ashm

Annual Report

2021 — 2022

ASHM SNAPSHOT 2021-2022

438,200
views of the ASHM website

77
ASHM staff members

146
health workers trained in Asia and the Pacific

177
domestic training courses managed

3892
healthcare professionals trained domestically

12
conferences held by our Conferences and Events Division

137,255
ASHM website users

2383
delegates in attendance at ASHM flagship and hosted conferences

2137
users of our learning management system ASHM On Demand

58%
growth in new Ordinary Memberships

400%
increase in Student Memberships

250
health workers reached with COVID-19 support messages in Papua New Guinea

Developing a sustainable HIV, viral hepatitis and sexual health workforce

ASHM is a peak organisation for health workers and medical professionals who work in HIV, blood borne viruses (BBVs), and sexual and reproductive health (SRH).

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, healthcare 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 (STIs).

Our Mission

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

We acknowledge the Traditional Owners of the lands upon which we live and work, 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 healthcare 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 organisation, 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

> We must remember that even nationally, effective HIV prevention is not HIV elimination for the 30,000 or so people living with HIV in Australia, including the almost 4,000 newly diagnosed in the past 5 years.

Australia has committed to the United Nations goal to end AIDS by the end of the decade. In this country, this is interpreted as a greater than 90% reduction in HIV transmission and is referred to by some as virtual elimination.

2022 will see the launch of a national strategy on how to get there. There aren't many countries around the world that have health systems that are up to this challenge, but Australia is definitely one of them. Currently, these systems are successfully delivering highly accessible HIV treatment and PrEP. However, we are falling far short of what is required to get through to the end of the HIV epidemic. The substantial and welcome declines in new HIV diagnoses in Australia in the past five years have almost exclusively occurred in Australian-born gay and bisexual men. As these gains march forward, we must turn our focus to those individuals and groups who are not benefiting: migrants, women, and heterosexual men are just three such groups.

We must remember that even nationally, effective HIV prevention is not HIV elimination for the 30,000 or so people living with HIV in Australia, including the almost 4,000 newly diagnosed in the past 5 years. HIV is not likely to be eliminated from their lives any time soon, lives spent managing chronic illness, multimorbidity, disclosure, and varying degrees of stigma and discrimination. We are a uniquely wealthy and well-resourced nation, and we must pledge these resources to improve the quality of life of people living with HIV.

Treatment uptake for Hepatitis B (HBV) remains considerably short of the national strategy target and we all need to focus our efforts in testing, treating and keeping those impacted engaged in regular care.

If there was ever an infection ready for elimination through early diagnosis and treatment, it is syphilis, and yet our approaches are not a success. We have been particularly unsuccessful in reducing syphilis in Aboriginal and Torres Strait Islander communities and in women who might have a baby. That a condition with potentially devastating effects, which can be cured with a single does of medication, continues to rise in a country with such well-developed health infrastructure, should give us pause - to consider what we are getting wrong, as well as what we have got right.

> An Australian success, something we have been getting right, is Hepatitis C (HCV) treatment. Importantly, as we approach the elimination of HCV, we are changing our approach, acknowledging and understanding that identifying those remaining individuals who can benefit from testing and treatment is qualitatively different from those initial groups. This is a vital lesson that should be applied across different areas, including HIV.

HIV and STIs in Australia benefit from a strategic approach. Government strategies for the next period (2023-2030) are currently in development. ASHM is a key informant and partner for developing these strategies and we are ready to align the next 8 years of our work with their approaches.

This year, the Australian STI Management Guidelines have been modified to recommend HIV and syphilis testing wherever STI testing is indicated. This change means that guidelines across all communities can be aligned, removing the potential for the stigma associated with demographic-based testing. If fully implemented, this may be a step toward normalising HIV testing, allowing women and men (who are not gay and bisexual men who test frequently) to enjoy the benefits of early diagnosis and treatment.

We've been under stay-at-home orders with our borders shut for much of the last two and half years, and now we are discovering that emerging from the COVID-19 pandemic will be anything but straightforward.

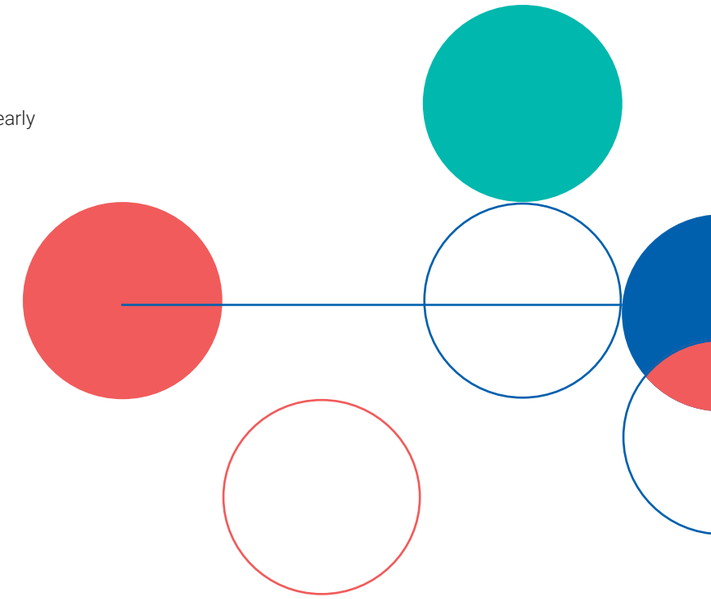
COVID-19 has really taught us about global connectedness. What affects other countries affects us, directly not indirectly, and sooner not later. Most of our region, most of the world, has no infrastructure to monitor drug resistance in gonorrhoea, for example. The only way we know about drug resistance in many of the countries in our region is when it is detected in a returned traveller. Pre-COVID-19, gonorrhoea resistance regularly made headlines.

ASHM's International Division is particularly strong. We recently became an accredited development agency with the Australian Government, enabling us to build on our work in the region. We have also launched our Regional Response Group, to build on our success in highlighting the needs of the HIV, sexual health, and viral hepatitis response in the Asia Pacific region during the COVID-19 pandemic.

Last, but not least, monkeypox (MPX). There are some big questions which will be answered in the fullness of time. Why are gay and bisexual men so disproportionately affected? Why now? Why not prior to COVID-19?

We need to mobilise and incentivise our truly formidable resource infrastructure to generate the data to guide our way out. To ask our researchers: how can we optimise surveillance, understanding of transmission, behavioural sciences, community-led health promotion, targeted vaccination, highly accessible sexual healthcare, testing, early diagnosis and contact tracing?

> This will tax our resources and capacity. The potential for stigma and discrimination to make things much worse than they need to be is truly terrifying and must be pre-empted and resisted. The characteristic feature of the Australian HIV/AIDS response is the way that the health workforce—not just doctors and nurses, but also government, researchers, and scientists—work together with the affected communities to make sure that approaches are consistent and focused on the people who are most affected by them. We've done this before; we can do it again and we can keep on doing it as often as required.



CEO Report
Alexis Apostolellis

First and foremost, I would like to start by thanking all our ASHM members for their continued support over this last year and in many cases years and decades prior. Without this support, ASHM would not be where it is today.

ASHM members not only contribute through membership fees but also in kind, in the form of many selfless hours developing material. This hard work contributes to and shapes our mission and vision.

This last year we launched our expert Board advisory groups across each disease area, made up of passionate members. We look forward to progressing this work with experts in each area who will help shape policy response and sector priorities.

Students have overtaken nurses as the fastest-growing membership category, which is a delight. We welcome a future filled with this passion and innovation and look forward to continuing our work supporting emerging leaders in our sector.

It is difficult to pick out only a few highlights with so much fantastic work this year, but a few things stand out.

ASHM was proud to launch an updated version of the Australian STI Management Guidelines for Use in Primary Care. These guidelines have become a trusted and valuable online resource for primary care health professionals. They provide concise information to support the prevention, testing, diagnosis, management, and treatment of STIs for adults and adolescents and are frequently cited and referenced by other guidelines.

In March 2022, ASHM in collaboration with Hepatitis Australia convened a sector roundtable to discuss the opportunities and challenges of implementing expanded sustainable testing strategies for HCV infection in Australia. The roundtable explored innovative testing models such as point-of-care and dried blood spot testing and discussed ways we can optimise current laboratory-based testing to enhance diagnosis and linkage to care in Australia. The roundtable program was guided by an expert reference group, and a working group will lead progress on the recommendations from the day, which will also inform our work in other disease areas.

> 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. We are committed to continuing our reconciliation journey in 2022 with an Innovate RAP that will outline actions that work towards achieving our unique vision for reconciliation.

The Joint Australasian HIV&AIDS and Sexual Health Conferences were once again held virtually in September 2021 and were a great success. However, we were able to meet in person at the Australasian Viral Hepatitis Conference in May/June 2022. Everyone was excited to come together again, and we had fantastic in-person attendance in Brisbane on the lands of the Turrbal and Jagera peoples. It was a welcome opportunity for our sector to re-commit to the elimination of HCV and the improved management of chronic HBV. The ASHM Conference and Events Team did an amazing job at navigating the uncertainty around these virtual, hybrid, and face-to-face events.

Sadly, since May 2022, we have seen Monkeypox (MPX) become a public health emergency. The Australian response has been fantastic due to the strong partnerships within our sector and between government and community. ASHM is committed to continuing to lead the National MPX Taskforce with AFAO as we face this new challenge.

We also awarded honorary life memberships to Dr. Elizabeth Crock AM and Professor Sharon Lewin AO, both of whom have a proud history of leading and working alongside ASHM.

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Finally, I want to thank ASHM staff for their dedication and resilience once again as we all endured a year of uncertainty. As many of you are aware, the ASHM staff are amazing, as they work on various projects with all of you, our sector champions.

Governance

ASHM's Finance, Risk Management and Audit Committee (FRMA) met four times during 2021-2022 and continues to provide essential support to the Board in reviewing key finance and governance documents.

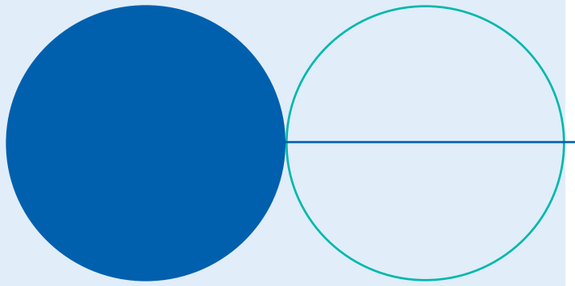
The FRMA continues to be chaired by Jamal Hakim, an independent finance and governance expert. Other members include ASHM's President (Nick Medland) and Vice Presidents (Penny Kenchington & James McMahon), one other ASHM director (Charles Gilks), and ASHM's CEO (Alexis Apostolellis). The committee operates under a term of reference that is approved annually by the Board, with the minutes of all meetings circulated at the subsequent board meeting. During the year, it featured presentations from ASHM's auditors and one of ASHM's newly appointed investment managers.

One of ASHM's core governance documents, the 'Board Manual' (or Charter), was reviewed and updated during the year. This manual was developed some years ago to formalise ASHM's approach to governance, document the key elements of the governance framework, and confirm and clarify the respective roles of the Board and ASHM's Senior Management Team. The manual is modelled on the ten key principles of governance developed specifically for the not-for-profit sector by the Australian Institute of Company Directors and ensures that ASHM's framework is aligned with an established and respected voice of best practice.

ASHM's Board Manual examines each of the ten principles and outlines ASHM's approach to each one, assessing the impact on ASHM and then adapting recommended processes and activities to suit the scale and nature of ASHM's operations. The manual also outlines the governance-related tasks that need to be completed each year. These tasks are tracked and reported against, which enables ASHM's management to assure the Board that the Board Manual has been fully implemented and to identify any areas that require strengthening. The Board Manual was presented to the Board in March 2022 for discussion, query, and approval.

Another key governance development during the year was the enhancement and implementation of ASHM's ethical investment policy following the Board's decision to explore a broader investment strategy. Following a due diligence process, which included a thorough risk assessment, the Board decided to split the investable funds and selected two fund managers to enable diversification of the investment approach, with both managers operating under the same investment policy. The oversight of investment performance and compliance with the investment policy was added to the terms of reference of the FRMA. Board delegations were also updated to reflect the investment decisions that now need to be made.

> During the year, ASHM underwent an external review of all its governance-related policies and procedures as part of the wider DFAT review (as described separately in this report). While overall no issues were noted, some improvements were recommended, for example in the further development of ASHM's risk incident identification and management processes. As part of ASHM's ongoing risk management activities, a formal statement of risk appetite was developed to properly articulate ASHM's approach to risk across its various functions and activities. This statement was formally adopted by the Board after a detailed review by the FRMA.



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

> As the COVID-19 pandemic continued into 2021, the availability of vaccines and immunity became the focal point for the ASHM Taskforce as the national narrative moved from 'zero transmission' to 'living with the virus'.

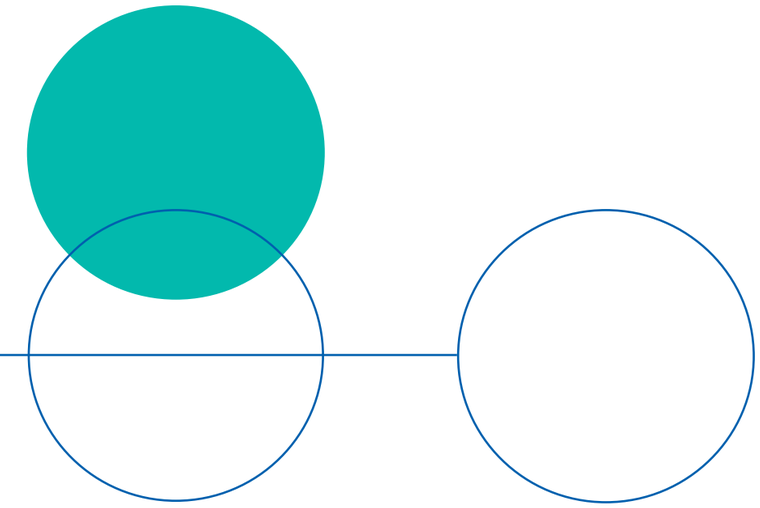
The Taskforce updated its previous FAQ documents to include information on each vaccine as they became approved for use. Advocacy was undertaken to ensure people living with HIV and viral hepatitis were included in priority populations as vaccines were rolled out across Australia. This advocacy work also included advice on maintaining privacy if an individual could not be vaccinated by their regular health professional.

The inaugural COVID-19 Conference Day – *The Devil's in the Details: Making Sense of COVID-19* - brought together an array of experts from basic sciences, clinical care, epidemiology, and social sciences.

The day featured thematic sessions from speakers presenting new and unpublished science, emphasising interdisciplinary collaboration and open access to information. Attention focused on long COVID, and new and emerging variants that would continue to challenge us in the future.

The conference was open to health professionals, non-specialists, and the public on a complimentary basis, in the spirit of the partnership approach adopted by Australia's response to the HIV pandemic. The event provided opportunity for our sector and the public to learn about the science of COVID-19 and to strengthen collaboration between research groups nationally and internationally.

> A total of 477 people registered to attend, with conference delivered wholly online; 95% were from Australia with the remaining international attendees.



Our Reconciliation Plan

As a leading organisation in the health sector, we have an obligation to serve Aboriginal and Torres Strait Islander communities in culturally safe and inclusive ways. Wherever possible, we will partner with Aboriginal and Torres Strait Islander organisations to deliver programs and increase access to services for those communities.

As advised in our last Annual Report, ASHM's Reflect Reconciliation Action Plan (RAP) has been endorsed from December 2020 – December 2021.

Our RAP is an agreed strategy on how ASHM intends to contribute to reducing inequities in living standards and health outcomes between Aboriginal and Torres Strait Islander peoples and non-Aboriginal or Torres Strait Islander Australians.

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

ASHM made the decision to develop a RAP in late 2019, and since 2020 has maintained a RAP working group with representation from across our teams, the ASHM Board, and two Aboriginal external consultants. Together the working group developed our Reflect RAP, which includes 17 unique actions to drive our organisation's contribution to reconciliation both internally and in the communities we work with across Australia.

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.

We are committed to continuing our reconciliation journey in 2022 with an Innovate RAP that will outline actions that work towards achieving ASHM's unique vision for reconciliation. An Innovate RAP runs for two years, and outlines actions for achieving ASHM's vision for reconciliation through a deeper understanding of ASHM's sphere of influence and establishes the best approach to advance reconciliation. ASHM's Innovate RAP will focus on developing and strengthening relationships with Aboriginal and Torres Strait Islander peoples, engaging staff and stakeholders in reconciliation, and developing and piloting innovative strategies to empower Aboriginal and Torres Strait Islander peoples. The Innovative RAP is under active development for endorsement with Reconciliation Australia, and will then be rolled out across the organisation.

Website update

In April 2022, the ASHM IT and Marketing Communications teams undertook the mammoth task of updating the ASHM website, including a change in the content management system.

Our vision for the ASHM website was to make it as easy to use for our visitors as possible so that they can find the information or training they seek expediently.

These changes resulted in many improvements, including the following:

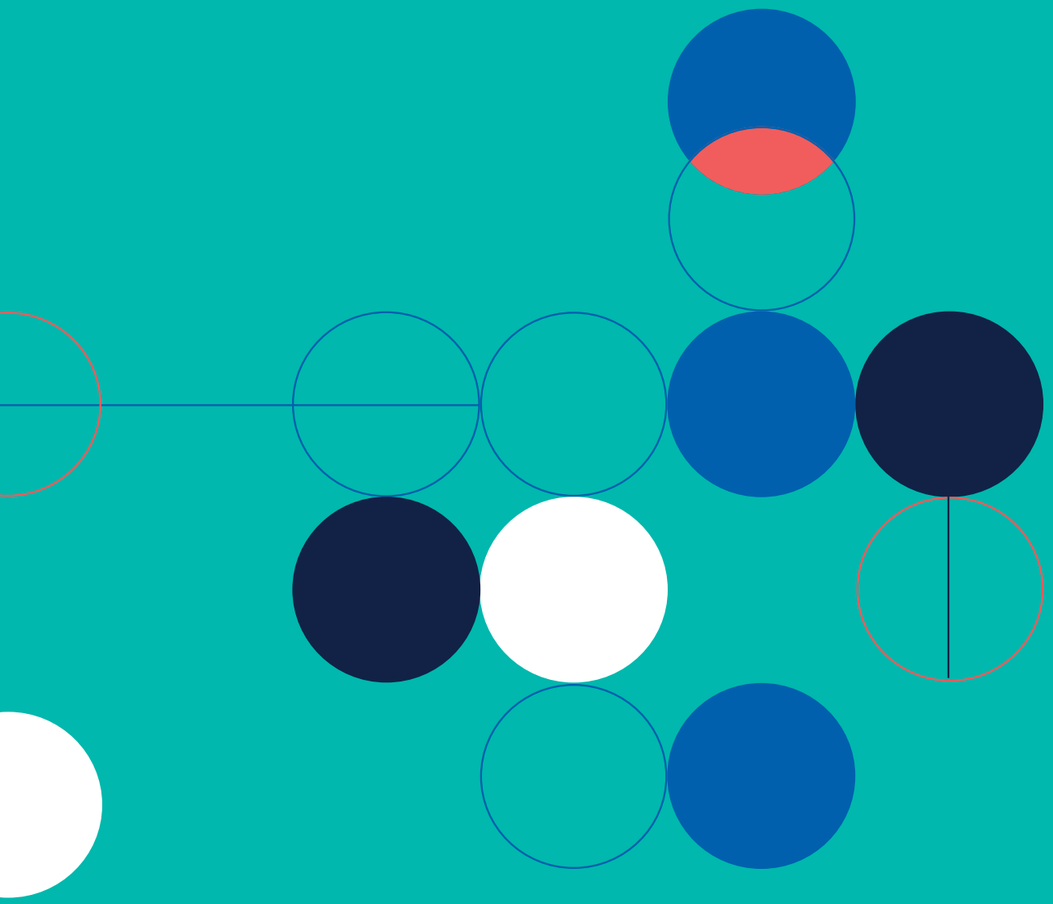
- Resources and courses are easier to find
- Improved visual appeal
- More consistent imagery
- Easier to navigate site structure
- More consistent website updates
- Page load speeds cut in half
- Google-based search

The second major project for 2022 was to upgrade the Learning Management System to the latest version, which features new navigation improvements. The upgrade also resulted in a significant speed increase, making it easier for users to transition through learning modules. It was completed by the end of July, with a seamless changeover for users.

> ASHM IT is focused on innovation, and we have many exciting improvements in store for 2023 in the technology space.

FURTHER INFORMATION: ASHM Website

Membership



ASHM membership continues to be the voice of thousands of Australasian healthcare workers across the sector.

As an independent and trusted public health organisation, our members are physicians, nurses, researchers, epidemiologists, social workers, and other allied health workers. Our members have united to eliminate harm from HIV, viral hepatitis, other BBVs, and STIs while also helping to protect our diverse communities.

2021 has been a big year for ASHM Membership, as we have achieved a **58% growth** in new Ordinary Memberships.

Significant progress has also been made in diversifying our membership base. As we look to future succession planning for the ASHM Membership Program, we have made substantial growth in 2021 with an **increase of 400% in student memberships**. Our vision is to foster new ways of collaborating and providing value to members in partnership with them and the rest of the organisation.

This is an important milestone for the organisation as we prepare for many of our longstanding and loyal members to enter retirement.

> In 2021, we saw our **retired membership category grow by 50%**. We are grateful for their continued support as they still wish to financially support ASHM via their annual membership fee and be connected to the organisation.

In 2021, primary healthcare nurses were our fastest growing profession amongst our individual and affiliate members. Nursing professionals are integral to ASHM as they play a critical role in caring for people with HIV, viral hepatitis, STIs, and patients with sexual and reproductive health needs.

2021-2022
A Bumper Year for ASHM Membership

MEMBERSHIP NUMBERS

709
Ordinary Members

65
Organisational Members

1,215
Affiliate Members

67
Student Members

20
Honorary Life Members

Woman receiving a health check at her local clinic in Papua New Guinea.

Pacific Triple Elimination Project

Mid-2022, ASHM launched a project called Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT), which is being partially funded by ASHM membership. The valuable financial support we receive from our membership base via individual ordinary memberships and our organisational partners allows us to support many unfunded projects within the sector.

The STEPT Project aims to reduce mother-to-child transmission of HIV, viral hepatitis, and syphilis in Timor-Leste and Papua New Guinea. HIV, HBV, and syphilis can be transmitted from mothers to their infants in pregnancy, during labour, and via breastfeeding. However, the transmission of these infections can be prevented by simple and effective early interventions.

The STEPT Project will work with partners to help strengthen universal testing and treatment in antenatal care for pregnant women and their partners, initially in Timor-Leste and Papua New Guinea. It will also focus on stigma reduction within antenatal care and increasing the health literacy of pregnant women and their partners, to improve access to HIV, syphilis, and HBV testing and treatment.

Improving the Registration and Renewal Experience!

One of our goals for 2021 was to improve the membership registration and renewal process via our myASHM portal. Our aim was to make it simpler for our new and existing members to select the membership category that is right for them, update their details and choose from various payment options. This year we have introduced an automatic payment option – where members can set and forget their membership each year. So far, **41% of our members have selected this offer.**

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Two very important additions as ASHM Honorary Life Members!

ASHM Honorary Life Memberships recognise individuals who have made outstanding contributions to the advancement of ASHM's mission and vision in Australia, regionally and globally.

This year we are celebrating two incredible ASHM members and past board members who have been instrumental in the continued success of our organisation.

Professor Sharon Lewin AO

Professor Sharon Lewin is a leading infectious disease expert and the inaugural Director of the Doherty Institute. She is also a Professor of Medicine at The University of Melbourne and a National Health and Medical Research Council (NHMRC) Practitioner Fellow.

An ASHM member for over 20 years, Sharon served as President on the ASHM board from 2005 – 2007 and is currently a member of the ASHM COVID-19 Taskforce. Throughout her time as ASHM president, she helped steer the direction of the organisation at a pivotal time and continues to work with ASHM with a passion for the organisation and an unwavering commitment to science and public health. Her longstanding leadership role within the sector has strongly influenced significant scientific developments and clinical guidelines in HIV medicine for the past 30 years.

In 2019, Sharon was appointed Officer of the Order of Australia (AO) in recognition of her distinguished service to medical research, education, and clinical care in infectious diseases, particularly HIV and AIDS.

Recently, Sharon has played a significant role in the COVID-19 response. Scientists from the Doherty Institute were the first to grow and share SARS-CoV-2 isolate outside of China. The institute also continues to work on all aspects of diagnostics, therapeutics, and vaccines for COVID-19, and their modelling underlies the national plan to re-open Australia.

We thank Sharon for her unwavering commitment to ASHM and the sector. We are forever grateful for the generosity of her time, input, and expertise over the years.

Dr. Elizabeth (Liz) Crock

Dr. Liz Crock is a highly respected HIV Clinical Nurse Consultant working for Bolton Clarke (formally the Royal District Nursing Service), and more recently as an Endorsed Nurse Practitioner – HIV and BBVs. She holds a Master's in Public Health from the University of Melbourne, a Ph.D. in Nursing and is an Honorary Fellow with the University of Melbourne's Rural Clinical School.

Liz is not only highly regarded amongst the HIV community within Victoria, but also Australia-wide as a founding member of HIV community based nursing. She has dedicated her nursing career to caring for people living with HIV and first worked in HIV in the early 1990s at Fairfield Infectious Diseases Hospital in Melbourne.

In June this year, Liz was awarded with membership (AM) in the General Division of the Order of Australia in the Queen's Birthday Honour List, for significant service to nursing, particularly to people living with HIV/AIDS. She has always been a dedicated advocate for marginalised people and communities, and her practice is characterised by her commitment to empowering those with whom she works.

Liz made history at ASHM as our first-ever nursing Vice President, and served on the ASHM Board for seven years (appointed as a Director in October 2014). She has also been an ASHM member for over 20 years.

As an enthusiastic mentor for many nurses working in HIV, Liz shares her knowledge and expertise selflessly. She is generous with her time and support and shares her experiences openly and with humility. Her untiring dedication to ASHM and its mission has been instrumental to the continued success of our organisation.

Levinia Crooks Emerging Leaders Award

Each year ASHM Membership supports the prestigious Levinia Crooks Emerging Leaders Award. Two awards are given annually as a way of honouring Levinia's legacy and recognising her significant contribution. Levinia took an active role in recognising emerging leaders within the BBV, STI and viral hepatitis field, and personally mentored many talented individuals, researchers and practitioners.

These awards have become extremely important for future succession planning and are intended to help identify our rising stars and future key opinion leaders within the sector.

BBVs and STIs

This year the Levinia Crooks Emerging Leaders Award in BBVs and STIs focused on acknowledging and celebrating an outstanding Aboriginal and/or Torres Strait Islander Health Worker and was awarded to **Kezia Blackledge.**

Kezia is an Eastern Arrernte woman and is well known within the sector as a passionate and vocal advocate for the sexual health of young Aboriginal People in NSW.

Kezia is currently working as the Senior Aboriginal Adolescent Sexual Health & Harm Reduction Officer at the Justice Health and Forensic Mental Health Network (JHFMHN), and at the time of the awards she was working at the Aboriginal Health & Medical Research Council (AH&MRC) as a Public Health Officer, whilst completing full time study in Psychology.

Her many achievements include leading the sexual health programs at AH&MRC, establishing the state-wide Aboriginal Sexual Health Advisory Committee, and co-leading the highly successful flagship Aboriginal youth sexual health campaign 'Take Blacktion'. Take Blacktion was developed in partnership with the NSW Ministry of Health, reaching thousands of Aboriginal young people with both culturally appropriate and engaging messaging.

As the winner, Kezia had the opportunity to present to delegates at the conference. Her presentation titled *'For the Community'* gave personal insights into how she came to work within the sexual health sector and the importance of culturally appropriate sexual health education – helping to reduce the shame, stigma, and discrimination often prevalent within Aboriginal and Torres Strait Islander communities.

Dr. Lise Lafferty, Meghan Hughes, Tom Wright

Viral Hepatitis

This year, the Levinia Crooks Emerging Leaders Award acknowledged an outstanding individual within the Justice and Correctional Health Sector, where viral hepatitis remains a serious and significant public health challenge. HCV infections are at least 25 times higher within the custodial system, and providing critical interventions to educate, treat, and reduce transmission is incredibly important and challenging.

> This year our nominees were not only healthcare providers but also harm reduction experts, researchers, policymakers, advocates, and outreach workers. It was a pleasure to present the 2022 Levinia Crooks Emerging Leaders Award in Viral Hepatitis to Tom Wright from the Justice Health and Forensic Mental Health Network (JHFMHN).

Tom Wright is a Harm Reduction Coordinator and has been instrumental in leading Harm Reduction in correctional settings across Australia. One of his many achievements was establishing the first and only Harm Reduction Reference Group (HRRG) for Correctional settings.

He has also successfully piloted a harm reduction and hepatitis peer education program that is now moving into phase two, which involved developing a facilitator's manual to be rolled out across the State. Tom has also co-designed resources on syringe cleaning, overdose awareness and prevention, and HCV testing and treatment.

All of our nominees were incredibly impressive, and the adjudicators not only chose Tom Wright as the winner, but also felt a special mention was in order for Dr. Lise Lafferty.

Dr. Lise Lafferty is a Research Fellow at the Centre for Social Research in Health and the Kirby Institute, UNSW Sydney. Lise has established herself as an Emerging Leader in the sector through her leadership of qualitative research across several studies in the prison setting.

Australian Programs

The Optimal Scenario & Context of Care: Guidance for Healthcare Providers Regarding Infant Feeding Options for People Living with HIV

People living with HIV in Australia who are pregnant or considering pregnancy require discussions with their healthcare providers to make informed decisions regarding their infant feeding options, extending to all healthcare professionals working on any perinatal care team.

There has been a growing recognition among healthcare providers, researchers, and clinicians that breastfeeding can be a viable choice for people living with HIV if they follow several criteria and are willing to engage in strategies to reduce the risk of HIV transmission. Described as the 'Optimal Scenario,' this situation has been summarised in a discussion paper published in 2018 in the *Swiss Medical Weekly.*

Launched at the Joint Australasian HIV&AIDS + Sexual Health Conferences (Virtual) on the 8th of September 2021, ASHM's guidance for healthcare providers concerning infant feeding options available to people living with HIV in Australia, '*The Optimal Scenario and Context of Care*', offers advice for a shared decision-making process between a person living with HIV and their healthcare provider to ensure that informed choices are made concerning infant feeding options.

In developing the guidance, the authors evaluated the risks of HIV transmission via breastmilk for mother-to-child transmission in light of accessible combination antiretroviral treatment (cART), weighed against the benefits of breastfeeding. The authors reviewed the latest research relating to the transmission of HIV from parent to child through breastfeeding where the person was on effective cART and fulfilled several essential criteria, and have found no evidence of transmission of HIV. The guidance is based on the underlying evidence for the 'Optimal Scenario', and includes what ASHM calls the 'Optimal Context of Care' required to support people living with HIV who may decide to breastfeed.

The guidance has been several years in the making, with a review panel of over 45 experts representing a variety of disciplines in maternal and child health, infectious diseases, women's health, and HIV across Australia and abroad.

> 'Finally, a practical guide that takes on the real challenges when considering such an emotive issue as breastfeeding. There already exists an array of diverse and strong public opinions on this issue. This guide offers balanced information that will not only empower and support women to safely consider their options but helps remove that stigma of guilt.'
>
> **Katherine Leane - President of Positive Life South Australia, 2021, HIV Positive Woman and Mother of 34 years.**

FURTHER INFORMATION: ASHM Report

Highlights

HIV s100 Prescriber Forum

On 22 October 2021, an online forum provided HIV s100 prescribers the opportunity to dive deep into emerging areas of HIV treatment and management, and featured presentations, expert panels, and interactive case discussions.

While incorporating valuable community perspectives, participants were given updates on Integrating Quality of Life (QoL) Measures into Clinical Practice, the Impact of COVID-19 on Clinical Outcomes, and New HIV treatments. In addition, special guests Mary Ndungú and Breklyn Bertozzi, representing the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), spoke on Centering Women's Experiences in HIV Care, which included a lived experience presentation and facilitated panel discussion.

The forum hosted 85 participants and received overwhelmingly positive feedback. ASHM is pleased to offer this activity to our prescribers again in 2022, with planning underway.

HIV s100 Peer Support and Case Presentation Series

Thanks to generous unconditional educational grants from ViiV Healthcare and Gilead Sciences, ASHM launched our new HIV s100 Peer Support and Case Discussion Series on 23 March 2022.

The series was developed to support newly accredited and rural and remote-based HIV s100 prescribers. The national webinar series features interactive case presentations from experienced HIV clinicians across Australia and is an opportunity for participants to ask questions, seek advice, network, and support their peers.

Now with over 540 s100 prescribers across Australia, ASHM continues to explore new avenues to support ongoing professional development, particularly for those who are newly accredited, have low caseloads, or are from rural and remote areas.

The webinars attract up to 30 participants per session, with feedback praising the helpful scenarios, practical tips, and opportunities for seeking advice from specialists.

HIV Shared Care and GP Management Plan Resources

In August 2021, ASHM proudly released our updated HIV Shared Care and GP Management Plan resources. The purpose of these resources is to guide recommended monitoring and preventative health for patients with HIV, and the utilisation of a comprehensive GP Management Plan for HIV shared care.

While available data suggests that GP and specialist HIV care is reasonably consistent with good outcomes, there remains considerable uncertainty around 'shared care' – a model of care in which a patient sees a GP and a specialist.

Around half of the HIV care in Australia is provided in general practice, and yet most patients still consult various doctors for their care, including GPs, sexual health, and other medical specialists.

These resources align with the 8th National HIV Strategy, which highlights the importance of "equitable access to and coordination of care…to ensure healthcare and support services are accessible, coordinated and skilled to meet the range of needs of people with HIV, particularly as they age".

FURTHER INFORMATION: HIV Shared Care

Quick Reference Tools Update

Due to popular demand, two of ASHM's quick reference tools were updated in August 2021.

Our HIV Monitoring Tool, launched in September 2019, assists HIV s100 prescribers with decision-making when conducting initial and ongoing patient monitoring following HIV diagnosis. The tool remains our most downloaded resource for new and experienced prescribers, and covers history taking, examination, assessment, and planning.

To complement the monitoring tool, ASHM's Decision Making in HIV quick reference tool guides prescribers on who to test, delivery of HIV laboratory results, and aids decision-making around HIV management and treatment, including PEP and PrEP.

These updated tools, and many other resources, are available on ASHM's website and are implemented and utilised throughout ASHM's educational offerings.

FURTHER INFORMATION: HIV Monitoring Tool

B Positive:
A guide for primary care providers

This year we updated our B Positive online resource. B Positive provides primary care clinicians with the most current guideline-based recommendations in the management and treatment of HBV. The resource recently underwent a review to align with the Australian consensus recommendations for the management of Hepatitis B infection (2022). In addition to this alignment, the B Positive website has undergone a visual update to better align with our branding and improve website functionality.

A/Prof Gail Matthews from the Kirby Institute led the review, and stated that:

The latest update to B Positive brings it into line with the most current advice within the recently released Australian HBV Consensus Statement. As management and treatment for people living with HBV continue to evolve, we must keep our primary care workforce abreast of the most recent changes to ensure Australians living with HBV receive optimal care. A focus on enhanced testing, a lower threshold for treatment initiation, and advice on when to use antivirals to prevent transmission of HBV virus in pregnancy are all key changes.

A sincere thank you to the reviewers responsible for the update:

- A/Prof Gail Matthews – Infectious Diseases Physician, The Kirby Institute, University of NSW
- Dr. Samuel Elliott – General Practitioner, Riverside Family Medical Practice, St Mary's SA
- Dr. Miriam Levy – Gastroenterologist, Department of Medicine, the University of NSW, South Western Sydney Clinical School, Liverpool Hospital, NSW

What's new?

1. Changes to nomenclature for the four phases of disease, to reflect the understanding of the natural history of HBV more accurately.
2. Inclusion of the upper limit of normal for liver function tests (19 IU/L in females & 30 IU/L in males).
3. Recommendations for the commencement of antiviral therapy in pregnancy.
4. Priority populations for testing.
5. Priority populations for Hepatocellular carcinoma (HCC) surveillance.

ASHM has also updated its Decision Making in Hepatitis B tool and training materials to align with the Consensus Recommendations and B Positive.

FURTHER INFORMATION: B Positive

B Positive
HEPATITIS B FOR PRIMARY CARE

Highlights

Hepatitis B Primary Care Referral Project Update

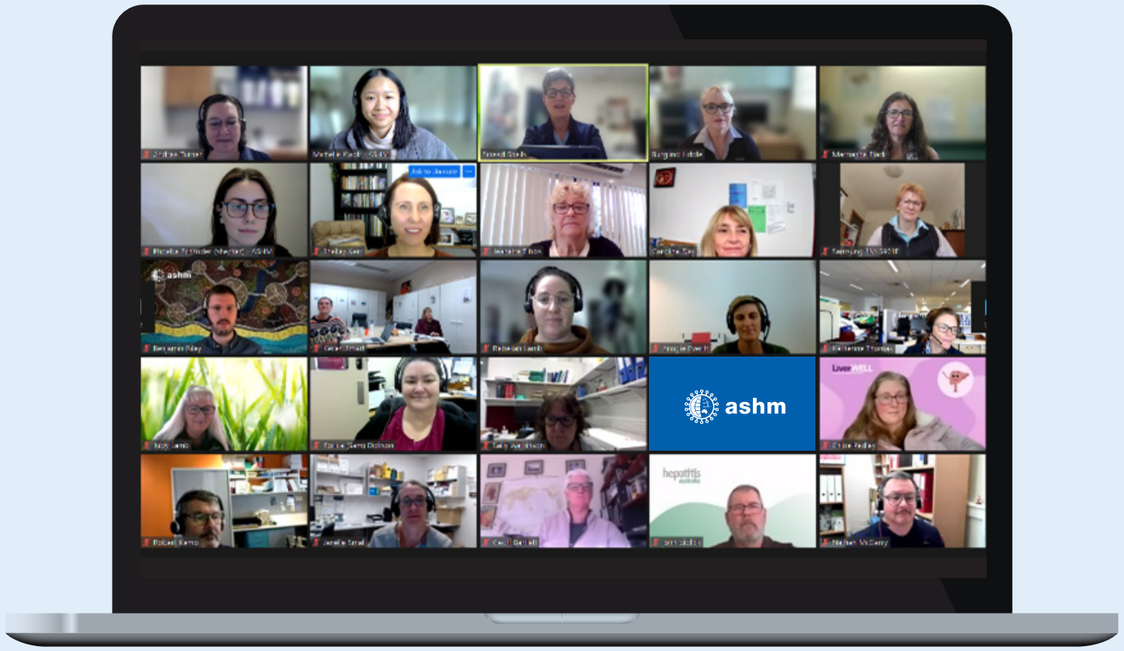
ASHM is committed to expanding access to HBV management within primary care by increasing the number and ease of referral to HBV community s100 prescribers. We are undertaking a primary care referral project to explore approaches to improve shared care arrangements within primary care settings, provide greater access to community prescribers, and further increase the capacity of our HBV s100 community prescriber workforce. The direction of this project is currently informed by consultation with the clinical workforce and community.

ASHM staff present on Culturally Responsive Care and Hepatitis B course at 13th Australasian Viral Hepatitis Conference

ASHM Hepatitis B Senior Project Officer, Isabelle Purcell, presented on ASHM's Culturally Responsive Care and HBV training session on behalf of ASHM at the 13th Australasian Viral Hepatitis Conference in May 2022. Isabelle outlined that there is currently no systemic approach to providing cross-cultural care training, and that person-centered models may not fully equip practitioners to respond to complex cultural needs if patients are unable to articulate these in consultations. The Culturally Responsive Care and HBV course was developed to increase understanding of disease trajectories and bio-psycho-social considerations pertinent to culturally and linguistically diverse populations. This course was developed in consultation with a range of community-based organisations and is based on a panel-style format to showcase strategies for providing culturally responsive and trauma-informed healthcare from the perspective of clinicians and community services. Challenges raised by participants in providing clinical care to culturally and linguistically diverse patients reinforced the importance of supplementing workforce development initiatives with policy and systems-level interventions.

Hepatitis B National Advisory Group

ASHM has expanded its Hepatitis B National Advisory Group to increase community representation and consultation on the HBV program. The National Advisory Group informs the HBV team's strategic direction, including policy and advocacy opportunities, course and resource development, and the development and implementation of overarching projects to upskill the health workforce and improve the cascade of care.



Addressing challenges to improve access to HCV diagnostic testing to enhance treatment in Australia: A National Roundtable

The advent of simple direct-acting antiviral HCV therapies with cure rates above 95% is one of the most significant medical advances in decades, leading to a reversal in liver-related mortality. However, treatment uptake in Australia has declined between 2016 and 2020. Current diagnostic pathways require multiple visits to a practitioner, reducing the proportion of those who receive a diagnosis and increasing disparities in loss to follow-up across the cascade of care. This is amplified in target populations such as people who inject drugs and people who are incarcerated.

On 10-11 March 2022, in collaboration with Hepatitis Australia, ASHM convened a sector roundtable guided by an expert reference planning group. The discussion covered the opportunities and challenges of implementing expanded sustainable testing strategies for HCV infection in Australia, such as Point-of-Care and Dried Blood Spot (DBS) testing, and optimising current laboratory-based testing to enhance diagnosis and linkage to care in Australia.

Key themes emerged from the two-day meeting, with 25 speakers and over 125 attendees contributing to the discussion. Progress in the following areas was identified as priorities for action to improve HCV testing and linkage to care: **Availability and access to a range of strategies and technologies.**

> To achieve national HCV elimination targets by 2030, Australia needs a range of testing strategies and technologies to suit different settings and populations. Point-of-care and DBS testing offer flexible options that overcome accessibility barriers such as location and acceptability, to reduce the number of visits required to be diagnosed and commence treatment.

Highlights

Reflex RNA testing

Currently, laboratory-based reflex RNA testing following a positive/indeterminable antibody test is not routine and must be requested by the diagnosing clinician. Reflex HCV RNA testing is a critical solution to improve HCV diagnostic testing in Australia, and further work is needed to support implementation.

Sustainable funding models

Current Australian funding frameworks do not support decentralised testing models that would facilitate HCV testing in the community by a range of health professionals, including peer workers. Participants at the roundtable acknowledged the need for transitioning point-of-care and DBS testing programs from existing research programs into sustainably funded models that can be embedded in clinical practice.

Updated evidence-based guidelines, frameworks, and infrastructure

Implementing sustainable testing strategies in Australia will require robust guidelines, frameworks, and systems to support them. Participants recognised that current guidelines and billing frameworks are based on complex historical interferon-based treatment paradigms managed in specialist settings.

Following the success of the roundtable, ASHM will continue to facilitate advancing the policy and advocacy response to improve access to HCV diagnostic testing in Australia. A working group is being established, which will be guided by a national reference group.

2022 Queensland Prisons Forum

On 17 June 2022, ASHM convened the Queensland Prisons Forum in Brisbane. The annual statewide event brings together health professionals working in Queensland prisons and services providing in-reach, to discuss progress in HCV treatment programs and opportunities to strengthen care.

Co-chaired by Dr. Enoka Gonsalkorala, Deputy Director of Gastroenterology at the Surgical, Treatment and Rehabilitation Service (STARS), and Geoff Davey, Chief Executive Officer, Queensland Injectors Health Network, the forum brought together 46 health workers. Updates were given by each facility, the Office for Prisoner Health & Wellbeing, the National Prisons Hepatitis Network (NPHN), the Kirby Institute UNSW, and Hepatitis Queensland.

"Prison health is community health." With a significant proportion of new HCV infections occurring in Queensland prisons, this statement from the forum highlights the ongoing need to improve access to prevention and harm reduction strategies in these settings. ASHM continues to advocate for enhanced access to appropriate HCV management in correctional facilities in Queensland, and in other States and Territories.

C the Whole Story: Hepatitis C in Homelessness, AOD, and Mental Health Settings

On 1 April 2022, 65 attendees joined online to attend the C the Whole Story Forum: Hepatitis C in AOD, Mental Health and Homelessness Settings. The interactive forum was designed for attendees to share strategies for success and innovative approaches to providing treatment and care to people living with HCV who access these services. The forum was co-designed by the workforce it was created for, with a Steering Committee of nurse and peer representatives from each setting, and targeted at nurses, NSP workers, and peers working in homelessness, AOD (alcohol and other drugs), and mental health settings.

> A key theme from the forum was the importance of engaging and building rapport with the affected community when carrying out HCV-related services. Health workers must listen to community voices, adapt services by following their expressed needs, and reduce barriers to accessing HCV testing and 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 continuing medical education (CME) accredited program that provides healthcare practitioners with the knowledge and skills to expand HCV 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 and 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 2021-22, ASHM continued program delivery in Canada through an online classroom format, delivering four virtual workshops to over 60 healthcare practitioners. Upcoming workshops are planned in Canada, Germany, and France. Current work is taking place to convert the education program to an online format for Italy and the United Kingdom.

Hepatitis C in Children

In November 2021, ASHM released two new resources: HCV in Children: Australian Commentary on AASLD-IDSA Guidance and a summary document titled Decision Making – Hepatitis C in Children. These resources were funded by the Australian Government Department of Health and developed by a committee of Australian HCV and paediatric experts, facilitated by ASHM.

In Australia, the prevalence of HCV infection in children is low and primarily occurs through perinatal transmission. However, testing of babies born to mothers with HCV infection is essential to diagnosis, monitoring, and linkage to care.

The guidance covers testing, transmission and prevention, monitoring and medical management, whom and when to treat among children and adolescents with HCV infection, and HCV antiviral therapy for children and adolescents. Fixed dose formulations available in Australia for children and adolescents are age and weight based. Children and adolescents who have HCV should be referred to a paediatric gastroenterologist or paediatric infectious diseases physician.

NSW Hepatitis C Remote Prescribing Program

The NSW Hepatitis C Remote Prescribing Program aims to increase access to treatment in regional areas and other settings where treatment access may be limited. The program's model of care is nurse-led and patient centred. Nurses perform the initial HCV assessment and patient work-up, then refer to prescribers who review the information and initiate DAA therapy. Prescribers can initiate treatment for patients outside their Local Health District using the program's comprehensive 'Remote Consultation Request for Initiation of Hepatitis C Treatment Form'.

We encourage you to visit the program webpage for more details, a list of participating nurse referrers and prescribers, and downloadable forms. Over 100 patients have been successfully treated under the program, including 32 patients experiencing homelessness on the Central Coast who have had treatment facilitated by a nurse referrer providing general health checks including HCV testing and assessment from a mobile van.

National Roundtable for Nurses: Hepatitis C treatment for Medicare ineligible patients

On June 2022, ASHM successfully held a national round table for nurses as a follow-up to the recommendations report released from the national round table in 2021 on HCV treatment for people without access to Medicare.

This session aimed to reflect on and advance the recommendations by hearing the voices, concerns, and strategies of nurses and nurse practitioners (NPs) across Australia working with Medicare ineligible patients.

There was a great turnout of attendees for this virtual event. The Roundtable ran as a series of presentations, a panel discussion, and small discussion groups. Emerging themes included transparency and reviewing eligibility criteria for the compassionate access scheme, cost-effective analyses for treatment of this cohort, data gaps, and the continuation of advocacy to government and industry to have HCV treatment and cure accessible to all. ASHM aims to further this policy and advocacy response, and has convened a steering committee that will guide this work.

Viral Hepatitis Mapping Project

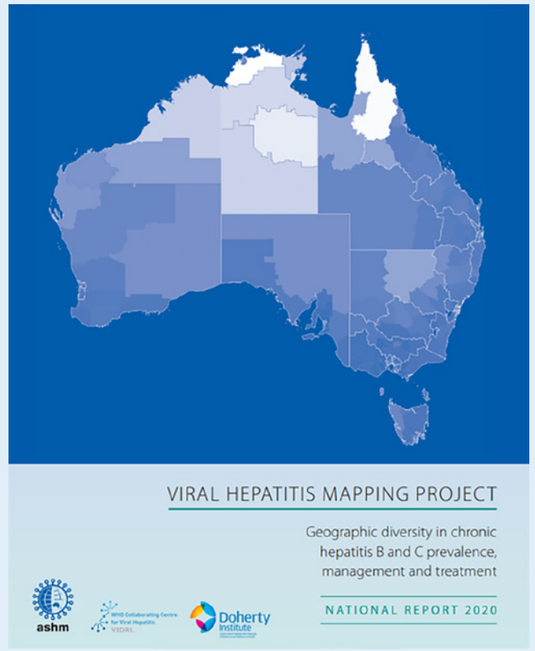
The Viral Hepatitis Mapping Project: National Report 2020 was launched at a virtual event in November 2021 as an ongoing collaboration between ASHM and the WHO Collaborating Centre for Viral Hepatitis Epidemiology at the Doherty Institute. An online portal is also available where data can be further explored on a deeper level using interactive visualisations, allowing direct comparisons between regions of interest.

The project is an invaluable resource that generates data and reporting to identify gaps in the cascade of care and opportunities for improvement. Variation in prevalence and care uptake is broken down into geographic regions, to estimate the prevalence, diagnosis, monitoring, and treatment of HBV and HCV at a state, territory, Primary Health Network (PHN) and Statistical Area 3 level.

The report is based on data from the National Notifiable Diseases Surveillance System, and records from Medicare Australia and the Australian Cancer Atlas. Comparisons are then made against National Hepatitis B and Hepatitis C Strategy elimination targets, and projections demonstrate that while some regions of Australia are on track to reach these targets, many are falling behind. The report is critical to guide the development of initiatives and to provide evidence to inform policy change to help reduce mortality and morbidity caused by chronic HBV, and work towards achieving more equitable health outcomes for all Australians.

What's new?

> For the first time, the report included data on the incidence of liver cancer – a vital reminder of the impact that unmanaged chronic HBV and HCV have on the risk of developing liver cancer. In response to the current healthcare landscape, an assessment of the impacts of COVID-19 was also included.



Key findings

HBV snapshot

Treatment uptake for chronic HBV in 2020 was 10.7% overall in Australia, which is considerably short of the National Strategy target of 20% by 2022. Only 22.6% of people with chronic HBV were engaged in regular care, less than half the National Strategy target of 50%.

HCV snapshot

By December 2020, an estimated 47% of all Australians living with chronic HBV had received treatment, and Australia is not projected to meet the 2022 National Strategy target of 65%.

Liver Cancer snapshot

The data demonstrated that the five PHNs where liver cancer rates were highest had an above-average prevalence of chronic HBV, and a correlation was noted between liver cancer and chronic HBV prevalence.

Impacts of COVID-19

In 2020 the number of hepatitis serology tests decreased by 14.6% after consistently increasing over time prior to this. This decline was most rapid during April and May 2020, during the first period of lockdown and restriction due to the COVID-19 pandemic. This resulted in a greater decrease in chronic HBV diagnosis notifications, with a 14.8% decrease in 2020. This could be attributable to a significant proportion of new diagnoses occurring through migration screening, as migration reduced due to international border closures imposed in 2020.

PHN Engagement Project

ASHM has a long history of advocacy in the BBV and sexual health space. The Primary Health Network (PHN) Engagement Project focuses on supporting ASHM's broader work, along with our membership and sector partners, to contribute to a coordinated effort in the reduction of harm, uptake of treatment, and ongoing monitoring across BBVs and STIs.

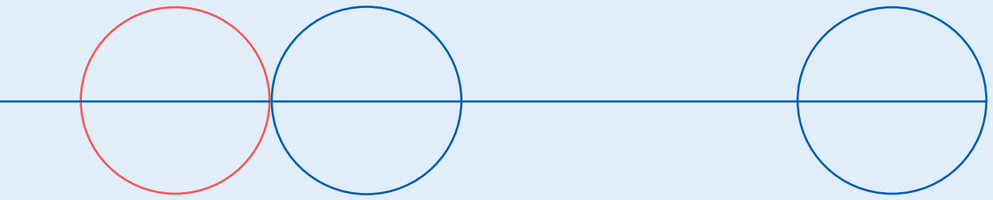
Australia has 31 PHN regions that align with state and territory local hospital and health networks. PHNs have the two key goals of improving the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes, as well as improving the coordination of health services to increase access and quality support for people.

The work across the first year of the Project has been to:

- Develop a greater understanding of PHN governance structures, stakeholders, Health Needs Assessment, HealthPathways review timelines, and work plans.
- Identify opportunities for collaboration and consultation between ASHM, the national sector peak organisations, jurisdictional community organisations, and the PHNs.
- Understand the role of PHNs in the localisation of HealthPathways, a clinical decision-making tool for clinicians, and how ASHM, alongside national sector peaks and community organisations, can contribute to this content.

As part of the PHN Engagement Project, ASHM championed a series of national and jurisdictional virtual roundtables focused on strengthening community and PHN collaboration in the BBV and sexual health sector. The roundtables discussed the role of PHNs and how the BBV and sexual health sector can better collaborate and align their priorities. Several PHNs and sector partners came to the roundtables with well-developed relationships and a range of programs and activities shared between them. For other PHNs, it was an opportunity to create the foundations for future relationships, and to identify key challenges. The overwhelming response from the parties was positive and showed an enthusiasm for the development of future collaboration.

> ASHM recognises the role PHNs have in working with primary care and will continue to foster opportunities for collaboration between ASHM, the national sector peak organisations, and community organisations.



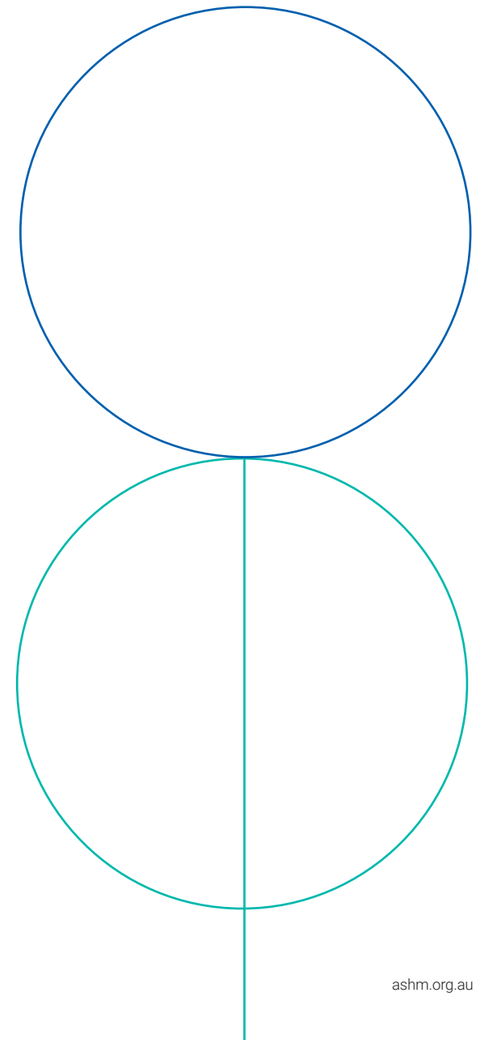
Integrating BBV & STI Information Project

This project aims to reduce the number of undiagnosed BBVs and STIs, decrease rates of late diagnoses, and increase early and appropriate management and treatment. It is critical to ensure that we include consistent, current, and evidence-based messaging on BBV and STI testing within clinical guidelines and resources accessed by the broader health workforce, such as the RACGP Redbook, Primary Clinical Care Manual (PCCM), Therapeutic Guidelines (TG), and HealthPathways.

Over 2021-2022, ASHM convened a Steering Committee of Specialists, General Practitioners, Nursing Professionals, and other clinicians to guide the project. Staff reviewed a range of resources identified as a priority by the committee to determine the current level of detail included for HBV, HCV, HIV, and sexual health content, and the inclusion of relevant sector resources.

> The initial review demonstrated substantial variability in both the level of content, and in the currency of guidance provided within resources accessed by the health workforce. This presents a challenge for healthcare providers working within non-specialised BBV and sexual health disease areas, unfamiliar with when, or how, to undertake BBV and STI testing.

Additionally, they may not be aware of targeted resources to assist in providing testing, treatment, and support to their patients, such as ASHM's Decision-Making Tools and Guidelines (including guidelines we collaborate on such as GESA's Hepatitis B and C Consensus Statement). ASHM is therefore well placed as the national peak organisation in the sector to coordinate the necessary level of consistency of content that is required across these disease areas. We will continue to engage with the resource owners to provide the key BBV and sexual health content, guidelines, and resources, and facilitate updates to ensure they are supported with the appropriate level of evidence-based information.



Australian STI Management Guidelines for Use in Primary Care Update

In 2021, ASHM launched an updated version of the Australian STI Management Guidelines for Use in Primary Care. First developed in 2013, these guidelines have become a trusted and valuable online resource for primary care health professionals. The guidelines provide concise information to support the prevention, testing, diagnosis, management, and treatment of STIs for adults and adolescents, and are frequently cited and referenced by other guidelines.

A review and update of the guidelines commenced in 2020. A Steering Committee chaired by ASHM President Dr. Nick Medland oversaw the review, made editorial decisions, and coordinated updates to every page of the guidelines. A sincere thanks to the committee members:

Chair: Dr. Nicholas Medland
Dr. Vincent Cornelisse
A/Prof Dr. Jason Ong
Penny Kenchington
Dr. Christopher Bourne
Dr. Judith Dean
Dr. Sally Murray
Dr. Amy Moten
Jessica Michaels
Dr. Nathan Ryder

A multisectoral and multi-disciplinary Reference Committee also supported the review, providing invaluable input and feedback to ensure the guidelines were appropriate for affected populations, and acceptable across jurisdictions and key sector organisations. One change which came from this update was the recommendation that HIV and syphilis tests be included whenever STI testing is indicated. This reflects progress towards the goal of eliminating HIV transmission in Australia, as well as concern over the ongoing rise of syphilis notifications.

> Along with updated content, the guidelines were launched on a new and improved website, with improved search functionality and useability on mobile devices. The guidelines were endorsed by the BBVs and STIs Standing Committee (BBVSS) as a national guideline.

Parallel to this project, ASHM worked with the New Zealand Sexual Health Society to create the Aotearoa New Zealand STI Management Guidelines for Use in Primary Care. The format and content of the Australian guidelines were used as a starting point, with all sections comprehensively adapted by writing and steering groups (chaired by Dr. Rose Forster) for the New Zealand setting and context.

FURTHER INFORMATION: STI Management Guidelines

australian STI MANAGEMENT GUIDELINES FOR USE IN PRIMARY CARE

Highlights

Introducing Trans and Gender Diverse Sexual Healthcare e-learning

ASHM, in collaboration with ACON, developed a new Trans and Gender Diverse Sexual Healthcare e-learning module. It has been co-designed for clinicians working in a sexual health clinical setting or delivering sexual health in primary health settings. ASHM, ACON, and AusPATH, in association with a broader working group, are currently developing a second e-learning and complementary online course. These activities are aimed at practitioners working in sexual health or primary health settings, or delivering sexual healthcare, and will provide advanced training on gender-affirming healthcare (e.g., Gender Affirming Hormonal Therapies such as testosterone or oestrogen).

Decision Making in Syphilis

In 2021 ASHM launched the 'Decision Making in Syphilis' quick reference tool for primary care professionals. It offers clear steps on providing clinical care and advice on screening, testing, and the treatment of syphilis. The resource aims to add value to ASHM's existing STI education and resources, while acting as a standalone tool for clinical engagement and care. It builds upon evaluation findings and previous work completed by ASHM, and aligns with the national and jurisdictional efforts to address increasing syphilis notifications. The 'Decision Making in Syphilis' tool is supported and complemented by the Australian STI Management Guidelines for Use in Primary Care.

Sexual History Taking Resource Catalogue

ASHM's new Sexual History Taking Resource Catalogue provides an opportunity to highlight different care pathways, face-to-face interactions, telehealth interactions, and considerations when engaging with affected populations.

Sexual Health for Nurses: Working with Young People

ASHM's Sexual Health team worked with a passionate group of nurses, allied health professionals, and youth representatives to develop a new training course called Sexual Health for Nurses: Working with Young People. The training was rolled out in November 2021 and has received positive feedback.

"I feel more confident in sexual health history taking and talking to young people about sex…this is a highly valuable education moving forward. I look forward to incorporating some of the techniques used [on] normalising, strength-based affirmative speech, in particular."
– Training course participant.

Australasian Sexual and Reproductive Health Day

In 2021 the Sexual Health Program led the development and delivery of the inaugural Australasian Sexual and Reproductive Health Day, which was held alongside the 2021 Joint Australasian HIV&AIDS + Sexual Health Conference. The theme of the day was A Future Fit for Reproductive Health and Rights by 2050. The day was a resounding success with over 287 delegates.

Global Programs

Australian Government and the ASHM Members support Elimination of Mother to Child Transmission of HIV, Hepatitis B, and Syphilis in Timor-Leste and Papua New Guinea

In June 2022, ASHM received accreditation from the Australian Department of Foreign Affairs and Trade (DFAT)— responsible for managing Australia's development program. Our systems, policies, and processes were rigorously reviewed, with ASHM preparing for this intensive process over two years. This new support from the Australian Government, through the Australian NGO Cooperation Program (ANCP), combined with continued commitment from ASHM members through fees and donations, has enabled ASHM to launch the Supporting Triple Elimination in Papua New Guinea (PNG) and Timor-Leste (STEPT) Project.

The WHO Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018-2030 details a coordinated approach toward achieving elimination by improving access to quality reproductive, newborn, maternal, and child health services for all women, children, and families in the context of universal health coverage.

In PNG, only an estimated 19% of pregnant women attending antenatal care facilities were tested for HIV in 2020. Congenital syphilis accounts for up to 3% of both live and stillbirths, and PNG is considered endemic for chronic HBV with an estimated prevalence rate of 6.2% (2019). In Timor-Leste, only 41% of pregnant women received an HIV test in 2018, and in 2019 the estimated HBV prevalence in the general population was 4.1%.

Mother and infant in Timor-Leste.

> "ASHM is excited to combine our expertise in sexual and reproductive health and blood borne viruses to support triple elimination in partnership with Maluk Timor in Timor-Leste and The Catholic Church Health Services in PNG."

The STEPT project aims to reduce parent-to-child transmission of HIV, HBV, and syphilis at selected ANC clinics in Timor-Leste and Papua New Guinea through improved HIV and syphilis testing and treatment of pregnant women, and increased HBV birth dose vaccination for newborns. ASHM will collaborate with in-country organisations, including Catholic Church Health Services in PNG and Maluk Timor, to achieve project objectives.

In May, ASHM supported representatives from PNG and Timor-Leste to attend the 13th Australasian Viral Hepatitis Conference in Brisbane and participate in a two-day STEPT project design workshop. Attending from PNG were representatives from the National Department of Health, Dr. Nano Gideon and Catholic Church Health Services, Graham Apian. Attending from Timor-Leste were representatives from the National HIV, Hepatitis and STI Program Bernardino da Cruz, the National Hospital Guido Valadares, Dr. Celia Gusmao dos Santos, the National Health Institute, Caetano Gusmao, and Dr. Fairuziah Alkatiri, a consultant with our global programs team.

Attendance at the 13th Australasian Viral Hepatitis Conference provided an opportunity for delegates to reflect on how far their country has come in the prevention, identification, and treatment of viral hepatitis (especially HBV), and how to progress discussions once home. Delegates shared that it was helpful to hear about the ongoing challenges in Australia with hepatitis and to know that they weren't alone in their need to address systemic issues for improved access to prevention, testing, and treatment. During the workshop, participants shared country experiences of Triple Elimination and worked together to inform the design of the STEPT project, tailored to country and context. The ASHM team looks forward to sharing progress on this exciting new project over the coming year.

Highlights

The Sexual and Reproductive Health Integration Project

The Sexual and Reproductive Health Integration Project (SRHIP) is delivered by a consortium led by the PNG Catholic Church Health Services (CCHS) with partner organisations Igat Hope, ASHM, and the Burnet Institute. In its second phase, SRHIP was extended to the end of 2022 to enable activity implementation previously disrupted due to COVID-19.

ASHM has provided health workforce development for CCHS in PNG since 2003. This longitudinal engagement, with consequent strong relationships, enabled a smooth transition to remote support of SRHIP activities during the pandemic. Clinical training continued under a hybrid model this year, with local SRHIP clinical mentors facilitating training with virtual presentations by ASHM. Another key achievement is the technical support and capacity building provided by ASHM for the CCHS M&E Team, resulting in a tangible shift to localised management of data systems, processes, and reporting.

> With the return of international travel, our global programs team has been able to reconnect in-person with CCHS and project staff in PNG. In May, a face-to-face HIV prescriber training course was conducted at the CCHS Rebiamul clinic in Mt Hagen. While the pandemic has opened new opportunities for the delivery of project activities, the value of meeting and connecting with local teams in-person was made apparent through the return visits to country in 2022.

COVID-19 infodemic management for health workers in Papua New Guinea

During 2021-22, ASHM has continued to support the CCHS in PNG and has expanded COVID-19 support, using an infodemic management approach, to ChildFund PNG. Through the establishment of WhatsApp, email, and text platforms, ASHM has provided a consistent source of reliable COVID-19 information to over 250 health workers since May 2020. These platforms, in addition to conducting live WhatsApp sessions and tailored facility support sessions, have addressed the abundance of misinformation, especially regarding COVID-19 vaccination. ASHM's COVID-19 support platforms distribute evidence-based information with links to posters, videos, articles, and guidance that align with the local and global response. Social listening ensures the relevance of messages to health worker cohort and context, and the emergence of robust Communities of Practice through the platforms are beneficial to the COVID-19 response and beyond.

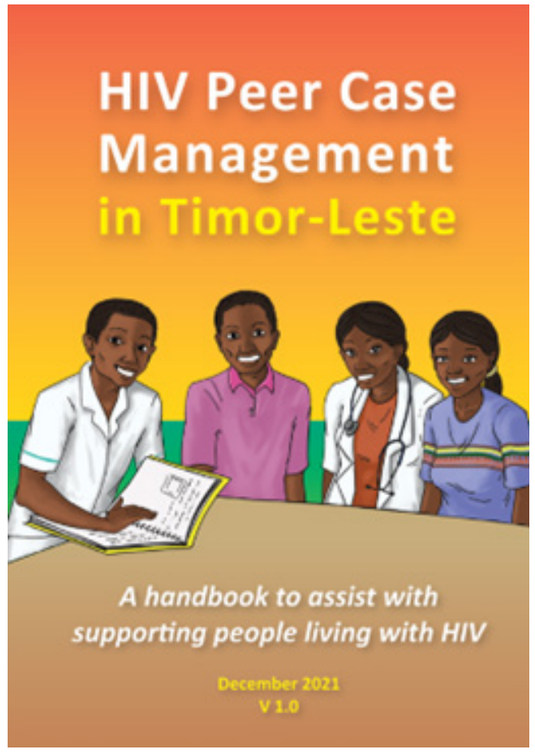
Results:

- **Knowledge Exchange** with over 250 health workers on CCHS and ChildFund projects across PNG.
- **Tailored COVID-19 Messaging & Resources** informed by needs analyses and social listening.
- **Communities of Practice** established for health workers sharing of experience and expertise.
- **Awareness Raising** of the impact of COVID-19 on gender equality, people with disability and vulnerable populations including people living with HIV, Tuberculosis and viral hepatitis.
- **Building Resilience** to misinformation among health workers.
- **Potential Scalability** of model, method, and approach to other nations in the Indo-Pacific.
- **Expandability** of model, method and approach for other disease areas and pandemic preparedness. ASHM are using these existing COVID-19 Support platforms to provide ongoing information and support for health workers on the Monkeypox global outbreak.

Timor-Leste HIV Case Management Handbook

From September 2021 to March 2022, ASHM worked with the National HIV/AIDS Program, Ministry of Health Timor-Leste, and Estrela+, a national not-for-profit membership association of people living with HIV in Timor-Leste, to develop an *HIV Peer Case Management Handbook*. The handbook was designed for Timor-Leste's context and aims to improve the experiences of people living with HIV in clinical settings, and to clarify the steps in an active referral process for improved linkage to long-term care. The handbook is expected to contribute to:

- Strengthening existing implementation of HIV Community-based Testing (CBT)
- Improving linkages between testing and case management to improve treatment adherence
- Improving lost to follow-up (LTFU) tracking.



HIV Peer Case Management in Timor-Leste Handbook developed by ASHM.

The 1st Regional Transgender Health Masterclass

There is an increasing demand among health workers in Australia, Asia, and the Pacific for professional development of transgender medicine and trans-competent healthcare. In response to this ASHM, with support from Gilead Sciences, will facilitate the 1st Regional Transgender Health Masterclass on the 27th and 28th of October 2022 in Bangkok, Thailand.

> The two-day Transgender Health Masterclass will facilitate an inaugural platform for knowledge exchange and sharing of best practice in trans-competent care. The program includes sessions on gender diversity, gender dysphoria, adolescent trans care, gender-affirming care (including non-medical, hormonal, and surgical), mental health and wellbeing, and the impact of COVID-19 on transgender communities. There will also be an opportunity for transgender participants from Asia and the Pacific to share the meaning of transgender in their cultural context and share case studies from across the region. The Masterclass will be an opportunity for practitioners and organisations to network and create linkages that drive sustained advances in the provision of transgender medicine and trans-competent care across the region.

Regional STI Landscape Review

Between September 2021 and February 2022, ASHM conducted a comprehensive landscape review on STIs in the Western Pacific Region (WPRO) on behalf of the WHO. The objective was to understand the magnitude of STIs in the region and to develop targeted solutions that address STIs as a public health concern.

The findings in this review highlight the need to address the ongoing issue of STIs in the region and create a basis to expand stakeholder and expert consultation to support and develop targeted solutions for STI prevention and elimination. This work contributes to developing systems approaches and delivering universal healthcare for disease elimination as part of WPRO's 'For the Future' thematic priority of 'Reaching the Unreached'. The insights gained from this review will enable initiatives that align with the Global Health Sector Strategy for STIs 2022-2030, and form the basis for further stakeholder consultation in the region to discuss strategic and innovative approaches for the elimination of STIs as a significant public health issue.

Strengthening Young Key Population Services in the Philippines

In September 2021, ASHM was contracted by the World Health Organisation to map the nationwide service delivery networks for young key population (YKP) services in the Philippines. This included developing a theory of change for integration to explore the impact of young key population services, and to develop and strengthen care pathways for YKPs across the HIV and sexual and reproductive health continuums of care. As part of the project, a point of care checklist and health worker job aids were developed. These guide health workers on engaging with and providing stigma-free sexual and reproductive health services to YKPs.

Policy and Advocacy

HIV and Immigration

People living with HIV continue to face discrimination within Australia's migration system. As part of the migration process, a visa applicant must undergo a health examination, which includes a mandatory HIV test. To meet the "health requirement" for a successful visa outcome, the applicant's estimated costs to the Australian healthcare system must fall below a monetary cap set by the Australian Government, over a given period of time.

For a person living with HIV or any other permanent or ongoing condition, the cap is $51,000 over ten years. The cost of HIV treatment over ten years always exceeds that cap and so those seeking permanent visas always fail the health requirement. When this happens, the visa applicant is forced to apply for a "health waiver", a process that can take years and can be a complex and often traumatising experience for the person living with HIV.

> For several years, ASHM has been engaged in advocacy to attempt to reduce these and other barriers to successful migration outcomes for people living with HIV. In collaboration with the HIV/AIDS Legal Centre (HALC), ASHM has been lobbying the Department of Home Affairs to be involved in a review of a document called the *Notes for guidance for HIV*. This document is used by Medical Officers of the Commonwealth (MOCs) to assess the healthcare costs of a given visa applicant and includes costings for HIV medicines and other ongoing care.

As a result of this engagement, ASHM was invited to provide feedback on the *Notes for guidance* and received a commitment from the Department of Home Affairs that we will be invited to provide further feedback on annual reviews of the document. ASHM's feedback was designed to reduce the cost estimates for medicines outlined in the *Notes for guidance*, many of which did not reflect with gradual price reductions over time, including the introduction of generic medicines. Further, some recommendations for care were not in line with ASHM's national guidelines, which resulted in costs that were overestimated. While lowering these costs will still make them fall under the cap, being lower may help those applying for a health waiver. If they are closer to the cap, it may be easier to successfully apply for a health waiver.

In addition to reviewing the *Notes for guidance*, ASHM was invited to speak about HIV epidemiology, diagnosis, treatment, and care to the MOCs at a regular clinical forum held by the Department. ASHM Board member Dr. Jason Ong presented at the forum in March 2022. When asked about their level of confidence, many MOCs indicated they lacked confidence in making these assessments for people living with HIV. Dr. Ong focused on the complexities and rapidly changing landscape of HIV treatment in Australia and encouraged the Department to seek the advice of organisations like ASHM for further information.

While ASHM's long-term goal is to remove HIV-related discrimination within Australia's migration system, these successes, in delivering education to the MOCs and influencing the *Notes for guidance*, bring us a step closer to more equitable migration outcomes for all people living with HIV.

Highlights

Submissions to government

ASHM regularly makes submissions to a range of government consultations at federal, state and territory levels. These submissions are a key opportunity for ASHM to influence legislation and policy, and advocate for the needs of our communities. In 2021–22, this advocacy included submissions relating to the *Nurse Practitioner 10-Year Plan*, the *Primary Healthcare 10-Year Plan* and the *Australian Cancer Plan.*

Human T-cell Lymphotropic Virus type 1 (HTLV-1) global call to action

The 20th International Conference on HTLV was held in May 2022, hosted virtually from Melbourne. Continuing ASHM's long-standing advocacy for the needs of people affected by HTLV-1, in the lead up to the conference we developed a global call for meaningful action in response to the ongoing HTLV-1 epidemic worldwide. The call to action was launched at the conference and has so far received 312 signatories from around the world.

National strategies consultation

In early 2022, ASHM engaged in a consultation process with diverse stakeholders across national medical organisations to determine current priorities for Australia's BBV and STI response. This wide consultation was a fantastic way for ASHM build stronger relationships with our members and partners, and to inform our policy aims now and into the future.

Conferences and Events

Jeremy Grimshaw, Ottawa Hospital Research Institute and University of Ottawa, Canada presenting on implementation science at VH2022

Another dynamic year for ASHM's Conference and Events Division

2021-2022 was still a year of great upheaval for the Conferences and Events Division. With 2021 marked by lockdowns and travel restrictions, the planning and execution of events remained incredibly challenging. Many of our events were held in a virtual format including the 2021 Australasian HIV&AIDS and Sexual Health Conferences. Some of these had been planned as hybrid events however, due to the lock downs mid-year, they were changed to virtual-only a few weeks before they were due to take place. This created a great deal of extra work and stress in the final planning stages.

Focusing on the positives, the **Australasian Viral Hepatitis Conference** was run in a hybrid format with excellent outcomes. It is clear delegates prefer face-to-face conferencing as demonstrated by the low number who took up the virtual registration option. Despite the success of this hybrid event, the difficulty and cost of running hybrid events at this scale make it prohibitive in the future.

13th Australasian Viral Hepatitis Conference—Hybrid, Brisbane, 29 – 31 May 2022

The Australasian Viral Hepatitis Conference is run by ASHM in collaboration with key sector partners as a platform for the dissemination and presentation of new and innovative research findings and better management across the Australasian viral hepatitis sector. Through this forum, we aim to support the health workforce, government, and community work towards eliminating HBV and HCV and supporting the communities living with these conditions in Australia, New Zealand, and the Asia and Pacific regions.

> It was initially planned to run the conference in a face-to-face format only, however with COVID-19 restrictions still in place due to the Omicron variant, it was announced on 12 April 2022 that the conference be run in a hybrid format. This was only possible due to the generosity of our conference collaborators who agreed to commit a portion of their seed funding toward the conference budget after the platinum sponsor failed to sign on at the same level they usually do. Their event sponsorship was reduced by 50% and only advised to us 3 months before the conference.

The conference theme for 2022 was: "Reinvigorate to Eliminate: Getting back to the roadmap" to re-focus attention on the work that the viral hepatitis sector does after another year of COVID-19 related challenges.

The program committee aimed to have as many presenters as possible in person at the conference, with the virtual presentation being limited to overseas speakers and a few local speakers who were unable to attend. Several sessions were pre-recorded due to time zone differences, but in those cases the speakers did manage to join the Q&A portions of the sessions. The virtual event platform allowed for seamless submission of questions from both the live and virtual delegates, all of which were available to the session chairs via tablets. This year also included posters and poster tours after being available only as virtual posters in 2021.

All delegates were provided access to the virtual event platform to allow on-demand viewing of the conference content for three months after the event dates.

Contingency planning and risk assessment have continued to be important in 2022, and delegates were encouraged to take Rapid Antigen Tests before attending the conference and asked not to attend if feeling unwell. N95 masks were also available at the registration desk.

We were pleased to have 429 registrations for the conference, with 347 people attending in person, and 82 delegates attending virtually.

Speaker: Joanna Curteis, Co-Convenor: Dr Fabiola Martin, Co-Convenor: Professor Damian Purcell, Keynote Speaker: Dr Genoveffa Franchini

1st Australasian COVID-19 Conference Day—VIRTUAL, 10 September 2021

ASHM had the great privilege to convene the 1st Australasian COVID-19 Conference Day.

Amid the COVID-19 pandemic, our scientists, healthcare providers, public health experts, and academics across multiple disciplines were called upon to help make sense of what was going on around us – social distancing, face masks, predictive modelling, virus origin theories, variants, and vaccines.

Aptly named, the 'Devil's in the Details – Making sense of COVID-19', a one-day virtual conference was established. The day brought together an array of experts from the disciplines of basic science, clinical care, epidemiology, and social science to address recent developments.

> Convened by two of Australia's leading scientists and clinicians, Professor Sharon Lewin and Associate Professor Edwina Wright, the day opened with Professor Paul Young and the story behind the development of the University of Queensland's COVID-19 vaccine utilising molecular clamp technology.

The conference was offered as a complimentary add-on virtual day to the Joint HIV&AIDS and Sexual Health Conferences, with 509 people registered to attend. The event was evaluated positively and provided a much-needed forum to discuss and present the ongoing issues surrounding COVID-19.

Client Conference - 20th International Conference on Human Retrovirology: HTLV and Related Viruses—VIRTUAL: Sunday 8 – Wednesday 11 May 2022

ASHM Conference & Events was successful in the bid to bring the 20th International Conference on Human Retrovirology to Australia. The International Retrovirology Association (IRVA) also contracted ASHM as the Conference Organiser, as the area of work aligns strongly with work ASHM is doing in HTLV more broadly.

The conference was originally proposed to take place in May 2020 at the Melbourne Convention and Exhibition Centre. Due to the pandemic, local convenors decided it was in the best interest of the sector to run the conference virtually, as it was important to continue providing an opportunity for research and knowledge to be shared. A total of 296 delegates from 31 different countries registered for the conference.

ASHM worked with the local convenors to develop an HTLV22 call to action for meaningful action in response to the ongoing HTLV-1 epidemics worldwide. The call to action was promoted to delegates during the conference, on the conference website, and in an email to the conference mailing list. The call to action is now live on the IRVA website, and as of 19 May 2022 a total of 312 individuals and 42 organisations had signed the statement.

The conference was positively evaluated, and it was felt that the virtual format lent itself well to enabling a wide range of international delegates to participate. One key outcome of the conference was the introduction of a new program feature, the Prevention, Epidemiology & Public Health stream. The inclusion of lived experience presentations was also highly valued.

EVENT / ACTIVITY (2021/2022)	CLIENT	DATES	LOCATION	REGISTRATIONS
Optimising Care Series	N/A - Hosted by ASHM with an unrestricted educational grant from Gilead, ViiV & MSD	31 July 14 August 28 August 2021	Hybrid/hub	306
Australasian HIV & AIDS and Australasian Sexual Health Conferences	N/A – hosted by ASHM	6–9 September 2021	Virtual	699
Sexual Reproductive Health Day	N/A – hosted by ASHM	9 September 2021	Virtual	287
Paediatric HIV and Hepatitis Special Theme Day	Sydney Children's Hospital	10 September 2021	Virtual	116
1st Australasian COVID-19 Conference Day	N/A – hosted by ASHM	10 September 2021	Virtual	509
INHSU 2021	International Network of Hepatitis in Substance Users (INHSU)	13–15 October 2021	Was hybrid – moved to virtual 3 weeks out	835
LGBTIQ Women's Health Conference	ACON	4 November 2021	Virtual	408
APSAD Conference	Australasian Society on Alcohol and other Drugs (APSAD)	7–10 November 2021	Was hybrid – moved to virtual 3 weeks out	683
HIV Masterclass	N/A - Hosted by ASHM with an unrestricted educational grant from Gilead	12 March 2022	Hybrid/Hubs - Hilton, Sydney, Brisbane, Melbourne	153 total 51 in-person 102 virtual
ANZA-SIDM	Society to Improve Diagnosis in Medicine (SIDM)	28–29 April 2022	Virtual	194
20th International Conference on Human Retrovirology: HTLV and Related Viruses	International Retrovirology Association	8–11 May 2022	Virtual	296
Australasian Viral Hepatitis Conference	ASHM with collaborating organisations	29–31 May 2022	Sofitel, Brisbane	429 total 347 in-person 82 virtual

ASHM Scholarship Program 2021

The ASHM Scholarship Program supported 27 scholarships. ASHM has been able to support scholarships to the following conferences:

Conferences supported by Scholarship Program	Scholars supported
CROI 2021 (Virtual)	1
IAS 2021 (Virtual)	1
APACC 2021 (Virtual)	2
Australasian HIV&AIDS Conference 2021(Virtual)	23
TOTAL	**27**

Funders supporting the ASHM Scholarship Program

- ViiV Healthcare
- Abbott
- ASHM Conference & ASHM Gift Fund

Comments from recipients

> I was very fortunate in being part of the ASHM Scholarship program this year. Such an amazing opportunity, to be part of another wonderful joint Australasian Sexual Health and HIV&AIDS virtual conferences. The scholarship team are fantastic and an absolute pleasure to work with.

> Please keep this program going as it does provide an opportunity for researchers and scientist to attend when funds are limited.

> Fantastic experience. ASHM providing these scholarships to allow people to attend international conferences shows great commitment to the education of its trainees.

Financial Report

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
A.C.N 139 281 173
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DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2022.

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	Prof Charles Gilks
Dr Belinda Wozencroft	Dr Jason Ong
Dr Sam Elliott	Clinical Prof Louise Owen
Dr Joan Ingram (resigned 11 November 2021)	Robert James Monaghan
Dr David Iser (resigned 11 November 2021)	Dr Catriona Ooi
Penny Kenchington	Dr Jacqueline Richmond
Dr James McMahon	Dr Rupert Handy (appointed 11 November 2021)

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 $769,778 (2021: $601,210). The current year excess of revenue over expenditure includes $381,059 (2021: $1,294,300) in government stimulus.

During the year the company used its cash to invest into managed funds. These investments are financial assets at fair value through other comprehensive having a carrying value of $2,427,555 at 30 June 2022. Movements in fair value are recognised as other comprehensive income and accumulated in the asset revaluation reserve. Dividends and distributions received are recognised in profit or loss in accordance with AASB 9.

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.

DIRECTORS' REPORT (CONTINUED)

ACFID Financial Reporting Changes for 2022

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 2022 ASHM's total income was $9,155,076 (2021: $8,414,047) and its total expenditure was $8,385,298 (2021: $7,812,837), resulting in an operating surplus of $570,283 (2021: surplus of $601,210).

As at 30 June 2022 ASHM had total assets of $14,452,266 (2021: $12,634,288) and total liabilities of $7,811,503 (2021: $6,563,808), giving a net asset position of $6,640,763 (2021: $6,070,480). Of the total assets, $9,865,552 was made up of cash at bank (2021: $10,891,933). There are no material aged debts. The Directors therefore believe that as at 30 June 2022 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 division continues to focus on development programming and business development and consists of 5 staff.

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 guides ASHM International's work and aligns with the current ASHM International Division and ASHM Strategies.

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 team carry out quarterly M&E review meetings to assessment current data from the quarter and use it to inform and improve the work of the division.

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 Division also works with the ASHM M&E team to strengthen division level and project level M&E practices and reporting.

ASHM International's latest projects are ISRH Integration Project in PNG (funded by DFAT), Supporting Triple Elimination in PNG and Timor-Leste (STEPT) Project (DFAT ANCP funded and ASHM Membership funded), Collaboration for Health in PNG, COVID-19 Infodemic Management in PNG, The Regional Response Group and MPX subgroup, HBV,STIs and MPX training in Vanuatu, Asia and Pacific Regional Transgender Health Masterclass and The Regional Chemsex Toolkit for Health Workers Project. ASHM was recently accredited at base level under the DFAT 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 policy and systems in place that allow complaints to be made against the organization which are included on the ASHM website and shared with partner organisations. 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.

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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	**2022**	**2021**
Number of members	703	716
Collaborators		
Number of ANZ Organisational Sustaining Members	65	61
Number of affiliates	1,215	1,404
Number of regional partner organisations	42	42
Staff		
Number of staff employed for 5 years or more	21	18
Training and Education Resources		
Number of courses run	210	325
Number of pdf resources downloaded	45,822	58,929
Number of sub-website hits (web access only)	1,840,468	1,948,111
Operational and Financial		
Total Revenue	**$9,155,076**	**$8,414,047**
Proportion of funding provided by:		
Government grants	47.16%	42.75%
Non-government grants	5.43%	5.10%
Donations received from public	0.06%	0.17%
Proportion of funding spent on:		
Staff training	0.26%	0.34%
General office/administration	1.02%	1.21%
Fundraising – international activities	0.83%	0.43%
Fundraising – domestic activities	0.04%	0.03%

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 2022.

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 2022 ASHM has 703 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 2022, the total amount that members of the company are liable to contribute if the company is wound up is $703 (2021: $716).

DIRECTORS' REPORT (CONTINUED)

Information on Directors in Office at the Date of this Report

Dr Nicholas Medland

— President

— MBBS; BA Hons; PhD; FAChSHM, FRCP(UK)

— Nick is a senior researcher and NHMRC research fellow with the Surveillance, Evaluation and Research Program of the Kirby Institute, University of New South Wales. His research specialities include use of large administrative and clinical data sets to address important public health questions. Specifically this include coverage of antiretroviral therapy and pre-exposure prophylaxis and progress toward HIV elimination goals. He is also a sexual health physician with 22 years of clinical experience in HIV and sexual health medicine.

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

Penny Kenchington

— Vice President

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

— Penny has been working in the Sexual Health, HIV and Hepatitis health sector as a specialist nurse since 1995 and is currently the Nurse Practitioner at the Townsville Sexual Health Service. She has extensive knowledge and skills in BBV nursing, sexual health, women's health, reproductive health, genital dermatology and forensic nursing.

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

Dr James McMahon

— Vice President

— 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.

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.

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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 Rupert Handy

— Board Member

— MB ChB 1993 Otago; FRACP 2005

— Rupert is a New Zealand trained Infectious Diseases Physician. After undergraduate training at the University of Otago Medical School, he completed post-graduate training in Medicine and Infectious Diseases in Auckland. He also worked in the United Kingdom prior to his appointment as a Consultant Physician at Auckland City Hospital in 2006. His current practice interests include HIV medicine, infections of the immunocompromised host and antimicrobial stewardship. He is a member of the Australasian Society for Infectious Diseases, The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and the HIV Medicine Association. Rupert is a current member of ASHM's Guidelines Sub-Committee.

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.

DIRECTORS' REPORT (CONTINUED)

Dr Jason Ong

— Board Member
— PhD, MMed (Hons), MBBS, FAChSHM
— 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.

Clinical Prof Louise Owen

— Board Member
— 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.

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

Dr Jacqueline 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
— MB; BS
— Dr Belinda Wozencroft is a General Practitioner with a special interest in women's health, sexual health and HIV medicine. Originally trained as a Registered Nurse where she worked in remote Aboriginal communities, before studying Medicine at UWA. Belinda has completed further post-graduate studies, which include Diploma of Obstetrics, Graduate Certificate in Women's Health and Diploma of Child Health. Belinda is registered as an S-100 prescriber for antiretroviral medications.

She considers herself as a medium case-load GP in terms of PLWHIV. Belinda is the Principal at View Street Medical in North Perth. She undertakes additional relief work in remote Aboriginal communities, with a focus on women's health.

ATTENDANCE AT DIRECTORS' MEETINGS (1 JULY 2021 TO 30 JUNE 2022)

Name	Board Meetings
Dr Nicholas Medland	8 (8)
Penny Kenchington	7 (8)
Clinical Professor Louise Owen	7 (8)
Dr Sam Elliott	8 (8)
Prof Charles Gilks	7 (8)
Dr Rupert Handy	4 (6)
Dr Joan Ingram	2 (3)
Dr David Iser	1 (3)
Dr James McMahon	7 (8)
Robert Monaghan	5 (8)
Dr Jason Ong	5 (8)
Dr Catriona Ooi	6 (8)
Dr Jacqueline Richmond	7 (8)
Dr Belinda Wozencroft	7 (8)

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

DIRECTORS' REPORT (CONTINUED)

Indemnifying Officers or Auditor

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

Proceedings on Behalf of the Entity

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

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

Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2022 has been received and can be found on page 9.

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

Dr Nicholas Medland MBBS; BA Hons, PhD; FAChSHM, FRCP(UK)

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 29th September 2022, 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 2022 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
Chartered Accountants

Wali Aziz
Partner

Dated this 29th day of September, 2022, 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 2022

	Note	2022 $	2021 $
REVENUE			
Operating Activities			
Operating grants	3	4,820,651	4,025,967
Conference		2,080,180	1,021,588
Service fee and other revenue from operating activities		773,824	661,748
Sponsorship – Industry		713,905	832,506
Service fee – INHSU		183,850	404,387
Members' subscriptions		121,832	119,786
Donations		5,927	14,640
Bequest		-	3,584
Non-operating activities			
Government allowance COVID19	2	381,059	1,294,300
Dividend and distribution income	2	50,169	-
Interest		23,516	35,541
Gain on disposal of assets		163	-
	2	9,155,076	8,414,047
EXPENDITURE			
Personnel expenses		5,452,358	5,007,518
Education programs / resources		1,335,530	1,807,470
Conference costs		868,716	368,011
Depreciation and amortisation	3	237,570	251,181
IT costs		204,727	154,095
General office administration		85,521	94,905
Occupancy costs		67,141	19,040
Professional fees		64,380	48,779
Finance expenses		63,551	53,610
Foreign currency loss		5,804	4,747
Loss on disposal of assets		-	3,481
TOTAL EXPENDITURE		8,385,298	7,812,837
EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX		769,778	601,210
Income tax expense relating to ordinary activities		-	-
EXCESS OF REVENUE OVER EXPENDITURE AFTER INCOME TAX		769,778	601,210
OTHER COMPREHENSIVE LOSS, NET OF TAX:		-	-
Loss on fair value movement of financial assets at fair value through other comprehensive income		(199,495)	-
TOTAL COMPREHENSIVE INCOME		570,283	601,210

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 2022

	Note	2022 $	2021 $
CURRENT ASSETS			
Cash and cash equivalents	5	9,865,552	10,891,933
Trade and other receivables	6	298,543	153,455
Work in progress	7	1,019,780	560,167
Other current assets	8	9,090	8,189
TOTAL CURRENT ASSETS		11,192,965	11,613,744
NON-CURRENT ASSETS			
Financial assets	9	2,539,549	92,950
Property, plant and equipment	10	177,782	204,964
Right-of-use asset	15	541,970	722,630
TOTAL NON-CURRENT ASSETS		3,259,301	1,020,544
TOTAL ASSETS		14,452,266	12,634,288
CURRENT LIABILITIES			
Trade and other payables	11	717,677	718,576
Deferred income	12	5,900,465	4,526,667
Provisions	13	484,985	463,384
Lease liability	15	207,416	189,739
TOTAL CURRENT LIABILITIES		7,310,543	5,898,366
NON-CURRENT LIABILITIES			
Provisions	13	149,725	114,414
Lease liability	15	351,235	551,028
TOTAL NON-CURRENT LIABILITIES		500,960	665,442
TOTAL LIABILITIES		7,811,503	6,563,808
NET ASSETS		6,640,763	6,070,480
EQUITY			
Retained earnings		6,840,258	6,070,480
Asset revaluation reserve	16	(199,495)	-
TOTAL EQUITY		6,640,763	6,070,480

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 2022

	Retained Earnings $	Asset Revaluation Reserve $	Total $
BALANCE AT 30 JUNE 2020	5,469,270	-	5,469,270
Excess of revenue over expenditure after income tax	601,210	-	601,210
Other comprehensive income	-	-	-
BALANCE AT 30 JUNE 2021	6,070,480	-	6,070,480
Excess of revenue over expenditure after income tax	769,778	-	769,778
Other comprehensive loss	-	(199,495)	(199,495)
BALANCE AT 30 JUNE 2022	6,840,258	(199,495)	6,640,763

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2022

	Note	2022 $	2021 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from operations		9,360,083	9,330,410
Payments to suppliers and employees		(7,561,409)	(7,573,957)
Interest received		23,515	35,541
Dividend and distribution income		50,169	-
Net cash provided by operating activities	17b	1,872,358	1,791,994
CASH FLOW FROM INVESTING ACTIVITIES			
Additions to property, plant and equipment		(59,456)	(28,403)
Proceeds from sale of property, plant and equipment		29,891	-
Proceeds from (payments for) term deposits		(19,044)	5,000,000
Payment for financial assets		(2,627,050)	-
Net cash (used in) provided by investing activities		(2,675,659)	4,971,597
CASH FLOW FROM FINANCING ACTIVITIES			
Payment of lease obligations recognised under AASB 16		(223,080)	(223,169)
Net cash used in financing activities		(223,080)	(223,169)
NET (DECREASE) INCREASE IN CASH HELD		(1,026,381)	6,540,422
Cash and cash equivalents at beginning of financial year		10,891,933	4,351,511
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	17a	9,865,552	10,891,933

The accompanying notes form part of these financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

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A COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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%

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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.

(ii) *Financial assets measured at Fair Value through Other Comprehensive Income (FVOCI)*

Financial assets are measured at fair value with movements in fair value recognised as other comprehensive income and accumulated in the asset revaluation reserve. Dividends and distributions received are recognised in profit or loss in accordance with AASB 9. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

These notes form part of the financial statements

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

d. **Financial Instruments (continued)**

Assets measured at FVOCI are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other financial assets at FOCI are classified as current assets.

(iii) *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.

(iv) *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.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

f. **Employee Benefits (continued)**

Short-term employee provisions (continued)

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.

Other long-term employee provisions

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 and franking credits receivable. 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 1I 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.

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

m. **Comparative Figures**

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

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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 2022.

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
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A COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 2: REVENUE	**Note**	**2022 $**	**2021 $**
Operating activities:			
- operating grants – Australian		4,305,600	3,655,865
- other grants – overseas		515,051	370,102
	3	4,820,651	4,025,967
- conference		2,080,180	1,021,588
- other revenue from operating activities		773,824	661,748
- sponsorship – industry		713,905	832,506
- government allowance COVID19*		381,059	1,294,300
- service fee – INHSU		183,850	404,387
- member subscriptions		121,832	119,786
- dividend and distribution income		50,169	-
- interest received		23,516	35,541
- donations		5,927	14,640
- gain on disposal of assets		163	-
- legacies and bequest		-	3,584
		9,155,076	8,414,047

*Government allowance COVID19 includes $366,059 in Jobsaver and $15,000 in business grant income. Prior includes $1,244,300 in JobKeeper and $50,000 in cash flow boost income.

NOTE 3: EXCESS OF REVENUE OVER EXPENDITURE BEFORE INCOME TAX

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

Revenue: *Operating Grants*			
Grants – Commonwealth		2,149,677	990,702
Grants – QLD		979,121	1,554,564
Grants – NSW Health			
- HIV program and sexual health nurse training		683,800	665,500
Grants – overseas		515,051	370,102
Grants – WA		328,321	294,370
Grants – ACT		93,410	91,721
Grants other – domestic projects		71,271	59,008
		4,820,651	4,025,967
Expenditures:			
Depreciation and amortisation			
— depreciation of property, plant and equipment	10	56,910	70,521
— amortisation of right-of-use asset	15	180,660	180,660
		237,570	251,181

These notes form part of the financial statements

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 CFO. 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
2022	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	573,903	-	-	-	56,453
2021	**$**	**$**	**$**	**$**	**$**
Key management personnel compensation	546,604	-	-	-	53,997

NOTE 5: CASH AND CASH EQUIVALENTS

		2022 $	2021 $
CURRENT			
Cash on hand		200	616
Cash at bank		2,865,206	1,191,317
Short-term bank deposits	(a)	7,000,146	9,700,000
		9,865,552	10,891,933

(a) The interest rate on short-term bank deposits ranges between 0.30% to 1.98%; these deposits are at call. These short-term bank deposits will mature on 30 June, 11 October, 19 July, and 8 December 2022.

NOTE 6: TRADE AND OTHER RECEIVABLES

	2022	2021
CURRENT		
Trade receivables	250,554	150,795
Other receivables	47,989	2,660
	298,543	153,455

(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.

NOTE 6: TRADE AND OTHER RECEIVABLES (CONT.)

(i) Credit Risk — Receivables (cont.)

	Gross amount	Past due and impaired	Past due but not impaired (days overdue)				Within initial trade terms
			< 30	31–60	61–90	> 90	
	$	$	$	$	$	$	$
2022							
Trade receivables	250,554	-	29,332	22,000	22,110	11,000	166,112
Total	250,554	-	29,332	22,000	22,110	11,000	166,112
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

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

NOTE 7: WORK IN PROGRESS

	Note	2022 $	2021 $
CURRENT			
Work in progress - conference		1,019,780	560,167

NOTE 8: OTHER ASSETS

	2022	2021
CURRENT		
Prepayments	9,090	8,189

NOTE 9: OTHER FINANCIAL ASSETS

		2022	2021
Held to maturity investments	(a)	111,994	92,950
Financial assets at FVOCI		2,427,555	-
		2,539,549	92,950

(a) **Held-to-maturity investments comprise:**

	2022	2021
— Current: Term deposit	111,994	92,950
— Non-Current: Term deposit	-	-
	111,994	92,950

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 10: PROPERTY, PLANT AND EQUIPMENT	2022 $	2021 $
NON CURRENT		
Furniture & fixtures:		
At cost	101,964	101,964
Accumulated depreciation	(50,982)	(33,988)
	50,982	67,976
Leasehold improvements		
At cost	151,396	151,396
Accumulated depreciation	(75,698)	(50,466)
	75,698	100,930
Office equipment:		
At cost	19,383	19,383
Accumulated depreciation	(14,727)	(11,623)
	4,656	7,760
Computer equipment:		
At cost	100,644	83,063
Accumulated depreciation	(54,198)	(54,765)
	46,446	28,298
	177,782	204,964

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.

	Note	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				(325)	(3,156)	(3,481)
Depreciation		(16,994)	(25,33)	(4,577)	(23,718)	(70,522)
Balance at 30 June 2021		67,976	100,930	7,760	28,298	204,964
Additions		-	-	-	59,456	59,456
Disposals		-	-	-	(29,728)	(29,728)
Depreciation	3	(16,994)	(25,232)	(3,104)	(11,580)	(56,910)
Balance at 30 June 2022		50,982	75,698	4,656	46,446	177,782

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 11: TRADE AND OTHER PAYABLES	Note	2022 $	2021 $
Trade payables		250,558	232,206
Sundry creditors		467,119	486,370
	(a)	717,677	718,576

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

Trade and other payables		
— Total current	717,677	718,576
— Total non-current	-	-
Financial liabilities as trade and other payables	717,677	718,576

NOTE 12: DEFERRED INCOME		
CURRENT		
Grants received in advance	3,030,471	2,611,927
Income received in advance - conferences	2,512,012	1,846,795
Income received in advance - general	281,291	1,942
Membership received in advance	76,691	66,003
	5,900,465	4,526,667

NOTE 13: PROVISIONS		
CURRENT		
Annual leave	400,698	389,753
Long service leave	84,287	73,631
	484,985	463,384
NON-CURRENT		
Long service leave	149,725	114,414

NOTE 14: EMPLOYEE BENEFITS

	Short-term Employee Benefits	Long-term Employee Benefits	Total
	$	$	$
Balance at 30 June 2021	463,384	114,414	577,798
Additional provisions raised	21,601	35,311	56,912
Balance at 30 June 2022	484,985	149,725	634,710

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(f) to this report.

These notes form part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 15: RIGHT OF USE ASSET AND LEASE LIABILTY

Operating lease commitments as at 30 June 2022 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.

	Note	2022 $	2021 $
a. **Right-of-use Assets**			
NON-CURRENT			
At cost		1,083,948	1,083,948
Less: accumulated depreciation		(541,978)	(361,318)
		541,970	722,630
Balance at 30 June 2021		722,630	903,290
Depreciation – AASB 16	3	(180,660)	(180,660)
Balance at 30 June 2022		541,970	722,630
b. **Lease liability**			
CURRENT			
Lease liability		207,416	189,739
NON-CURRENT			
Lease liability		351,235	551,028

NOTE 16: ASSET REVALUATION RESERVES

Balance at 30 June 2021	-	-
Changes in valuation of financial asset measured at fair value through other comprehensive income	(199,495)	-
Balance at 30 June 2022	(199,495)	-

NOTE 17: 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	200	616
Cash at bank	2,865,206	1,191,317
Short-term bank deposits	7,000,146	9,700,000
	9,865,552	10,891,933

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 2022

NOTE 17: CASH FLOW INFORMATION (CONT.)	2022 $	2021 $
b. **Reconciliation of cash flow from operations with excess of revenue over expenditure after income tax**		
excess of revenue over expenditure after income tax	769,778	601,210
Non-cash flows in surplus from ordinary activities		
(Gain) loss on disposal of assets	(163)	3,481
Depreciation and amortisation	237,570	251,181
Interest on lease liability	40,964	44,179
Changes in assets and liabilities		
Decrease (Increase) in trade and other receivables and work in progress	(604,701)	243,483
Decrease (Increase) in prepayments	(901)	304
Increase (Decrease) in trade and other payables and deferred income	1,372,899	621,853
Increase (Decrease) in provisions	56,912	26,303
Net cash provided by operating activities	1,872,358	1,791,994

NOTE 18: CONTINGENT ASSETS AND LIABILIITES

To the Directors' knowledge, the company has no known contingent assets and liabilities as at 30 June 2022 (2021: nil).

NOTE 19: 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 20: 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 year ended 30 June 2022.

These notes form part of the financial statements

NOTE 21: 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		**2022**	**2021**
		$	**$**
Cash and cash equivalents	5	9,865,552	10,891,933
Trade and other receivables	6	298,543	153,455
Term deposits	9	111,994	92,950
Financial assets at FVOCI	9	2,427,555	-
Total Financial Assets		12,703,644	11,138,338
Financial Liabilities			
Financial liabilities at amortised cost			
Trade and other payables	11a	717,677	718,576
Lease liabilities	15b	558,651	740,767
Total Financial Liabilities		1,276,328	1,459,343

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.

NOTE 21: FINANCIAL INSTRUMENTS (CONT.)

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

Financial liability maturity analysis

	Within 1 Year		**1 to 5 Years**		**Over 5 Years**		**Total**	
	2022	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**
	$	**$**	**$**	**$**	**$**	**$**	**$**	**$**
Financial liabilities due for payment								
Trade and other payables	717,677	718,576	-	-	-	-	717,677	718,576
Lease liability	207,416	189,739	351,235	551,028	-	-	558,651	740,767
Total expected outflows	925,093	908,315	351,235	551,028	-	-	1,276,328	1,459,343

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 financial assets at fair value through other comprehensive income (note 9) may be subject to material movements as a result of changes to the market prices of the securities held. Note that a 10% increase or decrease in the fair value of the financial statements at year end would result in a $242,756 gain or loss which is recorded as other comprehensive income and accumulated in asset revaluation reserve.

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 2022		
— +/-1% in interest rates	124,051	124,051
Year ended 30 June 2021		
— +/-1% in interest rates	109,849	109,849

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

NOTE 21: 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 2022		30 June 2021	
	Note	Net Carrying Value	Net Fair Value	Net Carrying Value	Net Fair Value
		$	$	$	$
Financial assets					
Cash and cash equivalents	(i)	9,865,552	9,865,552	10,891,933	10,891,933
Trade and other receivables	(i)	298,543	298,543	153,455	153,455
		10,164,095	10,164,095	11,045,388	11,045,388
Held to maturity – term deposits	(ii)	111,994	111,994	92,950	92,950
Financial assets at FVOCI	(iii)	2,427,555	2,427,555	-	-
Total financial assets		12,703,644	12,703,644	11,138,338	11,138,338
Financial liabilities					
Trade and other payables	(i)	717,677	717,677	718,576	718,576
Lease liabilities		558,651	558,651	740,767	740,767
Total financial liabilities		1,276,328	1,276,328	1,459,343	1,459,343

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

(i) Cash and cash equivalents, trade and other 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.

(iii) The fair values of financial assets at FVOCI have been based on the closing quoted bid prices as well as market valuations at the end of the reporting period, excluding transaction costs.

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE
A.C.N 139 281 173
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 21: FINANCIAL INSTRUMENTS (CONT.)

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:

	Level 1	Level 2	Level 3	Total
30 June 2022	$	$	$	$
Financial assets:				
Held-to-maturity financial assets	111,994	-	-	111,994
Financial assets at FVOCI	454,851	1,972,704	-	2,427,555
	566,845	1,972,704	-	2,539,549
30 June 2021				
Financial assets:				
Held-to-maturity financial assets	92,950	-	-	92,950
	92,950	-	-	92,950

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.

NOTE 22: 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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 23: 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:

	2022	2021
	$	$
James McMahon	5,500	1,375
Jacqueline Richmond	5,140	12,530
Sam Elliott	2,925	1,320
Penny Kenchington	1,405	2,620
Belinda Wozencroft	358	-
Robert Monaghan	-	7,600
Gail Matthews	-	5,800
Catriona Ooi	-	2,700
Jason Ong	-	1,707
Janine Trevillyan	-	1,250
Charles Gilks	-	1,250
Nick Medland	-	1,250
David Iser	-	550
	15,328	39,952

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 $nil (2021: $600) Penny Kenchington $655 (2021: $450)

NOTE 24: 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 2022 the number of members are 703 (2021: 716) therefore the total amount that members of the company are liable to contribute if the company is wound up is $703 (2021: $716).

NOTE 25: 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

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

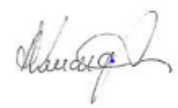
DIRECTORS' DECLARATION

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 2022 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, FRCP(UK)



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 ____29th Sep_____ 2022, Sydney

Walker Wayland NSW
Chartered Accountants

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

Opinion

We have audited the financial report of Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (the Company) and its subsidiary, which comprises the statement of financial position as at 30 June 2022, 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 2022 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 (Including Independence Standards) (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 2022 but does not include the financial report and our auditor's report thereon.
Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.
In connection with our audit of the financial report, our responsibility is to read the other information and in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.
If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

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

Responsibilities of the Directors for the Financial Report

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

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

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Partner

Dated this 6th day of October 2022, 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 2022 on the basis of information provided by the directors. The specific purpose for which the Statement of Comprehensive Income, prepared in accordance with the ACFID Code of Conduct, has been prepared to provide detailed information relating to the performance of the entity that satisfies the information needs of directors and members.

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

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

Our Responsibility

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

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

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

Walker Wayland NSW

Walker Wayland NSW
Chartered Accountants

Wali Aziz
Partner

Dated this 6th day of October 2022, 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 2022

	2022 $	2021 $
REVENUE		
Grants		
- Australian	4,305,600	3,655,865
- Overseas	515,051	370,102
Donations and gifts		
- Monetary	5,927	14,640
Other income	4,254,814	4,334,315
Investment income	73,684	35,541
Bequests and legacies	-	3,584
TOTAL REVENUE	9,155,076	8,414,047
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Program support costs	608,706	330,348
- Funds to international programs	18,165	25,576
Fundraising costs		
- Government, multilateral and private	67,308	30,658
- Public	2,143	2,991
Community education	89,797	9,299
Accountability and administration	88,137	73,254
Total International Aid and Development Programs Expenditure	874,256	472,126
Domestic Programs Expenditure		
Personnel expenses	4,901,780	4,743,042
General office and administration expenses	85,521	86,550
Educational programs/resources	848,098	1,201,185
Conference expenses	678,862	176,140
Depreciation	237,570	251,181
IT costs	204,727	151,797
Occupancy expenses	67,141	19,040
Professional fees	64,380	48,779
Finance fee	63,551	52,428
Foreign currency loss	5,804	2,421
Loss on disposal of assets	-	3,481
Total Domestic Programs Expenditure	7,157,434	6,736,044
Other International Non-Development Program Expenditure	353,608	604,667
TOTAL EXPENDITURE	8,385,298	7,812,837

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

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 2022

	2022 $	2021 $
EXCESS OF REVENUE OVER EXPENDITURE	769,778	601,210
OTHER COMPREHENSIVE LOSS		
Loss on fair value movement of financial asset at fair value through other comprehensive income	(199,495)	-
TOTAL COMPREHENSIVE INCOME	570,283	601,210

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 2021–2022

Joanna Akritidu
Brent Allan
Alexis Apostolellis
Elloise Barry
Kate Bath
Cherie Bennett
Lynasabdy Bobbin
Joshua Borja
Cara Bruce
Amanda Burg
Rachel Byrne
Christopher Camacho
Ivy Chan
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Nikitah Habraken
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Conor Pakes
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Edward Reis
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Benjamin Riley
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Phoebe Schroder
Karen Seager
Laura Serra
Molly Stannard
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Samantha Williamson
Rachel Woodcroft
Lan Yao

Committees List 2021–2022

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James McMahon
Nick Medland
Darren Russell
Belinda Wozencroft

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Greg Dore
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Thao Lam
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Edmund Tse
Jana Van Der Jagt
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Megan Hughes
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Zhihong Gu
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Lien Tran
Thomas Tu
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Nafisa Yussf

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Co-Chair:
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Courtney Gibbs
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Jessica Michaels
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Penny Kenchington
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Darryl O'Donnell
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Olga Vujovic

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Bianca Leber
Christopher Lemoh
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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
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Belinda Wozencroft
Nafisa Yussf

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Sophia Archuleta
Dashika Balak
Andrew Ball
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Joe Wong
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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
B Referred Clinical Advisory Group
Chair: Rachel Byrne; Isabelle Purcell
B Referred Community Advisory GroupChair: Nafisa Yussf

HEPATITIS C
Australian Paediatric Hepatitis C Guidelines Committee
Chair: Michael Stormon
National Hepatitis C Testing Policy Expert Reference Committee
Chair: Robert Batey
Beyond the C: Hepatitis elimination in your practice steering committeee
Chair: Brett Stevens

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
Co-Chair:
Adam Bartlett
Co-Chair:
Brett Ritchie
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

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
Australasian Sexual and Reproductive Health Alliance
Co Chairs:
Angela Dawson and Nathan Ryder
Deadly Sex Organising Committee

2022 AUSTRALASIAN VIRAL HEPATITIS CONFERENCE PROGRAM COMMITTEE
Jason Grebely (Co-Convenor)
Kelly Hosking (Co-Convenor)
Jess Howell (Co-Convenor)
Mark Stoove (Co-Convenor)

2021 AUSTRALASIAN HIV&AIDS AND SEXUAL HEALTH JOINT CONFERENCE NATIONAL PROGRAM COMMITTEE
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Jason Ong (Co-Convenor)
Catriona Ooi (Co-Convenor)
Eric Chow (Co-Convenor)

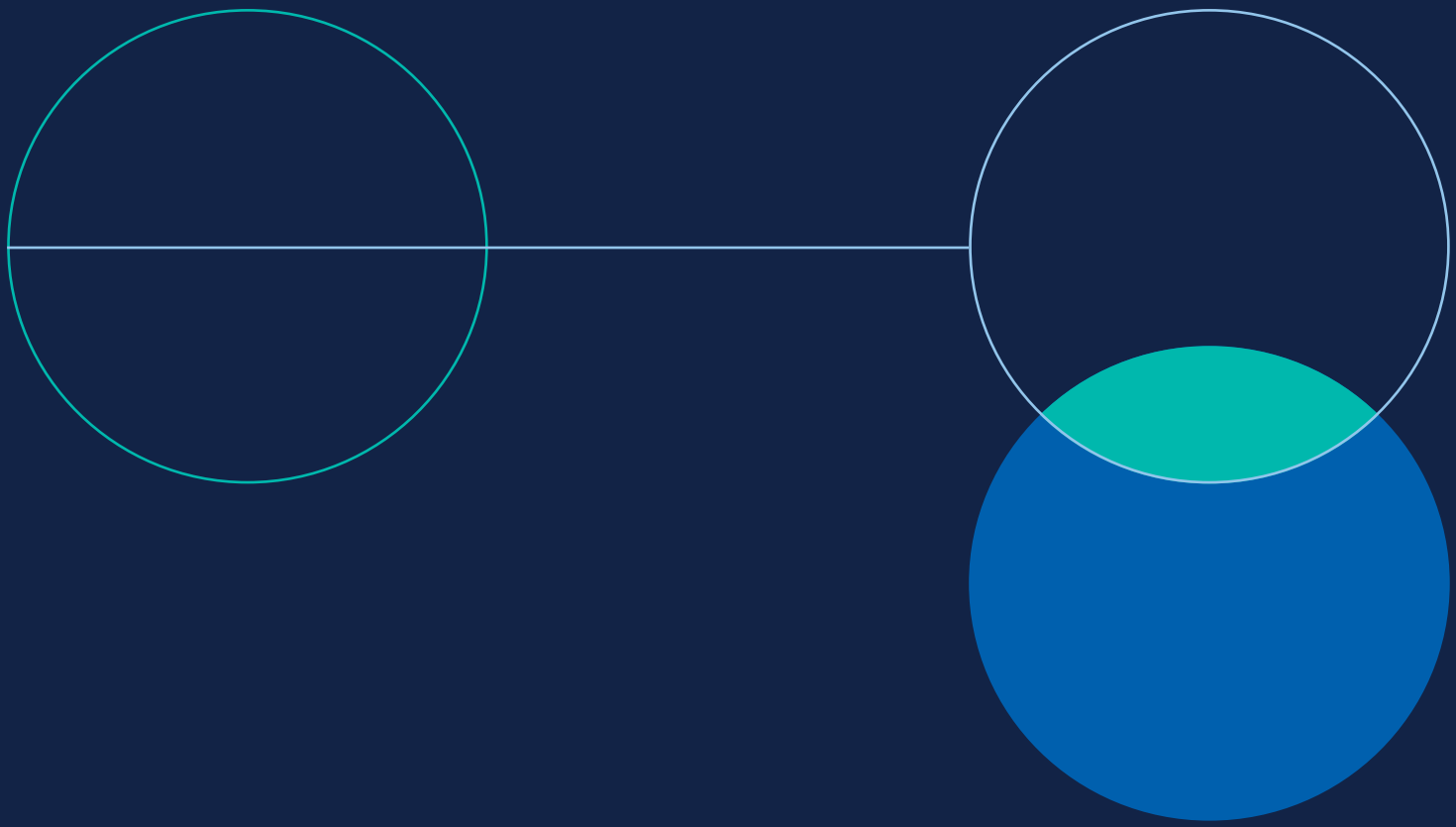
RAP WORKING GROUP
Co-chair:
Charles Gilks
Co-chair:
Robert Monaghan

HTLV-1 NATIONAL ADVISORY GROUP
Chairs:
Damian Purcell;
Philippa Hetzel

LEVINIA CROOKS EMERGING LEADER AWARDEES
Tim Wright
Kezia Blackledge

Glossary of Abbreviations and Acronyms

ACON	AIDS Council of New South Wales
AH&MRC	Aboriginal Health & Medical Research Council
AIDS	Acquired Immunodeficiency Syndrome
ANCP	Australian NGO Cooperation Program
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
AusPATH	Australian Professional Association for Trans Health
BBVs	Blood Borne Viruses
cART	Combination Antiretroviral Treatment
CBT	Community-based Testing
CCHS	Catholic Church Health Services
CHIWOS	Canadian HIV Women's Sexual and Reproductive Health Cohort Study
DFAT	Department of Foreign Affairs and Trade
FRMA	Finance, Risk Management and Audit Committee
JHFMHN	Justice Health and Forensic Mental Health Network
HALC	HIV/AIDS Legal Centre
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRRG	Harm Reduction Reference Group
HTLV	Human T-cell Lymphotropic Virus type 1
IRVA	International Retrovirology Association
LTFU	Lost to follow-up
NGO	Non Governmental Organisation
PCCM	Primary Clinical Care Manual
PEP	Post Exposure Prophylaxis
PHN	Primary Health Network
PNG	Papua New Guinea
PrEP	Pre Exposure Prophylaxis
QoL	Quality of Life
RACGP	Royal Australian College of General Practitioners
RAP	Reconciliation Action Plan
SRH	Sexual and Reproductive Health
STEPT	Supporting Triple Elimination in Papua New Guinea and Timor-Leste
STIs	Sexually Transmissible or Transmitted Infections
SRHIP	Sexual and Reproductive Health Integration Project
TG	Therapeutic Guidelines
WHO	World Health Organisation
WPRO	Western Pacific Regional Office, of the WHO
YKP	Young Key Population



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