ashm

Annual Report

2020 — 2021

HIV

- PrEP Guidelines Panel
- PrEP Guidelines Reviewing Committee
- NZ PrEP Guidelines Committee
- PEP Working Group
- HIV Management in Australasia Expert Reference Group
- National HIV Standards for Training and Accreditation Committee
- National HIV Standards for Training and Accreditation Course-Review Sub-Committee
- HIV Testing Policy Expert Reference Committee
- Sub-Committee for Guidance on HIV Management in Australia (ARV Guidelines Committee)
- ARV Guidelines Sub-committee: HIV Positive Women and Breastfeeding
- Paediatric ARV Guidelines Committee

Sexual Health

- Deadly Sex Organising Committee
- Australasian Sexual and Reproductive Health Alliance
- STI Management Guidelines Major Review Steering Committee
- ASHM/SSHC Advisory Committee

Hepatitis B

- Hepatitis B Clinical Standards and Accreditation Panel
- Hepatitis B Testing Policy Expert Reference Committee
- Viral Hepatitis Nurse-led Models of Care Forum Committee
- Hepatitis B Community of Practice GP Advisory Panel

Hepatitis C

- Australian Paediatric Hepatitis C Guidelines Committee
- Treating Hepatitis C in General Practice GP Advisory Committee
- Hepatitis C in Drug and Alcohol Settings Education Program Streeting Committee
- Beyond the C: Hepatitis Elimination in your Practice Steering Committee
- National Hepatitis C Testing Policy Expert Reference Committee

Conference

- Australasian Viral Hepatitis Conference Program Committee
- Australasian HIV & AIDS and Sexual Health Joint Conference National Program Committee
- Conference Advisory Group

Governance

- Reconciliation Action Plan Working Group
- Finance, Risk Management & Audit Committee
- Membership Working Group

International

- COVID-19 Regional Advisory Group
- Regional Network
- International Advisory Board

ASHM Board Advisory Groups

- Hepatitis C National Advisory Group
- Sexual Health National Advisory Group
- Nursing National Advisory Group
- Hepatitis B National Advisory Group
- International Advisory Group
- HIV National Advisory Group
- HTLV-1 National Advisory Group

COVID-19 Taskforce

Cluster Group One: Science and Epidemiology
- COVID-19 Epidemiology
- Virology

Cluster Group Two: COVID-19 Natural History & Testing
- Natural History
- Testing

Cluster Group Three: Clinical Care
- Practice Management
- CALD and Migrant populations
- Infection Control
- Sex workers
- Pharmacy
- People who use drugs homeless and outreach populations
- Nursing
- Justice Health
- Hepatitis C
- Hepatitis B
- Sexual Health
- HIV
- Indigenous Health
- Mental Health

Cluster Group Four: Research and Understanding the Data
- Understanding the data
- Research studies in Australasia and overseas

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. 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 Australia 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 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, and 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
Nick Medland

> When we look back on these times, what will we remember? The lockdowns? ICU filled beyond capacity? Health systems under stress? The horrifying images from countries hit harder than our own? The uncertainty?

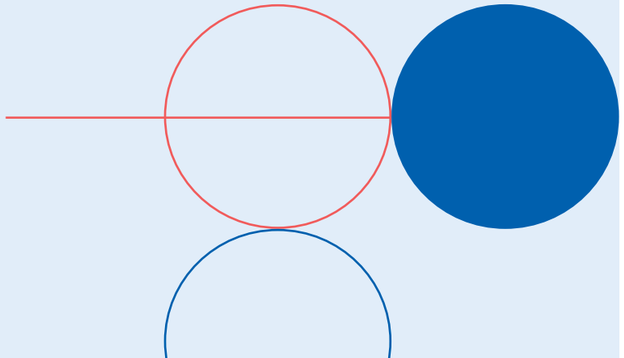
The trajectory of this current pandemic is still uncertain, but I hope we will remember how we contributed to our long-term successes against COVID-19. I hope we remember how we kept our focus on needs in HIV, sexual health and viral hepatitis – which have not diminished – and that our successes and strengths continued to grow. The HIV, sexual health and viral hepatitis response is the fight for equity, dignity and human rights as much as anything else. Perhaps all pandemics should be handled more like this? I hope we will look back to a time in which this was strengthened throughout the Asia Pacific region and globally – with ASHM playing a role – but also recognise the array of roles of the HIV experts here in Australia and globally to the prevention and management of SARS-CoV-2.

I joined ASHM in 1997, and when I look back on that time, I remember the hope new antiretrovirals brought after decades of misery, and when Australian GPs became global HIV treatment experts. This was, however, quickly qualified by complex adherence regimens - who can forget the ASHM conference with all those medication alarms going off during sessions as reminders to take thrice daily indinavir on an empty stomach - and moderated by cruel and disfiguring drug toxicity against a rising awareness of the devastating global impact of the HIV pandemic. I remember a community working arm in arm with clinicians, researchers, industry, and government but not afraid to hold them to account, including outrage when required.

Internationally, I remember continuing to shake the tree harder and harder until money fell out of it and the gradual emergence of global HIV treatment programs. I remember, much more recently, the delight of explaining U=U to my patients and looking forward to the release of the quarterly HIV data to see how new diagnoses had fallen in my own community, and the sadness that today's benefits were not shared by all. I remember a previously unimaginable envy of clinicians treating patients with hepatitis C. A cure!

ASHM has been there for all these milestones and many more. When it was ASHM's role to lead, we lead. And when it was ASHM's role to follow, we duly came along. I am immensely proud of our achievements in HIV and sexual health and viral hepatitis in Australia, and of the opportunity I have had to play a part in it, however small. My ASHM membership, my friendship with Levinia Crooks, annual conferences, and my years on the ASHM Board are all tied together with who I am as a professional and as a community member.

I am immensely proud to be President of ASHM, to realise this as a dream for me, and moreover proud of the work that we at ASHM, are doing.



CEO Report
Alexis Apostolellis

First, I would like to welcome Dr. Nick Medland in the presidency role. It is a delight working with Nick thanks to his deep sector knowledge and incredible passion.

While adjusting to COVID-19 as an organisation, ASHM's COVID-19 Taskforce and Regional Advisory Group- through so many selfless contributors - developed a range of guidance documents and webinars to provide as much support to the sector, especially in relating to vaccination. We were also delighted to hear this year's budget announcement of a specific Telehealth MBS item number, without restrictions for BBV and sexual health telehealth consults, after much advocacy.

> ASHM has continued to deliver on its mission and strategic plan despite COVID-19 through adaptation and innovation including the rapid conversion to online course delivery, proving to be tremendously successful and often reaching new audiences with the advantages of a virtual platform.

Our inaugural virtual conference event was held in November 2020. Other than in 2014, when we supported the World AIDS Congress in Melbourne, the 2020 Joint Australasian HIV&AIDS and Sexual Health Conferences was the first time a physical meeting had not happened in ASHM's history. The conference was amazing and the participation both in the number of registrations and "chat" discussions far exceeded our expectations. Congratulations to ASHM's Conference Team, who supported and guided the National Program Committee.

The Australasian Viral Hepatitis Conference, originally scheduled for August 2020, took place in May/June 2021 as ASHM's first hybrid conference running online with hubs in Brisbane and Sydney. This was a welcome opportunity for our sector to re-commit to the elimination of hepatitis C and the improved management of chronic hepatitis B again, despite the impact of COVID-19. Another conference highlight was an enormously successful Viral Hepatitis Nurse-led Models of Care Virtual Forum.

Nurses continue to be the fastest growing membership category for ASHM, and we have adapted our membership structure to be inclusive as possible, in addition to introducing a fee-free membership for students.

Our achievements over the last 30 years would not have been possible without the expertise of our Honorary Life Members, and this year Honorary Life Membership awards were awarded to Associate Professor Edwina Wright AM, Professor Basil Donovan, Professor Richard Doherty, Dr. Virginia Furner, Dr. Annie Balcomb and Dr. Arun Menon.

ASHM formally committed to advance reconciliation with our Aboriginal and Torres Strait Islander communities last year, as our "Reflect" Reconciliation Action Plan was endorsed. We are working to build a more comprehensive and inclusive Indigenous Health Engagement program.

I also want to thank everyone who has contributed their time and knowledge to our work. We look forward to continuing to work with you - our sector partners - in delivering our mission and vision.

Finally, I want to thank ASHM staff for their dedication and resilience during these trying times with every single person exceeding expectations. I especially want to thank Vanessa Towell for her incredible contribution to ASHM over the past decade and wish her every success in her new role, fortunately for us, still in our sector.

In memoriam – Jude Byrne

Jude was a source of great inspiration to many for decades and her legacy will endure, not just through her own enormous contribution to the drug user movement, but also through the many people she has mentored and encouraged throughout her career. Jude sat on many ASHM committees across conference, education and guidelines/resources over many years and she will be sorely missed.

Governance

In last year's annual report, we reflected on ASHM's overall governance framework and how it had coped in the face of the COVID-19 pandemic. We have since focussed on reviewing that framework and assessing its suitability for the ongoing changes brought about by COVID-19.

The primary issue was clearly that of Work Health and Safety (WHS). COVID-19 required a review of WHS policies and procedures to ensure they protected staff and the organisation. To assist with this process, and to provide an assurance framework (which had been developed entirely in-house), ASHM engaged a firm of specialist consultants to identify any significant gaps or areas for improvement. We are pleased to report that this review did not find any major deficiencies, although a couple of areas were identified for further development. These related to the enforcement of the existing remote ergonomic assessment program, the expansion of existing mental health assistance for staff and the introduction of related training for both staff and managers.

COVID-19 specific clauses also had to be added to other existing policies, such as travel, working from home and policies relating to the use of the office. It is worth noting that ASHM has a mature policy framework, resulting from the decision a few years ago to re-write all internal policies using a new template and using simpler and more consistent language. This framework is now largely complete; all policies have been re-written and adopted and, other than developing new policies as the need arises, the focus is now on periodic review and update. This year a policy compliance program was also commenced.

COVID-19 related travel restrictions meant that the usual bi-annual face-to-face Board meetings were not possible and instead had to be conducted via video call. This was not new to ASHM as our Board is located across Australia, NZ and the UK. However, the Board sees the face-to-face meetings as valuable opportunities to meet in person and so their absence was seen as a significant gap in the governance calendar. The 2020 Annual General Meeting also had to be conducted virtually. All special resolutions were passed unanimously, including a change to the constitution which means ASHM directors will now be elected for 2 years with 1 optional additional year before needing to seek re-election.

During the year ASHM subscribed to a new system called On Board, which has greatly improved the effectiveness of planning for and conducting Board meetings. The system has subsequently been rolled out to some Committee and internal meetings.

One other matter to note is the appointment of Jamal Hakim as Chair of ASHM's Finance, Risk Management and Audit Committee (FRMA). Jamal joined the FRMA in 2019 as an independent finance and governance expert and this appointment strengthens ASHM's overall governance framework. Governance resources have also been increased by the appointment of a Risk and Compliance Officer to support the Chief Finance and Operations Officer.

Our Reconciliation Action Plan

> 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 Reconciliation Action Plan (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.

ASHM's RAP (Reflect) was endorsed by Reconciliation Australia in early 2021 for the period of December 2020 to December 2021. It contained 17 unique actions and deliverables, ranging from training for staff to a review of employment practices.

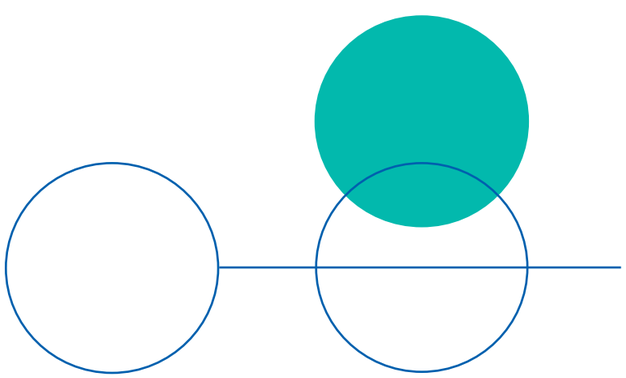
As the year progressed our working group worked hard to build the foundations of ASHMs reconciliation journey. So far, we have implemented new learning opportunities for our staff, identified organisations and stakeholders to engage with, changed our signatures to acknowledge the variety of countries we were all now living and working from, participated in external Reconciliation and NAIDOC week events, and developed important internal documentation and policies to help support and guide staff.

From this starting point, the RAP will guide ASHM in reinforcing its position as a culturally safe and representative organisation and strengthen the full and meaningful involvement of multi-disciplinary Aboriginal and Torres Strait Islander representative experts in all outputs.

This important piece of work was led by two ASHM RAP champions, Rachel Woodcroft and Scott McGill, and guided by the RAP working group with representation internally from Adi Hoare, Cara Bruce, Josh Cole, Karen Seagar, Melinda Hassall, Helen Gao, Rebecca Sutherland, and Virginia Clayton and externally from Ahmi Narkle, Charles Gilks, and Rob Monaghan.

Looking forward, in 2021 – 2022 we will focus on applying for the Innovate stage of our RAP. We will also recruit a dedicated Strategic Advisor position for the Indigenous Health Engagement program at ASHM and support the establishment of an ASHM Board Indigenous Health Engagement Advisory Group.

Image above: The artwork featured was commissioned for our RAP and created by Bianca Monaghan, Bundalung Cultural Experience.



> "The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine's inaugural Reflect Reconciliation Action Plan (RAP) marks a major step in our reconciliation journey. We see the RAP as a keystone achievement that supports and informs the work we undertake in partnership with Aboriginal and Torres Strait Islander communities in the response to blood-borne viruses and improving sexual health. Our RAP commitments reflect respect, partnership and opportunity for full Aboriginal and Torres Strait Islander engagement and also building a culturally safe and inclusive workplace for all".

ASHM CEO Alexis Alexis Apostolellis, ASHM Board Directors Robert Monaghan and Charlie Gilks on behalf of ASHM and the Reconciliation Action Plan Working Group.

Meet an ASHM Advisor

Penny Kenchington
ASHM Board Vice President
Nursing National Advisory Group

Could you provide a reflection on your work with ASHM over the last year? What are some highlights?

One of the highlights was being asked to coordinate the review of some of the Australian Sexual Health guidelines for Primary Care, including the rewriting of some sections. It's been an interesting experience, especially being allowed to have the scope within ASHM to change these guidelines with other experts. In my role as Vice President, I recently completed the media training which was very useful. I'm also on the Finance, Risk Management and Audit Committee—it's been interesting to review ASHM's finances and see how strong the organisation has continued to be over the many years. I've also been working with Melinda Hassall, ASHM's Clinical Nurse Lead on the Nursing National Advisory Committee.

What are some of your priorities for the coming year/years? Specifically, when it comes to your work with ASHM.

For a long time, I've been a consumer of ASHM education. This year I became a HIV s100 prescriber and last year a prescriber for hepatitis B medication via the ASHM courses. Doing the courses has been an important aspect of my professional development, and I recommend them to my colleagues who are interested in the sexual health and BBV aspects of healthcare. In the future, I'd like to be involved with the sexual and reproductive health care education that ASHM will progress with, as well as the sexual health care education for rural and remote clinicians. I think ASHM will play a big role in developing courses for Aboriginal and Torres Strait Islander health care workers and for remote area nurses and doctors, as there are enormous gaps in educational opportunities for these clinicians.

How has working with ASHM enhanced or supported your career development?

It's certainly supported it in terms of all the courses I've done over the years! I've also helped facilitate a lot of ASHM courses, so when it comes to my career, it's allowed for me to become more known within the community. I've now worked in sexual health for 26 years, so I've had the chance to attend quite a lot of the ASHM conferences and I've presented in several. I've also had the privilege of being a co-convener of the Joint Conferences which was both an interesting and challenging job. There's also been an ongoing recognition of my skills as a clinician, being invited on the sub-committees and asked to provide guidance. As a consumer of ASHM education, I'm now able to prescribe HIV medicines after all these years of working in the HIV space, and that's been a privilege in terms of being able to see that progression over the years.

Do you have any words of wisdom for people wanting to contribute to ASHM?

I think that because of the growth of ASHM's portfolio, there is a lot of scope for well-trained and experienced clinicians, or even junior clinicians, who have a passion for this area to give input. There's also a lot of work that needs to be done internationally, nationally, and locally and to build capacity in the health care workforce. Not all clinicians are good at talking about sex, so having that ability to teach others to be comfortable in this area of health, I think is one area where ASHM can continue to facilitate. Once you learn how to do it, it's no longer difficult.

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

"As the world has grappled with understanding SARS-COV-2 and COVID-19 illness, the ASHM Taskforce has similarly made significant strides in understanding their impact on the priority populations most affected by BBVs and across sexual health since the announcement of a global pandemic early in 2020.

Most welcome has been the phenomenal speed at which vaccinations have become available, however of course with co-existing challenges around effectiveness, availability, and acceptability. ASHM - with community peak organisations including NAPWHA and Hepatitis Australia - responded immediately to ensure that the vaccination roll-out in Australia properly prioritised those affected populations but also in exploring, incorporating, and smoothing out any practical barriers to equitable and acceptable access to those technologies.

Despite there being ongoing challenges around vaccine availability, impact of possible side effects and evolving guidance, against a backdrop of virus variants and community transmission and lockdown, ASHM has maintained a focus on tracking and digesting the evidence as it emerges to advise our sector colleagues quickly and simply – and is committed to undertaking this work. This has been especially recognised through the inaugural Governor General's 2020 COVID-19 Honour Roll received by Edwina Wright the Taskforce Chair. As we all adjust to the long-term impact of COVID-19 ASHM is embedding the Taskforce activities into standard processes and procedures to align with our vision, values, and approach."

Associate Professor Edwina Wright, Chair of the ASHM Taskforce on BBVs, Sexual Health and COVID-19, Scott McGill, co-Chair of the ASHM Taskforce on BBVs, Sexual Health and COVID-19

The ASHM Taskforce on BBVs, Sexual Health and COVID-19 (the Taskforce) was established in March 2020 to provide healthcare providers with evidence and guidance on scientific and clinical aspects of COVID-19 in relation to their patient populations living with (or at risk of) BBVs and people in need of sexual health care.

From its inception to 30th June 2021, with support from the 101 members across 20 cluster groups and core secretariat, the Taskforce has delivered 14 bulletins, 9 webinars, 18 guidance documents, and 2 FAQs.

A noteworthy accomplishment of the Taskforce is the reach of its outputs. For the 2020-2021 financial year, the Taskforce website was viewed a total of 18,789 times with the top five most accessed pages being:

1. Harm reduction approaches to casual sex during the COVID-19 pandemic (1,657 views)
2. FAQs for clinicians about COVID-19 vaccines and people living with HIV (1,403 views)
3. FAQs for clinicians about COVID-19 vaccines and people living with Hepatitis B/Hepatitis C-related chronic liver disease (1,391 views)
4. Registered COVID-19 studies in Australia and New Zealand (1,355 views)
5. Women's health and COVID-19 (891 views)

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

Meet an ASHM Advisor

Dr. Elizabeth Crock, AM

Nursing National Advisory Group Member

Could you provide a reflection on your work with ASHM over the last year? What are some highlights?

It's been wonderful to keep working with ASHM over the past year even though I stepped down from the Board in late 2020. The nursing sub-committee continues to remain strong and provides critical input into ASHM's activities. I've also been involved in the HIV and international sub-committees, as well as COVID-19 taskforce activities. Some highlights of the year have been contributing to reviewing some guidelines, including The Optimal Scenario & Context of Care: Guidance for Healthcare Providers Regarding Infant Feeding Options for People Living with HIV, Digital Anal Rectal Examination Guidelines, and the Principles Regarding the Prioritisation of COVID-19 Vaccines for PLHIV and their Service Providers. I really enjoy this work and hope to be able to contribute further in the future.

What are some of your priorities for the coming year/years? Specifically, when it comes to your work with ASHM.

Priorities for the coming year(s) for me include taking part in the vaccine rollout and COVID-19 testing, and perhaps doing some international work. It's also important that we update and revise the Nursing and Midwifery chapter of ASHM's resource "HIV Management in Australasia: a guide for clinical care". Lastly, I believe we need to make sure older PLHIV do not get left behind as COVID continues to draw a lot of focus.

How has working with ASHM enhanced or supported your career development?

Working with ASHM has enhanced my career; it has opened up opportunities to develop sound policy and practice on key issues of the day, to develop skills in public speaking and writing, presenting at conferences and education sessions, and collaborating with others in the sector to advocate for PLHIV and for those caring for them. I've gained valuable skills and experience on the Board in strategic decision-making and in human resources management too.

Do you have any words of wisdom for people wanting to contribute to ASHM?

I'd encourage members to join a sub-committee, express interest in taking part in ASHM's work when opportunities arise, share your skills and expertise, or simply attend sessions at an ASHM conference on something you know nothing about—it will open your eyes to so many areas of need and interest. Do some of ASHM's online education and gain a new qualification or skill. Prepare a paper to present at a conference on your work. There are so many ways to contribute and by doing so, you will also gain friends, mentors, colleagues with integrity who share your passion(s) and you will help make a difference in the world.

Membership

Membership Numbers

3,743
Individual Memberships

65
Organisational Sustaining Memberships

1,383
Affiliate Members

1,566
Complimentary (Course) Memberships

18
Honorary Life Members

Top 5 Professions

1,704
Nursing Professionals
*Fastest growing membership category

886
General Practitioners

266
Health Promotion/Educationalist

216
Infectious Disease Specialist

130
Allied Health Professional

ASHM Membership Continues to Grow

ASHM has always taken an inclusive and collaborative approach to growing our membership base. To make our membership more accessible we have continued to introduce membership fee options.

Results from our annual 2020 HIV and hepatitis B prescriber survey indicate that ASHM membership is considered a great way to support ASHM as a leading peak organisation and a way to support many of our important unfunded initiatives.

Our s100 prescribing members highlighted that bonus CPD points, given with each ordinary membership, and generous conference discounts to the Joint HIV&AIDS and Sexual Health Conferences were important member benefits. Professional networking and recognition were also included within the top 5 ASHM membership benefits.

Ordinary Membership	$235
Nursing Ordinary Membership	$110
Pharmacists Ordinary Membership	$110
Aboriginal and Torres Strait Islander Ordinary Membership	$110
Retired Membership	$66
International Membership (LMIC)	$110
Affiliate Membership (via OSM program)	No Charge
Student Membership (full-time students)	No Charge

Nursing – Our Fastest Growing Membership Category

It is little surprise that primary health care nurses are our fastest growing profession among both our individual and affiliate membership base. Nursing professionals are often the first port of call for people seeking healthcare in Australia and they play a critical role in the care of people with HIV, viral hepatitis, sexually transmitted infections, and sexual and reproductive health concerns.

April 2020 was a very important milestone for Australian Nurse Practitioners, as they are now able to prescribe treatments for hepatitis C, hepatitis B and HIV under the s100 program - greatly improving access to important treatments for many HIV and viral hepatitis patients.

Aboriginal and Torres Strait Islander Health Workers

As we launched our Reconciliation Action Plan in 2021, a key strategic focus for membership was to build strong relationships with Aboriginal and Torres Strait Islander health workers and their organisations.

We recognised that to provide culturally appropriate and effective support to the Aboriginal and Torres Strait Islander work force, we need to ensure that we work in partnership with, and under the guidance of, their communities. Having a strong and growing Aboriginal and Torres Strait Islander membership base will help us to achieve this.

We launched our newest membership category, the Aboriginal and Torres Strait Islander Ordinary Membership, in late 2020. This membership offering significantly reduced the cost of membership for Aboriginal and Torres Strait Islander health workers and we had a substantial uptake in members in this group soon after.

> “Many of the patients whom I am seeing with chronic hepatitis B are from marginalised groups within our community often and have difficulty accessing a hepatitis B prescriber, so being able to provide this service to them has improved their access to treatment in addition improved their level of medication adherence and hopefully their long-term outcomes.”
>
> **Suresh Sharma – ASHM Affiliate Member**

Our Organisational Partners

Our collaboration with over 65 organisations, as part of our Organisational Sustaining Membership Program, gives us significant representation across the BBV, STI, sexual and reproductive health sectors. This year saw a considerable increase in affiliate memberships, drawing together a range of professionals from community, research, clinical, policy, allied health, and the pharmaceutical industry.

These organisations continue to be selected on the basis that they share our mission, our core values and support our values: collaboration, facilitation, direct action, and workforce capacity building

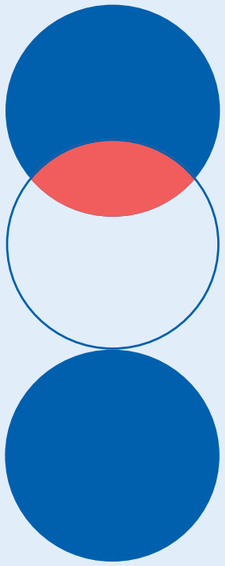
By continuing to expand our membership base via the Organisational Sustaining Membership Program, we aim to increase collaboration and knowledge sharing.

A Record Year in Honorary Life Memberships

ASHM Honorary Life Memberships recognise individuals who have made outstanding contributions to the Australasian and global responses to HIV, viral hepatitis, other blood-borne viruses, and sexually transmissible infections.

As we enter our fourth decade serving the sector, we want to acknowledge the significant contribution and untiring dedication of 6 ASHM members – who have played a crucial role in achieving our mission over the last 30 years.

It is fair to say that our achievements would not have been made possible without the generosity of time, input, and expertise of all our Honorary Life Members.



Associate Professor Edwina Wright, AM

Associate Professor Edwina's longstanding leadership role within the sector has strongly influenced clinical guidelines in HIV medicine for the past 30 years. Her tireless dedication to ASHM (as a former director, vice-president, and president and current ASHM TF chair and PrEP Guidelines Working Group along with other advisory roles) has been fundamental to our success.

Associate Professor Wright is an infectious diseases physician who specialises in HIV medicine and HIV clinical research in the Department of Infectious Diseases, Alfred Hospital, Monash Central Clinical School. She is also Honorary Principal Fellow and Co-Head HIV Elimination Program, Burnet Institute and Honorary Associate Professor, Peter Doherty Institute for Infection and Immunity.

Associate Professor Wright's clinical research interests include HIV prevention involving pre-exposure prophylaxis (PrEP) and early HIV treatment, HIV cure and HIV- associated neurological disorders. Dr. Wright has led national and international clinical trials including a large PrEP trial in Australia, which enrolled over 5,000 participants.

Professor Basil Donovan

Professor Donovan is a pioneer of sexual health research in Australia, being appointed to the country's first ever academic post in the discipline. He made key discoveries in HIV, such as the primary HIV illness and its characteristics, and was among the first to document the effects of concurrent HIV infection on hepatitis B virus infection.

As a founding member of ASHM, his contribution to both the organisation and the sector over the last 30 years has been substantial. The combination of Professor Donovan's frequently first-in-world achievements, amidst his many broader contributions within the scientific and community sectors, and his high standing in the field both nationally and internationally, make him an invaluable addition to the ASHM Honorary Life Membership list.

Dr. Annie Balcomb

Dr. Balcomb is a rural based GP based in Orange NSW who has been closely involved in treatment of chronic hepatitis C since 2008, undertaking her shared care training in 2007 and then participating in the GP initiation pilot in the days of interferon. Dr. Balcomb was instrumental in re-establishing a hepatitis C service in collaboration with local gastroenterologists based in an opiate replacement setting.

Dr. Balcomb has contributed extensively to ASHM's viral hepatitis programs as a writer, reviewer, and presenter of both education and resources. She has contributed to ASHM advocacy efforts to broaden prescriber eligibility for hepatitis B and C. Her boundless energy in delivering clinical services to her patients, promoting the benefits and availability of care and treatment, as well as educating and upskilling her peers has had an enormous impact on ASHM's efforts towards the objectives of the organisation.

Professor Richard Doherty

With a career spanning over 30 years working within the HIV and other BBVs sector, Professor Doherty was one of the founding members who assisted with the creation of ASHM, as a society back in 1988. Professor Doherty's ASHM membership commenced in 1991 when a formalised membership structure was introduced, and 30 years on he is still a current member and valuable supporter of ASHM and the sector.

His research interests have included basic and clinical virology, particularly of HIV, HTLV-1 and Herpes Simplex Virus as well as studies of immunological responses to viruses in vitro and in vaccine studies.

Dr. Virginia Furner

Dr. Furner has dedicated most of her working life to looking after people affected by HIV. She was instrumental in establishing the Albion Centre as an HIV testing and treatment centre in the 1980s and has continued to provide expert care for her patients continuously since then. She ran the Centre's clinical service for over 15 years and has specialised in the care of women with HIV infection. Dr. Furner is a quiet achiever who has constantly volunteered for increasing clinical duties as well as training clinicians both nationally and internationally in HIV management. She has maintained a heavy caseload of over 400 complex patients despite most of her peers having retired.

Dr. Furner has shown her commitment to teaching by upskilling other clinicians and being a regular tutor at ASHM courses. She willingly gives up her weekends and evenings to tutor those interested in improving their skills. Dr. Furner has also been a committed ASHM ordinary member for 21 years, first joining back in 2000.

Dr. Arun Menon

Dr Menon has worked to improve the health outcomes of people living with HIV in the Pacific and Papua New Guinea (PNG) in various capacities with ASHM for over 15 years. During this time, he has both developed and delivered important training and mentoring to sexual health and HIV workers within the region.

Dr Menon has been working as the clinical lead on ASHM International's long-term project in PNG, the Collaboration for Health Project in PNG (since 2005), the Sexual and Reproductive Health Integration Project in PNG and the Pacific Sexual Health Workforce Capacity Building Project. His tireless commitment to vulnerable populations ensures people in PNG can access quality sexual health services.

Meet an ASHM Advisor

Robert Monaghan
ASHM Board Member
Reconciliation Action Plan
Working Group Co-chair

Could you provide a reflection on your work with ASHM over the last year? What are some highlights?

My work with ASHM over the past 12 months, and before that, has been focused on advising and guiding ASHM, about how we apply ASHM's workforce, and how we apply ASHM's commitment towards Aboriginal people and service providers. One thing we're very proud of is that we've undertaken a Reconciliation Action Plan, which was launched in the last 12 months. It's had great reviews, and it's been a great working experience collaborating with the RAP Working Group. It's a document that will give ASHM guidance in the future, in how they acknowledge and how they work with Aboriginal people on an ongoing basis. Being on the ASHM Board has been another highlight, and in recent memory, there hasn't been that board representation, to give ASHM that guidance on Aboriginal viewpoints. I think ASHM is on the cusp of launching into the Aboriginal space; they are very committed and now in my role, it's to give them some guidance in that area.

What are some of your priorities for the coming year/years?

The biggest priority for me, and the RAP Working Group, is to embed the RAP into ASHM's everyday work and policies. I want it to be a go-to document for the ASHM workforce. Our next goal is that we need to focus on, is how do we increase the Aboriginal workforce within ASHM, to a level that's complementary to the work that we do. How do we get staff on board? How do we make ASHM an attractive workplace to work at? These are our next goals.

How has working with ASHM enhanced or supported your career development?

I've always had a relationship with ASHM—I've been in health for well over 30 years, so I've always had a relationship with ASHM when it comes STIs and BBV sector. It's enhanced my profile more in this space, and it complements the work that I do with the Kirby Institute around STIs and BBVs. I would like to think that eventually, it will create some new partnerships with UNSW and the Kirby. Working with ASHM has given me a bigger profile on a national scale. There are people on the ASHM Board, that are young and dedicated, that gives you the inspiration to do things. Some of the work we see our colleagues doing at ASHM and on the Board is just amazing.

Do you have any words of wisdom for people wanting to contribute to ASHM?

We need more Aboriginal people in Aboriginal positions within ASHM, because when it comes to a lot of the work we do, Aboriginal people are the target population. So it would be great for more people to come on board. There are great opportunities, not only to work within ASHM, but to further your career. I would highly recommend ASHM as a place of destination for the Aboriginal workforce. It's also about collaboration in the areas, across the regions, across states. I think ASHM is very culturally aware, and is becoming more culturally aware when it comes to Aboriginal people. And that can only grow with more Aboriginal staff on board, more Aboriginal partners, and through the Board.

National Education

202

Domestic courses run

6

Face to face only courses run

196

Webinar only courses run

4,730
Number of health professionals trained

1,600
Number of GPs trained

1,765
Number of nurses trained

Total number of courses delivered across each disease type

31	47	43	81
HBV	HCV	HIV	SH

21 NPs
Accredited between in 2021-2022

404 HBV
Community prescribers as of 30 June 2021

107 New HBV prescribers accredited in 2021-2022

88%
Percentage of prescribers who provided telehealth from their primary practice in 2020

447 HIV
Community prescribers as of 30 June 2021

86 New HIV prescribers accredited in 2021-2022

93%
Percentage of prescribers who provided telehealth to eligible patients living with HIV from their primary practice in 2020

HIV

U=U: ASHM Guidance for Health Care Professionals

The Positive Perspectives 2 Survey, showed that positive health outcomes are experienced by people living with HIV when their healthcare providers spoke to them about U=U.

ASHM had already been recognised as a leading agency in the promotion of U=U guidance to healthcare providers, but this feedback spurred us to update our guidance.

We brought together a team of graphic designers, policy makers, international advocates, and world-renowned clinicians to provide the first of its kind national guidance for healthcare providers on the latest developments coming from the global campaign that Undetectable = Untransmissible; you cannot pass on HIV via sex if you have a stable and undetectable HIV viral load.

This guidance has been applauded by global agencies including the WHO, IACSO, and GNP+. It has also been profiled at the July IAS 2021 conference in a special session as a national case study on scaling upon prevention messages and technologies globally.

ASHM's work on U=U guidance is not just about promoting the unequivocal scientific evidence; it is also about encouraging best practice among healthcare providers.

"As a sexual health clinician, I love to share the hopeful message of U=U with my patients living with HIV. I never get tired of seeing their reaction (especially from those who have never heard about it before): there is a momentary look of disbelief which often is rapidly followed by a change in their demeanor as if a heavy burden is lifted from their shoulders when they realize they cannot transmit the virus to those around them."

Dr Jason Ong, Sexual Health Physician and ASHM Board Director

Highlights

New Zealand PrEP Clinical Guidelines

ASHM was privileged to work with the New Zealand AIDS Foundation and on the adaptation of ASHM National PrEP Clinical guidelines for a New Zealand audience.

> "The NZ commentary on the ASHM PrEP guidelines demonstrated what success can look like with such fabulous collaboration between ASHM, NZAF, clinician and other interested parties. ASHM has been both very professional and collaborative in their support of this process"
>
> **Dr Edward Coughlan, Sexual Health Physician**

HIV Clinical Update, New Zealand

On 28 May 2021, ASHM delivered its 8th Annual HIV Clinical Update in New Zealand in a hybrid format, online but with face-to-face hubs located in Christchurch, Auckland, Wellington, Rotorua, Palmerston North, and Dunedin. Keynote speaker Professor Saye Khoo, co-founder of the internationally renowned Liverpool HIV and Hepatitis Drug Interactions team from the University of Liverpool, UK presented the pharmacology of HIV treatment failure and how treatment may be improved through individualised care with a better understanding of drug pharmacology. The event attracted over 100 participants from across New Zealand and received overwhelmingly positive feedback.

PrEP and the PBS

ASHM was advised in November 2020 that a submission to the Pharmaceutical Benefits Advisory Committee to change the PBS criteria for prescribing PrEP was successful. Thanks to the efforts of the PrEP Guidelines Committee, particularly Chair Associate Professor Edwina Wright and committee member Bill Whittaker, it is now easier than ever to prescribe PBS-funded PrEP. Key changes included the removal of high and medium HIV risk categories, and aligning them with the PrEP suitability criteria in the 2019 updated ASHM PrEP guidelines, the removal of an age restriction where a patient was required to be 18 years or older, the expansion of the window for a negative HIV test result before treatment to *4 weeks, assisting access for rural and remote patients, and lastly, the restriction level has been reduced from "Authority Required" to a "Restricted Benefit" to support broad access for patients who are at risk of HIV infection.

HIV and Ageing Online Learning Module

ASHM launched our online learning module, HIV in Ageing: for Aged Care and Community Nurses in mid-2020. The one-hour module is an introduction to HIV, with a focus on the health challenges of HIV in ageing and explores the nurse's role in patient management and care, including managing common comorbidities, supporting psychosocial needs, managing medication adherence, and maintaining patient privacy. The module is endorsed by the Australasian Sexual Health and HIV Nurses Association and the Australian College of Nursing, and as with all our courses is free to access.

Viral Hepatitis

The Viral Hepatitis Mapping Project Report

In July 2020, the WHO Collaborating Centre for Viral Hepatitis at the Doherty Institute, in partnership with ASHM, launched The Viral Hepatitis Mapping Project Report for 2019.

The Viral Hepatitis Mapping Project, which maps the prevalence, diagnosis, monitoring, and treatment of hepatitis B and C, is funded by the Australian Government Department of Health using data from national communicable disease surveillance along with records available from Medicare Australia. It identifies priority regions for improving access to treatment and care and highlighting areas where profound progress has been made.

Hepatitis B

Treatment uptake for CHB in 2018 was 9.3% overall in Australia, well short of the National Strategy target of 20% by 2022. If current trends in uptake continue, Australia will not meet this target until 2044. In more than one-third of Australia's PHNs, treatment uptake was less than 5%.

While all people living with CHB should be engaged in regular monitoring, the National Strategy target for the proportion of people receiving care is 50%. However, in even the highest-achieving PHN, less than 40% of people living with CHB were in care. Further analysis of the cascade of care demonstrates that less than half of all people living with CHB have ever had a viral load test to assess their disease status and need for treatment, and only 11% had monitoring at the frequency recommended in clinical guidelines.

CHB treatment and care uptake was generally lowest in rural and remote regions of Australia, highlighting the particular barriers for people located furthest from major cities, however, some areas have achieved profoundly impressive results despite these challenges. In the Northern Territory, care uptake was higher than in any other state or territory in Australia, and antiviral treatment coverage has increased at a rate more than double the national average. In remote areas, many primary care practitioners have stepped up to provide hepatitis B treatment, and the PHNs with the highest rates of GP monitoring and treatment included the Northern Territory, Northern Queensland, and Country WA.

Hepatitis C

By June 2019, it was estimated that 40% of all Australians living with CHC had received treatment, reinforcing Australia's position as a leader in the global hepatitis C response. However, despite the very high uptake achieved when the new highly effective direct-acting antivirals (DAAs) were first listed on the PBS in March 2016, the number of people being treated for CHC has continued to decline over time. Even if current treatment levels do not decline any further, Australia is not projected to meet the 2022 National Strategy target of 65%. Despite this decline, if current trends remain stable, nine of Australia's 31 PHNs are on track to meet the National Strategy target and all are located in urban and inner regional locations, with more remote regions being those in greatest need of increased access to treatment. Treatment of CHC by GPs increased as a proportion of total prescriptions from 10.1% in March 2016 to 49.3% in December 2018, making GPs now the most common prescribers of DAAs. Those PHNs where GP prescribing was highest were generally rural and regional, demonstrating the crucial role of primary care practitioners in increasing treatment access for those living outside major cities.

Highlights

The Viral Hepatitis Nurse-led Models of Care Virtual Forum

The Viral Hepatitis Nurse-led Models of Care Virtual Forum was held on 29 May 2021, prior to the 12th Australasian Viral Hepatitis Conference. With the support of an independent steering committee with representatives from the Burnet Institute, the Australasian Hepatology Association, Drug and Alcohol Nurses of Australasia Australian College of Nurse Practitioners, and the Hepatitis Foundation of New Zealand the forum was delivered as an online event.

A total of 61 nurses and nurse practitioners joined the virtual forum, with 37 attendees from six states within Australia and 24 attendees from New Zealand. There were ten models of care showcased over three themes: Nurses at the forefront, Access and equity, and Priority populations.

Viral Hepatitis Nurse and Midwife Webinars

The Viral Hepatitis webinars have been developed to improve health outcomes of people living with viral hepatitis in Western Australia. The workshops will be comprised of a 90-minute interactive online training session on Zoom consisting of presentations and quiz questions and will focus on increasing knowledge and confidence of Nurses and Midwives to educate patients, advocate for their patients, and provide ongoing management. They will be delivered in August and will bring together nurses and midwives across Western Australia.

Hepatitis B

Hepatitis B Primary Care Referral Pilot Project

Currently, there are few formalised mechanisms to support the referral of people living with chronic hepatitis B (CHB) from specialist services to GP prescribers in community settings. This inhibits the volume of patients who can benefit from hepatitis B management, care, and treatment by a community-based prescriber.

ASHM is piloting the introduction of referral processes from specialist clinics back to the community for people living with CHB with new frameworks and care pathways to improve access to care and treatment in the community and across primary health services, including Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse communities from higher prevalence countries. The project will focus on geographic locations with a high prevalence of CHB and longer wait times in outpatient clinics.

Currently, there are few formalised mechanisms to support the referral of people living with CHB from specialist services to GP prescribers in community settings. This inhibits the volume of patients who can benefit from hepatitis B management, care, and treatment by a community-based prescriber.

Previous studies in this area suggest that the lack of systematic programs or pathways established make it difficult to refer patients back to general practice for CHB management, with the process often relying on the individual relationships between GPs and the specialist service or specialist themself.

In addition, the most identified barrier to CHB management in primary care for GPs is unclear referral pathways, limited feedback from specialists after referrals and, limited support for hepatitis b management.

These identified gaps in the current treatment and care landscape across Australia is where this pilot project can target and seek to support GPs and specialist services. By promoting and supporting local GPs in increasing monitoring and management of CHB in primary care, patients could be engaged in care in a setting and manner that is convenient to them.

Our next steps include setting up appropriate project management and project governance structures to allow comprehensive planning for the project and the proposed pilot areas. Aspects of the project will be co-designed with both clinicians and those in the community living with CHB, to ensure any new processes and materials are fit for purpose and provide a positive, simple and seamless user experience.

Highlights

Nurse Practitioner Prescribers

Since 1 April 2020, nurse practitioners (NPs) have been eligible to become authorised hepatitis B s100 prescribers. This change to the Pharmaceutical Benefits Scheme (PBS) has been instrumental in the accessibility of treatment for vulnerable populations who may not access the primary care system and live in rural and remote areas, experience homelessness, or are within custodial settings.

NPs can be authorised through attendance at our Hepatitis B s100 Prescriber Course, or through recognition of prior experience. As of 30 June 2021, ASHM supported 24 NPs accredited to prescribe HBV s100 medications (4 authorised through recognition of prior experience, and 20 via ASHM's Hepatitis B s100 Prescriber Courses) ASHM reached out to Burglind Liddle, the first NP accredited to prescribe, and asked how it has impacted her practice:

> "Since becoming a HBV s100 Prescriber it has given me the opportunities to increase my breadth of care for the hepatitis B community. I have had the privilege of commencing patients on treatments as well as providing high quality continuing care both pharmacological and non-pharmacological to our patients."

Burglind Liddle, HBV NP s100

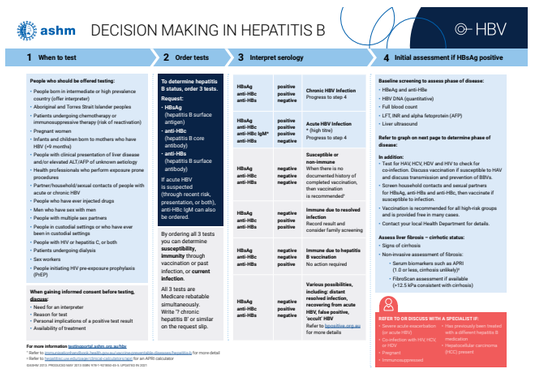
Decision making in Hepatitis B tool

ASHM updated its flagship 'Decision making in Hepatitis B tool' to provide greater detail to assist primary care providers to screen, diagnose, treat, and manage hepatitis B.

Presenting a clear and simple step-by-step for primary care providers to follow, the 2-page tool provides a comprehensive overview of hepatitis B management. The resource includes indications for testing, interpretation of hepatitis B serology and required actions, initial assessment, determination of treatment indication, ongoing monitoring and follow-up, as well as guidance on when to discuss with or refer to a specialist.

2021 updates to the tool include:

- When to refer to or discuss with a specialist
- Greater detail regarding interpretation of serology
- How to assess for liver fibrosis
- Considerations for gaining informed consent
- HBV DNA levels in each phase of chronic hepatitis B to assist with disease staging
- Guidance on how, and how often, to monitor patients, depending on phase of disease
- Who and how to screen for hepatocellular carcinoma



Culturally Responsive Care and Hepatitis B

In 2021, ASHM began scoping the need for a course focusing on culturally responsive care in the context of hepatitis B for Western Australia (WA). To understand the education needs this course would need to address, ASHM liaised with a variety of community organisations and local health workers including Hepatitis WA, Ethnic Community Council of WA, Association for Services to Torture and Trauma Survivors, Humanitarian Entrant Health Service, and PCH Refugee Health Service.

After consultation with these services, ASHM developed a two-session webinar series. The first involved an introduction of key stakeholders working in WA's CALD, refugee and migrant sector, a presentation from a lived experience speaker, and a short case study. The second session invited speakers from the first session back to sit on a virtual panel and discuss another case study as a group. The panel consisted of clinicians, a person with lived experience and two community organisations.

Feedback from the course was positive and participants outlined it was valuable and informative. 96% of survey respondents reported the learning objective 'Outline the importance of providing culturally responsive and trauma-informed health care, including working with interpreters,' was mostly or entirely met.

Course Conversion for Hepatitis B s100 Prescriber Course, Abstract Accepted For The 2021 Australasian Viral Hepatitis Conference.

When the COVID-19 pandemic halted face to face events, ASHM had to reassess how professional development to the workforce would be delivered. The first course in the hepatitis B program that was considered for conversion into an online format was the Hepatitis B s100 Prescriber Course.

It was essential that we were able to continue to train community-based practitioners to effectively screen, diagnose, monitor and treat those living with hepatitis B in the community. To do this in compliance with pandemic restrictions, an online model of delivery was selected. There were many content options possible: readings, pre-recorded videos, interactive live webinars, discussion boards, quizzes and assignments and case discussions.

All content was analysed using adult learning principles such as ensuring learning is self-directed and practical, to determine the most appropriate option(s) for delivery.

The hepatitis B team submitted an abstract on this course conversion work to the 2021 Australasian Viral Hepatitis Conference and was granted a poster submission.

National Hepatitis B Testing Policy

The National Hepatitis B Testing Policy was developed as a concise source of standardised, currently available information, to inform health professionals, government and industry about specific matters associated with hepatitis B testing. It is designed primarily to inform those involved in ordering and performing hepatitis B tests, and receiving and interpreting results.

The Policy was written by the Hepatitis B Virus Testing Policy Expert Reference Committee, funded by the Australian Government Department of Health. The process was coordinated by ASHM.

Some significant changes were included in the updated edition of the National Hepatitis B Testing Policy, which is now prefaced by an Executive Summary. This provides a brief synopsis of the contents, giving readers the opportunity to focus on the sections of interest without having to read the entire document.

The National Hepatitis B Testing Policy has been endorsed by the Blood Borne Viruses and Sexually Transmissible Infections Committee, effective 18 February 2021.

Hepatitis C

Beyond the C: Hepatitis C Elimination in your practice

Beyond the C is a comprehensive and incentivised model of virtual practice support to facilitate active case finding, screening, testing, and treatment of hepatitis C.

Utilising a whole of practice approach, the project provides primary care practices with tailored support and education to build the capacity to implement quality improvement activities and enhance hepatitis C care through clinical auditing.
The aim of the project is to embed sustainable QI skills into routine practice, and increase the number of people identified for screening, testing, and treatment.

Practices that we recruited were guided by our General Practice Nurse Consultant to utilise their Medical Software System for case finding and auditing. Project development commenced in September 2019, recruitment commenced approximately one year later. Project development has been an iterative process, overall our approach was one of flexibility and adaptability - providing tailored support depending on baseline level of hepatitis C knowledge, capacity within the team, and confidence with the medical software.

Across the project lifespan, we have had 27 practices enrol and one additional practice who enrolled and has subsequently been unable to participate. Recruitment was staggered and practices were self-selecting. Thus far, 83% of practices have submitted their data, with over 1800 files identified through the data search for review and audit, and a number of people having already initiated treatment. A whole of practice team building approach has also been a key strength and has shown the potential for the project to support laying the framework for long term practice capacity building. Throughout the course of the project, ASHM staff have collaborated with several passionate individuals, engaged in remarkable work in their practice settings, to address this important public health issue.

One such GP remarked 'it's very rewarding and I think it's like you're preventing a serious disease, the patients are very engaging- it challenges us in a good way, challenges our assumptions..... treating hepatitis C is not as complex as perhaps we may have believed before. I think it is just a very rewarding chronic condition to treat, with significant rewards for both patient and clinician in the long term.'

Highlights

2021 Treating Hepatitis C in General Practice Virtual Forum

The 2021 Treating Hepatitis C in General Practice Virtual Forum was delivered adjacent to the 12th Australasian Viral Hepatitis Conference. The forum brought together GPs from around Australia to discuss their experiences, strategies for success and innovative models of care for the treatment of people living with hepatitis C in a range of primary care and priority settings. The forum's format and content were guided by the General Practitioner Advisory Panel with dedicated members from four Australian states and territories. The forum was delivered primarily by GPs who are experienced in treating patients with HCV, with contributions from several specialist physicians.

2021 Queensland Prisons Forum

The 2021 Queensland Prisons Forum was convened in recognition of the high prevalence of hepatitis C among people in custodial settings, and the challenges for providing care in this environment. Representatives from each correctional centre in attendance and sector stakeholders provided an update on their hepatitis C programs including progress and changes implemented over the past 12 months, remaining challenges, and future directions. The forum concluded with a panel discussion which focused on scaling-up the capacity of the health workforce in consideration of current constraints with new systems and innovative models of care. Seven recommendations were developed to support the health workforce.

Hepatitis C for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners Education Program

The Hepatitis C for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners Education Program is a tailored program endorsed by the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners that provides Aboriginal and Torres Strait Islander Health Workers and Health Practitioners with practical skills and knowledge in hepatitis C diagnosis and care to support their clients and communities.

Delivered in collaboration with EC Australia, the program adopts a strength-based approach, with a discussion-based format encouraging participants to share how their services test and treat hepatitis C in a non-stigmatising manner. The program includes a mix of presentations, videos, discussions, case studies, and role plays. Content is adapted to local context and tailored to state/territory settings as appropriate.

Facilitating linkages between nurses and hepatitis C prescribers in regional NSW program

NSW Health funded ASHM to roll out a program to facilitate linkages between nurses and hepatitis C prescribers in regional areas with an aim to increase access to hepatitis C treatment.

The program provides a framework whereby nurses undertake the screening, assessment and work up of people with hepatitis C and links them with prescribers who can initiate treatment remotely. The referring nurse provides treatment support as needed and arranges for the necessary follow-up testing to establish hepatitis C cure and ongoing monitoring if indicated. Advantages of this nurse-led model include greater accessibility, flexibility, and convenience for clients progressing through the cascade of care from diagnosis to treatment.

Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program

The Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program is a tailored, CME accredited program that provides healthcare practitioners with the knowledge and skills to expand hepatitis C care beyond hospital settings.

In collaboration with the International Network on Health and Hepatitis in Substance Users (INHSU) the education program has been successfully delivered across ten countries. The program consists of a blended learning approach, utilising online learning, interactive workshops, interactive resources, and decision-making tools. Content is adapted to local context and tailored to regional, state/province, and local health district settings as appropriate.

During 2020/2021, ASHM continued program delivery in France, Germany, and Canada. Despite the COVID-19 pandemic and its accompanying restrictions, successful adaptation of the face-to-face elements to an online classroom format meant that 110 health care practitioners were trained across 5 virtual workshops.

Sexual and Reproductive Health

Sexual and Reproductive Health in Primary Care Course

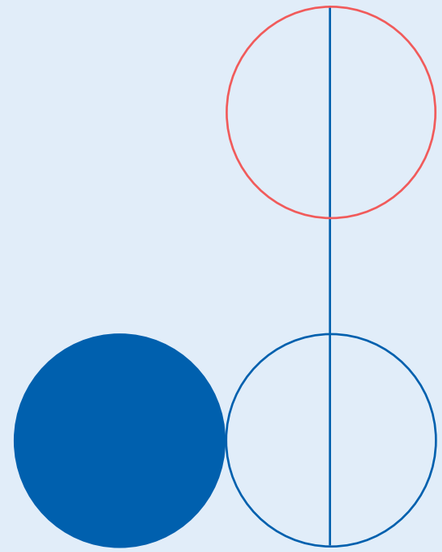
In an exciting new step for ASHM, the Sexual Health team developed and delivered its first piece of reproductive health education; the Sexual and Reproductive Health in Primary Care course. The introduction of reproductive health was a natural and obvious development for ASHM. It acknowledges that to achieve positive health outcomes, sexual health and reproductive interventions must be addressed alongside one another.

For this new development, ASHM collaborated with QLD-based Iris Education, a health professional education company that is passionate about providing high quality education in Reproductive and Sexual Health. Iris Education is made up of expert sexual and reproductive health clinicians and experienced clinical educators who are active in clinical practice and have worked extensively providing education and professional development for GPs, GP registrars, international medical graduates, and nurses for more than two decades.

The Sexual and Reproductive Health in Primary Care course aims to provide practitioners with an overview of sexual and reproductive health care in general practice, covering sexual health communication, sexual history taking, STI screening, contraception and unintended pregnancy, and abortion care. This training also discusses how STI screening can be integrated into contraception and unintended pregnancy consultations. Having been successfully delivered twice to primary care providers across Australia with excellent feedback ASHM will continue to deliver this course into the next financial year.

This course is just the first of many new reproductive health developments on the horizon for ASHM. The next major project in collaboration with the Australasian Sexual Health Alliance being the Australasian Reproductive Health Day at the 2021 Joint Australasian Sexual Health and HIV&AIDS Conferences. The introduction of a stand-alone reproductive health day within the Joint Conference is a natural and obvious synergy. This integration will provide opportunities for professional development and networking across disciplines, encouraging a broader engagement across research, clinical management, prevention, to ensure best practice and policy.

The day's program will focus on securing the future of reproductive health and rights, concentrating on leadership, technology, workforce, community and civil society, and their role in achieving universal access to contraception, abortion and preventing reproductive coercion.



Highlights

STI Guidelines Australia & New Zealand

Throughout 2020 and 2021 the Sexual Health Program, in collaboration with the Australasian Sexual Health Alliance, the ASHM Sexual Health Board Sub-committee, and the New Zealand Sexual Health Society are continuing work to undergo a major review of the Australian STI Guidelines for Primary Care and the New Zealand STI Guidelines for Primary Care. This work is due to be completed by the end of 2021.

Sexual Health Nurses Working with Young People Course

This new course will equip nurses with the knowledge and skills to confidently provide strength-based, sex-positive, and holistic sexual and reproductive healthcare to young people. This course is being developed with an expert steering committee of nurses, psychologists, social workers, academics, and health promotion officers. The pilot will be delivered in late 2021.

Sexual Health Workforce Bulletin: Love in the Time of COVID-19

ASHM's Sexual Health team worked closely with stakeholders from sexual and reproductive health care organisations across Australia to produce a digital bulletin that provided updated information on changes in clinical practice, health service innovation, medical education, emerging research, as well as other useful resources. A special retrospective edition was created in December 2020, received a series of compelling submissions with an impressive open rate of 70%. The latest bulletin, which was distributed in March this year, was successfully distributed to at least 8,000 individuals and organisations across the Australasian region. This was a significant achievement, as in 2020 the average open rate for emails from healthcare services globally was 23.4% (Campaign Monitor, 2020).

STI & BBV Nursing: Management & Care online adaptation

In the wake of the COVID-19 pandemic, the sexual health team adapted several face-to-face courses to an online format. STI and BBV Nursing: Management and Care is one of the team's most extensive courses, so the updated program had to remain engaging for an online audience. Evaluation data show course satisfaction and confidence are still high even with the new delivery format.

Deadly Sex Congress 2021

Deadly Sex is an annual forum for QLD Aboriginal and Torres Strait Islander health workers and practitioners to update knowledge, build workforce capacity, and share stories. ASHM supports a committee of Aboriginal and Torres Strait Islander health workers to develop and deliver the congress each year. Topics in 2021 included current and emerging issues in BBVs and STIs, hepatitis C, harm reduction, contact tracing, men's and women's health, healthy relationships, and resource development.

The ASHM Public Health Virtual Experience Program

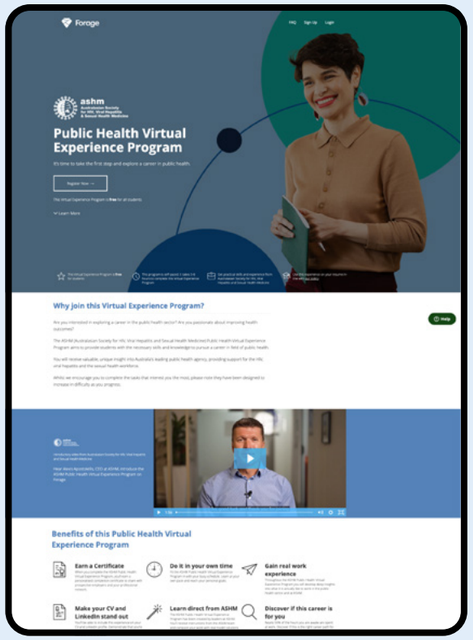
Launched in May 2021, the ASHM Public Health Virtual Experience Program is a collaborative project with Forage, an open-access online education platform to provide students in their earliest career with the necessary skills and knowledge to pursue a career in the field of public health.

Those who undertake the program receive valuable, unique insights into Australia's leading public health organsiation, providing support for the HIV, viral hepatitis, and the sexual health workforce. The virtual experience program distils the ASHM 'workplace' into a series of engaging, real-life, self-guided tasks. The program is modelled on real-world tasks and projects undertaken by individuals working in public health.

Students are asked to develop an outline for a policy and advocacy strategy, undertake stakeholder mapping for guideline development, write an abstract submission for a conference and assist with responding to a tender to build the capacity of healthcare workers in Papua New Guinea in HIV and sexual health.

When participants complete the program, they obtain a certificate they can add to their resume and use as a talking point in job interviews. Participants will leave the program with demonstrable skills that employers in public health organisations are looking for.

Over 1,500 students across the globe have now enrolled in the ASHM Public Health Virtual Experience Program.



Quotes from Participants

"Great initiative by ASHM to help students learn about background work of public health programs and the field of public health as well as explore their interest for the field".

"It was a fun and insightful experience as each of the task presents a purpose. The tasks were inspired from real reports and public policies, which increases its legitimacy and accuracy to the work that ASHM does. An area of improvement would be better step-by-step guidance for the larger tasks."

"For a fresh graduate, straight out of college, this has been a very informative learning experience for me. looking forward to more. Thank you."

Meet an ASHM Advisor

Dr. Jacqui Richmond
ASHM Board Member
Nursing National Advisory Group Member
Hepatitis B National Advisory Group Member

Could you provide a reflection on your work with ASHM over the last year? What are some highlights?

One of the biggest highlights for me has been my involvement in the nursing education program. It absolutely feeds my soul to see so many nurses keen to learn about viral hepatitis. In the last year, I feel like we've done way more than what we usually would have—we've reached people in parts of Australia who wouldn't have normally been able to attend a face-to-face course. One of the great joys for me is that I've finally had the opportunity to work with Cherie Bennett, ASHM's Medical Educator, and Donna Tilley in the sexual nursing program. It has opened my eyes to the important role that sexual health nurses have in delivering viral hepatitis testing, treatment, and care. Another highlight has been working with Melinda Hassall, ASHM's Clinical Nurse Lead, on the Nursing ASHM Board Advisory Group. It's slowly been growing in momentum, and it's a great interdisciplinary opportunity for us to all come together under the ASHM banner, for us to work collaboratively and learn from each other's disciplines.

What are some of your priorities for the coming year/years?

For me, it's maintaining ASHM's reach throughout the country, in terms of being a provider of high-quality education. I think that the opportunity that these courses provide nurses who are either new to nursing or the area of viral hepatitis, allows these individuals to create new networks and to meet people. We have some amazing thought leaders that come in and deliver these education sessions, so my focus is on maintaining and enhancing the educational reach that ASHM has in the viral hepatitis space. I feel very fortunate to be on the ASHM Board because it's an opportunity to raise the presence of nurses within ASHM. Nurses should always be sitting around the table—we need to be given the opportunity to use and maintain the momentum that others before us have created.

How has working with ASHM enhanced or supported your career development?

The work that I do with ASHM is probably the work that I'm most passionate about, in terms of the development and delivery of education to build champions within the health care sector. I strongly believe in the work, but I also love it. I am so incredibly grateful for the opportunities ASHM has afforded me. ASHM has always enabled me to have contact with different people, has allowed me the opportunity to use my work experience to guide the development and delivery of education which then helps to shape the way future models of care evolve and develop. I feel incredibly fortunate to have had this opportunity.

Do you have any words of wisdom for people wanting to contribute to ASHM?

Get on that train! Because you are afforded opportunities. The work that I've done with ASHM has given me opportunities that as a nurse I never thought I would be involved in, like developing policies, and allowing my direct experience to inform the way work is done in the future. Then there's being involved in organising committees for forums and conferences. It's incredible the skills and the planning and the teamwork that goes into those types of events. You always get something out of contributing to something that might not be directly within your sphere or your scope of practice, but it informs a broader understanding of how the world works. You get to meet new people, develop new skills, and learn new things.

International

Long Term Program	Project	Country	Output	Data
Clinical Training & Mentoring	SRH Integration Project (SRHIP) Phase 2	PNG	Clinical Mentor & Clinical Update Training	26 (21 female, 5 male)
Clinical Training & Mentoring	Hepatitis B in Health Settings Project	Solomon Islands	Hepatitis B in Health Settings	12 (7 female, 5 male)
Policy & Guidelines	Regional Advisory Group	Asia & Pacific	Guideline documents	3
Linkages & Knowledge Exchange	Regional Advisory Group	Asia & Pacific	Webinars	3
Partners in Response	SRH Integration Project (SRHIP) Phase 2	PNG	COVID-19 Support Group	83 CCHS HCW reached
Partners in Response	SRH Integration Project (SRHIP) Phase 2	PNG	COVID-19 Support Group	75 messages sent via SMS text, WApp, email addressing the following areas: Continuity of Services, COVID-19 Response, COVID-19 Vaccination, General Information on COVID-19, Universal Precautions, Stigma & Discrimination, Infodemic management.

COVID-19 Support in Papua New Guinea

Papua New Guinea has experienced a marked escalation in reported COVID-19 morbidity and mortality. This increase in presentations has created a further burden on the fragile health system and health workers, with risks of reduced operations and closure of facilities including HIV and SRH/STI services.

It is now globally recognised that people living with HIV (PLHIV) have a 30% greater risk of developing severe or fatal disease from SARS-CoV-2 infection than people without HIV infection. Inability for PLHIV to adhere to treatment regimens, due to reduced service operations, also risks disengagement from treatment and the emergence of drug resistance over the longer term. Continuity of HIV services in a COVID-19 safe manner is, therefore, an imperative for PLHIV to access the vital treatment they require and to protect health workers in HIV and SRH facilities.

Under the SRH Integration Project, ASHM International—in collaboration with lead partner, the Catholic Church Health Services (CCHS)—has continued to provide targeted COVID-19 support to health facilities. We conducted three needs assessments that identified the immediate requirements of health staff and facilities during the COVID-19 response. Since the establishment of our SRHIP COVID-19 Support Plan in May 2020, we have distributed over 120 evidence-based, context-driven messages to date reaching up to 120 CCHS health managers and health workers. The information focuses on general COVID-19 response, universal precautions, continuity of HIV services, stigma and discrimination, and vaccine hesitancy.

Our technical expertise in monitoring and evaluation has continued to encourage the flow of quality surveillance data through the project and support one national M&E system for HIV and health. During the pandemic, ASHM International has worked closely with the CCHS M&E team to build provincial capacity in data management and reporting through structured mentoring and capacity building. We are monitoring trends across the HIV care cascade for project facilities and will use this data to inform the adaptation of services and surge response through COVID-19 and beyond.

ASHM International is supporting CCHS in the development and implementation of COVID-19 Safety Facility Plans at 13 project health facilities, guiding activities under the hierarchy of controls to ensure improved safety for staff, patients, and visitors during the COVID-19 response. Furthermore, we are providing technical assistance to the CCHS contribution to PNG's national COVID-19 vaccine rollout.

Highlights

Solomon Islands: Hepatitis B in Health Settings

In response to locally identified need for clinical workforce development in the Solomon Islands, we tailored our regional hepatitis B in Health Settings training package for delivery there during May and June 2021. 14 health workers participated in the semi-virtual training that aimed to increase health worker knowledge, confidence, and skills in the prevention, testing, management, and treatment of people with hepatitis B. This training was cobranded with the WHO Collaborating Centre for Viral Hepatitis at VIDRL.

Constructing the Cascade: Addressing Hepatitis B in the Pacific

ASHM International and the WHO Collaborating Centre for Viral Hepatitis at VIDRL, in collaboration with the WHO Western Pacific Office, hosted an on-demand session at the 2021 Australasian Viral Hepatitis Conference focused on recent achievements gained within Pacific Island Countries in development and implementation of hepatitis B responses. The session brought together policy makers, health workers, and people with hepatitis B to highlight the challenges and talk through the change and innovation required for integrated HBV programming in Pacific health systems.

Papua New Guinea – Addressing COVID-19 Vaccine Hesitancy

Using our SRHIP COVID-19 Support Platform, 35 health workers joined a live session with local and international facilitators on WhatsApp to discuss misinformation about the COVID-19 vaccine and concerns that affect vaccine confidence. Positive feedback was received after the event, and we will continue to conduct live sessions through this mechanism. One participant described the provision of information as key to decision making in his uptake of the COVID-19 vaccine:

> "I had my doubts like everyone in the beginning. But thanks to this group. I was reading posts and comments about c19 vaccination and finally I decided to get mine today. Thanks everyone for the emotional & mental support."

Joseph Angli (Catholic Church Health Services, East Sepik Province)

Papua New Guinea: Clinical Mentor & Clinical Update Workshop

Catholic Church Health Services, ASHM International, and the PNG Sexual Health Society conducted a new hybrid Clinical Mentor and Clinical Update Training for HIV and sexual health workers from 17-19 November 2020. 30 participants attended the workshop at the Catholic Bishops Centre in Port Moresby, with COVID-19 safe precautions in place. The training was delivered face-to-face by CCHS Clinical Facilitators in PNG with remote sessions led by ASHM's clinical advisers in Australia. Participants were also trained on the new national HIV and STI management guidelines during the three-day workshop.

Regional Advisory Group: webinar series

The RAG has continued periodic webinars to support the region in adapting to COVID-19. Topics have included a review of the impact of COVID-19 on HIV & SRH services and DFAT's response in July 2020; the resiliency of trans people amidst COVID-19 in October 2020; and COVID-19 vaccination, HIV, and priority populations in April 2021. Partners in the series include the Institute for Global Development at UNSW, the Asia Pacific Transgender Network (APTN) and the Australian Global Health Alliance (AGHA), respectively. Our evaluation found the diversity of representation, variety of health professionals, and interactive nature of the webinars to be strengths.

Policy and Partnerships

Mandatory testing laws in NSW

Over the past few years, ASHM has helped lead the fight to oppose the rollout of mandatory BBV testing laws across Australia. These laws now operate in almost every jurisdiction across Australia, and while the specifics vary, their broad function is to allow police and other authorities to forcibly test a person for blood-borne viruses under certain circumstances. They are often referred to as "spitting laws", as they have historically been used to forcibly test people who spit at police.

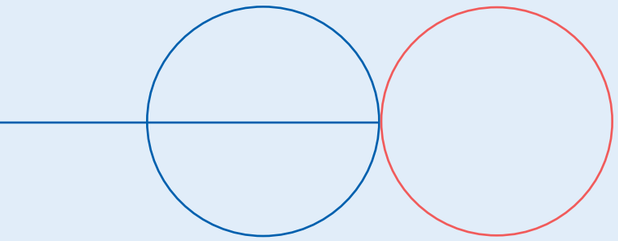
We have opposed these laws on a range of grounds. Mandatory testing laws violate the rights of the person being tested, perpetuate BBV stigma and misinformation, and undermine Australia's best-practice, public health-led BBV response.

In 2020, the fight against these laws escalated in NSW, where a new piece of legislation to introduce mandatory BBV testing to the state was proposed and supported by both the government and the opposition.

This bipartisan support meant it was unlikely that the Bill could be prevented from passing. However, ASHM fought alongside a coalition of organisations within the BBV sector to attempt to ensure that if mandatory testing laws were to be introduced in NSW, the worst elements of this legislation could be removed.

ASHM made a submission to the public inquiry into the Bill, arguing for amendments that would reduce the harms of the legislation, and in February 2021, ASHM President Nick Medland appeared to give evidence before NSW Parliament's Law and Justice Committee. While Nick argued eloquently against the Bill, unfortunately, the political realities of NSW Parliament led to the Bill passing without most our proposed amendments.

However, the work ASHM did to fight against mandatory testing in NSW helped bring attention to the harms of these laws and showed that we are helping lead the way in the fight to ensure better outcomes for all people affected by BBVs.



Highlights

Telehealth restrictions

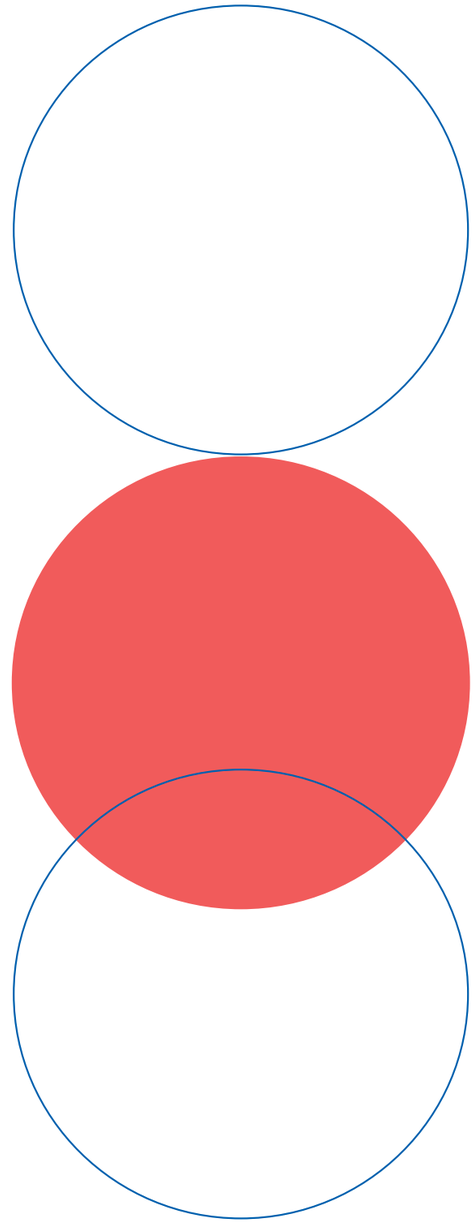
Following almost a year of advocacy by ASHM and our partners in the sexual and reproductive health sectors, in July 2021 restrictions on telehealth consults were removed for BBV and sexual health-related services. These restrictions required a patient to have in-person attended the clinic where they are seeking telehealth services within the prior 12 months.

Hepatitis C Medicare ineligibility roundtable

ASHM hosted a roundtable discussion in June 2021 to explore ways to provide access to hepatitis C direct-acting antivirals for people who are Medicare-ineligible. The roundtable brought together stakeholders including clinicians, researchers, community, government and pharmaceutical companies to begin to develop a roadmap towards equitable access to hepatitis C treatment.

NSW Public Health Act Amendment Review

In December 2020, ASHM made a submission to the public review of the 2017 amendments to the NSW Public Health Act 2010. ASHM's submission focused on arguing for the removal of a newly created offence: the requirement for a person to take "reasonable precautions" to prevent the transmission of a sexually transmitted infection, including HIV.



Meet an ASHM Advisor

Dr. Judith Dean

Sexual Health National Advisory Group Member

Could you provide a reflection on your work with ASHM over the last year? What are some highlights?

Over the last year, my involvement with ASHM has been mainly in relation to the Joint Conferences National Program Committee. I am currently the co-chair of the Australasian Sexual and Reproductive Health Alliance, and in that role, the co-chairs are often involved in the committee. I've helped with planning sessions, as well as abstract evaluation. In the co-chair of ASRHA role, I've also stepped up to be the chair newly formed Sexual Health ASHM Board Advisory Group, which has been a really great experience, working with some of the leading experts in the area, helping to guide ASHM's work in that way. I also have sat on the Queensland Expert Advisory Panel, and I work closely with Melinda Hassall, ASHM's Clinical Nurse Lead, and the team in Queensland in relation to education.

What are some of your priorities for the coming year/years?

One priority would be to continue to work on nurse education and broadening out the sexual health portfolio, as ASHM develops that. It's a really exciting new area. Clinical education is a large part of my background, and I hope to engage with that more as we move forward. I'd also like to be involved in some of the work ASHM is proposing around nurse practitioner models of care, and s100 prescribing for NPs, and where that fits in with the ASHM education. I have a strong interest in being involved in that space. And of course, research is another focus of mine at the moment. I have a bit of a passion for supporting nurse-led research, and I think ASHM has a potential role there for supporting networks and facilitating some of that work.

How has working with ASHM enhanced or supported your career development?

My work with ASHM has really helped me expand my national networks. Each state runs differently, and I think in relation to a lot of my work, particularly with ASHA and then in turn with ASHM, building those national networks has been very important. Because while we have different models of care and very different disease profiles, there's some good work to be done as a group. My work with ASHM has definitely increased those relationships and networks.

Do you have any words of wisdom for people wanting to contribute to ASHM?

It's important for not only researchers, but also clinicians, to start to think about building additional skills, like being on committees and contributing to national guidelines. It provides an opportunity for developing skills outside of your scope—for clinicians to be involved with guideline development, policy development, it's a fantastic opportunity. I also think it benefits ASHM, because a lot of the work needs to be related to the coalface—you're preparing education programs for people working on the frontlines. For me it's important, that by having people with the expertise involved allows the education to meet the needs of the sector.

Conferences and Events

A year like no other for the events sector

The past year has been a very challenging one for the events sector and we have seen our friends and colleagues struggle to adjust. Our own events calendar was also impacted with two of our key client events postponed to late 2021. However, we managed to secure other virtual events that were key educational activities and provided the team a great opportunity to hone our virtual event skills.

While our response to COVID-19, as noted in the previous annual report, yielded incredible outcomes we also underestimated the toll that it would take on staff and the sector as well as on the overall divisional financial success of the past years.

Focusing on the positives, we were able to achieve, and surpass, the goals we set for ourselves. The Australasian HIV&AIDS and Sexual Health Conferences 2020 moved to a virtual format, and, with 840 delegates, we nearly tripled our expected attendance. The conferences garnered incredibly positive feedback from delegates on the program and the virtual platform.

The Australasian Viral Hepatitis Conference was moved to May/June 2021 and was incredibly complex to organise with both a hybrid and hub format. This was made more difficult by the number of changes along the way and the ever-looming uncertainty posed by restrictions and border closures. Again, we had excellent outcomes and feedback from the in-person and virtual audience of 419 delegates that attended. We were able to engage both audiences and deliver on the content and structure. We learned a key lesson about the difficulties and high cost of running a hybrid event and despite the success will find it almost impossible to provide this format in the future without strong funding support and increased registrations.

Despite the added volume of work, we have also been overwhelmed by the satisfaction of adapting to and learning new skills and the successes of our events, and not least the huge support from our committees and delegates.

"Commendations to ASHM in the wake of the Coronavirus situation. Was all very disappointing but managed by ASHM as best as possible given the late cancellation."

CROI 2020

"This was a very well organised and enjoyable conference. Easy to follow virtually. Nil technical difficulties therefore I was able to watch in my own timezone. Always inspiring to listen to those at the forefront of HIV management and care. Would have loved to have been in Glasgow again but not to be this year due to COVID-19. Look forward to being there in person 2022!"

HIV Glasgow 2020

"I think the virtual format reduced opportunities to make new connections, but that is partly my fault. At an in-person conference it is relatively easy to approach the presenter after their presentation. I could contact the presenters I was interested in at this conference but that feels a bit more of a barrier than going up and saying hello at a non-virtual conference."

AIDS 2020

Before COVID

Australasian Viral Hepatitis Conference
16–18 August

Australasian HIV & AIDS Conference
21–24 September

Australasian Sexual Health Conference
21-24 September

INHSU Conference
8–10 October

APSAD Conference
15–18 November

HIV Masterclass
20–21 November

Beyond COVID

ASHM Report Back AIDS 2020
29 July (virtual)

ASHM COVID19 Webinar – A global response to COVID-19 and HIV: Lessons for Australasia
3 September (virtual)

Optimising HIV Care Virtual Series
12, 19, and 26 September

ASHM How To Abstract Series (4 Webinars)
Throughout September (virtual)

ASGM Report Back HIV Glasgow 2020
28 October (virtual)

AusPATH virtual GP Education Day
31 October (virtual)

Australasian HIV & AIDS Conference
16–20 November (virtual)

Australasian Sexual Health Conference
16–20 November (virtual)

The Joint Australasian HIV&AIDS and Sexual Health Conferences: VIRTUAL

16 – 20 November 2020

Originally the conferences were scheduled to take place in September 2020 at the Melbourne Convention & Exhibition Centre.
Due to the COVID-19 pandemic, ASHM made the decision to run them virtually instead.
This decision was made in consultation with the national program committee and the ASHM Board. Thorough risk assessments were conducted to ensure the conference would be viable. The main priority was to deliver content virtually at a highly professional level to ensure delegate participation and engagement, with a lower registration cost to our delegates.

Both ASHM and the committee decided it was important to continue with the conferences to provide an opportunity for research and knowledge to be shared, to connect the sector and continuity of the conferences, and to maintain work for ASHM staff.

A large amount of time was dedicated to researching the vast array of virtual conference platforms, to ensure the most professional and cost-effective was selected to run the virtual conferences.

During this period, our current events software team, EventsAir developed an online platform called OnAIR to run virtual conferences. After months of training and attending OnAIR testing and launches, it was decided to move forward with this platform as it provided the necessary features required to hold a successful virtual conference. Key features included live Q&A, polling, networking opportunities, and intuitive useability. Our team also felt confident in using the product, with EventsAir providing ample training and support services in comparison to other platforms. OnAir also integrated into the current event system, which streamlined the registration and abstract processes.

The virtual conferences were pushed back to November to allow for additional time to plan the program and to build the online platform; two months were lost due to the unknown nature of COVID-19 and the need to research alternative options. Several committee members and the sector at large had responsibilities in responding to the pandemic and therefore it was thought that by holding it towards the end of the year more of the sector would be able to participate.

Despite these issues, the virtual conferences far exceeded expectations with a total of 830 registrations, a significant increase on the original target of 300. An average of 165 people attended per session. Feedback from the delegate evaluation survey, speakers, and team members working at the virtual conference saw that each session had a high volume of engaged delegates, participating in the live Q&A and polling. All sessions had more than enough submitted questions to carry the conversations in the panel discussions.

> “I truly appreciate having the opportunity of being a participant of this virtual conference. A lot of information disseminated throughout this one week has been very helpful to my career. A lot of things I had questions and doubts about were made clearer and easier to understand. Thank you once again ASHM Team. It has been a great pleasure.”
>
> **Australasian HIV&AIDS Conference 2020**

The 12th Australasian Viral Hepatitis Conference

30 May - 1 June 2020

After the 12th Australasian Viral Hepatitis Conference was postponed in 2020, it was encouraging to welcome back 419 members of our community in Brisbane, Sydney, or virtually.

The conference was run in a hybrid hub format, a first for the ASHM Conference team and a fantastic opportunity for the team to embrace the theme of the conference “Taking stock and innovating for the future”.

Contingency planning and risk assessment have been more important than ever and after assessing the risks of border closures and government restrictions, a third hub, Auckland, unfortunately had to be cancelled.

There was a mixture of pre-recorded, live virtual, and in-person speakers at both hubs, as well as a plethora of on-demand presentations to watch at any time. The technology that we have invested in made all this possible, and it was fantastic to still be able to hear from our international speakers despite them not being able to join us in person.

In the last week before the conference, just as everyone was getting excited about reuniting for the first time since the pandemic began, Victoria went into lockdown. This was a huge disappointment for all our Victorian colleagues who were planning to attend and added another layer of complexity for the conference team. There were last minute speaker rehearsals for those who had to switch to virtual and replacement chairs had to be sourced. Thanks to our virtual platform, none of our Victorian colleagues missed out. Although they were not with us in person their presence was still felt with speakers appearing virtually on stage and delegates sending their questions through.

Overall, the conference was a huge success and despite the high cost of a hybrid conference, registration numbers and cost savings resulted in a break-even budget.

Event / Activity (2020/2021)	Client	Dates	Location	Registration
IAS Report Back	N/A - Hosted by ASHM with an unrestricted educational grant from Gilead	12 August, 2020	Virtual	159
COVID-19 Webinar	N/A - Hosted by ASHM with an unrestricted educational grant from Gilead	3 September, 2020	Virtual	389
Optimising Care Series	N/A - Hosted by ASHM with an unrestricted educational grant from Gilead	12, 18 and 26 September, 2020	Virtual	260
HIV Glasgow Report Back	N/A - Hosted by ASHM through a number of funds	Late October	Virtual	182
AusPATH virtual GP Education Day	AusPATH	31 October, 2021	Virtual	128
Australasian HIV & AIDS Conference	N/A – hosted by ASHM	16–20 November 2020	Virtual	830 (between the two conferences)
Australasian Sexual Health Conference	N/A – hosted by ASHA / ASHM			
Health in Difference / Ageing Conference - VIRTUAL	LGBTI Health Alliance	16, 23 and 30 April 2021	Virtual	375

Scholarship Program

ASHM's Scholarship Program in 2020 supported 93 scholarships to the following conferences:

Conferences supported by Scholarship Program	Scholars supported
CROI 2020	5
APACC 2020 Virtual	1
International AIDS 2020 Conference Virtual	7
Australasian Sexual Health HIV&AIDS Conference 2020 Virtual	76
Glasgow HIV Conference Virtual	4
TOTAL	**93**

Meet an ASHM Advisor

Dr. Jason Ong
ASHM Board Member
Sexual Health National Advisory Group Member

Could you provide a reflection on your work with ASHM over the last year? What are some highlights?

I have enjoyed working with the ASHM board to navigate the organisation through the COVID-19 pandemic. I have been impressed by the resilience and professionalism of the ASHM staff through these tumultuous times. In particular, how quickly and effectively ASHM used technology to continue its core business of promoting optimal sexual health care to Australians and our neighbouring countries.

What are some of your priorities for the coming year/years?

As the world strives to end the HIV/AIDS pandemic, Australia has the opportunity to lead the pack. We must maintain momentum towards meeting our targets and redouble our efforts not to leave behind those disproportionately affected, including overseas-born MSM, Aboriginal and Torres Strait Islander people and heterosexuals. We must also continue to support our colleagues in neighbouring countries to fight HIV/AIDS as the pandemic will not be over for us until it is over for all of us.

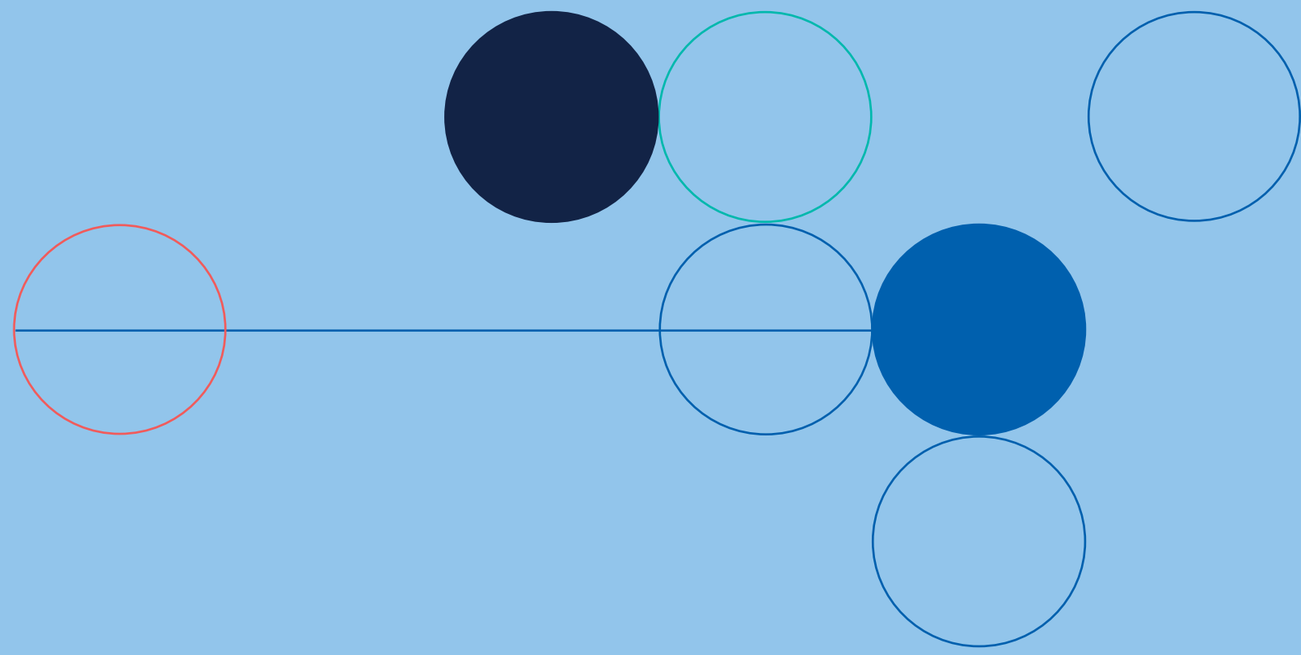
How has working with ASHM enhanced and supported your career development?

Being part of ASHM has enabled me to connect with the movers and shakers in our sector; it has been a pleasure to be inspired and learn from them. In addition, participation in the development of national guidelines and contributing to organising the Joint Australasian HIV&AIDS and Sexual Health conferences has given me opportunities to translate knowledge into practical action that makes a tangible difference in people's lives.

Do you have any words of wisdom for people wanting to contribute to ASHM?

ASHM is a fantastic organisation and platform that enables the diversity of people in our field to work together towards a common goal. I would encourage people to be aware of the various activities run by ASHM through the newsletters and website and put up their hand to participate or even volunteer in organising future activities. And if you have new ideas or alternate ways of doing things, please share with any of the ASHM staff or directors. The strength of ASHM is in its members, so please continue to make your voice heard.

Financial Report



DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2021.

Directors

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

Dr Nicholas Medland	Clinical Prof Louise Owen
Dr Belinda Wozencroft	Dr Elizabeth Crock (resigned 19 Nov 2020)
Dr Sam Elliott	A/Prof Gail Matthews resigned 19 Nov 2020)
Dr Joan Ingram	A/Prof Mark Bloch (resigned 19 Nov 2020)
Dr David Iser	Dr Janine Trevillyan (resigned 19 Nov 2020)
Penny Kenchington	Robert James Monaghan (appointed 19 Nov 2020)
Dr James McMahon	Dr Catriona Ooi (appointed 19 Nov 2020)
Prof Charles Gilks	Dr Jacqueline Ann Richmond (appointed 19 Nov
Dr Jason Ong	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 $601,210 (2020: $452,416). The current year excess of revenue over expenditure includes $1,294,300 (2020: $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 sexual and reproductive health medicine 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.

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

DIRECTORS' REPORT (CONTINUED)

ACFID Financial Reporting Changes for 2021

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 2021 ASHM's total income was $8,414,047 (2020: $11,583,707) and its total expenditure was $7,812,837 (2020: $11,131,291), resulting in an operating surplus of $601,210 (2020: surplus of $452,416).

As at 30 June 2021 ASHM had total assets of $12,634,288 (2020: $11,563,912) and total liabilities of $6,563,808 (2020: $6,094,642), giving a net asset position of $6,070,480 (2020: $5,469,270). Of the total assets, $10,891,933 was made up of cash at bank (2020: $4,351,511). There are no material aged debts.

The Directors therefore believe that as at 30 June 2021 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 focus on development programming and business development and consists of five staff, including a new staff member in PNG who started in July 2021.

ASHM International is committed to creating a healthy data culture that promotes the collection of high-quality data and uses analysed findings to drive advancement in our programs that improve the health and wellbeing of people reached through HIV, viral hepatitis, and sexual health services. The ASHM International Effectiveness Framework and M&E Framework align with the broader National Policy & Education Division and ASHM organisational approach to monitoring and evaluation.

The ASHM International Effectiveness Framework ensures that monitoring and evaluation is at the core of all our work. It promotes data collection and analysis to improve understanding of our programs, projects, reach and impact. Then it guides our use of data to communicate findings and translate learning to practice (improve our products and services). The underpinning principle of ASHM International's Effectiveness Framework is quality improvement through informed decision making and consultative project management (design to implementation). ASHM International operates under five long-term programs: 1) clinical training and mentoring, 2) policy and guidelines, 3) linkages and knowledge exchange, 4) monitoring, evaluation, research, and learning, 5) partner in response that are governed by an M&E Framework.

ASHM International's latest projects are ISRH Integration Project in PNG (funded by DFAT), Collaboration for Health in PNG, and Hepatitis B in Health Settings in the Solomon Islands. Furthermore, ASHM International continues to provide COVID-19 advice through its Regional Advisory Group and supporting the organisation in seeking accreditation with DFAT through the Australian NGO Cooperation Program.

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	**2021**	**2020**
Number of members	716	823
Collaborators		
Number of ANZ Organisational Sustaining Members	61	56
Number of affiliates	1,404	1,045
Number of regional partner organisations	42	42
Staff		
Number of staff employed for 5 years or more	18	14
Training and Education Resources		
Number of courses run	325	187
Number of pdf resources downloaded	58,929	64,991
Number of sub-website hits (web access only)	1,948,111	1,972,080
Operational and Financial		
Total Revenue	**$8,414,047**	**$11,583,707**
Proportion of funding provided by:		
Government grants	42.75%	28.40%
Non-government grants	5.10%	8.76%
Donations received from public	0.17%	0.06%
Proportion of funding spent on:		
Staff training	0.34%	1.25%
General office/administration	1.21%	1.76%
Fundraising – international activities	0.43%	0.18%
Fundraising – domestic activities	0.03%	0.02%

Dividends Paid or Recommended

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

Events Subsequent to Balance Date

The Company continues to monitor the economic and financial impact that the COVID-19 pandemic has on its operations, in particular on the holding of conferences due to travel restrictions and lockdown laws which may result in postponing or cancellation of events. Since the end of the financial year, there have been no matters or circumstances directly associated with the COVID-19 pandemic that had a material impact on the financial statements. Therefore, no adjustments or specific disclosures have been made in this respect. It is currently unknown how long the COVID-19 pandemic will last, and this might continue to have a financial impact on the Company's operations.

To the Directors knowledge, no matters or circumstances have arisen since the end of the financial period which would significantly affect the results of the Company for the period ended 30 June 2021.

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 2021 ASHM has 716 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 2021, the total amount that members of the company are liable to contribute if the company is wound up is $716 (2020: $823).

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

DIRECTORS' REPORT (CONTINUED)

Information on Directors in Office at the Date of this Report

Dr Nicholas Medland

- President
- MBBS; BA Hons; PhD; FAChSHM
- Nicholas is a senior researcher and NHMRC research fellow with the Surveillance, Evaluation and Research Program of the Kirby Institute, University of New South Wales. He is also a sexual health physician with 22 years of clinical experience in HIV and sexual health medicine.

  He has been a high caseload GP in Melbourne and has worked extensively in international/regional HIV programs in Asia, in particular in Vietnam. He is currently the co-chair of the Australasian Sexual Health Alliance (ASHA) and on the executive committee of the Chapter of Sexual Health Medicine.

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, the ASHM's Finance, Risk Management and Audit Sub-Committee and the new steering committee for the Integration of BBV/STI testing across the broader health workforce. She also is a member of the QLS Sexual health Clinical network Committee and the nurses sub-committee.

  After helping with many years of lobbying Penny is now an HCV prescriber has finally become an HIV and HBV prescriber. She is committed to lobbying for fairer, more equitable sexual and reproductive health care for people in rural and regional communities.

Clinical 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 Sam Elliott

- Board Member
- MBBS; Master of Public Health and Tropical Medicine; FRACGP
- Sam is a specialist General Practitioner with 30 years of experience in rural and urban General Practice. Over the last 22 years Sam has worked in HIV, Viral Hepatitis & sexual health medicine. He is a committed supervisor, educator and actively participates in primary care research.

DIRECTORS' REPORT (CONTINUED)

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 living with HIV in the northern region of New Zealand. She has been involved in the care of those living 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.

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

— A/Prof McMahon is an Infectious Diseases clinician researcher, Head of Infectious Diseases Clinical Research at the Alfred Hospital and also an ID physician at Monash Medical Centre. His research interests are in clinical trials focused on HIV Cure, HIV treatment, the cascade of HIV Care and COVID-19.

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

DIRECTORS' REPORT (CONTINUED)

Robert James Monaghan

— Board Member

— Robert is the Managing Director of Monaghan Dreaming; a 100% Aboriginal owned consultancy Firm. He is a descendant of the Bundjalung and Gumbaynggir Nations on his grandmother's side, his family and extended family are from the North Coast alongside the Clarence River at Baryulgil.

He has spent 25 years working within the Health sector with National, State and Local Governments working within the Aboriginal community-controlled sector.

Currently Robert is involved in research projects at University of New South Wales' (UNSW) Kirby Institute for the past 8 years in Aboriginal communities across Australia whilst completing a Master of Public Health degree and a PhD involving research in Novel initiatives to enhance Indigenous people's engagement in health services.

Robert has a diverse range of learnt and lived experiences that he attributes to working in and with communities that are passionate about the equality for Aboriginal people and culture. Throughout his career, he has been exposed to a diverse range of client groups, services models or practices, working environments and stakeholders in which has enabled me to apply high level of flexibly and proficiency in communication, innovation, management, research and technical expertise.

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.

Dr Catriona Ooi

— Board Member

— MBBS, FAChSHM

— Dr Catriona Ooi is a sexual health physician and staff specialist working in the field of sexual health medicine (including HIV, STIs, viral hepatitis, transgender care etc) at Royal North Shore Hospital. She is also involved in research and has published in peer reviewed journals and has presented papers in Australia and overseas.
She is a Senior Lecturer with the University of Sydney Medical School and teaches both undergraduate and post graduate students. She has contributed to text books in sexual health medicine and has worked in HIV and STIs in Australia and overseas, in both developed countries and developing settings.

She has an interest in education and furthering the engagement of primary care professionals in the field of HIV and sexual health.

DIRECTORS' REPORT (CONTINUED)

Dr Jacqueline Ann Richmond

— Board Member

— PhD, MPH, BN

— For over 20 years, I have dedicated my career to leading education, resources, policy and research to strengthen the health workforce caring for people with Viral Hepatitis (VH).

Jacqui Richmond has worked in the viral hepatitis sector since 1998. Jacqui is a registered nurse and completed a PhD in 2006. She currently works at the Burnet Institute as the National Workforce Development and Health Service Delivery Project Manager for the Eliminate hepatitis C (EC) Australia partnership. This work focuses building the capacity of the health workforce to test, treat and manage the health care needs of people with hepatitis C.

The broad focus of Jacqui's work is building the capacity of the health workforce to test, treat and manage the health care needs of people living with viral hepatitis. Over the past decade, Jacqui's work has intersected directly with ASHM through a range of programs, culminating with the current position as Chair of the ASHM Nursing Board Committee and member of the Hepatitis B Board Committee. Jacqui also facilitates and teaches in the ASHM hepatitis B and C nursing courses and is involved in evaluating and continuously revising them in response to the changing needs of the workforce

Dr Belinda Wozencroft

— Board Member

— MBBS

— Dr Belinda Wozencroft is a General Practitioner with a special interest in women's health, sexual health and HIV medicine. Originally Belinda trained as a Registered Nurse and worked in remote Aboriginal communities, before studying Medicine at UWA. Belinda has completed further postgraduate 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. Belinda is a high case load GP for PLWHIV. She is the Principal at View Street Medical in North Perth.

ATTENDANCE AT DIRECTORS MEETINGS (1 JULY 2020 TO 30 JUNE 2021)

Name	Board Meetings
Nicholas Medland	6(6)
Penny Kenchington	6(6)
Louise Owen	3(6)
Mark Bloch	2(2)
Elizabeth Crock	2(2)
Sam Elliott	5(6)
Charles Gilks	6(6)
Joan Ingram	6(6)
David Iser	6(6)
Gail Matthews	2(2)
James McMahon	6(6)
Robert Monaghan	3(4)
Jason Ong	6(6)
Catriona Ooi	4(4)
Jacqui Richmond	4(4)
Janine Trevillyan	1(2)
Belinda Wozencroft	4(6)

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

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

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

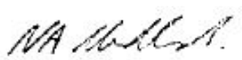
No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

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 2021 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:



Dr Nicholas Medland MBBS; BA Hons, PhD; FAChSHM

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

Dated this 12th day of October 2021, Sydney

Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

Level 11, Suite 11.01
60 Castlereagh Street
SYDNEY NSW 2000

GPO Box 4836
SYDNEY NSW 2001

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

Website: www.wwnsw.com.au

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

We declare that, to the best of our knowledge and belief, during the year ended 30 June 2021 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 12th day of October, 2021, 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 2021

	Note	2021 $	2020 $
REVENUE			
Operating Activities			
Members' subscriptions		119,786	133,936
Operating grants	3	4,025,967	4,306,204
Donations		14,640	6,968
Bequest		3,584	-
Service fee and other revenue from operating activities		661,748	453,468
Service fee – INSHU		404,387	1,229,862
Sponsorship – Industry		832,506	674,551
Conference		1,021,588	4,184,267
Non-operating activities			
Interest		35,541	93,676
Government allowance COVID19	2	1,294,300	500,000
Foreign currency gain		-	775
	2	8,414,047	11,583,707
EXPENSES			
General office administration		94,905	195,754
Occupancy costs		19,040	48,323
Education programs / resources		1,807,470	2,527,454
Professional fees		48,779	34,816
Personnel expenses		5,007,518	4,947,639
Loss on disposal on assets		3,481	449
Depreciation	3	251,181	248,923
Finance expenses		53,610	73,427
Conference costs		368,011	2,922,430
IT system development costs		154,095	132,076
Foreign currency loss		4,747	-
TOTAL EXPENSES		7,812,837	11,131,291
EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX EXPENSE		601,210	452,416
Income tax expense relating to ordinary activities		-	-
EXCESS OF REVENUE OVER EXPENDITURE AFTER INCOME TAX EXPENSE		601,210	452,416
OTHER COMPREHENSIVE INCOME FOR THE YEAR, NET OF TAX		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		601,210	452,416

The accompanying notes form part of these financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2021

	Note	2021 $	2020 $
CURRENT ASSETS			
Cash and cash equivalents	5	10,891,933	4,351,511
Trade and other receivables	6	153,455	563,865
Work in progress		560,167	393,240
Financial assets	8	92,950	5,092,950
Other current assets	7	8,189	8,493
TOTAL CURRENT ASSETS		11,706,694	10,410,059
NON-CURRENT ASSETS			
Property, plant and equipment	9	204,964	250,563
Right-of-use asset	13	722,630	903,290
TOTAL NON-CURRENT ASSETS		927,594	1,153,853
TOTAL ASSETS		12,634,288	11,563,912
CURRENT LIABILITIES			
Trade and other payables	10	718,576	675,258
Deferred income		4,526,667	3,948,132
Provisions	12	463,384	437,689
Lease liability	13	189,739	180,500
TOTAL CURRENT LIABILITIES		5,898,366	5,241,579
NON-CURRENT LIABILITIES			
Provisions	12	114,414	113,806
Lease liability	13	551,028	739,257
TOTAL NON-CURRENT LIABILITIES		665,442	853,063
TOTAL LIABILITIES		6,563,808	6,094,642
NET ASSETS		6,070,480	5,469,270
EQUITY			
Retained earnings		6,070,480	5,469,270
TOTAL EQUITY		6,070,480	5,469,270

The accompanying notes form part of these financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021

	Retained Earnings $	Total $
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
Excess of Revenue over Expenses	601,210	601,210
Other comprehensive income for the year	-	-
BALANCE AT 30 JUNE 2021	6,070,480	6,070,480

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 $	2020 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from operations		9,330,410	12,479,783
Payments to suppliers and employees		(7,573,957)	(12,294,907)
Interest received		35,541	93,676
Net cash provided by operating activities	14b	1,791,994	278,552
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(28,403)	(125,338)
Payments for term deposits		5,000,000	(431,360)
Net cash used in investing activities		4,971,597	(556,698)
CASH FLOW FROM FINANCING ACTIVITIES			
Payment of lease obligations recognised under AASB 16		(223,169)	(223,080)
Net cash used in financing activities		(223,169)	(223,080)
NET INCREASE /(DECREASE) IN CASH HELD		6,540,422	(501,226)
Cash and cash equivalents at beginning of financial year		4,351,511	4,852,737
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	14a	10,891,933	4,351,511

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 with 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%

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 2021

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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 receivables 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 2021

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.

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).

o **Lease accounting**

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.

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.

p. **New Accounting Standards Issued but not yet effective**

A number of new standards, amendments to standards and interpretations have been published but are not yet mandatory and have not been applied in preparing these financial statements. Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Company for the year ended 30 June 2021.

The Company has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

These notes form part of the financial statements

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 2: REVENUE	Note	2021 $	2020 $
Operating activities:			
- operating grants – Australian		3,655,865	3,343,197
- other grants – overseas		370,102	963,007
	3	4,025,967	4,306,204
- conference		1,021,588	4,184,267
- service fee – INSHU		404,387	1,229,862
- sponsorship – industry		832,506	674,551
- legacies and bequest		3,584	-
- interest received		35,541	93,676
- member subscriptions		119,786	133,936
- donations		14,640	6,968
- foreign currency gain		-	775
- other revenue from operating activities		661,748	453,468
- government allowance COVID19*		1,294,300	500,000
		8,414,047	11,583,707

*Government allowance COVID19 includes $1,244,300 in JobKeeper and $50,000 in cash flow boost income.

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

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

Revenue: *Operating Grants*		
Grants – Commonwealth	990,702	1,094,042
Grants – NSW Health		
- HIV program and sexual health nurse training	665,500	654,000
Grants – QLD	1,554,564	1,208,580
Grants – WA	294,370	228,606
Grants – ACT	91,721	106,068
Grants other – domestic projects	59,008	51,901
Grants – overseas	370,102	963,007
	4,025,967	4,306,204
Expenses:		
Depreciation expenses		
— depreciation of property, plant and equipment	70,521	68,265
— depreciation on right-of-use asset	180,660	180,658
	251,181	248,923
Remuneration of auditor		
— audit or review	29,000	26,447

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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
2021	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	402,449	-	-	-	39,754
2020	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	394,965	-	-	-	39,241

NOTE 5: CASH AND CASH EQUIVALENTS

	Note	2021 $	2020 $
CURRENT			
Cash on hand		616	35,202
Cash at bank		1,191,317	1,516,309
Short-term bank deposits		9,700,000	2,800,000
	18	10,891,933	4,351,511

The interest rate on short-term bank deposits ranges between 0.10% to 0.25%; these deposits are at call.

NOTE 6: TRADE AND OTHER RECEIVABLES

CURRENT			
Trade receivables		150,795	554,273
Other receivables		2,660	9,592
	18	153,455	563,865

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 6: TRADE AND OTHER RECEIVABLES (CONT.)

(i) Credit Risk — Receivables

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	
	$	$	$	$	$	$	$
2021							
Trade receivables	150,795	-	6,754	16,650	110	5,864	121,417
Total	150,795	-	6,754	16,650	110	5,864	121,417
2020							
Trade receivables	554,273	-	3,230	-	8,176	25,000	517,867
Total	554,273	-	3,230	-	8,176	25,000	517,867

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	2021 $	2020 $
CURRENT			
Prepayments		8,189	8,493

NOTE 8: OTHER FINANCIAL ASSETS

CURRENT			
Held to maturity investments		92,950	5,092,950

Held-to-maturity investments comprise:

—	Current: Term deposit	92,950	5,092,950
—	Non-Current: Term deposit	-	-
	18	92,950	5,092,950

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 9: PROPERTY, PLANT AND EQUIPMENT

	2021 $	2020 $
NON CURRENT		
Office equipment:		
At cost	19,383	19,555
Accumulated depreciation	(11,623)	(8,145)
	7,760	11,410
Furniture & fixtures:		
At cost	101,964	101,964
Accumulated depreciation	(33,988)	(16,994)
	67,976	84,970
Computer equipment:		
At cost	83,063	89,986
Accumulated depreciation	(54,765)	(61,966)
	28,298	28,020
Leasehold improvements		
At cost	151,396	151,396
Accumulated depreciation	(50,466)	(25,233)
	100,930	126,163
	204,964	250,563

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.	Total
	$	$	$	$	$
Balance at 30 June 2020	84,970	126,163	11,410	28,020	250,563
Additions	-	-	1,252	27,152	28,404
Disposals/write-offs	-	-	(325)	(3,156)	(3,481)
Depreciation expense	(16,994)	(25,233)	(4,577)	(23,718)	(70,522)
Balance at 30 June 2021	67,976	100,930	7,760	28,298	204,964

These notes form part of the financial statements

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 10: TRADE AND OTHER PAYABLES

	Note	2021 $	2020 $
CURRENT			
Trade payables		232,206	132,822
Sundry creditors		486,370	542,436
	10a	718,576	675,258

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

CURRENT

Trade and other payables

—	Total current	718,576	675,258
—	Total non-current	-	-
		718,576	675,258
Financial liabilities as trade and other payables	18	718,576	675,258

NOTE 11: CURRENT PROVISIONS

CURRENT			
Employee Benefits	12	577,798	551,495
		577,798	551,495

NOTE 12: EMPLOYEE BENEFITS

	Short-term Employee Benefits	Long-term Employee Benefits	Total
	$	$	$
Balance at 30 June 2020	437,689	113,806	551,495
Additional provisions raised during period / (Amounts used)	25,695	608	26,303
Balance at 30 June 2021	463,384	114,414	577,798

Analysis of Total Provisions	2021 $	2020 $
Current – Annual leave	389,753	390,248
Current – Long service leave	73,631	47,441
	463,384	437,689
Non-Current – Long service leave	114,414	113,806
	577,798	551,495

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.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 13: RIGHT OF USE ASSET AND LEASE LIABILTY

Operating lease commitments as at 30 June 2021 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.

	2021	2020
a. **Right-of-use Assets**	**$**	**$**
NON-CURRENT		
Right-of-use Assets – at cost	1,083,948	1,083,948
Less: accumulated depreciation	(361,318)	(180,658)
	722,630	903,290
Opening balance	903,290	-
Additions	-	1,083,948
Depreciation – AASB 16	(180,660)	(180,658)
Closing balance	722,630	903,290
b. **Lease liability**		
CURRENT		
Lease liability	189,739	180,500
NON-CURRENT		
Lease liability	551,028	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	616	35,202
Cash at bank	1,191,317	1,516,309
Short-term bank deposits	9,700,000	2,800,000
	10,891,933	4,351,511

These notes form part of the financial statements

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 14: CASH FLOW INFORMATION (CONT.)	2021 $	2020 $
b. Reconciliation of cash flow from operations with surplus from ordinary activities after income tax		
Surplus from ordinary activities after income tax expense	601,210	452,416
Non-cash flows in surplus from ordinary activities		
Loss on disposal of plant and equipment / assets written-off	3,481	449
Depreciation and impairment	251,181	248,923
Lease liability interest	44,179	58,889
Changes in assets and liabilities		
Movement in receivables	243,483	(51,100)
Movement in prepayments	304	20,125
Movement in trade and other payables, deferred income	621,853	(602,393)
Movement in provisions	26,303	151,243
Net cash provided by operating activities	1,791,994	278,552

NOTE 15: CONTINGENT LIABILIITES

To the Directors' knowledge, the company has no known contingent liabilities as at 30 June 2021 (2020: nil).

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

The Company continues to monitor the economic and financial impact that the COVID-19 pandemic has on its operations, in particular on the holding of conferences due to travel restrictions and lockdown laws which may result in postponing or cancellation of events. Since the end of the financial year, there have been no matters or circumstances directly associated with the COVID-19 pandemic that had a material impact on the financial statements. Therefore, no adjustments or specific disclosures have been made in this respect. It is currently unknown how long the COVID-19 pandemic will last, and this might continue to have a financial impact on the Company's operations.

To the Directors knowledge, no matters or circumstances have arisen since the end of the financial period which would significantly affect the results of the Company for the period ended 30 June 2021.

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:

Financial Assets			
Cash and cash equivalents	5	10,891,933	4,351,511
Trade and other receivables	6	153,455	563,865
Term Deposits	8	92,950	5,092,950
Total Financial Assets		11,138,338	10,008,326

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:

Financial Liabilities			
Financial liabilities at amortised cost			
Trade and other Payables	10a	718,576	675,258
Lease liabilities	13b	740,767	919,757
Total Financial Liabilities		1,459,343	1,595,015

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.

These notes form part of the financial statements

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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	
	2021	2020	2021	2020	2021	2020	2021	2020
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade and other payables	718,576	675,258	-	-	-	-	718,576	675,258
Lease liability	189,739	180,500	551,028	739,257	-	-	740,767	919,757
Total expected outflows	908,315	855,758	551,028	739,257	-	-	1,459,343	1,595,015

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2021	2020	2021	2020	2021	2020	2021	2020
	$	$	$	$	$	$	$	$
Financial Assets — cash flows realisable								
Cash and cash equivalents	10,891,933	4,351,511	-	-	-	-	10,891,933	4,351,511
Trade and other receivables	153,455	563,865	-	-	-	-	153,455	563,865
Held-to-maturity investments	92,950	5,092,950	-	-	-	-	92,950	5,092,950
Total anticipated inflows	11,138,338	10,008,326	-	-	-	-	11,138,338	10,008,326
Net inflow on financial instruments	10,230,023	9,152,568	(551,028)	(739,257)	-	-	9,678,995	8,413,311

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 18: FINANCIAL INSTRUMENTS (CONT.)

c. **Market Risk**

i. ***Interest rate risk***

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

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

ii. ***Price risk***

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

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

Sensitivity analysis:

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

	Surplus	Equity
	$	$
Year ended 30 June 2021		
— +/-1% in interest rates	109,849	109,849
Year ended 30 June 2020		
— +/-1% in interest rates	94,445	94,445

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

These notes form part of the financial statements

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 2021		30 June 2020	
	Note	Net Carrying Value	Net Fair Value	Net Carrying Value	Net Fair Value
		$	$	$	$
Financial assets					
Cash and cash equivalents	(i)	10,891,933	10,891,933	4,351,511	4,351,511
Trade and other receivables	(i)	153,455	153,455	563,865	563,865
		11,045,388	11,045,388	4,915,376	4,915,376
Held to maturity - fixed interest securities	(ii)	92,950	92,950	5,092,950	5,092,950
Total financial assets		11,138,338	11,138,338	10,008,326	10,008,326
Financial liabilities					
Trade and other payables	(i)	718,576	718,576	675,258	675,258
Lease liabilities		740,767	740,767	919,757	919,757
Total financial liabilities		1,459,343	1,459,343	1,595,015	1,595,015

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

	Level 1	Level 2	Level 3	Total
30 June 2021	$	$	$	$
Financial assets:				
Held-to-maturity financial assets	92,950	-	-	92,950
	92,950	-	-	92,950

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

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 2021

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.

	2021	2020
	$	$

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:

Gail Matthews	5,800	16,800
David Iser	550	-
Penny Kenchington	2,620	-
James McMahon	1,375	325
Robert Monaghan	7,600	17,040
Sam Elliott	1,320	-
Catriona Ooi	2,700	-
Jacqui Richmond	12,530	8,050
Louise Owen	-	600
Janine Trevillyan	1,250	-
Charles Gilks	1,250	-
Nick Medland	1,250	-
Jason Ong	1,707	-
	39,952	42,815

During the year, the Company also paid $ nil (2020: $180) 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 (2020: $600) Penny Kenchington $450 (2020: $0)

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 2021 the number of members are 716 (2020: 823) therefore the total amount that members of the company are liable to contribute if the company is wound up is $716 (2020: $823).

These notes form part of the financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.C.N 139 281 173

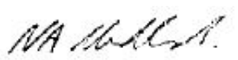
A COMPANY LIMITED BY GUARANTEE

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 10 to 30 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 2021 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.



Dr Nicholas Medland MBBS; BA Hons, PhD; FAChSHM

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

Dated this 12th day of October 2021, Sydney

walker wayland

Walker Wayland NSW
Chartered Accountants

ABN 55 931 152 366

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SYDNEY NSW 2000

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

Opinion

We have audited the financial report of Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (the Company) and its subsidiary, which comprises the statement of financial position as at 30 June 2021, 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 2021 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 2021 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
Chartered Accountants

Wali Aziz
Partner

Dated this 14th day of October, 2021, Sydney

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 2021 on the basis of information provided by the directors. The specific purpose for which the Statement of Comprehensive Income, prepared in accordance with the ACFID Code of Conduct, has been prepared to provide detailed information relating to the performance of the entity that satisfies the information needs of directors and members.

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

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

Our Responsibility

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

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

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

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Partner

Dated this 14th day of October, 2021, 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 2021

	2021 $	2020 $
REVENUE		
Donations and gifts		
- Monetary	14,640	6,968
Bequests and legacies	3,584	-
Grants		
- Australian	3,655,865	3,343,197
- Overseas	370,102	963,007
Investment income	35,541	93,676
Other income	4,334,315	7,176,084
Foreign currency gain	-	775
TOTAL REVENUE	8,414,047	11,583,707
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	25,576	46,283
- Program support costs	330,348	756,241
Community education	9,299	-
Fundraising costs		
- Public	2,991	766
- Government, multilateral and private	30,658	19,660
Accountability and administration	73,254	72,171
Total International Aid and Development Programs Expenditure	472,126	895,121
Domestic Programs Expenditure		
General office and administration expenses	86,550	184,641
Occupancy expenses	19,040	48,323
Educational programs/resources	1,201,185	958,138
Professional fees	48,779	34,816
Personnel expenses	4,743,042	4,352,364
Loss on disposal of assets	3,481	449
Depreciation	251,181	248,923
IT system development costs	151,797	132,076
Bank and merchant fees	52,428	67,904
Conference expenses	176,140	1,719,526
Foreign currency loss	2,421	-
Total Domestic Programs Expenditure	6,736,044	7,747,160
Other International Non-Development Program Expenditure	604,667	2,489,010
TOTAL EXPENDITURE	7,812,837	11,131,291

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

A.B.N 48 264 545 457

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

	2021 $	2020 $
EXCESS OF REVENUE OVER EXPENDITURE	601,210	452,416
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	601,210	452,416

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

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

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

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

Staff and Collaborators

Staff List 2020-2021

Joanna Akritidu
Alexis Apostolellis
Elloise Barry
Kate Bath
Cherie Bennett
Jane Boag
Lynasabdy Bobbin
Joshua Borja
Cara Bruce
Amanda Burg
Rachel Byrne
Christopher Camacho
Ivy Chan
Madelaine Cherrington
Megan Chong
Virginia Clayton
Joshua Cole
Tyler Davis
Olivia Dawson
Emma Day
Mike Dolley
Harriet Doran Edmunds
Alex Frost
Helen Gao
Nadine Giatras
Sumathi Govindasamy
Nikitah Habraken
Melinda Hassall
Natasha Hawken
Sonja Hill
Adrienne Hoare
Jessica Horne
Samantha Ingram
Alison Jaworski
Ian Johnson
Hayden Jose
Shelley Kerr
Claire Koetsier
Ostap Kornev
Michelle Kwok
Bianca Leber
Anne Lechner
Scott McGill
Liagh Manicom
Sarah Maunsell
Arun Menon
Jessica Michaels
Michael Moore
Tamara Morris
Alexa Murray
Zindia Nanver
Brooke Nolan
Michelle O'Connor
Murray Pakes
Camille Pesava
Edward Reis
Benjamin Riley
Laina Runk
Karen Salter
Amy Sargent
Phoebe Schroder
Karen Seager
Laura Serra
Courtney Smith
Molly Stannard
Sami Stewart
Linda Starke
Rebecca Sutherland
Jane Tieken
Vanessa Towell
Fiona Tunley
Rebecca Vassarotti
May Wang
Danni Wharton
Samantha Williamson
Rachel Woodcroft
Lan Yao

Committees List 2020-2021

HIV NATIONAL ADVISORY GROUP
Chair: Vincent Cornelisse
Kate Bath
Elizabeth Crock
Sam Elliott
Martyn French
Michael Frommer
Julian Langton-Lockton
Scott McGill
James McMahon
Nick Medland
Darren Russell
Belinda Wozencroft
Edwina Wright

HEPATITIS C NATIONAL ADVISORY GROUP
Chair: David Iser
David Baker
Roshan Bhushal
Greg Dore
Sonja Hill
Thao Lam
Marianne Martinello
Edmund Tse
Jana Van Der Jagt
Grenville Rose
Shelley Kerr

HEPATITIS B NATIONAL ADVISORY GROUP
Chair: Gail Matthews
Nicole Allard
Gabrielle Bennett
Rachel Byrne
Ben Cowie
Jane Davies
Sam Elliott
David Iser
Rhondda Lewis
Jacqui Richmond
Sami Stewart
Nafisa Yussf

NURSING NATIONAL ADVISORY GROUP
Chair: Jacqui Richmond
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Marie Coughlan
Elizabeth Crock
Penny Kenchington
Donna Tilley
Rachel Woodcroft
Melinda Hassall

SEXUAL HEALTH NATIONAL ADVISORY GROUP
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Michael Burke
Angela Dawson
Penny Kenchington
Scott McGill
Nick Medland
Jessica Michaels
Jason Ong
Nathan Ryder
Courtney Smith
Molly Stannard
Belinda Wozencroft

INTERNATIONAL ADVISORY GROUP
Chair: Nick Medland
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Charles Gilks
Marcel Kalau
David Lewis
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
Chair: Nadine Giatras
Alexis Apostolellis
Mark Bloch
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Graham Brown
Amanda Burg
Aaron Cogle
Judith Dean
Gary Dowsett
Julian Elliott
Martin Holt
Jenny Hoy
Penny Kenchington
Kevin Marriott
Scott McGill
Nicholas Medland
Catherine O'Connor
Darryl O'Donnell
Heath Paynter
Damian Purcell
Meredith Temple-Smith
Carla Treloar
Olga Vujovic

MEMBERSHIP WORKING GROUP
Chair: Alexis Apostolellis
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David Iser
Ian Johnson
James McMahon

COVID-19 TASKFORCE
Chair: Edwina Wright
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Kurt Andersson-Noorgard
David Baker
Anne Balcombe
Lisa Bastian
Deborah Bateson
Claire Bekema
Stephen Bell
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Marrianne Black
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Adrian Booth
Lauren Bradley
Graham Brown
Shiraze Bulsara
Jude Byrne
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Katherine Coote
Vincent Cornelisse
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Denise Cummins
Sandy Davidson
Justine Doidge

COVID-19 TASKFORCE CONT.
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Joseph Doyle
Anne Drake
Alison Duncan
Adam Ehm
Julian Elliot
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Lauren Foy
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Michelle Giles
Charles Gilks
Andrew Grulich
Zihong Gu
Bruce Hamish Bowden
Catherine Hangan
Margaret Hellard
Ruth Hennessy
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Jessica Howell
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Joan Ingram
David Iser
Adam Jenney
Jen Johnson
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Andrew Lloyd
Lisa Maher
Kevin Marriott
Gail Matthews
Megan McAnally
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James McMahon
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Dean Murphy
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Kathy Petoumenos
Brian Price
Tony Rahman
Thomas Rasmussen
Joe Rich
Jacqui Richmond
Anne Robertson
John Rule
Darren Russell
Julia Scott
Karen Seager
Martin Silveira
Mitchell Smith
Mark Stoove
Donna Tilley
Michelle Tobin
Tiffany Tran
Carla Treloar
Jana Van Der Jagt
Olga Vujovic
Melanie Walker
Jack Wallace
James Ward
Sally Watkinson
Bradley Whitton
Shannon Woodward
Belinda Wozencroft
Nafisa Yussf

REGIONAL ADVISORY GROUP
Chair: Nick Medland
Ilya Abellanosa
Shilu Adhikari
Joanna Akritidu
Vladanka Andreeva
Anup Gurung Graham Apian
Alexis Apostolellis
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Dashika Balak
Andrew Ball
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Patchara Benjarattanaporn
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Sumathi Govindasamy
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Raja Iskandar
Shah Raja Azwa
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Sangeet Kayastha
Angela Kelly Hunku
Jules Kim
Janet Knox
Debashish Kundu
Fatim Lakha
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Gail Matthew
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John Millan
Eamon Murphy
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Pungpapong Shiba Phurailatpam
Midnight Poonkasetwattana
Sophie Radrodro
Patrick Rawstorne
Katy Roy
Darren Russell
Karen Salter
Shailendra Sawleshwarkar
Tim Sladden
Yanri Subronto
Nikki Teggelove
Doan Thanh
Tung Doy Thitiyanun
Carla Treloar
Caroline van Gemert-Doyle
Rebecca Vassarotti
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
Chair: Jacqui Richmond
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
Treating Hepatitis C in General Practice GP Advisory Panel
Chair: Nada Andric
Beyond the C: Hepatitis elimination in your practice steering committeee
Chair: Olivia Dawson
Project Lead: Ros Rolleston

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

Chair: Charles Gilks

SEXUAL HEALTH STI

Management Guidelines Major Review Steering Committee

Chair: Nicholas Medland

Australlasian Sexual and Reproductive Health Alliance

Co Chairs: Angela Dawson and Judith Dean

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

Edwina Wright (Co-Convenor)

Kathleen Ryan (Co-Convenor)

Jane Hocking (Co-Convenor)

Jason Ong (Co-Convenor)

2020 AUSTRALASIAN VIRAL HEPATITIS CONFERENCE PROGRAM COMMITTEE (CONFERENCE MOVED TO 2021)

Scott Bowden (Co-Convenor)

Jason Grebely (Co-Convenor)

Kevin Marriott (Co-Convenor)

Mark Stoove (Co-Convenor)

RAP WORKING GROUP

Co-chair: Charles Gilks

Co-chair: Robert Monaghan

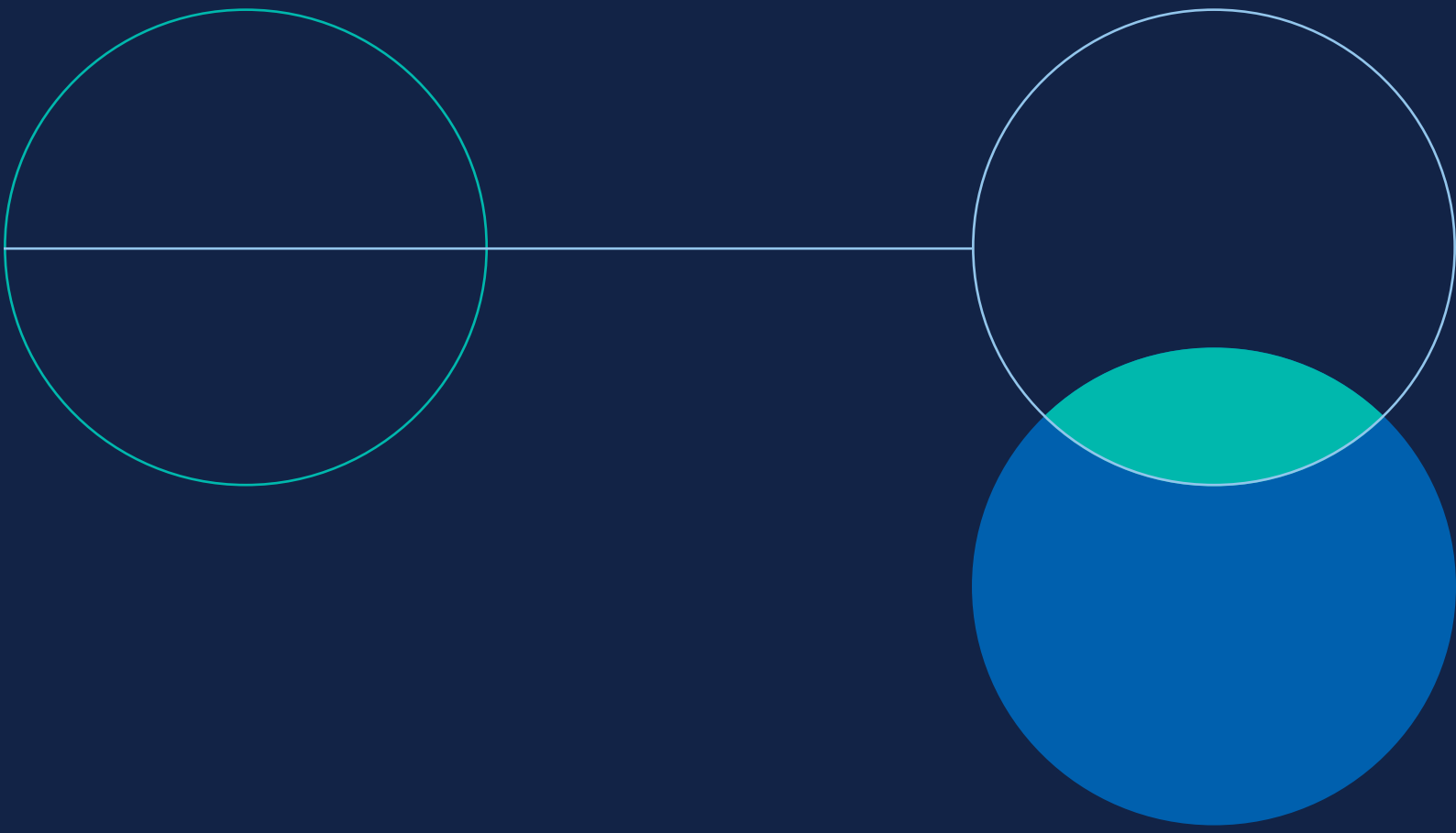
HTLV-1 NATIONAL ADVISORY GROUP

Chair: Damian Purcell

LEVINIA CROOKS EMERGING LEADER IN BBV/ STI & VIRAL HEPATITIS AWARD

Eric Chow

Megan Hughes



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