and resource development and the training of the health workforce in HIV, other BBVs, sexual and reproductive health – "ASHM has always punched above its weight on influencing the health system!".

COVID-19 Taskforce



COVID-19 Taskforce

"The ASHM COVID-19 Taskforce assembled in March 2020 to support the healthcare workforce looking after people living with, or at risk of HIV, viral hepatitis, and sexually transmitted infections in Australasia. There were 3 main components to the Taskforce: a core group developing guidance notes and advisories; a regional group and a group examining in more detail the implications of COVID-19 on sexual health. The Taskforce comprised over 150 members (including the Regional Advisory Group chaired by Nick Medland) with expertise in basic science, clinical care, social science, epidemiology, community representation and lived experience. The Taskforce was supported by a vibrant and tireless ASHM secretariat and was co-chaired by ASHM's brilliant Deputy CEO, Scott McGill. To date the Taskforce has produced a number of documents and webinars that address several areas which are of ongoing importance including mental health for healthcare workers and their patient populations, justice health, migrant health, Indigenous health, the evolving role of telehealth, women's health, sexual health, casual sex and harm reduction, and the natural history of COVID-19 in populations living with HIV and viral hepatitis. It has been a privilege to have chaired this Taskforce and to have experienced such tremendous camaraderie with its members, as we all turned to face this pandemic."

A/Professor Edwina Wright
Chair, ASHM COVID-19 Taskforce

Our COVID-19 Taskforce Bulletin

The ASHM COVID-19 Taskforce on HIV, Viral Hepatitis, and Sexual Health was established in March to provide the workforce in the blood borne virus (BBV) and sexual health sectors with evidence and guidance on scientific, clinical, treatment, prevention and research aspects of COVID-19 in relation to those living with, or at risk of, BBVs and people in need of sexual health care.

The development of evidence and guidance produced by the Taskforce was guided by continuous input from the workforce, collected via surveys, email correspondence, regular consultation with key stakeholders and anecdotal feedback.

We met regularly to triage topics and identify lead coordinators to produce relevant and timely outputs. This has resulted in eight webinars and 14 guidance documents to 30 June 2020. The Taskforce communicated outputs through a fortnightly bulletin (weekly until 18th June 2020). There have been 14 editions of the bulletin published to 30 July 2020, distributed to approximately 12,000 recipients. In addition, there were 32,859 visits to the Taskforce website with 80% unique views.

The breadth of work we have undertaken from the Taskforce's inception has been commendable, as has our ability to maintain relevance and timeliness to the sector given the ever-evolving nature of the COVID-19 response.

Refer to the Taskforce website at: https://ashm.org.au/covid-19/ for further information.

Governance

"ASHM values its relationship with the private sector (including pharmaceutical and diagnostic companies) and acknowledges their critical role in the achievements of our sector. We are also grateful for their continued financial support to a number of our activities including educational events in New Zealand, across our region as well as further afield in Europe and North America as well as ongoing sponsorship to our conference program (including continued support to virtual platforms as we adapt to the changing environment due to COVID-19).

ASHM maintains a clear policy of not endorsing any products or services, ensuring that educational events are not influenced in content or tone, and that our overall portfolio from such sources remains below 10% of our total income.

More information on our policy can be found here: https://ashm.org.au/about/governance/."

Alexis Apostolellis,
CEO

Business Resilience in the Face of COVID-19

Along with most organisations, the recent COVID-19 pandemic has caused us to rely more on our governance framework to help achieve an effective and timely business response. It is therefore appropriate to reflect on the core components of our governance framework that enabled this response.

Central to that governance framework is:

- our constitution, which provides rules on the membership of ASHM and how the organisation is to be governed by an elected independent Board of Directors
- the operation and decision making of the Board and its relationship with the CEO and our Senior Management Team. This is expressed primarily through the interaction of the President and the CEO, our schedule of delegations, the Board and the Board committee structures as well as the decision making of the Board, the CEO, and the Senior Management Team

The effectiveness and efficiency of the above were (and remain) key to our success in acting quickly to the significant impacts that COVID-19 had on our business operations and service delivery model.

We also have a well-rounded and mature governance structure. As well as ensuring compliance with the minimum governance standards required by the Australian Charities and Not for Profit Commission (ACNC), we use the not for profit governance model recommended by the Australian Institute of Company Directors. This model has ten core principles which deals with areas such as business strategy and planning, board composition and effectiveness assessments, risk and compliance management, transparency and engagement and culture.

We have developed our own governance charter which assesses each of these ten principles and ASHM's response to each, including any areas that require improvement.

Key to our success in the response to the COVID-19 pandemic were our disaster recovery and business continuity planning processes, as follows:

- We already enabled mobile working via the provision of laptops, mobile phones, and an existing framework for staff to work from home following the complete transaction to cloud computing. The requirement for staff to work full time from home therefore proved relatively seamless.
- Whilst a pandemic was a scenario envisaged in our business continuity plan, the nature and scale of this COVID-19 pandemic meant that reliance was largely placed on the experience of managers and staff, as well as speedy and effective decision making by the Board, the committees and the Senior Management Team, as noted above.

Whilst COVID-19 has highlighted areas of improvement in our governance framework, it has also proved the robustness of its core components.

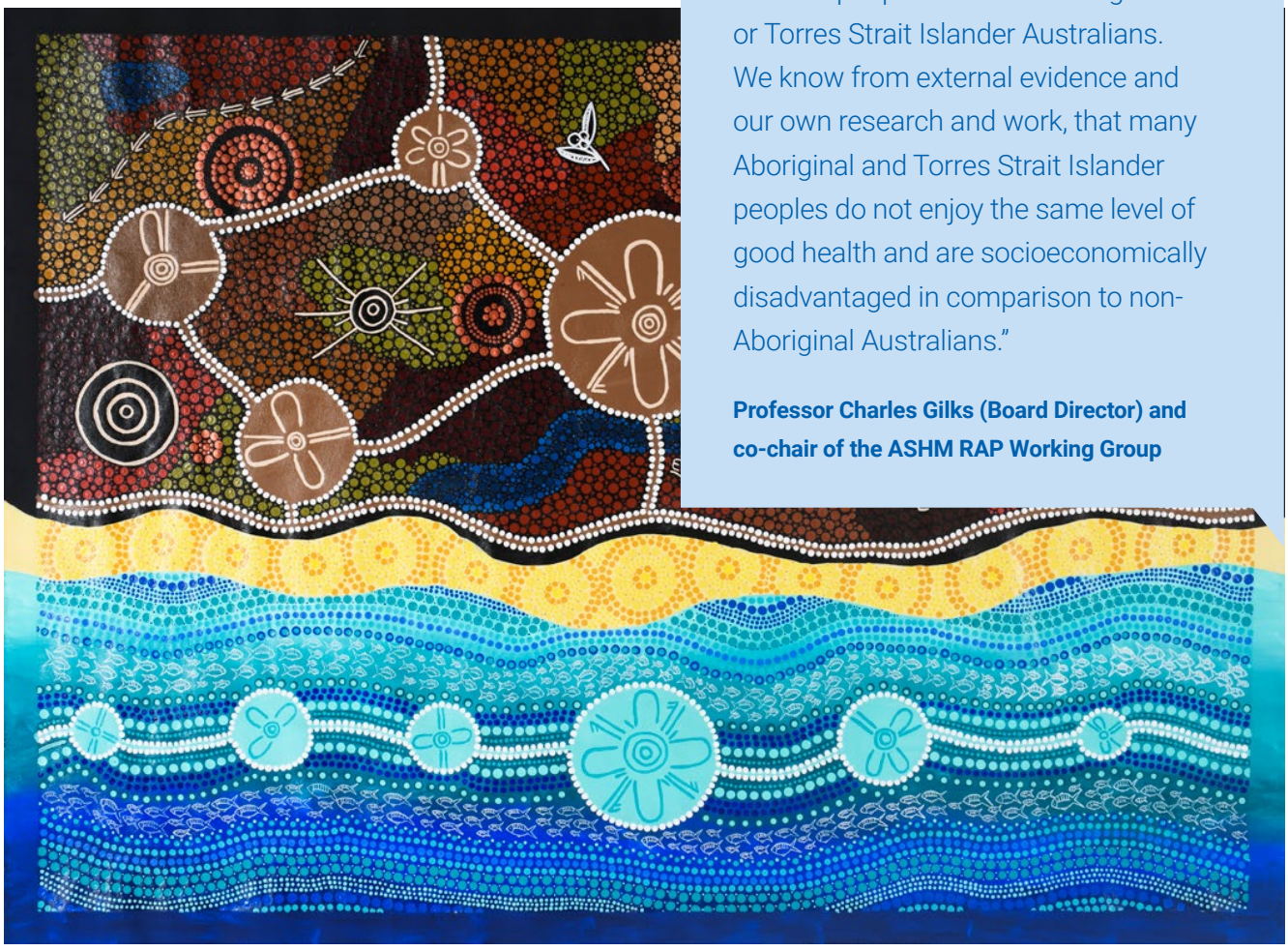
Our Journey Towards Reconciliation

Our commitment to developing a Reconciliation Action Plan (RAP) commenced in late 2019.

We engaged a RAP working group with representation from across our teams, the ASHM Board and two Aboriginal external stakeholders/consultants. The working group developed a Reflect RAP including 17 unique actions to drive our organisation's contribution to reconciliation both internally and in the communities in which we work across Australia. We submitted our RAP to Reconciliation Australia in July 2020 and are currently waiting for endorsement.

"Our vision for reconciliation is that the Aboriginal and Torres Strait Islander peoples of this country will be restored to a place of equity, dignity, and respect. Our RAP is an agreed strategy on how ASHM intends to contribute to reducing inequities in living standards and health outcomes between Aboriginal and Torres Strait Islander peoples and non-Aboriginal or Torres Strait Islander Australians. We know from external evidence and our own research and work, that many Aboriginal and Torres Strait Islander peoples do not enjoy the same level of good health and are socioeconomically disadvantaged in comparison to non-Aboriginal Australians."

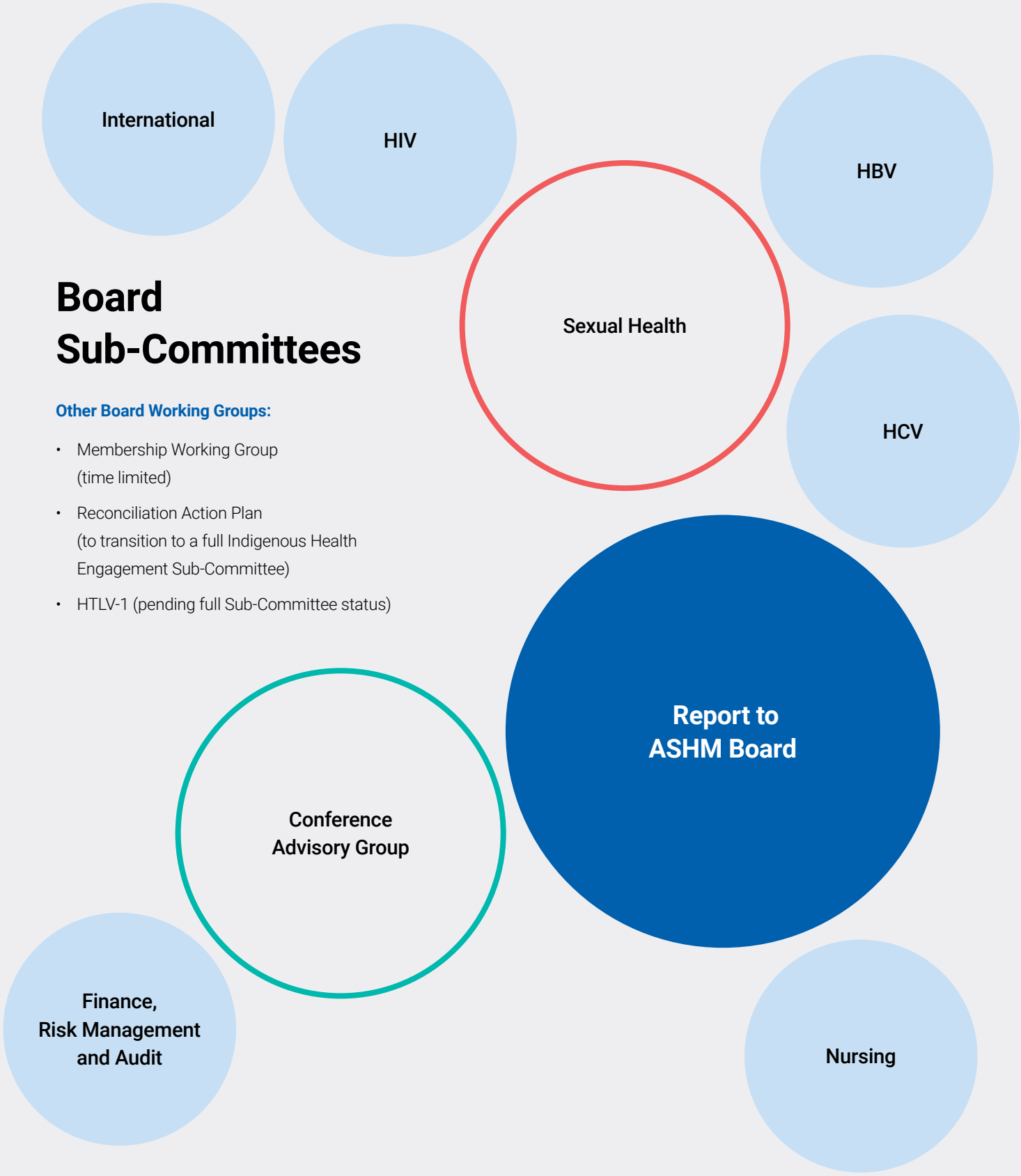
Professor Charles Gilks (Board Director) and co-chair of the ASHM RAP Working Group



"Wiyunggir" Cleverman.
"The artwork I have created for ASHM represents our old ways, our Lore and our traditional medicine, embedded into the modern life of today's, Lore (law) and medicine."

Bianca Monaghan, Bundjalung, Family from Baryulgil.

Board Sub-Committees



Other Board Working Groups:

- Membership Working Group (time limited)
- Reconciliation Action Plan (to transition to a full Indigenous Health Engagement Sub-Committee)
- HTLV-1 (pending full Sub-Committee status)

Roles and Responsibilities

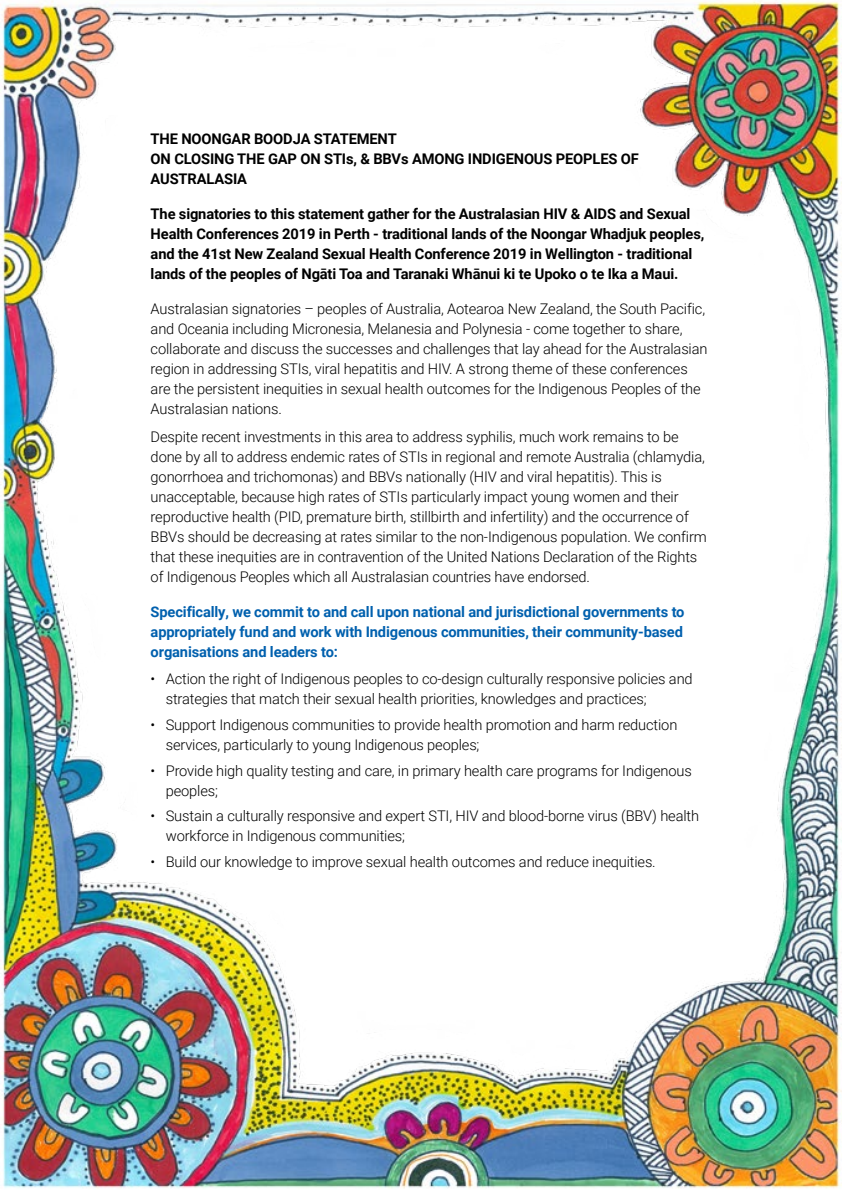
- Include Board representatives; ASHM staff, clinical advisors and members/ other volunteers
- Allow for detailed discussion of issues and review of relevant components of the Strategic Plan

- Support ASHM staff in sector leadership, engagement
- Support proactive and future thinking
- Support strategic action planning and track indicators/ work-planning

The Noongar Boodja Statement

The Noongar Boodja Statement on Closing the Gap on STIs and BBVs Among Indigenous Peoples of Australasia was launched at our Joint Australasian HIV&AIDS and Sexual Health Conferences in Perth in September 2019.

The statement calls for governments to commit to supporting Indigenous peoples to co-design culturally responsive policies and strategies that match their sexual health priorities, knowledges and practices.



THE NOONGAR BOODJA STATEMENT
ON CLOSING THE GAP ON STIs, & BBVs AMONG INDIGENOUS PEOPLES OF AUSTRALASIA

The signatories to this statement gather for the Australasian HIV & AIDS and Sexual Health Conferences 2019 in Perth - traditional lands of the Noongar Whadjuk peoples, and the 41st New Zealand Sexual Health Conference 2019 in Wellington - traditional lands of the peoples of Ngāti Toa and Taranaki Whānui ki te Upoko o te Ika a Maui.

Australasian signatories – peoples of Australia, Aotearoa New Zealand, the South Pacific, and Oceania including Micronesia, Melanesia and Polynesia - come together to share, collaborate and discuss the successes and challenges that lay ahead for the Australasian region in addressing STIs, viral hepatitis and HIV. A strong theme of these conferences are the persistent inequities in sexual health outcomes for the Indigenous Peoples of the Australasian nations.

Despite recent investments in this area to address syphilis, much work remains to be done by all to address endemic rates of STIs in regional and remote Australia (chlamydia, gonorrhoea and trichomonas) and BBVs nationally (HIV and viral hepatitis). This is unacceptable, because high rates of STIs particularly impact young women and their reproductive health (PID, premature birth, stillbirth and infertility) and the occurrence of BBVs should be decreasing at rates similar to the non-Indigenous population. We confirm that these inequities are in contravention of the United Nations Declaration of the Rights of Indigenous Peoples which all Australasian countries have endorsed.

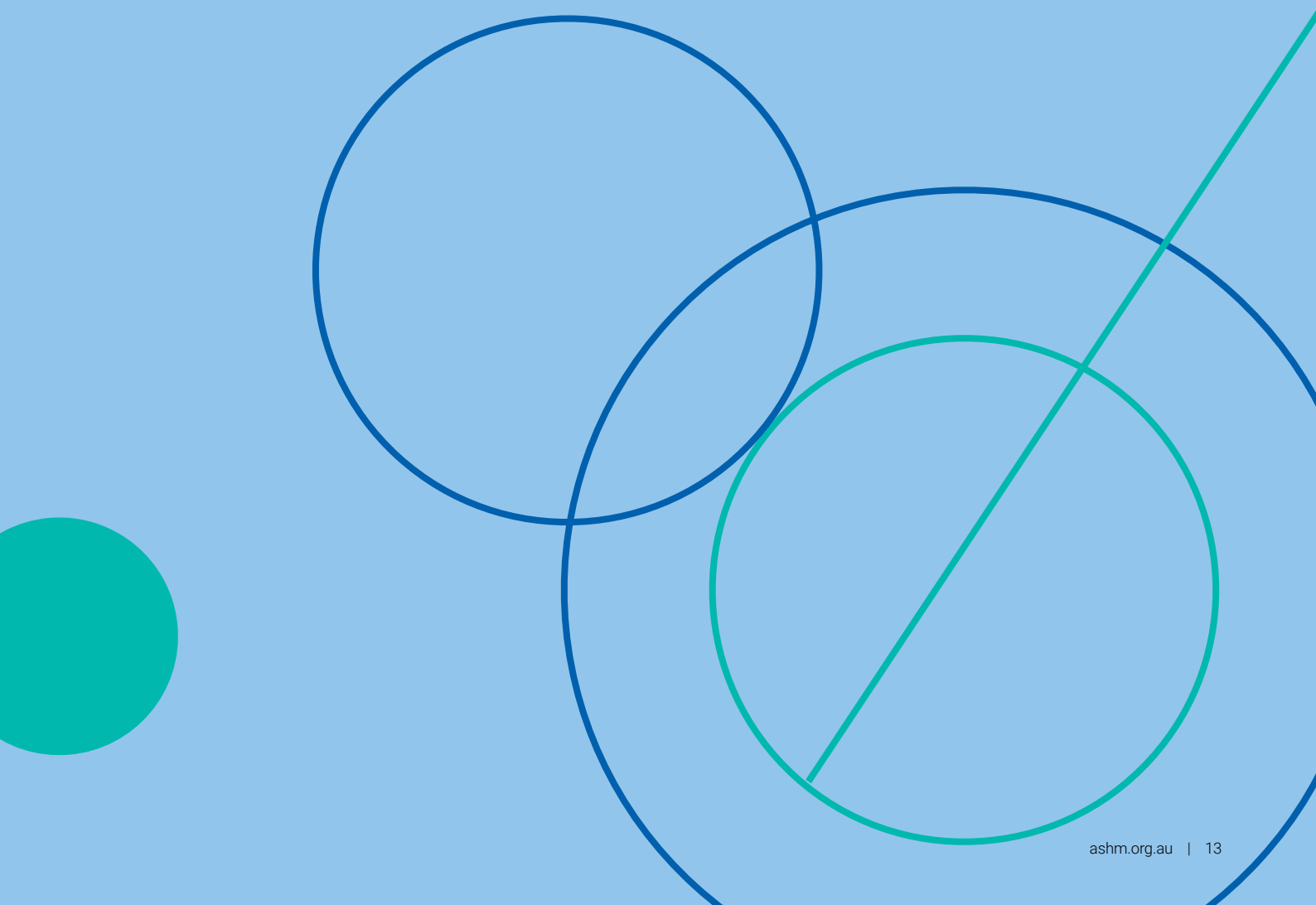
Specifically, we commit to and call upon national and jurisdictional governments to appropriately fund and work with Indigenous communities, their community-based organisations and leaders to:

- Action the right of Indigenous peoples to co-design culturally responsive policies and strategies that match their sexual health priorities, knowledges and practices;
- Support Indigenous communities to provide health promotion and harm reduction services, particularly to young Indigenous peoples;
- Provide high quality testing and care, in primary health care programs for Indigenous peoples;
- Sustain a culturally responsive and expert STI, HIV and blood-borne virus (BBV) health workforce in Indigenous communities;
- Build our knowledge to improve sexual health outcomes and reduce inequities.

"Driven by the leaders in Australasia's Indigenous BBV and STI response, in collaboration with ASHM, the statement received almost 300 signatures in support of its core principles."

Professor James Ward

Membership



Our Members Matter

For the last 30 years members have been at the heart of ASHM's work, legacy, history, and identity. With a membership base of 6,000 committed professionals located within Australia, New Zealand and across the region, we continue to represent a significant proportion of the BBV and sexual health workforce.

"Our members are the people who make ASHM what it is: a leader in the Australasian response to HIV, viral hepatitis and sexual health and the voice of thousands of those at the forefront of this vital work."

A/Professor Mark Bloch,
ASHM President 2017-2020

We continue to rely on our members and their wide range of skills and knowledge to support work within the sector. Our members not only contribute to the delivery of our key resource's and education, but they are also often speakers at ASHM conferences and important advocates for the sector.

Our Dedicated Membership Brings to ASHM the Knowledge, Energy, and Expertise We Require to Achieve Our Mission.

The 2019 HIV and Hepatitis B Prescriber Surveys suggest that the main drivers for membership renewal are professional recognition, continuing professional development and providing support to both ASHM and the sector.

What is New for Membership?

This year saw the implementation of pro-rata membership fees, offering new members the flexibility of joining at any time during the year. Membership fees are now calculated from the date a membership application is received and are not limited to the financial year renewal period.

We are also delighted to introduce our new Membership Prospectus that provides a comprehensive and detailed overview of ASHM membership, our partners, activities, and achievements.

We offer our members many practical and valuable opportunities relating to their professional development, education, networking, and important recognition of their work within the sector. By recognising the diversity that exists within our membership base, we now offer several new membership categories, which are tailored to the various types of professionals we represent.

Our new pharmacy membership category offers a 50 percent discount on Ordinary Membership fees and reflects the vital role these frontline healthcare professionals play in patient care within the HIV, viral hepatitis, and sexual health sector. For the last 5 years community-based pharmacists have been in a key position to raise awareness, provide education and assist people living with HIV and viral hepatitis. As a trusted health professional, pharmacists serve as an essential liaison between patients and other members of their multi-disciplinary team.

As an organisation, we recognise that not only are Aboriginal and Torres Strait Islander peoples disproportionately affected by BBVs and STIs, but have previously been underrepresented in our membership cohort. With the initiation of our Reconciliation Action Plan and the introduction of our new Aboriginal and Torres Strait Islander Health Worker membership category, we aim to significantly improve their representation within our membership program.

ASHM Membership Prospectus

Growing Our Organisational Partners

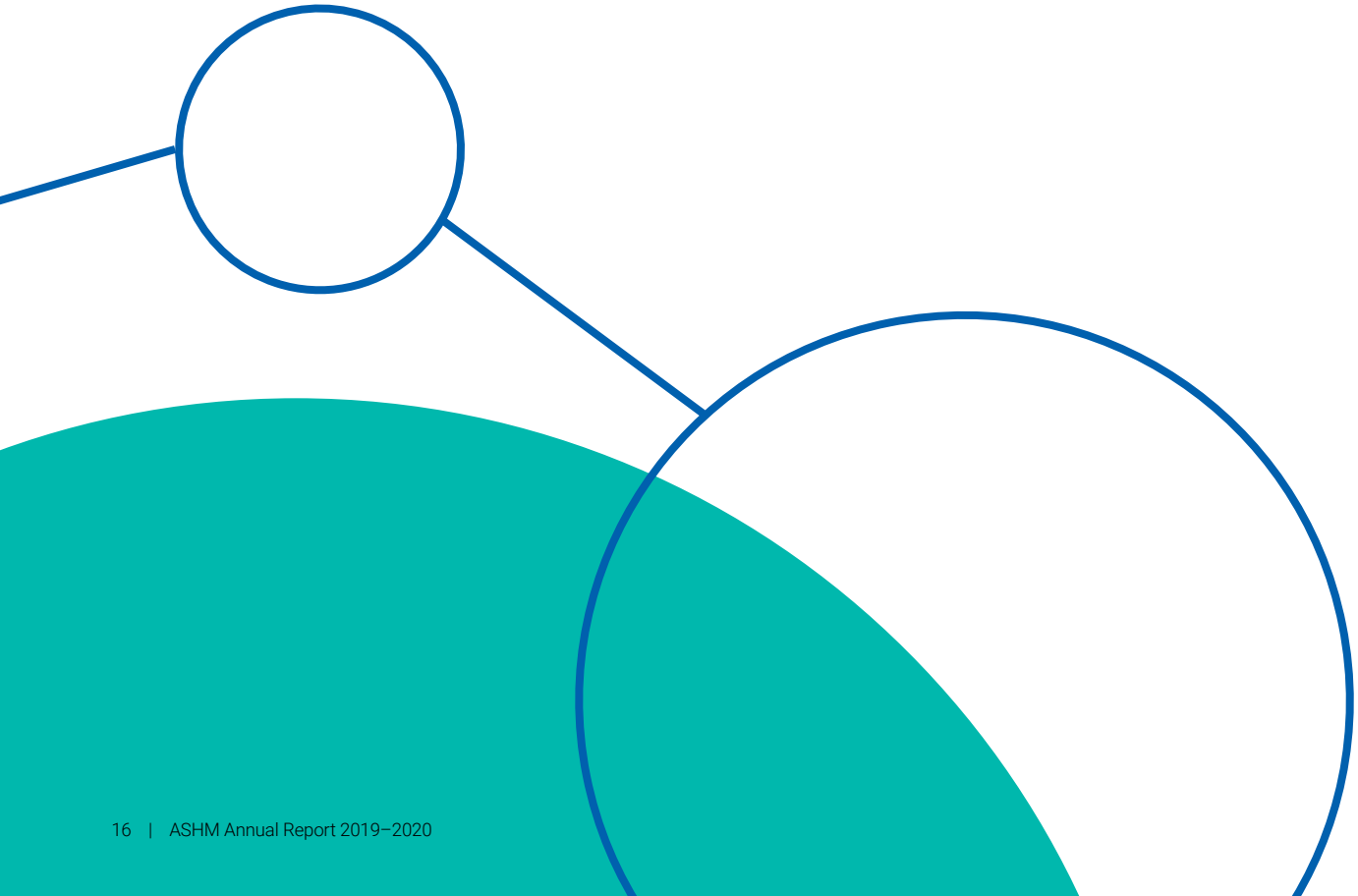
A goal for this year was to expand our Organisational Sustaining Membership Program, targeting organisations who share the same vision for the future including Aboriginal and Torres Strait Islander Healthcare Organisations.

Over 60 Organisational Sustaining Members ensures enduring leadership, through advocacy, policy direction, direct action, and workforce capacity building.

The Organisational Sustaining Membership Program strives to be inclusive, drawing together a range of professions from within the sector including community, research, clinical, allied health, and the private industry.

Our Newest Members Include:

- Sexual Workers in HIV (SWHIV)
- The Practitioners Association in Sexual Health and HIV; Network, Education and Training (PASHNET)
- The Australian Professional Association for Trans Health (AusPATH)
- Cairns Sexual Health (CSH)
- Wuchopperen Health Service
- Northern Territory AIDS and Hepatitis Council (NTAHC)
- Australian Indigenous HealthInfoNet
- Australian Indigenous Doctors Association (AIDA)



Policy and Advocacy

Overview

Over the past three decades, our work has centred on fighting for meaningful policy change, and has played a key role in making the Australasian BBV response one of the best in the world.

Our policy work is embedded in everything we do, through our strong connections to our members and partners across the BBV and sexual health sector.

We know the issues that are important to our sector because ASHM's work has always been driven by the workforce we represent.

2019–20 saw the continuation of long-running campaigns to improve treatment access for viral hepatitis and to expand the role of Nurse Practitioners in the treatment and management of BBVs. Significant achievements in both areas have meant real change for our workforce and for people affected by BBVs. This year has also marked the beginning of the COVID-19 pandemic, and through ASHM's Taskforce on BBVs, Sexual Health and COVID-19, we have continued to ensure BBVs and sexual health are not forgotten during this global health crisis.

Improving Access to Treatment for Hepatitis C

We have a long history of working to improve access to hepatitis C treatment in Australia, as a key agency advising the Pharmaceutical Benefits Advisory Committee (PBAC) on hepatitis C prescribing, treatment, and care.

In 2019–20, ASHM's and our sector partners' work culminated in some significant changes to improve health outcomes for people living with hepatitis C.

On 1 April 2020, several key changes to the Pharmaceutical Benefits Scheme (PBS) came into effect. The requirement to provide the hepatitis C virus genotype prior to commencing treatment was removed, significantly streamlining the treatment process, and reducing the time from diagnosis to treatment. The population criteria regarding age was also removed, allowing hepatitis C treatment to be prescribed for patients under 18 years.

Improved access for hepatitis C treatment has also resulted from our advocacy for the expansion of Nurse Practitioner (NP) prescribing. While NPs were already able to prescribe treatment for hepatitis C in community settings, the April 2020 changes to treatment access have allowed NPs to prescribe s100 medicines in custodial settings for the first time, improving access to treatment for incarcerated people around the country.

Nurse Practitioner s100 Highly Specialised Drugs Prescribing

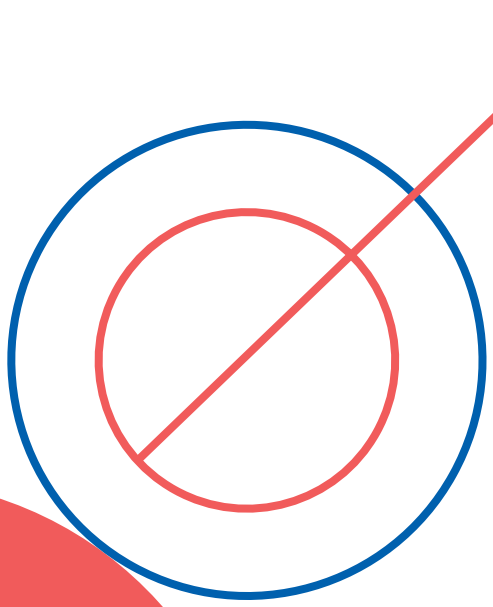
In April 2020, following years of advocacy by ASHM in collaboration with Australia's nursing and community sectors, changes to the Pharmaceutical Benefits Scheme (PBS) have allowed trained and accredited Nurse Practitioners to prescribe s100 medicines for hepatitis B and HIV treatment in the community and hepatitis C treatment in custodial settings, for the first time. This landmark change is the result of a years-long campaign led by ASHM in collaboration with nurse and community partners, and is vital in expanding access to treatment and care for people with BBVs, recognising and utilising the skills and expertise of NPs in Australia.

NP s100 prescribers across Australia are now able to prescribe treatment to complement the holistic care they provide for patients with BBVs in a range of settings.

In particular, NP prescribing is benefiting vulnerable patients including those in remote and regional areas, those experiencing homelessness, and those in Aboriginal and Torres Strait Islander communities. NPs are now able to integrate s100 prescribing into patient management, reducing delays in treatment and overall barriers to care. NPs have responded positively to the change, with two already accredited as hepatitis B s100 prescribers, one accredited as a HIV prescriber, and almost 20 more progressing through the training and accreditation processes for both courses.

"By having the ability to prescribe s100 medications as a NP it enables me to provide holistic care and management to my patients, including treatment options. Discussions and decisions relevant to treatment options can occur as part of patient management, with potential treatment commencement evolving from those discussion/decisions."

Tracey Jones, Hepatology NP, Justice Health and Forensic Mental Health Network, NSW



2019-2020 Highlights

Mandatory Testing

In recent years, a number of Australian jurisdictions have proposed and adopted stigmatising laws that allow an alleged perpetrator of an assault against an emergency services worker to be forcibly tested for BBVs. In 2019–20 this issue again came to the fore, with proposals for new mandatory testing laws surfacing in both Western Australia and New South Wales.

While the laws have been framed as providing 'peace of mind' to frontline workers who may have been exposed to a BBV, we have led the charge with evidence-based arguments to policymakers in government that these draconian measures do exactly the opposite, spreading misinformation and exacerbating stigma.

Updates to the RACGP Red Book

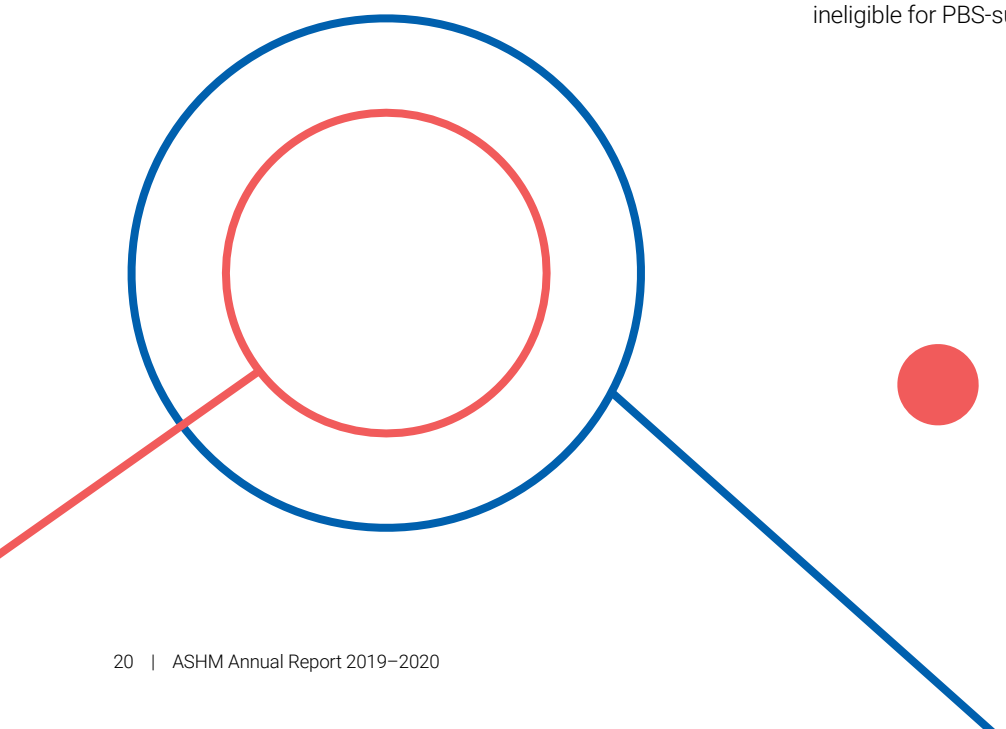
The RACGP *Guidelines for preventive activities in general practice*, also called the 'Red Book', is widely accepted as the main guide to the provision of preventive care in Australian general practice.

Over the past few years, we have advocated for the inclusion of testing for viral hepatitis, immunisation for hepatitis B and treatment of hepatitis C as key methods of liver cancer prevention. While the newest edition of the Red Book remains forthcoming, we continue to be a key source of input for the RACGP on updating this important and influential resource for the greater inclusion of BBVs.

Hepatitis B Treatment Access

In August 2019, the Pharmaceutical Benefits Advisory Committee (PBAC) accepted our recommendation to expand access to antiviral treatments for hepatitis B for patients in the third trimester of pregnancy and up to 12 weeks post-partum, to prevent parent-to-child transmission.

This change is part of our ongoing advocacy to expand access to treatment for viral hepatitis and represents a significant win for patients with hepatitis B previously ineligible for PBS-subsidised antiviral therapy.



Victorian Review into the Decriminalisation of Sex Work

As part of a wide-ranging review examining models for decriminalising sex work in Victoria, we were approached by the Victorian Government to provide expert advice on BBV and STI management in sex work settings.

Working closely with our partners at Scarlet Alliance – Australian Sex Workers Association, Australia's national sex worker organisation – we made the case that a decriminalisation model should recognise the long-standing achievements of sex workers themselves to manage STI and BBV transmission risk. The meaningful involvement of affected communities is core to our work, and this review strengthened our support for sex worker-led regulatory approaches to sex work in Australia.

Hepatitis B and Immigration

In early 2020, the Department of Home Affairs made changes to the health assessments for permanent visa applications to Australia, increasing the cap for applicants' 'significant costs' to the healthcare system from $40,000 over a lifetime to $49,000 over 10 years.

While this change may allow some applicants with chronic hepatitis B to meet the health requirement for a visa without the need for a health waiver, treatment choice is critical in whether the threshold is met. Responding to this change, we updated our Hepatitis B and Immigration resource to provide advice to clinicians.

Expanding the Scope of Care for Healthcare Workers with BBVs

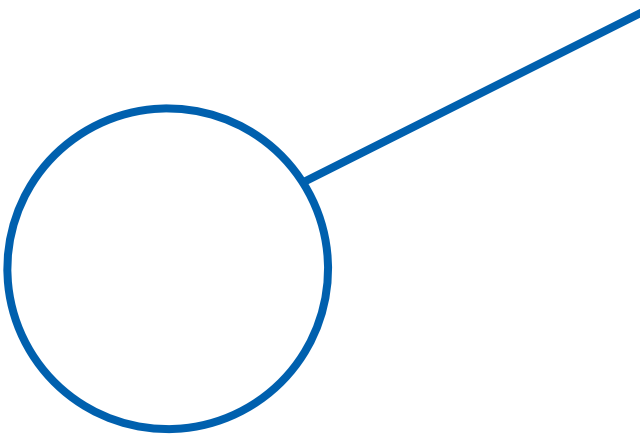
We were a key source of information and advice for the most recent update by the Communicable Diseases Network Australia to their guidelines relating to healthcare workers living with a BBV who perform exposure-prone procedures (EPPs) for BBV transmission.

Previously, some healthcare workers living with a BBV were unfairly excluded from performing some EPPs, because the guidelines did not reflect the latest evidence on BBV treatment and prevention — ASHM's guidance has helped address that discrimination.

HIV Education in Aged Care

In August 2019, we hosted a National HIV, Ageing and Quality of Life Roundtable, alongside representatives from the HIV and aged care sectors, affected communities, clinicians, and allied health.

The roundtable led to ASHM and the Seniors Rights Service making a submission to The Royal Commission into Aged Care Quality and Safety, advocating for improved HIV education for the aged care workforce. This advocacy has led to forthcoming guidance for clinicians specifically addressing the unique issues surrounding HIV and ageing.



Our Taskforce on BBVs, Sexual Health and COVID-19

The COVID-19 pandemic has had a profound impact on ASHM's work, including our policy and advocacy. In March, we brought together a network of Australasia's top experts in BBVs and sexual health to respond to the rapidly evolving landscape of the pandemic with up-to-date information and guidelines about COVID-19's impact on our sector.

Advocacy relating to issues affecting the BBV and sexual health workforce and key populations has been a significant part of the Taskforce's work, as we continue to adapt to this new normal.

Casual Sex During the COVID-19 Pandemic

Responding to a lack of available harm reduction-focused information and advice about casual sex during the COVID-19 pandemic, the Taskforce developed guidelines for clinicians to talk with patients about these issues.

While this remains a controversial topic, these guidelines reflect the view of the Taskforce that it is vital to provide frank and accurate information, and to support clinicians to have honest conversations with their patients.

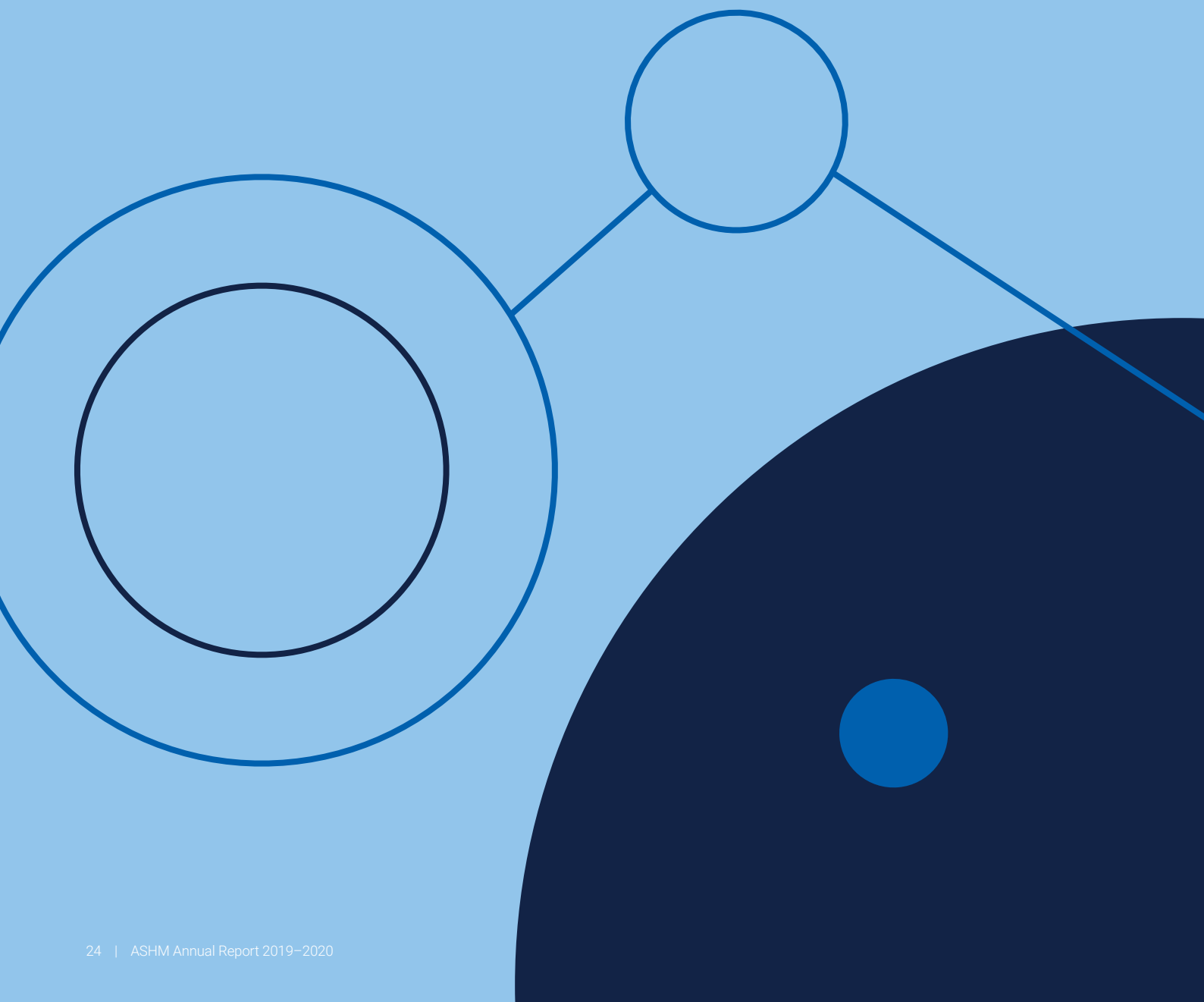
The guidelines remain one of the most widely accessed resources produced by the Taskforce, indicating the vital need for ASHM's work in this area.

COVID-19 and Incarcerated Populations

In March 2020, we signed onto an open letter calling on all Australian Governments to prioritise the healthcare of people who are incarcerated during the COVID-19 pandemic.

We continued this advocacy work through the Taskforce, publishing a series of recommendations with a focus on people living with HIV, hepatitis B and hepatitis C, to help prevent the spread of COVID-19 in Australia's prisons.

Education



Sexual Health Program

In 2020 we built our sexual health work and presence within the sector through the establishment of a strengthened Sexual Health Program. The program aims to bring a more holistic approach to our sexual health workforce development activities. While our training has always covered sexually transmissible infections (STIs) — the Sexual Health Program addresses contraception and abortion care, as well as other elements of sexual and reproductive health.

Despite the uncertainty of the COVID-19 pandemic, the program has begun to establish itself firmly within the sexual health sector, building strong relationships with external stakeholders and providing education, advocacy, and support to the workforce.

A flagship activity of the program was a Sexual Health Workforce Bulletin *Love in the Time* of COVID, to provide the sexual health workforce with information on changes in clinical practice, health service innovation, medical education, emerging research, and useful resources during the pandemic. This includes expert input by members of the Royal Australasian College of Physicians (RACP), Australasian Chapter of Sexual Health Medicine (AChSHM) and the Taskforce on BBVs, Sexual Health and COVID-19. The bulletin is subscribed to by over 9000 health care workers and has become recognised as a central point for information for the sector.

A major project for the Sexual Health Program, in collaboration with the Australasian Sexual Health Alliance (ASHA), the ASHM Sexual Health Board Sub-committee and the New Zealand Sexual Health Society (NZSHS), is a major review of the Australian STI Guidelines for Primary Care and the New Zealand STI Guidelines for Primary Care. Responding to the COVID-19 pandemic, we have also worked rapidly to adapt our face-to-face courses for delivery online, so that clinicians and healthcare workers can continue to access training. We are proud to say that our online training has been highly evaluated, and courses are consistently full.

We look forward to the upcoming year, where we will continue to deliver workforce education in collaboration with reproductive health services, develop resources for the sexual health workforce and engage in policy and advocacy initiatives.

New Zealand

We have continued to support our colleagues in New Zealand through the delivery of our 3rd Annual HIV Clinical Update and 5th Annual HIV Clinical Nurse Specialists Education day.

The HIV Clinical Update, held in Wellington on 1 August 2019, attracted 45 health professionals from all over New Zealand to provide peer support and participate in HIV clinical education with a focus on mental health. The following day, 13 of New Zealand's HIV Clinical Nurse Specialists attended a unique educational program titled *Sharing the Load*, designed by nurses and presented by their peers. The event featured celebrity guest speaker, Dr Paul Wood, Psychologist and Leadership program facilitator who presented an interactive and dynamic session *How to do your best: maintaining motivation and passion for what we do.*

In addition, and with special thanks to the generous sponsorship provided by the New Zealand AIDS Foundation, we held our first ever New Zealand PrEP Roadshow; visiting Wellington, Christchurch, and Auckland, and attended by over 100 health professionals. ASHM is now working with some of New Zealand's top clinicians to develop their very own National HIV PrEP Guidelines which are due for release by the end of 2020.

Europe and North America

Building on the introduction of direct acting antiviral (DAA) therapy for hepatitis in Australia in 2016, ASHM has partnered with the International Network on Hepatitis in Substance Users (INHSU), and the Kirby Institute, University of New South Wales, to deliver hepatitis C education to healthcare providers working in drug and alcohol settings across Australia, New Zealand, Europe and North America.

The *Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program* provides healthcare practitioners with the knowledge and skills to expand hepatitis C care beyond hospital settings. Developed originally for Australia in 2016, the program has since been adapted for delivery in Canada, France, Spain, Switzerland, Belgium, United Kingdom, Portugal, Italy, Sweden, and Germany. We have now trained over 1,200 practitioners outside of Australia through this program.

In the 2019/2020 period, 419 health care practitioners were trained across 23 workshops held in Europe and North America representing nurses (40%) and general practitioners/physicians (36%).

We work closely in collaboration with INSHU, as well as local organisations, and local in-country expert steering committees, to offer translated, country specific education in three parts:

1. 1.5-hour online self-learning module, introducing the learner to topics related to the assessment, management, and treatment of hepatitis C.
2. An interactive workshop which builds on the knowledge and skills gained in Part 1, enabling practical and collaborative application through case-based discussions.
3. A tailored capacity strengthening toolkit including local referral pathways and quick reference guides as a follow-up.

The COVID-19 pandemic has made adaptation to online learning necessary for both health care practitioners and education providers, thus our work has focused on converting the program entirely to online delivery.

Workshop Locations

France

- Biarritz
- Bordeaux
- Nice
- Lille
- Paris

Switzerland

- Bern
- Bellinzona
- Lausanne
- Zürich

Germany

- Essen

Sweden

- Stockholm
- Malmö
- Umeå

Italy

- Milan
- Padua
- Rome
- Cagliari
- Palermo

Converting Our Courses to a Virtual World

When the COVID-19 pandemic halted face to face events, we had to pivot quickly to ensure health professionals were able to continue accessing high quality education to support their work. While we have experience in delivering education in multiple formats, including face to face workshops, webinars and online learning modules, switching to virtual delivery as the primary modality required careful consideration of adult learning principles and understanding how best to exploit virtual platforms.

We rapidly convened a course conversion working group to review, analyse and adapt course content, compare, and select an e-learning platform and develop procedures and resources to guarantee an optimal user experience.

Adapting workshop content to a virtual format required a rethink of course design, particularly our longer courses which are usually delivered over one or two days. Our long format courses have been adapted to include video modules, quizzes, and case study assignments which allow for immersion and reflection on course content. Live webinars, delivered over multiple shorter sessions, were refocused on interactive activities to encourage peer-peer and facilitator-peer learning. The ASHM Learning Management System was upgraded to facilitate greater functionality, integrations with Zoom and single sign on with MyASHM.

Short format courses of two hours or less were also reviewed to ensure a high-quality learning experience in an increasingly competitive and crowded online educational space. Interactive components such as polls and breakout rooms have been incorporated to increase engagement in didactic presentations, and a move towards panel discussions has been a popular educational format to share and discuss the latest developments and learnings across the sector. **We have continued offering education which is relevant to regional and local settings as well as for national consumption.**

Feedback on the online courses to date has been overwhelmingly positive with participants commenting on the high-quality content and format, user-friendly experience, and responsive support. **Moving to an online format has provided participants increased accessibility and flexibility, particularly at a time when the health workforce has reduced capacity and competing demands due to the COVID-19 pandemic.**

> "Converting courses to an online format has bred innovation within the organisation and externally through the cross pollination of ideas, partnerships and engaging with people and organisations to share experiences and learn with each other. We see the future of education as an exciting opportunity to integrate e-learning with face to face learning that is tailored to the participant, where and when they need it."
>
> **Vanessa Towell, Director of Programs**

141

Domestic courses run

73

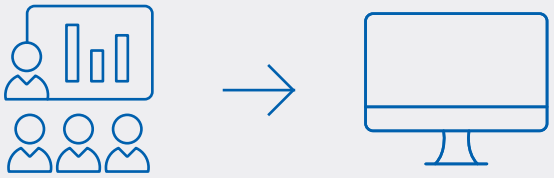
Face to face only courses run

48

Webinar only courses run

20

Face to face and webinar courses run



12 Face to face classes converted for online delivery

3,982

Number of health professionals trained

1,442
Number of GPs trained

1,673
Number of nurses trained

867
Number of other health professionals trained

Total number of courses delivered across each disease type

17 HIV

29 HBV

57 BBV and STI

38 HCV

2 NPs

Accredited between 1 April and 30 June 2020

361 HBV

Community prescribers as of 30 June 2020

79 New prescribers accredited in 2019/20

Of prescribers who initiated at least one patient on treatment, prescribers initiated an average of 2 patients on treatment in 2019

275 HIV

Community prescribers as of 30 June 2020

26 New community prescribers accredited in 2019/20

50

Average number of times in 2019, per prescriber, PreP was prescribed by HIV s100 prescribers

International

Despite the challenges of travel restrictions this year and the focus on COVID-19, ASHM's International Division through our established relationships and networks and by adapting our mode of support to digital platform based services has been able to continue with most of our projects.

The Sexual and Reproductive Health Integration Project (SHRIP) in Papua New Guinea has been extended until 2022 funded by the Australian Department for Foreign Affairs and Trade. In response to COVID-19, through the SRHIP project, we have been able to deliver mentoring support to health workers in PNG through email and WhatsApp messaging. Our Collaboration for Health Project in Papua New Guinea has also continued with face to face clinical mentoring earlier in the year with plans for ongoing delivery through digital platforms.

BBVs, Sexual Health and COVID-19 Regional Advisory Group

In response to a lack of guidance for health workers working in BBVs and sexual health in the wake of the COVID-19 pandemic, we established the BBV, Sexual Health and COVID-19 Regional Advisory Group (RAG), a regional arm of the BBV, Sexual Health and COVID-19 Taskforce. The RAG was formed in March 2020 and comprises of 70 clinical, community and academic members from ten countries across the Asia Pacific Region. The RAG reaches over 400 health workers and other sector members in Asia and the Pacific.

The RAG is chaired by Dr Nicholas Medland and is supported by the following cluster leads; Dr Catherine O'Connor (ASHM International Clinical Advisor), Dr Nittaya Phanuphak (Thai Institute of HIV Research and Innovation), Midnight Poonkasetwattana (APCOM), Nikki Teggelove (ASHM International Program Advisor) and Chad Hughes (Burnet Institute). Technical expertise is also regularly sought from the 70 RAG members.

Seven regional guidance documents have been developed providing support and guidance to health workers on how to adapt and continue to provide services during the pandemic. A webinar series has also facilitated lessons learned across countries with a diverse range of speakers, popular with both live and on-demand viewing.

The RAG has also engaged in advocacy work, most recently being invited by the Australian Department of Foreign Affairs and Trade to present at a parliamentary inquiry into the impact of COVID-19 on aid in the Indo Pacific Region.

As the needs of health care workers change and the 'new normal' sets in, the RAG is looking forward to supporting BBV and other health care workers beyond COVID-19 through ASHM's Regional Network.

> "Through the Regional Advisory Group, we have delivered guidance and other support for health care worker well-being during the pandemic. We are truly appreciative of all the time and commitment which has been dedicated. We could not have done this work without their expertise and generosity."
>
> **Dr Nick Medland**

Collaboration for Health in Papua New Guinea

The 2018-2020 Collaboration for Health in PNG (CHPNG) and ASHM Clinical Mentoring Program continues to build on over a decade of collaboration and work between ASHM, PNG National Department of Health (NDOH), the National Association of People with HIV Australia (NAPWHA), the National Catholic AIDS Office, the PNG Sexual Health Society and the Catholic Church Health Services of PNG (CCHS).

In November 2019, seven sexual health Clinical Mentors completed an intensive, three-day Master Mentor training course.

As part of this training, the participants were introduced to a dedicated ASHM Clinical Mentor, who has remained in contact with them over the follow-up period to provide on-going guidance and support.

In 2020, Clinical Mentors from ASHM and the PNG Sexual Health Society conducted three follow-up visits to Mendi, Lae and Madang, where they provided education and mentoring to 12 local clinical mentors trained by ASHM.

Sexual Reproductive Health Integration Project

The Sexual and Reproductive Health Integration Project (SRHIP) is led by PNG Catholic Church Health Services (CCHS), implemented by Igat Hope, ASHM and the Burnet Institute. The project is designed to expand the reach and coverage of HIV, STI and sexual and reproductive health care in Papua New Guinea by developing integrated facilities under primary health services.

SRHIP Phase 1 (June 2017–June 2020) focused on the assessment and integration of 22 CCHS standalone HIV facilities into the primary health system. Building on the strengths of facility operations, the project sought to increase quality, scale-up and efficiency of these HIV services for long-term sustainability.

Key achievements include:

- 22 facilities assessed and comprehensive Integration Reports completed
- 18 facilities progressed towards one of four identified functional integration models
- SRHIP Integration Toolkit developed which guides facility assessments and integration
- Systems strengthened for project M&E and facility surveillance reporting
- Clinical trainings on revised national guidelines for HIV and STIs provided
- TLD Transition TeleEducation Program for CCHS health workers developed
- Online and mobile-based adaptations to program activities during COVID-19 implemented
- SRHIP COVID-19 Support Program for Health Managers and Health Workers commenced.

SRHIP Phase 2 (July 2020–February 2020) will build on achievements and learnings from the previous phase, shifting focus to integration of services within the broader health environment. The objective is to deliver quality, HIV, and sexual and reproductive health services at 13 CCHS health facilities across 11 provinces of PNG.

Maintaining Our Links Within PNG Throughout COVID-19

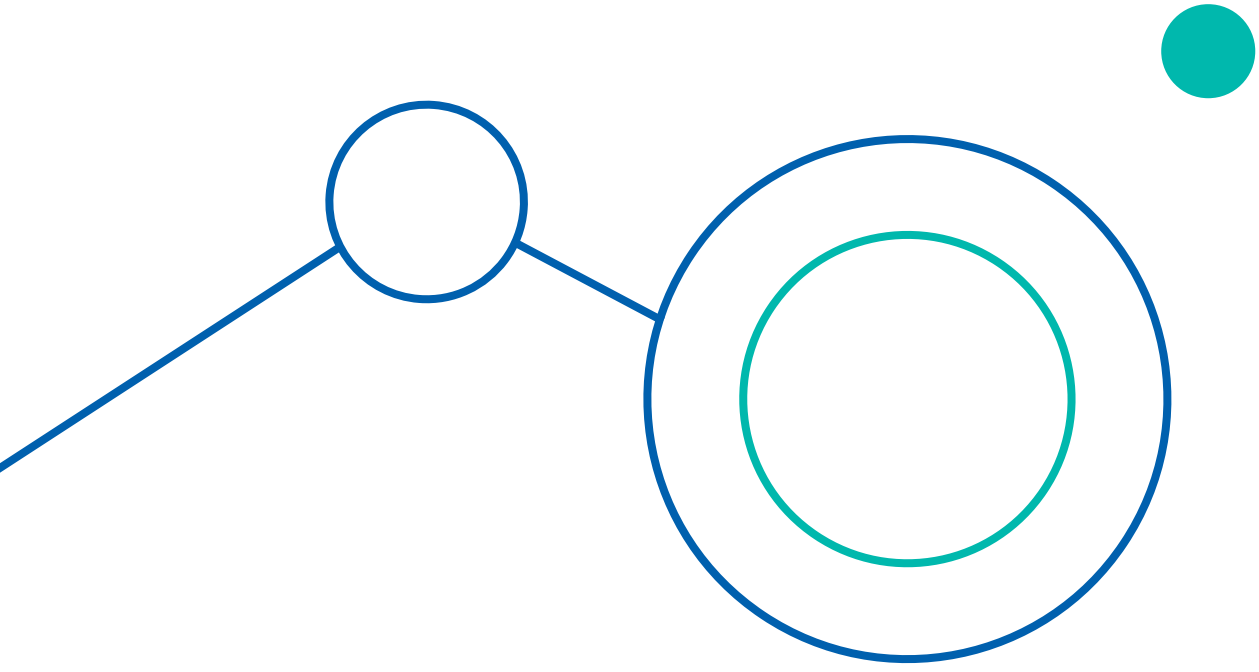
In April 2020, the SRHIP Project Team established the COVID-19 Support Plan in recognition of the specific needs of the BBV and sexual health workforce in PNG during the COVID-19 pandemic.

We worked with CCHS to conduct a brief needs assessment, and established technology-based pathways for delivery of information and support to its network of health workers. The content of all messaging remained relevant to the country's context and epidemics (STIs and COVID-19) and was consistent with the PNG National Response for COVID-19.

Daily messages distributed through WhatsApp, mobile SMS (text) and emails were constructed around four focus areas:

- Build capacity for HIV and sector health workers in the COVID-19 response.
- Promote universal precautions and infection control among sector health workers.
- Promote continuity of HIV, other BBV and sexual health services during COVID-19.
- Address stigma and discrimination in HIV, other BBV and sexual health services.

Between May and June 2020, the SRHIP COVID-19 support team, distributed 38 messages to 28 CCHS health workers and 19 CCHS Health Managers across 19 provinces. 22 CCHS health workers registered on the SRHIP COVID-19 Support Plan are trained SRHIP clinical mentors with the capacity to disseminate this essential information and support to a further estimated 138 health workers.



SEXUAL & REPRODUCTIVE HEALTH INTEGRATION PROJECT SRHIP PHASE 1 JUNE 2017 JUNE 2020

Improved sexual & reproductive health and wellbeing for women, girls and vulnerable groups.

Achieved by strengthening systems for delivery of quality, scaled SRH services through integration with primary health and CCHS and Anglicare PNG health facilities.

■ Clinic Functionally Integrated ■ Clinic Assessment Complete

SRHIP ACHIEVEMENTS

- ✓ 22 facilities assessed with comprehensive Integration Reports completed
- ✓ 18 facilities progressing towards one of four functional integration models
- ✓ SRHIP Integration Toolkit guides facility assessments and integration
- ✓ Technical inputs in project management and finance for CCHS and Igat Hope
- ✓ Strengthened systems for project M&E and facility surveillance reporting
- ✓ Operational Research Final Report complete and disseminated
- ✓ Establishment of 8 Expert Patient Counsellors at SRHIP facilities
- ✓ PLHIV Counselling Toolkit implemented at five SRHIP facilities
- ✓ SRHIP Reflection & Review Workshops to support CCHS Health Managers
- ✓ Clinical trainings on revised national guidelines for HIV & STIs
- ✓ Development of TLD Transition TeleEducation Program for CCHS health workers
- ✓ Online and mobile-based adaptations to program activities during COVID-19
- ✓ SRHIP COVID-19 Support Program for Health Managers & Health Workers
- ✓ Design of SRHIP Phase 2 with focus on strengthening systems, services, partnerships and community engagement.

SRHIP TRAINING & MENTORING

124 Attended HIV, STI & SRH Clinical Inservices

25 Attended HIV Prescriber Training

29 Attended HIV & STI Refresher Training

45 Attended Complex Case Management Training

73 Trained as Clinical Mentors

50 Clinical Mentors received workplace mentoring

51 Trained in M&E and Data Quality

47 CCHS health workers reached with COVID-19 information and support

4,469 1:1 HIV Counselling Sessions with EPCs

ashm international

Australian Aid

SRHIP *is supported by the Australian Government in partnership with the Government of Papua New Guinea*

SUPPORTING NATIONAL DATA REPORTING THIS PROJECT PERIOD

80%
SRHIP Clinics Submitting National Data in 2019

73,797
Tested for HIV (VCCT & PICT)

2,607
People Confirmed HIV+

2,546
People Initiated on ART

4,489
PLHIV Receiving ART from SRHIP facilities

9,527
People Treated for STIs

PROJECT IMPACT

"EPCs relieve health workers for quality time in patient screening, laboratory, diagnosis, focus on patient care and documentation. The PLHIV Counselling Toolkit aids EPCs to guide PLHIV in coping with non-biological issues that affect their well-being. Feedback and results show changes in behaviour and attitude of PLHIV, good compliance, improvements in recovery, detailed learning and more informed in cross cutting areas of HIV. This is gradually improving retention and PLHIV are equipped to understand HIV and living with HIV" **Field Support Officer**

"I now understand the importance of the data reporting cycle and come to realise that reporting on time is very vital and my responsibility … We are dealing with human beings, data is their information and lives" **Participant, Data Quality Workshop**

Supporting Access to Health Services for Priority Populations

We recognise the crucial role community-based organisations play in shaping and delivering BBV and sexual health services. Over the past year we have had the privilege to partner with various community-based organisations across multiple regional projects. As a part of the Blood Borne Virus, Sexual Health and COVID-19 Regional Advisory Group, we have worked with organisations including APCOM, the Asia Pacific Transgender Network and the Asia Pacific Network of Sex Workers as well as the Institute for HIV Research and Innovation in Thailand, to develop and deliver COVID-19 guidance documents and webinars.

We have been working to develop our Advanced Asia and Pacific Transgender Health Training for Health Workers, which builds on our introduction course on the same topic. In addition, we have been working with the Asia Pacific Transgender Network and other partners to organize a two-day Transgender Health and Competent Care Masterclass, to be held in Bangkok in October 2021.

ashm international

OUTPUTS 2019-2020

1. CLINICAL TRAINING & MENTORING

PAPUA NEW GUINEA

60 *HEALTH WORKERS TRAINED* — CLINICAL MENTOR TRAINING

100 *HEALTH WORKERS TRAINED* — HIV & STI CLINICAL UPDATES TRAINING

45 *HEALTH WORKERS TRAINED* — COMPLEX CASE MANAGEMENT TRAINING

25 *HEALTH WORKERS TRAINED* — HIV PRESCRIBER TRAINING

27 *HEALTH WORKERS TRAINED* — HIV PRESCRIBER REFRESHER TRAINING

13 *HEALTH WORKERS TRAINED* — TRANSGENDER HEALTH TRAINING

19 *HEALTH WORKERS TRAINED* — SEXUAL HEALTH AND RIGHTS TRAINING

44 *HEALTH WORKERS REACHED* — SRHIP COVID-19 SUPPORT PROGRAM

150 *HEALTH WORKERS MENTORED* — BY TRAINED CLINICAL MENTORS

SINGAPORE

40 HEALTH WORKERS TRAINED
ASIA PACIFIC HIV PRACTICE COURSE

COVID-19 REGIONAL ADVISORY GROUP

65 RAG MEMBERS
FROM 10 COUNTRIES

5 RAG WEBINARS
CONDUCTED

8 RAG GUIDANCE DOCUMENTS
DEVELOPED

15 COUNTRIES REACHED
WITH RAG BULLETINS

525 VIEWERS AND PARTICIPANTS
OF RAG WEBINARS

13,000 ASIA & THE PACIFIC RECIPIENTS
OF RAG DOCUMENTS

2. POLICY & GUIDELINES

FIJI

NATIONAL CLINICAL GUIDELINES DEVELOPED ON DIAGNOSIS AND TREATMENT OF HEPATITIS B

VANUATU

NATIONAL CLINICAL GUIDELINES DEVELOPED ON DIAGNOSIS AND TREATMENT OF HEPATITIS B AND C

SOLOMON ISLANDS

NATIONAL CLINICAL GUIDELINES DEVELOPED ON DIAGNOSIS AND TREATMENT OF HEPATITIS B AND C

3. LINKAGES & KNOWLEDGE EXCHANGE

AUSTRALIA (PERTH)

ASHM INTERNATIONAL SESSIONS – AUSTRALASIAN HIV AND AIDS CONFERENCE
100 TRAINED

AUSTRALIA (SYDNEY)

ASHM INTERNATIONAL MENTORING WORKSHOP
12 CLINICAL ADVISOR PARTICIPANTS

4. MONITORING, EVALUATION, RESEARCH & LEARNING

PAPUA NEW GUINEA

DATA QUALITY WORKSHOP
18 TRAINED

SYSTEM STRENGTHENING CAPACITY BUILDING MENTORING & COACHING
3 TRAINED

AUSTRALIA (MELBOURNE)

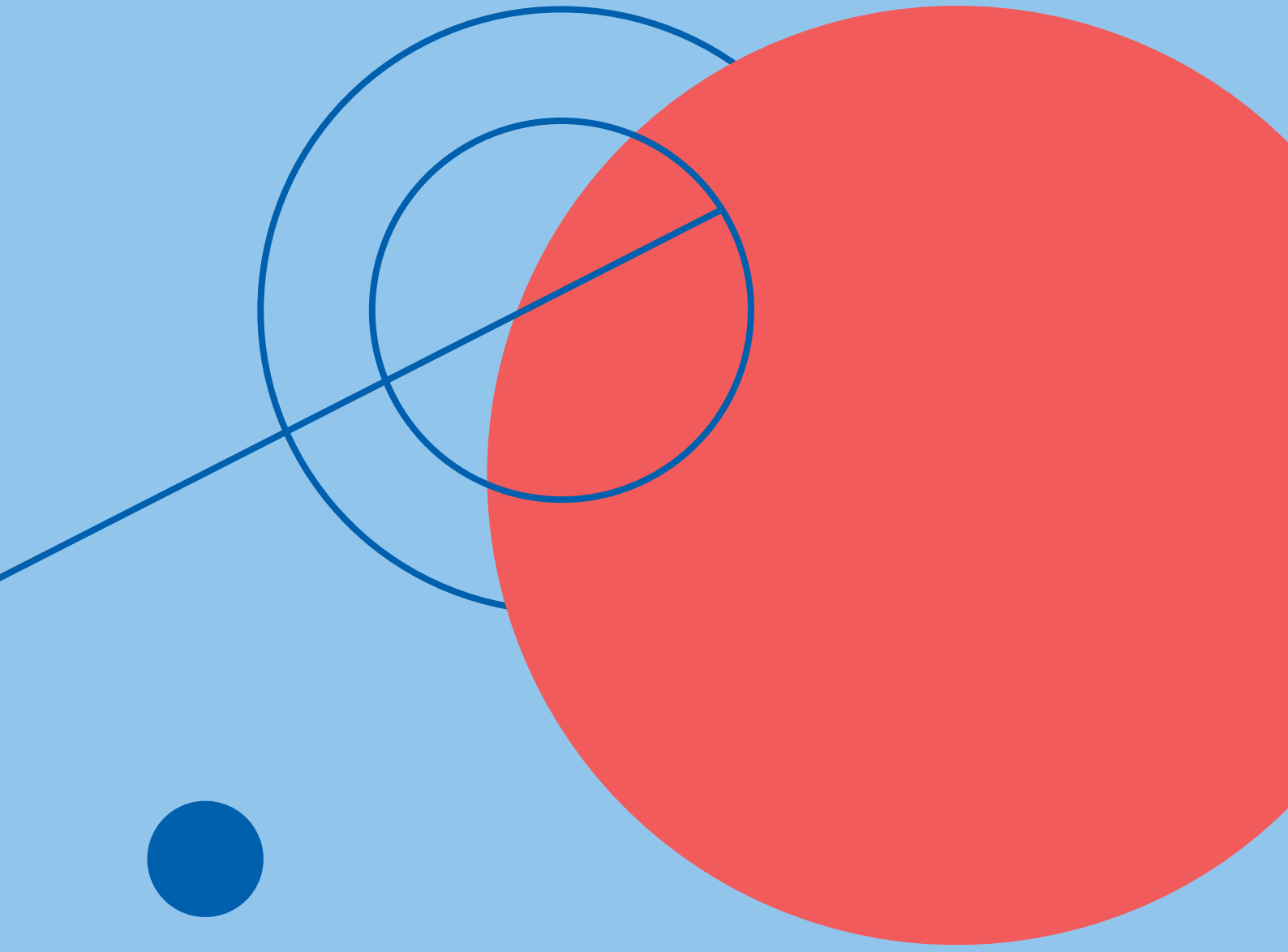
INTENSIVE M&E MEETING
M&E SYSTEMS REVIEW

Supporting the WHO Western Pacific Regional Office

We have been pleased to partner with WHO in the Western Pacific Region via two initiatives.

The first, through leading a research and expert consultations to plan their response post 2020 and recommend what is needed to 'go the last mile' in the HIV response in the region. And secondly, we collaborated with the Doherty Institute and VIDRL in carrying out scoping activities of the viral hepatitis response and wrote clinical guidelines for Solomon Islands, Vanuatu, Kiribati, and Fiji. We have also developed guidance for hepatitis B and hepatitis C health workers during COVID-19 in the Asia Pacific and hosted a webinar on the same topic. Furthermore, we plan to pilot our Hepatitis B training for health workers in the Asia Pacific region in Solomon Islands early next year.

Conferences and Events



An Overview

2019-2020 has brought some great successes as well as obvious challenges to the ASHM Conference and Events Division. The end of 2019 was our busiest period, in which we managed nine conferences over four months.

As well as successfully delivering our suite of in-house meetings this year, for the first time we were the local organiser of the International Hepatitis B Meeting for the Hepatitis B Foundation, which was highly successful and the foundation's biggest conference to date.

We also collaborated with INHSU and ran the 1st Regional Conference on Hepatitis Care in Substance Users (INHSU Africa) in Cape Town, cementing the ability of the division to work across the globe and our footprint in Africa.

> "As the landscape started to change dramatically in March 2020 with COVID-19, the events sector was hit incredibly hard, ourselves included, with difficult decisions to be made on the future of our events. Many of the conferences scheduled for 2020 and beyond have been postponed and the team has worked hard to upskill, pivot and re-think the delivery of conferences for the short and long term."
>
> **Nadine Giatras, Conference and Events Director**

We were able to make a shift to digital conferencing and invested in a virtual conference platform that allows us to offer digital conference services as well as to deliver our own suit of conferences either virtually or as hybrid in the future. We remain committed to providing our sector with the opportunity to share, learn, engage, and collaborate at the Joint Australasian HIV&AIDS and Sexual Health Virtual Conferences. Our purpose is to still deliver our successful events, meeting all the objectives and delegate needs, just in a different format.

Finally, some good news to end the 2019-2020 year, we were announced as winners of the MEA NSW State and National Awards for best In-House Event Management Team – Association. To win these awards again is a testament to the hard work, dedication, and professionalism that we invest in every event we deliver.

MEA AWARDS 2019 NATIONAL WINNER
In-House Event Management Team – Association
ASHM Conference and Events

MEA AWARDS 2019 NSW WINNER
In-House Event Management Team – Association
ASHM Conference and Events

Adapting to COVID-19

Due to travel restrictions and physical distancing measures legislated by local authorities, we recommended various courses of action to our committees and clients, with the following outcomes:

- **Annual Joint Australasian HIV&AIDS and Sexual Health Conferences 2020**
  Moved to a 100% online virtual meeting. The conferences were delayed by two months to give the team sufficient time to rearrange the program and ensure the technical aspects would be in place. Registration fees were reduced by 80%.
- **Australasian Viral Hepatitis Conference 2020**
  Postponed by eight months from August 2020 to May/June 2021 and remaining at the same venue, with forecast registration numbers reduced by 25%. This allowed the workforce to manage their front-line response to COVID-19, while also allowing enough time to pass for people to once again meet in a face to face format. Contingency planning is underway for hybrid and or virtual options if a face to face meeting is not feasible.

We have demonstrated our agility and depth of knowledge by considering not just what we can expect from virtual and hybrid events, but also how we manage this change. We went through a rigorous review process of five different virtual platforms that specifically cater to the needs of our events – in this process we discovered there are over 90 different virtual event platforms on the market with more being added almost daily.

We consulted with event industry specialists, and we continue to participate in regular forums with medical colleges, with meetings and events planners, and with other associations who are going virtual to share our combined knowledge and learnings.

We have upskilled on how to transform face to face events into virtual events, including learning the critical changes that need to be made to a program. This includes event timing, short and long breaks, audience interaction and participation, as well as pre-event engagement strategies to make a successful virtual event. We have also learned about screen fatigue and the human attention span, and how this is to be factored in when planning a virtual event.

Keeping people engaged online is critical. In a study by EventMB research, 31% of event planners said the biggest challenge of going virtual is engagement. It is important to maximise the interactivity of the experience, allowing attendees to participate in the event. This includes live polling and surveys, as well as gamification and onboarding/demos to ensure that they understand how to work and explore the platform, and can get the full value out of the event.

Finally, prioritise networking opportunities. The fact that remote attendees cannot all be in a room together makes networking features even more important.

Our conference management, knowledge, software, and offerings have been expanded, and we can now support:

- A live event with full management just like we have provided in previous years
- A virtual-only solution with full management support
- A hybrid event with face-to-face and online attendees.

Conference Highlights

International Hepatitis B Meeting

The International Hepatitis B meeting was held at the Melbourne Convention Centre in October 2019, coordinated, and organised by the Hepatitis B Foundation (USA) and our local organiser ASHM.

The meeting was an outstanding success, with over 620 delegates in attendance and an exciting scientific program. A packed social program was also organised for delegates. This is the largest attendance for an International Hepatitis B meeting to date. In addition to the main meeting, we also held a Public Forum to engage with the Australian hepatitis B affected community, and a symposium on hepatitis B cure, highlighted by a presentation from our plenary speaker Professor Harvey Alter who co-discovered the Australia antigen (now known to be the envelope protein of hepatitis B virus) in 1965. One key outcome of the conference was the signing of the Melbourne Declaration on Hepatitis B. The Melbourne Declaration was signed on October 5th 2019, by leaders of ICE-HBV, The Peter Doherty Institute for Infection and Immunity, the WHO Collaborating Centre for Viral Hepatitis, the Burnet Institute, the Hepatitis B Foundation, ANRS, Sidney Vo (HBV affected community member) and was endorsed by the International Hepatitis B Meeting.

The conference and associated events ran very smoothly, and from catering to IT, there were no issues. We received very positive feedback from delegates after the meeting. A key to the success of the meeting was communication, with ASHM working very closely with myself, the Hepatitis B Foundation and the conference venue in the 12 months leading up to the meeting. I was impressed with ASHM's organisational skills, and their calmness on site during what was an extremely busy time. I would definitely recommend ASHM as an organiser for future conferences.

Peter Revill
Co-convenor of the 2019 International Hepatitis B meeting

Joint Australasian Sexual Health and HIV&AIDS Conferences

The 2019 Joint Australasian Sexual Health and HIV&AIDS Conferences were held at the Perth Convention and Exhibition Centre, Western Australia (WA), from Monday 16 to Thursday 19 September 2019.

The conferences had not been run in WA in 11 years and provided an excellent opportunity to highlight WA based research in the program and drove higher attendance numbers from across this large state. Funding provided by the Western Australian Department of Health and the Perth Convention Bureau was especially valued. A total of 724 delegates attended, including 19 scholarship recipients from the ASHM Scholarship Program.

For the first time in the conferences' history, the conference programs were developed by one overarching National Program Committee, consisting of representatives from affiliated organisations to ensure the wider community and sector were equally represented within the program with a total of 371 abstracts submitted.

A Joint Conferences Key Findings Report distilling key findings can be found here: https://ashm.org.au/Conferences/conferences-we-organise/the-hiv-aids-conference/.

1st Regional Conference on Hepatitis Care in Substance Users (INHSU Africa)

At the start of 2020 we worked in collaboration with INHSU and managed the 1st Regional Conference on Hepatitis Care in Substance Users (INHSU Africa). The event provided a forum to profile the health issues facing people who use drugs in the African region and upskill clinicians working in the area, provide capacity building and develop connections for people working on these issues.

The main conference was preceded by two preconference workshops, the Advocacy Meeting and the INHSU – UNITE Joint Action Policy Day. We also ran clinician training in Cape Town and Pretoria.

The inaugural INHSU Africa event was funded through grants, as well as commercial and non-commercial sponsorships and funding provided by INHSU and ASHM. To ensure equitable access for delegates from low or middle-income countries, registration was complimentary.

Over 180 delegates from ten countries across Africa, as well as international partners, attended the two-day conference. 35 speakers from across Africa and global partners provided presentations on topics including hepatitis in the African region, lessons learnt from the HIV experience in Africa, work occurring across a variety of African countries and priority health and social issues related to hepatitis C elimination

on the continent. It included presentations from international and local speakers from a diverse range of backgrounds, including community, basic scientists, clinicians, peer workers, government officials, law, and health care workers.

INHSU Africa provided the opportunity for 28 scholarships from different countries in Africa and beyond to attend the conference. These scholarships were supported through funding from ANRS, INHSU, PITCH and OSF.

Events and Activities

Australasian Viral Hepatitis Elimination Conference

Hosted by ASHM

Full conference management service

5–6 August 2019

International Hepatitis B Meeting

Hepatitis B Foundation

Part service – many shared responsibilities

1–3 October 2019

SexRurality

CERSH

Part service – registrations

20–21 August 2019

APSAD Conference

Australasian Society on Alcohol and other Drugs (APSAD)

Part service – many shared responsibilities

10–13 November 2019

INHSU 2019

International Network of Hepatitis in Substance Users (INHSU)

Full conference management service

10–13 September 2019

Asbestos Conference

Asbestos Safety and Eradication Agency

Part service – registration and onsite management

11–13 November 2019

Australasian HIV&AIDS Conference

Hosted by ASHM

Full conference management service

16–19 September 2019

HIV Masterclass

Hosted by ASHM with an unrestricted educational grant from Gilead

Full conference management service

22–23 November 2019

Australasian Sexual Health Conference

Hosted by ASHA / ASHM

Full conference management service

16–19 September 2019

1st Regional Conference on Hepatitis Care in Substance Users (INHSU Africa)

Collaboration between ASHM and International Network of Hepatitis in Substance Users (INHSU)

Full conference management service

18–20 February 2020

Client Service Date

Scholarship Program 2019

Blogging

ASHM Scholarship Program in 2019 supported 46 scholarships. ASHM have been able to support scholarships to the following conferences:

Conferences supported by Scholarship Program	Scholars supported	# Blogs	# Hits
CROI 2019	6	4	110
APACC 2019	5	8	478
International AIDS 2019 Conference	5	8	641
2019 Joint Australasian HIV&AIDS Conference	19	17	1975
EACS 2019	6	3	131
TOTAL	**46**	**43**	**3367**

*It should be noted that hits to blogs continue to go up well after the relevant conference.

Recipient Comments

"The whole experience was excellent right from the application process for the scholarship, organising of flights and accommodation and the conference itself. It was a fantastic opportunity to meet clinicians from all around the world and be updated on all things HIV. I highly recommend other clinicians to apply."

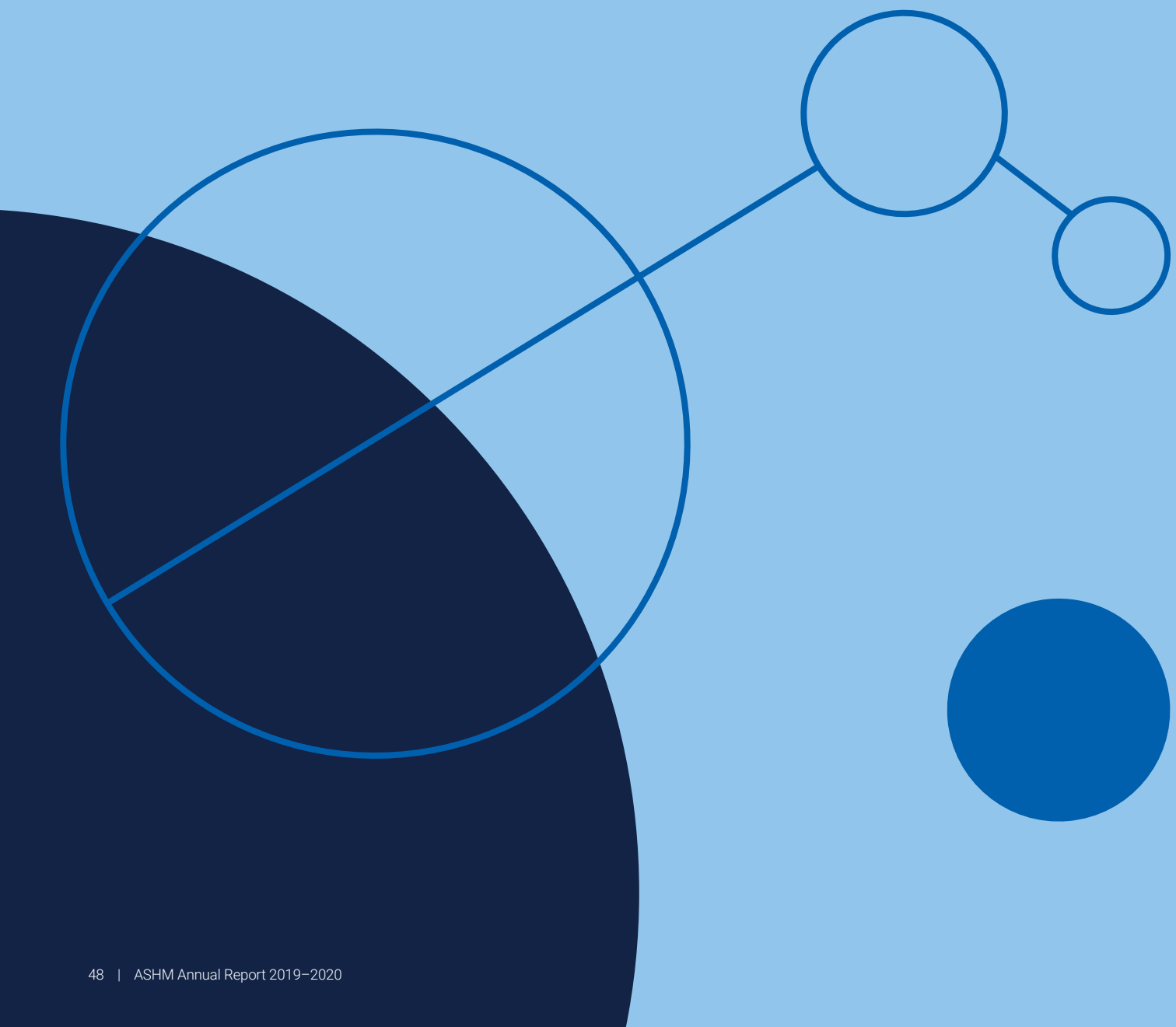
"I found the scholarship program useful for helping with the costs of attending a conference that proved very educational and stimulating. The conference also provided good networking opportunities for future projects."

"The scholarship program provides an invaluable opportunity to enable young people to network and learn the latest cutting-edge research – a wonderful initiative!"

"It was a great experience pre, during and after. I learned a lot at CROI! I also started to use twitter for the conference – which I have continued for work related activities – so thanks ASHM for giving me that little push!"

ASHM Financial Report

For the year ending 30 June 2020



AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2020.

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	Dr Nicholas Medland
Dr Elizabeth Crock	Clinical A/Prof Louise Owen
Dr Sam Elliott	Dr Belinda Wozencroft
Dr Joan Ingram	Prof Charles Gilks (appointed 14 Nov. 2019)
Dr David Iser	Dr Jason Ong (appointed 14 Nov. 2019)
Penny Kenchington	Dr Janine Trevillyan (appointed 14 Nov. 2019)
Dr James McMahon	Conj. A/Prof Michael Burke (resigned 14 Nov. 2019)
A/Prof Gail Matthews	A/Prof Bradley Forssman (resigned 16 Jun. 2020)

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 $452,416 (2019: $958,784). The current year excess of revenue over expenditure includes $500,000 in government stimulus.

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 endeavours 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 2020

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 2020 ASHM's total income was $11,583,707 (2019: $12,670,551) and its total expenditure was $ 11,131,291 (2019: $11,711,767), resulting in an operating surplus of $452,416 (2019: surplus of $958,784).

As at 30 June 2020 ASHM had total assets of $11,563,912 (2019: $10,642,889) and total liabilities of $6,094,642 (2019: $5,626,035), giving a net asset position of $5,469,270 (2019: $5,016,854). Of the total assets, $4,351,511 was made up of cash at bank (2019: $4,852,737). There are no material aged debts.

The Directors therefore believe that as at 30 June 2020 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 continues to place a strong focus on product, program and business development and has maintained its team of six staff, including a new staff member based in PNG. ASHM International has now completed its 2020 – 2025 strategy which operates under four programs; clinical training and mentoring; policy and guides; linkages and knowledge exchange and monitoring, evaluation, research and learning. In 2018 ASHM 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 provided recommendations for strengthening the program.

ASHM International is currently engaged in three projects; SHRIP (Sexual Reproductive Health Integration Project), a large DFAT funded project in PNG which has recently been extended to February 2022, Collaboration for Health in PNG and the WHO Pacific Viral Hepatitis project. In additional, ASHM international has been active in promoting a regional advisory group which has established networking and business development opportunities. Two other projects, a Regional Transgender Masterclass and HBV training in Solomon Islands, have been postponed until 2021 due to Covid-19. ASHM International is conducting a strong business development drive in which $300,000 of funds have been committed. Covid-19 has forced a delay in this work but it will continue as soon as travel restrictions are lifted. 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.

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	**2020**	**2019**
Number of members	823	760
Collaborators		
Number of ANZ Organisational Sustaining Members	56	58
Number of affiliates	1,045	976
Number of regional partner organisations	42	42
Staff		
Number of staff employed for 5 years or more	14	11
Training and Education Resources		
Number of courses run	187	257
Number of pdf resources downloaded	64,991	52,023
Number of sub-website hits (web access only)	1,972,080	2,363,245
Operational and Financial		
Total Revenue	**$11,583,707**	**$12,670,551**
Proportion of funding provided by:		
Government grants	28.40%	29.00%
Non-government grants	8.76%	8.80%
Donations received from public	0.06%	0.21%
Proportion of funding spent on:		
Staff training	1.25%	0.16%
General office/administration	1.76%	2.00%
Fundraising – international activities	0.18%	0.37%
Fundraising – domestic activities	0.02%	0.04%

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 2020 ASHM has 823 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 2020, the total amount that members of the company are liable to contribute if the company is wound up is $823 (2019: $760).

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

- President Elect
- MBBS; BA Hons; PhD; FAChSHM, FRCP(UK)
- 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. His research specialties include use of large administrative and clinical data sets to address important public health questions. Specifically, this includes coverage of antiretroviral therapy and pre-exposure prophylaxis and progress toward HIV elimination goals. He is also a sexual health physician with 22 years of clinical experience in HIV and sexual health medicine.

  He has previously been a high caseload GP in Melbourne and has worked extensively in international/regional HIV programs in Asia, in particular in Vietnam. He also sits on the executive committee of the Chapter of Sexual Health Medicine and chairs the Australian STI Management Guidelines committee. In 2020 he has chaired the ASHM COVID-19 Asia Pacific Regional Advisory Group.

Penny Kenchington

- Vice President
- 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 BBV nursing, sexual health, women's health, reproductive health, genital dermatology and forensic nursing.

  Penny sits on ASHM's nurse's subcommittee, 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.

  After helping with many years of lobbying Penny is now an HCV prescriber and is working towards becoming an HBV and HIV prescriber. She also supports the sexual health program in a large Aboriginal Community which includes monitoring and managing patients with chronic Hepatitis B.

DIRECTORS' REPORT (CONTINUED)

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 and 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 at tertiary, post graduate and undergraduate levels around HIV, Hepatitis, sexual health and related topics. Louise is a member of the Chapter of Sexual Health Physicians' Education Committee and is on a number of steering committees covering matters such as transgender health, Syphilis & STIs and HIV. She is an executive member of the national "Eliminate Hepatitis Australia" Project and very pleased to be continuing her work with ASHM.

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.

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 President of ANZANAC, an HIV Nursing ANMF Special Interest Group in Victoria.

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.

Prof Charles Gilks — Board Member

— PhD, MSc, MBBS w/Hons, MA, BA

— Charles has been working in the HIV/AIDS field since the mid 1980s as a clinical academic, describing the clinical spectrum of AIDS in Africa, then conducting formative trials of disease prophylaxis and antiretroviral therapy. Aiming to get his research into policy and practice, he moved to WHO Geneva in 2001 to lead treatment and prevention scale-up, including 3by5. His team generated all treatment and prevention guidelines for resource-limited settings and published the landmark Lancet modelling study that sparked Treatment as Prevention.

In 2009 he moved to India as UNAIDS country coordinator to support the national response to HIV. He was appointed Head of the School of Public Health at The University of Queensland in 2013 and in 2014 became the first Queensland Professorial chair of HIV and STIs. As a clinical researcher, he has published over 250 peer-reviewed papers, with 17,500+ citations. His Google H index is 67.

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 which provides care for all those with HIV in the northern region of New Zealand. She has been involved in the care of those with HIV since 1987 and an ASHM board member since 2015.

She is a clinician primarily but has been an investigator in clinical studies. Joan completed her Infectious Diseases training in Auckland, Duke University in North Carolina and then as an HIV Fellow at the University of Maryland.

DIRECTORS' REPORT (CONTINUED)

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.

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.

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 Jason Ong

- Board Member

  PhD, MMed (Hons), MBBS, FAChSHM, FRACGP

  Jason is a sexual health physician based at Melbourne Sexual Health Centre and an academic with joint appointments at Monash University, University of Melbourne and the London School of Hygiene and Tropical Medicine. His passion is to ensure access to comprehensive sexual health services to all who need it (in Australia and through his research in China and sub-Saharan Africa). He was based in London during 2017-2018 for his postdoctoral training in health economics.

  His current committee commitments also include the Sexual Health Society of Victoria, Royal Australasian College of Physicians Chapter of Sexual Health Medicine, the Australasian Sexual Health Alliance, and the World Health Organization STI Guidelines Development Group.

  He is the Special Issues Editor for Sexual Health and Associate Editor for BMJ's Sexually Transmitted Infections and BMC Infectious Diseases.

DIRECTORS' REPORT (CONTINUED)

Dr Janine Trevillyan

— Board Member

— MBBS (Hons) FRACP PhD

— Janine is an infectious diseases physician and HIV clinical researcher. She completed her infectious diseases training in Melbourne in 2011 and then undertook a PhD investigating the pathogenesis and prevention of cardiovascular disease in people living with HIV. For the last three years she has been completing a post-doctoral research appointment at the Clinical AIDS Research and Education Centre (CARE) at the University of California, Los Angeles and in January 2020 returned to the Alfred Hospital/Monash University in Melbourne.

Prior to her time in the states, Janine served as an ordinary board member for the Faculty of Medicine, Nursing and Health Sciences for Monash University and is currently on the steering committee for the AIDS Clinical Trials Group (ACTG) end-organ disease subgroup. She is committed to ensuring the best in medical care, research and education for those living with HIV and viral hepatitis or working in the field in Australia.

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.

ATTENDANCE AT DIRECTORS MEETINGS (1 JULY 2019 TO 30 JUNE 2020)

Name	Board Meetings
Mark Bloch	6(6)
Michael Burke	2(2)
Elizabeth Crock	4(6)
Sam Elliott	4(6)
Bradley Forssman	3(5)
Charles Gilks	2(4)
Joan Ingram	6(6)
David Iser	4(6)
Penny Kenchington	6(6)
James McMahon	5(6)
Gail Matthews	4(6)
Nicholas Medland	6(6)
Jason Ong	4(4)
Louise Owen	5(6)
Janine Trevillyan	4(4)
Belinda Wozencroft	6(6)

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

DIRECTORS' REPORT (CONTINUED)

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 2020 has been received and can be found on page 9 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, FRCP(UK)

Dated this 21st day of October 2020, Sydney

Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

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SYDNEY NSW 2000

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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 2020 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 21st day of October 2020, Sydney

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 $	2019 $
REVENUE			
Operating Activities			
Members' subscriptions		133,936	35,008
Operating grants	3	4,306,204	4,842,268
Donations		6,968	27,109
Bequest		-	430,558
Service fee and other revenue from operating activities		453,468	422,050
Service fee – INSHU		1,229,862	761,535
Sponsorship – Industry		674,551	758,695
Conference		4,184,267	5,228,282
Non-operating activities			
Interest		93,676	161,436
Government allowance COVID19		500,000	-
Foreign currency gain		775	3,610
	2	11,583,707	12,670,551
EXPENSES			
General office administration		195,754	179,349
Occupancy costs		48,323	436,817
Education programs / resources		2,527,454	2,717,879
Professional fees		34,816	57,913
Personnel expenses		4,947,639	4,185,712
Loss on disposal on assets		449	1,266
Depreciation	3	248,923	34,458
Finance expenses		73,427	19,349
Conference costs		2,922,430	3,913,188
IT system development costs		132,076	165,836
TOTAL EXPENSES		11,131,291	11,711,767
EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE		452,416	958,784
Income tax expense relating to ordinary activities		-	-
EXCESS OF REVENUE OVER EXPENDITURE AFTER INCOME TAX EXPENSE		452,416	958,784
OTHER COMPREHENSIVE INCOME FOR THE YEAR, NET OF TAX		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		452,416	958,784

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2020

	Note	2020 $	2019 $
CURRENT ASSETS			
Cash and cash equivalents	5	4,351,511	4,852,737
Trade and other receivables	6	563,865	626,981
Work in progress		393,240	279,024
Financial assets	8	5,092,950	4,661,590
Other current assets	7	8,493	28,618
TOTAL CURRENT ASSETS		10,410,059	10,448,950
NON-CURRENT ASSETS			
Property, plant and equipment	9	250,563	193,939
Right-of-use asset	13	903,290	-
TOTAL NON-CURRENT ASSETS		1,153,853	193,939
TOTAL ASSETS		11,563,912	10,642,889
CURRENT LIABILITIES			
Trade and other payables	10	675,258	789,409
Deferred income		3,948,132	4,436,374
Provisions	12	437,689	334,976
Lease liability	13	180,500	-
TOTAL CURRENT LIABILITIES		5,241,579	5,560,759
NON-CURRENT LIABILITIES			
Provisions	12	113,806	65,276
Lease liability	13	739,257	-
TOTAL NON-CURRENT LIABILITIES		853,063	65,276
TOTAL LIABILITIES		6,094,642	5,626,035
NET ASSETS		5,469,270	5,016,854
EQUITY			
Retained earnings		5,469,270	5,016,854
TOTAL EQUITY		5,469,270	5,016,854

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2020

	Retained Earnings $	Total $
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
Excess of Revenue over Expenses	452,416	452,416
Other comprehensive income for the year	-	-
BALANCE AT 30 JUNE 2020	5,469,270	5,469,270

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 $	2019 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from operations		12,479,783	14,250,774
Payments to suppliers and employees		(12,294,907)	(12,863,392)
Interest received		93,676	161,436
Net cash provided by operating activities	14b	278,552	1,548,818
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(125,338)	(184,612)
Payments for term deposits		(431,360)	(592,950)
Proceeds from disposal of property and equipment		-	2,266
Net cash used in investing activities		(556,698)	(775,296)
CASH FLOW FROM FINANCING ACTIVITIES			
Payment of lease obligations recognised under AASB 16		(223,080)	-
Net cash used in financing activities		(223,080)	-
NET INCREASE /(DECREASE) IN CASH HELD		(501,226)	773,522
Cash and cash equivalents at beginning of financial year		4,852,737	4,079,215
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	14a	4,351,511	4,852,737

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Preparation

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

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

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

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

Accounting Policies

a. **Revenue**

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

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

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

b. **Property, Plant and Equipment**

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

Plant and Equipment

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

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

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

Depreciation

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

c. **Income in advance**

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

d. **Financial Instruments**

Initial recognition and measurement

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

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

Classification and subsequent measurement

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

Amortised cost is calculated as:

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

ii. less principal repayments;

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

iv. less any reduction for impairment.

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

(i) *Held-to-maturity investments*

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

d. **Financial Instruments (continued)**

(ii) *Loans and receivables*

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

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

(iii) *Financial liabilities*

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

Fair Value

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

Impairment

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

Derecognition

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

e. **Impairment of Assets**

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

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

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

f. **Employee Benefits**

Short-term employee provisions

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

Other long-term employee provisions

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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 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 in Current Year**

Accounting Standards issued by the AASB that have been adopted by the company, together with an assessment of the impact of such pronouncements on the company, are discussed below:

– AASB 15*: Revenue from Contracts with Customers*

The company has adopted AASB 15 from 1 July 2019, which replaces the previous 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 applies 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 recognises revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for the goods or services. To achieve this objective, AASB 15 provides the following five-step process:

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

The company have adopted the new Standard using the modified retrospective method of transition which does not require a restatement of prior year numbers. Instead, any material differences between the requirements of AASB 15 and the existing accounting method will be treated as an adjustment in opening retained earnings.

The company have assessed the impact of the change in accounting treatment as immaterial to the comparative balances and therefore no adjustment to opening retained earnings has been made.

– AASB 16: *Leases*

AASB 16 introduces a single lease accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The Company has adopted AASB 16 from 1 July 2019 using the modified retrospective method, therefore no adjustments were made to comparative balances. Set out below are the new accounting policies of the Company upon adoption of AASB 16:

Right-of-use assets

The Company recognises right-of-use assets at the commencement date of the lease (the date the underlying asset is available for use). Right-of-use assets are measured at cost, less any accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received. The recognised right-of-use assets are depreciated on a straight-line basis over the shorter of its estimated useful life and the lease term.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

o. **New Accounting Standards Adopted in Current Year**

Lease liabilities

At the commencement date of a lease, the Company recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments include fixed payments less any lease incentives received or receivable and variable lease payments that depend on an index or a rate. The lease payments also include the renewal option reasonably certain to be exercised by the Company. The variable lease payments that do not depend on an index or a rate are recognised as expenses in the period in which the event or condition that triggers the payment occurs. In calculating the present value of lease payments, the Company uses an appropriately considered interest rate at the lease commencement date if the interest rate implicit in the lease is not readily determinable. After the commencement date the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. The carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the in-substance fixed lease payments or a change in the assessment to purchase the underlying asset.

Short-term leases

The Company applies the short-term lease recognition exemption to its short-term property leases (those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase or renewal option). Lease payments on short-term leases are recognised as expense on a straight-line basis over the lease term.

Significant judgement in determining the lease term of contracts with renewal options

The Company determines the lease term as the non-cancellable term of the lease, together with any periods covered by an option to extend the lease if it is reasonably certain to be exercised. The Company applies judgement in evaluating whether it is reasonably certain it will exercise an option to renew. That is, it considers all relevant factors that create an economic incentive for it to exercise the renewal. After the commencement date, the Company reassesses the lease term if there is a significant event or change in circumstances that is within its control and affects its ability to exercise (or not to exercise) an option to renew (e.g. a change in business strategy).

Application of this accounting policy to the leases of the Company

The impact of adopting AASB 16 was the recognition of a right-of-asset and a lease liability which had carrying values of $903,290 and $919,757 respectively as at 30 June 2020 in the Statement of Finance Position

No rental expenses were recognised for the year ended 30 June 2020, instead depreciation on the right-of-use asset and finance costs on the lease liability of $180,658 and $58,889 respectively, were recognised in the Statement of Profit or Loss and Other Comprehensive Income.

No adjustment is required in comparative figures, as the lease on the company's new office commenced on 1 July 2019.

– AASB 1058: *Income of Not-for-Profit Entities*

The company have adopted AASB 1058 from 1 July 2019, which 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 have assessed the impact of adoption of AASB 1058 and conclude the new treatment has not had a substantial impact on the company's financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 2: REVENUE	Note	2020 $	2019 $
Operating activities:			
- operating grants – Australian		3,343,197	3,933,153
- other grants – overseas		963,007	909,115
	3	4,306,204	4,842,268
- conference		4,184,267	5,228,282
- service fee – INSHU		1,229,862	761,535
- sponsorship – industry		674,551	758,695
- legacies and bequest		-	430,558
- interest received		93,676	161,436
- member subscriptions		133,936	35,008
- donations		6,968	27,109
- foreign currency gain		775	3,610
- other revenue from operating activities		453,468	422,050
- government allowance COVID19		500,000	-
		11,583,707	12,670,551

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

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

	2020 $	2019 $
Revenue: *Operating Grants*		
Grants – Commonwealth		
- Deed for multi project funding	1,094,042	1,556,148
Grants – NSW Health		
- HIV program and sexual health nurse training	654,000	638,100
Grants – QLD	1,208,580	1,237,861
Grants – WA	228,606	201,131
Grants – ACT	106,068	91,600
Grants other – overseas projects	-	44,818
Grants other – domestic projects	51,901	163,495
Grants – overseas	963,007	909,115
	4,306,204	4,842,268
Expenses:		
Depreciation expenses		
— depreciation of property, plant and equipment	68,265	34,458
— depreciation on right-of-use asset	180,658	-
	248,923	34,458
Remuneration of auditor		
— audit or review	26,447	29,000

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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
2020	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	394,965	-	-	-	39,241
2019	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	385,061	-	-	-	38,200

NOTE 5: CASH AND CASH EQUIVALENTS

CURRENT	Note	2020 $	2019 $
Cash on hand		35,202	200
Cash at bank		1,516,309	852,537
Short-term bank deposits		2,800,000	4,000,000
	18	4,351,511	4,852,737

The effective interest rate on short-term bank deposits was 0.35%; these deposits are at call.

NOTE 6: TRADE AND OTHER RECEIVABLES

CURRENT			
Trade receivables		554,273	585,549
Other receivables		9,592	47,860
Allowance for bad debts		-	(6,428)
	18	563,865	626,981

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 6: TRADE AND OTHER RECEIVABLES (CONT.)

(i) Credit Risk — Receivables

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

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

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

	Gross amount	Past due and impaired	Past due but not impaired (days overdue)				Within initial trade terms
			< 30	31–60	61–90	> 90	
	$	$	$	$	$	$	$
2020							
Trade receivables	554,273	-	3,230	-	8,176	25,000	517,867
Total	554,273	-	3,230	-	8,176	25,000	517,867
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

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	2020 $	2019 $
CURRENT			
Prepayments		8,493	28,618

NOTE 8: OTHER FINANCIAL ASSETS

CURRENT			
Held to maturity investments		5,092,950	4,661,590
Held-to-maturity investments comprise:			
— Current: Term deposit		5,092,950	4,661,590
— Non-Current: Term deposit		-	-
	18	5,092,950	4,661,590

The average effective interest rate of all term deposits was 1.12% with maturity dates ranging from 29 July 2020 to 30 June 2022.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 9: PROPERTY, PLANT AND EQUIPMENT	2020 $	2019 $
NON CURRENT		
Office equipment:		
At cost	19,555	1,424
Accumulated depreciation	(8,145)	(554)
	11,410	870
Furniture & fixtures:		
At cost	101,964	-
Accumulated depreciation	(16,994)	-
	84,970	-
Computer equipment:		
At cost	89,986	87,573
Accumulated depreciation	(61,966)	(45,257)
	28,020	42,316
Software:		
At cost	-	12,000
Accumulated depreciation	-	(11,598)
	-	402
Leasehold improvements		
At cost	151,396	150,351
Accumulated depreciation	(25,233)	-
	126,163	150,351
	250,563	193,939

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.

	Furniture & Fixtures	Leasehold Improv.	Office Equip.	Computer Equip.	Software	Total
	$	$	$	$	$	$
Balance at 30 June 2019	-	150,351	870	42,316	402	193,939
Additions	101,964	1,045	18,131	2,413	1,785	125,338
Disposals/write-offs	-	-	-	-	(449)	(449)
Depreciation expense	(16,994)	(25,233)	(7,591)	(16,709)	(1,738)	(68,265)
Balance at 30 June 2020	84,970	126,163	11,410	28,020	-	250,563

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 10: TRADE AND OTHER PAYABLES

	Note	2020 $	2019 $
CURRENT			
Trade payables		9,257	308,116
Sundry creditors		666,001	481,293
	10a	675,258	789,409

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

CURRENT

Trade and other payables

—	Total current	675,258	789,409
—	Total non-current	-	-
		675,258	789,409
Financial liabilities as trade and other payables	18	675,258	789,409

NOTE 11: CURRENT PROVISIONS

CURRENT			
Employee Benefits	12	551,495	400,252
		551,495	400,252

NOTE 12: EMPLOYEE BENEFITS

	Short-term Employee Benefits	Long-term Employee Benefits	Total
	$	$	$
Balance at 30 June 2019	334,976	65,276	400,252
Additional provisions raised during period / (Amounts used)	102,713	48,530	151,243
Balance at 30 June 2020	437,689	113,806	551,495

Analysis of Total Provisions	2020 $	2019 $
Current – Annual leave	390,248	288,726
Current – Long service leave	47,441	46,250
	437,689	334,976
Non-Current – Long service leave	113,806	65,276
	551,495	400,252

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 13: LEASING COMMITMENTS, RIGHT OF USE ASSET, LEASE LIABILTY	2020 $	2019 $
a. 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
— between 12 months and 5 years	-	466,009
— greater than 5 years	-	-
	-	707,168

The lease for the Kippax Street premises terminated on 30 June 2019. The entity entered into a new non-cancellable 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.

Operating lease commitments as at 30 June 2020 have been included in in the Statement of Financial Position as lease liabilities under AASB 16, which include the extended option of an additional 3 years.

b. **Right-of-use Assets** – see Note 1(o)		
NON-CURRENT		
Right-of-use Assets – at cost	1,083,948	-
Less: accumulated depreciation	(180,658)	-
	903,290	-
Opening balance – see Note 1(o)	-	-
Additions	1,083,948	-
Depreciation – AASB 16 – see Note 1(o)	(180,658)	-
Closing balance	903,290	-
c. **Lease liability** – see Note 1(o)		
CURRENT		
Lease liability	180,500	-
NON-CURRENT		
Lease liability	739,257	-

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:		
	Cash on hand	35,202	200
	Cash at bank	1,516,309	852,537
	Short-term bank deposits	2,800,000	4,000,000
		4,351,511	4,852,737

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 14: CASH FLOW INFORMATION (CONT.)	2020 $	2019 $
b. Reconciliation of cash flow from operations with surplus from ordinary activities after income tax		
Surplus from ordinary activities after income tax expense	452,416	958,784
Non-cash flows in surplus from ordinary activities		
Loss on disposal of plant and equipment / assets written-off	449	1,266
Depreciation and impairment	248,923	34,458
Lease liability interest	58,889	-
Changes in assets and liabilities		
Movement in receivables	(51,100)	490,747
Movement in prepayments	20,125	(4,882)
Movement in trade and other payables, deferred income	(602,393)	33,645
Movement in provisions	151,243	34,800
Net cash provided by operating activities	278,552	1,548,818

NOTE 15: CONTINGENT LIABILIITES

To the Directors' knowledge, the company has no known contingent liabilities as at 30 June 2020.

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 the 30 June 2020 balance date.

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	2020 $	2019 $
Financial Assets			
Cash and cash equivalents	5	4,351,511	4,852,737
Trade and other receivables	6	563,865	626,981
Term Deposits	8	5,092,950	4,661,590
Total Financial Assets		10,008,326	10,141,308
Financial Liabilities			
Financial liabilities at amortised cost			
Trade and other Payables	10a	675,258	789,409
Lease liabilities	13c	919,757	-
Total Financial Liabilities		1,595,015	789,409

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

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.

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	
	2020	2019	2020	201	2020	2019	2020	2019
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade and other payables	675,258	789,409	-	-	-	-	675,258	789,409
Lease liability	180,500	-	739,257	-	-	-	919,757	-
Total expected outflows	855,758	789,409	739,257	-	-	-	1,595,015	789,409

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

b. **Liquidity risk (cont.)**

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2020	2019	2020	2019	2020	2019	2020	2019
	$	$	$	$	$	$	$	$
Financial Assets — cash flows realisable								
Cash and cash equivalents	4,351,511	4,852,737	-	-	-	-	4,351,511	4,852,737
Trade and other receivables	563,865	626,981	-	-	-	-	563,865	626,981
Held-to-maturity investments	5,092,950	4,661,590	-	-	-	-	5,092,950	4,661,590
Total anticipated inflows	10,008,326	10,141,308	-	-	-	-	10,008,326	10,141,308
Net inflow on financial instruments	9,152,568	9,351,899	(739,257)	-	-	-	8,413,311	9,351,899

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.

	Surplus	Equity
	$	$
Year ended 30 June 2020		
— +/-1% in interest rates	94,445	95,445
Year ended 30 June 2019		
— +/-1% in interest rates	48,525	48,525

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

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.

		30 June 2020		30 June 2019	
	Note	Net Carrying Value	Net Fair Value	Net Carrying Value	Net Fair Value
		$	$	$	$
Financial assets					
Cash and cash equivalents	(i)	4,351,511	4,351,511	4,852,737	4,852,737
Trade and other receivables	(i)	563,865	563,865	626,981	626,981
		4,915,376	4,915,376	5,479,718	5,479,718
Held to maturity - fixed interest securities	(ii)	5,092,950	5,092,950	4,661,590	4,661,590
Total financial assets		10,008,326	10,008,326	10,141,308	10,141,308
Financial liabilities					
Trade and other payables	(i)	675,258	675,258	789,409	789,409
Lease liabilities		919,757	919,757	-	-
Total financial liabilities		1,595,015	1,595,015	789,409	789,409

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 2020	Level 1 $	Level 2 $	Level 3 $	Total $
Financial assets:				
Held-to-maturity financial assets	5,092,950	-	-	5,092,950
	5,092,950	-	-	5,092,950

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

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.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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.

NOTE 20: RELATED PARTY TRANSACTIONS

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:

	2020	2019
	$	$
Gail Matthews	16,800	5,100
David Iser	-	2,860
Elizabeth Crock	-	1,600
Penny Kenchington	-	1,150
James McMahon	325	1,100
Sam Elliott	-	550
Joan Ingram	-	487
Belinda Wozencroft	-	220
Louise Owen	600	-
Janine Trevillyan	-	1,100
Charles Gilks	-	-
Nick Medland	-	-
Jason Ong	-	-
	17,725	14,167

During the year, the Company also paid $180 (2019: $1,225) to Holdsworth House a company in which Mark Bloch has a financial interest.

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

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

Louise Owen $600 (2019: $0) Penny Kenchington $0 (2019: $425)

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 2020 the number of members are 823 (2019: 760) therefore the total amount that members of the company are liable to contribute if the company is wound up is $823 (2019: $760).

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 10 to 29 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 2020 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, FRCP(UK)

Dated this 21st day of October 2020, Sydney

walker wayland

Walker Wayland NSW
Chartered Accountants

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Website: www.wwnsw.com.au

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 2020, 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 2020 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 2020 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.

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

Responsibilities of the Directors for the Financial Report

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

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

Walker Wayland NSW

Walker Wayland NSW **Wali Aziz**

Chartered Accountants **Partner**

Dated this 21st day of October 2020, Sydney

walker wayland

Walker Wayland NSW
Chartered Accountants

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

Scope

We have compiled the accompanying Statement of Comprehensive Income of Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine for the year ended 30 June 2020 on the basis of information provided by the directors. The specific purpose for which the Statement of Comprehensive Income, prepared in accordance with the ACFID Code of Conduct, has been prepared to provide detailed information relating to the performance of the entity that satisfies the information needs of directors and members.

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

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

Our Responsibility

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

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

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

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Partner

Dated this 21st day of October 2020, Sydney

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	2020 $	2019 $
REVENUE		
Donations and gifts		
- Monetary	6,968	27,109
Bequests and legacies	-	430,558
Grants		
- Australian	3,343,197	3,933,153
- Overseas	963,007	909,115
Investment income	93,676	161,436
Other income	7,176,084	7,205,570
Foreign currency gain	775	3,610
TOTAL REVENUE	11,583,707	12,670,551
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	46,283	105,868
- Program support costs	756,241	702,762
Fundraising costs		
- Public	766	1,210
- Government, multilateral and private	19,660	42,290
Accountability and administration	72,171	117,744
Total International Aid and Development Programs Expenditure	895,121	969,874
Domestic Programs Expenditure		
General office and administration expenses	184,641	158,981
Occupancy expenses	48,323	436,817
Educational programs/resources	958,138	1,639,757
Professional fees	34,816	57,913
Personnel expenses	4,352,364	3,333,767
Loss on disposal of assets	449	1,266
Depreciation	248,923	34,458
IT system development costs	132,076	163,351
Bank and merchant fees	67,904	10,212
Conference expenses	1,719,526	2,794,148
Total Domestic Programs Expenditure	7,747,160	8,630,670
Other International Non-Development Program Expenditure	2,489,010	2,111,223
TOTAL EXPENDITURE	11,131,291	11,711,767
EXCESS OF REVENUE OVER EXPENDITURE	452,416	958,784
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	452,416	958,784

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.

Staff and Collaborators Lists

Scholarships List

Event Name	# Scholarships	Location	Recipient Name	Recipient City	Recipient State	Recipient Country
CROI 2020	**5**					
		Virtual	Jacqueline Engelander	Sydney	NSW	Australia
		Virtual	Kate Evans	Brisbane	QLD	Australia
		Virtual	Ricky Harjanto	Surry Hills	NSW	Australia
		Virtual	Catriona Ooi	St Leonards	NSW	Australia
		Virtual	Heidi Spillane	Bondi	NSW	Australia
CROI 2019	**6**					
		Seattle	Catherine O'Connor	Sydney	NSW	Australia
		Seattle	Fiona Bisshop	Brisbane	QLD	Australia
		Seattle	Kasha Singh	Melbourne	VIC	Australia
		Seattle	Kate Mackie	Melbourne	VIC	Australia
		Seattle	Rudyard Yap	Rockhampton	QLD	Australia
		Seattle	Mekala Srirajalingam	Ipswich	QLD	Australia
APACC 2019	**5**					
		Hong Kong	Beng Eu	Brighton East	VIC	Australia
		Hong Kong	Lewis MacKinnon	Armadale	WA	Australia
		Hong Kong	Heather Mcnamee	Bungalow	QLD	Australia
		Hong Kong	Peter Simos	Brisbane	QLD	Australia
		Hong Kong	Dale Thompson	Mildura	VIC	Australia
International AIDS 2019 Conference	**5**					
		Mexico City	Manuel Avivar Fernandez	Newmarket	QLD	Australia
		Mexico City	Lucy Donovan	Prahran	VIC	Australia
		Mexico City	Saji John	Tarneit	VIC	Australia
		Mexico City	Anthony Price	Springwood	NSW	Australia
		Mexico City	Rebecca Wiig	Bondi	NSW	Australia
EACS 2019	**6**					
		Basel	Sohileh Aran	Edensor Park	NSW	Australia
		Basel	Roshan Bhushal	Logan Central	QLD	Australia
		Basel	Bruce Hamish Bowden	Surry Hills	NSW	Australia
		Basel	Robert Burton	Sydney	NSW	Australia
		Basel	Jeffrey Mcmullen	Adelaide	SA	Australia
		Basel	Amrita Ronnachit	Drummoyne	Nsw	Australia

Event Name	# Scholarships	Location	Recipient Name	Recipient City	Recipient State	Recipient Country
2019 Australasian HIV&AIDS Conference	**20**					
		Perth	Zohreh Aminzadeh Barforoushi	Lismore	NSW	Australia
		Perth	David Atefi	Sydney	NSW	Australia
		Perth	Deborah Bateson	Sydney	NSW	Australia
		Perth	Pauline Cundill	Leanyer	NT	Australia
		Perth	Emma Fanning	Sydney	NSW	Australia
		Perth	Colin Fitzpatrick	Sydney	NSW	Australia
		Perth	Penny Kenchington	North Ward	QLD	Australia
		Perth	Aisa Mabini	Beeliar	WA	Australia
		Perth	Christopher Marr	Tuart Hill	WA	Australia
		Perth	Nicole Mckay	Swan Hill	VIC	Australia
		Perth	Samuel Mcnicol	Woollahra	NSW	Australia
		Perth	Nanette Presswell	St Kilda	VIC	Australia
		Perth	Suzanne Rix	Sydney	NSW	Australia
		Perth	Sharon Robinson	Bulli	NSW	Australia
		Perth	Phillippa Rose	Port Hedland	WA	Australia
		Perth	Janelle Small	Taree	NSW	Australia
		Perth	Cara Taheny	Palmyra	WA	Australia
		Perth	Lucy Thallon	Cairns	QLD	Australia
		Perth	Dale Thompson	Mildura	VIC	Australia
		Perth	Steven Wade	Norwood	SA	Australia

Staff List 2019-2020

Joanna Akritidu
Alexis Apostolellis
Kate Bath
Cherie Bennett
Jane Boag
Lynasabdy Bobbin
Samantha Bolton
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Ostap Kornev
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Samantha Williamson
Rachel Woodcroft
Lan Yao

Committees List 2019-2020

HIV ASHM BOARD SUBCOMMITTEE

Chair: Vincent Cornelisse
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Scott McGill
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Edwina Wright

HEPATITIS C ASHM BOARD SUBCOMMITTEE

Chair: David Iser
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Roshan Bhushal
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Nikitah Habraken
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Marianne Martinello
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Edmund Tse
Jana Van Der Jagt
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HEPATITIS B ASHM BOARD SUBCOMMITTEE

Chair: Gail Matthews
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Rhondda Lewis
Jacqui Richmond
Vanessa Towell
Nafisa Yussf

NURSING ASHM BOARD SUBCOMMITTEE

Chair: Jacqui Richmond
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Vickie Knight
Donna Tilley

SEXUAL HEALTH ASHM BOARD SUBCOMMITTEE

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Penny Kenchington
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Nick Medland
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Nathan Ryder
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Molly Stannard
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INTERNATIONAL ASHM BOARD SUBCOMMITTEE

Chair: Nick Medland
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Marcel Kalau
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Gail Matthews
Scott McGill
Michelle O Connor
Catherine O'Connor
Nikki Teggelove

FINANCE, RISK MANAGEMENT & AUDIT COMMITTEE

Chair: Alexis Apostolellis
Mark Bloch
Jamal Hakim
Penny Kenchington
Nick Medland

CONFERENCE ADVISORY GROUP

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COVID-19 TASKFORCE

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Joseph Doyle
Anne Drake
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Adam Ehm
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Sally Watkinson
Bradley Whitton
Shannon Woodward
Belinda Wozencroft
Nafisa Yussf

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Caroline van Gemert-Doyle
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Paula Vivili
Jack Wallace
Joe Wong
Heather Worth
Edwina Wright

HEPATITIS B

Hepatitis B Community of Practice GP Advisory Panel

Hepatitis B Clinical Standards and Accreditation Panel

Chair: Gail Matthews

Viral Hepatitis Nurse-led Models of Care Forum Committee

Hepatitis B Testing Policy Expert Reference Committee

Chair: Scott Bowden

HEPATITIS C

Australian Paediatric Hepatitis C Guidelines Committee

Chair: Michael Stormon

National Hepatitis C Testing Policy Expert Reference Committee

Chair: Robert Batey

Hepatitis C Community of Practice Advisory Panel

Treating Hepatitis C in General Practice GP Advisory Panel

Chair: Nada Andric

Hepatitis C in Drug and Alcohol Settings Education Program Steering Committee

HCV Education Program Steering Committee

Hepatitis C Point of Care Testing Education Program Steering Committee

Hep C in NSP Settings Education Program Steering Committee

Hepatitis C for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners Course Development Steering Committee

Chair: Phoebe Schroder

Hepatitis C for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners Course Development Expert Reference Committee

HIV

National HIV Standards Training and Accreditation Committee

Chair: Olga Vujovic

National HIV Standards for Training and Accreditation Course Review Sub-Committee

Chair: Olga Vujovic

ASHM Sub-Committee for Guidance on HIV Management in Australia (aka Antiretroviral Guidelines Committee)

Chair: James McMahon

HIV Paediatric Guidelines Committee

Chair: Adam Bartlett

PrEP Guidelines Committee

Chair: Edwina Wright

New Zealand PrEP Guidelines Committee

Co-Chair: Edward Coughlan

Co-Chair: Joe Rich

HIV Testing Policy Expert Reference Committee

Co-Chair: Philip Cunningham

Co-Chair: Phillip Keen

Hepatitis B Testing Policy Expert Reference Committee

Chair: Scott Bowden

HIV Management in Australasia Expert Reference Committee

Co-Chair: Martyn French

Co-Chair: Elizabeth Crock

Queensland Expert Advisory Committee

Co-Chair: Charles Gilks

SEXUAL HEALTH

STI Management Guidelines Major Review Steering Committee

Chair: Nicholas Medland

STI Management Guidelines Major Review Reference Committee

Chair: Vincent Cornelisse

Deadly Sex Organising Committee

CONFERENCES

2019 Australasian HIV&AIDS and Sexual Health Joint Conference National Program Committee

Penny Kenchington (Co-Convenor)

Lewis Marshall (Co-Convenor)

2020 AUSTRALASIAN HIV&AIDS AND SEXUAL HEALTH JOINT CONFERENCE NATIONAL PROGRAM COMMITTEE

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Kathleen Ryan (Co-Convenor)

Jane Hocking (Co-Convenor)

Jason Ong (Co-Convenor)

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Jason Grebely (Co-Convenor)

Kevin Marriott (Co-Convenor)

Mark Stoove (Co-Convenor)

RAP WORKING GROUP

Co-chair: Charles Gilks

Co-chair: Robert Monaghan

HTLV-1 WORKING GROUP

Chair: Damian Purcell

2019 LEVINIA CROOKS EMERGING LEADER IN VIRAL HEPATITIS AWARD

Behzad Hajarizadeh

2019 LEVINIA CROOKS EMERGING LEADER IN BBV/STI AWARD

Vincent Cornelisse

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Nicole Allard

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